IEHP Pharmacy
P4P Workshop
January 21, 2015

Chris Chan Pharm.D.
Sr Director
Pharmaceutical Services
Inland Empire Health Plan
P4P Development

- Launched in Oct 2013
- Close to $5m P4P payout in 1st Year
- Over 400 Pharmacies
- More than 5 meetings
- Industry: HealthPartners and SilverScript Rx P4P
Congratulations to the Top Performing Pharmacies
WALGREENS PHARMACY

5220 Moreno Valley
5528 San Bernardino
9780 Hesperia
Excellence Performance

CVS PHARMACY

9778 Chino
9849 Riverside
8897 Riverside
Excellence Performance

RITE AID PHARMACY

5716 Riverside
5729 Perris
6231 Moreno Valley
Excellence Performance

Inland Pharmacy
Excellence Performance

CURT’S PHARMACY
Pharmacy of The Year

CVS Pharmacy
9619 Fontana

Congratulations!
Pharmacy of The Year

Walgreens
6438 Chino

Congratulations!
Congratulations!!!

- Share your experiences!
- Share what works? What doesn’t work?
## P4P Result (Nov 14)

<table>
<thead>
<tr>
<th>Measurements</th>
<th>IEHP Threshold</th>
<th>Medicare DSNP (MMP)</th>
<th>Medi-Cal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Oct-13</td>
<td>Sep-14</td>
</tr>
<tr>
<td>ACE/ARB in Diabetes</td>
<td>85%</td>
<td>88.10%</td>
<td>87%</td>
</tr>
<tr>
<td>ACEI/ARB PDC</td>
<td>72%</td>
<td>77.40%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Asthma-Absence of Controller Therapy</td>
<td>30%</td>
<td>44.8%</td>
<td>41.1%</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td>68%</td>
<td>78.50%</td>
<td>82.4%</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>71%</td>
<td>79.90%</td>
<td>86.7%</td>
</tr>
<tr>
<td>High-risk Medications</td>
<td>8%</td>
<td>11.8%</td>
<td>7.5%</td>
</tr>
</tbody>
</table>
Result At-A-Glance (2nd Payment)

- 406 Pharmacies
- Highest possible point: 10 points
- Top performers: 8.5
- Avg score: 5.2
- Avg of the top 100 pharmacies: 7.37
- Avg P4P payment: Revenue Ratio (All P4P Pharmacies): 2.1%
- Average P4P payment per store: $6,254
- Highest single store payment: $40,257
### P4P Result - All Pharmacies

<table>
<thead>
<tr>
<th>Stars</th>
<th>Oct 2013 # of Pharmacies</th>
<th>Sept 2014 # of Pharmacies</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>330</td>
<td>379</td>
</tr>
<tr>
<td>1</td>
<td>24</td>
<td>42</td>
</tr>
<tr>
<td>2</td>
<td>191</td>
<td>430</td>
</tr>
<tr>
<td>3</td>
<td>208</td>
<td>374</td>
</tr>
<tr>
<td>4</td>
<td>170</td>
<td>243</td>
</tr>
<tr>
<td>5</td>
<td>303</td>
<td>212</td>
</tr>
</tbody>
</table>
CMS Acumen Result

• Results for IEHP Medicare DualChoice and Medicare Cal-MediConnect
• Calendar Year-12 months vs P4P program (rolling 6 months)
CMC Diabetes ADH- MMP

Diabetes Adherence Rate

- MAPDs Average
- H5355
- Worse than Average
- Better than Average
CMC RAS ADH- MMP

