

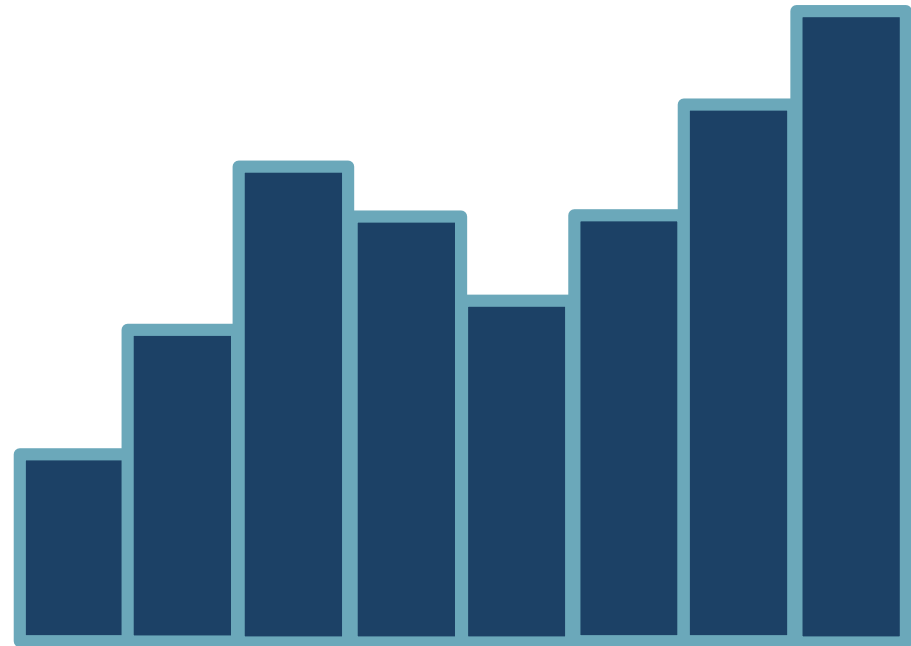
Understanding Quality Measure Calculations in your EQuIPP Dashboard

