Pharmacy Quality Measurements

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Disclosures

I have had no financial relationship over the past 12 months with any commercial sponsor with a vested interest in this presentation.
Pharmacist Objectives

- Identify various Quality Measurement Organizations and their respective roles in Pharmacy Quality Measurement.

- Explain the clinical basis for Pharmacy Quality Measure development.

- Describe CMS Quality Measures by Medicare Type and the relation to the CMS Star Ratings.

- Demonstrate an understanding of the relationship between CMS Part D measures and Quality Benefit Payments and Penalties.

- Explain the role of pharmacists in the development and continuous improvement of Pharmacy Quality Measures.
Pharmacy Technician Objectives

- Recognize various Quality Measurement Organizations and their respective roles in Pharmacy Quality Measurement.

- List common Pharmacy Quality Measurements and the related medication(s) or condition(s).

- Recognize CMS Measures for Medicare Part C and D, including applicable medication(s) and/or condition(s).

- Describe the CMS Star Ratings related to Part D Measures.

- Explain the role of pharmacy technician in the support of improved Pharmacy Quality Measures.
Outline

- Defining Quality
- Digesting the Alphabet Soup of Quality Measures
- Understanding CMS Measures
- What’s in the CMS Stars?
- What’s a Pharmacist or Technician to do?
Measuring Quality

Merriam Webster defines as the “characteristic that defines to what degree something is good or bad.”

http://www.merriam-webster.com/dictionary/quality
Healthcare Quality

Defined by the Institute of Medicine as the “degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

Source: Institute of Medicine
Clinical Basis for Quality Measures

- Evidence Based Best Practices
  - Monitoring/Screening/Assessments
  - Medication Selection and Use
  - Treatment Selection

- Promoting Adherence to Treatment Plans
  - Medication Therapy
  - Vaccine Recommendations

- Improved Outcomes
  - Reduced Readmissions
Quality Alphabet Soup

NCQA  HEDIS  AHRQ
PQA    CMS    JCAHO
URAC   NQF    IOM
Quality Organizations

- Pharmacy Quality Alliance
- URAC
  - Formerly known as Utilization Review Accreditation Commission
- National Committee for Quality Assurance
  - Healthcare Effectiveness Data and Information Set
- Joint Commission on Accreditation of Healthcare Organizations
- Agency for Healthcare Research and Quality
- National Quality Forum
- Institute of Medicine
- Centers for Medicare and Medicaid Services
Focus on Triple Aims to drive Improvement in Quality:

Better Care

Healthier People/Communities

Lower Costs

http://www.ihi.org/topics/cmspartnershipforpatients/Pages/default.aspx
Five Categories of CMS Measures

- Outcomes
- Intermediate Outcomes
- Patient Experience
- Access
- Process

http://pqaalliance.org/measures/concept.asp
Centers for Medicare and Medicaid (CMS) Plan Measures

- **Part C**
  - Medicare Advantage Plans (MA–only or MAPD)
  - Healthcare Effectiveness Data Information Set (HEDIS)

- **Part D**
  - Prescription Drug Plans (PDP)
  - Pharmacy Quality Alliance (PQA)
Part D Domains

1 – Drug Plan Customer Service
2 – Member Complaints, Problems Getting Services, and Improvement in the Drug Plan’s Performance
3 – Member Experience with the Drug Plan
4 – Patient Safety and Accuracy of Drug Pricing
Plan Measures

- Display vs. Performance
- Improvement Measures
- Predetermined Thresholds
Medication Use Measures (PQA Developed)

- High Risk in the Elderly
- Appropriate Treatment of Diabetes and Hypertension
- Medication Adherence (PDC)
  - Diabetes
  - RAS
  - Statins
High Risk In The Elderly

- Also known as HRM—High Risk Medication
- Members 65 years of age or older
- Focuses on medications where safer alternatives exist
- Developed by NCQA through HEDIS
- Measure is endorsed by PQA and NQF
Measures percentage of beneficiaries dispensed a medication for diabetes and also an appropriate blood pressure medication (ACE or ARB)

