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 Cochrane criteria, benzodiazepine hypnotics, skeletal muscle relaxants, sulfonylureas (long duration), and tertiary tricyclic antidepressants (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).

Discussion
• Between January and December 2015, a total of 1,310 members with a first-fill event for first generation antihistamines, non-benzodiazepine hypnotics (limited), skeletal muscle relaxants, sulfonlureas (long duration), and tertiary tricyclic antidepressants (TCAs) were identified through a recurring weekly process and targeted for outreach.

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 overall improvement that is almost double the national average rate of improvement (1.6%) 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, sulfonlureas (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
• Medicare 2021 Part B Due Date Technical Notes, Centers for Medicare & Medicaid Services. Updated September 2015.