

# ***PQA: Highlights from the Five Phase I Demonstration Projects***

## **1. Highmark-CECity-Rite Aid**

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### **Collaborating Organizations:**

CECity.com, Inc.: Quality performance improvement technology platform  
Rite Aid Pharmacy: Chain drug pharmacy partner

### **Background on the Project and its Specific Objectives:**

Highmark, CECity, and Rite Aid have engaged 50 Rite Aid chain pharmacies in Western Pennsylvania in a demonstration project aimed at developing a pharmacy quality performance reporting process. To date, the project team has engaged over 90 Rite Aid pharmacists in a live training program and obtained feedback regarding their experiences upon viewing store-specific performance reports based on 15 PQA-sponsored quality metrics and a consumer experience survey. Using Highmark prescription drug claims data, the performance scores have been calculated and delivered to CECity for incorporation into a custom performance improvement module housed within CECity's *Lifetime*<sup>TM</sup> platform. The participating Rite Aid pharmacists are able to view the performance reports via an intranet portal.

**Anticipated Timeframe for Completion:** 3<sup>rd</sup> Quarter 2009

### **Important Lessons Learned Relative to the 15 Measures Being Utilized:**

Overall, the pharmacies engaged in the demonstration project delivered services to an adequate amount of health plan patients (> 30) to report reliable performance scores. Most Proportion of Days Covered (PDC) and Gap in Therapy (GAP) metrics, which were based on 5 distinct therapeutic categories, performed well during the initial phase of the demonstration, allowing for differentiation among participating pharmacies on medication adherence performance.

Of note, the asthma-related quality metrics (ACT and SAC) and those PDC, GAP, and DOS metrics related to diabetes treatments have not shown favorable performance in the initial performance reports. The asthma-related metrics are likely performing poorly due to the fact that the participating pharmacies are already performing at a high level.

It is not so much that the metric is flawed, but that it is not an area in which significant improvement can be expected. The diabetes-based metrics may require minor adaptations to the technical specifications to enable them to provide more reliable scores to the pharmacies.

## **Feedback from Front-Line Practitioners/Pharmacists Receiving the Provider-level Report Cards:**

While the pharmacists' attitudes have been generally positive towards the training and the idea of being measured on various clinical quality performance metrics, they voiced concerns about potential variables that may impact the process that were thought to be out of their control. For example, pharmacists expressed concerns that cash prescriptions not captured in the data could negatively impact their reported numbers on the quality measures, that physicians or physician office staff may not readily accept their input or recommendations, and that programs such as \$4 generics or transfer coupons may increase pharmacy shopping practices that limit their ability to maintain a significant relationship with their patients.

Pharmacists cited organizational barriers (e.g. lack of time, resources), health plan barriers (e.g. formulary restrictions, utilization management processes), and physician barriers (e.g. difficulty in communicating with prescriber or office staff) as impediments to their ability to positively impact the performance metrics. Overall, the responding pharmacists reported a strong understanding of the report and what the scores represented.

## **2. University of Iowa**

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### **Collaborating Organizations:**

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**Background on the Project and its Specific Objectives:**

This demonstration project will assess the feasibility of a pharmacy performance reporting approach based on a coalition of data sources aggregated and then reported to pharmacies. With overall coordination provided by faculty at the University of Iowa, 12 months of claims data from Wellmark, Inc. and the Iowa Medicaid Enterprise (IME) will be shared with Iowa Foundation for Medical Care (IFMC) to be analyzed to create PQA's 15 performance measures for 50 participating pharmacies. Resource requirements for IFMC will be assessed, and obstacles for sharing data among the participants will be documented, as well as the solutions to address them. IFMC will send the pharmacy performance scores to UI researchers who will use the PQA report template to provide electronic aggregated performance reports for 50 pharmacies in Iowa on a performance reporting web site. The web site design will be informed by input from a focus group of 6-8 pharmacists, and modeled after PQA's prototype web site. The 50 pharmacies will be surveyed to collect feedback (e.g. accuracy and usefulness of the reports, suggested improvements) on their pharmacy performance reports. The number of pharmacies contributing sufficient data to each pharmacy performance measure, as well as descriptive statistics of scores on each of the measures will be determined. The University of Iowa CERT will work with stakeholders (i.e. pharmacies, claims data sources) to identify variables that could influence the variation in pharmacy performance.

**Anticipated Timeframe for Completion:**

Expected completion for the Iowa PQA Demonstration Project is November 15, 2009. Pharmacy performance scores have been posted to the web site and pharmacists are viewing their scores. Feedback from the pharmacists is being collected.