Guidance for Pharmacies



PHARMACY QUALITY SOLUTIONS

Managing Performance Information In A
Quality-Driven World

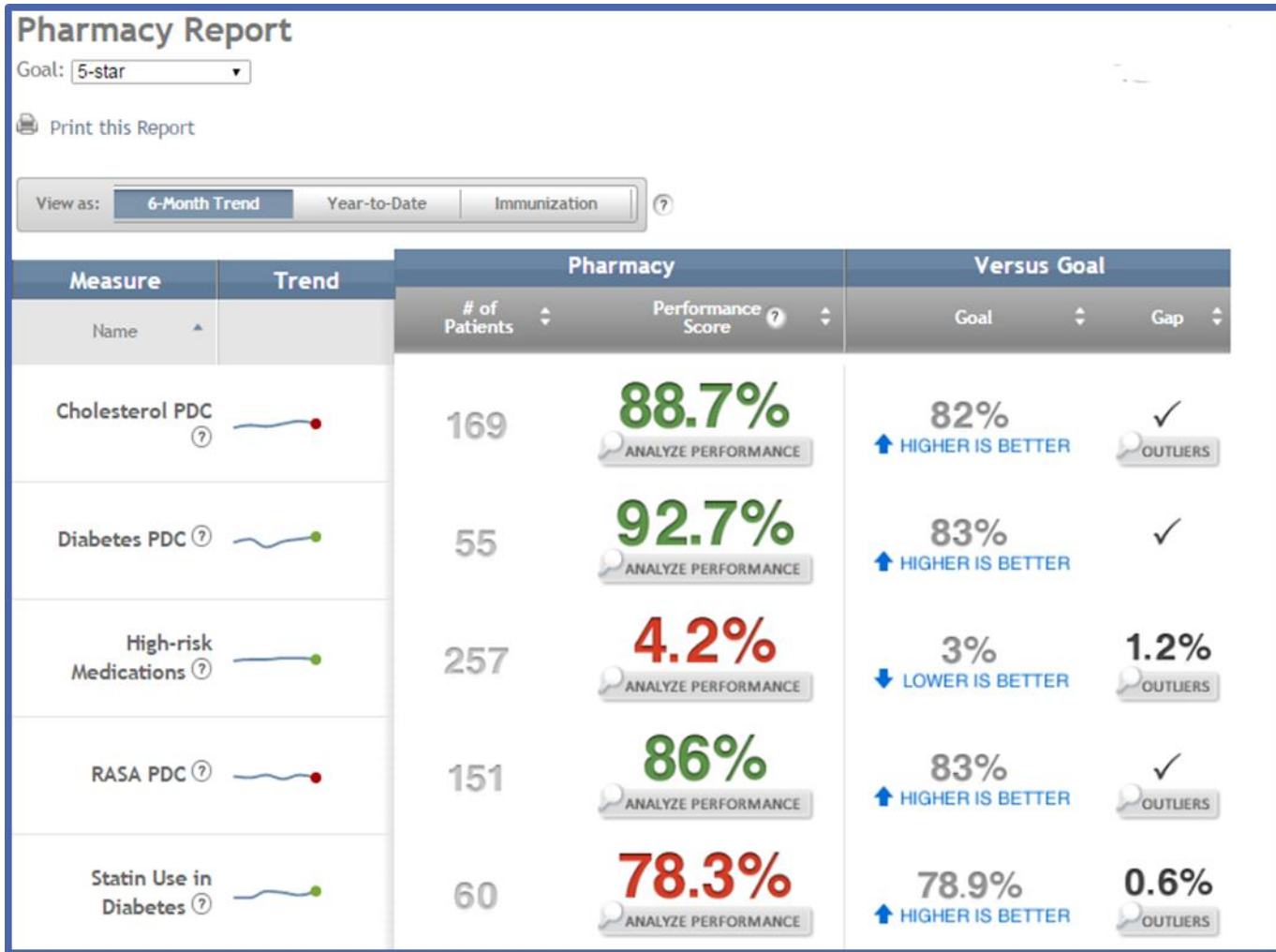


Objectives

This presentation will provide an overview of:

- How EQuIPP-hosted quality measures are calculated
- How patients are attributed to a pharmacy for the purposes of quality measurement
- How to interpret the performance scores in your EQuIPP dashboard
- How to interpret the benchmark scores in your EQuIPP dashboard

EQuIPP Overview



EQuIPP Overview

- EQuIPP displays performance information for key quality measures, which is updated monthly on the 15th of the month
- Information is available in EQuIPP approximately 6 weeks after the end of the measurement period.
 - For example, an update on May 15th includes prescription drug claims activity through March 31st.
- Performance scores are calculated based upon adjudicated claims through a health plan or pharmacy benefit manager (PBM)
- The performance tracked in EQuIPP is specific to how the payer views your performance, and aligns with the payer's accountability to Medicare (Star Ratings) and other quality programs
 - Prescriptions processed through discount programs or cash will not be included in the quality measure calculations

