CMS Star Ratings Program
Clinical Pharmacy Measures

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Presentation Outline

- The CMS Star Rating Program
- Part D clinical measures
  - Medication Adherence measures
  - High Risk Medication measure
  - Statin Use in Diabetics
- Part C clinical measures
  - Rheumatoid Arthritis Management
  - Blood Sugar Controlled
  - Osteoporosis Management in Women who had a Fracture
  - Plan All-Cause Readmissions
- Next Steps and Looking Ahead

The Star Ratings Program

The Centers for Medicare & Medicaid Services rates all Medicare Advantage plans using its Stars Rating program:

- Rates over 40 quality measures using a scale of one to five stars:
  - Part C medical measures
  - Part D pharmacy measures
  - Measure domains are clinical, member perception, operations and quality improvement
- Plans with ratings below 3 stars are at risk of losing their Medicare contract
- A Star rating of 4 or above result in Quality Bonus Payments to the plan
- Pharmacy clinical measures consist of three Adherence measures, and Use of High-Risk Medications in Older Adults

Medicare Part D Clinical Star Measures

Medication Adherence

Medication adherence

The rating: Percent of plan members with a prescription for a specified medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication.

Targeted adherence medications		
Diabetes medications	**ACEI/ARBs**	**Statins**
• Metformin • Thiazolidindiones • Sulfonylureas (G Drugs) • DPP-IV inhibitors • Meglitinides • GLP-1 receptor agonists • SGLT2 inhibitors	ACE inhibitors: • lisinopril • captopril, etc. ARBs • Cozaar® • Diovan®, etc. Direct renin inhibitors • Tekturna®	• Lipitor® • Zocor® • Crestor® • Pravachol® • Mevacor® • Livalo® • Lescol®
Stars rating performance levels: 5 stars - ≥ 82% 4 stars - ≥ 75% to< 82% 3 stars - ≥ 69% to < 75%	**Stars rating performance levels:** 5 stars - ≥ 81% 4 stars - ≥ 77% to < 81% 3 stars - ≥ 73% to < 77%	**Stars rating performance levels:** 5 stars - ≥ 79% 4 stars - ≥ 73% to <79% 3 stars - ≥ 61% to < 73%

Medication Adherence

- **Reasons for poor adherence**
  - **Medication cost**
  - **Forgetfulness**
  - **Adverse effects**
  - **Patient does not feel that the medication is working (hypertension, statins)**

- **Strategies to combat poor adherence**
  - **Suggest generics when appropriate**
  - **Pillboxes**
  - **Technology – apps, text alerts, phone alarms**
  - **Motivational interviewing**

Medicare Part D Clinical Star Measures
High Risk Medications

High Risk Medications (HRMs)

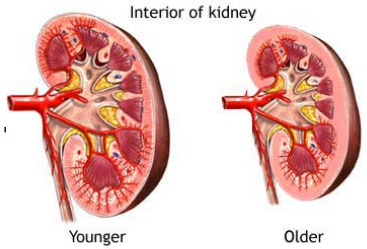
The percentage of Medicare Part D beneficiaries **65 years or older** who received **two or more prescription fills** for the same **drug with a high risk of serious side effects** in older adults

- The HRM list is a subset of the *Beers Criteria for Potentially Inappropriate Medication Use in Older Adults* that is endorsed by the Pharmacy Quality Alliance (PQA)
- The Stars HRM list is nearly identical to the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Drugs to Avoid in the Elderly (DAE) measure
- Beers Criteria is evidence-based and maintained by the American Geriatrics Society (AGS) – new list coming soon!

Stars rating performance levels:
5 stars - ≤ 6% of age 65+ population using HRMs
4 stars - > 6% to ≤ 8%
3 stars - > 8% to ≤ 12%

HRMs - Why Are Older Patients At Risk?

