Approaches to Improving Medication Adherence and Strategies to Improve Star Ratings

March 9, 2017

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Agenda

Value of CMS Star Ratings

Approaches to Improving Adherence Measures

Independent Care Health Plan

Community Health Group

Latest CMS Guidance: Advance Notice of the 2018 Call Letter

Questions, Discussion & Closing Remarks
Importance of Star Ratings
Value of Star Ratings

Additional Enrollees

1-star higher rating →
3,559 added enrollees in concurrent year
11,338 added enrollees in subsequent year

Source: Li & Doshi, 2016

CMS Quality Bonus Payments & Rebates

<table>
<thead>
<tr>
<th>Stars</th>
<th>3.0</th>
<th>3.5</th>
<th>4.0</th>
<th>4.5</th>
<th>5.0</th>
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<tbody>
<tr>
<td>QBP</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.0%</td>
<td>5.0%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Rebate</td>
<td>50%</td>
<td>65%</td>
<td>65%</td>
<td>70%</td>
<td>70%</td>
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</table>

Medical Cost Offsets

<table>
<thead>
<tr>
<th>Condition</th>
<th>Value of 1-Pt Improvement (annual, per person)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>$194.06</td>
</tr>
<tr>
<td>Hypertension</td>
<td>$55.45</td>
</tr>
<tr>
<td>Dyslipidemia</td>
<td>$51.80</td>
</tr>
</tbody>
</table>

Source: Sokol et al., 2005

Avoid Low-Performing Plan Designation & Achieve High Performing Status

This plan got Medicare’s highest rating

Source: Sokol et al., 2005
Clinical Measures Impact 43% of Part D Score

- Call Center - Foreign Language Interpreter and TTY Availability
- Appeals Auto-Forward
- Appeals Upheld
- Complaints about the Drug Plan
- Members Choosing to Leave the Plan
- Beneficiary Access and Performance Problems
- Drug Plan Quality Improvement
- Rating of Drug Plan
- Getting Needed Prescription Drugs
- MPF Price Accuracy
- Medication Adherence for Diabetes Medications
- Medication Adherence for Hypertension (RAS antagonists)
- Medication Adherence for Cholesterol (Statins)
- MTM Program Completion Rate for CMR
Navigating Solutions

Approaches to Improving Medication Adherence
MAPD Threshold Trends (2012-2017)

CMS Thresholds are Unpredictable

Legend

- **5 Star**
- **4 Star**
- **3 Star**
- **2 Star**
- **MAPD Average**
Evidence-based Approaches

Interventions That Increase Adherence

- Reduced Patient Cost Sharing
- Mailed/IVR Refill Reminders
- Educational Materials
- Convenience Tools: ● 90-day Supply ● Mail Order
- Organizational Tools: ● Blister Packs ● Pill Boxes
- Counseling via Telephone or internet
- Case Management
- Clinician Counseling in Ambulatory Setting
Independent Care Health Plan

March 9, 2017

Sarah Dykstra, PharmD

Director, Pharmacy Services

iCare Health Plan

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iCare’s Population Presents Unique Challenges

- **iCare** was formed in 1994 as a Demonstration Plan to Provide Managed Care Services to People With Disabilities

- 25,000 total lives
  - SSI and Badger Care Medicaid
  - 800 FIDE SNP
  - 6,700 d-SNP (68% between 18-64)

- Avg. prescriptions per member: **5.8**
- Avg. PMPM = **$880.17**

- Low income

- Majority live in Milwaukee County
Member Challenges

- Education
- Family Support
- Transportation
- Financial Barriers
- Substandard Housing
Member Centric Approach

• Care Coordination
  – Services tailored to the member needs

• Assessment of readiness to change
  – Incentives

• Prescription Solutions
  – Cost savings
  – Medication Therapy Management
  – Developing a trusted pharmacy partner
Care Coordination
Member-tailored Services

• Prioritize member goals

• Addressing social barriers
  – Housing
  – Food
  – Safe living conditions

• Being the members advocate in the health care system

• Disease management
  – Diabetes
  – Heart Disease
  – COPD

• Member education

• Transportation Solutions
Member Assessment

• Insignia Health Patient Activation Measure (PAM)

• Identifies where a member fall into 4 different activation levels
  – Activation is assessed by 10 statements

• Based on PAM results, the care coordination team has a better understanding of
  the member’s willingness to be activated in their care

Disengaged and overwhelmed
Individuals are passive and lack confidence. Knowledge is low, goal-orientation is weak, and adherence is poor. Their perspective: “My doctor is in charge of my health.”

Becoming aware, but still struggling
Individuals have some knowledge, but large gaps remain. They believe health is largely out of their control, but can set simple goals. Their perspective: “I could be doing more.”

Taking action
Individuals have the key facts and are building self-management skills. They strive for best practice behaviors, and are goal-oriented. Their perspective: “I’m part of my health care team.”