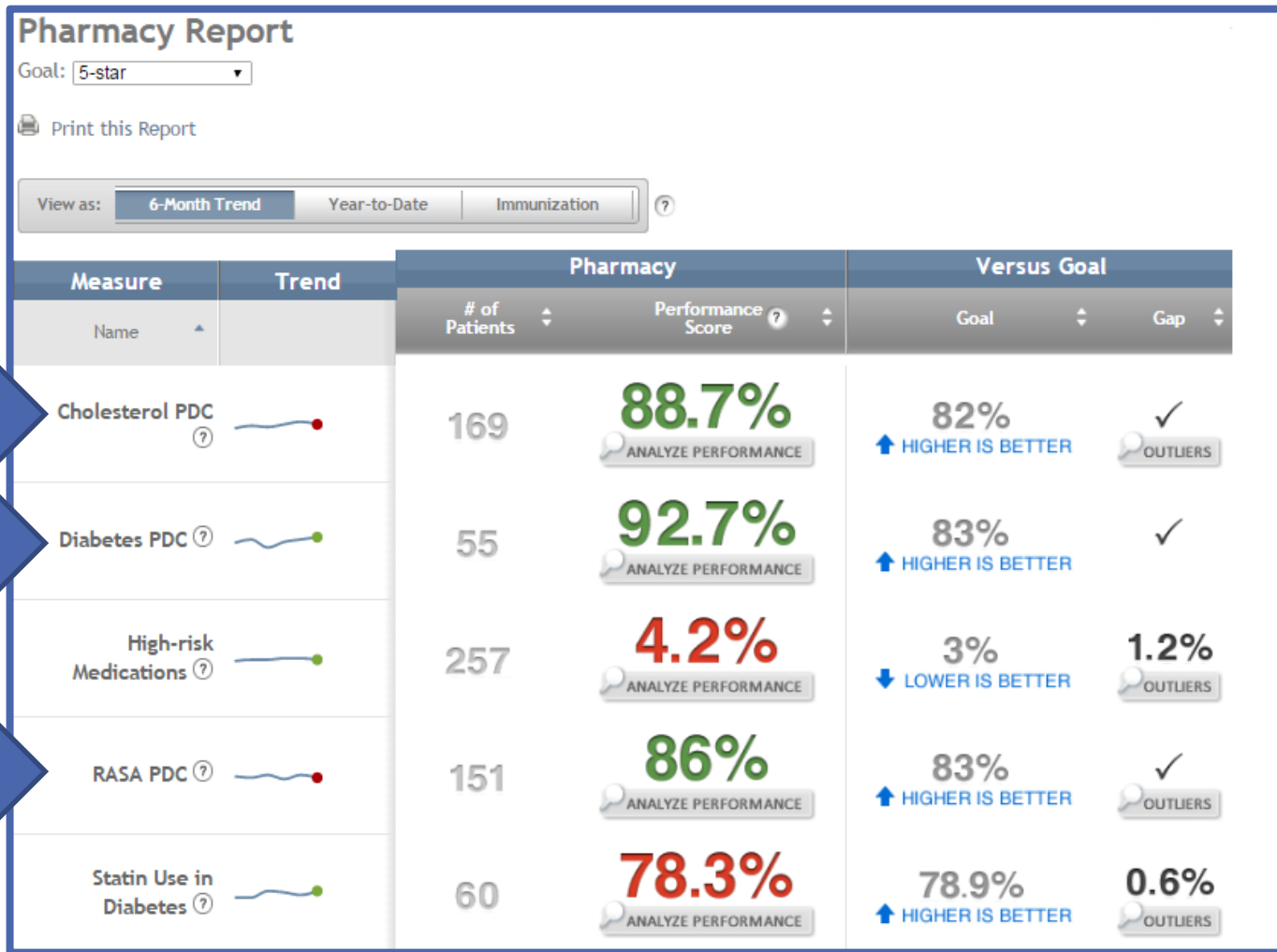
Types of Measures

EQuIPP hosts two primary types of measures:

- **Adherence Measures (Proportion of Days Covered or PDC)**
 - Cholesterol PDC
 - Diabetes PDC
 - RASA PDC
- **Treatment/Safety Measures**
 - High Risk Medication Use in the Elderly (HRM)
 - Statin Use in Persons with Diabetes (SUPD)

Additional quality measures may be hosted in EQuIPP for payer-specific programs or as new quality measures are added to existing quality programs

Adherence Measures



Understanding Adherence Measures

- Proportion of Days Covered (PDC) measures assess the percentage of patients covered by prescription claims for the same drug or for another drug in the same therapeutic class, within a measurement period
- The PDC threshold is the level above which the medication has a reasonable likelihood of achieving the most clinical benefit (at or greater than 80%)
- The PDC methodology is a standard method used to measure medication adherence and is specified within the adherence measures endorsed by the Pharmacy Quality Alliance

Understanding Adherence Measures

- Minimum requirements for a patient to be eligible for the adherence measures include:
 - Patient must have at least two (2) fills in the measurement period – regardless of the days supply of the prescription fills
 - The first fill of the applicable medication (class) must be at least ninety-one (91) days prior to the end of the measurement period

Adherence Measures

- These therapeutic categories are covered by the PDC measures hosted within the EQuIPP platform:
 - **Cholesterol PDC:** Statins
 - **Diabetes PDC:** Non-insulin Diabetes Medications (including biguanides, sulfonylureas, DPP-IV inhibitors, TZDs, GLP-1 receptor agonists/incretin mimetics, meglitinides, and SGLT2 Inhibitors)
 - **RASA PDC:** Renin Angiotensin System Antagonists (including ACE inhibitors, ARBs, and Direct Renin Inhibitors)

Adherence Calculation: PDC

- $PDC = (\text{number of days in period "covered"} / \text{number of days in period}) \times 100\%$
- Numerator = number of days in period “covered”
 - This is equal to the number of days covered by the prescription fills (based on days supply) during the period
 - This is NOT a sum of days supply, but a summation of time arrays to reflect days supplied for each fill, thus removing any overlap of prescription fills
- Denominator = number of days in period
 - Number of days from when the prescription is *first filled* during the measurement period to the end of the measurement period

Interpreting Performance Scores



- As described on the previous slide, the PDC calculation is performed for each individual patient.
- An adherent patient has an individual PDC score that is greater than or equal to 80%. In other words, they have at least 80% of their eligible days covered by medication for the target therapeutic category.
- The pharmacy's performance score displayed in EQuIPP is the percentage of patients at that pharmacy who have an individual PDC score greater than or equal to 80% **OR**, more simply, the percentage of adherent patients at the pharmacy.

