Measuring Pharmacy Performance

Who’s doing the measuring and what does that mean to me?
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Pharmacy Quality Alliance (PQA)
Member and Adherence Workgroup Co-Chair
Financial Relationship Dislosures

I have no financial relationships to disclose
Learning Objectives

• Describe the current pharmacy landscape and the shift from Quantity to Quality
• Describe the Medicare Part D Star Ratings Program and community pharmacy’s impact
• Recognize the current 5 CMS Star Rating Pharmacy measures
• Describe how pharmacy measures are calculated
• Describe a Pay for Performance (P4P) program
Who Are We?

Richard Logan, Jr. PharmD  Tripp Logan, PharmD

www.semorx.com
Who Are We?

- Active PQA members
- Quality Measure Development
- Pharmacist Represented on Workgroups
  - (2) MTM-Part D
  - (2) Adherence* Co-chair
  - (1) Medication Use & Safety
  - (1) Medication Management for Integrated Care Teams

Mission: To improve the quality of medication management and use across healthcare 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.
United States National Debt is over $17.5 trillion

Daily increase: $3,860,000,000.00
United States National Debt

Two-Thirds of the increase in the National Debt is from Healthcare or is Healthcare related*

75% of Healthcare expenditures in the United States is for chronic disease*

*Cosgrove, Cleveland Clinic CEO, CBS THIS MORNING February 22, 2013
The Healthcare Shift

Quantity → Quality

Mail Order Waste – Medicare

“These are discontinued medications which continue to be sent to a Medicare Part D patient without him reordering them. This was about $9,000 worth”

*These are actual images sent by participating pharmacies in the Dispose My Meds Program. Patient information has been removed or obscured to comply with all applicable laws protecting personal health information.

"Waste Not Want Not" The National Community Pharmacists Association; www.ncpanet.org
“Quality” Consumer Ratings

- Hotels: Expedia, tripadvisor®, Hotels.com, AAA Approved Lodging
- Restaurants: tripadvisor®, ZAGAT, OpenTable®
- Hospitals: healthgrades, Medicare.gov, vitals
- Doctors: healthgrades, Medicare.gov, RateMDs, vitals
- Medicare Part D Plans: Medicare.gov
- Pharmacy???????
How do we define “QUALITY” in healthcare?

• Healthcare must be graded
• Grades must be used to drive improvements
• Improvements must produce positive outcomes
• Positive outcomes result in lower costs
Who defines “QUALITY” in healthcare?

- US Federal Government---Largest Purchaser
- CMS must control Medicare spending
- Medicare must be cost effective AND produce positive outcomes
- To improve something it first must be measured

MEDICARE STAR RATINGS

⭐⭐⭐⭐⭐
Medicare Plan Star Ratings

Incentives

Plans can also receive as much as 5% in Quality Bonus Payments & 12 month open enrollment

LPI if <3 star for 3 years in a row
2015 CMS will terminate plans with LPIs
Medicare Part D Plans

This prescription information was obtained from claims data.

90 Day Supply

Dear Land S Pharmacy,

We have identified your pharmacy through NCPDP as offering delivery services. This puts you in a position to greatly impact medication adherence and patient care.

Non-adherence to medications is an ever-increasing concern. While adherence is a multifaceted issue, patients often cite that getting to the pharmacy is a significant barrier.

WellCare has identified members who are non-adherent (less than 80 percent adherent) with cholesterol, blood pressure and/or diabetes medications and have filled prescriptions at your pharmacy.

Non-adherent patients are at high risk for complications. We ask you to call the listed member(s) to offer your delivery services and your medication expertise.

The benefits to your pharmacy include increasing timely refills, fostering patient loyalty and improving patient adherence/care.

FAX RESPONSE TOLL-FREE TO 1-877-331-0595

☐ This pharmacy does NOT offer home delivery services

Thank you,

WellCare Health Plans, Inc.
Pharmacy Dept.

WellCare is a Medicare-approved Part D sponsor.
Pharmacy’s Impact on Plans & Payers

- **Pharmacy Claims** Drive Plan Ratings
- High Plan Ratings = Incentives
- Low Plan Ratings = Problems
- **PAID** Claims Drive Positive Plan Ratings
Why Paid Claims?

“Best, most consistent data available”
Claims Based System

Does it count toward Plan Ratings today?