RAS Antagonist Adherence Rate

- MAPDs Average
- H5355
- Worse than Average
- Better than Average
CMC HRM - MMP

HRM Rate

MAPDs
Average

H5355

Worse than
Average

Better than
Average

Diabetes Adherence Rate

MAPDs Average

Worse than Average

Better than Average
HRM-DSNP

MAPDs Average

Worse than Average

Better than Average
Diabetes ADH Comparison

Diabets ADH

2013 All

2013 IEHP

2014 All

2014 IEHP

Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

70.0%  75.0%  80.0%  85.0%  90.0%  95.0%
Statin ADH Comparison

- **2013 All**
- **2013 IEHP**
- **2014 IEHP**
- **2014 IEHP**

**Statin ADH**

- Jan 65.0%
- Feb 70.0%
- Mar 75.0%
- Apr 80.0%
- May 85.0%
- Jun 90.0%
- Jul 85.0%
- Aug 80.0%
- Sep 75.0%
- Oct 70.0%
- Nov 65.0%
- Dec 60.0%
## Estimated 2016 Star Ratings

<table>
<thead>
<tr>
<th>Measurements</th>
<th>D-SNP</th>
<th>CMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB in Diabetes</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>ACEI/ARB PDC</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Asthma- Absence of Controller Therapy</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cholesterol PDC</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Diabetes PDC</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>High Risk Medication</td>
<td>4</td>
<td>2</td>
</tr>
</tbody>
</table>

*Estimate only- 4-star threshold is eliminated

**Note the difference between DSNP vs CMC
Opportunities

- Evaluate bonus received vs missing opportunities
- Evaluate whether to invest the bonus for future
- Pharmacy Team Members education
CMS 2016 Star Ratings Possible Changes

• 2016 → 2014 data
  – Eliminate all pre-determined measure thresholds
  – MTM Comprehensive Medication Reviews (CMR) completion rate

• 2017
  – Medication Reconciliation Post Discharge
  – Asthma Measure Suite
  – Depression
  – Statin Therapy
  – Opioid Overutilization
<table>
<thead>
<tr>
<th>Measurement</th>
<th>Proposed 1st target (based on 2014 3 Star)</th>
<th>Bonus level (based on 2014 5 Star)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACE/ARB use in Diabetes</td>
<td>85%</td>
<td>87% or above</td>
</tr>
<tr>
<td>ACE/ARB adherence</td>
<td>72%</td>
<td>79%</td>
</tr>
<tr>
<td>Statin adherence</td>
<td>68%</td>
<td>75%</td>
</tr>
<tr>
<td>Diabetes adherence</td>
<td>71%</td>
<td>77%</td>
</tr>
<tr>
<td>Asthma- suboptimal use</td>
<td>13%</td>
<td>11%</td>
</tr>
<tr>
<td>HRM</td>
<td>8%</td>
<td>&lt;3%</td>
</tr>
<tr>
<td>Generic Dispensing Rate</td>
<td>83%</td>
<td>85%</td>
</tr>
</tbody>
</table>
3rd Year P4P

- Removal of Diabetes Treatment (DT) measure (PQA retires this measure - announced on 1/12/2015)
- Changes in P4P Threshold - CMS eliminates 4-star threshold
- Addition of Asthma measure, opioid overutilization
- MTM (promote CMR completion rate) through High Performance Pharmacy Network - Survey coming soon!
- Study of 1st and 2nd year P4P data to review effectiveness and ROI
Payout Summary (2\textsuperscript{nd} Payment)

- Out of Network Pharmacies are measured but not included in P4P
- P4P: 309 Chains and 198 Independents
- P4P dollars as a % of total Rx revenue from IEHP: 0.22\% to 4.95\% (median 1.95\%)
Check List

- EQuIPP access
- Internal workflow evaluation
- Proper DUR review
- Tools to help identify at risk patients
- Medication consultation
- Tools to help you to increase productivity
- HRM drugs
- Help optimize treatments for patients
NCPA’s Medication Synchronization Program

Pharmacists’ Letter Educational Materials

Pharmacist content:
http://info.therapeuticresearch.com/inland-empire/pharmacists

Pharmacy technician content:
http://info.therapeuticresearch.com/inland-empire/technicians

Prescriber content:
http://info.therapeuticresearch.com/inland-empire/prescribers
Resources