Adherence Performance Score Example



Interpreting the example:

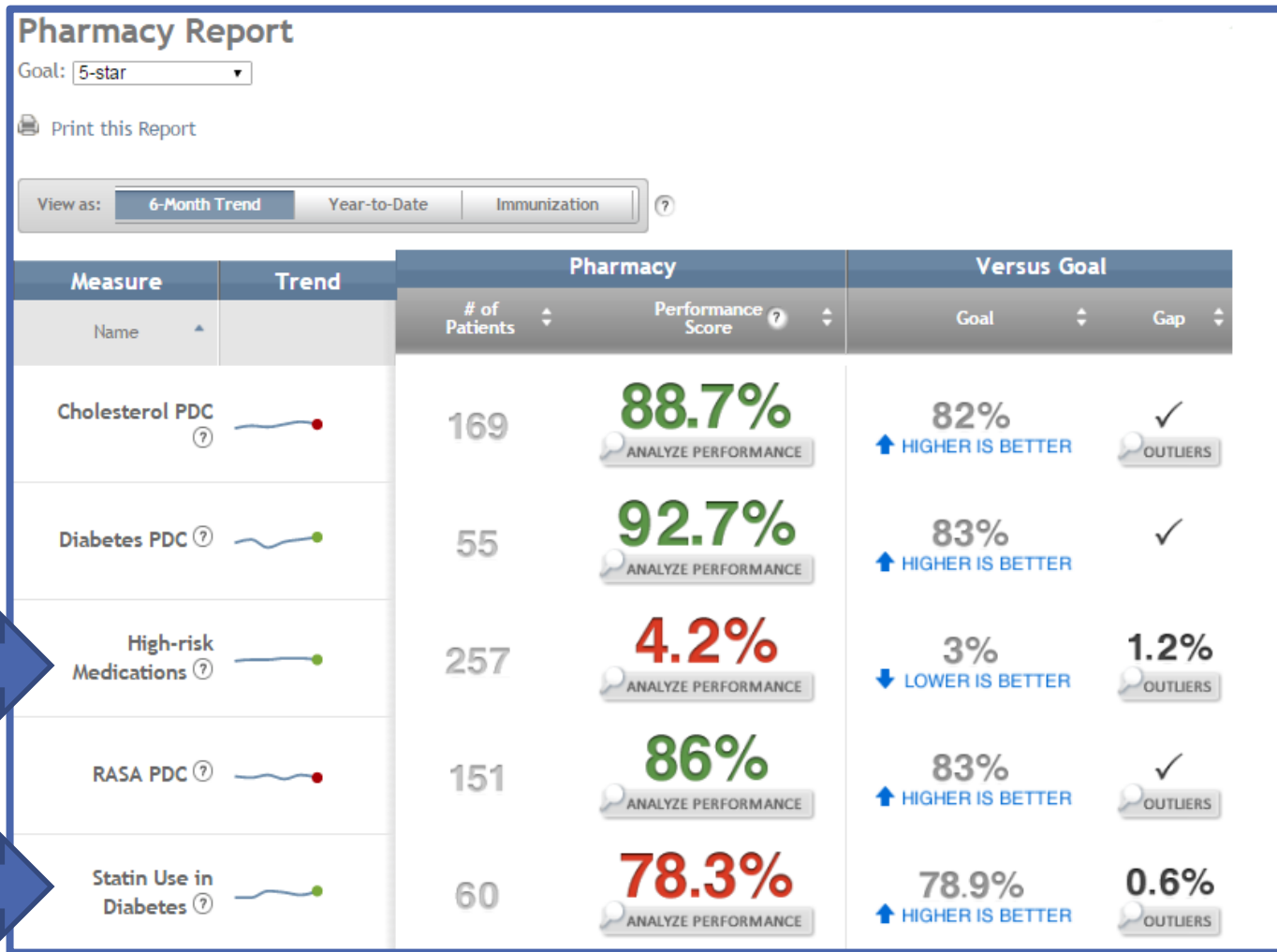
- This pharmacy's performance score for the Cholesterol PDC measures is displayed as 90.7%
- This means that 90.7% of the pharmacy's 410 patients are considered adherent ($410 * 90.7\% = 372$ patients)
- Or, that 372 out of 410 patients have a Proportion of Days Covered (PDC) score greater than or equal to 80%
- In this scenario, the pharmacy would have 38 (410 eligible patients minus 372 patients that are adherent) patients that are nonadherent
 - The pharmacist should start by addressing these patients and their reasons for nonadherence