- Paid Claims
- Rejected Claims
- Cash Claims, Obsolete NDCs, Coupon Cards
- Non-Part D LTC Claims
- Documented Intervention Failures

CMS, Plans, & PBMs are aware of the flaws.

We need to be too!
5 Pharmacy Measures

3 Medication Adherence
- Diabetes
- Blood Pressure
- Cholesterol

2 Medication Safety
- High Risk Medications
- Blood Pressure Treatment in Diabetes

<table>
<thead>
<tr>
<th>Patient Safety and Accuracy of Drug Pricing (?)</th>
<th>View data sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Provides Accurate Drug Pricing Information for This Website (?)</td>
<td>★★★★☆ 3 out of 5 stars</td>
</tr>
<tr>
<td>Plan Members 65 and Older Who Received Prescriptions for Certain Drugs with a High Risk of Side Effects, When There May Be Safer Drug Choices (?)</td>
<td>★☆☆☆☆</td>
</tr>
<tr>
<td>Using the Kind of Blood Pressure Medication That Is Recommended for People with Diabetes (?)</td>
<td>★★☆☆☆</td>
</tr>
<tr>
<td>Taking Oral Diabetes Medication as Directed (?)</td>
<td>★★★★☆</td>
</tr>
<tr>
<td>Taking Blood Pressure Medication as Directed (?)</td>
<td>★★★★☆</td>
</tr>
<tr>
<td>Taking Cholesterol Medication as Directed (?)</td>
<td>★★★★☆</td>
</tr>
</tbody>
</table>

www.medicare.gov
Pharmacy Measure: Adherence

Diabetes PDC

- Based on PAID prescription drug claims
- Adherence to oral DM meds & incretin mimetics
- Historically pharmacies have moved the needle
- Percentage of plan members to reach 80%
- 2014 average Part D Plan Star Rating: MA-PD 3.7, PDP 3.1
Pharmacy Measure: **Adherence**

**Blood Pressure PDC**

- Based on PAID prescription drug claims
- Adherence to Renin-Angiotensin System Antagonists (ACE inhibitors, ARBs, ETC.)
- Historically pharmacies have moved the needle
- Percentage of plan members to reach 80%
- **2014 average Part D Plan Star Rating:** MA-PD 3.7, PDP 3.6
Pharmacy Measure: **Adherence**

**Cholesterol PDC**

- Based on PAID prescription drug claims
- Adherence to STATIN drugs
- Historically pharmacies have moved the needle
- Percentage of plan members to reach 80%
- 2014 average Part D Plan Star Rating: MA-PD 3.6, PDP 3.6
Moving the **Adherence Needle**

“Moving the Needle” = More Rx Volume

- **EQuIPP® Measurement***
- **Thrifty White®/VCU Report**
  “associated with improved patient adherence”
  “increased 3.5 additional refills over the control group”
- **NCPA®/Ateb® Report***
  “substantial improvement to patient adherence”
  “20 additional fills per synchronized patient annually”
- **MedHere Today®/Pfizer® Report****
  “Despite a high level of baseline persistence and adherence, there were still statistically significant improvements in these parameters”
  “29 additional fills per enrolled patient annually”

*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.*

Dr. David Nau

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*David Nau, PhD, RPh, CPHQ; President, Pharmacy Quality Solutions, Former Senior Director, Quality Strategies, Pharmacy Quality Alliance (PQA); PQA and J&J Webinar Series Part I: CMS Medicare Part D Star Ratings 2013
**Holdford, D; Inocencio, I; Appointment Based Model Data Analysis Report; Prepared for Thrifty White Pharmacy. 2013
***NCPA; ATEB; Assessing the Impact of a Community Pharmacy-Based Medication Synchronization Program On Adherence Rates; December 10, 2013
****Armstrong, T; Pfizer Outcomes Specialist; Impact of the MedHere Today Adherence Program on Medication Persistence and Adherence; December 2010
Uh-Oh…It’s Not Just Us

Clinical Trial
“Synchronization to Improve Non-Adherence to Cardiovascular Medications”

Study Eligibility
“..have filled ≥2 maintenance medications by mail order at CVS Caremark”
“ReadyFill@Mail program”
Pharmacy Measure: Safety

