The Quality Revolution: New Trends

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Learning Objectives

1. Identify trends in pharmacy quality measurement and performance reporting.

2. Describe the Medicare Star Ratings program, including how medication measures are weighted.

3. Describe ways pharmacies can monitor their pharmacy outcomes, and discuss possible implications of quality measures on pharmacy networks and payment methods.
Disclosures

David Nau: None

Susanne Hiland: None

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Pharmacies. The face of neighborhood healthcare.
Insights: The Quality Revolution

David Nau, RPh, PhD, FAPhA
PQS President

PQS PHARMACY QUALITY SOLUTIONS
The shift to Value-Driven Healthcare

- The U.S. health care system is rapidly moving to value-based purchasing or “value-driven healthcare”

- Value is the balance of quality and costs, thus we can optimize value by improving quality while reducing costs

- One of the biggest challenges in driving better quality is that we can’t always agree on how to define and measure quality

- PQA takes the lead on development of medication-related quality measures for evaluation of health plans, PBMs and pharmacies, and EQuIPPP allows pharmacies to track their performance on quality metrics
Pharmacy Quality Alliance

Established in April 2006, as a public-private partnership

Now a consensus-based, non-profit, alliance with >140 member organizations, including:

- Health Plans & PBMs
- Pharmacies & professional associations
- Federal agencies (CMS, FDA)
- Pharmaceutical mfrs
- Consumer advocates
- Technology & consulting groups
- Universities

Mission: Improve the quality of medication management and use across health care settings with the goal of improving patients’ health through a collaborative process to develop and implement performance measures and recognize examples of exceptional pharmacy quality.
PQA’s Role

- Develops quality medication performance measures for pharmacy services and drug plans
  - *Started in Medicare, branching out to other sectors*
- Demonstration projects for pharmacy quality measures and improving outcomes
- Education for pharmacists on quality measures and performance improvement
- Connecting pharmacy to healthcare quality initiatives
- Recognizing examples of exceptional quality in medication use (pharmacy, health plan, PBMs)
Who Uses PQA Measures?

- **Medicare Part D Plan Ratings**
  - *Star measures:*
    - medication adherence (diabetes, BP, cholesterol)
    - medication safety (HRM, Diabetes, RASA)
  - Display measures (2 safety measures and 1 MTM measure)

- **URAC and CPPA Accreditation**
  - PBM, mail/specialty pharmacy, community Rx

- **Health Plan Accreditation**
  - NBCH (eValue8 measure set)

- **State Insurance Exchanges / Marketplaces**
  - Quality Rating System includes adherence measures
Medicare Star Ratings

- Annual ratings of Medicare plans that are made available on Medicare Plan Finder and CMS website

- Ratings are displayed as 1 to 5 stars

- Stars are calculated for each measure, as well as each domain, summary, and overall (applies to MA-PDs) level

- Two-year lag between “year of service” and reporting year for Star Ratings (e.g., 2012 drug claims are used for 2014 Star Ratings)
  - 2014 Star Ratings were released in October 2013 to inform beneficiaries who were enrolling for 2014
Part D Stars

Medicare drug plans receive a summary rating on quality as well as four domain, and individual measure, scores (15 individual measures)

Five measures are from PQA:

- 2 measures of medication safety
  - High risk medications in the elderly
  - Appropriate treatment of blood pressure in persons with diabetes

- 3 measures of medication adherence
  - Oral diabetes medications
  - Cholesterol medication (statins)
  - Blood pressure (renin-angiotensin system antagonists)

Due to the higher weighting of clinically-relevant measures, the PQA measures account for 48% of Part D summary ratings for 2014
Part D Display Measures

- Display measures are not a part of the Star Ratings, but are used to provide benchmarks and feedback to plans.

- CMS also monitors display measures to assess plan performance; poor performance can lead to compliance actions by CMS.