Adapted from a measure endorsed by PQA and NQF
Medication Adherence

- Measured for 3 Groups of Medications for Chronic Conditions:
  - Diabetes
  - Hypertension
  - Cholesterol
- Calculated as the Proportion of Days Covered (PDC)
- Developed by PQA and also endorsed by NQF
Proportion of Days Covered (PDC)

- Threshold of 80%
- Each measure has defined NDC list(s) for calculations (Exclusion and Inclusion)

The number of patients who met the Proportion of Days Covered (PDC) threshold of 80% during the measurement year

Patients 18 years and older who filled at least two prescriptions for the medication on two unique dates of service at least 180 days apart during the measurement period AND who received greater than 60 days supply of the medication during the measurement period

http://www.qualitymeasures.ahrq.gov/content.aspx?id=47502
CMR Completion Rate

- CMR is defined as a Comprehensive Medication Review
- Medicare Part D Plans offer Medication Therapy Management services to Beneficiaries
- Measure tracks the number of Beneficiaries receiving the CMR during the measurement period
## 2016 Part D Star Measures

<table>
<thead>
<tr>
<th>2016 Star ID</th>
<th>Measure</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01</td>
<td>Call Center -- Foreign Language Interpreter and TTY Availability*</td>
<td>1.5</td>
</tr>
<tr>
<td>D02</td>
<td>Appeals Auto-Forward</td>
<td>1.5</td>
</tr>
<tr>
<td>D03</td>
<td>Appeals Upheld</td>
<td>1.5</td>
</tr>
<tr>
<td>D04</td>
<td>Complaints about the Drug Plan</td>
<td>1.5</td>
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<tr>
<td>D05</td>
<td>Members Choosing to Leave the Plan</td>
<td>1.5</td>
</tr>
<tr>
<td>D06</td>
<td>Beneficiary Access and Performance Problems**</td>
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<td>D07</td>
<td>Drug Plan Quality Improvement</td>
<td>5</td>
</tr>
<tr>
<td>D08</td>
<td>Rating of Drug Plan</td>
<td>1.5</td>
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<tr>
<td>D09</td>
<td>Getting Needed Prescription Drugs</td>
<td>1.5</td>
</tr>
<tr>
<td>D10</td>
<td>MPF Price Accuracy</td>
<td>1</td>
</tr>
<tr>
<td>D11</td>
<td>High Risk Medication</td>
<td>3</td>
</tr>
<tr>
<td>D12</td>
<td>Medication Adherence for Diabetes medications</td>
<td>3</td>
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<td>D13</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
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<td>D14</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
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<tr>
<td>D15</td>
<td>Medication Therapy Management Program Completion Rate for Comprehensive Medication Reviews***</td>
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</tr>
</tbody>
</table>

*New Measure in 2016  
**DME Measure in 2015  
***DMD Measure in 2015

Adapted from 2016 Part D Star Ratings Measures:  
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html
Level Of Detail

Base
-Star
-Domain
-Summary
-Overall
Measures to Stars

- Weighting of Measures
- Scoring of Measures
- Pre-Determined Thresholds
What do the Stars tell us?

- CMS measurement of Quality
- Published on Medicare Plan Finder

[Image of Medicare Plan Finder website]

https://www.medicare.gov/find-a-plan/questions/home.aspx
Highs and Lows

High Performing Icons
- High Performing Contracts are allowed additional benefits

Low Performing Icons
- Plans that receive consistent low ratings
- Number of contracts with this designation has declined

https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx
Your Plan Results

Your plan results are organized by plan type and are initially sorted by lowest estimated cost. To view more plans, select View 20 or View All. Select any plan name for details. Compare up to 3 plans by using the checkboxes and selecting Compare Plans. The costs displayed are estimates; your actual costs may vary.

Symbols

🌟 When you see this symbol near a plan name, it means that Medicare has given the plan a 5-star rating (the highest rating). If a plan has a 5-star rating, people with Medicare can switch into that plan at any time during the year, even if it’s not during an enrollment period.