Blood Pressure Treatment in Diabetes

• Based on PAID prescription drug claims
• Renin-Angiotensin System Antagonist (RASA) use in Diabetes
• Very prescriber driven
• Historically pharmacies struggle to move the needle
• Percent of plan members with a claim for diabetes & blood pressure medication one of which is a RASA drug.
• 2014 average Part D Plan Star Rating: MA-PD 3.2, PDP 3.2
Pharmacy Measure: **Safety**

**High Risk Medications**

- Percentage of plan members that fill ≥2 HRMs
- Based on PAID prescription drug claims
- A subset derived from the “Beers List”
- Very prescriber driven
- Historically pharmacies struggle to move the needle
- 2014 average Part D Plan Star Rating: MA-PD 3.6, PDP 2.8
“The patient was examined by me (face-to-face). My professional judgment is as written. Too bad your computer can’t see the patient.”
Things That Matter

Things You Can Control

What You Should Focus On
Past Claims Impact Today’s Ratings

- 2 year lag on claims for CMS Star Ratings
- Plans working on 2014 claims for 2016 impact
- We are performing for our future (so are Plans)

Example:
SGLT2 inhibitors (Invokana®, Etc.) were added to the CMS Star Rating NDC list. New drug class will impact the 2016 CMS Star Ratings using 2014 data.
Who is adopting PAID claim based quality measures?

- CMS in Medicare Part D Star Ratings
- Private Insurance Plans
- Medicaid Programs
- Health Insurance Exchange/Marketplace plans (2016)
Pay For Performance (P4P) Program

Goal

The IEHP Pharmacy Pay-For-Performance (P4P) Program is set up to improve Pharmacy Services through the IEHP community pharmacy providers. This is considered to be one of the first large-scale Pharmacy P4P programs in the United States. To ensure our goals are aligned with all stakeholders in this program, IEHP is partnering with the Pharmacy Quality Solutions (PQS) to administer this program. PQS’ quality measurement metrics are endorsed by Centers for Medicare & Medicaid Services (CMS) for Part D Star Rating Measures and they are considered to be the leading group to enhance Pharmacy Quality Improvement in the industry. Together, our goal is to help validate the roles of community pharmacies in promoting Healthcare Quality and define a pharmacy payment model for outcome-based MTM services.

Phase 1 Measurements Scoring Methodology

<table>
<thead>
<tr>
<th>Measures</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of Days Covered - 3 separate measures (HTN, Diabetes, and Statin)</td>
<td>3x1.5 = 4.5</td>
</tr>
<tr>
<td>Diabetes: Appropriate Treatment of HTN</td>
<td>1.5</td>
</tr>
<tr>
<td>Medication Therapy for persons with Asthma</td>
<td>1.5</td>
</tr>
<tr>
<td>Use of High-Risk Medications in the Elderly</td>
<td>1.5</td>
</tr>
<tr>
<td>Generic Rate</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>10</strong></td>
</tr>
</tbody>
</table>

- **Payment Threshold**
  - Meet or Exceed Target: Full %
  - Meet or Exceed Benchmark: 1/2%
  - Fail to Meet Benchmark: 0%
  - Store will get full point only if exceeding the benchmark score
  - Total possible points: 10 = 100% (each point is 10%)
  - P4P dollar/total volume = P4P value in dollar/volume
  - Store P4P payout: Performance% x (P4P value)

- **45% Adherence**
- **15% Diabetes Treatment**
- **15% Asthma**
- **15% High Risk Meds**
- **10% Generic Rate**
**Pharmacy Paid:**

- **$25 for med rec**
- **$5 for delivery**
- **$5 for packaging**

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<table>
<thead>
<tr>
<th>Servicio Prestado</th>
<th>Tarifa por Servicio</th>
<th>Descripción</th>
<th>Código de Facturación</th>
<th>Reglas de Pagos</th>
</tr>
</thead>
</table>
| **Inicio en el programa** | $ 25.00 | En esta visita inicial se procesarán las repeticiones que tenga el paciente, se le orientará y se le entregará los medicamentos a la mano. | V65.49 - Otra Orientación Específica | • H2010 debe ir acompañado con el código V65.49  
• Un código por 365 días |
| **Repeticiones de 30 días** | $5.00 por cada despacho | Por cada medicamento elegible. | SS185 - Servicio de Recordatorio de Medicamentos mensual | • SS185 debe ir acompañado con el código V68.1  
• 4 códigos en 20 días  
• 72 códigos en 365 días |
| **Repeticiones de 90 días** | $10.00 por cada despacho | Por cada medicamento elegible en farmacias con contrato de suplido a 90 días. | SS185 SC | • SS185 SC debe ir acompañado con el código V68.1  
• 4 códigos en 54 días  
• 28 códigos en 365 días |
| **Medicamentos extra** | $5.00 cada uno | Pacientes que cualquiera para este servicio. | T1505 - Dispositivo electrónico de manejo de cumplimiento de medicamentos incluye todos los componentes y accesorios que no se clasifiquen de otra manera | • T1505 debe ir acompañado con el código V68.1  
• 3 códigos diarios  
• 1.075 códigos en 365 días |
| **Entregas al hogar** | $10.00 | Pacientes que cualquiera para este servicio. | T5599 - Suplido, NOS | • T5599 debe ir acompañado con el código V68.1  
• 1 código mensual  
• 12 códigos en 365 días |
SilverScript Network Performance Program
Retail Pharmacy Performance Network

