

Partnering for Quality

Measuring Quality Performance Standards and the CMS STAR ratings system: The Plans know your numbers!

DO YOU

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PHARMACY QUALITY SOLUTIONS

Financial Disclosure

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Declare no relevant financial relationships exist with sponsors

Employee of Pharmacy Quality Solutions

Objectives

- Describe Value Driven Health Care;
- Describe the CMS Star ratings process as it relates to medications;
- Identify performance improvement strategies related to medication measurement in the Star ratings process;
- Explain the reasoning for measuring the quality of medication management and medication use;
- Discuss where plans are headed related to the quality of medication management and medication use

Pre-session questions

True or False

- 1) Medication related metrics account for approximately 50% of the summary score for the Medicare Advantage Part D CMS 5 STAR rating program
- 2) Patients can access information on any Medicare Part D plan to see the plans CMS 5 STAR rating.
- 3) Beneficiaries can move between any Part D Medicare plans without penalty at any time
- 4) The threshold minimums a plan must reach are equivalent across all metrics
- 5) HRM (high risk medications) are those medication that elderly (65 and older) should not take at any time
- 6) PDC (proportion of days covered) is the adherence metric used by CMS

Topics

- Pharmacy Quality Initiatives in the Community Setting
- CMS Star Ratings
- PQS and measurement dashboards
- Q&A / Discussion

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

Pharmacy Quality Alliance (PQA)

Established in April 2006, as a public-private partnership
Consensus-based, non-profit, alliance with >130 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

Adoption of 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 accreditation programs**
 - Health plan, PBM, mail/specialty pharmacy
- **National Business Coalition on Health (NBCH)**
 - eValue8 (health plan evaluation)

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>

Medicare Plan Ratings – Part D

- Medicare drug plans receive a summary rating on quality as well as four domain, and individual measure, scores (15 individual measures in total)
- 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 47% of Part D summary ratings in 2014

Part D Stars – Changes for 2014/2015

- High-Risk Medications in the Elderly (HRM):
 - New list in effect for 2015 STARs (based on 2013 PDE)

- Comprehensive Medication Review (CMR) completion rate
 - 2013 performance included in 2015 star ratings

Medicare 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
 - HIV antiretroviral medication adherence (*only in safety reports*)

- New Display measure (*NOT from PQA*)
 - Use of atypical antipsychotics

2014 Star Thresholds: MA-PD Plans

	3-star	4-star	5-star
PDC – Diabetes	71.0 %	74.0 %	77.0 %
PDC - RASA	72.0 %	75.0 %	79.0 %
PDC – Statins	68.0 %	71.0 %	75.0 %
Diabetes – RASA Use	85.0 %	86.0 %	87.0 %
High-Risk Medications	≤ 8.0 %	≤ 5.0 %	≤ 3.0 %

How are MA-PD 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 pharmacies based partly on star performance

Partnering for Quality

- When looking at your own store, how do you define quality ?
 - What aspects of quality are in the forefront?
- What quality metrics is your pharmacy using today?
- What information do you need to help with conversations about quality of medication use
- Will your pharmacy play a role in moving quality forward

Dashboard technology

■ Multi-plan, multi-pharmacy

- Enable faster, more-refined, benchmarking of Part D stars performance in key market areas
- Create more robust assessment of retail pharmacy performance on Part D stars
- Enhance engagement of retail pharmacies for stars improvement in regions where participating plans have significant opportunities for stars improvement

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

Home

Performance Reports

Improvement Strategies

Profile

FAQ

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

Health Plan Organization Report

May 2014

Goal:

Change Time Period

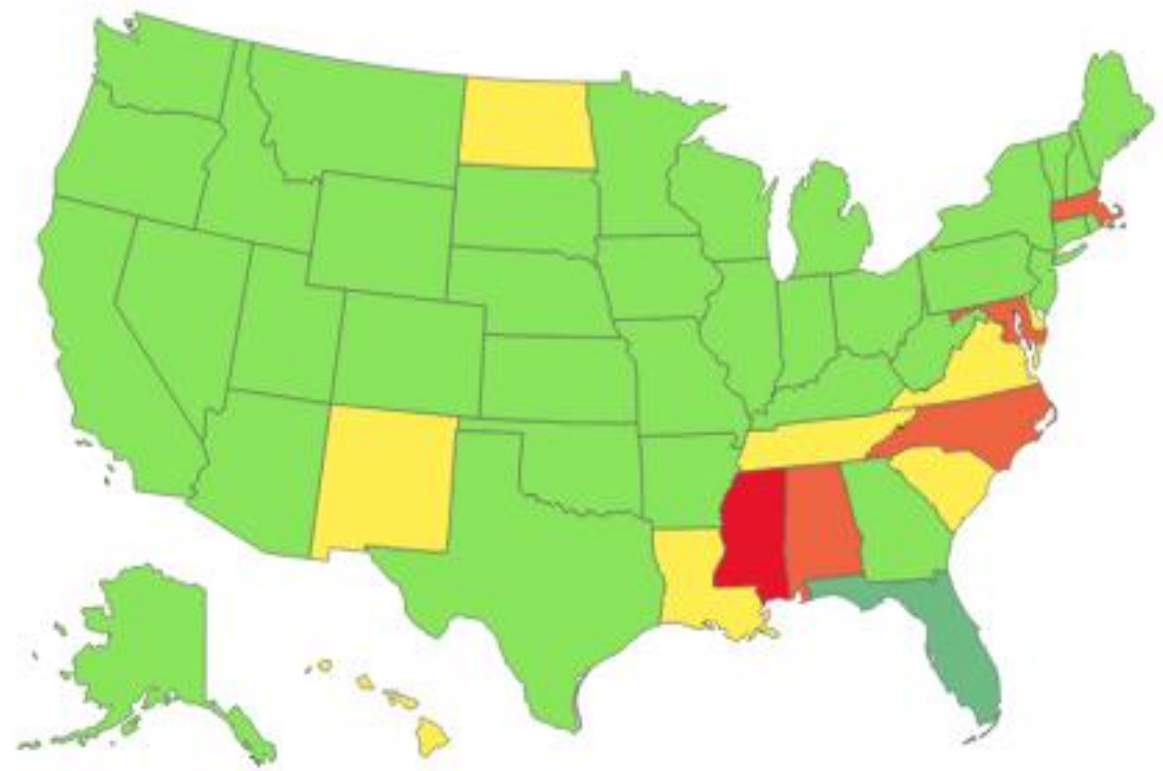
Current Data Range: OCT 2013 - MAR 2014

 Print this Report

View as:

View as:

Below Goal       **Goal Met**  **No Data**




State Report

June 2014

Goal **5-star** ▼

Change Time Period







Current Data Range: OCT 2013 - MAR 2014

 Print this Report

View as:

Arkansas ▼

View as:

Measure	Trend	Medicare Advantage		Versus Goal	
		# of Patients	Performance Score	Goal	Gap
ACEI/ARB in Diabetes [?]		4549	80.8% <small>ANALYZE PERFORMANCE</small>	87% ↑ HIGHER IS BETTER	6.2%
ACEI/ARB PDC [?]		6506	79.7% <small>ANALYZE PERFORMANCE</small>	79% ↑ HIGHER IS BETTER	✓
Cholesterol PDC [?]		5107	77.2% <small>ANALYZE PERFORMANCE</small>	75% ↑ HIGHER IS BETTER	✓
Diabetes PDC [?]		2046	78.6% <small>ANALYZE PERFORMANCE</small>	77% ↑ HIGHER IS BETTER	✓
Drug-Drug Interactions [?]		6672	5.4% <small>ANALYZE PERFORMANCE</small>	5.5% ↓ LOWER IS BETTER	✓
High-risk Medications [?]		17782	6.6% <small>ANALYZE PERFORMANCE</small>	3% ↓ LOWER IS BETTER	3.6%

Diabetes PDC – Medicare Advantage

May 2014

Change Time Period

Current Data Range: JUL 2013 - DEC 2013

Goal:

[↑ HIGHER IS BETTER](#)

[Print this Report](#)

State Versus Goal

of Patients

Performance Score

Goal

2355

78.2%

77%

Health Plan Versus Others

All Equip Average

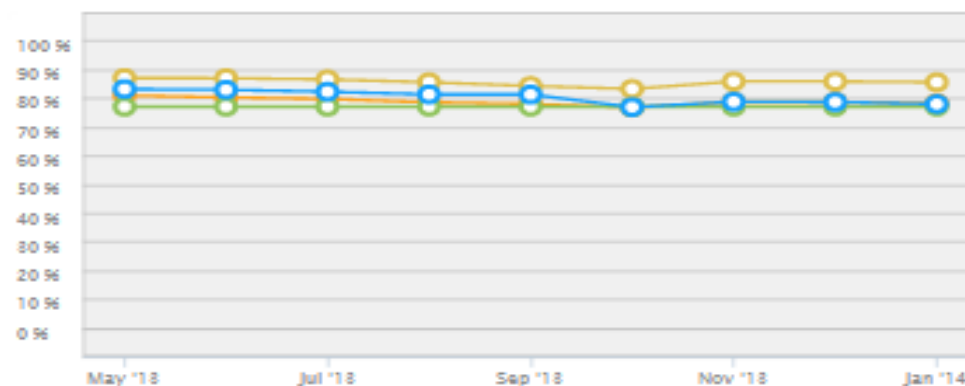
85.5%

State Average

77.9%

Run Chart

○ Performance Score
 ○ Goal
 ○ All Equip Average
 ○ State Average



Pharmacy Organizations [?]

