Pharmacy Quality Measurement and the Connection to Accountable Care

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PQS President

PQS
PHARMACY QUALITY SOLUTIONS
Disclosures
David Nau is an employee of Pharmacy Quality Solutions. The conflict of interest was resolved by peer review of the slide content. He declares no other conflicts of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Learning Objectives
Following this presentation, attendees should be able to:
1. Describe medication-related quality measures used by CMS, NBCH and URAC.
2. Explain how Medicare Part D measures are weighted.
3. List reasons why pharmacies are positioned to support quality improvement initiatives at health plans and PBMs.
The shift to Value-Driven Healthcare

- The U.S. health care system is rapidly moving to value-based purchasing or “value-driven healthcare”

- Value is the balance of quality and costs, thus we can optimize value by improving quality while reducing costs

- One of the biggest challenges in driving better quality is that we can’t always agree on how to define and measure quality

- PQSA takes the lead on development of medication-related quality measures for evaluation of health plans, PBMs and pharmacies, and EQuIPP allows pharmacies to track their performance on quality metrics
Examples of VBP

- CMS - Hospital Inpatient VBP: Hospitals are evaluated on numerous performance measures and payments are adjusted based on the Total Performance Score. Hospitals can lose up to 2% payment per admission for sub-optimal quality.

- CMS – Nursing Home VBP Demonstration: Began in 2009 and continues for several hundred LTC facilities. Facilities that score in Top 20% on quality receive “shared savings”

- CMS – Physician Quality Reporting System: Physicians must report data for performance measures or be subject to a 2% payment reduction

- Accountable Care Organizations (ACOs): hospitals and physicians form ACOs to share risk and rewards. For Medicare, these are:
  - Medicare shared savings program (MSSP)
  - Pioneer ACOs
ACOs and Quality

Medicare ACO demonstrations use quality scores to determine the ACO’s share of the estimated savings in a shared savings model

- ACO must attain 30\textsuperscript{th} percentile to receive any share of savings, while the maximum share is given to plans \( \geq 90\textsuperscript{th} \) percentile

Quality is measured across several domains using 33 measures

- Patient/caregiver experience (7 measures in CAHPS)
- Care coordination / patient safety (6 measures)
- Preventive health (8 measures)
- Clinical parameters for at-risk population (12 measures)
ACO Quality Measures relevant to medications

Examples:

- Admissions for CHF or COPD/asthma in older adults
- Readmissions (all-cause) within 30 days of discharge
- Medication reconciliation post-discharge
- Beta-blocker for patients with LVSD
- Drug therapy to lower cholesterol for patients with CAD
- ACEI/ARB for patients with diabetes, CAD, LVSD
- HbA1c control for persons with diabetes
- Influenza vaccination
Established in April 2006, as a public-private partnership

Now a consensus-based, non-profit, alliance with >140 member organizations, including:
- Health Plans & PBMs
- Pharmacies & professional associations
- Federal agencies (CMS, FDA)
- Pharmaceutical mfrs
- Consumer advocates
- Technology & consulting groups
- Universities

**Mission:** 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.
Who Uses PQA Measures?

- **Medicare Part D Plan Ratings**
  - Star measures:
    - medication adherence (diabetes, BP, cholesterol)
    - medication safety (HRM, Diabetes, RASA)
  - Display measures (2 safety measures and 1 MTM measure)

- **URAC and CPPA Accreditation**
  - PBM, mail/specialty pharmacy, community Rx

- **Health Plan Accreditation**
  - NBCH (eValue8 measure set)

- **State Insurance Exchanges / Marketplaces**
  - Quality Rating System begins in 2015
Medicare Star Ratings

- Annual ratings of Medicare plans that are made available on Medicare Plan Finder and CMS website

- 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

- Two-year lag between “year of service” and reporting year for PQA measures in Star Ratings (e.g., 2013 drug claims for 2015 Ratings)
  - 2015 Star Ratings were released in October 2014 to inform beneficiaries who were enrolling for 2015
Part D Stars

Medicare drug plans receive a summary rating on quality as well as four domain, and individual measure, scores (13 individual measures)

