Pharmacy’s Role in Healthcare Metrics
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VA Sierra Pacific Network (VISN 21)

CPE Information
- Target Audience: Pharmacists & Technicians
- ACPE#: 0202-0000-16-176-L04-P/T
- Activity Type: Knowledge-based

Self-Assessment Questions
- Question 1: What key components drive the definition of value in healthcare?
  A. Health outcomes
  B. Cost
  C. New regulations
  D. A and B Only

Self-Assessment Questions
- Question 2: Which aspect of implementing metrics is most important?
  A. Choosing a metric YOU think is valuable
  B. Aligning metrics/goals with your organizations values
  C. Making sure your metric decreases costs
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Self-Assessment Questions
- Question 3: Which of the following practice areas could Pharmacy create metrics around to show value?
  A. Hepatitis C Treatment
  B. Hypoglycemia in the elderly
  C. Oncology medications
  D. All of the above

CPE Information and Disclosures
Janice Sanders, PharmD, BCPS declares no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Learning Objectives

• Define healthcare value and who is receiving it.

• Discuss key organizations that are attempting to measure performance through metrics and how the metrics relate to pharmacy.

Learning Objectives

• State a process for identifying key stakeholders and assessing alignment with organization goals when creating metrics.

• Describe key practice areas where pharmacy can show value and improve quality and safety through metrics.

Open Discussion Questions

• Who knows what a metric is?

• How many of you currently track metrics in your healthcare system?

• How many of you have pharmacy specific metrics?

• How many of you are involved in designing metrics?

What is Value in Healthcare?

Value = Health Outcomes Achieved + Dollars Spent

 Getting Real About Health Care Value Harvard Business Review

Who Wants Value? Everyone!

Patient/Patient Experience
• Know that consumers will get the best care

Health System
• Services provided by the health plan
• Overall performance of the network
• Reimbursement and operating efficiency

Provider Network
• Quality of a provider’s facilities and/or the overall quality of care provided
• Does the network receive pay for performance?

Health Care Professionals
• Quality of care provided by an individual health care professional
• Did the physician perform well on quality and efficiency metrics assigned to their service?
Organizations that Promote Quality Metrics

- Agency for Healthcare Research and Quality (AHRQ)
  - National Quality Measures Clearinghouse
  - Measure matrix by Setting
  - ACO, Hospital IP/OP, Managed Care Plans, Ambulatory Office-based care, SNF/Assisted Living Facilities, Behavioral Health, ED, ICU
- National Committee for Quality Assurance (NCQA) – Health Care Accreditation Organization
  - The Healthcare Effectiveness Data and Information Set (HEDIS)
- Joint Commission
  - ORXY [www.qualitycheck.org](http://www.qualitycheck.org)

Organizations Reporting Value Measurement

- Media Groups
  - U.S. News and World Report American's Best Hospital
  - Truven Health Analytics Top Health Systems
- CMS - Hospital Compare – Medicare and Hospital Quality Alliance
  - 2005 first set of 10 ‘core’ process of care measures on heart attack, HF, pneumonia, surgery
  - [http://100tophospitals.com/](http://100tophospitals.com/)
  - [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

Organizations Reporting Value Measurement

Hospital Consumer Assessment of Healthcare Providers Systems (HCAHPS)

- Publicly reported survey designed to:
  - Produce comparable data, create incentives for hospitals to improve quality of care, enhance public accountability
- Measures:
  - communication, responsiveness of hospital staff, pain management, communication about medicines, discharge information, cleanliness and quietness of hospital, transition of care, mortality rates, 30-day readmission, and hospital value based purchasing

Value to the Health System

- Increase “Value”
  - Improve Quality
  - Reduce Costs

[http://hcahpsonline.org](http://hcahpsonline.org)

Value to the Patient

[http://www.idsociety.org/Value_Based_Payments/](http://www.idsociety.org/Value_Based_Payments/)

Organizations Reporting Value Measurement

- **VHA: Strategic Analytics for Improvement and Learning Value Model (SAIL)**
  - VA publically reported metrics that assess 25 quality measures including mortality, avoidable adverse events, readmissions, length of stay, customer satisfaction, accessibility to care, and overall efficiency at individual VA Medical Centers
  - Adjusted for complexity level of the hospital