Review the FAQ tab in EQUIPP for information on outliers to better understand this topic!

Patient Attribution: Adherence Measures

- Adherence measures use an encounter-based attribution method.
- For PDC measures, the pharmacy that filled the most prescription claims within the measurement period for the target therapeutic category will be assigned responsibility for the patient
 - If a patient fills the same number of prescriptions during the measurement period at multiple pharmacies, the patient will be attributed to the pharmacy that completed the most recent fill
- All paid prescription drug claims adjudicated through the health plan, regardless of dispensing pharmacy, will be counted towards the patient's PDC calculation

Treatment/Safety Measures



Understanding the HRM Measure

- The percentage of patients 65 years of age and older who received two or more prescription fills for a high-risk medication (HRM) during the measurement period
- The list of medications in this measure was derived from a subset of the Beers List, which is maintained by the American Geriatrics Society (AGS)
 - The medications on this list are intended to represent medications with more significant risk to cause adverse outcomes when used in elderly patients.
- Some medications on the HRM drug list are only considered an HRM when used for a specific duration or at a specific dose per day.
- The HRM measure is endorsed and maintained by the Pharmacy Quality Alliance.

Review the EQuIPP FAQ page for the current HRM list

High Risk Medication: Performance Score Example



Interpreting the example:

- This pharmacy's performance score for the HRM measure is displayed as 5%
- This means that 5% of the pharmacy's 948 patients have been indicated as filling two prescriptions for a medication on the HRM list
- In this scenario, the pharmacy would have 47 patients ($948 * 5\% = 47$ patients) to review for more appropriate therapeutic alternatives
- Being proactive is key for this measure. Once the patient fills the second prescription for a HRM, no change can be made to improve the patient's performance for this measure during the current measurement period.

Review the FAQ tab in EQuIPP for information on outliers to better understand this topic!

Patient Attribution: HRM Measure

- Patient safety measures use an event-based attribution
- The pharmacy who fills the second fill of an HRM (or the fill for the requisite dose or duration, depending on the medication) is assigned responsibility for the patient for the HRM measure.
- If a patient has prescriptions, but no HRM fills, the pharmacy filling the most prescription claims for all medications within the measurement period will be assigned responsibility for the patient
- The intended goal for this measure is to have a lower performance score

Understanding SUPD

- The Statin Use in Persons with Diabetes (SUPD) measure identifies the percentage of patients ages 40-75 who were dispensed a medication for treatment of diabetes that are also dispensed a statin medication
- This therapy recommendation is based on the updated guidelines by the American College of Cardiology and the American Heart Association in 2013
- The American Diabetes Association revised its guidelines in 2014 based upon this new recommendation
- The SUPD measure was developed and is endorsed by the Pharmacy Quality Alliance.

Statin Use in Persons with Diabetes: Performance Score Example



Interpreting the example

- This pharmacy's performance score for the SUPD measure is displayed as 70.4%
- This number means that 70.4% of the pharmacy's 183 patients filled a statin along with their medications for diabetes treatment
- In this scenario, the pharmacy would have 54 patients (183 patients*29.6% not on a statin) to evaluate for a new statin therapy

Review the FAQ tab in EQuIPP for information on outliers to better understand this topic!

Patient Attribution: SUPD Measure

- For the SUPD measure, the pharmacy who first fills the statin medication for the patient is assigned responsibility for the patient.
- If a diabetic patient does not have a statin medication in their profile, the pharmacy who filled the most diabetic medications (including insulin) for the patient within the measurement period is assigned responsibility.
- It only takes 1 fill for a statin medication within the measurement period for the patient to be considered compliant with the SUPD measure.