- Display measures (from PQA):
  - Drug-Drug Interactions
  - Excessive doses of oral diabetes medications
  - Comprehensive Medication Review (CMR) Completion Rate (moving to stars!)
  - HIV antiretroviral medication adherence (only in safety reports)

- New Display measure (NOT from PQA)
  - Use of atypical antipsychotics
## Part D Star Thresholds: 2014

<table>
<thead>
<tr>
<th>Category</th>
<th>3-star</th>
<th>4-star</th>
<th>5-star</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC – Diabetes</td>
<td>71.0%</td>
<td>74.0%</td>
<td>77.0%</td>
</tr>
<tr>
<td>PDC - RASA</td>
<td>72.0%</td>
<td>75.0%</td>
<td>79.0%</td>
</tr>
<tr>
<td>PDC – Statins</td>
<td>68.0%</td>
<td>71.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Diabetes – RASA Use</td>
<td>85.0%</td>
<td>86.0%</td>
<td>87.0%</td>
</tr>
<tr>
<td>High-Risk Medications</td>
<td>≤ 8.0%</td>
<td>≤ 5.0%</td>
<td>≤ 3.0%</td>
</tr>
</tbody>
</table>
High Stakes for Part D Stars

- Enrollment Implications

- Quality Bonus Payments (MA-PD)

- Poor performers identified by CMS
  - Low-performer icon
  - Worst Performers for Part D:
    - 39 Medicare contracts received a “low performer icon” which means that they have consistently been below 3 stars
    - 107 contracts had 2 stars or lower on all PDC measures

- Removal from Medicare for continued poor overall performance (< 3 stars for 3 years in a row)
How are Medicare plans responding?

- Formularies, clinical strategies, network contracts, marketing/promotions, aligning with star measures

- Significant investments in “drive to 5”

- Contract strategies for pharmacy networks
  - Pay for Performance (P4P) – pharmacies may be eligible for bonus payment based on star performance
  - Preferred pharmacy network based partly on star performance of chain or stores
Why should health plans collaborate with pharmacies to improve adherence?

- **PQA demonstration project in Pennsylvania showed:**
  - Rite Aid’s pharmacies were able to achieve significant improvement in medication adherence rates over 1 year while remaining efficient
  - Highmark PDC measures increased by 1 star during demo period

- **Economies of Scale:**
  - Thousands of pharmacists in a plan’s network with frequent visits of Medicare patients to pharmacies (i.e., many touch points)
  - Most Medicare Part D plans could move from 3 stars to 4 stars on each PDC measure if every pharmacy in its network helped just 1 more ACEI/ARB patient, 1 more diabetes patient, and 1 more statin patient become highly adherent

A few health plans have already implemented P4P for pharmacies, and several more have announced their impending launch

**Example: Inland Empire Health Plan (IEHP)**

- Launched in October 2013
- Pharmacies are evaluated on Star measures plus asthma and GDR
- EQuIPP allows pharmacies to track their performance
- Pharmacies will receive bonus payments every six months depending on their performance on each measure:
  - 3-star attainment = small bonus
  - 5-star attainment = large bonus
- Bonus is based on number of patients at each store in addition to score on each measure
- IEHP may also do public recognition of top performers
Need for Neutral Intermediary

- As Health Plans and PBMs create financial consequences for pharmacies related to the star ratings, there is a need for a neutral intermediary to ensure accuracy, consistency and transparency.

- EQuIPP, from PQS, is increasingly being tapped to serve as the neutral intermediary. In this role, EQuIPP
  - Ensures that the star measure scores for pharmacies are calculated accurately (i.e., according to PQA/CMS specifications),
  - Ensures that star measure scores are calculated consistently across plans/PBMs so that pharmacies can avoid “dueling report cards,”
  - Provides transparency in the calculation of the star measure score calculations so that pharmacies understand how their scores were calculated.
What is EQuIPP?

- EQuIPP is a multi-plan, multi-pharmacy, collaborative to:
  - Support collaboration of health plans, PBMs and pharmacies for Quality Improvement related to medication use
  - Allow consistent, standardized assessment of community pharmacy performance on Part D stars and other quality measures
  - Enable faster, more-refined, benchmarking of Part D stars performance in key market areas
- EQuIPP provides a neutral assessment of quality for trusted performance assessment and benchmarking by all parties.
- EQuIPP lays the foundation for performance-based contracts and payment systems for pharmacy networks
Welcome to the Quality Improvement Platform for Plans and Pharmacies

I am a...
- Pharmacy Professional
- Pharmacy Organization
- Health & Drug Plan

News
A Worthy Read
An article in the January 16th edition of JAMA points to the importance of the Star Ratings for MA-PD plans. Authors from CMS examined the plan selections for new Medicare beneficiaries or for those that switched plans and found that plans with higher Star Ratings were more likely to be selected by beneficiaries. Check it out here.

Learn About EQuIPP
EQuIPP is a performance information management platform that makes unbiased, benchmarked performance data available to both health plans and community pharmacy organizations.