Maintaining behaviors and pushing further
Individuals have adopted new behaviors, but may struggle in times of stress or change. Maintaining a healthy lifestyle is a key focus. Their perspective: “I’m my own advocate.”

Increasing Level of Activation

©2016 Insignia Health. Patient Activation Measure® (PAM®) Survey Levels. All rights reserved.
Incentives

- Programs designed for the “never” numerators
  - “Rewards for Health”
    - Registration
    - Claim based reward
- Gift Cards
- Government phones
  - Medicaid members
Cost Savings

- Minimal copays does not equal less headache
  - SNP members have low income subsidy to help with copays

- 90 day supply offering
  - Same copay for one month or 3 months

- Medication Synchronization
  - Travel costs

- Home/mail delivery
Medication Therapy Management

- Comprehensive program
  - Min medications and disease states
- Incentivized adherence interventions
- Medication reviews tailored to the member
  - Phone
  - In-Home
  - Clinic visits
- Adherence support from the plan
  - Support
  - Aid
  - Recommend Solutions
Pharmacy Partner

- Collaboration with a local pharmacy
  - Multiple resources
  - Similar mission
  - Willingness to go the extra mile
  - Assistance with programs

- Niche Services
  - Home delivery
  - Face Time
  - Multi-lingual
  - Packaging services, free of charge
  - Invoice capability
  - MTM department
New Techniques with Promise

- Nurse Practitioner CMR capture
  - NP’s already in the home for contracted duties

- Health Fairs
  - HEDIS and CMR capture
  - Government phone distribution

- Inter-office goals and rewards for member engagement
  - Year long goal setting yielding office rewards.
  - Accountability
  - Inclusive

- Maximizing MTM resources
  - Phone based
  - Virtual pharmacy

- Chronic Disease Management Program
  - Addressing specific disease states
  - Medication adherence program for all lines of business
Current iCare Clinical Programs

- Choice90 Optimization Program
- Refill Reminder Program
- StarForecaster® Levels 1, 2
- QPMP Member Priority List
- Adherence Check-In Program
- MTM Outcomes
- ProAm Monitoring
- Resistant Part C Members
90-Day Claim Trend

Proportion of 90-Day Claims by Medication Class

- Antidiabetics
- RAS Antagonists
- Statins

Fill Rate

90-Day Benefit/Program Start Date = Jan-14

Fill Rate

- 0%
- 10%
- 20%
- 30%
- 40%
- 50%
- 60%

Year

- 2013
- 2014
- 2015
- 2016

Percentage:

- 41%
- 52%
- 53%
Multi-component Adherence Intervention

- QPMP Data Files Feb-2012
- Care Management May-2012
- IVR Refill Reminder Jan-2013
- Choice 90 Optimization Jan-2014
- Pharmacy Partnership Jan-2015

Adherence Rate

- Diabetes
  - CY 2010: 61.8%
  - CY 2011: 57.3%
  - CY 2012: 73%
  - CY 2013: 76%
  - CY 2014: 78%

- Hypertension
  - CY 2010: 59.4%
  - CY 2011: 59.3%
  - CY 2012: 68%
  - CY 2013: 69%
  - CY 2014: 75%
  - CY 2015: 78%

- Cholesterol
  - CY 2010: 57.7%
  - CY 2011: 58.3%
  - CY 2012: 68%
  - CY 2013: 70%
  - CY 2014: 74%
  - CY 2015: 78%

2010 Star Ratings
2011 Star Ratings
2012 Star Ratings
2013 Star Ratings
2014 Star Ratings
2015 Star Ratings
2016 Star Ratings
2017 Star Ratings
• Nonprofit health plan operating in San Diego County since 1982
• Currently serving over 289,000 members
  – Medi-Cal
  – Cal MediConnect (Medicare Medicaid Dual Financial Demonstration)

• Mission Statement
  *Community Health Group is dedicated to maintaining and improving the health of our members by providing access to quality care and offering exceptional service to diverse populations.*
CHG’s Star Ratings Efforts

• Bi-weekly “Stars” Meetings
  – Collaborate with Care Management team
  – Focus on diabetes population
    • Overlap with HEDIS measures
    • Comorbid conditions (hypertension, hyperlipidemia)

• Pharmacy staff outreach
  – Prescriber and pharmacy visits

• MTM: performance based contract

• UCSD Pilot
  – Outreach and CMR completion
• Quarterly claims analysis identified 90-day retail opportunities
• Pre-populated prescription letters
• Targeted 3 star ratings adherence measures
Prescriber Q-Card Engages Prescribers to Improve Patients’ Medication Use

