Results from a High-Touch Clinical Program to Improve Star Ratings Measure: Osteoporosis Management in Women Who Had a Fracture (OMW)

C. Ferro, S. Makanji, J. Sumner, S. LaMountain, M. Santilli, A. Mavromatis, E. Payne
Magellan Rx Management

Background

- CMS implemented a 5-Star quality rating system for Medicare plans in order to drive quality improvement for beneficiaries.
- To assist a 20,000-member life Medicare plan in improving the quality of care delivered to their beneficiaries and maximizing Star Rating performance, the clinical team collaborated on the development and implementation of a pharmacist-led clinical program designed to specifically address the Star measure Osteoporosis Management in Women Who Had a Fracture (OMW).1
- The OMW treatment rate is defined as the percentage of female Medicare Advantage enrollees aged 67 – 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Objective

- To improve the treatment rate for the Centers for Medicare & Medicaid Services (CMS) Star measure Osteoporosis Management in Women Who Had a Fracture (OMW) by increasing the number of qualifying members who experienced a fracture and received an osteoporosis medication or a BMD (bone mineral density) test.

Methods

- A clinical program was implemented to improve the OMW treatment rate through various methods of identification, prioritization, and clinical engagement.
- Through pharmacy and medical claims analyses, the target non-compliant population was identified as having suffered a fracture without either a BMD test or osteoporosis medication in the six months after the fracture.
- The target population, consisting of 229 members, was prioritized for outreach based on several criteria, including:
  - Date of fracture
  - Repeat fractures
  - History of BMD tests
  - Presence of an osteoporosis mediation pharmacy claim rejection and/or reversal
- A Pharmacist-led, multi-modal outreach strategy with faxes, mailings, and live telephonic interventions to providers, members, and/or pharmacies was deployed:
  - Providers:
    - Member-specific faxes to identify promising candidates for osteoporosis medication therapy or a BMD test
    - Clinical recommendation to order in-home BMD tests, facility BMD tests, or a prescription for a drug to treat osteoporosis
    - Facilitation of claims adjustments and/or supplemental data to remove members who did not truly have a fracture or meet specific exclusionary criteria, including frailty and advanced (46+) from the measure denominator
    - Facilitation of supplemental data to add members to the measure numerator who did have a BMD test or osteoporosis medication but it is missing from the claims.
  - Members:
    - Potential barriers to medication initiation (e.g. cost, side effects, complexity of regimen)
    - Motivational interviewing and disease state education
    - Treatment expectations and goals
    - Assistance in scheduling in-home BMD tests or facility BMD tests
  - Pharmacy:
    - Osteoporosis medications filled through cash/generic programs
    - Osteoporosis prescriptions on hold/never filled by the member
- The OMW treatment rate (Improvement in Women Who Had a Fracture (OMW)) by 6%. Given the current trajectory for the national average, MRx is expected to outperform the national average by >20%.
- Several interventions and follow-ups are needed in order to achieve improvements in the treatment rate – on average, MRx made 29.1 outreach attempts per targeted member.
- Pharmacists documented barriers to success during the interventions – half of them were due to the BMD scan occurring after the 6-month expiration window. One member refused the BMD scan altogether.

Conclusion

- Comprehensive identification, multifaceted prioritization, and active clinical engagement are all important tools in improving the treatment rate for clinical Star measures such as OMW.
- Clinical outreach to non-compliant members and their associated providers and pharmacies resulted in an improvement in the treatment rate/Star rating for the OMW measure.
- It has been estimated that a cumulative 1-Star improvement across all measures (from 3 to 4) is worth $50 per member per month.
- Such results support the necessity and viability of a clinical program that incorporates care coordination and customized outreach.

Limitations

- Some patients may enter the OMW measure as compliant due to overlapping providers with previously noncompliant members who were targeted for outreach, which may underestimate the target non-compliant population for the clinical program.
- While MRx performed outreach on all non-compliant members, some members may have naturally converted to a compliant status without the need for MRx interventions.

References


Disclosures

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

Christina Ferro
ferro@magellanhealth.com

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