

URAC & AMCP

QUALITY MANAGEMENT NEWS AND INFORMATION FOR PHARMACY

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AMCP
Academy of
Managed Care
Pharmacy®



URAC-AMCP News

Quality Corner

New Version of Mail Service, Specialty and Workers' Comp PBM Standards v2.0—Available Fall 2010

- *Mail Service Pharmacy Accreditation, v2.0 Revised Standards and New Performance Measures*
- *Specialty Pharmacy Accreditation, v2.0 Revised Standards and New Performance Measures*
- *Workers' Compensation Property and Casualty Pharmacy Benefit Management Accreditation, v2.0 Revised Standards*

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When You Think of E-Prescribing, What Does Quality Mean to You?

By David Yakimischak, Senior Vice President & Chief Quality Officer, Surescripts

A successful network-based business, and certainly one that is used by healthcare providers to care for patients, has to be reliable. To ensure that reliability, you must have the means to measure and address quality

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AMCP Quality Corner: Health Care Reform Law Focuses on 'Quality'

Quality-related requirements and incentives are infused throughout the recently enacted Patient Protection and Affordable Care Act (PPACA) and its companion health care reform law, the Health Care and Education Reconciliation Act.

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LOOKING AHEAD...

Focusing on medication adherence. With the increased emphasis on performance measures in the pharmacy environment, what role can medication adherence measures play? You know terms such as medication possession ratios and others, but what do they mean to you? What should they mean to you? See what this changing environment holds and how you can be on top of these issues. ●

New Version of Mail Service, Specialty and Workers' Comp PBM Standards v2.0—Available Fall 2010

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URAC is in the process of revising three accreditation programs in its Pharmacy Quality Management® suite of products: (1) Mail Service Pharmacy (2) Specialty Pharmacy and (3) Workers' Comp PBM. These are the first revisions of the Mail Service and Specialty Pharmacy standards to include proposed performance measures, such as dispensing accuracy, medication possession ratios, generic dispensing rates, prescription turnaround time, and overall consumer satisfaction. The measures are specifically designed to collect data on Mail Service and Specialty Pharmacy processes and outcomes considered critical for the evolution of professional practices in these areas.

The revised programs were developed by URAC's Pharmacy Accreditation Advisory Group and Performance Measures Focus Groups. These groups are comprised of a wide range of stakeholders including employers, consumers, pharmacy consultants, health plans, independent retail pharmacies, pharmacy benefit management organizations, pharmacy professional organizations, labor organizations, and large public purchasing groups. As part of the standards revision and measures development processes, URAC continues to enhance its programs following the principles promoted by the U.S. Department of Health and Human Services "Four Cornerstones" for health care improvement and value-based purchasing concepts. Specifically, URAC added new standards to the pharmacy programs, since information and education are key to empowering consumers.

URAC is committed to having the broadest possible input into its standards development process. URAC strives to ensure that its accreditation is meaningful across the health care spectrum, including consumers, purchasers, providers, regulators, and the industry. Therefore, the proposed modifications were available for public comment on any section of the pharmacy standards and measures from February 5 through March 23, 2010.

The proposed revised Mail Service Pharmacy, Specialty Pharmacy and Workers' Comp PBM v2.0 accreditation guides include PHARM Core v3.0 and other pharmacy modules. The new standards and measures include:

New Standards:

PHARM Core v3.0

Note: PHARM Core v3.0 is the same module in the PBM and Drug Therapy Management (DTM) v2.0 accreditation programs. There were no new standards added to PHARM Core v3.0 since approval by URAC's Board in July 2009.

