

# Measuring the Quality of Medication Use for Medicaid Recipients



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**PQA**

# Value-Driven Health Care



- The U.S. health care system is moving towards value-based purchasing
- 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

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# Pharmacy Quality Alliance (PQA)



- Established in April 2006, as a public-private partnership
- Consensus-based, non-profit, alliance with over 95 member organizations, including:
  - Health Plans & PBMs
  - Pharmacies & professional associations (including NCPA)
  - 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.

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# PQA Measure Domains



- **Patient Safety**
  - drug-drug interactions; high risk medications in the elderly
- **Medication Adherence**
  - diabetes, hypertension, cholesterol, HIV & others
- **Medication Therapy Management**
  - Comprehensive Medication Review (CMR) Completion
- **Mental Health Measures**
  - appropriate antipsychotic use, etc.
- **Population Health Measures**
  - Pharmacy immunization rates (*in development*)
- **Respiratory Measures**
  - Asthma / COPD inhaler use
- **Specialty Pharmaceutical Measures**

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# Measures under development



## ■ Medication Adherence

- Long-acting bronchodilators in COPD
- Non-warfarin anticoagulants

## ■ Mental Health

- Antipsychotic use in children and adolescents
- Antipsychotic dose optimization

## ■ Medication Overuse

- Multi-provider, multi-opioid use in persons without cancer
- Hypoglycemic-related hospital admissions in persons using diabetes medications

## ■ Specialty Pharmaceuticals

- Adherence to drugs for autoimmune disorders

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# Medicare Plan 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 (18 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 45% of Part D summary ratings in 2013***

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## Part D – National Averages 2013



	MA-PD	PDP
PDC – Diabetes	73.7 %	75.8 %
PDC – Hypertension (RASA)	73.9 %	76.8 %
PDC – Statins	69.0 %	71.0 %
Diabetes – RASA Use	84.3 %	82.3 %
High-Risk Medications	7.8 %	8.8 %



# Medicare Plan Finder



## Medicare Health Plans with Drug Coverage

Medicare Advantage Plans with Drug Coverage offer both health and drug coverage. There are 10 plans in **40513** that match your preferences. [View 10](#) [View 20](#) [View 50](#)  
[View plan quality and performance ratings for all Medicare Health Plans with Drug Coverage](#)  
[View Plan Medication Therapy Management \(MTM\) program eligibility information \[?\]](#)



[Compare Plan](#) >

Sort Results by  [Sort](#) >

	Estimated Annual Drug Costs: [?]	Monthly Premium: [?]	Deductibles [?] and Drug Copay [?] / Coinsurance: [?]	Health Benefits: [?]	Drug Coverage: [?] and Drug Restrictions: [?]	Estimated Annual Health and Drug Costs: [?]	Overall Plan Rating: [?]	
<input type="checkbox"/>	<b>Retail</b> Pharmacy Status: Network Annual: \$60 Rest of 2012: \$50 <b>Mail Order</b> Annual: \$0 Rest of 2012: \$0	\$0.00 Drug: \$0.00 Health: \$0.00	Annual Drug Deductible: \$0 Health Plan Deductible: \$0 Drug Copay/Coinsurance: \$5 - \$75, 33%	Doctor Choice: Plan Doctors Only Out of Pocket Spending Limit: \$3,900 In-Network <b>D V H</b>	All Your Drugs on Formulary: <b>Yes</b> Drug Restrictions: <b>Yes</b> Many Generics and Few Brands <b>Lower Your Drug Costs</b>	\$2,650	★★★ 3 out of 5 stars	<a href="#">Enr</a>



