

PHARMACY INCENTIVE PROGRAM

Answering Your Questions

Over the last couple weeks, you all have been submitting some absolutely fantastic questions.

Today, we are going to look at one of those questions.

It comes from Josh Langston at American Home Pharmacy.



Josh asks:

"How can I prevent my scores [from] being negatively impacted when a patient's drug has been discontinued or when they have been in the hospital or nursing home?"

Thanks for the question, Josh!

As we go about addressing these questions, it is important to consider a couple things about the measures.

The first thing to consider is drug class.

The second thing to consider is the measurement period.

These are two key elements that will help us address these questions.

When we look at the performance measures, they are built to look at drugs by class. This allows for medication changes by product or strength within the same class.

For example, if a patient is changed from lisinopril 10 mg to lisinopril 20 mg, the measure captures it. If a patient changes from simvastatin 20 mg to atorvastatin 10 mg, the measure catches that as well.

The challenge arises when the patient changes to another drug class all together. An example of this would be a change from an ACE Inhibitor to a Calcium Channel Blocker. The result of this would appear to be a non-adherent patient on the ACE Inhibitor.

The oral diabetes drugs are not subdivided by class, but rather lumped all together, so this group is slightly less complicated.

The measurement period is another important thing to evaluate.

For health plans, they are evaluated on a calendar year by CMS. Using the example from the question above, a patient that goes into the hospital or a nursing home, claims for their calculation would be submitted from the medical side and be factored into the calculation along with the pharmacy claims.

When patients are admitted, there are no medical claims that are used in the EQuIPP™ calculation, and that can be problematic as pharmacy claims are much timelier in their submission and subsequent use in calculations.

This is where the measurement period is crucial.

In the UHC P4P program, we are looking at the July 1 – December 31, 2018 measurement period. In the context of how the measures are calculated, you also need to have at least two prescription fills within that time period to get an adherence score.

Lets look at a couple examples:

If a patient is in the hospital/nursing home for several weeks between March and May, they will likely appear as an outlier, however their admission is not in the UHC P4P measurement period and will not affect the patient's score (looking only at the July - December periods.)

If a patient is admitted prior to the start to their first fill in the July – December period, the measurement will begin with that first fill after discharge.

If you were to fill a prescription for the patient in July, then the patient is admitted for some time and is discharged, and then you fill another prescription for the patient, then this patient may appear non-adherent based only on the pharmacy claims. (Remember the hospital or nursing home claims are likely submitted on the medical benefit.)

Also remember this: adherence is defined as a patient having a PDC score of >80%

When we look at a window of six months (180 days), they can miss 30+ days and still be considered adherent.

I trust that these considerations bring some clarity to the question that was asked and can help you come up with the solutions that are most appropriate for your store.

Be sure to login to EQuIPP™ regularly and check your outliers under MY PROGRAMS. As you look at those outliers, zero in on what their refill patterns have been since the beginning of the measurement period and look to provide the next refill as close to on-time as you can.

Keep those questions coming by submitting your question by clicking on the button below.

Until next time –

Jesse McCullough, PharmD
Director, Quality Programs at PQS

SUBMIT YOUR QUESTIONS/SUGGESTIONS

