

Impact of Various Clinical Strategies on the CMR Completion Rate for CMS STAR Ratings

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Purpose

- To measure the impact of various engagement strategies on Star Rating measure D15-Medication Therapy Management (MTM) Program Completion Rate for Comprehensive Medication Review (CMR), which is defined as the percent of MTM program enrollees who received a CMR during the measurement year.

Background

- As the United States healthcare system rapidly transitions away from fee-for-service models, the majority of health insurers are placing an increased emphasis on quality of care.
- Medication-related problems are among the top five greatest threats to the health of elderly patients; 10.7% of hospitalizations in this population can be attributed to adverse drug events.¹
- The involvement of medication experts, such as pharmacists, in patient care has resulted in reduced drug errors and associated morbidities, improved patient outcomes, and reduced costs.²
- The provision of comprehensive medication reviews (CMRs) is a component of the clinical performance that the Centers for Medicare and Medicaid Services (CMS) requires all Medicare plans to report annually.
- To assist Excellus BlueCross BlueShield, a 125,000 Medicare-life plan³, in improving the quality of care delivered to their Medicare beneficiaries, Magellan Rx Management has collaborated on the development and implementation of a clinical program designed to specifically address the CMS Star Rating measure D15-MTM Program Completion Rate for CMR.

Methods

- The following engagement strategies were utilized throughout this clinical program:
 - Interactive voice response (IVR) system*
 - CMRs are offered to MTM-eligible beneficiaries through an automated calling service. The service uses an IVR system to offer CMRs to members who answer the call or via voicemail.
 - The member has the option to complete a CMR with a pharmacist at the time of the call via a live transfer, ask for a pharmacist to call the member at a different time, or decline the offer.
 - Member care management (MCM) services*
 - The Excellus BCBS MCM team focuses on members who require a high intensity of care management; when appropriate, the MCM team can refer members to pharmacists to answer medication-related questions and perform a CMR.
 - Help desk interactions (SafeRx®)*
 - Members may call the Excellus Pharmacy Help Desk line at the number on the back of their insurance card for various questions and concerns. When appropriate, the Help Desk representative can refer the member to pharmacists to answer medication-related questions and perform a CMR.
 - Medication List
 - Once a member becomes MTM eligible, an introductory welcome letter is sent to them explaining the benefits of the program. If the member is interested, he/she can fill out the form which includes a medication list as well as other health information and mail it back to Excellus.
 - Direct patient outreach (leveraging overlapping synergies when possible)
 - Adherence - these members are identified as being potentially non-adherent to diabetes, RAS, and/or statin medications.
 - Quality Incentive Program (QIP) - these members have been identified based on certain comorbid disease states (CHF and DM) to help improve overall quality of life and prevent/reduce hospital admissions.
 - Historical/Other - these members were referred for MTM services during the previous measurement year.
 - Long-term care (LTC) facilities
 - Communicating with LTC staff members and caregivers allows pharmacists to complete one or more CMRs per interaction.

*The IVR, MCM, and SafeRx® engagement methods have a live transfer component, where a member is immediately transferred to a live pharmacist upon request.

Results

Figure 1: CMR Completion Rates by Engagement Method, YTD*

Engagement Method	Member Count	CMRs Completed	Completion Rate
IVR	660	335	50.8%
IVR Live	342	211	61.7%
MCM	70	57	81.4%
MCM Live	70	41	58.6%
SafeRx®	211	110	52.1%
SafeRx® Live	96	35	36.5%
Adherence	12,244	2,988	24.4%
Medication List	100	50	50.0%
QIP	47	13	27.7%
Historical/Other	3,917	1,575	40.2%
LTC	1,123	752	67.0%
Total	18,880	6,167	32.7%