• Beginning 9/12/2014- Patient Outlier Feature became available

• Pharmacy Quality Alliance Resource Page
http://pqaalliance.org/resources/other.asp
• Best Practice to Drive Medication Adherence
• How to Operationalize Your Med Sync Program
• A Look at the Numbers: Real World Impact of Med Sync on the CMS Star Ratings
Other News

• Drug Prescription Prior Authorization RxPA (Medi-Cal and Healthy Kids) process change (effective 3/2)

• Coverage Determination Request (Medicare) process change (effective 2/2)
Star Rating in Provider Directory
https://www3.iehp.org/en/members/find-a-doctor/?dev=full

This is the area where the P4P Star Rating would be placed. The rating will be inside the star.

Add filter based on P4P Star Rating, descending sequence.

Depending on the search selection, these should reflect the selected search description. For instance, if member selects pharmacy then “Doctors Near and Doctors In” should state “Pharmacies Near and Pharmacies In.”
Questions?
Guest Speaker

David Baker, PharmD
VP of Managed Care
Pharmacy Quality Solutions, Inc
% of Pharmacies Meeting Bonus Threshold

<table>
<thead>
<tr>
<th>Measure:</th>
<th>Oct thru March</th>
<th>May thru Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTM</td>
<td>67.97%</td>
<td>64.90%</td>
</tr>
<tr>
<td>PDC Diabetes</td>
<td>44.63%</td>
<td>65.98%</td>
</tr>
<tr>
<td>PDC HTN</td>
<td>40.63%</td>
<td>68.76%</td>
</tr>
<tr>
<td>PDC Statins</td>
<td>45.31%</td>
<td>56.10%</td>
</tr>
<tr>
<td>HRM</td>
<td>43.61%</td>
<td>39.32%</td>
</tr>
</tbody>
</table>
- There has been notable improvement in the number of pharmacies that have hit the performance bonus threshold for the adherence measure between the two disbursement measurement periods.

- Performance scores for the adherence measures improved sharply following July (6-9% improvement noted as measured in EQuIPP) and have seen sustained performance.
• Access to view store level performance dashboards in EQuIPP doubled during the August thru November as compared to the April thru July period
  • As of December 2014, there were 180 of the 225 independent pharmacies with access to EQuIPP
  • Average frequency in both time periods were 3.5 times per month

• However, limited uptake of EQuIPP outliers
  • As of late December 2014, only 20 pharmacies had accessed and documented outlier activity
Regulatory Update

• PQA has officially retired the Diabetic Treatment Measure
  • CMS has not officially commented on their approach (industry expects that CMS retires the measure effective immediately)

• PQA has nationally endorsed the Statin Use in Diabetes Measure
  • CMS has commented that this will be a display measure based on 2015 claims data

• CMS is considering other prescription based measures for 2016 and 2017
  • Opioid overutilization based measures
Amanda Harrington
PhD Candidate, University of Arizona
Pharmaceutical Economics, Policy, and Outcomes
Research Collaboration with IEHP: Evaluation of Pay-for-Performance Program

Amanda Harrington
PhD Candidate, University of Arizona
Pharmaceutical Economics, Policy, and Outcomes
• Rationale
  – Pay-for-performance (P4P) pharmacy program is innovative

• Objective
  – Determine pharmacy factors associated with achieving quality metrics

• Methods
  – Pharmacy survey

• Utility of results
  – May help pharmacies identify ways to improve performance in P4P program
PHARMACY SURVEY

• Survey Development
  – Item selection
  – Semi-structured interviews
    • Pharmacy management
  – Draft survey

• Semi-structured Interviews
  – Pharmacy services and workflow
  – Perception of quality metrics
  – Motivators and barriers to achieving quality metrics
  – Awareness of and attitude towards P4P program
Please contact me to set up an interview! I am in California until January 30th.

- Email: harrington@pharmacy.arizona.edu
- Cell: 480.495.8519