



Pharmacy Quality Measures

**An FAQ Explaining
Diabetes Treatment**

by Jeannette Rhoads, PharmD



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

It is classified under "Drug Pricing and Patient Safety" in the Part D domain. Specifically, it targets patient safety.

WHAT DOES THIS MEASURE ANALYZE?

This measure compares the number of Medicare Advantage plan members age 18 or older who have diabetes and hypertension with the number of those same members who take an ACE inhibitor or an ARB, the recommended blood pressure medications for patients with both diabetes and high blood pressure.*

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

Medicare Advantage plans want high star ratings to receive quality bonuses, marketing advantages, and more enrolled members. There are five measures specifically related to pharmacy which affect a plan's star rating. Plans can analyze network pharmacy performance in these five areas and determine which pharmacies are best at meeting the quality measures. Then, in an effort to increase their own star rating with the Centers for Medicare & Medicaid Services, they can rework their preferred network to include only pharmacies that excel. The bottom line for pharmacists is that the better you accomplish these five measures, the more patients and money you can potentially get.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

Diabetes and hypertension, which commonly coexist, are both risk factors for cardiovascular disease (CVD) such as heart attack, stroke, and end-stage renal disease, which are major causes of morbidity and mortality for patients with diabetes. Studies show that controlling hypertension prevents or slows CVD in diabetes patients, and that ACEI/ARB drugs may decrease the rate of progression of kidney disease. For diabetes patients, the blood pressure goal is <140/80 mmHg.

WHAT CAN I DO TO IMPROVE PERFORMANCE IN MY PHARMACY?

Proactively compile a list of your patients with diabetes who are age 18 and over and scan their profile for an ACEI or

Additional Resources:

- Pharmacy Quality Alliance: www.pqaalliance.org/measures/cms.asp
- CMS Recommended Medications: www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MemoPatientSafetyMeasures_071610.pdf
- Use of an ACEI/ARB in Diabetic Patients with Hypertension: www.healthpartners.com/ucm/groups/public/@hp/@public/@ime/@content/documents/documents/cntrb_035460.pdf
- Standards of Medical Care in Diabetes: www.care.diabetesjournals.org/content/36/Supplement_1/S11.full.pdf+html
- ACEI/ARB information: <https://manual.jointcommission.org/releases/archive/TJC2010B1/DataElem0038.html>

ARB. If one is not prescribed, talk with the patient to see if one was prescribed and not filled or if contraindicated*. Talk to patients with no ACEI/ARB history or contraindication about the proven benefits these medications can have on their disease state outcomes. With the patient's consent, contact the physician and discuss the possible addition of therapy. This conversation with the patient can take place at the drop-off counter, over the phone, at pick-up or even at the drive-through. Pharmacy technicians are instrumental in ongoing identification of diabetes patients with hypertension. If your pharmacy provides group diabetes classes, glucose meter counseling, blood pressure screening or other services, use these opportunities to screen the attending patients for an ACE inhibitor or an ARB. ■

*See additional resources for more information.

Jeannette Rhoads, PharmD, is a 2014 graduate of Auburn University's Harrison School of Pharmacy.