Five measures are from PQA:

- 2 measures of medication safety
  - High risk medications in the elderly
  - Appropriate treatment of blood pressure in persons with diabetes
- 3 measures of medication adherence
  - Oral diabetes medications
  - Cholesterol medication (statins)
  - Blood pressure (renin-angiotensin system antagonists)

Due to the higher weighting of clinically-relevant measures, the PQA measures account for 50% of Part D summary ratings for 2015
Table G-2: Part D Measure Weights

<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>Appeals Auto-Forward</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D02</td>
<td>Appeals Upheld</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D03</td>
<td>Complaints about the Drug Plan</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D04</td>
<td>Members Choosing to Leave the Plan</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D05</td>
<td>Drug Plan Quality Improvement</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>D06</td>
<td>Rating of Drug Plan</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D07</td>
<td>Getting Needed Prescription Drugs</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>D08</td>
<td>MPF Price Accuracy</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>D09</td>
<td>High Risk Medication</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D10</td>
<td>Diabetes Treatment</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D11</td>
<td>Medication Adherence for Diabetes Medications</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D12</td>
<td>Medication Adherence for Hypertension (RAS antagonists)</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>D13</td>
<td>Medication Adherence for Cholesterol (Statins)</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

From CMS 2015 Star Ratings Technical Notes
Part D Display Measures

- Display measures are not a part of the Star Ratings, but are used to provide benchmarks and feedback to plans.

- CMS also monitors display measures to assess plan performance; poor performance can lead to compliance actions by CMS.

- Display measures (from PQA):
  - Drug-Drug Interactions
  - Excessive doses of oral diabetes medications
  - Comprehensive Medication Review (CMR) Completion Rate *(moving to stars?)*
  - HIV antiretroviral medication adherence *(only in safety reports)*

- Display measure *(NOT from PQA)*
  - Use of atypical antipsychotics
Part D Star Thresholds Change

**PDC Diabetes**

## Distribution of Stars

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Contracts</td>
<td>%</td>
</tr>
<tr>
<td>5 stars</td>
<td>11</td>
<td>2.55</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>64</td>
<td>14.85</td>
</tr>
<tr>
<td>4 stars</td>
<td>87</td>
<td>20.19</td>
</tr>
<tr>
<td>3.5 stars</td>
<td>143</td>
<td>33.18</td>
</tr>
<tr>
<td>3 stars</td>
<td>109</td>
<td>25.29</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>16</td>
<td>3.71</td>
</tr>
<tr>
<td>2 stars</td>
<td>1</td>
<td>0.23</td>
</tr>
<tr>
<td><strong>Total Number of Contracts</strong></td>
<td><strong>431</strong></td>
<td></td>
</tr>
</tbody>
</table>

### MA-PD

<table>
<thead>
<tr>
<th>Overall Rating</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># of Contracts</td>
<td>%</td>
</tr>
<tr>
<td>5 stars</td>
<td>5</td>
<td>6.94</td>
</tr>
<tr>
<td>4.5 stars</td>
<td>6</td>
<td>8.33</td>
</tr>
<tr>
<td>4 stars</td>
<td>16</td>
<td>22.22</td>
</tr>
<tr>
<td>3.5 stars</td>
<td>18</td>
<td>25</td>
</tr>
<tr>
<td>3 stars</td>
<td>17</td>
<td>23.61</td>
</tr>
<tr>
<td>2.5 stars</td>
<td>8</td>
<td>11.11</td>
</tr>
<tr>
<td>2 stars</td>
<td>1</td>
<td>1.39</td>
</tr>
<tr>
<td>1.5 stars</td>
<td>1</td>
<td>1.39</td>
</tr>
<tr>
<td><strong>Total Number of Contracts</strong></td>
<td><strong>72</strong></td>
<td></td>
</tr>
</tbody>
</table>

