Magellan Rx MANAGEMENT

Impact of a Clinical Outreach Program on the Utilization of High Risk Medications for CMS STAR Ratings

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Purpose

- To measure the impact of a clinical program on the proportion of Medicare patients utilizing high risk medications (HRMs)

Background

- Utilization of certain HRMs present a significant concern to patient safety due to the increased risk of certain harmful side effects that are associated with their use.
- The elderly population, due to such age-related factors such as altered pharmacokinetics and pharmacodynamics, are considered to be especially susceptible.
- There is a long-standing clinical consensus that such medications should generally be avoided in patients aged 65 and older; this is reflected in the development and publications of specific medication lists, such as the Beers Criteria.
- Furthermore, the Centers for Medicare and Medicaid Services (CMS) have incorporated the use of HRMs into their Part D Medicare Health and Drug Plan Quality and Performance Ratings (STAR ratings). Recently, CMS announced that this measure will be moved to the STAR display page, but health plans will continue to receive patient safety reports and outlier notices, when applicable.
- As health plans develop utilization management strategies to reduce the overall use of HRMs, there is concern that certain patients may be inappropriately targeted. Many cases require additional information concerning prior therapies, intolerances, and other patient-specific factors that may not be captured in pharmacy claims data.

Methods

- The HRM treatment rate is calculated by taking the number of member-years of enrolled Medicare beneficiaries ≥ 65 years who received ≥ 2 prescription fills for the same HRM (numerator) divided by the number of member-years of enrolled Medicare beneficiaries ≥ 65 years during the 2015 calendar year (denominator).
- A clinical program was implemented for a Medicare health plan consisting of ~25,000 beneficiaries in order to improve (minimize) the HRM treatment rate, through pharmacist led telephonic outreach to providers, patients and pharmacies.
  - Outreach was focused on recommending the discontinuation of the HRM and/or switching to safer, preferred alternatives, when clinically appropriate.
- The potential outreach population consists of members who fill ≥ 1 HRM during the 2015 calendar year.
- Additional criteria used to determine the final outreach population and stratify interventions include:
  - Specific HRM class
  - Member prescription drug history
  - First fills across multiple HRM classes

Disclosures

- This research was conducted by Magellan Rx Management in Newport, RI, without external funding.

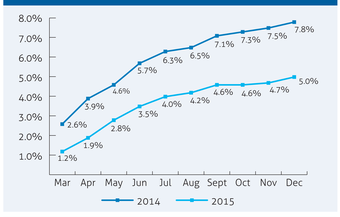
Results

Utilization by HRM Class Based on First Fill, 2015

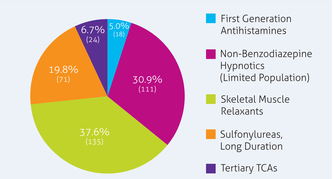
Drug Class	Count of Members	% of Members
Alpha Blockers, Central	1	0.04%
Anti-Infective	90	3.20%
Antiparkinson Agents	26	0.93%
Antipsychotics, First Generation	4	0.14%
Antithrombotics	19	0.68%
Barbiturates	47	1.67%
Cardiovascular	132	4.70%
Central Nervous System	49	1.74%
Endocrine, Estrogen or Progestin	102	3.36%
Endocrine, Thyroid	7	0.25%
First Generation Antihistamines*	146	5.20%
Gastrointestinal	6	0.21%
Non-Benzodiazepine Hypnotics*	1389 (195†)	49.43%
Non-COX Selective NSAIDS	22	0.78%
Pain Medications	1	0.04%
Skeletal Muscles Relaxants*	331	11.78%
Sulfonylureas, Long Duration*	274	9.75%
Tertiary Tricyclic Anti-Depressants (TCAs)*	164	5.84%
Grand Total	**2,810**	**100.00%**

*Targeted classes for outreach
† Outreach limited to population with grandfathered prior authorization approvals from 2014

