

# Quality Improvement Webinar Series:

## Addressing Medication Adherence for Patients with Chronic Conditions

July 22, 2020

# Agenda

- Opening Remarks
- Overview of HEDIS Measures
- Providers' Value Proposition
- Pharmacies' Value Proposition
- Medication Adherence Measures Spotlight
- Key Challenges & Opportunities
- HPP Initiatives & Resources
- Recommendations
- Q&A

# Overview of HEDIS Measures

## Management of Conditions

- Asthma Medication Ratio\*
- Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis\*
- Medication Adherence for Cholesterol\*\*
- Medication Adherence for Hypertension\*\*
- Medication Adherence for Oral Diabetes\*\*
- Medication Management for People With Asthma\*
- Persistence of Beta-Blocker Treatment After a Heart Attack\*
- Pharmacotherapy Management of COPD Exacerbation
- Statin Therapy for Patients With Cardiovascular Disease\*
- Statin Therapy for Patients With Diabetes\*
- Statin Use in Persons with Diabetes

## Behavioral Health

- Adherence to Antipsychotic Medications for Individuals With Schizophrenia \*
- Antidepressant Medication Management\*
- Follow-Up Care for Children Prescribed ADHD Medication
- Pharmacotherapy for Opioid Use Disorder

## Overuse/Appropriateness

- Appropriate Treatment for Upper Respiratory Infection
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis
- Potentially Harmful Drug-Disease Interactions in Older Adults
- Risk of Continued Opioid Use
- Use of High-Risk Medications in Older Adults
- Use of Opioids at High Dosage
- Use of Opioids from Multiple Providers

## Care Coordination

- Comprehensive Medication Reviews\*
- Medication Reconciliation Post-Discharge\*

## Impacted Outcome-Based

- Comprehensive Diabetes Care: A1c Control\*\*
- Controlling Blood Pressure\*\*

\* Provider QCP measures

\* Pharmacy Incentive program measures

\* Measures with new telehealth guidelines

# Providers' Value Proposition

## Clinical Impact

- Directly improves health outcomes of your patients
- Reduces potential complications of chronic or long-term condition(s)
- Reduces potential ER/IP utilization
- Supports your population health efforts

## Provider QCP Program Opportunity (medication management measures only)

Impacts your performance and payout opportunity in HPP's QCP Program

	Per Member Per Month (PMPM) Payment Opportunity			
	Tier 1	Tier 2	Tier 3	Tier 4
Asthma ( <i>Medicaid &amp; CHIP</i> )	\$1.15	\$2.20	\$3.00	\$4.25
Cholesterol Adherence ( <i>Medicare only</i> )	\$0.75	\$1.50	\$2.50	\$3.00
Diabetes Adherence ( <i>Medicare only</i> )	\$0.50	\$1.00	\$2.00	\$2.75
Hypertension Adherence ( <i>Medicare only</i> )	\$0.50	\$1.00	\$2.00	\$2.75
Diabetes: A1c Control ( <i>Medicare &amp; Medicaid</i> )	\$1.50	\$2.25	\$4.00	\$5.50
Controlling Blood Pressure ( <i>Medicare &amp; Medicaid</i> )	\$1.50	\$2.00	\$3.75	\$4.75
<b>Total PMPM Opportunity</b>	<b>\$5.90</b>	<b>\$9.95</b>	<b>\$17.25</b>	<b>\$23.00</b>

# Pharmacies' Value Proposition

## Pharmacy Incentive Program Overview

- All Medicare HPP member primarily using a pharmacy to fill their **cholesterol, diabetes, and/or hypertension** medications are included.
- Pharmacies are rewarded **at the pharmacy level and the member level**.
- The measurement period is **from 7/1 through 12/31**.
- Pharmacies receive performance data **monthly** and member level outlier data **weekly**.