Decreased kidney function



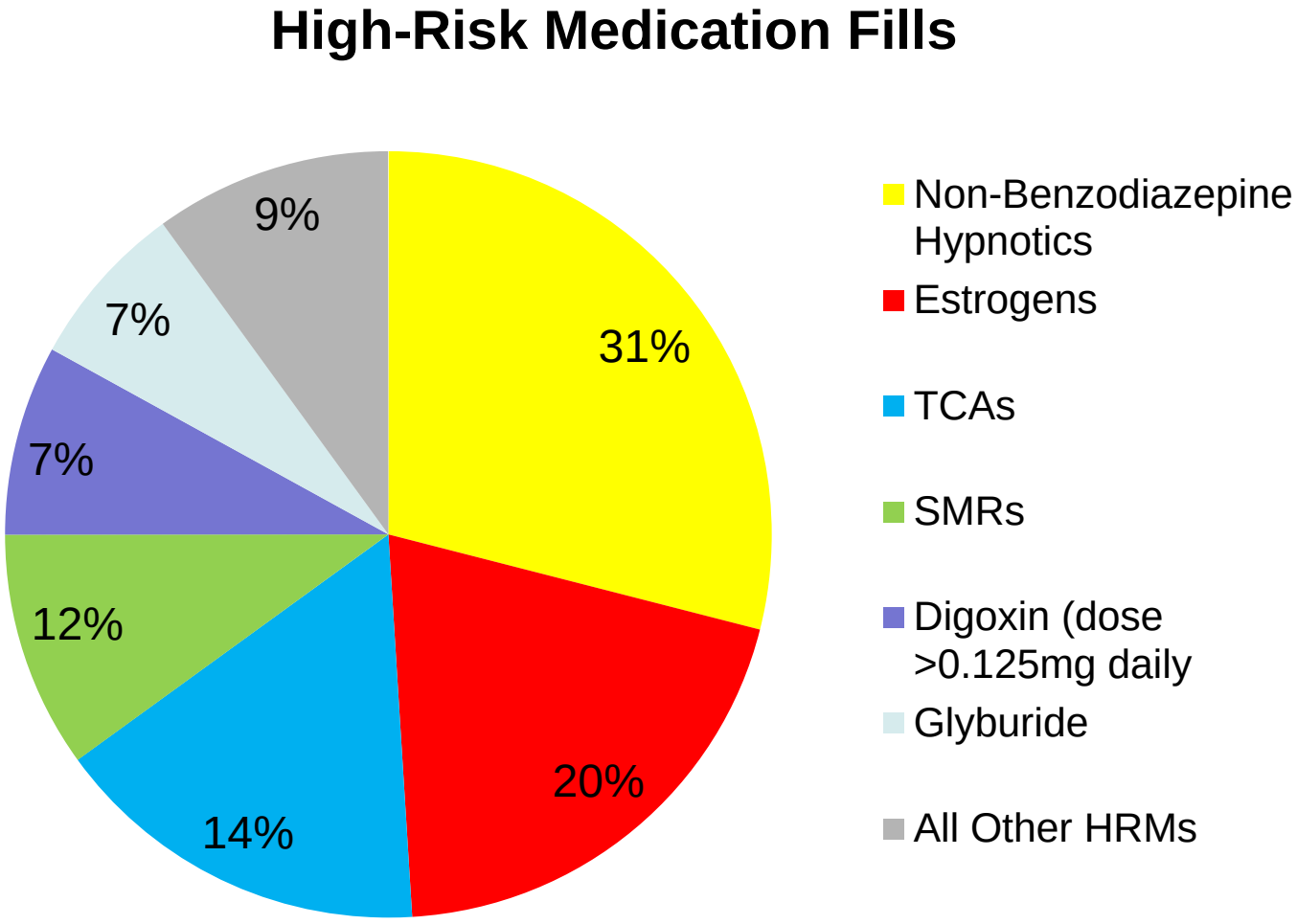
Poor therapeutic effectiveness

Increased risk for adverse events in the elderly

Cognitive impairment

Injury from falls

High-Risk Medications



High Risk Medications - Challenges

- **Limited effectiveness of formulary changes.**
  - **Formulary must be approved by CMS.**
  - **PA denials for HRMs can be appealed.**
  - **Denials can lead to poor member satisfaction scores for the plan.**
- **Cannot exclude any patients from the measure.**
- **Some HRMs do not have good alternatives.**
- **High member demand for HRMs, especially Ambien® and estrogen.**
  - **Patients have often been on these drugs for several years.**

