



Pharmacy Quality *Measurement*

Medicare Part D star ratings —a practitioner's Q & A

by Lisa Schwartz, PharmD

The Medicare Part D Star Ratings program has generated a lot of buzz in the past year, and pharmacy owners are asking questions about quality measurement, the ratings, and what effect they will have on their pharmacy. NCPA is running a series of short articles that discusses each of the measures published by the Pharmacy Quality Alliance, beginning with the five that are part of the Medicare Part D Star Ratings program. The first article appeared in the June 2014 issue; this and all subsequent articles will be available at www.americaspharmacist.net.

HOW DO I FIND OUT MY PHARMACY'S STAR RATING?

At this time, Medicare does not give individual pharmacies a star rating. Pharmacy claims data is analyzed in the aggregate to assign a star rating to a Medicare Part D Prescription Drug Plan (PDP) or Medicare Advantage Plans with prescription drug benefits (MA-PD).

HOW DO I FIND OUT IF MY PHARMACY IS HELPING OR HURTING THE PLANS' RATINGS?

The first company to market a tool for the management of pharmacy quality measure reporting is Pharmacy Qual-

ity Solutions. PQS accesses claims data to determine pharmacy performance on key areas that influence Part D Star Ratings, and creates a pharmacy-specific scorecard or dashboard to track performance.

Several wholesalers, pharmacy services administration organizations, franchises, and other groups have announced that their customers have access to PQS's EQulPP dashboard. A list of these groups is available on the News page of www.pharmacyquality.com.

WHAT ARE THE PHARMACY QUALITY MEASURES THAT FACTOR INTO PLANS' STAR RATINGS?

They are high-risk medication use, diabetes treatment, medication adherence for oral diabetes medications, medication adherence for hypertension (in patients with diabetes), and medication adherence for cholesterol.

Technical definitions for calculating these scores is available in the technical notes for the 2013 plan year.

WHY IS THERE A SUDDEN INTEREST IN MEASURING PHARMACY PERFORMANCE?

Recent changes to health care laws have put a greater emphasis on paying for health care that creates improved patient outcomes and reducing spending that does not. Health plans want healthy members and want to avoid spending money on services, tests, and treatments that do not improve patient health outcomes. Medicare Part D plans with five stars are allowed to market the plan year-



PQA Published Measures

High Risk Medications

Pharmacy Quality Measures Explained

By Sarah Squires, MBA, PharmD

(Editor's Note: This is another in a continuing series of information articles for independent pharmacists on the Star Ratings program and pharmacy performance measurement.)

Where does this measure fit into the overall Medicare Part D Star Ratings?

This measure is classified under "Drug Pricing and Patient Safety" in the Part D Domain and specifically targets patient safety.

What does this measure analyze?

This measure compares the number of patients who received at least two prescription fills for the same high-risk medication during the measurement period with the number of people in the eligible population. The eligible population is defined by patients who are 66 years or older on the last day of the measurement year (typically 12 months), continuously enrolled, and have at least two prescription fills for any medication over the course of the measurement period.*

What impact can this have on my pharmacy?

This measure, related to the number of patients in your pharmacy that fit the eligible population criteria regarding high risk medications, can affect the star rating of plans that include your business in their network. Should your population of patients on high risk medications reduce the plan's star rating rather than improving it, your pharmacy may not be included in their network in the future.

What impact does this have on patient safety?

High risk medications in patients over 65 have everything to do with patient safety. The Beers' list, updated in 2012 by the American Geriatrics Society, is referenced for this Medicare Part D Star Rating measure. Patients who fit criteria of this measure are deemed to be at a higher risk for an adverse drug event (ADE) than they would be if they were on a medication not recognized as "high risk." If patients who fit the criteria remain on high risk medications and have an ADE due to that medication, the star rating of the plan and the patient's health and safety would suffer.

What can I do improve performance in my pharmacy?

Patients who are age 65 or older and are on at least one high risk medication that has been filled at least two times over the measurement period could be compiled into a list for reference purposes to reconcile these problems. Medication therapy management (MTM) sessions could be conducted in the pharmacy to evaluate the status of these patients' regimen. It would be beneficial to describe to patients what adverse drug events could take place with the high risk medication and for what signs or symptoms they are looking. With the consent of the patient and physician, therapy changes may be made to switch the high risk medication to an alternative not found on the Beers' list. ■

Sarah Squires, MBA, PharmD, is a 2014 graduate of the Harding University College of Pharmacy.