### 2020 measure level payment opportunities

#### *Member level Payment (measure level)*

For reaching Tier 1 (90%)	<b>\$50</b> Per compliant member
For reaching Tier 2 (93%)	<b>\$100</b> Per compliant member



#### *Pharmacy level Payment*

For reaching Tier 2 on all 3 measures only	<b>\$10,000</b> bonus	For reaching Tier 1 on 2 measures and Tier 2 on 1 measure	<b>\$5,000</b> bonus
For reaching Tier 2 on 2 measures and Tier 1 on 1 measure	<b>\$6,000</b> bonus	For reaching Tier 1 on all 3 measures only	<b>\$4,000</b> bonus

### Examples: a pharmacy with 100 patient that...

**Example 1:** ...achieved 90% on all 3 measures:

**A. Member bonus payment:**

Diabetes: 90 members x \$50 = \$4,500  
 Hypertension: 90 members x \$50 = \$4,500  
 Cholesterol: 90 members x \$50 = \$4,500  
 = \$13,500 total earned

**B. Bonus payment:** Tier payment of \$4,000

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**TOTAL PAYOUT: \$17,500**

**Example 2:** ...achieved 93% on all 3 measures:

**A. Member bonus payment:**

Diabetes: 93 members x \$100 = \$9,300  
 Hypertension: 93 members x \$100 = \$9,300  
 Cholesterol: 93 members x \$100 = \$9,300  
 = \$27,900 total earned

**B. Bonus payment:** Tier payment of \$10,000

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**TOTAL PAYOUT: \$37,900**

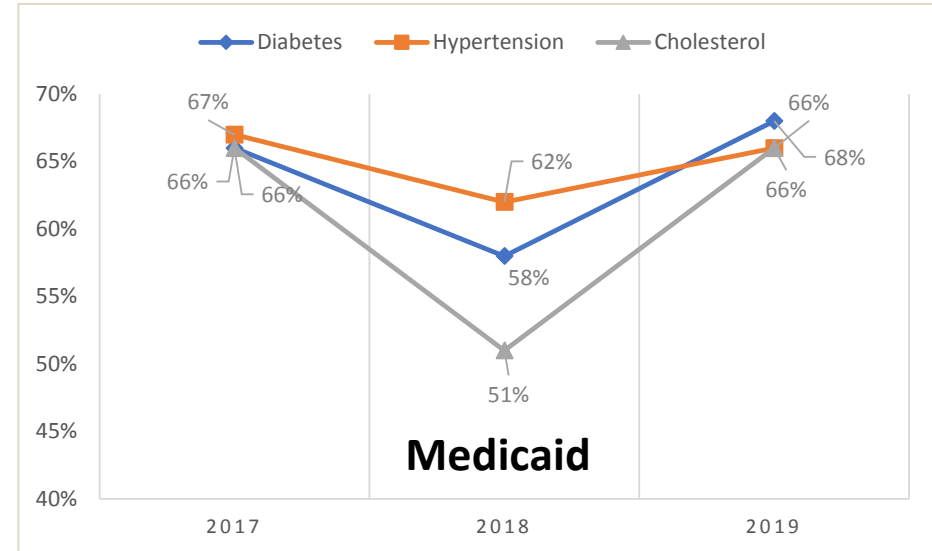
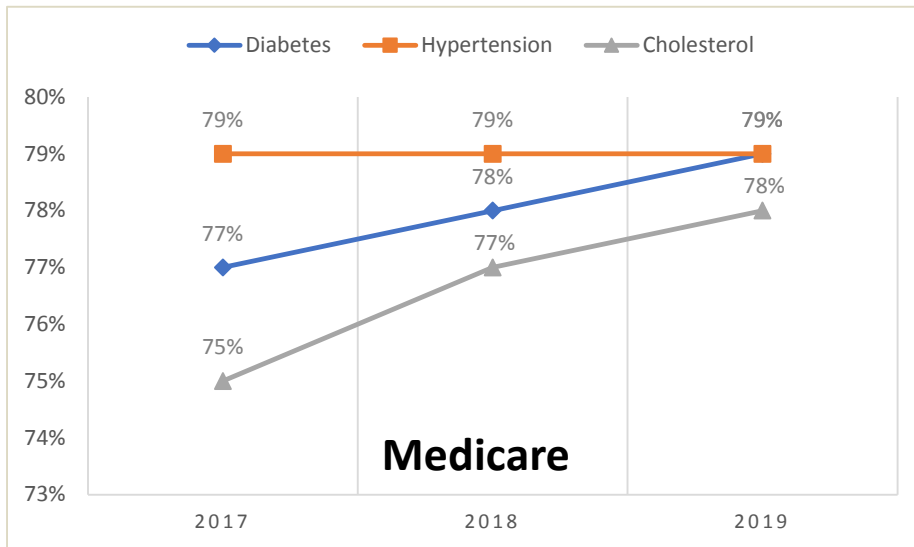
# Medication Adherence Measures Spotlight