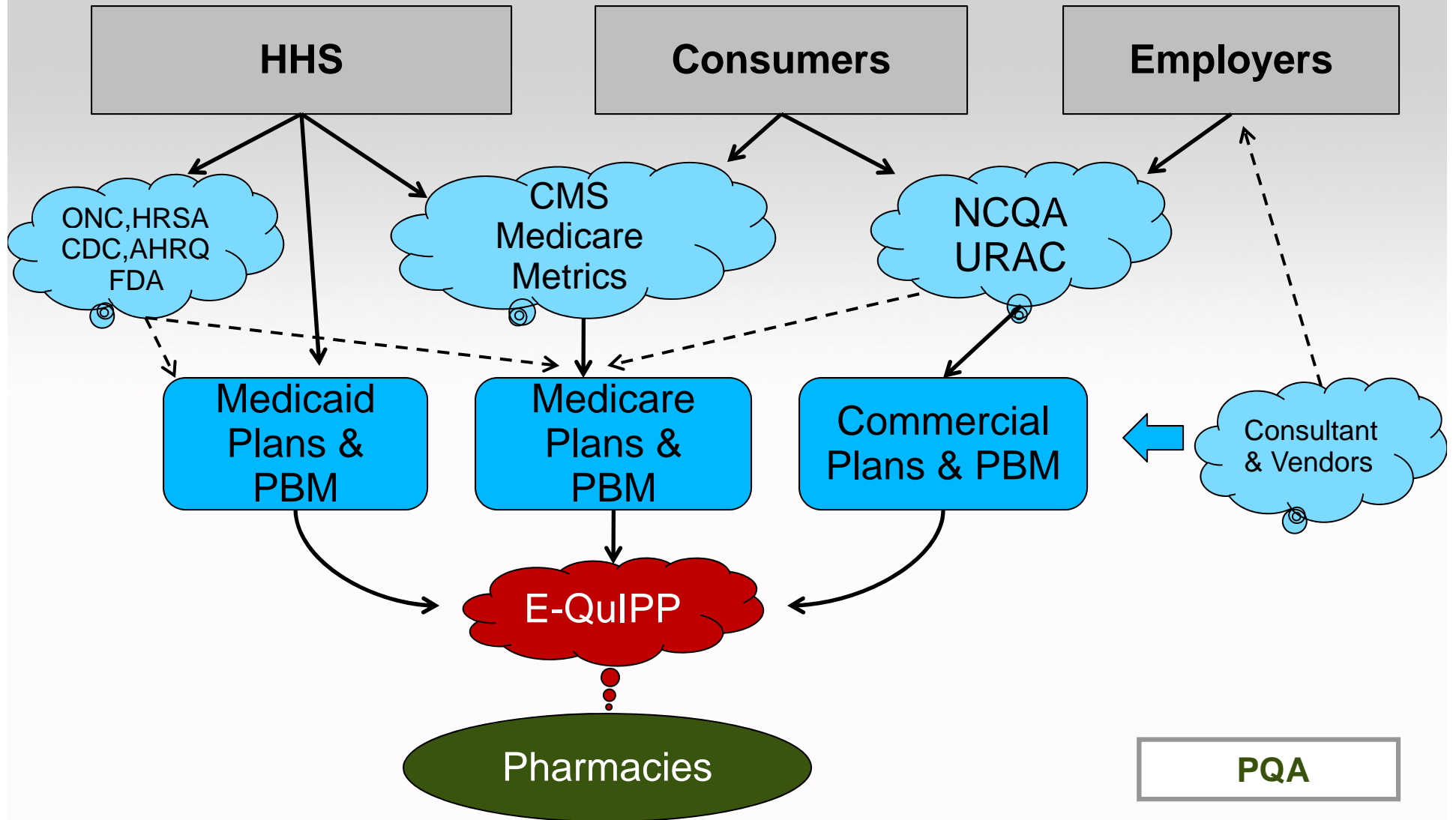
# Medicare Part D: display measures



- 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 (CY 2011 rate to be reported in 2012)

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# Market Drivers: Medication-Use Quality



## Connecting Plans and Pharmacies: The EQuIPP Initiative



- EQuIPP = **E**lectronic **Q**uality **I**mprovement Platform for **P**lans & **P**harmacies
- The EQuIPP Initiative is built on the model from the PQA-sponsored Pennsylvania demonstration wherein a health plan and pharmacies collaborated on quality improvement
- The collaboration led to **significant improvements in adherence to diabetes and blood pressure medications**
- During 2012, the “beta phase” for the EQuIPP Initiative allows health plans and pharmacies in Pennsylvania, Florida and Alabama to view quality scores and benchmarks, and use tools for quality improvement

## EQuIPP Services: Beta Phase



- Pharmacy organizations have access to performance dashboards that report their scores on key quality measures and provide benchmarks
  - Measures developed by PQA and used in CMS Star Ratings program for Medicare Part D plans
- EQuIPP supports multi-tier views of an organization's performance – from the individual pharmacy, through districts and regions, to the corporate overview.
- Resources to support quality improvement strategy development and improvement efforts
  - Training resources, patient education materials, etc.
  - NOT AN MTM PLATFORM

