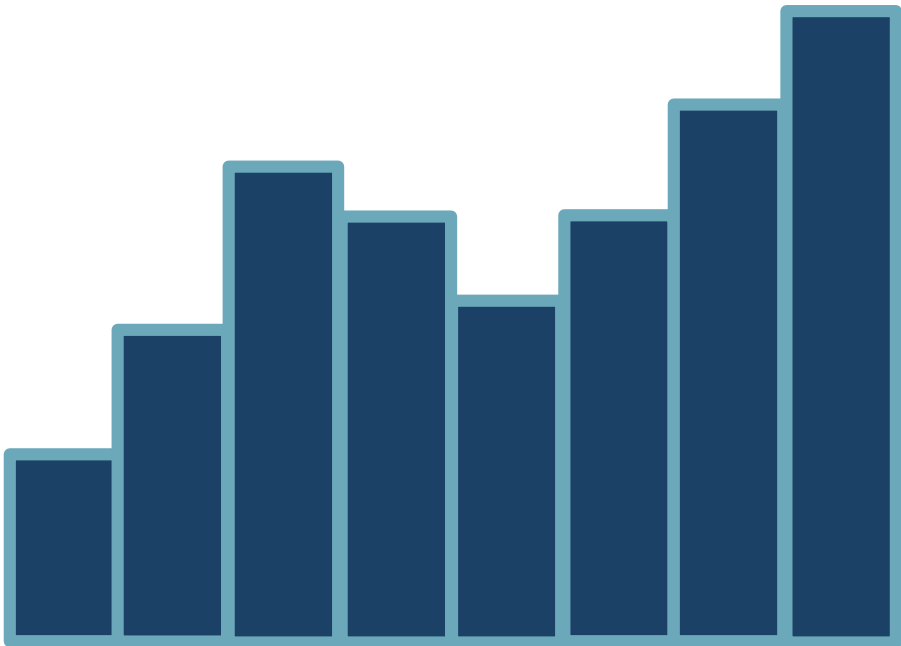
Understanding Measurement Periods in your EQuIPP™ Dashboard

PQS

PHARMACY QUALITY SOLUTIONS

Managing Performance Information In A Quality-Driven World



Objectives

- Review the two measurement periods hosted with your EQuIPP™ dashboard
- Describe the differences between measurement periods as it relates to:
  - Interpreting performance scores
  - Identifying Patient Outliers
  - Reviewing the Quality Improvement Programs table

EQuIPP™ Data Process

- The performances scores in the dashboard are calculated using the measure specifications for the measurement period as shown in the right hand corner of the EQuIPP™ dashboard (listed as “Performance Data Date Range”)
- EQuIPP ™ will host several measurement periods:
  - Rolling 6 month data (the standard EQuIPP ™ reporting)
    - Example: June 2018 – November 2018 consists of data from June 1, 2018 through November 30, 2018
    - As EQuIPP presents new data each month, this will refresh with a new rolling 6 month measurement period
  - Year – to – date reporting
    - Example: Jan 2018 – November 2018 consists of data from January 1, 2018 through November 30, 2018
    - This calculation is based upon prescription claims history starting from January 1st of the calendar year
    - With each EQuIPP data refresh, an additional month of claims history will be included in this calculation
    - Once the measurement period extends to December 31st it will cover the pharmacy’s performance for the entire calendar or benefit year

Adherence example – 6 month period

John Smith is a 70 year old patient that fills his prescription for atorvastatin at your pharmacy. On January 19th he fills first prescription of the year for the medication, a 30 – day fill. Over the next few months John has additional 30 – day fills on February 20th, April 1st and May 12th.

Calculated adherence using the Proportion of Days Covered methodology:

Denominator = January 19th through June 30th, which equals 164 days

Numerator = 30 days (January 19th fill) + 30 days (February 20th fill) + 30 days (April 1st fill) + 30 days (May 12th fill) = 120 days

PDC Score = (120 days/164 days) * 100% = 73.2%

Adherence example – 6 month period

Review of the PDC score for John Smith on a six-month timeframe from January 1, 2018 – June 30, 2018:

- John has 120 days of coverage based upon the medication fills during this time frame (four fills of 30 day supply).
- While this is a six-month evaluation, the start of the evaluation period is based upon when John Smith has the first fill of the medication (in John's case January 19th). Adding up the total number of days from January 19th through June 30th gives us the total number of days for the evaluation of this period, which equals 164 days.
- Because John Smith has had two or more fills of the medication and his first fill on January 19th was more than 91 days prior to the end of the period, his adherence score will be calculated. Based on his days supply and the given measurement period, his adherence is calculated as 120/164 = 73.2%. Therefore, John is a non-adherent patient.