## Medication Adherence to (1) Diabetes, (2) Hypertension, & (3) Cholesterol Measure Overview

**Needed for Compliance:** Members 18+ years who fill their prescription often enough to cover **80% or more** of the time from the first fill until the end of the year for:

1. Oral diabetes medications
2. Blood pressure (ACE inhibitor, an ARB, or a direct renin inhibitor drug) medications
3. Cholesterol (statin) medications

### 3 Year Adherence Data Analysis



- **30%** of members are non-adherent the first year.
- **10%** of members switch from non-compliant to compliant annually

- **5%** of members have been non-compliant for 3+ years and **5%** have not filled their medication at all.
- **61%** of members fill more than 11+ medications in a year

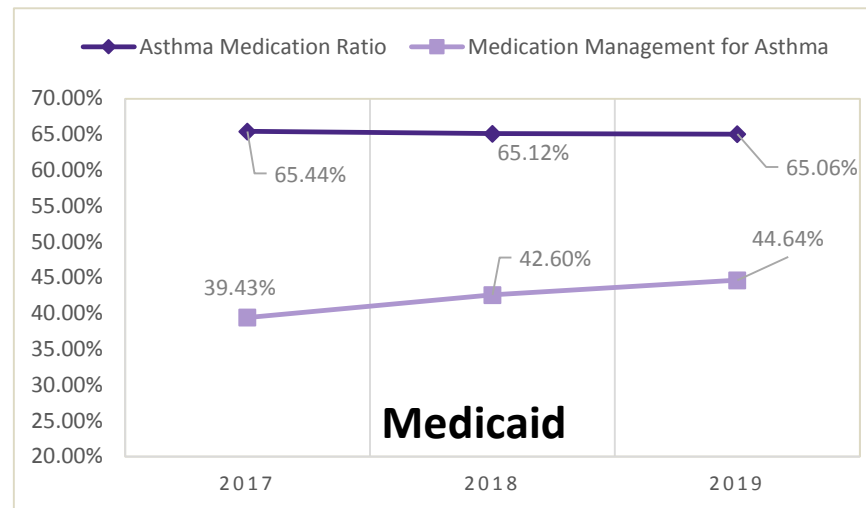
# Medication Adherence Measures Spotlight

## Asthma Medication Ratio Measure Overview

**Needed for Compliance:** Members 5–64 years of age with a persistent asthma diagnosis **who have a medication ratio of controller medications to total asthma medications of 0.50 or greater.** Members are identified as having persistent asthma during both the measurement year and the year prior as defined by one of the following ways:

1. At least one ED visit with a principal diagnosis of asthma
2. At least one acute inpatient encounter with a principal diagnosis of asthma without telehealth
3. At least one acute inpatient discharge with a principal diagnosis of asthma on the discharge claim
4. At least four outpatient visits, observation visits, telephone visits with any diagnosis of asthma **and** at least two asthma medication dispensing events for any controller or reliever medication
5. At least four asthma medication dispensing events for any controller or reliever medication

## 3 Year Adherence Data Analysis



# Key Challenges

The following summarizes key challenges, root causes and dependencies for medication adherence.

