ACO
ACCOUNTABLE CARE ORGANIZATION
LEARNING NETWORK

Fifth Annual National ACO Summit

June 18-20, 2014

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The Engelberg Center for Health Care Reform at Brookings | The Dartmouth Institute

THE FIFTH NATIONAL Accountable Care Organization Summit

The Leading Forum on Accountable Care Organizations and Related Delivery System and Payment Reform

Track 10: Optimizing the Value of Pharmaceuticals in New Care Models

Keynote

Dan Mendelson, MPP
Chief Executive Officer and Founder, Avalere Health

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Track 10: Optimizing the Value of Pharmaceuticals in New Care Models

S. Lawrence Kocot, JD, LLM, MPA (Moderator)
Visiting Fellow, Engelberg Center for Health Care Reform, The Brookings Institution; Member of the Firm, Health Care and Life Sciences, Epstein Becker Green

Woody Eisenberg, MD, FACP
Senior Vice President, Performance Measurement and Strategic Alliances, Pharmacy Quality Alliance

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Optimizing the Value of Medications in New Care Models

Quality Improvement and Measurement Systems

Woody Eisenberg, MD

PQA

June 20, 2014

Seismic shift emphasizing quality in health care delivery

Led by the federal gov't,

value purchasing will become the norm

- Health Plans are rapidly evolving their business to survive
  - MA, MAPD compete for Quality Bonus Payments (QBPs) thru Stars Ratings
- ACOs strive for Shared Savings, and must meet quality measures
- Medicaid is migrating to managed care w core & state quality measures
- HIEs (Markets) Quality Rating System (QRS) just announced
- FEHB developing standardized quality monitoring program
- Physicians Quality Reporting System (PQRS) and Value-based Payments (VBP) underway

Framework: The Triple Aim and Six Priorities in the National Quality Strategy

Better Care

Healthy People / Healthy Communities

Affordable Care

Making care safer by reducing harm caused in the delivery of care.

Ensuring that each person and family are engaged as partners in their care.

Promoting effective communication and coordination of care.

Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.

Working with communities to promote wide use of best practices to enable healthy living.

Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models.

NATIONAL QUALITY STRATEGY

Better Care. Healthy People/Healthy Communities. Affordable Care.

So, what does this have to do with drug therapy and pharmacists?

How we get there matters

Accountable Prescribing

Nancy E. Morden, M.D., M.P.H., Lisa M. Schwartz, M.D., Elliott S. Fisher, M.D., M.P.H., and Steven Woloshin, M.D.

Physicians spend a lot of time treating numbers — blood pressure, cholesterol levels, glycated hemoglobin levels. Professional guidelines, pharmaceutical marketing, and public health campaigns teach physicians and patients that better numbers mean success. Unfortunately, better numbers don't reliably translate into what really matters: patients who feel better and live longer. Often the health benefit gained by reaching a goal depends on how it is reached. When physicians strive for numerical goals without prioritizing the possible treatment strategies, patients may get less effective, less safe, or even unnecessary medications.

Many quality measures reinforce a focus on numerical goals. For example, performance-measure targets for hypertension control, as defined by the Healthcare Effectiveness Data and Information Set (HEDIS) and the Physician Quality Reporting System (PQRS), are met if a blood pressure below 140/90 mm Hg is reached after treatment with any antihypertensive medication, without a trial of dietary and exercise interventions (see table). Medications are the quickest and easiest way to reach the goal. Targets for cholesterol-control measures are met if a low-density lipoprotein (LDL) cholesterol level below 100 mg per deciliter is achieved in patients with coronary artery disease using ezetimibe before trying simvastatin, even though only the latter has been shown to reduce myocardial infarction risk. Simi-

Where are medication measures used?

- **Medicare Part D Plan Ratings of Health Plans**
  - Star measures: medication adherence & safety
  - Display measures: safety, adherence and MTM
- **Medicaid DE Pilots**
- **Pharmacies**
  - EQuIPP, Certification (CPPA, URAC)
- **Physician Offices**
  - IHA of California P4P
  - CCNC of North Carolina – network monitoring
- **PBM Accreditation programs**
  - URAC
- **National Business Coalition on Health (NBCH)**
  - eValue8 (health plan evaluation)
- **Federal / State Marketplace (HIEs)**
- **Federal Employee Benefits Program ?**

What Is the Pharmacy Quality Alliance?