HRM Treatment Rate, 2014 - 2015



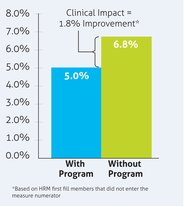
Successful Interventions by HRM Class



Unique Members by # of HRM Classes and Fills, 2015 vs. 2014

2015 \ 2014	1 Fill Only, 1 HRM Class Only	1 Fill Only IN EACH of ≥ 2 HRM Classes	≥ 2 Fills, 1 HRM Class Only	≥ 2 Fills IN EACH of ≥ 2 HRM Classes	≥ 2 Fills IN ANY of ≥ 2 HRM Classes	Missing	Total
1 Fill Only, 1 HRM Class Only	79	5	158	6	9	353	610
1 Fill Only IN EACH of ≥ 2 HRM Classes	5	0	6	0	4	17	32
≥ 2 Fills, 1 HRM Class Only	85	2	586	19	56	270	1,018
≥ 2 Fills IN EACH of ≥ 2 HRM Classes	3	2	27	48	10	20	110
≥ 2 Fills IN ANY of ≥ 2 HRM Classes	9	2	45	27	24	45	152
Total	181	11	822	100	103	705	1,922

HRM Treatment Rate, 2015: With vs. Without Clinical Outreach Program



*Based on HRM first fill members that did not enter the measure numerator

Discussion

- Between January and December 2015, a total of 1,110 members with a first-fill event for first generation antihistamines, non-benzodiazepine hypnotics (limited), skeletal muscle relaxants, sulfonylureas (long duration), and tertiary tricyclic anti-depressants (TCAs) were identified through a recurring weekly process and targeted for outreach.
- Results based on January through December 2015 pharmacy data indicate that 359 members from the outreach population were prevented from entering the numerator for the HRM measure, contributing to an improved HRM treatment rate of 5.0% (2.8% improvement vs. 2014).
  - The clinical outreach program provided the majority of the overall improvement, with a 1.8% contribution towards the decrease in HRM utilization.
  - Other concurrent efforts such as utilization management through prior authorizations may have also contributed to the overall improvement.
  - Successful interventions were due to HRM discontinuation and/or replacement with a safer alternative.
  - Reasons for unsuccessful interventions include comorbid conditions, disease controlled on current regimen, prior failure on safer alternatives, and patient/prescriber refusal.
- Limitations of this study include:
  - The clinical impact may underrepresent the true value due to changes in provider behavior resulting in prevention of first HRM fills.
  - Patient medication history and progress notes were unavailable to identify prior use of alternatives.
  - Health plan medication tiers, PA criteria, and step therapy requirements may have also played a role in the improvement.
  - This study was limited to a Medicare population; results may differ for other populations.

Conclusion

- The overall HRM treatment rate improved by 2.8% from 2014 to 2015.
  - The health plan experienced an improvement that is almost double the national average rate of improvement (1.6%) from 2014 to 2015.
  - The clinical outreach program, consisting of outreach to potentially-noncompliant members and their associated providers and pharmacies, was responsible for the majority of the improvement.
  - Without the clinical outreach program, the health plan would have only experienced a 1.0% improvement from 2014 to 2015, which is less than the national average rate of improvement.
- A clinical program focusing on key HRM classes, fills across multiple HRM classes, and prescription claims history allows for prioritization based on clinical rationale; therefore, maximizing the number of successful interventions.
- Key areas of focus include first generation antihistamines, non-benzodiazepine hypnotics, skeletal muscle relaxants, sulfonylureas (long duration), and tertiary TCAs.
- Health plans may benefit from the implementation of a clinical program aimed at reducing overall utilization of HRMs, encouraging proper use of safer alternatives, and promotion of preferred formulary options.

References

- Hanlon J, Semla T, Schmader K. Alternative Medications for Medications in the Use of HRMs in the Elderly and Potentially Harmful Drug-Disease Interactions in the Elderly Quality Measures. J Am Geriatr Soc. 2015;63:e8–e18.
- American Geriatrics Society Expert Panel. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. J Am Geriatr Soc. 2015;63:2227–2246.
- Medicare 2016 Part C & D Star Rating Technical Notes. Centers for Medicare & Medicaid Services. Updated September 2015.