Advancing Patient Outcomes through Medication Measurement, Quality Improvement and Reporting

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Executive Director
Pharmacy Quality Alliance

CSHP Seminar
4:30 PM to 5:30 PM
Saturday, October 29, 2016
Objectives:
Pharmacists/Technicians/Student Pharmacists:

• Describe the changing landscape of the US Healthcare delivery system and how it impacts the pharmacy profession.

• Outline how pharmacists can prepare for the transition to new payment models and merit-based incentive programs.

• Determine how pharmacists can capitalize on opportunities to improve patient care and to achieve the Triple Aim.
Defining Quality of Care (in Medication Management)

• What is quality?
• Who defines quality of care?
  • Is it the government?
  • Is it the patient?
  • Is it the provider?
  • Is it private insurers?
  • Is it the caregiver?
  • Is it the employer?
• How do we measure it?

ANSWER: Everyone
Pharmacy Quality Alliance

Mission Statement:
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.

- Created in 2006 as a public-private partnership
  - Multi-Stakeholder Member-Based Non-Profit
  - Transparent & Consensus Based Process
  - Nation-wide Measure Developer
Member Organizations

- Health Technology & Data Analytics: 47
- Health Plans, LTC, & Health Systems: 23
- Pharmacies & Wholesalers: 26
- Life Sciences Companies: 24
- Academia: 41
- All Other Sectors: 33
Key Activities of PQA

- Medication use quality performance measure development
- Demonstration projects for pharmacy quality measures and improving outcomes
- Education for pharmacists on quality measures and performance improvement
- Connecting pharmacy to healthcare quality initiatives
PQA’s Quality Perspective

PQA

• Medication use and management
• Medication adherence
• Ensuring patients receive appropriate therapy recommended in guidelines
• Ensuring patients are NOT receiving inappropriate therapy (drug-drug interactions, high-risk medications in elderly)

Not PQA

• Quality assurance of medication manufacturing
• Medication errors
• Medication safety – adverse drug events
National Quality Strategy (NQS): Introduction

The Affordable Care Act (ACA) required the Secretary of the Department of Health and Human Services (HHS) to establish a **national** strategy to improve:

- The delivery of health care services
- Patient health outcomes
- Population health
Quality Framework: The Triple Aim and Six Priorities in the National Quality Strategy

- **Making care safer** by reducing harm caused in the delivery of care.

- **Ensuring that each person and family are engaged** as partners in their care.

- **Promoting effective communication and coordination of care.**

- **Promoting the most effective prevention and treatment practices for the leading causes of mortality**, starting with cardiovascular disease.

- **Working with communities to promote wide use of best practices to enable healthy living.**

- **Making quality care more affordable** for individuals, families, employers, and governments by developing and spreading new health care delivery models.
Federal Value-Based Payment Goals

**GOAL 1:** 30%
Medicare payments are tied to quality or value through alternative payment models (categories 3-4) by the end of 2016, and 50% by the end of 2018.

**GOAL 2:** 85%
Medicare fee-for-service payments are tied to quality or value (categories 2-4) by the end of 2016, and 90% by the end of 2018.

**NEXT STEPS:**
Testing of new models and expansion of existing models will be critical to reaching incentive goals.
Creation of a Health Care Payment Learning and Action Network to align incentives for payers.