The SAIL Value Model

- **Quality**
  - Acute Care Mortality
  - Avoidable Adverse Events
  - CMS RIMR & RSRR
  - Length of Stay
  - Performance Measures
  - Customer Satisfaction
  - ACO-Specific Hospitalizations
  - Clinical Visit Times & Call Center Responsiveness

- **Efficiency**
  - Clinical Efficiency
  - Administrative Efficiency

Value to Payers

 Ninety Percent of U.S. Healthcare Dollar Spent Directly on Care

- Hospital Care: $39
- Physician/Clinical Services: $22
- Prescription Drugs: $21
- Dental Services: $6
- Other Medical: $10
- Government and Insurance Administration: $11

ACO Quality Measures: Potential for Pharmacy to Impact

- Patient/Caregiver Experience
  - Health Promotion and Education
- Care Coordination/Patient Safety
  - ASC Admissions: COPD or Asthma in Older Adults
  - ASC Admission: Heart Failure
- Preventive Health
  - Influenza Immunization
  - Pneumococcal Vaccination
  - Tobacco Use Assessment and Cessation Intervention
- At-Risk Population
  - Diabetes/Hypertension/IVD/HF/CAD

Organizations Reporting Value Measurement

- **CMS: Medicare Star Rating**
  - One star ★ is the lowest rating
  - Five Stars ★★★★★ is the highest rating

- Accountable Care Organizations
  - Before an ACO can share in any savings created, it must demonstrate that it met the quality performance standard for that year. CMS will measure quality of care using 33 nationally recognized measures in four key domains
**Value to Healthcare Professionals**

- Quality and Efficiency
- Value-Based Payment
  - Rewards healthcare providers for meeting certain predetermined performance related to quality and efficiency

**Ideas for Showing Value**

- Over the last several years, the healthcare community has endorsed the need to reduce the overuse of medical resources that offer little or no benefit but carry significant risk of harm
  - Top 5 List
  - Less is More Series
  - Choosing Wisely Campaign
  - De-prescribing

**Agents to Consider for "De-prescribing"**

<table>
<thead>
<tr>
<th>Agent to Consider</th>
<th>Recommendation</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzo-diazepines</td>
<td>Do not use benzo-diazepines or other sedative-hypnotic agents in older adults as first choice for insomnia, agitation, or delirium.</td>
<td>American Geriatrics Society</td>
</tr>
<tr>
<td>Antidepressants</td>
<td>Do not routinely use antidepressants as first choice to treat behavioral and psychological symptoms of dementia.</td>
<td>American Psychiatric Association</td>
</tr>
<tr>
<td>Anticoagulants</td>
<td>Do not routinely prescribe anticoagulants in individuals with limited life expectancy.</td>
<td>AMDA: The Society of Post-Acute and Long-Term Care Medicine</td>
</tr>
<tr>
<td>Hypoglycemics</td>
<td>Avoid using medications other than metformin to achieve an HbA1c value of &lt;7% in most older adults; moderate control is generally better.</td>
<td>American Geriatrics Society</td>
</tr>
<tr>
<td>Testosterone</td>
<td>Do not prescribe testosterone to men with erectile dysfunction who have normal testosterone levels unless there is laboratory evidence of testosterone deficiency and biochemical evidence of testosterone deficiency.</td>
<td>American Urological Association, American Society of Clinical Pathology Endocrine Society</td>
</tr>
<tr>
<td>Blood glucose strips</td>
<td>Avoid routine use of multiple daily self-glucose monitoring in adults with stable type 1 diabetes taking agents that do not cause hypoglycemia; do not recommend daily home finger-stick glucose testing in patients with type 2 diabetes not using insulin.</td>
<td>Endocrine Society, Society of General Internal Medicine</td>
</tr>
<tr>
<td>NSAIDs</td>
<td>Avoid NSAIDs in individuals with hypertension or heart failure or DSS or all cases, including diabetes.</td>
<td>American Society of Nephrology</td>
</tr>
<tr>
<td>Diuretics inhibitors</td>
<td>Avoid NSAIDs in individuals with hypertension or heart failure or DSS or all cases, including diabetes.</td>
<td>American Geriatrics Society</td>
</tr>
</tbody>
</table>


**Strategies for Developing a Performance Management Culture**

- **The 4 Disciplines of Execution**
  - Focus on Wildly Important Goals (WIGS)
  - Act on Lead Measures (Lag Goals and Lead Measures)
  - Keep a Compelling Scoreboard (Dashboard)
  - Create a Cadence of Accountability (Task Forces)

