# Results from a High-Touch Clinical Program to Improve Star Ratings Measure: Statin Therapy for Patients with Cardiovascular Disease (SPC)

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# 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.
- To assist a 19,000 member-life Medicare plan in improving the quality of care being delivered to their beneficiaries and maximizing Star Rating performance, Magellan Rx Management (MRx) collaborated on the development and implementation of a pharmacist-led clinical program designed to specifically address the Statin Therapy 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.
- The American College of Cardiology/American Heart Association (ACC/AHA) guidelines recommend initiation of high-intensity (or maximal tolerated) statin therapy in all patients with ASCVD, regardless of baseline LDL values (Class I Level A Recommendation).<sup>1</sup>
- o Heart disease and stroke cost the United States nearly \$1 billion per day in medical costs and lost productivity. By 2030, annual direct medical costs associated with cardiovascular diseases are projected to rise to more than \$818 billion, while lost productivity costs could exceed \$275 billion.<sup>2</sup>

## Objective

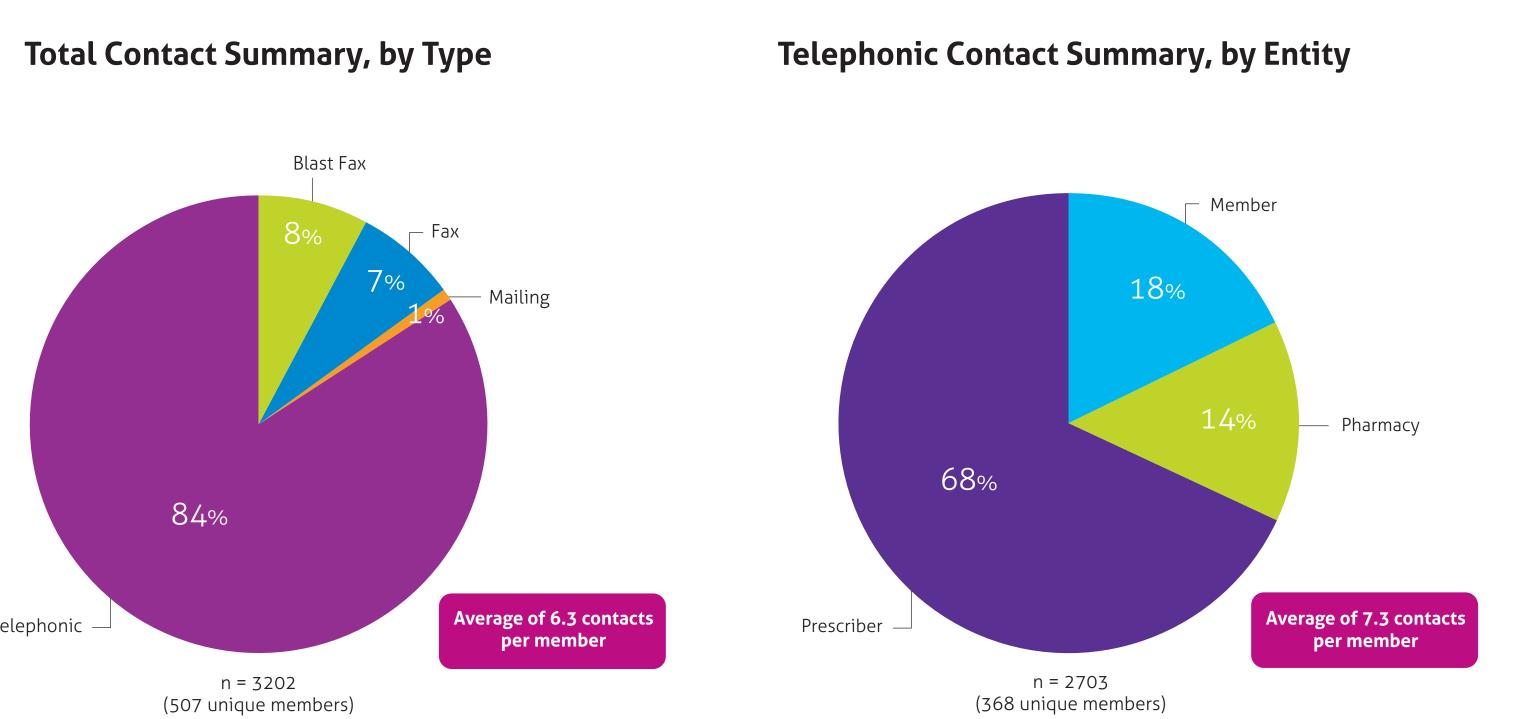
• To improve the treatment rate for the SPC Star Rating measure by increasing the number of qualifying members with clinical ASCVD who received high or moderate-intensity statin therapy.

