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BUILDING A CULTURE OF QUALITY: HOW TO GET THERE

JULY 13, 2017

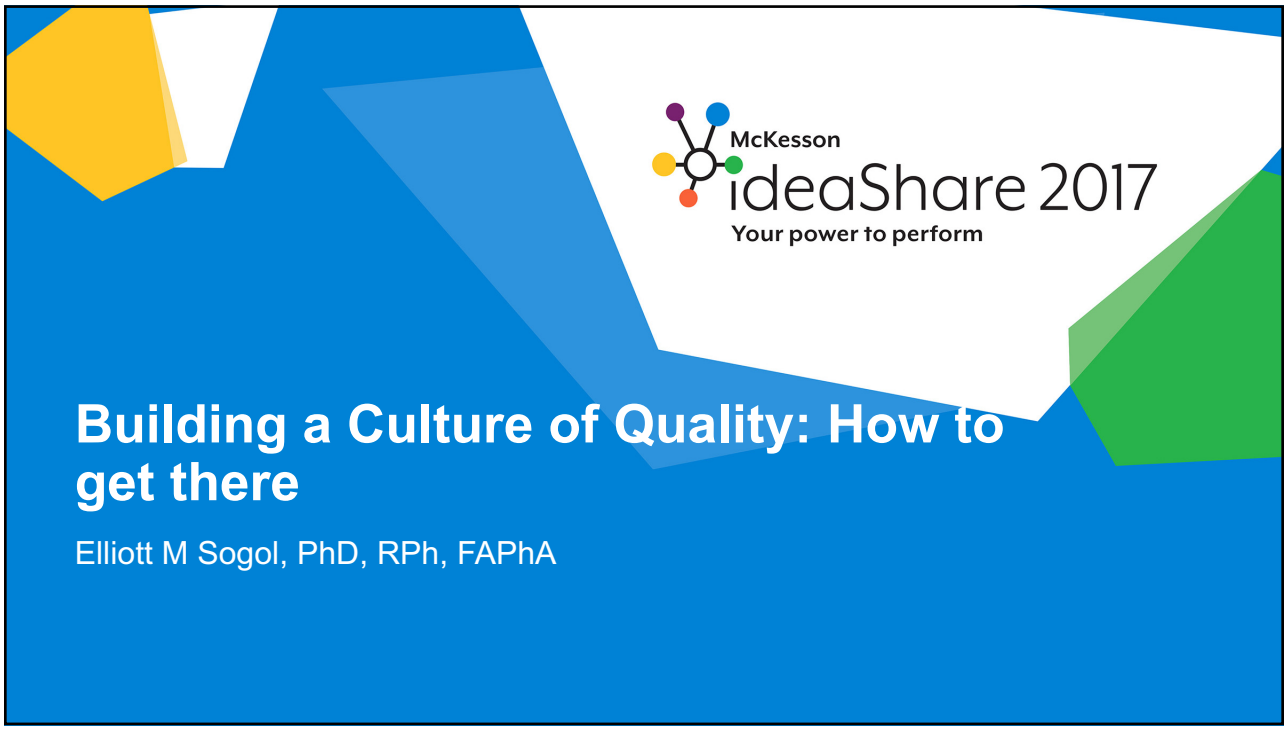
10:30 AM – 12:00 PM

ACPE UAN: 0107-9999-17-081-L04-P 0.15 CEU/1.5 hr
Activity Type: Knowledge-Based
Learning Objectives for Pharmacists: *Upon completion of this CPE activity participants should be able to:*
1. Describe key pharmacy quality measures that pharmacies can impact.
2. Describe how quality metrics are calculated.
3. Implement a plan of action on how to incorporate quality performance into the work flow process.
4. Outline how to position your pharmacy for success in quality improvement programs and value-based reimbursement opportunities.

Speaker: Elliott Sogol, PhD, RPh, FAPhA

Elliott M. Sogol currently serves as the Vice President Professional Relations for Pharmacy Quality Solutions (PQS). His responsibilities include strategic planning related to health plans/PBMs and pharmacy organizations, training, education, working with pharmacies to engage quality performance metrics at the highest level, and to provide insights into the metrics and dashboards associated with quality of medication management and use. Prior to joining PQS, he held positions in the Healthcare Professional Services group for Target Corporation and was the pharmacy manager at a Target pharmacy. He has also held positions in academia at Campbell University School of Pharmacy and the University of Illinois-Chicago. Mr. Sogol currently serves on a number of committees for the Pharmacy Quality Alliance (PQA). He holds adjunct faculty appointments at Campbell University, the University of Florida, the University of Minnesota, and the University of North Carolina. Mr. Sogol served as the Science Officer for the American Pharmacists Association from 2003 - 2010. Mr. Sogol co-authored the book "The Good Pharmacist; Characteristics, Virtues, and Habits" He received his professional and graduate degrees from the University of Wisconsin School of Pharmacy.