Figure 2: CMR Completions by Engagement Method, YTD*

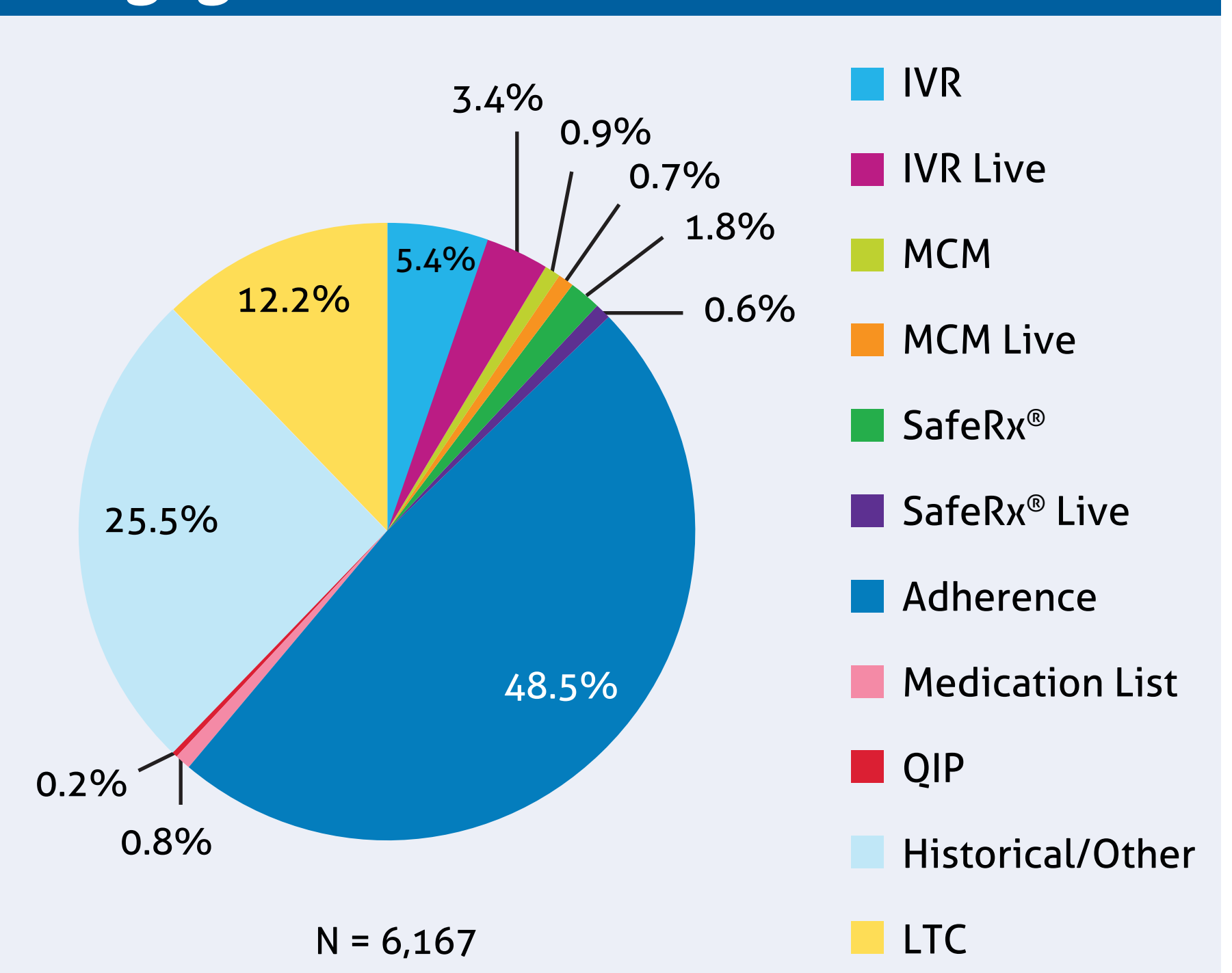
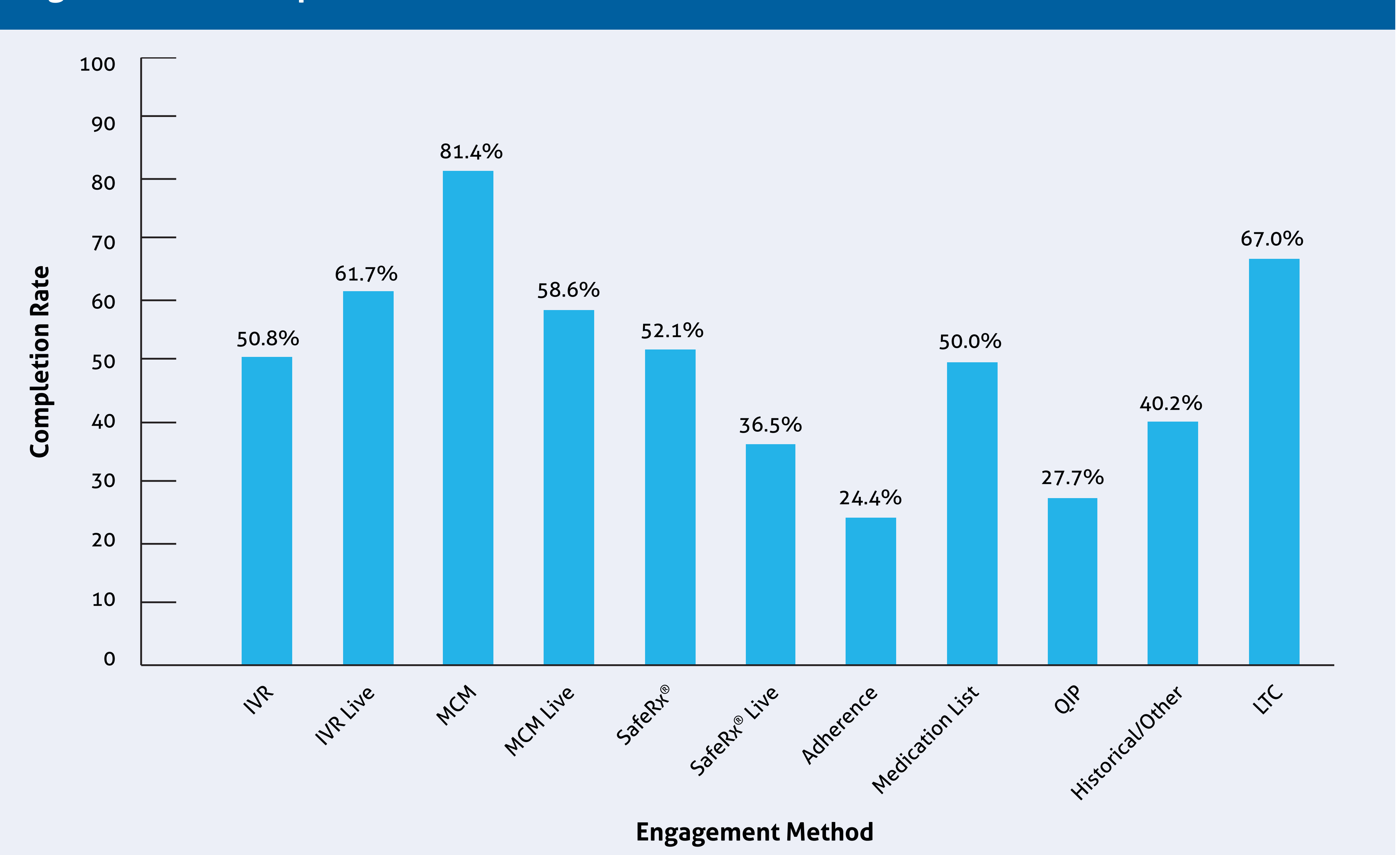