## *Provider/Pharmacy*

**Challenges:**

- Limited resources to address adherence
- Inability to truly impact member action and motivation
- Limitation of care coordination

**Root Causes:**

- Limited clinical staff
- Limited time with patient
- Too many providers ordering meds
- Differs by insurance

**Dependencies:**

- Data
- Pharmacy Network
- Clinical guidelines

## *Member*

**Challenges:**

- Difficulty remembering schedules
- Transportation barriers
- Cost of drugs
- Side effects

**Root Causes:**

- Mixed priorities
- Complex regimens
- Not feeling sick
- BH factors
- Poor health literacy
- SDOH Barriers

**Dependencies:**

- Caregiver
- Self-management
- Pharmacy Network

## *HPP*

**Challenges:**

- Inability to reach members
- Harder to manage population
- Inability to have direct impact on outcome

**Root Causes:**

- Large non-compliant population to manage
- Bad demographic data
- Limited influence on providers/pharmacies

**Dependencies:**

- Network Management
- Formularies
- Benefit Design
- Care management programs



# HPP Initiatives & Resources

Impact	Activity
Member	<b>Outreach Calls:</b> Conduct reminder calls to members to refill their prescription for Asthma, Cholesterol, Hypertension and Diabetes medications.
	<b>Reward &amp; Incentives:</b> Eligible Medicare members earn an incentive for filling certain medications.
	<b>MedaCube:</b> Medication dispensary device installation in the member's home (Medicare only and specific eligibility criteria).
Pharmacy	<b>Gap in Care Push through EQUIPP:</b> Pushing weekly adherence gaps to network pharmacies.
	<b>Incentive:</b> Pharmacy incentive program for high volume pharmacies based on meeting targeted thresholds.
Provider	<b>NaviNet Reports:</b> Weekly member level reports for Medicare Medication Adherence.
	<b>Ad-hoc Reports:</b> Number of Drug Filled by Members, year over year analysis, generic vs brand
	<b>QCP:</b> Provider incentive program based on benchmarks and PMPM ( <b>up to \$23 PMPM</b> ).
	<b>Medicare Formularies:</b> <a href="https://medicare.healthpartnersplans.com/prescription-drugs/formularies">https://medicare.healthpartnersplans.com/prescription-drugs/formularies</a> <b>CHIP Formulary:</b> <a href="https://www.healthpartnersplans.com/members/kidzpartners/resources/drug-formulary">https://www.healthpartnersplans.com/members/kidzpartners/resources/drug-formulary</a> <b>Medicaid Formulary:</b> <a href="https://www.healthpartnersplans.com/members/health-partners/resources/prescription-drug-information">https://www.healthpartnersplans.com/members/health-partners/resources/prescription-drug-information</a>

## HPP Pharmacy Hotline for Providers:

**All Lines of Business:** 215-991-4300

Available from 8:30 am to 6 pm, Monday-Friday

## HPP Care Management Referral Hotline:

**Medicare:** 1-866-901-8000 **Medicaid:** 215-845-4797

Available from 8:30 am to 5 pm, Monday-Friday

# Recommendations

- **Identify** your population and create your strategy
  - Some patients will be already non-compliant by April/May
  - Short and long-term approach (e.g. maximize current year versus get started early for following year)
  - Review the list of chronic non-compliant patients and define the strategy to address adherence
  - Incorporate as part of pre-visit checklist and questionnaire
- **Reiterate** reason & importance for taking each chronic medication(s)
  - Take even if “not feeling sick”
  - Short and long-term treatment goals
- **Resolve** reasons for non-adherence
  - **Cost:** is there a formulary alternative? \*90-day-supply? Reduction of meds?
  - **Forgetfulness:** reminders, pill boxes, auto refills at pharmacy
  - **Side effects:** switch to alternative
  - **Transportation:** home delivery, \*90-day-supply
  - **Behavior Health:** referral to BH provider - Magellan (Medicare) & CBH (Medicaid)
- **Discuss** Adherence during all visits. Trust your patients, but verify using the data.
  - Patients’ understanding of complex regimens (use teach back method), administration, and missed doses
  - If patient self-discontinued or had change in medication
  - Coordination of care between PCP/SP and hospital
- **Follow up** to assess efficacy and tolerability of medication (do not wait until the next well visit). Use lab/test results as a way to guide changes.

\*Eligibility of 90-day-supply scripts vary by line of business.