

Pharmacy Quality Measures

An FAQ Explaining Adherence to Non-Warfarin Oral Anticoagulants

by Quyen Nguyen

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

This measure has been endorsed by the Pharmacy Quality Alliance (PQA) but has not been adopted by the Medicare Part D Star Ratings program.

WHAT DOES THIS MEASURE ANALYZE?

This measure determines the percent of patients 18 years of age or older who are adherent to non-warfarin oral anticoagulants. These include anticoagulants such as apixaban, cilostazol, clopidogrel, dabigatran, dipyridamole, low molecular weight heparins (LMWH), rivaroxaban, and ticagrelor. Adherence is based on the proportion of days covered (PDC). A patient is considered adherent if their PDC is greater than 80 percent; for one year, that means the patient had 292 days' worth of medication.

WHAT IMPACT CAN THIS HAVE ON MY PHARMACY?

If this measure is included in the Medicare Part D Star Ratings program in the future, plans will have an incentive to build a pharmacy network that allows it to improve or maintain its star rating. Achieving a high star rating is associated with increased enrollment in plans and awarded bonus payments. Pharmacies that do not meet the 80 percent PDC goal for this measure may hurt the plan and may be excluded from its network.

WHAT IMPACT DOES THIS HAVE ON PATIENT SAFETY?

Non-warfarin anticoagulants are used to treat deep vein thrombosis (DVT), pulmonary embolism (PE), reduce the risk for recurrence of DVT and PE, and for prophylaxis of DVT after knee or hip replacement surgery. Dissolving clots and preventing their formation reduces the risk of peripheral embolic events, thus reducing the risk of stroke and PE. Without proper adherence to medication, patients are at an increased risk of clotting. When a clot develops, it

can break off and travel to the lungs, causing a pulmonary embolism, or to the brain, causing a stroke. This may result in decreased quality of life or even mortality.

WHAT CAN I DO IMPROVE PERFORMANCE IN MY PHARMACY?

First, it is important to counsel patients, especially when they first receive the medication. Pharmacy technicians may help flag these medications for first-fill counseling, even if the patient typically declines counseling. Ensure that they know why they are taking the anticoagulant, how to take it, and any side effects that they may experience while on the therapy. Additionally, during this counseling session, it is important to mention to patients the consequences of non-adherence and ensure that they understand. This would also be a good time to have a conversation with the patient and determine if there are any barriers to adherence (such as side effects or traveling to the pharmacy).

Next, suggest that patients sign up for automatic refills or enroll in a synchronized refill program. An automated refill reminder call or live call from pharmacy staff to coordinate the refill date can help with adherence. Finally, find patients who may have flown under your radar by pulling a report of patients who are taking non-warfarin oral anticoagulants and analyze the data to determine who is not picking up their prescriptions on time. These methods can help improve patient adherence and improve performance. ■

Quyen Nguyen is a 2015 PharmD candidate at the Notre Dame of Maryland University School of Pharmacy.

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.