Sleep Medications

Concern:

- Increases delirium and fall risk
- Offers minimal improvement in sleep latency and duration
- Complex behaviors while asleep
- Addictive potential

HRM	Alternative for older patients
	Avoid chronic use (>90 days).
Ambien® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Silenor® (doxepin) Benadryl® (diphenhydramine)	Use **low dose trazodone** (25mg) intermittently. USP-certified over-the-counter **melatonin** supplements Also, **sleep hygiene education, cognitive behavioral therapy**.

Sleep Medications

Choosing Wisely®

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American Geriatrics Society

Ten Things Physicians and Patients Should Question

Released February 21, 2013 (1-5) and February 27, 2014 (6-10)

AGS Geriatrics Healthcare Professionals

Leading Change. Improving Care for Older Adults.

4 Don't use benzodiazepines or other sedative-hypnotics in older adults as first choice for insomnia, agitation or delirium.

Estrogen

Concern:

- Increased risk of breast cancer and blood clots
- Lack of cardioprotective effect in older women
- Not a first-line treatment for osteoporosis

HRM	Alternative for older patients
Systemic Estrogen (tablets, patches, gels, sprays) with or without progestins (Vivelle Dot®, Premarin® , etc.)	Use lowest dose for the shortest amount of time. For vasomotor symptoms, use **venlafaxine, paroxetine, Femring®**. For vaginal symptoms, use local treatments: **vaginal creams (Premarin®, Estrace®), vaginal rings (Estring®, Femring®), vaginal tablets (Vagifem®)**.

Tricyclic Antidepressants

Concern:

- Used off-label for insomnia, neuropathic pain, fibromyalgia, etc.
- Anticholinergic side effects , increased risk for falls and fractures
- Sedating and can cause orthostatic hypotension

HRM	Alternative for older patients
Elavil® (amitriptyline) Anafranil®(clomipramine) Silenor® (doxepin) >6 mg/day Tofranil ® (imipramine) Surmontil® (trimipramine)	Consider an agent with less potential for anticholinergic effects: **nortriptyline** **desipramine** **duloxetine** **venlafaxine** **topiramate** **gabapentin**

Skeletal Muscle Relaxants

Concern:

- Anticholinergic side effects , increased risk for falls and fractures
- Sedating and can cause orthostatic hypotension
- Effectiveness at dosages tolerated by older adults is questionable
- “Holy Trinity”

HRM	Alternative for older patients
Soma® (carisoprodol) Parafon Forte® (chlorzoxazone) **Flexeril® (cyclobenzaprine)** Skelaxin® (metaxalone) Robaxin® (methocarbamol) Norflex® (orphenadrine)	Alternatives may include: **tizanidine** **baclofen** **acetaminophen**

Digoxin

Concern:

- Eliminated renally
- Narrow therapeutic index
- 75% of estimated digoxin toxicity ED visits result in hospitalization
- Possible increased mortality risk when used for atrial fibrillation

HRM	Alternative for older patients
digoxin	**Avoid doses greater than 0.125 mg/day**.

