Background

- The Centers for Medicare & Medicaid Services (CMS) has implemented a 5-Star quality rating system for Medicare plans in order to drive quality improvement for beneficiaries.
- For example, a 10,000-member health plan in driving the quality of care being delivered to its beneficiaries and maximizing Star Rating performance, Magellan Rx Management (MRx) collaborated on the development and implementation of a pharmacists-led clinical program designed to specifically address the Star Rating for Patients with Cardiovascular Disease (SPC) Star measure.
- The SPC treatment rate is defined as the percentage of males 21-75 years old and females 40-75 years old who were identified as having atherosclerotic cardiovascular disease (ASCVD) and who were dispensed at least one high or moderate-intensity statin medication during the measurement year.

Objective

- To improve the treatment rate for the SPC Star Rating measure by increasing the number of qualifying members with clinical ASCVD who received high or moderate-intensity statin therapy.

Methods

- A clinical strategy with comprehensive identification, multifaceted prioritization, and active engagement improves quality performance for the SPC Star measure.

Discussion

- For the 2018 measurement year, MRx helped improve the treatment rate from 83.0% to 86.0%, resulting in a 3% improvement from 2017. This improvement would have resulted in 5-Star performance; however, due to the increase in thresholds by CMS, the Star rating finished at the higher end of the 4-Star range.
- Without the successful conversions, consisting of members initiated on moderate or high-intensity statin therapy or removed from the denominator as a result of outreach, the treatment rate may have dropped to 79.2%, resulting in a 1-Star decrease.
- Several interventions and follow-ups are needed to achieve improvements in the treatment rate on average.
- Pharmacists documented several barriers to statin therapy during the interventions— including clinically-justified reasons such as myalgia/myopathy, intolerance, and liver disease/misjury.
- For the new and non-compliant members in the SPC measure, including moderate or high-intensity statin therapy was associated with cardiovascular disease.
- To improve the treatment rate for the SPC Star Rating measure by increasing the number of qualifying members with clinical ASCVD who received high or moderate-intensity statin therapy.

Conclusion

- Comprehensive identification, multifaceted prioritization, and active clinical engagement are all important tools in improving the treatment rate for clinical Star measures such as SPC.
- It has been estimated that a cumulative 1-Star Improvement across all measures (from a 3-Star to a 4-Star) is worth $50 per member per month for Medicare Advantage health plans.
- Such results support the necessity and viability of a clinical program that incorporates care coordination and customized outreach.

Limitations

- Some members may enter the SPC measure as compliant due to overlapping providers with previously non-compliant members who were targeted for outreach, which may underestimate the impact of the clinical program.
- While MRx proactively identified members and performed outreach on all non-compliant members, some members may have naturally converted to a compliant status without the need for MRx intervention; therefore, the effectiveness/impact of the clinical program may be overestimated
- In order to maximize the impact of this confounder, MRx calculated the program impact based on successful conversions occurring after the outreach initiation date.

References


Disclosures

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