**Important Lessons Learned Relative to the 15 Measures Being Utilized:**

This information currently is being collected.

**Feedback from Front-Line Practitioners/Pharmacists Receiving the Provider-level Report Cards:** This information currently is being collected.

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### **3. Outcomes Pharmaceutical Health Care - Kerr Drug**

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#### **Collaborating Organizations:**

Outcomes Pharmaceutical Health Care  
Kerr Drug

#### **Background on the Project and its Specific Objectives:**

For this Demonstration Project, Outcomes Pharmaceutical Health Care® (Outcomes®) proposed to build a pharmacy performance report based on the PQA measures within its existing web-based Medication Therapy Management (MTM) documentation platform. As proposed, the reports were programmed and made available to Kerr Drug pharmacists and administrators upon login to the Outcomes system. Appearing alongside existing Outcomes System reports, the performance reports conform to the specifications developed by PQA. Kerr Drug provided regular prescription data feeds for upload to the Outcomes System, driving updates to the PQA measure-focused performance reports. During Spring 2009, Kerr Drug worked with Outcomes to obtain feedback from pharmacy staff and administrators. In addition, the patient survey component of the project was completed by Avatar and the results were uploaded to the web-based reports.

**Anticipated Timeframe for Completion:** The project has been essentially completed. However, the Agency for Healthcare Research and Quality has not completed its on-site evaluation and interviews of pharmacists, which they are conducting across all five demonstration projects.

#### **Important Lessons Learned Relative to the 15 Measures Being Utilized:**

- Less than 10% of Kerr Drug's pharmacies had a sufficient sample size to calculate the Thiazolidinedione Dosing (DOS) measure and Absence of Controller Therapy (ACT) asthma measure.
- The best average Proportion of Days Covered (PDC) score (indicating the best adherence) was for Calcium Channel Blockers.
- The worst average Proportion of Days Covered (PDC) score (indicating the worst adherence) was for Biguanides.
- The best average Gap in Therapy (GAP) score (indicating the best adherence) was for Calcium Channel Blockers.
- The worst average Gap in Therapy (GAP) score (indicating the worst adherence) was for Statins.
- A very small number of patients qualified for the three diabetes medication class dosing (DOS) measures—Biguanides, Sulfonylureas, and Thiazolidinediones.
- The five measures with the lowest variance were: Sulfonylurea Dosing (DOS), Biguanide Dosing (DOS), High-Risk Medications in the Elderly (2+) (HRM), Thiazolidinedione Dosing (DOS), and Suboptimal Asthma Control (SAC).
- The five measures with the highest variance were: Absence of Controller Therapy (ACT), Thiazolidinedione Proportion of Days Covered (PDC), Thiazolidinedione Gap in Therapy

(GAP), Sulfonylurea Gap in Therapy (GAP), and Biguanide Proportion of Days Covered (PDC).

### **Feedback from Front-Line Practitioners/Pharmacists Receiving the Provider-level Report Cards:**

First, participating pharmacists were asked if they believed the generated reports were accurate. On average, the Kerr Drug pharmacists responded they believed the reports were accurate. However, several pharmacists noted the inherent weaknesses of relying on Kerr Drug-provided prescription data to generate the reports (patients fill prescriptions via mail order, some patients may “pharmacy shop”).

Next, participating pharmacists were asked if they believed they would have the ability to impact the measures, assuming they were accurate. On average, Kerr Drug pharmacists responded they believed it would be possible to impact the scores. A number of pharmacists commented they believed the PQA scores would give them a “heads up” during the dispensing process and/or prior to the delivery of MTM services to look for specific issues within a given patient population. However, several pharmacists noted potential barriers, including physician and patient acceptance of pharmacist recommendations.

Third, pharmacists were asked how they would best get access to and use the reports in practice. Many pharmacists commented about the consistent (e.g., daily) generation of reports that should be available online and also printable to use in targeting specific patients with drug therapy complications identified via the PQA measures. Many pharmacists commented on their desire to see a drill-down report to identify the specific patients experiencing problems.

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## **4. PURDUE UNIVERSITY**

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### **Collaborating Organizations:**

Purdue University collaborating with The Regenstrief Institute (RI), the Indiana Health Information Exchange (IHIE); Indiana Pharmacist Alliance (IPA), The Polis Center, Wishard Outpatient Pharmacy, CVS Pharmacy, Kroger Pharmacy

**Background on the Project and its Specific Objectives:**

Web-based pharmacy performance reports were developed using the PQA starter set measures, and made available to ambulatory and community pharmacists within the Central Indiana Region. Pharmacists education also was provided as a part of the website to assist in the interpretation of the performance measures.