- Emergency management and business continuity
- Employment background screening
- Client satisfaction
- Information confidentiality and security
- Coordination with external entities
- Consumer rights and responsibilities
- Employment background screening

Mail Service Pharmacy, Specialty Pharmacy and Workers' Comp PBM

- Integration and coordination with existing benefits
- Communication process
- Electronic prescribing (e-prescribing)

Specialty Pharmacy—Patient Management Module

- Patient management periodic reassessment process
- At-risk patient identification and recruitment
- Periodic consumer reassessment process
- Evidence-based research and practices—Promote goals established for consumers, including health outcomes
- Customize education materials and counseling
- Information regarding other resources and providers
- Program evaluation process and outcomes (3 standards)

New Performance Measures:

Newly proposed performance measures are being considered for the first revisions of the Mail Service and Specialty Pharmacy standards as part of the accreditation. The measures are designed to collect data on Mail Service and Specialty Pharmacy processes and outcomes considered critical for the evolution of professional practices in these areas.

To date, each measurement effort has identified a conceptual framework of measurement domains. The pharmacy measurement conceptual domains include:

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New Version of Mail Service, Specialty and Workers' Comp PBM Standards v2.0—Available Fall 2010

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- Medication possession ratios (Mail Service and Specialty)
- Medication possession ratios for hepatitis C (Specialty only)
- Generic dispensing rates (Mail Service only)
- Complaint response timeliness (Mail Service and Specialty)
- Call center performance (Mail Service and Specialty)
- Overall consumer satisfaction (Mail Service and Specialty)
- Overall client satisfaction (Mail Service and Specialty)
- Prescription turnaround time (Mail Service and Specialty)
- Dispensing accuracy (Mail Service and Specialty)
- Distribution accuracy (Mail Service and Specialty)

The release of these measures continues the work URAC began in 2008 with the inclusion of measures in its PBM and DTM programs in 2009.

URAC has worked and will continue to work with other organizations to avoid redundancy and increased reporting burden whenever possible. One of the par-

ticular challenges to measurement work in the pharmacy area concerns the unit of analysis.

Much of the work in pharmacy performance measurement has been done at the prescriber, pharmacist and retail pharmacy levels; not at the Mail Service and Specialty Pharmacy levels. Furthermore, a number of existing pharmacy measures are not accessible in the public domain for adoption into regulatory, accreditation, pay-for-performance or other purposes. Where URAC was able to access and consider other organizations' measure development work, the URAC measure specifications acknowledge the sources that informed the development of particular measures. The specifications also identify other organizations that have developed content that may be of interest to readers.

In our accreditation programs, URAC always strives to recognize and further the health care quality enhancement work of consensus driven organizations. This is particularly important to us in our measure development work. URAC thanks the DMAA: The Care Continuum Alliance and the Pharmacy Quality Alliance (PQA) for their support and encouragement in the development of measures that are conceptually consistent with their efforts. ●

ABOUT URAC



URAC is an independent, non-profit organization whose mission is to promote continuous improvement in the quality and efficiency of health care management through the processes of accreditation and education. To support this goal, our Board of Directors represents the full spectrum of stakeholders interested in our health care system, including consumers, employers, health care providers, health insurers, purchasers, workers' compensation carriers and regulators.

Incorporated in 1990, URAC pioneered utilization management accreditation by creating a nationally recognized set of standards to ensure accountability in managed care determinations of medical necessity. As the health care industry evolves, URAC continues to address emerging issues: we now offer 27 accreditation and certification programs across the health care spectrum.

Many states have found URAC accreditation standards helpful in ensuring that managed care plans and other health care organizations are meeting quality benchmarks. Forty-one states and the District of Columbia currently reference one or more URAC accreditation programs in their statutes, regulations, agency publications or contracts, making URAC the most recognized national managed care accreditation body at the state level.

At the federal level, four federal agencies recognize URAC accreditation. The Centers for Medicare and Medicaid Services recognize URAC Medicare Advantage Health Plan Accreditation for the Medicare Advantage (formerly Medicare+Choice) Program; the Office of Personnel Management recognizes all URAC accreditation programs under the Federal Employee Health Benefits Program; TRICARE/Military Health System recognizes URAC's Health Network Accreditation; and the Department of Veterans' Affairs recognizes URAC's Health Call Center Accreditation. ●

When You Think of E-Prescribing, What Does Quality Mean to You?