Interpreting Safety Measure Performance Scores



Measure Specifications:

- High risk medications (HRM): The HRM measure is also better when the performance score is lower. This means that fewer patients at the pharmacy are filling potentially inappropriate medications based on their elderly age.
- Statin Use in Diabetes (SUPD): The SUPD performance score is better when it is higher. This means that diabetic patients at the pharmacy are more often receiving recommended primary prevention therapy with statins.

Please review the EQuIPP FAQ tab as there may be patient age restrictions and therapy considerations that impact the performances scores for these measures

Specific Considerations

- Patients who receive an insulin product are excluded from the Diabetes PDC measure
- The calculation also adjusts for the patients' stay in inpatient settings, hospice enrollment, and stays in skilled nursing facilities (SNF)
 - The SNF only applies to Medicare PDPs because that data is not available for Medicare Advantage plans
- Patients > 65 years old qualify for the HRM measure if they fill 2 high risk medications with the same ingredient during the measurement period, not just 2 prescriptions from the HRM list

Benchmark Scores

Cholesterol PDC

Goal: Top 20% Ranking ▾

↑ HIGHER IS BETTER

🖨️ Print this Report

Pharmacy Versus Goal

# of Patients	○ Performance Score	○ Goal
410	90.7%	92%

Pharmacy Versus Others

○ Organization Average	89%
○ State Average	90.3%
○ All Equipp Average	87.2%

Benchmark Scores

- In addition to performance scores, EQuIPP provides a series of benchmarks to help add context to your pharmacy's performance, which helps you understand how you perform relative to others.
- One method of comparison is Goal Setting. EQuIPP uses a dynamic goal setting feature. Users can select a goal set from the list in the drop down menu in the upper left hand corner of the dashboard.
 - Among the goal sets are the current Medicare 3, 4, and 5-Star thresholds
 - The Full Measure Set goal set includes all available measures, and is based on the Medicare 5-Star threshold for Star Ratings measures, and the Top 20% or a client-specific target for non-Star Ratings measures.
- Additional sections of the dashboard may include additional benchmarks relevant to the pharmacy organization or state in which the pharmacy resides
 - PQS recommends that all pharmacies should discuss with their staff, chain or PSAO management on how they should be interpreting performance numbers based on their contracts

All EQuIPP Average

○ All Equipp Average

87.2%

Definition

- Calculated for each measure in the EQuIPP dashboard
- This is the performance score average based on all of the covered lives in the EQuIPP dashboard for the applicable measure
- This number is updated each month with the EQuIPP refresh
- This benchmark score can be found by navigating to the “Analyze Performance” page for each measure
 - The “All EQuIPP Average” will be found in the “Pharmacy vs Others” listing on this page

State Average

○ State Average

90.3%

Definitions

- Calculated for each measure in the EQuIPP dashboard using all available EQuIPP patient populations.
- This benchmark is only visible within a pharmacy-level dashboard.
- The State Average is the performance average across all pharmacies within your pharmacy's state.
- This number is updated each month with the EQuIPP refresh
- The State Average can be found on the main dashboard display or on the "Analyze Performance" page under the "Pharmacy vs Others" listing

Organization Average

○ Organization Average

89%

Definitions

- Calculated for each measure in the EQuIPP dashboard
- The Organization Average is the performance average for all pharmacies within the same parent organization (i.e. same chain, or same PSAO) as your pharmacy.
- This number is updated each month with the EQuIPP refresh
- The Organization Average can be found on the main dashboard display or on the “Analyze Performance” page under the “Pharmacy vs Others” listing.

EQuIPP Top 20%

Pharmacy Report

Goal:

Definitions

- Calculated for each measure in the EQuIPP dashboard
- The Top 20% Ranking is calculated using all available Medicare data in EQuIPP and is the performance threshold that represents the Top 20% of the highest performing pharmacies across the country.
- This number is updated quarterly, along with the EQuIPP refresh
- EQuIPP users can select the “Top 20% Ranking” from the Goal dropdown menu found at the top left hand corner of any of the EQuIPP dashboard’s performance screens

For more information:

- Visit the FAQ tab of your EQuIPP dashboard for more definitions and specifics that you should be able to view
- View www.pqaalliance.org or www.ncqa.org for more information on the direction and updates on quality measures in the pharmacy industry
- Discuss with your organization how your pharmacy should be prioritizing quality measures based on the performance scores attributed and managed care contracts your pharmacy has in place