*Medicare Fee-for-Service*

**STAKEHOLDERS:**
Consumers | Businesses
Payers | Providers
State Partners

Set internal goals for HHS

Invite private sector payers to match or exceed HHS goals

### Comprehensive Overview of CMS Quality Programs

<table>
<thead>
<tr>
<th>Hospital Quality</th>
<th>Physician Quality</th>
<th>PAC Quality</th>
<th>Payment Models</th>
<th>Population Health</th>
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</thead>
<tbody>
<tr>
<td>- Meaningful use EHR incentive</td>
<td>- Meaningful use EHR incentive</td>
<td>- Inpatient rehabilitation facility</td>
<td>- Medicare Shared Savings Program (ACOs)</td>
<td>- Medicare Part C</td>
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<tr>
<td>- Inpatient quality reporting</td>
<td>- Physician Quality Reporting System (PQRS)</td>
<td>- Nursing Home Compare measures</td>
<td>- Hospital value-based purchasing</td>
<td>- Medicare Part D</td>
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<tr>
<td>- Outpatient quality reporting</td>
<td>- Value-based Payment Modifier (VM)</td>
<td>- LTCH quality reporting</td>
<td>- Physician Feedback</td>
<td>- Medicaid Adult Core Measures</td>
</tr>
<tr>
<td>- Ambulatory surgical centers</td>
<td>- Maintenance of certification</td>
<td>- Hospice quality reporting</td>
<td>- ESRD QIP</td>
<td>- Medicaid Child Core Measures</td>
</tr>
<tr>
<td>- Readmission reduction program</td>
<td></td>
<td>- Home health quality reporting</td>
<td>- Innovations Pilots</td>
<td>- Health Insurance Exchange Quality Reporting System (QRS)</td>
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<tr>
<td>- HAC payment reduction program</td>
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<tr>
<td>- PPS-exempt cancer hospitals</td>
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<tr>
<td>- Inpatient psychiatric facilities</td>
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</table>
What Is a Healthcare Performance Measure?

• Healthcare performance measures are tools used to quantify the quality or cost of care provided to patients and their families.

• They allow us to gauge the quality of care that is provided and help us understand whether and how much improvement activities improve care and outcomes.

Source: National Quality Forum
Quality Improvement: A Continuous, Evidence-Based Process

How is a Measure Calculated?

**Numerator**
People who actually receive the action

**Denominator** – **Exclusions**

- People who are eligible to receive the action (such as treatment or screening)
- People who are not eligible for the action for specific, defined reasons

Source: National Quality Forum
PQA Measurement Development Process

Measure Concept Idea
Measure Concept Development
Draft Measure Testing
Measure Endorsement
Measure Update

Measure Advisement Group

Stakeholder Advisory Panels
Measure Development Teams & Task Forces

Quality Metrics Expert Panel (QMEP)

General Membership Votes

Measure Update Panel

Implementation Advisory Panel (IAP)
Risk Adjustment Advisory Panel (RAAP)
Patient & Caregiver Advisory Panel (PCAP)
Performance measurement vs. Internal Quality Improvement

Performance Measures

• Provide a benchmark, allowing for comparison across organizations or systems;
• Are often mandated by government programs or payers;
• Include pre-established criteria with no ability for any organization to modify the criteria; and
• Can be used for contract fulfillment, public reporting, and pay-for-performance programs.

Quality Improvement Indicators

• Do not provide a benchmark; rather they are used within an organization to establish a baseline;
• Allow organizations to implement quality improvement strategies to shift their baseline;
• Are used to better understand the efficiency and outcomes of internal processes;
• Are inherently more flexible, and can be applied to different populations over different time periods;
• Are not used for external comparisons, public reporting, or pay-for-performance programs; and
• May become performance measures when there is information to support full specification and standardization of each element of the metric.
Key Measures Developed to Date

- Patient Safety
  - Drug-drug interactions; high risk medications in the elderly; opioids
- Medication Adherence (Proportion of Days Covered)
  - Diabetes, hypertension, cholesterol, HIV
- Medication Therapy Management
  - Comprehensive Medication Review (CMR) completion rates
- Mental Health Measures
  - Antipsychotic usage in dementia population
  - Antipsychotic use in children < 5 years old
Implementation of PQA Measures

Medicare Part D Plan Ratings
- Star Measures
- Display Measures

Accreditation Programs
- URAC
- CPPA

Physician Offices
- IHA of California
- Community Care of North Carolina

Medicaid Care Coordination Program
- Community Care of North Carolina

Medicare-Medicaid Dual Eligible Pilot

Medicaid Adult Core Measure Set

Pharmacies & Health Plans
- EQuIPP

Health Insurance Marketplace Quality Rating System

National Business Coalition on Health
- eValue8 (health plan screening & evaluation)

Technology & Data Organizations

Pay-for-Performance Pharmacy Networks
- Inland Empire
- Pharmacy First
- CVS Health/Silverscript
PQA Measures Currently Being Used within Medicare Part D Stars Rating