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throughout the entire system. Surescripts' focus on quality is setting the standard in health information exchange by aiming to achieve 100 percent reliability of e-prescribing—from the time a prescription is first contemplated and electronically generated by a prescriber to the time the medication is received by the patient from the pharmacy.

Besides eliminating the need to interpret handwriting, e-prescribing improves the quality of the prescribing process by providing access to critical information at the time the prescription is first being considered by the prescriber. This includes the ability to instantly review both the patient's prescription benefit information and medication history. Access to the former can save a patient and the health care system money, while the latter can save a patient's life by helping to prevent adverse drug events.

But e-prescribing goes beyond impacting the quality of individual prescriptions. It creates the means for identifying and making improvements to the pre-

scribing process nationwide in a way that is simply not possible with paper. Because of e-prescribing, the U.S. now has what amounts to a national air traffic control system for prescriptions. This is made possible by a nationwide network for e-prescribing that can monitor quality in a way that has never been done before.

In a paper prescribing world, you cannot and therefore do not know when something systematically goes wrong with the prescribing process until months or years later, when a researcher takes the time to gather and study data in order to estimate, for example, just how many adverse drug events occur each year. And while this type of research is important, it is too slow to be actionable. The goal is to shrink the time between when a problem in the prescribing process is identified and when it is resolved. In the paper world, many problems are

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AMCP Becomes Member Organization of URAC

The Academy in May was recognized as a member organization of URAC, an independent health care accreditation, education and measurement organization. AMCP joins a distinguished group of organizations that are working with URAC to improve the quality of health care delivery and management.

URAC's diverse member organizations represent consumers, providers, employers, health plans, care management organizations, regulators and industry experts.

"[AMCP's] involvement will add an important perspective in working to meet URAC's mission to promote continuous improvement in the quality and efficiency of health care management," Alan Spielman, URAC President and CEO, said in a May 6 letter to AMCP confirming the URAC Board's action.

Judith Cahill, Executive Director of AMCP, responded that the Academy looks forward to "working constructively with other organizations represented on the URAC Board in order to advance effective patient care practices and quality measures."

In addition to AMCP's designation as a member organization, the URAC Board of Directors approved

current AMCP Treasurer John Jones, Senior Vice President of Professional Practice & Pharmacy Policy at Prescription Solutions, as the Academy's representative to URAC's Board of Directors. URAC also appointed Jones as Vice-Chair of the Board.

AMCP and URAC have had a long working relationship. Academy leaders have helped in the development of URAC's groundbreaking standards for PBMs, which were released in 2006, and other pharmacy quality programs.

Other URAC member organizations include the American Association of Preferred Provider Organizations, American College of Physicians, America's Health Insurance Plans, American Health Quality Association, American Hospital Association, American Insurance Association, American Medical Association, American Nurses Association, American Psychiatric Association, Blue Cross and Blue Shield Association, Case Management Society of America, National Association of Insurance Commissioners, National Business Coalition on Health and the Pharmaceutical Care Management Association. ●

E-Prescribing

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never even identified, much less resolved, in a timely manner. With e-prescribing, we now have the opportunity to identify and resolve more problems and reduce the time it takes to do both.

Assessing e-prescribing quality requires defining, measuring and analyzing the safety, accuracy and completeness of the electronic prescriptions that flow through the network. Actions to improve the process are then identified and implemented. Collaboration is necessary between participants involved to understand and fix the root cause of the issues and to control and avoid them moving forward. Efforts to measure and analyze quality should continue to expand and evolve. Collaboration and communication are essential to realizing continuous improvement in the quality of the prescribing process.

The Surescripts' Quality Program was created to enhance quality within health information exchange operations. The five key principles that define the Surescripts' Quality Program include:

Standards Compliant

Surescripts is a participant in national standards-setting efforts. Whenever possible, we try to use standards instead of inventing proprietary interfaces. Our certification and compliance efforts ensure that technical software applications meet or exceed all relevant standards and criteria.