Pharmacy	# of Patients	Score	Goal	Gap
Pharmacy names listed in this space	962	78.8%	77%	✓
	277	79.4%	77%	✓
	209	74.1%	77%	2.9%
	122	81.1%	77%	✓
	111	68.4%	77%	8.6%



Pharmacy Comparison Report – ACE/ARB in Diabetes

May 2014

Goal: 5-star

Print this Report

View as: Table Chart

Pharmacy Name	Trend	Pharmacy		Versus Goal		Versus Others	
		# of Patients	Performance Score <small>?</small>	Goal	Gap	Organization Average <small>?</small>	State Average <small>?</small>
		17	82.3% <small>ANALYZE PERFORMANCE</small>	87% <small>HIGHER IS BETTER</small>	4.7%	80.9%	79.5%
		20	80% <small>ANALYZE PERFORMANCE</small>	87% <small>HIGHER IS BETTER</small>	7%	80.9%	79.5%
		26	73% <small>ANALYZE PERFORMANCE</small>	87% <small>HIGHER IS BETTER</small>	14%	80.9%	79.5%
		18	66.6% <small>ANALYZE PERFORMANCE</small>	87% <small>HIGHER IS BETTER</small>	20.4%	80.9%	79.5%
		18	88.8% <small>ANALYZE PERFORMANCE</small>	87% <small>HIGHER IS BETTER</small>	✓	80.9%	79.5%

High-risk Medications – Medicare Advantage

May 2014

Goal: Full Measure Set

Change Time Period

Current Data Range: SEP 2013 - FEB 2014

↓ LOWER IS BETTER

Print this Report

State Versus Goal

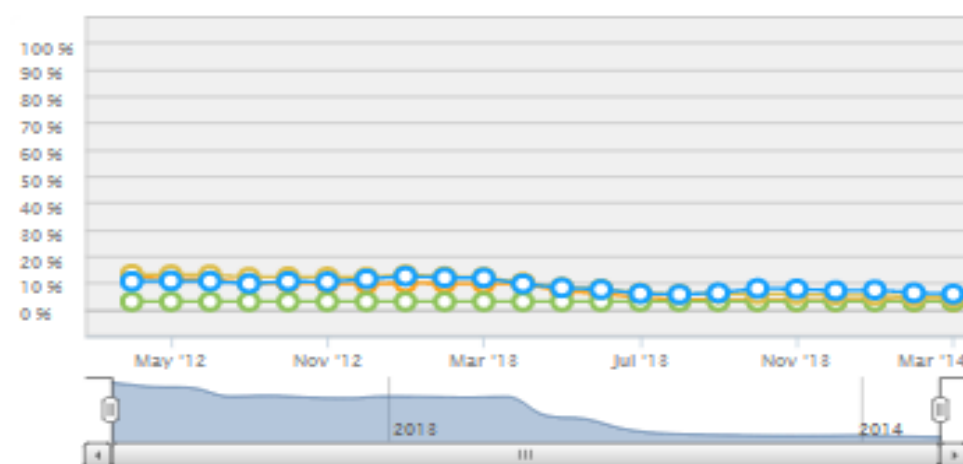
# of Patients	Performance Score	Goal
11874	3.1%	3%

Health Plan Versus Others

All Equipp Average	4.6%
State Average	5.8%

Run Chart

○ Performance Score
 ○ Goal
 ○ All Equipp Average
 ○ State Average



Pharmacy Organizations ?

Pharmacy	# of Patients	Score	Goal	Gap
	2286	3.3%	3%	0.3%
	1953	2.9%	3%	✓
	1804	2.9%	3%	✓
	557	1.7%	3%	✓
	436	2.7%	3%	✓

Health Plan
names
here

Individual Pharmacy View

Measure Name [▲]	Trend	Pharmacy		Versus Goal		Versus Others
		# of Patients	Performance Score [?]	Goal [?]	Gap [?]	State Average [?]
ACE/ARB in Diabetes [?]	---	55	85.4% <small>ANALYZE PERFORMANCE</small>	87% <small>↑ HIGHER IS BETTER</small>	1.6%	80.7%.
ACE/ARB PDC [?]	---	125	77.5% <small>ANALYZE PERFORMANCE</small>	79% <small>↑ HIGHER IS BETTER</small>	1.5%	84.2%.
Cholesterol PDC [?]	---	97	78.3% <small>ANALYZE PERFORMANCE</small>	75% <small>↑ HIGHER IS BETTER</small>	✓	80.6%.
Diabetes PDC [?]	---	35	68.5% <small>ANALYZE PERFORMANCE</small>	77% <small>↑ HIGHER IS BETTER</small>	8.5%	83.5%.
Drug-Drug Interactions [?]	---	83	3.6% <small>ANALYZE PERFORMANCE</small>	5.5% <small>↓ LOWER IS BETTER</small>	✓	4.3%.
High Risk Medications [?]	---	250	7.5% <small>ANALYZE PERFORMANCE</small>	3% <small>↓ LOWER IS BETTER</small>	4.5%	5.5%.