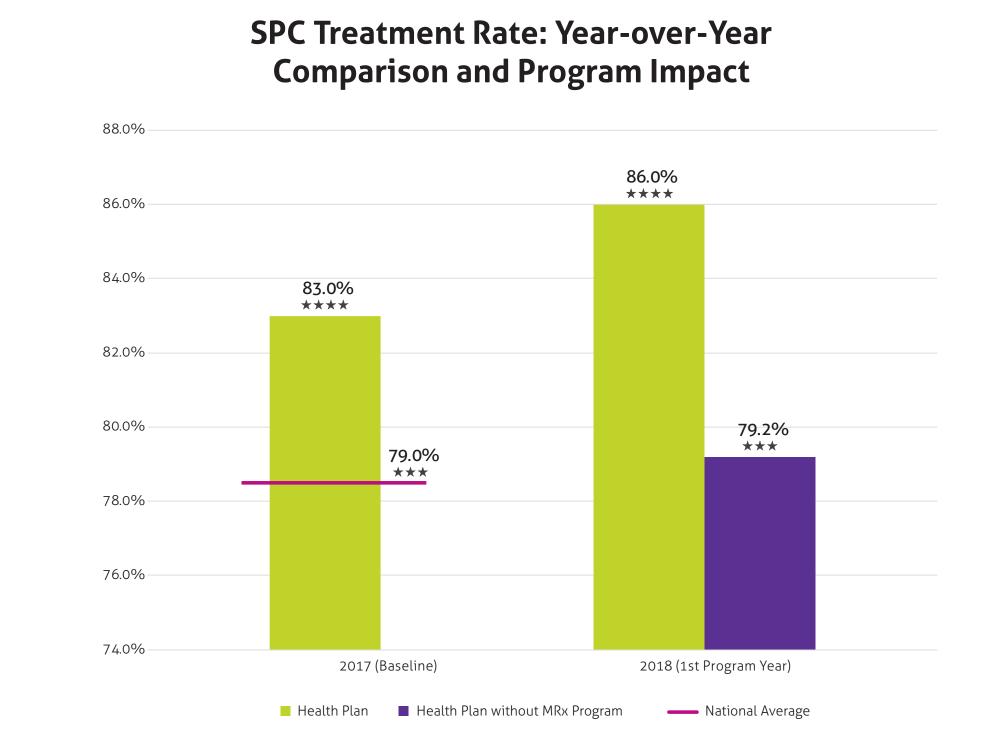
### Methods

- A clinical program was implemented to improve the SPC treatment rate through various methods of identification, prioritization, and clinical outreach.
- Through pharmacy and medical claims analyses, the target non-compliant population (those identified as having ASCVD with no moderate or high-intensity statin fill) was identified on a monthly basis from February to December 2018.
- The target population, consisting of 507 members, was prioritized for outreach based on several criteria including:
  - o Historic (prior year) use of a statin medication
- o Presence of a statin claim rejection and/or reversal
- Current use of a low-intensity statin
- o Documented challenges with statin therapy (i.e. rhabdomyolysis)
- A pharmacist-led, multi-modal outreach strategy with faxes, mailings, and live telephonic interventions to providers, members, and/or pharmacies was deployed:
- o Providers:
- Clinical recommendation to initiate high or moderate-intensity statin therapy, as appropriate
- Member-specific faxes to efficiently identify promising candidates for statin therapy
- Facilitation of claims adjustments and/or obtaining supplemental data to remove members from the measure denominator (who meet specific exclusionary criteria, including myalgia, frailty, and advanced illness)
- Members:
- Motivational interviewing and disease state education
- Potential barriers to medication initiation (e.g. cost, side effects, complexity of regimen)
- Treatment expectations and goals
- o Pharmacy:
- Statin medications filled through cash/generic programs
- Statin prescriptions on hold/never filled by the member

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

# Non-Compliant Members: Prior Year (2017) Status Clinical and Non-Clinical Barriers Prior Year (2017) Status Allegy(Rasht) speciationly Practitioner Refusal Procedure the filter of th





### 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 in order to achieve improvements in the treatment rate on average, MRx made 6.3 contacts per targeted member.
- Pharmacists documented several barriers to statin therapy during the interventions including clinically-justified reasons such as myalgia/myopathy, intolerance, and liver disease/injury.
- The most common reasons members in the SPC measure did not receive a moderate or high-intensity statin were muscular pain/disease (21.7%), intolerance (19.6%), and patient refusal (17.4%).
- Engaging members for the SPC Star measure may also have a positive impact on other Part D measures such as hypertension and statin medication adherence.

### 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 minimize the impact of this confounder, MRx calculated the program impact based only on successful conversions
  occurring after the outreach initiation date.

### References

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### Disclosuros

• This research was conducted by Magellan Rx Management, an affiliate of Magellan Health, without external funding.