

An FAQ Explaining the Proportion of Days Covered with Beta-Blockers

by Margaret DeLeo



WHERE DOES THIS MEASURE FIT INTO THE OVERALL MEDICARE PART D STAR RATINGS?

The list of performance measures that will determine the Part D Star Rating for 2016 is anticipated to be final in spring 2015 when the Centers for Medicare & Medicaid Services (CMS) issues the 2016 Call Letter for Part D plan sponsors. At this time, PDC with beta-blockers has been endorsed by the Pharmacy Quality Alliance (PQA), but is not expected to be part of the calculation for the 2016 Medicare Part D Star Ratings.

WHAT DOES THIS MEASURE ANALYZE?

This quality measure endorses a standardized method of measuring adherence. It measures the percentage of patients 18 years and older who filled at least two prescriptions for a beta-blocker (BB) or beta-blocker combination on two unique dates of service. Patients who meet the PDC threshold of 80 percent during the measurement period are considered adherent.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

Should this measure be included in the Medicare Part D Star Rating program or a pay-for-performance program offered by any other payer in the future, the results of adequate PDC with beta-blocker therapy will have an impact on the desirability of your pharmacy for the plan's network. Pharmacies do not receive an actual star rating, but percentage scores earned serve as a

point of comparison to other pharmacies in the area, the state average, and the organization (such as independent pharmacies under common ownership, franchise or PSAO) average. Your pharmacy's star metric performance and its correlation to others may affect your relationship with plans. Incentives are offered for better performance by rewarding higher scoring pharmacies through performance payments. Conversely, pharmacies with lower performance scores may be dropped from preferred networks.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

Adherence to beta-blocker medication is important for chronic treatment of heart failure, hypertension, myocardial infarction, heart arrhythmia, and other chronic conditions. Beta-blockers are considered essential medications for patients with heart failure. Use of beta-blockers is linked to the avoidance of hospitalization and decreased mortality; there is evidence to support

improvements in health for patients who are adherent to such medications.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

Having a conversation about medication and its importance in disease management is the first step toward better adherence. Counseling both newly diagnosed patients and patients who have been on beta-blocker therapy is a useful intervention in discussing medication administration and management of potential side effects in order to maximize adherence. There are also programs available to help identify these gaps in a patient's medication compliance, including various medication therapy management (MTM) platforms. Additionally, automatic refill and medication synchronization programs, including NCPA's Simplify My Meds® program, can be a useful tool in addressing adherence with patients. ■

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ADDITIONAL RESOURCES

- Pharmacy Quality Alliance: www.pqaalliance.org/measures/cms.asp
- National Quality Measures Clearinghouse: <http://www.qualitymeasures.ahrq.gov/content.aspx?id=47492>
- Simplify My Meds®: www.ncpanet.org/smm

Editor's Note: This is another in a continuing series of articles covering treatment of various health issues and how they relate to the Medicare Part D Star Ratings program.