Adherence example – Year to Date

John Smith is a 70 year old patient that fills his prescription for atorvastatin at your pharmacy. On January 19th he fills first prescription of the year for the medication, a 30 – day fill. Over the next few months John has additional 30 – day fills on February 20th, April 1st and May 12th. **Additional 30 day fills occurred on July 3, August 3, September 6, October 7, November 7 and December 10.**

Calculated adherence using the Proportion of Days Covered methodology:

Denominator = January 19th through December 31st, which equals 347 days

Numerator = 30 days (January 19th fill) + 30 days (February 20th fill) + 30 days (April 1st fill) + 30 days (May 12th fill) + 30 days (July 3rd fill) + 30 days (August 3rd fill) + 30 days (September 6th fill) + 30 days (October 7th fill) + 30 days (November 7th fill) + 21 days (December 10th fill – the days supply is capped at Dec 31st as that is the end of the measurement period) = 291

PDC Score = (291 days/347 days) * 100% = 83.9%

Adherence example – Year to Date

Review of the PDC score for John Smith on a calendar year timeframe from January 1, 2018 – December 31, 2018:

- John has 291 days of coverage based upon the medication fills during this time frame (nine fills of 30 day supply, plus 21 days of supply from the fill on December 10th).
- The start of the evaluation period is based upon when John Smith has the first fill of the medication (in John's case January 19th). Adding up the total number of days from January 19th through December 31st gives us the total number of days for the evaluation of this period, which equals 347 days.
- Because John Smith has had two or more fills of the medication and his first fill on January 19th was more than 91 days prior to the end of the period, his adherence score will be calculated.
- Based on his days supply and the given measurement period, his adherence is calculated as 291/347 = 83.9%. Therefore John is considered adherent over the year-to-date evaluation.

Adherence Examples - Considerations

- The example shown here for John Smith goes to show an important consideration for pharmacies and health plans. In reviewing the first six months of this patient's history, John appears as non-adherent.
- Considering his adherence for the latter half of the year, John would appear adherent for the last few months of the calendar year but would also appear as adherent for a full – year evaluation.
- In reviewing the rolling six-month adherence scores, the pharmacy would be able to see how John's scores are improving over time and that he fills the medication on a more regularly-anticipated basis leading to overall improvements.
- Utilizing the rolling six-month adherence numbers helps to show improvement in a readily-available manner rather than waiting for a full calendar year to determine the performance scores.

HRM Measure – 6 Month Period

John Smith is a 70 year old patient that fills his prescriptions at your pharmacy. On March 30th John has a prescription filled for cyclobenzaprine.

Review of the High Risk Medication Use in the Elderly score for John Smith on a six-month timeframe from January 1, 2018 – June 30, 2018:

- Based on John's medication profile, the cyclobenzaprine is the only medication indicated on the list of high risk medications that is included in the PQA measure specifications (remember, this is not fully inclusive of the American Geriatric Society's Beers List Criteria) for the given measurement period of January through June.
- Thus, John does not contribute as a patient meeting the criteria for the High Risk Medication Use in the Elderly measure as he has only one fill for that medication and it is the only HRM on his profile.

HRM Example – Year to Date

John Smith is a 70 year old patient that fills his prescriptions at your pharmacy. On March 30th John has a prescription filled for cyclobenzaprine. Months later, Mr. Smith has additional fills for cyclobenzaprine on July 17, 2018 and August 21, 2018.

Review of the High Risk Medication Use in the Elderly score for John Smith on a calendar year timeframe from January 1, 2018 – December 31, 2018:

- Based on John's medication profile, the cyclobenzaprine is the only medication indicated on the list of high risk medications that is included in the PQA measure specifications (remember, this is not fully inclusive of the American Geriatric Society's Beers List Criteria) for the given measurement period of January through December.
- Over this full evaluation, Mr. Smith will negatively count towards the pharmacy's count performance for HRM because the patient has two or more fills of a High Risk Medication.

