

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

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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.

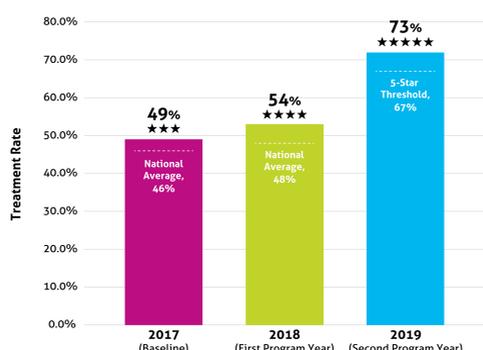
Methods

- 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 (those identified as having suffered a fracture without either a BMD test or osteoporosis medication in the six months after the fracture) were identified on a monthly basis.
- 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 medication 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 efficiently 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 who meet specific exclusionary criteria, including frailty and advanced illness) 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

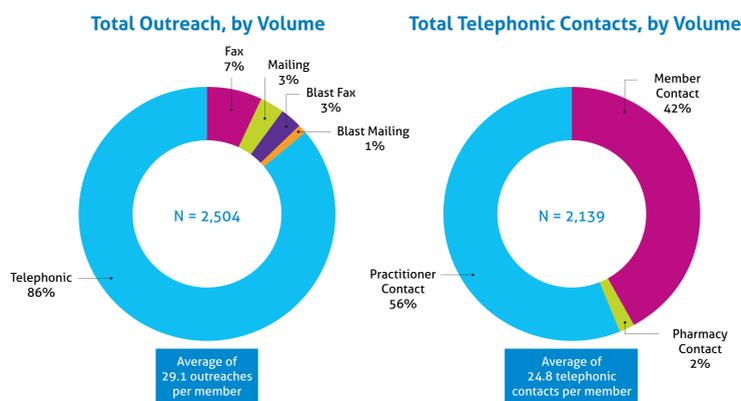
A clinical strategy with comprehensive identification, multifaceted prioritization, and active engagement **improves quality performance for the OMW Star measure.**

Results

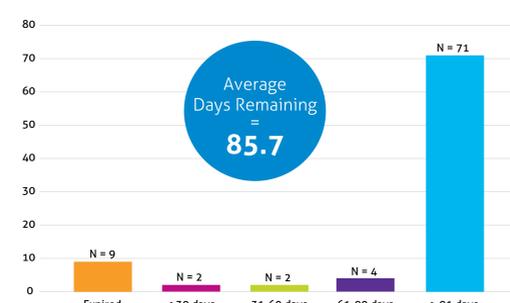
Year-Over-Year Improvement



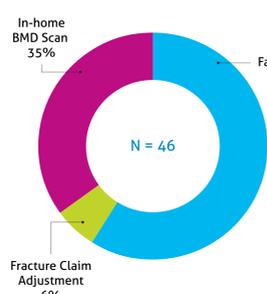
Breakdown of Outreach Efforts, 2019



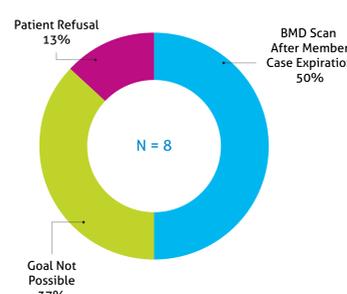
Days Remaining (Upon Identification) Until Member Case Expiration, 2019



Successful Intervention Breakdown, 2019



Unsuccessful Reason Types, 2019



Discussion

- For the 2019 measurement year, MRx helped improve the treatment rate from 54% to 73%, a 5-Star performance. These results represent a 1-Star improvement versus 2018 measurement year and a 2-Star improvement versus 2017 measurement year (the baseline year).
- For the 2018 measurement year, MRx outperformed the OMW national average 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 outreaches 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

1. Centers for Medicare & Medicaid Services. Medicare Advantage/Part D Contract and Enrollment Data. December 2018.

Disclosures

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

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