*Additional Resources:

- *Use of High-Risk Medications in the Elderly (HRM):* <http://pqaalliance.org/images/uploads/files/HRM%20Measure%202013website.pdf>
- *Pharmacy Quality Alliance:* <http://pqaalliance.org/measures/cms.asp>
- *Beers' list:* <http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf>

round and beneficiaries may make a one-time switch into a five-star plan. Plans that have lower than a three-star rating may be terminated after three years.

HOW DO I IMPROVE MY PERFORMANCE ON THE FIVE QUALITY MEASURES TRACKED BY MEDICARE?

Three of the five measures are adherence-related. There many resources and tools available to help improve patient adherence to prescription drugs. Coordinated refills and regular contact with a local pharmacy have been shown to improve adherence. Many pharmacy software systems have programs that help pharmacies identify maintenance medications due for refill, but automatic refills fall short when communication with the patient is not part of the picture. Contact NCPA for information about the Simplify My Meds® coordinated refill adherence program (www.ncpanet.org/smm).

I UNDERSTAND THAT NETWORK PHARMACIES CONTRIBUTE TO THE PLAN'S STAR RATING, BUT WHAT ELSE FIGURES INTO THE RATING?

In total, there are 18 measures for PDPs and 51 for MA-PDs. Plans are rated on customer services (such as call center hold times, timely enrollment, complaints, and members leaving the plan), pharmacy hold time at the call center, the appeals process, patient safety, and, specific to MA-PDs: health screenings, vaccination, and managing chronic conditions (such as diabetes, osteoporosis, blood pressure, and fall risk). Patient safety measures are more heavily weighted and the pharmacy measures fall into this category.

DO NON-PART D PLANS HAVE STAR RATINGS?

No and yes. The Star Ratings program belongs to the Centers for Medicare & Medicaid Services and Medicare Part D (there is also a Star Ratings program for nursing homes). That said, the pharmacy quality measures that CMS uses are published by the Pharmacy Quality Alliance (PQA) and it is likely they will be used by plans and pharmacy benefits managers to build networks if they are not already doing so. PQA has published 11 pharmacy quality measures (see box), though only five are used by CMS. For more information about PQA's published measurements and measurements under development, visit <http://pqaalliance.org/measures/>.

HOW SOON WILL THE STAR RATINGS PROGRAM AFFECT MY PHARMACY?

The Star Ratings Program affects your pharmacy right now. Medicare Part D plans have been given Star Ratings since the 2012 plan year, which means data as far back as 2010 was analyzed to rate the plans before open enrollment in October 2011. While the preferred networks that popped up in the 2012 plan year appear to be based on business negotiations instead of performance, CMS has released reports of claims data analysis that show preferred net-

PQA Published Measures

1. Proportion of days covered
2. Antipsychotic use in children under 5 years old
3. Adherence to non-warfarin oral anticoagulants
4. Diabetes medication dosing
5. Diabetes: appropriate treatment of hypertension
6. Medication therapy for persons with asthma
7. Use of high-risk medications in the elderly
8. Drug-drug interactions
9. Cholesterol management in coronary artery disease
10. Completion rate for comprehensive medication review
11. Antipsychotic use in persons with dementia

works did not always lead to savings over pharmacies not in the preferred network. Legislation (H.R. 4577) has been introduced that would allow any pharmacy located in a medically underserved area to participate in all Medicare Part D Plan networks, including the plan's discounted or "preferred" network.

WHAT HAPPENS IF I DO NOTHING?

If you are already meeting performance goals, the answer might be nothing. Keep in mind that the Star Ratings program may add additional pharmacy quality measurements or change the goals. The hope early was that high-performing pharmacies could negotiate higher reimbursement, but it's more likely that high-performing pharmacies will be allowed to stay in the network.

If you are not meeting performance goals, it is possible that the patients of your pharmacy are not meeting drug therapy goals or are taking inappropriate medications. A Medicare Part D Plan could exclude you from its network to improve its Star Ratings. By dropping underperformers, the plan can steer patients to a pharmacy that is meeting performance goals. ■

Lisa Schwartz, PharmD, is NCPA senior director, management affairs.