Introduction
Effective May 6, 2014, CVS/caremark is pleased to introduce the SilverScript Network Performance Program, which is a retail pharmacy performance program designed to pay pharmacies for their performance in improving adherence and compliance with clinical guidelines related to diabetes therapy. All retail pharmacies in our CVS/caremark Medicare Part D network for SilverScript are eligible to participate. Please review the following information to learn more about this program and program participation terms.

Program Terms: CVS/caremark will measure your performance from the start of the program through December 31, 2014, and the performance payment will be paid out in first quarter 2015. The performance payment will depend on the volume of SilverScript members that utilize your pharmacy and your average performance score in four (4) areas as follows:

1. Enrollee adherence to CMS Stars Diabetes, Antihypertension and Cholesterol medications (refer to drug list in Exhibit A).
2. Appropriate drug therapy for enrollees who are taking both diabetes and hypertension medications but who are not taking an ACE/ARB/DRI medication (a CMS Stars standard).
3. The percent of CMS Stars drugs you dispense as an extended days supply (greater than or equal to 84-90 days which is shown to improve adherence); and
4. Your overall generic dispensing rate for SilverScript enrollee prescriptions (can lower overall drug costs).

The first adherence criterion is weighted at 70%. The second criterion, the ACE/ARB/DRI gap, is weighted at 15%. The third and fourth criteria are weighted at 7.5% and will be compared to a state-wide average.
What can MY pharmacy do?
Maximize YOUR Performance by “Knowing What Matters” and “Things You Can Control”!

• Focus on the current 5 Pharmacy Measures
• Be aware of future measures & other metrics
• Educate your pharmacists and technicians
• Be proactive with drugs on the Beers List
• Be proactive with diabetes guidelines
• Maximize your MTM opportunities

Focus on adherence!

Adherence program implementation and growth, with a focus on high impact patients
Still Lost?.....Ask for Directions!

- Software & Technology Vendors
- Payer Partners
- Wholesalers
- Colleagues
- Pharmacy Consultants
- Pharmacy Organizations

Help is out there, you just have to ask!
What’s going on in the pharmacy marketplace...

- Partnerships developing with Plans, PBMs, etc.
- Exploration of P4P Initiatives
- Transition of Care Projects
- Pharmacy Performance Measure Technology, Reporting, Support
- Sharing of Risk
What We Should Do……

• Look for partnerships with Plans, PBMs, and other payers
• Participate in P4P Initiatives
• Initiate Transition of Care Projects
• Utilize Pharmacy Performance Measure Technology, Reporting, & Support
• Embrace the concept of Shared Risk
Thank You!

Tripp Logan, PharmD
Senior Consultant, MedHere Today

support@medheretoday.com
Learning Assessment

Questions

1) The healthcare system today is shifting from a Quantity based system to a Quality based System
   1) True
   2) False
Learning Assessment Questions

2) The 5 key pharmacy measures included in the CMS Star Rating calculation are not heavily weighted and not important to community pharmacy

1) True

2) False
3) Pharmacy can have a significant impact on Medicare Plan Ratings by focusing on pro-active patient care and promoting medication adherence.

1) True

2) False
Learning Assessment Questions

4) CMS Star Ratings for Medicare Part D Plans are calculated using the current calendar year’s claims data.

1) True

2) False
Learning Assessment Questions

5) Pharmacy has plenty of time to prepare because Pay for Performance (P4P) initiatives are a few years from implementation.

1) True

2) False