- **Established in 2006 as a public-private partnership through leadership of CMS**
- **Now operates as an independent, nonprofit 501(c)3 corporation**
- **Consensus-based, multistakeholder, transparent alliance with over 135 members and over 400 active representatives from these member organizations**
- **Develops medication performance measures and quality improvement indicators for pharmacy services, drug plans, and integrated systems of care**

PQA ACO Task Force to Develop Core Medication Measure Sets

Goals of the Task Force

1. Develop a framework including medication management measures

2. Development a quality measurement system to support the 33 ACO measures
   - Identify those related to appropriate and safe use of medications
   - Develop a cross-walk referencing existing measures that are in the marketplace (NQF-endorsed, or endorsed by another consensus-based entity)
   - Identify gaps in the ACO measure set

3. Develop new measures of Optimal Use of Medications

4. Identify ACO and PCMH partners willing to test, implement and monitor impact of medication use measures

PQA

Where to start building medication measures that support ACO performance?

ACO Measure #	Measure Name
12	Medication reconciliation
22	Diabetes composite A1c < 8%
23	Diabetes composite LDL control
24	Diabetes composite high blood pressure
27	Diabetes mellitus poor control
28	Hypertension controlling high blood pressure
29	Lipid control in patients with CAD
31	Heart failure beta-blocker therapy for LVD
32	CAD composite lipid control
33	CAD composite ACEI or ARB

ACO Performance Measures Medications Crosswalk

ACO	NQF	Description	NQF	PQA
22, 23, 24, 27	729	Diabetes composite: % adults w diabetes who have optimally mngd risk factors	541 546	• Adherence measures: All class diabetes agents, statins, blood pressure agents • Appropriate treatment of hypertension • Diabetes medication dosing
12	97	Medication Reconciliation: % patients > 65 years who had discharge medication reconciliation		• Gap (Under development: 2 post discharge MTM Quality Improvement Indicators)

Two Chronic Condition Examples

Condition	Type	Rx Focus	Rx Impact on Quality?	Quality measure in ACO CMS model?	Rx Share of cost?	Cost offset from Rxs?
Heart failure	Chronic, Hospital	Outpatient	Receiving B-blocker Rx; % of patients requiring re-hosp	Yes #31; B-Blocker Rx written	Low	Impact re-hospitalization
Rheuma-toid Arthritis	Chronic	Outpatient	Receiving DMARD Rx; Functional Status	No	High	Unknown

What is a Quality Improvement and Measurement System (QIMS)?

Must Have:	To Facilitate:	To Support:
• Aligned meaningful measures based on data • Data collection and analytics • Tools for practice support and improvement • Reporting capabilities for use of measures in payment, public reporting, evidence development	• Aligning reporting requirements with data collection • Reducing burden of redundant reporting of measures and mechanisms • Information exchange • Maintaining data security outside of systems used in care delivery	Health Care •Delivery •Improvement •Accountability

EQuIPP – a Practice Support and Improvement Tool

Health Plans

Pharmacy Report

Goal: Default

Print this Report

View as: Table Chart

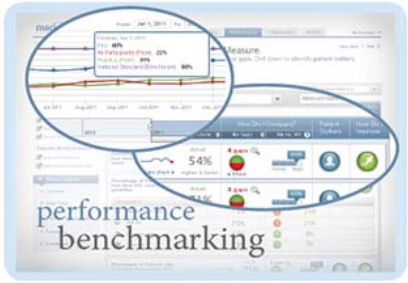
HOW DO I IMPROVE?

Measure	Trend	Pharmacy # of Patients	Pharmacy Performance Score	Versus Goal Goal	Versus Goal Gap	Versus Others Organization Average	Versus Others State Average
ACE/ARB in Diabetes		84	86.9% ANALYZE PERFORMANCE	87% HIGHER IS BETTER	0.1%	81.9%	79.7%
ACE/ARB PDC		129	77.5% ANALYZE PERFORMANCE	79% HIGHER IS BETTER	1.5%	86.2%	80.6%
Cholesterol PDC		72	62.4% ANALYZE PERFORMANCE	75% HIGHER IS BETTER	12.6%	82.4%	76.7%
Diabetes PDC		44	59% ANALYZE PERFORMANCE	77% HIGHER IS BETTER	18%	84.1%	78.8%
Drug-Drug Interactions		73	8.2% ANALYZE PERFORMANCE	5.5% LOWER IS BETTER	2.7%	4.6%	4.8%
High Risk Medications		205	3.9% ANALYZE PERFORMANCE	3% LOWER IS BETTER	0.9%	7%	7.4%