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# The Measures



- Appropriate Treatment of Hypertension in Diabetes
  - Use of renin-angiotensin system (RAS) antagonists
- Proportion of Days Covered (Adherence)
  - Statins
  - Oral diabetes medications
  - RAS Antagonists (ACE, ARB, DRI)
- Use of High-Risk Medications in the Elderly
- Drug-Drug Interactions

# Beta Phase Participants



## ■ Pharmacies

- CVS
- Rite Aid
- Walmart
- Walgreens
- Target
- Winn-Dixie
- Giant Eagle
- Independents

## ■ Health Plans


- Humana
- Highmark BCBS
- Coventry
- Wellcare
- UPMC Health Plan
- Capital Health Plan
- Gateway Health Plan
- BCBS-Alabama
- HealthSpring/Bravo

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# Welcome to the Quality Improvement Platform for Plans and Pharmacies

I am a...

 Pharmacy Professional

 Pharmacy Organization

 Health & Drug Plan

## News

Cras eget velit sapien. Lorem ipsum dolor sit amet, consectetur.

February 12, 2012

Etiam id metus diam, a ultricies turpis. Cras ut lacus ante

February 10, 2012

Metus diam, a ultricies turpis.

January 24, 2012

## About EQuIPP

EQuIPP is a collaborative model that engages health plans and pharmacies in strategic relationships to address improvements in the quality of medication use. The EQuIPP platform provides benchmarked performance data to both plans and pharmacies in user-friendly dashboards, and offers an environment to coordinate quality improvement efforts.

The EQuIPP Initiative is currently in its Beta Phase. The Beta Phase includes health plans and pharmacies throughout Pennsylvania, Florida, and Alabama.

## How Do I Participate?

## Login

Enter your username and password to view your performance reports and improve

Username:

Password:

[Forgot password?](#)



# Health Plan 1

1234 EquiPP Way Pittsburgh PA 15120  
Phone: 111-222-3333

VIEWING AS  
Demo User, RPh  
Manager

## ACEI/ARB PDC – Medicare Advantage

↑ HIGHER IS BETTER

Print this Report

June 2012

Change Time Period

Data last updated on 05/01/2012

### Health System Versus Goal

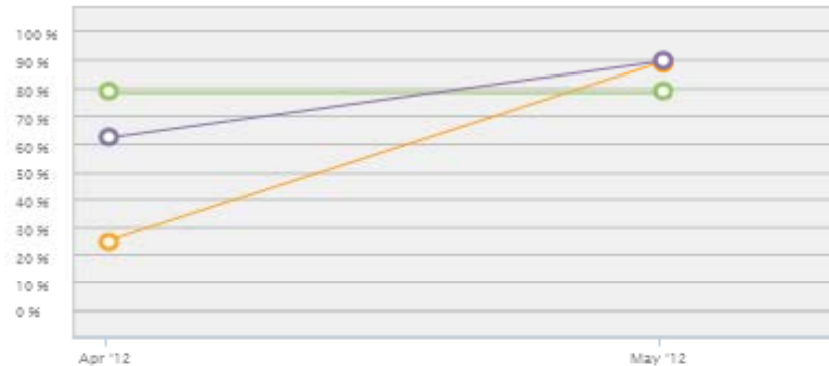
# of Patients	Performance Score	Goal
160	<b>89.3%</b>	79%

### Health Plan Versus Others

All Equipp Average **90.1%**

### Run Chart

○ Performance Score  
○ Goal  
○ All Equipp Average



### Pharmacy Organizations

Pharmacy	# of Patients	Score	Goal	Gap
Pharmacy Chain 3	64	<b>90.6%</b>	79%	✓
Pharmacy Chain 1	32	<b>78.1%</b>	79%	0.9%
Pharmacy Chain 2	24	<b>91.6%</b>	79%	✓
Pharmacy Chain 4	16	<b>93.7%</b>	79%	✓
Independent Pharm of America	8	<b>87.5%</b>	79%	✓

# Strategies for Improvement



- Medication expenditures continue to grow, but most Medicaid programs have sparse information on medication-use quality
- EQuIPP could be used as a platform for Medicaid programs to do benchmarking with each other or to engage pharmacies
- Health plans and PBMs are exploring ways to drive improvements in the Star measures, including:
  - Restricted networks (not likely for Medicaid)
  - Pay-for-performance incentives (bonus for reaching goals)
  - Public reporting on pharmacy quality to drive patients towards top-performing pharmacies