Figure 3: CMR Completion Rates, YTD*



*Note: Some members may have ≥1 engagement method. Data as of 8/26/2016.

Discussion

- Leveraging multiple sources of engagement in a clinically synergistic and efficient manner can significantly improve Star Rating measure D15-MTM Program Completion Rate for CMR.
- Engagement methods such as MCM, IVR Live, and LTC have very high CMR completion rates; however, they contribute a relatively small portion (1020, 16.5%) of the total CMRs completed to date. Conversely, engagement methods such as Historical/Other and Adherence have lower CMR completion rates; however, they contribute the largest portion of total completed CMRs (4563, 74%).
- MCM and SafeRx® (live and non-live) engagement methods leverage existing touch points with a member and thus provide a synergistic source of CMRs.
- LTCs provide an efficient source of CMRs due to the ability to complete multiple CMRs per interaction with nursing staff and/or caregivers.
- IVR, MCM, Medication List, SafeRx®, and any corresponding live transfer components represent relatively low-cost methods of patient engagement; however, they represent only 13.6% of completed CMRs. Conversely, high cost engagement methods that leverage outbound telephonic outreach by clinical staff provide a large pool of members and therefore an abundant source of CMRs.

Conclusion

- Different methods of engagement that vary in cost, outreach effort, and member volume contribute to an overall successful clinical strategy to maximize Star Ratings for measure D15-MTM Program Completion Rate for CMR.
- Such results support the efficacy and viability of a clinical program that incorporates overlapping synergies, care coordination, and customized outreach.
- In addition to impacting Star Rating measure D15-MTM Program Completion Rate for CMR, engaging individuals in a CMR may also have a positive impact on numerous other Part C and D Star measures.
- It has been estimated that a cumulative 1 star improvement across all measures (from 3 to 4) is worth \$50 per member per month.

Limitations

- Even though multiple engagement methods are employed for the MTM-eligible population, a completed CMR is only attributed to the engagement method with which the CMR was completed (although prior outreach may have encouraged a member to be more responsive).
- Members have the option to opt-in to the MTM program at any time through expanded eligibility, even if they don't qualify based on the trigger criteria. However, members who receive a CMR through expanded eligibility but never become MTM eligible based on trigger criteria are not counted towards Star Rating measure D15-MTM Program Completion Rate for CMR.
- The total member count for engagement methods with an inbound component, such as Medication List, IVR, and IVR Live, is limited to members who displayed interest, not all members to whom the service was offered.

References

- Kongkaew C. Hospital admissions associated with adverse drug reactions: a systematic review of prospective observational studies. *Ann Pharmacother.* 2008 Jul;42(7):1017-25.
- Medicare Payment Advisory Commission. Report to the Congress: Medicare Coverage of Nonphysician Providers; June 2002.
- Centers for Medicare & Medicaid Services. Medicare Advantage/Part D Contract and Enrollment Data. August 2016.

Disclosures

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