Simplified: Summarizes patients’ medication patterns at prescriber level

Relevant: Compares patterns to prescriber peers

Actionable: Identifies patients with specific improvement opportunities

Targeted: Only prescribers with patient opportunities notified

Helpful: Includes questions and tips for success

Table 1: Summary of Medication Adherence

<table>
<thead>
<tr>
<th>Medication Class</th>
<th>Patient Count</th>
<th>Average Percentage of Treated Days</th>
<th>Rating (1 to 5 Stars)</th>
<th>Patient Count</th>
<th>Average Percentage of Treated Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antidiabetics</td>
<td>1</td>
<td>91%</td>
<td>4</td>
<td>416,891</td>
<td>84%</td>
</tr>
<tr>
<td>Statins</td>
<td>5</td>
<td>51%</td>
<td></td>
<td>640,170</td>
<td>75%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>4</td>
<td>64%</td>
<td>2</td>
<td>528,831</td>
<td>78%</td>
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Table 2: Subset of Patients with Possible Adherence Issues

<table>
<thead>
<tr>
<th>Prescriber Name</th>
<th>Patient ID</th>
<th>Date of Birth</th>
<th>Patient’s Telephone Number</th>
<th>Anti-diabetics</th>
<th>Hypertension</th>
<th>Statis</th>
</tr>
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<tbody>
<tr>
<td>John A. Doe</td>
<td>123456</td>
<td>1/1/1990</td>
<td>(555)987-1234</td>
<td>75% Metformin HCL 20/300 mg</td>
<td>35% Lisinopril HCL 10/25 mg</td>
<td>NA</td>
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<tr>
<td>James R. Doe</td>
<td>654321</td>
<td>6/19/1971</td>
<td>(555)987-1234</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
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<tr>
<td>Jane C. Doe</td>
<td>987654</td>
<td>3/18/1972</td>
<td>(555)987-1234</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Judy D. Doe</td>
<td>210987</td>
<td>7/20/1956</td>
<td>(555)987-1234</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
90-Day Claim Trend

Proportion of 90-Day Claims by Medication Class

- **Antidiabetics**
- **RAS Antagonists**
- **Statins**

Fill Rate:
- 32%
- 35%
- 38%
- 40%
- 45%
- 46%
- 47%
Adherence to Diabetes

CHG06 - COMMUNITY HEALTH GROUP - PART D-DEMO PLAN - H5172

Adherence Rate for Diabetes

- 2014 NAT'L MAPD
- 2015 Plan
- 2015 NAT'L MAPD
- 2016 Plan
- 2016 NAT'L MAPD

- +6 points

Source: StarForecaster®
Adherence to Hypertension

CHG06 - COMMUNITY HEALTH GROUP - PART D-DEMO PLAN - H5172

StarForecaster®

Adherence Rate for Hypertension

2017 MAPD 5-Star Threshold, 83%

2017 MAPD 4-Star Threshold, 79%

2017 MAPD 3-Star Threshold, 75%

2014 NAT'L MAPD

2015 Plan

2015 NAT'L MAPD

2016 Plan

2016 NAT'L MAPD

+7 points

Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

65% 75% 85% 95%
Future Considerations
Future Considerations

• Create efficiencies with current processes
  – Coordinate outreach
  – Reduce multiple member calls by multiple plan representatives
  – Improve member engagement

• Work with MedImpact to target “high impact” members
  – Stratify members by,
    • Current adherence rate(s)
    • Use of multiple therapies
    • New to therapy
    • 90-day claim rate
Latest CMS Guidance

2018 Star Ratings Dates
Advance Notice of the CY 2018 Call Letter (Feb. 1, 2017)
Important 2018 Star Ratings Dates

- **Plan Preview #1**
  - **August 23-25**
  - Performance Rates Released

- **Rates and Stars Go Live**
  - **October 1 (tentative)**
  - 47 Star Measures
  - 32 Part C, 15 Part D

- **Display Measures**
  - **Mid-December**
  - Rates Released
  - 22 Part C, 12 Part D

- **Plan Preview #2**
  - **September 5-8**
  - Rates, stars and thresholds released

- **Open Enrollment for 2018**
  - **October 15 - December 7**
Measures in Development for 2019 and Beyond*

- Care Coordination Measures (Part C)
- Transitions in Care (Part C)
- Follow-up after Emergency Department Visit for Patients with Multiple Chronic Conditions (Part C)
- Opioid Overuse (Part C)
- Depression Screening and Follow-Up for Adolescents and Adults (Part C)
- Alcohol Screening and Follow-Up (Part C)
- Appropriate Pain Management (Part C)
- Plan Makes Timely Decisions about Appeals (Part C)
- Concurrent Use of Opioids and Benzodiazepines (Part D)
- Adherence to Non-infused Disease Modifying Agents Used to Treat Multiple Sclerosis (Part D)
- MedImpact will continue to monitor development of these measures

*Based on page 106 of 2018 CMS Advance Notice (February 1, 2017)
Key Takeaways

Value of Star Ratings include bonus payments, increase enrollment and medical cost savings

Clinical measures impact 43% of a plan’s Part D Summary score

Increasing medication adherence requires a multi-year effort

Interventions can be combined by integrating member and claims data

Understanding CMS methods and proposed changes requires constant monitoring
Closing Remarks

Questions
Discussion
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