**Find Your WIG (Wildly Important Goal)**

- What is important to your organization?
- What goals are leadership trying to achieve?
  - Have discussions, gain buy-in
- Do research and seek perspective from other clinicians and pharmacists

Population Health Focused

Pharmacy can think of creating metrics around 3 key areas:
- Patients who need a medication and aren’t getting it
- Patients who may be getting a medication they don’t need
- Identification of high risk patients to monitor for quality, safety, and value

Create Measures to Act On

- Lag Goals
  - Harder to change, more long-term results
- Lead Measures
  - Actionable, working on these drives the results you see for your Lag goals
Examples:
- Weight Loss
  - Lag Goal → Decrease weight/ll if’s you see on the scale
  - Lead Measures → Diet and Exercise
- Hepatitis C
  - Lag Goal → Increase # of patients initiated on treatment
  - Lead Measures → Birth Cohort Screening, Candidate Screening and Evaluation

Develop Accountability and a Process

- Top down approach
  - Get key leadership on board
  - Director’s scorecard
- Pay for performance
- Write metrics into staff’s performance plans
- Assign tasks
  - Use other resources (pharmacy residents)
- Review progress regularly
  - Team meetings
  - Taskforces

VA Example: Opioid Safety Initiative

Goal: Reduce opioids while achieving optimal pain care
- Initiative started in October 2013

Metrics Being Targeted

- Overall use and MEDD/Patient
- High risk patients
- Co-prescribed benzos
- Informed consent
- Pain Assessment
- Urine drug screening
- State prescription drug monitoring
- OEND (Overdose Education & Naloxone Distribution)
Tools and Resources Available

- Clinical Pharmacy Specialists
- OSI Toolkit
- Academic Detailing
- Provider education
- Scorecards
- Provider Level Reports
- Patient level reports
  - STORM (Stratification Tool for Opioid Risk Mitigation)

Suggestions for How to Reduce the Patient's Risk

<table>
<thead>
<tr>
<th>Risk Mitigation Strategies</th>
<th>Non-pharmacological/Non Tx</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEZO 100 mg</td>
<td>MEZO 150 mg</td>
</tr>
<tr>
<td>Naloxone 0.4 mg</td>
<td>Naloxone 0.8 mg</td>
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<tr>
<td>Time's Follow-up</td>
<td>Time's Follow-up</td>
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<tr>
<td>Telephone</td>
<td>Telephone</td>
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<tr>
<td>11/20/13</td>
<td>11/20/13</td>
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<tr>
<td>Psychosocial Assessment</td>
<td>Psychosocial Assessment</td>
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<tr>
<td>5/30/13</td>
<td>5/30/13</td>
</tr>
<tr>
<td>Dose Reconciliation</td>
<td>Dose Reconciliation</td>
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<tr>
<td>FQHC</td>
<td>FQHC</td>
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<tr>
<td>1/1/15</td>
<td>1/1/15</td>
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</tbody>
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Keeping Score: Quarterly Performance Grid

- Pain Measures and Monitors
- Accountability: Pain Task Force
- Open Discussion Question

Accountability: Pain Task Force

- Interdisciplinary representation
- Monthly meetings
  - Review of performance grid
  - Discuss best practices
  - Create new tools and resources
- Report out progress made each year at PBM Annual Meeting

Open Discussion Question

- What topic areas are of interest at your facility?
- Ideas for lead and lag measures?
- How will you set goals?
- What will be your process for implementation?
Conclusion

Key Points

- Many different perspectives for value in health care
  - Value = Health Outcomes Achieved ÷ Dollars Spent
- Many metrics and resources are already available where pharmacy can add value
  - Don’t re-invent the wheel
- Goal alignment with the organization
  - Leadership buy-in and support are key
- Create a performance management process
  - Goals
  - Measures to act on
  - Keep score
  - Create accountability

Answers To Self-Assessment Questions

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  B. Hypoglycemia in the elderly (De-prescribing)
  C. Oncology medications (Monitoring safety)
  D. All of the above

Acknowledgements

- Jannet Carmichael, PharmD, BCPS, FCCP, FAPhA
- VISN 21 PBM Staff and Stations
References and Resources

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• http://www.bcbs.com/healthcare_costs/
• http://apocafps.cms.gov/

Thank You!

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