Link to resources to support improvement on measures

Measures included in Star Ratings and other national programs

Multi-disciplinary Collaboration and Alignment



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Conclusions

- With the rapidly changing health care environment, payers and policy makers are increasingly interested in payment models that reward quality and patient safety
- A core set of medication quality measures can be built to compliment existing clinical quality measures, with an eye toward expanding this as gaps are identified
- In order to achieve quality and cost goals, accountable systems of care need to include medication management as a primary accountability in a system of performance measurement

Questions

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Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

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Optimizing the value of pharmaceuticals in new care models

Ed Pezalla, MD, MPH
June 20,2014

Healthcare reform re-aligns relationships

- **From employer based to consumer based**
- **From contract work on the part of providers to true partnerships in patient care**

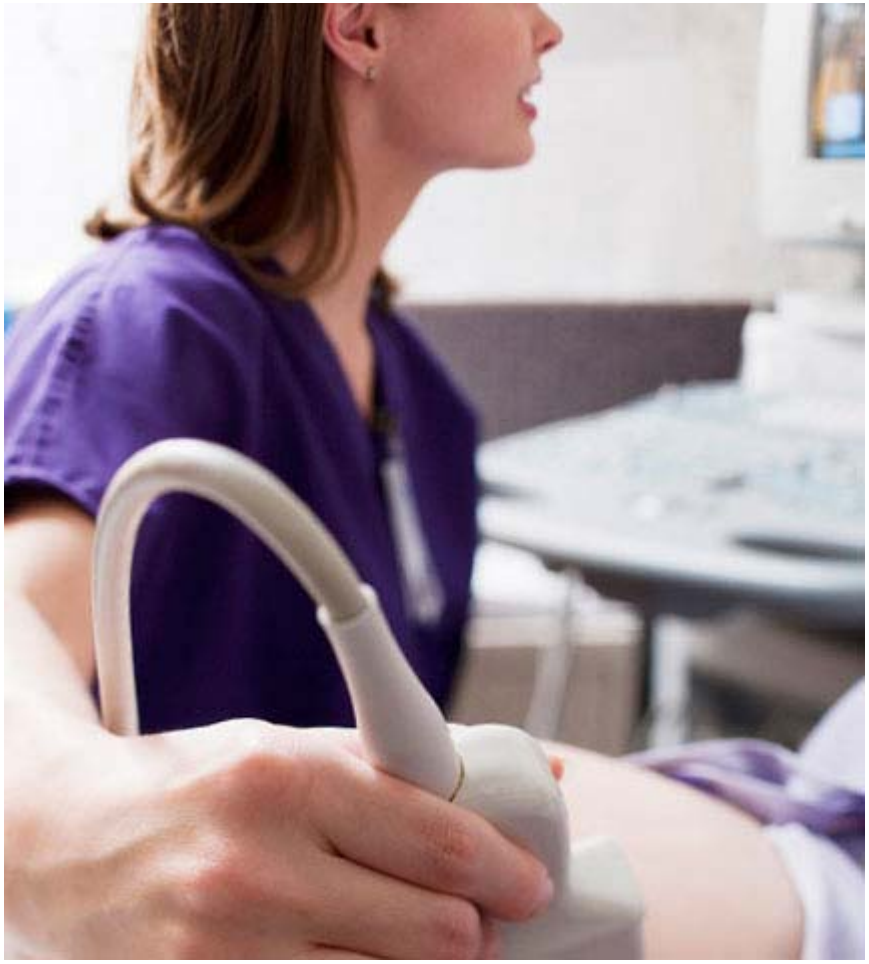
- **New payment models should encourage**
- Higher quality care
- Innovation in care delivery and population health

Direct involvement of providers

Improving adherence will increase success of first line therapies including generics

Closer monitoring may reduce adverse events

Collaboration with specialists will ensure more appropriate use of complex biologicals



Hepatitis C

- **Adherence to treatment guidelines is crucial**
- Patients need more than just a prescription
- Patients with advanced liver disease are still at risk for cancer and must be followed accordingly
- **Adherence to medication is just as important**
- Gaps in care increase opportunity for resistant strains
- Premature discontinuation of treatment may result in the avoidable expense of re-treatment

Thank you

Ed Pezalla, MD, MPH
VP and National Medical Director
Pharmaceutical Policy and Strategy

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