Statin Use in Persons with Diabetes – 6 month period

Linda Jones is a 45 year old patient with diabetes that fills metformin and glyburide at her local pharmacy. Ms. Jones begins to receive her diabetes medications on February 24th, 2016 but does *not receive a statin therapy during this measurement period.*

Review of the Statin Use in Diabetes score for Linda Jones on a six-month timeframe from January 1, 2018 – June 30, 2018:

- Because Linda has two or more fills of a diabetes medication and is between the age of 40 and 75 she is eligible for evaluation of this measure
- Due to the nature of the Statin Use in Diabetes Measure, it is an evaluation of whether or not the patient received a statin during the time frame (in this case, January 1, 2018 – June 30, 2018)
- Because Ms. Jones did not receive a statin, she does not meet the measure criteria for the Statin Use in Diabetes measure

Statin Use in Persons with Diabetes – Year to Date

Linda Jones is a 45 year old patient with diabetes that fills metformin and glyburide at her local pharmacy. Ms. Jones begins to receive her diabetes medications on February 24th, 2018 but does not receive a statin therapy. **On August 1st, Ms. Jones fills a prescription for lovastatin and remains adherent to that medication through the end of the year.**

Review of the Stain Use in Diabetes score for Linda Jones on a Year-to-Date timeframe from January 1, 2018 – December 31, 2018:

- Because Ms. Jones does file a prescription for a statin therapy, she meets the criteria for the measure.
- Only a single fill is required for the patient to meet the criteria here.
- However, her adherence to the cholesterol medication from the start of the therapy will be paramount in ensuring she maintains adherence for the separate and distinct Cholesterol Adherence (PDC) measure.

Treatment/safety measures - Considerations

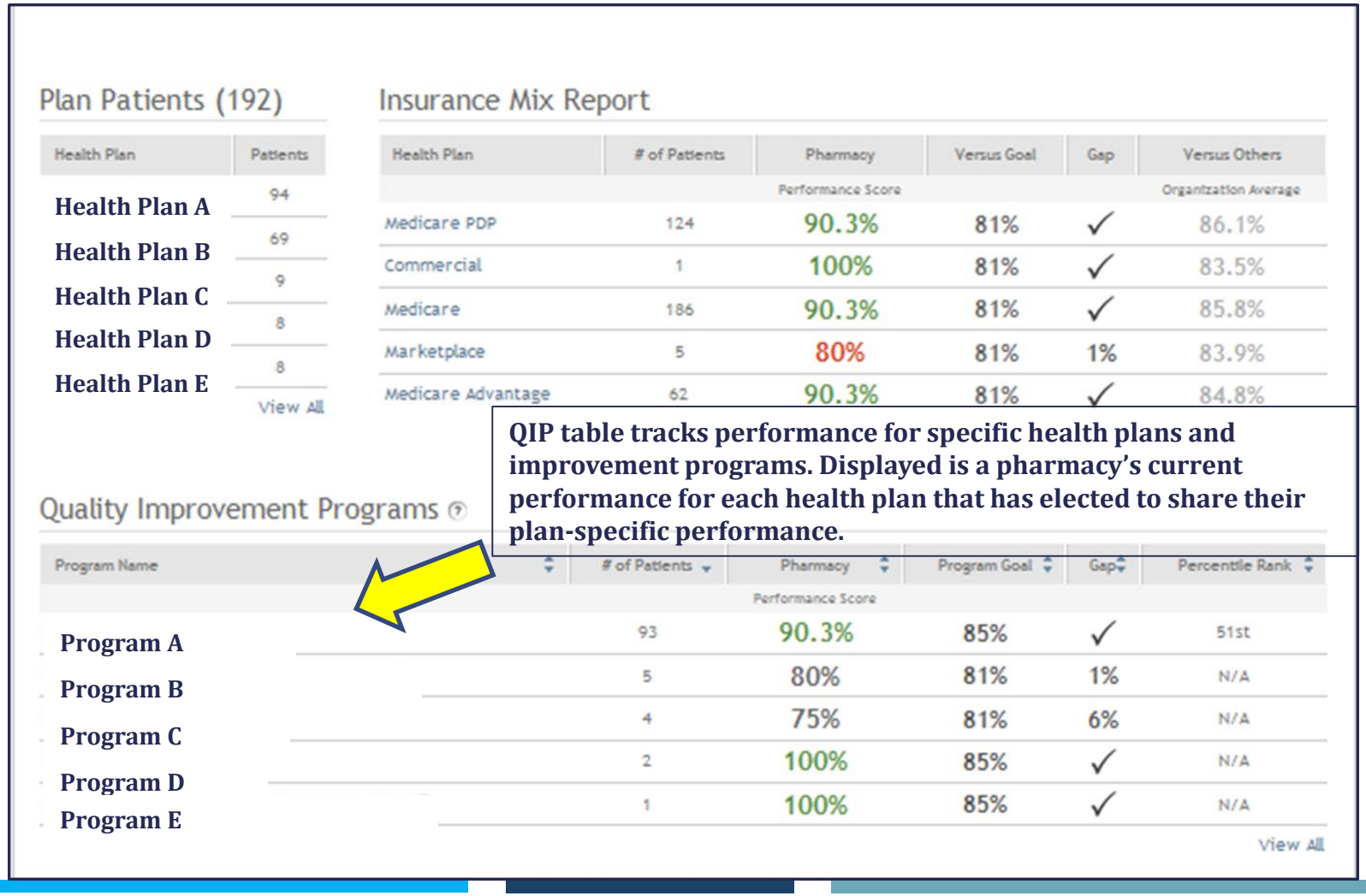
- Generally, there are no minimum requirements like those seen for the adherence measures
- Longer data period means more eligibility to complete positive actions which improves score for measures like SUPD
- Longer data period means for measures such as DDI and HRM provides more time for a patient to hit the measure specifications, this action can result in a negative impact.
- Need to maintain consistency in managing the patient expectations and billing limits