Glyburide

Concern:

- Increased risk of hypoglycemia due to prolonged half-life, especially with skipped meals, or with renal/hepatic impairment

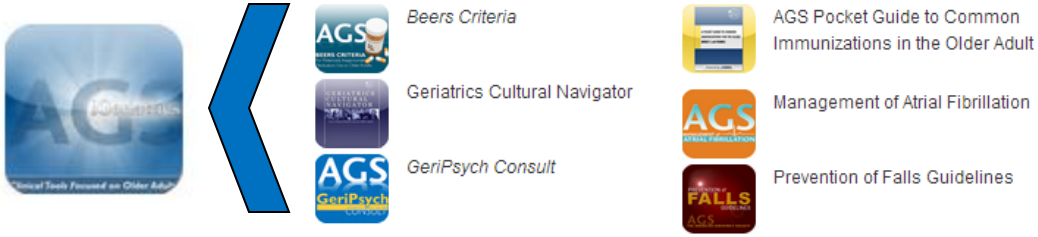
HRM	Alternative for older patients
Glynase®/Glucovance®/ DiaBeta® (glyburide)	**glipizide**

HRM Resources For Physicians

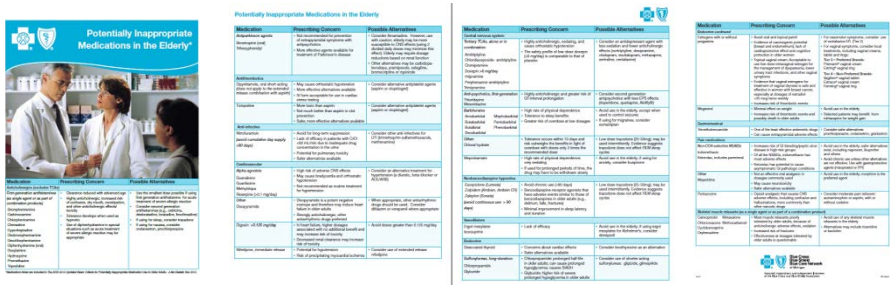
- AGS Beers List Pocket Card

  http://www.americangeriatrics.org/files/documents/beers/PrintableBeersPocketCard.pdf

- AGS iGeriatrics app



- BCBSM Potentially Inappropriate Medications in the Elderly



HRM Patient Resources

- AGS Patient Documents

http://www.americangeriatrics.org/health_care_professionals/clinical_practice/clinical_guidelines_recommendations/2012

AGS Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults (2012)

Public Education Resources

- *AGS Beers Criteria* Summary - For Patients & Caregivers *(PDF)*
- 10 Medications Older Adults Should Avoid *(PDF)*
- 10 Medications Older Adults Should Avoid - En Español *(PDF)*
- Avoiding Overmedication and Harmful Drug Reactions *(PDF)*
- What to Do and What to Ask Your Healthcare Provider if a Medication You Take is Listed in the *Beers Criteria* *(PDF)*
- My Medication Diary - Printable Download *(PDF)*
- Eldercare at Home: Using Medicines Safely - Illustrated PowerPoint Presentation *(PDF)*

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Medicare Part D Clinical Star Measures

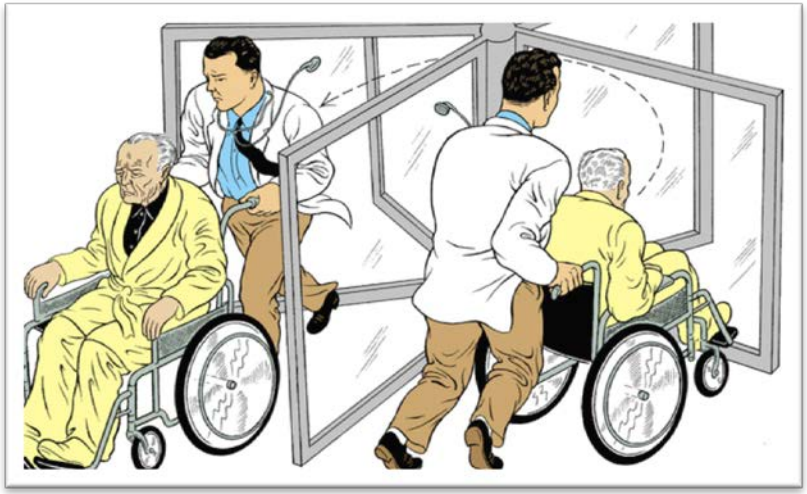
Statin Use in Diabetics

Statin Use in Diabetics

The percentage of Medicare Part D beneficiaries aged **40 to 75** who received **a medication for diabetes, and also received a statin.**