From CMS 2015 Star Ratings Fact Sheet
### Improvement in Adherence Rates

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PDC - Diabetes</td>
<td>73.0%</td>
<td>73.7%</td>
<td>75%</td>
<td>77%</td>
<td>74.4%</td>
<td>75.8%</td>
<td>77%</td>
<td>79%</td>
</tr>
<tr>
<td>PDC - Hypertension</td>
<td>72.2%</td>
<td>73.9%</td>
<td>76%</td>
<td>78%</td>
<td>74.3%</td>
<td>76.8%</td>
<td>78%</td>
<td>81%</td>
</tr>
<tr>
<td>PDC - Cholesterol</td>
<td>68.0%</td>
<td>69.0%</td>
<td>71%</td>
<td>74%</td>
<td>69.1%</td>
<td>71.0%</td>
<td>73%</td>
<td>77%</td>
</tr>
</tbody>
</table>

*Average across all contracts for each year*
PQA Measure Patterns

- 497 Part D contracts received scores on all 5 of the PQA measures

Patterns of Scores for PQA measures:
- No contract received 5 stars on all 5 PQA measures
- 7 contracts received 5 stars on 4 out of 5 PQA measures (all were H plans)
- No contract received 1 star on all 5 PQA measures
- 2 contracts received 1 star on 4 out of 5 PQA measures
- 12 contracts received 1 star on all PDC measures (11 H plans, 1 S plan)
- 59 contracts received less than 3 stars on all PDC measures
  - 10 contracts in Puerto Rico
  - 45 of the 49 non-PR contracts had LIS enrollment higher than national average
## High Performer Icon - 2015

### MA-PD

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Enrolled 10/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0524</td>
<td>KAISER FOUNDATION HP, INC.</td>
<td>979,110</td>
</tr>
<tr>
<td>H0630</td>
<td>KAISER FOUNDATION HP OF CO</td>
<td>92,545</td>
</tr>
<tr>
<td>H1019</td>
<td>CAREPLUS HEALTH PLANS, INC.</td>
<td>95,169</td>
</tr>
<tr>
<td>H1230</td>
<td>KAISER FOUNDATION HP, INC.</td>
<td>29,529</td>
</tr>
<tr>
<td>H2150</td>
<td>KAISER FNDN HP OF THE MID- ATLANTIC STS</td>
<td>58,067</td>
</tr>
<tr>
<td>H5050</td>
<td>GROUP HEALTH COOPERATIVE</td>
<td>82,872</td>
</tr>
<tr>
<td>H5262</td>
<td>GUNDESEN HEALTH PLAN</td>
<td>14,292</td>
</tr>
<tr>
<td>H5591</td>
<td>MARTIN'S POINT GENERATIONS, LLC</td>
<td>28,412</td>
</tr>
<tr>
<td>H6360</td>
<td>HEALTHSPAN INTEGRATED CARE</td>
<td>16,205</td>
</tr>
<tr>
<td>H9003</td>
<td>KAISER FOUNDATION HP OF THE NW</td>
<td>74,627</td>
</tr>
<tr>
<td>H9047</td>
<td>PROVIDENCE HEALTH PLAN</td>
<td>44,711</td>
</tr>
</tbody>
</table>

### PDP

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Enrolled 10/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1822</td>
<td>HEALTHPARTNERS, INC.</td>
<td>1,105</td>
</tr>
<tr>
<td>S5743</td>
<td>WELLMARK IA &amp; SD, &amp; BCBS MN, MT, NE, ND, &amp; WY</td>
<td>317,950</td>
</tr>
<tr>
<td>S5753</td>
<td>WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION</td>
<td>24,447</td>
</tr>
</tbody>
</table>