- D11 High Risk Medication
- D12 Medication Adherence for Oral Meds
- D13 Medication Adherence for Hypertension (RASA)
- D14 Medication Adherence for Cholesterol (Statins)
- D15 MTM Program Completion Rate of CMR

*Due to heavy weighting by CMS on PQA measures, PQA measures make up almost half of a plan’s Star rating*
# Measures in Medicare Part D 2016 Stars

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Name</th>
<th>Part D Summary</th>
<th>MA-PD Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>D01</td>
<td>Call Center—Foreign Language Interpreter and TTY</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D02</td>
<td>Appeals Auto—Forward</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D03</td>
<td>Appeals Upheld</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D04</td>
<td>Complaints about Drug Plan</td>
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<td>1.5</td>
</tr>
<tr>
<td>D05</td>
<td>Members Choosing to Leave the Plan</td>
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<td>1.5</td>
</tr>
<tr>
<td>D06</td>
<td>Beneficiary Access and Performance Problems</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td>D07</td>
<td>Drug Plan Rating</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>D08</td>
<td>Rating of Drug Plan</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D09</td>
<td>Getting Needed Prescription Drugs</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D10</td>
<td>MPF Price Accuracy</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>D11</td>
<td>High Risk Medication</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D12</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D13</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
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<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D15</td>
<td>Comprehensive Medication Review Completion</td>
<td>1</td>
<td>1</td>
</tr>
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Due to the higher weighting of clinically relevant measures, the PQA medication use measures account for **43% of Part D summary ratings for 2016**.

From CMS 2015 Star Ratings Technical Notes
Medicare C and D Star Ratings

• Annual ratings of Medicare plans that are made available on Medicare Plan Finder and CMS website
  • Health Plans; not pharmacies
  • 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
  • Part C stars include 32 measures of quality, and Part D stars include 15 measures of quality

• Two-year lag between “year of service” and reporting year for Star Ratings
  • 2014 drug claims are used for 2016 Star Ratings
  • 2016 Star Ratings were released in October 2015 to inform beneficiaries who were enrolling for 2016
High Stakes for Part C/D Stars

• Enrollment Implications
  • Quality Bonus Payments (MA-PD)
  • Poor performers identified by CMS—the “Scarlet Letter”
  • Low-performer icon
  • One-star difference—new beneficiaries: 10%, changing beneficiaries: 5%
• Removal from Medicare for continued poor overall performance (< 3 stars for 3 years in a row)
Process Measure (weighted X 1)
• CMR completion rate

Access / Patient Experience Measure (weighted X 1.5)
• Members choosing to leave the plan

Intermediate Outcome Measure (weighted X 3)
• Four of five PQA measures

Drug Plan Quality Improvement (weighted x 5)
Health Plan Response

• Formularies, clinical strategies, network contracts, marketing/promotions, aligning with star measures

• Significant investments in “drive to 5”

• Contract strategies for pharmacy networks
  • Preferred pharmacy network based partly on star performance of chain or stores
  • Pay for Performance (P4P) – pharmacies may be eligible for bonus payment based on star performance
Measure Pipeline – 2016

Medication Therapy Management
- Patient Survey: Patient satisfaction/experience with MTM services
- Drug Therapy Problem Resolution

Adult Immunizations
- IIS Reporting: Immunizations reported to an Immunization Information System
- MTM Assessment: Immunization status assessment among MTM patients

Outcomes
- Hospital Admission or ED Visit for:
  - Bleeding Events Associated with Anticoagulant Medications
  - Hypoglycemic Events Associated with Diabetes Medications
  - Adverse Events Associated with Opioids

Patient Safety/Appropriate Tx
- Double Threat: Concurrent use of opioids and benzodiazepines
- Polypharmacy/Inappropriate Therapy: Inappropriate combination therapies that are potential safety concerns
- Duplicate Therapy: Inappropriate duplicate therapies related to overutilization and/or high cost

Specialty
- Chronic Hepatitis C: Completion of Therapy
- Adherence:
  - PDC: MS Medications
  - PDC: RA & I
  - PDC: Immunosuppressants Post Kidney Transplant
Specialty Measures