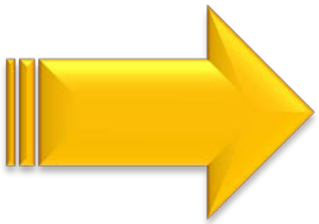
- Aligns with current joint American College of Cardiology/American Heart Association guidelines and American Diabetes Association guidelines
- Cardiovascular disease is the leading cause of death for diabetics
- Measure is currently a display measure – no cutpoints

Medicare Part C Clinical Star Measures



Rheumatoid Arthritis Management

The percentage of MA members who were diagnosed with rheumatoid arthritis (RA) during the measurement year , and who were dispensed at least one ambulatory prescription for a disease modifying anti-rheumatic drug **(DMARD)**



Strategies for Improvement:

- Ensure that all RA patients are on a DMARD and are filling the prescription

Stars rating performance levels:
5 stars - ≥ 86%
4 stars - ≥ 82% to < 86%
3 stars - ≥ 75% to < 82%

Diabetes Care-Blood Sugar Controlled

Percent of plan members with diabetes who had an **A-1-C lab test** during the year that showed **their average blood sugar is under control (< 9.0)**

Strategies for Improvement:

Medication adjustments (e.g., increase dose, add medications from different class, encourage lifestyle modifications and medication adherence)

ADA Guidelines recommend adding insulin to a diabetic medication regimen if the patient is not controlled on an adequate trial of two non-insulin diabetes medications

Stars rating performance levels:

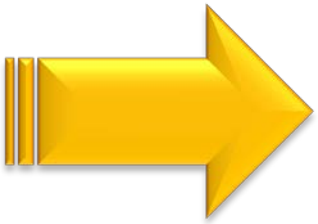
5 stars - ≥ 84%

4 stars - ≥ 71% to < 84%

3 stars - ≥ 60% to < 71%

Osteoporosis Management in Women Who Had A Fracture

Percent of female plan members age 67-85 who **broke a bone** and got **screening (DXA)or treatment for osteoporosis** within 6 months



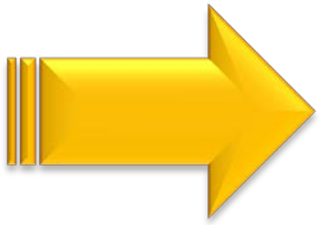
Strategies for Improvement:

- After a fracture, ensure that patient receives a DXA scan or FDA-approved osteoporosis medication, when appropriate

Stars rating performance levels:
5 stars - ≥ 75%
4 stars - ≥ 51% to < 75%
3 stars - ≥ 32% to < 51%

Plan All Cause Readmissions

Percent of senior plan members discharged from a hospital stay who were **readmitted to a hospital within 30 days**, either for the same condition as their recent hospital stay or for a different reason



Strategies for Improvement:

- PCP visit within 7 days after an admission
- Medication reconciliation
- Care coordination

Stars rating performance levels:
5 stars - ≤ 6%
4 stars - > 6% to ≤ 9%
3 stars - > 9% to ≤ 11%

Next Steps & Looking Ahead

- With Affordable Care Act and outcomes-based payment, Stars and scales like it will become more pervasive
- All plans affected, not just Blue Cross
- Opportunities for provider/plan partnerships
- Quality scales – improving patient outcomes
- BCBSM does provide measure comments to CMS
- How can we help providers make these changes?

Thank you for listening.

Questions?

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