From CMS 2015 Star Ratings Fact Sheet
2015 Stars – Low Performer Icon

<table>
<thead>
<tr>
<th>Contract</th>
<th>Contract Name</th>
<th>Parent Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>H0084</td>
<td>CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY</td>
<td>UnitedHealth Group, Inc.</td>
</tr>
<tr>
<td>H1903</td>
<td>WELLCARE OF LOUISIANA, INC.</td>
<td>WellCare Health Plans, Inc.</td>
</tr>
<tr>
<td>H3327</td>
<td>TOUCHSTONE HEALTH HMO, INC.</td>
<td>Touchstone Health Partnership, Inc</td>
</tr>
<tr>
<td>H5294</td>
<td>SUPERIOR HEALTH PLAN, INC.</td>
<td>Centene Corporation</td>
</tr>
<tr>
<td>H5698</td>
<td>WINDSOR HEALTH PLAN, INC.</td>
<td>WellCare Health Plans, Inc.</td>
</tr>
<tr>
<td>H5887</td>
<td>FIRST MEDICAL HEALTH PLAN, INC.</td>
<td>First Medical Health Plan, Inc.</td>
</tr>
<tr>
<td>R6801</td>
<td>CARE IMPROVEMENT PLUS OF TEXAS INSURANCE COMPANY</td>
<td>UnitedHealth Group, Inc.</td>
</tr>
</tbody>
</table>

From CMS 2015 Star Ratings Fact Sheet
2015 Star Ratings - Enrollment Weighted Average MA-PD Overall Rating in Non-EGHP Counties
High Stakes for Part D Stars

- Enrollment Implications
- Quality Bonus Payments (MA-PD)
- Poor performers identified by CMS
  - Low-performer icon
- Removal from Medicare for continued poor overall performance (< 3 stars for 3 years in a row)
  - For this year, CMS chose not to execute its authority to terminate poor-performing plans since these plans were showing signs of improvement
### Blue Medicare Access Value (Regional PPO) (R5941-014-0)
**Organization:** Anthem Blue Cross and Blue Shield

<table>
<thead>
<tr>
<th>Estimated Annual Drug Costs:</th>
<th>Monthly Premium:</th>
<th>Deductibles [?] and Drug Copay [?] / Coinsurance:</th>
<th>Health Benefits:</th>
<th>Drug Coverage [?], Drug Restrictions[?] and Other Programs:</th>
<th>Estimated Annual Health and Drug Costs:</th>
<th>Overall Star Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong></td>
<td>$67.00</td>
<td>Annual Drug Deductible: $115</td>
<td><strong>Doctor Choice:</strong> Any Doctor</td>
<td>All Your Drugs on Formulary: <strong>Yes</strong></td>
<td>$3,740</td>
<td>** stars**</td>
</tr>
<tr>
<td>Pharmacy Status:</td>
<td>$40.80</td>
<td>Health Plan Deductible: $1,000 annual deductible</td>
<td>Out of Pocket Spending Limit: $10,000 In and Out-of-network $6,000 In-network</td>
<td>Drug Restrictions: <strong>Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standard Cost-Sharing</td>
<td>$26.20</td>
<td>Drug Copay/Coinsurance: $0 - $90, 33%</td>
<td><strong>Lower Your Drug Costs</strong></td>
<td><strong>MTM Program [?]: Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual: $490</td>
<td><strong>Mail Order</strong></td>
<td></td>
<td><strong>Lower Your Drug Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual: $490</td>
<td><strong>Mail Order</strong></td>
<td></td>
<td><strong>MTM Program [?]: Yes</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### HumanaChoice H6609-081 (PPO) (H6609-081-0)
**Organization:** Humana Insurance Company

<table>
<thead>
<tr>
<th>Estimated Annual Drug Costs:</th>
<th>Monthly Premium:</th>
<th>Deductibles [?] and Drug Copay [?] / Coinsurance:</th>
<th>Health Benefits:</th>
<th>Drug Coverage [?], Drug Restrictions[?] and Other Programs:</th>
<th>Estimated Annual Health and Drug Costs:</th>
<th>Overall Star Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Retail</strong></td>
<td>$53.00</td>
<td>Annual Drug Deductible: $320</td>
<td><strong>Doctor Choice:</strong> Any Doctor</td>
<td>All Your Drugs on Formulary: <strong>Yes</strong></td>
<td>$3,770</td>
<td>** stars**</td>
</tr>
<tr>
<td>Pharmacy Status:</td>
<td>$12.90</td>
<td>Health Plan Deductible: $1,000 annual deductible</td>
<td>Out of Pocket Spending Limit: $10,000 In and Out-of-network $6,700 In-network</td>
<td>Drug Restrictions: <strong>Yes</strong></td>
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<td></td>
</tr>
<tr>
<td>Standard Cost-Sharing</td>
<td>$40.10</td>
<td>Drug Copay/Coinsurance: $6 - $95, 25%</td>
<td><strong>Lower Your Drug Costs</strong></td>
<td><strong>MTM Program [?]: Yes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual: $227</td>
<td><strong>Mail Order</strong></td>
<td></td>
<td><strong>Lower Your Drug Costs</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual: $155</td>
<td><strong>Mail Order</strong></td>
<td></td>
<td><strong>MTM Program [?]: Yes</strong></td>
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<td></td>
</tr>
</tbody>
</table>
How are Medicare plans responding?