EQuIPP Patient Outliers

- EQuIPP™ outliers were launched in September 2014 and are available for many of the managed care organizations providing data to EQuIPP™
- Due to the measure specifications and minimum requirements for evaluation, patients may not appear in six-month evaluations but would be included in a longer measurement period
  - This may lead to some patients not being shown or calculated as outliers in six-month reporting; yet they could appear in longer data measurement periods.
- Similarly, due to patient eligibility with the health plan, patients may be removed from measure evaluation or may reach an earlier "end point". In other cases, patients may no longer even be considered for the measure evaluation.

Be sure to review the EQuIPP FAQ tab for an up-to-date listing of EQuIPP outlier types and providers

Quality Improvement Programs



Plan Patients (192)

Health Plan	Patients
Health Plan A	94
Health Plan B	69
Health Plan C	9
Health Plan D	8
Health Plan E	8

View All

Insurance Mix Report

Health Plan	# of Patients	Pharmacy	Versus Goal	Gap	Versus Others
		Performance Score			Organization Average
Medicare PDP	124	90.3%	81%	✓	86.1%
Commercial	1	100%	81%	✓	83.5%
Medicare	186	90.3%	81%	✓	85.8%
Marketplace	5	80%	81%	1%	83.9%
Medicare Advantage	62	90.3%	81%	✓	84.8%

QIP table tracks performance for specific health plans and improvement programs. Displayed is a pharmacy's current performance for each health plan that has elected to share their plan-specific performance.

Quality Improvement Programs

Program Name	# of Patients	Pharmacy	Program Goal	Gap	Percentile Rank
		Performance Score			
Program A	93	90.3%	85%	✓	51st
Program B	5	80%	81%	1%	N/A
Program C	4	75%	81%	6%	N/A
Program D	2	100%	85%	✓	N/A
Program E	1	100%	85%	✓	N/A

View All

Quality Improvement Programs

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Quality Improvement Programs

Program Name	# of Patients	Pharmacy Performance Score	Program Goal	Gap	Percentile Rank
Program A	62	91.9%	85%	✓	61st
Program B	17	88.2%	85%	✓	29th
Program C	5	100%	81%	✓	N/A
Program D	1	0%	73%	73%	N/A

2 3 4 5 6 7

1. Program Name-name of Quality Improvement or P4P program at contract level
2. Hover over this icon for program detail including plan sponsor
3. # of Patients-total number of patients in the program for your pharmacy
4. Performance Score-your pharmacy's performance score
    - Green- maximum program performance attained
    - Gray-minimum program performance attained, room for improvement exists
    - Red- minimum program performance for program not met
5. Program Goal-goals specific to that program and the measure displayed
6. Gap-percentage point from goal / goal is met
7. Percentile Rank-compares your pharmacy to overall aggregate of those in program (calculated if your pharmacy has more than 10 patients for the program)

For more information:

- Visit the FAQ tab of your EQuIPP™ dashboard for more definitions and specifics that you should be able to view
- Utilize the EQuIPP™ Support link at the top right hand corner of your dashboard to submit questions to the EQuIPP™ team
- Be sure to discuss with your organization what strategies are being used to improve quality scores and what opportunities to work with managed care programs are available to your pharmacy