Pharmacy Quality Metrics

*How you are being measured by health plans, PBMs and accreditation organizations*

David Nau, RPh, PhD, CPHQ, FAPhA

*President*

December 2013
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 EQuIPP allows pharmacies to track their performance on quality metrics
Established in April 2006, as a public-private partnership

Now a consensus-based, non-profit, alliance with >110 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.
Medication-Use 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**
  - NCQA (HEDIS measure set)
  - NBCH (eValue8 measure set)

- **State Insurance Exchanges / Marketplaces**
Community Pharmacy Accreditation is now available
Voluntary participation; no payers require it yet
Cost > $3000 per store
On-site survey of each store may be required
Pharmacies must engage in quality measurement (including consumer surveys), but are not required to report actual performance scores yet. PQA measures are encouraged but not required.
Pharmacies must engage in quality improvement
PBM accreditation program has been active for several years, and mail/specialty programs are also in place now.

Starting in 2014, PBMs are required to submit data for quality measures.

Quality measures include several from PQA, including medication adherence (PDC rates for several drug classes).

Community pharmacy accreditation standards have been developed, but the program has not yet been rolled out.

Accreditation reviews/surveys may allow chains to receive chain-wide accreditation based on sample of stores (not clear yet).
Health plan accreditation has been in place since 1990s
HEDIS is the performance measure set
HEDIS contains numerous performance measures related to medications, including asthma, arthritis and antidepressant classes
Many HEDIS outcomes measures may be heavily influenced by medication use (e.g., A1c, LDL, BP control)
HEDIS measures are also used for Medicare Part C (MA) plans
Pharmacies have not optimized their ability to drive improvements in these measures for health plans. The HEDIS measures for Medicare Advantage (MA) plans affect the quality bonus payments for these plans and create need for better medication use.
The National Business Coalition on Health (NBCH) collects performance data on health plans via the eValue8 program.

eValue8 is focused on the commercial book of business for health plans since NBCH represents employer coalitions.

eValue8 contains several PQA quality measures, including medication adherence, asthma, & drug-drug interactions.

eValue8 is not as widely used as NCQA’s HEDIS reports for evaluating health plans.
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

- Ratings of all Medicare plans can be found at: http://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html
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 45% of Part D summary ratings in 2013*
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 Stars: 2014

- Released on Monday, Oct 21 (delayed due to gov’t shutdown)
- Top Performers for Part D:
  - Kaiser Permanente
  - Some Humana plans (IL was 5-star, other states lower)
  - Most top-performance plans tended to be on west coast or in upper Midwest (many hypotheses as to why this is the case)

- Worst Performers for Part D:
  - 39 Medicare contracts received a “low performer icon” which means that they have consistently been below 3 stars
  - Most low-performance contracts were in southern states and Puerto Rico; many contracts in AL, GA, TN, LA, TX and PR had 1-2 stars on medication adherence/safety measures
Higher-rated plans attract more enrollees

A study published in JAMA on January 16, 2013, concluded that “Medicare's 5-star rating program for Medicare Advantage is associated with beneficiaries' enrollment decisions.”

Among first-time enrollees, a 1-star higher rating was associated with a 9.5 (95% CI, 9.3-9.6) percentage-point increase in likelihood to enroll.

Among enrollees switching plans, a 1-star higher rating was associated with a 4.4 (95% CI, 4.2-4.7) percentage-point increase in likelihood to enroll.

Star ratings were less strongly associated with enrollment for black, rural, low-income, and the youngest beneficiaries.
Quality Bonus Payments

- The star ratings now affect payment to Medicare Advantage plans wherein higher-rated plans get higher payment
- Quality Bonus Payments (QBPs) are being awarded on a sliding scale according to star ratings
- QBPs were created by PPACA but have been “phased in” via a demonstration project
- 2015 payments will be based on 2014 ratings which are based on 2012 and 2013 data
- QBP opportunity for large MA-PDs (Humana, United Healthcare, Aetna/Coventry, CIGNA/HealthSpring) may exceed $100 million
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
A few health plans have already implemented P4P for pharmacies, including Health Partners and Inland Empire Health Plan.