Speaker Disclosure: Elliott Sogol reports no actual or potential conflicts of interest in relation to this CPE activity. Off-label use of medications will not be discussed during this presentation.



Disclosure

- Elliott M. Sogol reports no actual or potential conflicts of interest associated with this presentation
- Employed by Pharmacy Quality Solutions
- CEI has taken appropriate action to screen for

Learning Objectives

Upon successful completion of this activity, pharmacists should be able to:

- Describe key pharmacy quality measures that pharmacies can impact in 2017 .
- Recall pharmacy quality measures which may be 2017/2018 display or full CMS Star Measures.
- Outline how to best position your pharmacy for success in quality improvement programs and value-based reimbursement opportunities.
- Implement a plan of action on how to incorporate quality performance into the work flow process
- Describe how quality metrics are calculated

Key pharmacy quality measures that pharmacies can impact in 2017

- Proportion of Days Covered
  - Aggregate for the pharmacy
  - By Plan
  - By Patient
  - CMS Star
  - Performance score across various goals - Value Based Networks

  - RASA
  - Statin
  - Diabetes

Key pharmacy quality measures that pharmacies can impact in 2017

- High Risk Medications
  - CMS moving to display measure for 2018
- Statin use in Persons with Diabetes
  - CMS display measure moving to full measure
- CMR completion rate
  - CMS Full Measure

CMS 2018 Call Letter: Pharmacy Specific Impact

- Focused on improving MA, MAPD, and PDP programs through four key outcomes and is identical to the four key outcomes that were outlined in previous years
  - Improve quality of care for individuals
  - Promotion of alternative payment models
  - Program integrity and beneficiary/tax-payer value
  - Improve beneficiary experience

CMS 2018 Call Letter: Pharmacy Specific Impact

- Statin Therapy for Patients with Cardiovascular Disease (Part C) – NCQA
  - Measures the percentage of males 21 to 75 years of age and females 40 to 75 years of age who were identified as having clinical atherosclerotic cardiovascular disease and were dispensed at least one high or moderate-intensity statin medication during the measurement year.
- CMS is proposing to keep this measure as a display for an additional year and move into a Star Rating for 2019.

CMS 2018 Call Letter: Pharmacy Specific Impact

- High Risk Medication Use (Part D)
  - HRM drug list was revised by PQA and the American Geriatrics Society. The new list removed 3 medications and added 14 additional medications. CMS re-calculated HRM rates using the new updated list and rates increased by 3.5% and 3.3% for MAPD and PDP respectively. (adjustment to current goal set??)
- CMS stated that avoiding potentially inappropriate medications in the elderly remains important and the measure will be reconsidered for the Star Ratings again in the future once all analyses and specification changes are completed by PQA.

CMS 2018 Call Letter: Pharmacy Specific Impact

- Use of Opioids from Multiple Providers and/or at High Dosage in Persons without Cancer (Part D)
  - PQA has made changes to the measure specifications which will impact the calculations associated with the 2017 Patient Safety reports.
  - CMS is planning to add these measures to the 2019 Display Measures but not to the Star Ratings at this time.

CMS 2018 Call Letter: Pharmacy Specific Impact

- Statin Use in Persons with Diabetes (Part D)
  - Measures the percentage of patients between 40 – 75 years old who received at least two diabetes medication fills and also received a statin medication during the measurement period.
  - Measure was updated to exclude members with ESRD – which will be implemented starting with the 2017 CY data.
  - Just as before, the measure also excludes members on Hospice according to CMS Enrollment Database information.
- CMS stated that the measure is planned to become a Star Rating Measure for 2019.

Performance measurement

- CMS was the initial focus for moving forward with Quality Performance Measurements
- CMS strong supporter of Pharmacy being able to Impact across all metrics
  - Has worked with other healthcare professional who have had quality metrics for numerous years
- Performance measurement now reaches more than just CMS Star ratings
  - Medicaid
  - Commercial
  - Exchange

Calculations

- Case examples
  - Six month vs Year to Date
  - Can be adherent in one and not the other

Calculations: 6 month measurement

- John Smith is a 70 year old patient that fills his prescription for atorvastatin at your pharmacy. On January 19th he fills first prescription of the year for the medication, a 30 – day fill. Over the next few months John has additional 30 – day fills on February 20th, April 1st and May 12th.

Is John Smith adherent to his medication?