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

- Significant investments in “drive to 5”

- Contract strategies for pharmacy networks
  - Pay for Performance (P4P) – pharmacies may be eligible for bonus payment based on star performance
  - Preferred pharmacy network based partly on star performance of chain or stores
Medicare Part D PDPs, by Parent Organization, 2015

- Express Scripts Medicare
- Cigna-HealthSpring Rx
- Humana Insurance Company
- United American Insurance Company
- WellCare
- UnitedHealthcare
- First Health Part D
- SilverScript
- Aetna Medicare
- Stonebridge Life Insurance Company
- Symphonix Health
- EnvisionRx Plus
- Anthem Blue Cross and Blue Shield
- All Others (31 companies)

Preferred Total = 87% of PDPs

Number of PDPs

PDP = Prescription Drug Plan
Source: Pembroke Consulting analysis of 2015 Part D data from the Centers for Medicare & Medicaid Services
Published on Drug Channels (www.DrugChannels.net) on October 14, 2014.
Pharmacy Pay-for-Performance Programs Using EQuIIPP

- Inland Empire Health Plan (IEHP)
  - Launched in October 2013 based on Star measures plus asthma and GDR
  - Pharmacies will receive bonus depending on their performance on each measure:
    - 3-star attainment = small bonus
    - 5-star attainment = large bonus

- Caremark-SilverScript
  - Ongoing program in 2014 based on PDC-adherence and ACE/ARB in Diabetes measures
  - Combination of payment for gap closures delivered through Mirixa and bonus on reaching performance goals as measured by EQuIIPP

- Healthfirst of NY
  - Program launching October 2014 based on PDC-adherence measures
  - Combination of payment for program commitment and for reaching performance goals as measured by EQuIIPP
Need for Neutral Intermediary

- As Health Plans and PBMs create financial consequences for pharmacies related to the star ratings, there is a need for a neutral intermediary to ensure accuracy, consistency and transparency.

- EQuIPP, from PQS, is increasingly being tapped to serve as the neutral intermediary. In this role, EQuIPP
  - Ensures that the star measure scores for pharmacies are calculated accurately (i.e., according to PQA/CMS specifications),
  - Ensures that star measure scores are calculated consistently across plans/PBMs so that pharmacies can avoid “dueling report cards,”
  - Provides transparency in the calculation of the star measure score calculations so that pharmacies understand how their scores were calculated.
Welcome to the Quality Improvement Platform for Plans and Pharmacies

I am a...
- Pharmacy Professional
- Pharmacy Organization
- Health & Drug Plan

News

A Worthy Read
An article in the January 16th edition of JAMA points to the importance of the Star Ratings for MA-PD plans. Authors from CMS examined the plan selections for new Medicare beneficiaries or for those that switched plans and found that plans with higher Star Ratings were more likely to be selected by beneficiaries. Check it out here.

Learn About EQuIPP

EQuIPP is a performance information management platform that makes unbiased, benchmarked performance data available to both health plans and community pharmacy organizations.

EQuIPP brings a level of standardization to the measurement of the quality of medication use, and makes this information accessible and easy to understand. By doing so, EQuIPP facilitates an environment where prescription drug plans and community pharmacies can engage in strategic relationships to address improvements in the quality of medication use.