Example: Inland Empire Health Plan (IEHP)

- Launched in October 2013
- Pharmacies are evaluated on Star measures plus asthma and GDR
- EQuIPPP 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
EQuIPP Aligns with Stars

- EQuIPP measures are from PQA:
  - 3 measures of medication safety
    - High risk medications in the elderly
    - Appropriate treatment of blood pressure in persons with diabetes
    - Drug-drug interactions
  - 3 measures of medication adherence
    - Oral diabetes medications
    - Cholesterol medication (statins)
    - Blood pressure (renin-angiotensin system antagonists)

- Additional quality measures can be added to align with CMS, NCQA, URAC or other initiatives
EQuIPP – Basic Services

- Health plans & PBMs:
  - Access to performance dashboards that display their performance and relevant benchmarks on Star Ratings metrics across lines of business and across geographic regions
  - Visibility into the performance of their pharmacy network

- Pharmacies:
  - Access to performance dashboards that report their scores and relevant benchmarks across the same key quality measures
  - EQuIPP supports multi-tier views of a pharmacy organization’s performance – from the individual store, through districts/regions, to the corporate rollup
Welcome to the Quality Improvement Platform for Plans and Pharmacies

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

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>Medicare PDP</th>
<th>Versus Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEI/ARB in Diabetes</td>
<td></td>
<td>14569</td>
<td>70.1%</td>
<td>87%</td>
</tr>
<tr>
<td>ACEI/ARB PDC</td>
<td></td>
<td>40098</td>
<td>82.7%</td>
<td>78%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td></td>
<td>36925</td>
<td>78%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>11385</td>
<td>78.8%</td>
<td>79%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td></td>
<td>32419</td>
<td>5.6%</td>
<td>5.5%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td></td>
<td>88905</td>
<td>13.4%</td>
<td>9%</td>
</tr>
</tbody>
</table>
ACEI/ARB in Diabetes — Medicare PDP

State Versus Goal

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>8475</td>
<td>78.6%</td>
<td>87%</td>
</tr>
</tbody>
</table>

Health Plan Versus Others

- All Equipp Average: 78.5%

Pharmacy Organizations

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th># of Patients</th>
<th>Score</th>
<th>Goal</th>
<th>Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2220</td>
<td>81.4%</td>
<td>87%</td>
<td>5.6%</td>
</tr>
<tr>
<td></td>
<td>883</td>
<td>81.7%</td>
<td>87%</td>
<td>5.3%</td>
</tr>
<tr>
<td></td>
<td>851</td>
<td>81.1%</td>
<td>87%</td>
<td>5.9%</td>
</tr>
<tr>
<td></td>
<td>819</td>
<td>79.9%</td>
<td>87%</td>
<td>7.1%</td>
</tr>
<tr>
<td></td>
<td>388</td>
<td>57.2%</td>
<td>87%</td>
<td>29.8%</td>
</tr>
</tbody>
</table>

Pharmacy names listed in this space
<table>
<thead>
<tr>
<th>Measure</th>
<th>Trend</th>
<th>Corporate</th>
<th>Versus Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB in Diabetes</td>
<td></td>
<td>13034</td>
<td>87.8%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6.8%</td>
</tr>
<tr>
<td>ACE/ARB PDC</td>
<td></td>
<td>36046</td>
<td>79.7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1.5%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td></td>
<td>28495</td>
<td>71.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4.8%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>11861</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>4.5%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td></td>
<td>63193</td>
<td>5.5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td></td>
<td>44138</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
ACE/ARB in Diabetes

**Pharmacy Versus Goal**

- **# of Patients:** 47
- **Performance Score:** 72.3%
- **Goal:** 83%

**Pharmacy Versus Others**

- **Organization Average:** 79.8%
- **State Average:** 78.3%

**Plan Patients (47)**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan names here</td>
<td>47</td>
</tr>
</tbody>
</table>

**Insurance Mix Report**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Pharmacy Performance Score</th>
<th>Versus Goal</th>
<th>Gap</th>
<th>Versus Others Organization Average</th>
<th>Versus Others State Average</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>
</table>
Improvement Strategies and Resources

While we tend to think of quality improvement activities as targeted interventions, there are a wide variety of skills, tactics, and resources that are broadly applicable when seeking to engage patients and encourage therapeutic or behavioral changes.

Quality Improvement Concepts & Resources

The topics in this section will help you better understand the drivers of pharmacy-based quality improvement efforts, develop your patient engagement skills, and gain insight into the development of quality improvement strategies.

Medication Adherence

Medication adherence is an essential health behavior. It taps into patients’ most closely held values and beliefs about their health and wellbeing. Pharmacists’ knowledge and accessibility position them well for working with patients through such complex issues.

Further hone your patient engagement skills, access targeted patient education resources and more in this section.

Patient Safety

Getting the right drug to the right person at the right time has long been the mantra of practicing pharmacists everywhere. Both safe dispensing and safe use are critical to the best outcomes for your patients.

This section links you to specific resources that support you in addressing the patient safety measures housed within the EQuIPP platform.
Pharmacies are being evaluated NOW on quality measures related to Part D stars

A few health plans have already implemented P4P for pharmacies

Several more health plans and PBMs have indicated their intent to implement P4P for the pharmacy network

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

dnau@pharmacyquality.com