Calculations: 6 month measurement

- Calculated adherence using the Proportion of Days Covered methodology:
- Denominator

  January 19th through June 30th, which equals 164 days
- Numerator

  30 days (January 19th fill) + 30 days (February 20th fill) + 30 days (April 1st fill) + 30 days (May 12th fill) = 120 days

- PDC Score = (120 days/164 days) * 100% = **73.2%**

Calculations: 6 month measurement

Review of the PDC score for John Smith on a six-month timeframe from January 1, 2016 – June 30, 2016:

- John has 120 days of coverage based upon the medication fills during this time frame (four fills of 30 day supply).
- While this is a six-month evaluation, the start of the evaluation period is based upon when John Smith has the first fill of the medication (in John's case January 19th). Adding up the total number of days from January 19th through June 30th gives us the total number of days for the evaluation of this period, which equals 164 days.
- Because John Smith has had two or more fills of the medication and his first fill on January 19th was more than 91 days prior to the end of the period, his adherence score will be calculated. Based on his days supply and the given measurement period, his adherence is calculated as 120/164 = 73.2%. Therefore, John is a non-adherent patient.

Calculations: Year to Date measurement

- John Smith is a 70 year old patient that fills his prescription for atorvastatin at your pharmacy. On January 19th he fills first prescription of the year for the medication, a 30 – day fill. Over the next few months John has additional 30 – day fills on February 20th, April 1st and May 12th. Additional 30 day fills occurred on July 3, August 3, September 6, October 7, November 7 and December 10.

Is John Smith adherent to his medication?

Calculations: Year to Date measurement

Calculated adherence using the Proportion of Days Covered methodology:

- Denominator

  January 19th through December 31st, which equals 347 days

- Numerator

  30 days (January 19th fill) + 30 days (February 20th fill) + 30 days (April 1st fill) + 30 days (May 12th fill) + 30 days (July 3rd fill) + 30 days (August 3rd fill) + 30 days (September 6th fill) + 30 days (October 7th fill) + 30 days (November 7th fill) + 21 days (December 10th fill – the days supply is capped at Dec 31st as that is the end of the measurement period) = 291

- PDC Score = (291 days/347 days) * 100% = **83.9%**

Calculations: Year to Date measurement

Review of the PDC score for John Smith on a calendar year timeframe from January 1, 2016 – December 31, 2016:

- John has 291 days of coverage based upon the medication fills during this time frame (nine fills of 30 day supply, plus 21 days of supply from the fill on December 10th).
- The start of the evaluation period is based upon when John Smith has the first fill of the medication (in John's case January 19th). Adding up the total number of days from January 19th through December 31st gives us the total number of days for the evaluation of this period, which equals 347 days.
- Because John Smith has had two or more fills of the medication and his first fill on January 19th was more than 91 days prior to the end of the period, his adherence score will be calculated.
- Based on his days supply and the given measurement period, his adherence is calculated as 291/347 = 83.9%. Therefore John is considered adherent over the year-to-date evaluation.

Calculations Considerations: What can you do?

- The example shown here for John Smith goes to show an important consideration for pharmacies and health plans. In reviewing the first six months of this patient's history, John appears as non-adherent.
- Considering his adherence for the latter half of the year, John would appear adherent for the last few months of the calendar year but would also appear as adherent for a full – year evaluation.
- In reviewing the rolling six-month adherence scores, the pharmacy would be able to see how John's scores are improving over time and that he fills the medication on a more regularly-anticipated basis leading to overall improvements.
- Utilizing the rolling six-month adherence numbers helps to show improvement in a readily-available manner rather than waiting for a full calendar year to determine the performance scores.

Positioning your pharmacy

- How to best position your pharmacy for success in quality improvement programs and value-based reimbursement opportunities
  - Leverage resources (adherence example)
    - Prospective / Proactive
    - Technicians
    - Packaging
    - Medication Synchronization
    - Adherence handout
    - Barrier to adherence
    - Team approach

Plan of Action

- Understand the challenge of moving toward a culture of quality
- Assessment
  - Where are you today
  - Where do you want to be tomorrow
- Survey Resources
  - One size does not fit all
- Review Alternatives
  - What is best for YOUR pharmacy and patients
- Commit to the plan to achieve your goals
  - This alone can impact your performance for Value Based Networks

Plan of Action

- Prospective actions to “plan” for quality continuous assessment of data to evaluate appropriateness of the plan
  - Training / Training / Training
    - This time will pay off in the long term
  - System/Structure
  - Process (how care is provided to the patient)
  - Outcomes – what are you striving for
    - Need both structure AND process to change

Plan of Action

- Consistency of work flow process
  - Add a new philosophy of Quality and performance
    - The triple check is not a quality innovation nor a patient centric process
- Continuous Improvement
- Empower entire pharmacy team to be quality driven
- Cannot change all at one time
  - Focus on a specific area
- Review and re-evaluate the plan regularly

Questions?

Elliott M Sogol, PhD, RPh, FAPhA