**Brief High Level Overview of Project Plan**

Purdue University School of Pharmacy and Pharmaceutical Sciences is collaborating with the Regenstrief Institute (RI) and the Indiana Health Information Exchange (IHIE) to 1) create the queries to extract the 15 measures at a patient level, 2) aggregate the data at a pharmacy level with breakdowns by patient demographics to assist with modeling pharmacy case mix and characteristics, and 3) deliver the data into a Purdue developed website.

Central Indiana is uniquely positioned to “test” the measuring and reporting of comparative performance measures for the following reasons:

- The Regenstrief Institute (RI) and Indiana Health Information Exchange (IHIE) already manage data aggregation from many sources to produce comparative reports for Quality Health First, a physician pay for performance reporting system.
- Since RI receives data from many sources, patients and pharmacies will be processed through the patient and provider registries to identify the same patients across pharmacies. This capability allows for future queries of patient-specific information related to each measure.

Additionally, the Polis Center at Purdue University Indiana University at Indianapolis, a community-based research center with advanced information technologies in geographic information systems (GIS) with pharmacy characteristic analysis is a collaborator. Polis uses neighborhood characteristics (such as crime, income) in combination with traditional methods (zip, sir-name) to study neighborhoods. Since many pharmacies are in a given zip code, this will give additional characteristic detail.

At Purdue, IPA and pharmacy leadership has assisted the investigators in developing professional and user friendly web-based reports for participating pharmacists in a secure (Purdue developed) web site.

Reports:

- 1) Are web-based.
- 2) Will allow the pharmacist to search by geographic area (zip code), national averages, or a specific pharmacy. The reports identify benchmarks or thresholds for achievement goals
- 3) Will allow the pharmacy chain to group pharmacies according to city, state, region and roll up for entire company.
  - a) Access to online reporting will be granted by a corporate contact that will designate the hierarchy of access to individuals within the company and designate access to individual stores or groups of stores.

- 4) Have the Quality measures grouped by
  - a) Adherence/Persistence
  - b) Efficiency – cost of care (generic efficiency)
  - c) Safety
  - d) Disease state
- 5) Have reported elements that are defined with detailed attention to current standard definitions. There is also an FAQ section on how to use the reports.
- 6) Include a description of how the data for the report was acquired

**Anticipated Timeframe for Completion:** November 2009

**Important Lessons Learned Relative to the 15 Measures Being Utilized:**

This information is currently being compiled.

**Feedback from Front-Line Practitioners/Pharmacists Receiving the Provider-level Report Cards:**

Reports specific to the website have been positive to date. Feedback has been collected primarily through face-to-face interaction with pharmacists in order to solicit their opinions regarding the report cards. Data regarding performance measures and the website are currently being collected utilizing an online survey.

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## **5. UNIVERSITY OF WISCONSIN**

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**Collaborating Organizations:**

The Pharmacy Society of Wisconsin in partnership with the University of Wisconsin Sonderegger Research Center and the Center for Health Systems Research and Analysis

**Background on the Project and its Specific Objectives:**

This project is designed to examine the feasibility of utilizing pharmacy claims data to calculate and report quality indicators of community pharmacy practice. Our project utilizes the Wisconsin

Pharmacy Quality Collaborative (WPQC) as the network in which this work is being conducted. WPQC is a partnership involving the Pharmacy Society of Wisconsin and commercial and public health care payors who are committed to improving the quality of community pharmacy practice. Our PQA project utilizes pharmacy claims data submitted by WPQC participating pharmacies. These claims data are used for calculating the quality indicators for each pharmacy. Our project also has developed a secure website that can be accessed by participating pharmacists for purpose of receiving continuing education on quality performance and measurement as well as to view their pharmacy's quality indicator report. Patients receiving prescription drug benefits from one of the payor organizations will receive a patient satisfaction survey as part of our project.

**Anticipated Timeframe for Completion:** The end of 2009

**Important Lessons Learned Relative to the 15 Measures Being Utilized:**

We have determined that it is feasible to collect the necessary data, calculate quality indicators around each of the 15 measures, and create pharmacy-specific reports. Before completion of our project, we will gather feedback from participating pharmacies and payors regarding the utility of these measures.

**Feedback from Front-Line Practitioners/Pharmacists Receiving the Provider-level Report Cards:**

To date, our project has received feedback only from a focus group of participating pharmacists. This feedback was used to refine our quality indicator reports and our website. The first round of feedback from our entire network of pharmacists will be forthcoming very soon.

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