



# Phase I Demonstration Project

Highlights from Year-Long Initiative



## Iowa Pharmacy Quality Alliance Demonstration Project





# Roles of Collaborating Partners



- University of Iowa – project coordination, website design, pharmacist feedback, reporting
- Iowa Foundation for Medical Care – claims data collection, performance scoring, reporting
- Wellmark, Inc. – provide pharmacy claims data
- Iowa Medicaid Enterprise – provide pharmacy claims data



# Background on Participating Sites



- 43 pharmacies participated
- Independents:  $N = 30$
- Chains:  $N = 13$
- One pharmacist per pharmacy



# Data Sources and Related Issues



- Pharmacy Claims – 2007 from Wellmark and Iowa Medicaid – Calculated scores for JAN-JUN, JUL-DEC and JAN-DEC
  
- Number of cases was a problem
  - Used  $N = 10$  as a cut-off for reporting performance score
  - Three pharmacies failed to reach  $N = 10$  for ALL measures
  - All measures had at least 1 pharmacy fail to reach  $N = 10$
  - Single drug diabetes and suboptimal asthma are problems (about 50% without sufficient  $N$ )



# Snapshot of Reporting Website

Pharmacy Compare

[Search Scores](#) [All Scores](#) [Advanced Search](#) [FAQs](#) [Improving Results](#) [Contact Us](#) [Logout](#)

- score for a given indicator is more favorable than the average.
- score for a given indicator is within +/-3% of the average.
- score for a given indicator is less favorable than the average.
- Hovering will pop up an explanation of how the score was calculated for that indicator.

Hovering over the Indicator Name will pop up a definition describing that particular indicator. For best results pi

## Proportion Days Covered

Session:

Indicators	Calculations	My Scores	Numerator/Denominator	Comparison to Peers	Average Scores
Proportion Days Covered ACEIs or ARBs		80%	53/66		70.57%
Proportion Days Covered Dyslipidemics		72%	54/75		66.72%
Proportion Days Covered Biguanides		71%	12/17		53.39%
Proportion Days Covered Sulfonylureas		70%	7/10		36.48%
Proportion Days Covered Beta-Blocker		65%	30/46		55.37%
Proportion Days Covered Diabetes		63%	15/24		51.8%
Proportion Days Covered CCBs		58%	11/19		43.52%
Proportion Days Covered TZDs		N/A	6/9		27.93%



# Pharmacists' Reactions to Performance Report Cards



- Generally favorable response to website
- Wanted more info about how scores calculated
- Interest in having local (geographic) comparator
- Wanted more about how to improve scores
- Some comments about validity of scores (E.g. patient mix)



# PQA Medication Use Measures:

## How did they perform ?



- Saw variability across pharmacies for adherence measures (PDCs and GAPs)
  - PDC Diabetes: Mean = 60, Minimum = 35, Maximum = 100
  
- Less variability in dosing measures
  - Dosing Diabetes: Mean = 2.8, Minimum = 0, Maximum = 15.4
  
- Asthma measures had low number of cases
  - Only 10 pharmacies had sufficient number of cases
  
- 7 Greater nonadherence reported with longer time period



# Differences in the Performance of Medication Adherence Measures



- **PDC Measures:** Mean PDC-CCBs = 56%, while mean PDC-Statins = 73%
- **GAP Measures:** Mean GAP-Diabetes = 25%, while mean GAP-CCBs = 9.6%
- PDC and GAP measures for same drug class were significantly negatively correlated (-0.6 to -0.7), except for CCBs



# Pharmacy Consumer Experience Survey



- Collected surveys from 589 customers from 1 pharmacy
- About 80% of respondents rated 9 or 10 for global ratings on: Pharmacy staff, Information about medication, and Pharmacy service
- Lowest scores were for discussing health & problems
- Pharmacy participation was very low: Concern about privacy, Perceived work for sampling



# Three Key Lessons - # 1



**#1** Calculating performance measures for pharmacies in a rural state requires multiple payers to provide usable data



## Three Key Lessons - # 2



**#2** A coalition model is effective in calculating and reporting quality measures to community pharmacies and provides efficiencies once contracting issues are resolved



## Three Key Lessons - # 3



**#3** After community pharmacists review their performance scores, they require additional resources on quality improvement strategies to improve the scores and impact patient care



# Next Steps for the Collaboration



- Iowa study group will not be pursuing future work as constituted in this study
- However, members will be working on studies involving quality of pharmacy services
  - AHRQ funded study of quality improvement of MTM services
  - Investigation of pharmacy performance in markets