Medicare Part D Star Ratings
Opportunities for Pharmacy

David Nau, RPh, PhD
Senior Director, Quality Strategies
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
Established in April 2006, as a public-private partnership

Consensus-based, non-profit, alliance with 100 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.
Key Activities of PQA

- Quality measures for pharmacy services and drug plans
  - Workgroups identify key measure concepts in areas such as safety, adherence, clinical appropriateness
  - Technical specifications are developed and tested
  - Approved measures are maintained and updated
- Demonstration projects for pharmacy quality measures
- Education for pharmacists on quality measures and performance improvement
- Connecting pharmacy to healthcare quality initiatives
- Conduct “best practices” seminars and forums throughout the year
PQA Measures

- **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**
  - antipsychotic usage in dementia population

- **Population Health Measures**
  - Pharmacy immunization rates *(in development)*

- **Specialty Pharmaceutical Measures**
Market Drivers: Medication-Use Quality

HHS

Consumers

Employers

ONC, HRSA, CDC, AHRQ, FDA

CMS Medicare Metrics

NCQA, URAC

Medicaid Plans & PBM

Medicare Plans & PBM

Commercial Plans & PBM

Consultant & Vendors

Pharmacies

E-QuIPP

Medicare Plans & PBM

Commercial Plans & PBM

PQA
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-aldosterone inhibitors)

Due to the higher weighting of clinically-relevant measures, the PQA measures account for 45% of Part D summary ratings in 2013
<table>
<thead>
<tr>
<th></th>
<th>MA-PD</th>
<th>PDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC – Diabetes</td>
<td>73.7 %</td>
<td>75.8 %</td>
</tr>
<tr>
<td>PDC – Hypertension (RASA)</td>
<td>73.9 %</td>
<td>76.8 %</td>
</tr>
<tr>
<td>PDC – Statins</td>
<td>69.0 %</td>
<td>71.0 %</td>
</tr>
<tr>
<td>Diabetes – ACEI/ARB Use</td>
<td>84.3 %</td>
<td>82.3 %</td>
</tr>
<tr>
<td>High-Risk Medications</td>
<td>7.8 %</td>
<td>8.8 %</td>
</tr>
</tbody>
</table>
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.

### Estimated Annual Drug Costs:
- **Monthly Premium:** $0.00
- **Deductibles:** $0.00
- **Annual Drug Deductible:** $0
- **Health Plan Deductible:** $0
- **Drug Copay/Coinsurance:** $5 - $75, 33%

### Health Benefits:
- **Doctor Choice:** Plan Doctors Only
- **Out of Pocket Spending Limit:** $3,900 In-Network

### Drug Coverage:
- **Formulary:** All Your Drugs
- **Restrictions:** Yes
- **Lower Your Drug Costs**

### Estimated Annual Health and Drug Costs:
- **$2,050

### Overall Plan Rating:
- 3 out of 5 stars
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)
Connecting Plans and Pharmacies: The EQuIPP Initiative

- EQuIPP = Electronic Quality Improvement Platform for Plans & Pharmacies

- The EQuIPP Initiative is built on the model from the PQA-sponsored Pennsylvania demonstration wherein a health plan and pharmacies collaborated on quality improvement.

- During 2012, the “beta phase” for the EQuIPP Initiative will allow health plans and pharmacies in Pennsylvania, Florida and Alabama to view quality scores and benchmarks, and use tools for no cost (via grant support).
EQuIIPP 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

- EQuIIPP 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
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
  - 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
<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>102</td>
<td>88.2%</td>
<td>83%</td>
<td>82.3% 88.6%</td>
</tr>
<tr>
<td>ACE/ARB PDC</td>
<td></td>
<td>104</td>
<td>96.1%</td>
<td>76%</td>
<td>83.4% 86.3%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td></td>
<td>102</td>
<td>92.1%</td>
<td>72%</td>
<td>87.2% 90.1%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td></td>
<td>102</td>
<td>100%</td>
<td>76%</td>
<td>86.2% 90.1%</td>
</tr>
<tr>
<td>Drug-Drug Interactions</td>
<td></td>
<td>17</td>
<td>47%</td>
<td>5.5%</td>
<td>41.5% 22.7%</td>
</tr>
<tr>
<td>High Risk Medications</td>
<td></td>
<td>102</td>
<td>3.9%</td>
<td>19%</td>
<td>9.8% 7.4%</td>
</tr>
</tbody>
</table>
Cholesterol PDC

**Pharmacy Versus Goal**

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>102</td>
<td>84.3%</td>
<td>72%</td>
</tr>
</tbody>
</table>

**Pharmacy Versus Others**

- Organization Average: 86.2%
- State Average: 88.7%

**Plan Patients (102)**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Plan 4</td>
<td>17</td>
</tr>
<tr>
<td>Health Plan 3</td>
<td>16</td>
</tr>
<tr>
<td>Health Plan 2</td>
<td>25</td>
</tr>
<tr>
<td>Health Plan 1</td>
<td>14</td>
</tr>
</tbody>
</table>

**Insurance Mix Report**

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Pharmacy Performance Score</th>
<th>Versus Goal</th>
<th>Gap</th>
<th>Versus Others</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commercial</td>
<td>77.7%</td>
<td>76%</td>
<td>✓</td>
<td>66.6%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>100%</td>
<td>76%</td>
<td>✓</td>
<td>100%</td>
</tr>
<tr>
<td>Medicare</td>
<td>82%</td>
<td>76%</td>
<td>✓</td>
<td>88%</td>
</tr>
</tbody>
</table>
Summary

- The healthcare system is shifting towards value-based payments to providers wherein part of the total payment may be based on quality scores.

- Medicare is driving greater attention to medication-related quality via the Medicare Star Ratings.

- Medicare drug plans have a significant incentive to drive improvements in their star ratings.

- EQuIPP can provide pharmacies with info on their performance on these Part D Star Ratings.