- Completion of Therapy to Treat Chronic Hepatitis C
- Adherence to Multiple Sclerosis Medications
- Use of Disease Modifying Therapies in MS (PQRS)
- RA&I Adherence
- Adherence to Immuno-Suppressants Post Kidney Transplant
- MRI to Monitor Disease Progression in MS (PQRS)
Breaking Ground: New Territory for PQA

NEW MARKET
Physician-level Measures (PQRS/MIPS) of Treatment (DMT) and Monitoring (MRI)

NEW MEASURE TYPE
Electronic Clinical Quality Measures (eCQMs)

Multiple Sclerosis Task Force
Engaging in Measure Development

- Measure Development Opportunities
- Task Forces (TFs)
  - Specialized Experience
  - Experts in Quality
  - Measure Update Panel (MUP)
  - Quality Metrics Expert Panel (QMEP)
  - Implementation Advisory Panel (IAP)
  - Testing PQA Draft Measures
  - Measure Advisement Group (MAG)
  - Risk Adjustment Advisory Panel (RAAP)

- PQA Annual Meeting
- PQA Leadership Summit
- PQA Workshops

- PQA Member Connect Events
- PQA Lead Initiatives & Roundtables

- Novice to Intermediate Experience
- Specialized Experience

- Quality Forum Lecture Series
- PQA Leadership Summit
- PQA Workshops

- Patient & Care Giver Advisory Panel (PCAP)
- Measure Development Teams (MDTs)

- Pharmacy Quality Alliance
- www.pqaalliance.org
- 703.690.1987
Benefits of Measure Testing

• Early look at your rates on a new measure
• Provide input on measure criteria based on testing
• Improve patient outcomes and internal processes
• Support PQA measure development process
• Opportunity to collaborate with other PQA members
• Recognition by PQA and your peers (public recognition is optional)
  • Through press releases, acknowledgement at PQA Annual Meeting, etc.
Measure Testing Opportunities

Performance Measures

• Hospital Admission or Emergency Department Visit for Bleeding Events Associated with Anticoagulant Medications
• Hospital, Emergency Department, and/or Urgent Care Utilization Related to Prescription Opioids
• Serious Hypoglycemic Events Requiring Hospital Admission or Emergency Department Visit Associated with Anti-Diabetic Medications
• Use of Multiple Antipsychotic Medications
• Proportion of Days Covered (PDC) Anti-retroviral Medication (testing required for proposed, revised specifications)
Measure Testing Opportunities (cont’d)

Quality Improvement Indicators

• Persons in a Patient-Centered Medical Home or Other Integrated Care Team Model Receiving a Timely Comprehensive Medication Review (CMR)

• Set of four QIIs related to Hypertension (Hypertensive patients identified for Comprehensive Medication Management [CMM]; Provision of CMM; Improved blood pressure post CMM; Controlled BP post CMM)
Moving From Measure Development Operations to Legislation & Regulation
Political Tailwind: Random Acts of Bipartisanship

Medicare Access and CHIP Reauthorization Act (MACRA; 2015)
Quality Focus within MACRA (2015)

Paying physicians: the old way
• Medicare Physician Fee Schedule (MPFS)
• Sustainable growth rate (SGR) formula
  • Ensure that Medicare increases did not exceed growth in GDP
  • Resulted in frequent “Doc fixes” by Congress

New method: Merit-based Incentive Payments (MIPs)
• MPFS increased by 0.5% 2016-2019
  • PQRS, Value-based Modifier, Meaningful Use in effect
• MIPs go into effect 2019
Merit-based Incentive Payments Systems (MIPS)

• Physicians given a publicly reported score of 1-100
  • Quality measures (PQRS)
  • Efficiency measures (Value-based Modifier)
  • Meaningful use of electronic health records (MU)
  • Clinical practice improvement activities

• Physicians performance rewarded or penalized
  • Thresholds established based on mean performance
  • Providers subject to payment reductions/bonuses
    • +/-4% in 2019
    • +/-9% in 2022

• Providers in alternative models may opt out
MACRA\textsuperscript{1}: The Fork in the Road

A single MIPS composite performance score will be calculated

Questions?

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Session Code:

1. Write down the course code. Space has been provided in the daily program-at-a-glance sections of your program book.

2. To claim credit: Go to www.cshp.org/cpe before December 1, 2016.