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Vice President of Professional Affairs
Iowa Pharmacy Association
Partnering for Quality

- Improving Quality Through Plan-Pharmacy Collaboration Enabled by EQuIPP

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Vice President
Professional Relations

IPA

August 2014
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
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)

- Federal / State Exchanges
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*
# 2014 Star Thresholds: MA-PD Plans

<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>
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
  - Preferred pharmacies based partly on star performance
  - Pay for Performance (P4P) – pharmacies may be eligible for bonus payment based on star performance
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.

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.

Login

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

Username:
Password:

Forgot password?
# Medicare Advantage Report

**August 2014**

**Current Data Range**: DEC 2013 - MAY 2014

**Goal**: 5-star

## Measures and Performance

<table>
<thead>
<tr>
<th>Measure</th>
<th># of Patients</th>
<th>Performance Score</th>
<th>Versus Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEI/ARB in Diabetes</td>
<td>1883</td>
<td><strong>79.5%</strong></td>
<td>87%</td>
</tr>
<tr>
<td>ACEI/ARB PDC</td>
<td>3221</td>
<td><strong>88.9%</strong></td>
<td>79%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td>3070</td>
<td><strong>86%</strong></td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>992</td>
<td><strong>86.5%</strong></td>
<td>77%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td>2758</td>
<td><strong>3.8%</strong></td>
<td>5.5%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td>9502</td>
<td><strong>4.5%</strong></td>
<td>3%</td>
</tr>
</tbody>
</table>

**Note**: Higher is better for some measures, lower is better for others.
High-risk Medications — Medicare Advantage

State Versus Goal

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>9502</td>
<td>4.5%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Health Plan Versus Others

- All Equippp Average: 5.9%
- State Average: 6.4%

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>2633</td>
<td>5%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>1704</td>
<td>3.8%</td>
<td>3%</td>
<td>0.8%</td>
</tr>
<tr>
<td></td>
<td>1369</td>
<td>5.1%</td>
<td>3%</td>
<td>2.1%</td>
</tr>
<tr>
<td></td>
<td>683</td>
<td>3.2%</td>
<td>3%</td>
<td>0.2%</td>
</tr>
<tr>
<td></td>
<td>421</td>
<td>5.2%</td>
<td>3%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Pharmacy names listed in this space.
<table>
<thead>
<tr>
<th>Measure</th>
<th>Iowa</th>
<th>5-star</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB in Diabetes</td>
<td>80.6%</td>
<td>87%</td>
</tr>
<tr>
<td>ACE/ARB PDC</td>
<td>88.6%</td>
<td>79%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td>86.7%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>87.7%</td>
<td>77%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td>3%</td>
<td>&lt;5.5%</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td>5.9%</td>
<td>&lt;3%</td>
</tr>
</tbody>
</table>
**Corporate Comparison Report**

**Goal:** 5-star

**Current Data Range:** AUG 2013 - JAN 2014

### Pharmacy View – Corporate Aggregate

<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>82.6%</td>
<td>87%</td>
</tr>
<tr>
<td>ACE/ARB PDC</td>
<td></td>
<td>87.1%</td>
<td>79%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td></td>
<td>85.4%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>85.5%</td>
<td>77%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td></td>
<td>3.8%</td>
<td>5.5%</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td></td>
<td>5.2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**View as:** Table | Chart

**Print this Report**
### Individual Pharmacy View

<table>
<thead>
<tr>
<th>Measure</th>
<th>Trend</th>
<th># of Patients</th>
<th>Performance Score</th>
<th>Versus Goal</th>
<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB in Diabetes</td>
<td>---</td>
<td>14</td>
<td>85.7%</td>
<td>87%</td>
<td>1.3%</td>
</tr>
<tr>
<td>ACE/ARB PDC</td>
<td>---</td>
<td>60</td>
<td>84.9%</td>
<td>79%</td>
<td>✓</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td>---</td>
<td>48</td>
<td>70.8%</td>
<td>75%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>---</td>
<td>14</td>
<td>85.7%</td>
<td>77%</td>
<td>✓</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td>---</td>
<td>12</td>
<td>0%</td>
<td>5.5%</td>
<td>✓</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td>---</td>
<td>100</td>
<td>12.9%</td>
<td>3%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>
27 of 35 (77.1%) patients are on ACE/ARB; to reach goal, you need 30 diabetes patients on ACE/ARB.
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.
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.
Discussion
THANKS FOR ATTENDING!

JOIN US TUESDAY, SEPT 9:
PHARMACY PRACTICE ACCREDITATION

Questions? Contact Laura Miller at lmiller@iarx.org or 515-270-0713