 Nationwide Coverage
# Plan Finder Comparisons

## Plan Comparison Table

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Monthly Premium</th>
<th>Annual Drug Cost</th>
<th>Drug Coverage</th>
<th>Overall Star Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retail</td>
<td>$49.30</td>
<td>$1,564</td>
<td>All Your Drugs on Formulary: No</td>
<td>4 out of 5 stars</td>
</tr>
<tr>
<td>Mail Order</td>
<td>N/A</td>
<td>N/A</td>
<td>Drug Restrictions: No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower Your Drug Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>MTM Program: Yes</td>
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<tr>
<td>Retail</td>
<td>$31.00</td>
<td>$1,570</td>
<td>All Your Drugs on Formulary: No</td>
<td>This plan got Medicare’s highest rating (5 stars)</td>
</tr>
<tr>
<td>Mail Order</td>
<td>N/A</td>
<td>N/A</td>
<td>Drug Restrictions: No</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lower Your Drug Costs</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td>MTM Program: Yes</td>
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<tr>
<td>Retail</td>
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<tr>
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<td>N/A</td>
<td>Drug Restrictions: No</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Lower Your Drug Costs</td>
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</table>

[https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx](https://www.medicare.gov/find-a-plan/results/planresults/plan-list.aspx)
# Part D Star Ratings Trends for MAPD and PDP Plans

## Table 13: Average Star Rating by Part D Measure

<table>
<thead>
<tr>
<th></th>
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<td>Appeals Auto-Forward</td>
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<td>3.4</td>
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<td>3.1</td>
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<td>3.5</td>
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<td>3.7</td>
<td>3.3</td>
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<td>n/a - new 2013</td>
<td>4.1</td>
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<td>4.2</td>
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<td>3.6</td>
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<td>MPF Price Accuracy</td>
<td>n/a - new 2013</td>
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<td>3.9</td>
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<td>n/a - new 2013</td>
<td>4.2</td>
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<td>3.1</td>
<td>3.1</td>
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<td>Medication Adherence for Diabetes Medications</td>
<td>3.1</td>
<td>3.1</td>
<td>3.7</td>
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<td>3.1</td>
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<td>3.0</td>
<td>3.7</td>
<td>3.1</td>
<td>3.0</td>
<td>3.2</td>
<td>3.6</td>
<td>3.8</td>
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<td>D13</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3.0</td>
<td>3.1</td>
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<td>3.3</td>
<td>3.2</td>
<td>3.2</td>
<td>3.6</td>
<td>4.2</td>
</tr>
</tbody>
</table>

Fact Sheet – 2015 Star Ratings
https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html
Additional Star Implications

- Quality Benefits Payments
- Penalties

$
What can we do?

Pharmacists:
- Contribute to Workgroup and/or Development of Measures
- Promoting Appropriate Medication Use
- Recognize Measures and Identify Opportunities for Improvement
- Contribute to CMS Comment Periods and Pilots (Plan Sponsors)

Technicians:
- Recognize Measures and Identify Opportunities for Improvement
- Support Pharmacist in delivery of pharmacy services
Summary Points

- Recognize the various Pharmacy Quality Measures and Organizations
- Know your patients and the implications in practice
- Collaborate with Healthcare team to promote Quality
Questions?
References


References, continued


Post-Test Questions
Pharmacist Questions

1. True or False: PQA, NCQA, and AHRQ are all examples of organizations that create Quality Measurements.

2. True or False: CMS issues the same set of Quality Measurements for Part C and Part D Plans.

3. True or False: Proportion of Days Covered (PDC) is a common quality measurement that reflects Medication Adherence.

4. True or False: Quality Benefits Payments and Penalties are aligned to the Part D Measures.

5. True or False: Pharmacists contribute clinical expertise in the development of Pharmacy Quality Measures.
1. True or False: PQA, NCQA, and AHRQ are all examples of organizations that create Quality Measurements.

2. True or False: Medication adherence is a common pharmacy quality measure.

3. True or False: CMS Part D Measures for 2015 do not include measures for Medication Adherence.

4. True or False: Quality Benefits Payments and Penalties are aligned to the Part D Measures.

5. True or False: Pharmacists contribute to the development of Pharmacy Quality Measures.