Our partners are provided the information they need to guide their quality improvement efforts and are connected to the right resources to help them continue to improve.

Login

Enter your username and password to access your performance reports and improve.

Username: 
Password: 
Forgot password?

Login
Data Flow for EQuIPP

- Health Plan
- PBM
- Pharmacy
- ACO (Future)

Data Flow: Data to EQuIPP then Results to:

- Dashboards
- Clinical / MTM Platforms
- P4P reports
ACE/ARB PDC

Goal: Full Measure Set

Higher is Better
Print this Report

Pharmacy Versus Goal

<table>
<thead>
<tr>
<th># of Patients</th>
<th>Performance Score</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>108</td>
<td>90.7%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Pharmacy Versus Others

- Organization Average: 82.8%
- State Average: 83.1%
- All Equipp Average: 86.5%

Plan Patients (108)

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>SILVERSCRIPT</td>
<td>61</td>
</tr>
<tr>
<td>HUMANA</td>
<td>23</td>
</tr>
<tr>
<td>HEALTHSPRING</td>
<td>11</td>
</tr>
<tr>
<td>WELLCARE</td>
<td>7</td>
</tr>
<tr>
<td>COVENTRY</td>
<td>6</td>
</tr>
</tbody>
</table>

Insurance Mix Report

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Pharmacy</th>
<th>Versus Goal</th>
<th>Gap</th>
<th>Versus Others</th>
</tr>
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<tr>
<td></td>
<td>Performance Score</td>
<td></td>
<td></td>
<td>Organization Average</td>
</tr>
<tr>
<td>Medicare</td>
<td>90.7%</td>
<td>79%</td>
<td>✓</td>
<td>82.8%</td>
</tr>
<tr>
<td>SilverScript</td>
<td>88.5%</td>
<td>81%</td>
<td>✓</td>
<td>84.8%</td>
</tr>
</tbody>
</table>
Improvement Strategies and Resources

While we tend to think of quality improvement activities as targeted interventions, there are a wide variety of skills, tactics, and resources that are broadly applicable when seeking to engage patients and encourage therapeutic or behavioral changes.

**Quality Improvement Concepts & Resources**

The topics in this section will help you better understand the drivers of pharmacy-based quality improvement efforts, develop your patient engagement skills, and gain insight into the development of quality improvement strategies.

**Medication Adherence**

Medication adherence is an essential health behavior. It taps into patients' most closely held values and beliefs about their health and wellbeing. Pharmacists' knowledge and accessibility position them well for working with patients through such complex issues.

Further hone your patient engagement skills, access targeted patient education resources and more in this section.

**Patient Safety**

Getting the right drug to the right person at the right time has long been the mantra of practicing pharmacists everywhere. Both safe dispensing and safe use are critical to the best outcomes for your patients.

This section links you to specific resources that support you in addressing the patient safety measures housed within the EQuIPP platform.
Pharmacy Quality Ratings

*In Development*

- PQA, PQS and the University of Arizona are exploring whether an “Overall Rating” of a pharmacy can be created from the individual PQA measures in a way that is scientifically valid as well as efficient.

- Project is funded by the Community Pharmacy Foundation and recently launched
  - Stakeholder panel has formed and met once; more meetings to come
  - Consumer input will be solicited to assess usefulness for public reporting on pharmacy quality
  - EQuIPP data is being used to pilot-test various models for the ratings

- Many issues will need to be addressed to determine how this rating system would be appropriately implemented. Stay tuned...
Summary

- Quality metrics are driving action amongst health plans and PBMs
- A growing number of prescription drug plans are implementing performance-based incentives for network pharmacies, such as:
  - Pay-for-performance models that include bonus payments to top-performing pharmacies
  - Preferred networks that include star-performance as a criterion for inclusion as a preferred pharmacy
- EQuIPP continues to expand the number of plans and pharmacies who use this platform as a “neutral intermediary” for calculation of pharmacy quality scores
- Pharmacies need to track their quality to compete in a value-based contracting environment and will need clinical decision support tools that prompt efficient, effective action.
Discussion

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