EQuIPP brings a level of standardization to the measurement of the quality of medication use, and makes this information accessible and easy to understand. By doing so, EQuIPP facilitates an environment where prescription drug plans and community pharmacies can engage in strategic relationships to address improvements in the quality of medication use.

Our partners are provided the information they need to guide their quality improvement efforts and are connected to the right resources to help them continue to improve.

Login
Enter your username and password to access your performance reports and improve.

Username: 
Password: 
Forgot password?

Login
<table>
<thead>
<tr>
<th>Measure</th>
<th>Trend</th>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
<th>Gap</th>
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</thead>
<tbody>
<tr>
<td>ACE/ARB in Diabetes</td>
<td></td>
<td>64</td>
<td>74.9%</td>
<td>87%</td>
<td>12.1%</td>
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<tr>
<td>ACE/ARB PDC</td>
<td></td>
<td>87</td>
<td>82.7%</td>
<td>79%</td>
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<tr>
<td>Cholesterol PDC</td>
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<td>97</td>
<td>70.1%</td>
<td>75%</td>
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<tr>
<td>Diabetes PDC</td>
<td></td>
<td>29</td>
<td>89.6%</td>
<td>77%</td>
<td>✓</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td></td>
<td>97</td>
<td>0%</td>
<td>5.5%</td>
<td>✓</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td></td>
<td>254</td>
<td>6.6%</td>
<td>3%</td>
<td>3.6%</td>
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</table>

**Goal:** 5-star
ACE/ARB in Diabetes

Pharmacy Versus Goal

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
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</thead>
<tbody>
<tr>
<td>47</td>
<td>72.3%</td>
<td>83%</td>
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</tbody>
</table>

Pharmacy Versus Others

<table>
<thead>
<tr>
<th></th>
<th>Organization Average</th>
<th>State Average</th>
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</thead>
<tbody>
<tr>
<td>Performance Score</td>
<td>79.8%</td>
<td>78.3%</td>
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</table>

Plan Patients (47)

Insurance Mix Report

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Performance Score</th>
<th>Versus Goal</th>
<th>Gap</th>
<th>Organization Average</th>
<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>57.1%</td>
<td>84%</td>
<td>26.9%</td>
<td>75.3%</td>
<td>79.8%</td>
</tr>
<tr>
<td>Medicare</td>
<td>74.9%</td>
<td>84%</td>
<td>9.1%</td>
<td>79.9%</td>
<td>78.2%</td>
</tr>
</tbody>
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## Patient Outlier App

*available in Sept 2014*

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Versus Goal</th>
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</thead>
<tbody>
<tr>
<td># of Patients</td>
<td>Performance Score</td>
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<tr>
<td>203</td>
<td>78.3%</td>
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<tr>
<td>OUTLIERS</td>
<td>ANALYZE PERFORMANCE</td>
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<tr>
<td>143</td>
<td>78.3%</td>
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<tr>
<td>OUTLIERS</td>
<td>ANALYZE PERFORMANCE</td>
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<tr>
<td>37</td>
<td>83.7%</td>
</tr>
<tr>
<td>OUTLIERS</td>
<td>ANALYZE PERFORMANCE</td>
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Pharmacy Quality Ratings

*In Development*

- PQA, PQS and the University of Arizona are exploring whether an “Overall Rating” of a pharmacy can be created from the individual PQA measures in a way that is scientifically valid as well as efficient.

- Project is funded by the Community Pharmacy Foundation and is just getting started:
  - Stakeholder input will be solicited.
  - Consumer input will be solicited to assess usefulness for public reporting on pharmacy quality.
  - EQuIPP data will be used to pilot-test various models for the ratings.

- Many issues will need to be addressed to determine how this rating system would be appropriately implemented. Stay tuned...
What should you do?

- **Learn**
  - What are the Part D star measures?
  - How is your store performing on star measures?

- **Track your performance**
  - Are you improving after implementing changes?

- **Align your efforts with quality measures**
  - Enlighten all of your staff on the key quality measures [FOCUS]
  - Determine your touch points for quality measures [Rx drop-off, pick-up]
  - Revise dispensing process to facilitate touch points
  - Create prompts or reminders for staff at key touch points
Summary

- Pharmacies are being evaluated NOW on quality measures related to Part D stars
- A few health plans have already implemented P4P for pharmacies
- Some PBMs have formulated strategies for moving towards preferred networks that only include top-performers on stars (price will still matter, but quality will also matter)
- EQuIPP serves as a “neutral intermediary” for calculation of pharmacy quality scores and makes the information available to pharmacies
- Know your quality scores!
Discussion

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