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.

[READ MORE](#)



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.

[READ MORE](#)



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.

[READ MORE](#)

Click on Improvement Strategies

The "Basics" Series

The "Basics" Series provides high-level information in an easy to read format to help educate community pharmacists, student pharmacists and other stakeholders about the essentials of quality measurement related to pharmacy.

1. [The Basics of Pharmacy Performance Measurement](#)
2. [The Basics of the Pharmacy Quality Alliance](#)
3. [Driving Quality and Performance Measurement in the US Health Care System](#)
4. [The Basics of Quality Improvement](#)

PQA & J&J HCS Webinar Series

[Part I: CMS Medicare Part D Star Ratings 2013](#) - The Centers for Medicare and Medicaid Services (CMS) have been a primary driver of a renewed focus on quality improvement efforts regarding appropriate medication use. The first part in this sponsored webinar series takes you on a tour of 2013 Star Ratings program. Both the audio recording and presentation are available.

[Part II: Engaging Your Pharmacy Network for Star Ratings Improvement](#) - Explore the opportunities for engaging your pharmacy network in improving Star Ratings measures, and hear how one plan is developing an incentive reimbursement program to spur improvement on key clinical quality measures. Both the audio recording and presentation are available.

Quality Improvement 101

Bring yourself up to speed on the fundamentals of quality improvement with our video series that delivers experts' lessons on today's best quality practices.

[Implementing Innovation in Pharmacy](#)

[Principles of Quality Improvement](#)

[Quality Measurement](#)

[Value Driven Healthcare](#)

[Identifying and Addressing Causes of Quality Problems](#)

[What is Quality Improvement](#)

[Statistical Process Control](#)

Click on FAQ tab

Support

For direct user support [Click Here](#). Please complete the brief form and we will promptly address your issue. You may also send an e-mail to support@equipp.org.

For Technical Support, please click on the "Support" link in the upper right hand corner of the page.

Tutorial

If you would like a quick navigated tutorial on the EQUIPP portal, please click below on the link that best describes your partnership with EQUIPP.

[Pharmacy Professional](#)

[Pharmacy Organization](#)

[Health Plan](#)

Proportion of Days Covered

Proportion of Days Covered (PDC) measures assess the percentage of patients covered by prescription claims for the same drug or for another drug in the same therapeutic class, within a calendar range. The PDC threshold is the level above which the medication has a reasonable likelihood of achieving the most clinical benefit; clinical evidence provides support for a standard PDC threshold of 80%. The following therapeutic categories are covered by the PDC measures hosted within the EQUIPP platform:

- Oral Diabetes Medications (including biguanides, sulfonylureas, DPP-IV inhibitors, TZDs, incretin mimetics, and meglitinides)
- RAS Antagonists (including ACE inhibitors, ARBs, and direct renin inhibitors)
- Statins

Patient Attribution: For the PDC measures, the pharmacy who filled the most prescription claims within the target therapeutic category for a specific patient within the calendar range will be assigned responsibility for the patient. All prescription drug claims, regardless of dispensing pharmacy, will be counted towards the patient's PDC threshold.

Use of High-Risk Medications in the Elderly

The percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication (HRM) during the measurement period.

[Click here](#) for a complete list of the medications included in this measure.

Patient Attribution: For the HRM measure, a pharmacy is responsible for all patients over the age of 65 who receive prescription drug claims at their pharmacy. These members make up the denominator for the rate. Patients are included in the numerator for the rate if the pharmacy dispenses the second prescription for a HRM during the calendar range.

Where is this going?

- As the pressure builds on Medicare plans to improve Star Ratings, they are looking to many different options for improving medication adherence and safety
- Health plans are used to rewarding top-performing physicians through Pay-for-Performance (P4P) models
- P4P is NOT payment for performing a service (FFS). It is typically an adjustment in overall payment to a provider based on achieving quality goals or being in the top 20% of providers
- Now is the time to start assessing whether your pharmacy is meeting quality goals and how you rank compared to peers

Post-session questions

True or False

- 1) Medication related metrics account for approximately 50% of the summary score for the Medicare Advantage Part D CMS 5 STAR rating program
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Discussion