Reliable

Over 99.93% of prescriptions sent electronically are received in the pharmacy in less than 5 minutes. As a reliability check, end-to-end monitoring capabilities exist to immediately detect any problems along the way. Surescripts also operates a national E-Prescribing Support Desk that manages any issues that might occur.

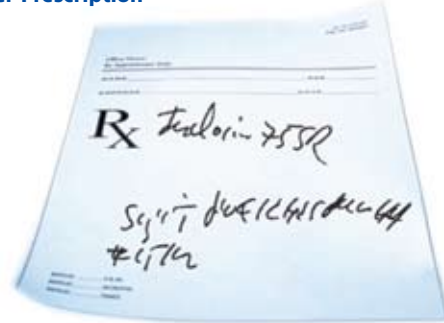
Manageable

Since there is end-to-end visibility within the e-prescribing process, any prescription can be located in real-time. Surescripts deploys reporting tools that illustrate trends and patterns and provides the opportunity to address issues as they arise. Prescription integrity is then verified throughout the network. Contractual and business relationships also exist to ensure that the integrity of the network is maintained.

Accurate

Prescription accuracy is key to the quality of patient care. For illustration purposes, if you were a pharmacist, how many capsules would you dispense for each of these prescriptions?

Paper Prescription



Electronic Prescription

```
<Medication Prescribed>  
<Drug Description>  
Indocin SR 75 mg Extended Release Capsule  
</Drug Description>  
<Quantity>  
<Value>15</Value>  
</Quantity>  
<Directions>  
Take 1 capsule by mouth every 12 hours as needed for headache  
</Directions>  
</Medication Prescribed>
```

(Answer: 15. They're both for the same prescription!)

Source: Pharmacy Times

Safe

E-Prescribing eliminates many of the existing potential errors while technology allows us to measure and report on safety issues. Analytic and automated checks allow for better decisions to be made in a more timely fashion.

Information on Surescripts can be found at www.surescripts.com. For more information about Surescripts Quality Program, please contact David Yakimischak, who leads the Surescripts' Quality Office which incorporates technical, clinical and Six Sigma capabilities into its programs and analyses on behalf of Surescripts and the nation's e-prescribing ecosystem (including payers, pharmacies, software vendors and physicians). David and the quality team can be reached at quality@surescripts.com. ●

AMCP Quality Corner: Health Care Reform Law Focuses on 'Quality'

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“Few concepts are as integral to the foundations of health care reform as quality of care concerns and related initiatives designed to measure, track and impose incentives or restrictions on health care facilities, physicians and insurers based on quality results,” states a May 10 analysis of PPACA from the law firm McDermott Will & Emery.

The new law, for example, requires the Department of Health and Human Services (HHS) to develop national priorities for quality performance improvements and to develop new quality measures and metrics for providers of health care services. The law also requires stakeholders—including insurers and managed care organizations—to compile, report and receive payment adjustments related to quality metrics.

For managed care pharmacy, the law clears a path for the increased use of pharmacy quality measures in determining payments to insurers and for managed care organizations to determine payments to pharmacies and other providers, according to the Academy of Managed Care Pharmacy (AMCP).

The establishment of an Interagency Working Group on Health Care Quality, for example, will provide a platform for collaboration among agencies, avoid duplication and assess quality efforts, explained Marissa Schlaifer, director of pharmacy affairs at AMCP. It will support research, technical assistance and process implementation grants awarded through the Agency for Healthcare Research and Quality (AHRQ). Grants funded under this program will identify, develop, evaluate, disseminate and provide training in innovative methodologies and strategies for quality improvement practices in the delivery of health care services.

“The language in the legislation emphasizes the importance of the work that the Academy has been doing as an active member of the Pharmacy Quality Alliance and the National Quality Forum,” Schlaifer added.

The managed care pharmacy profession, in fact, is well suited to address the quality provisions in the law, including those tied to payment reforms, according to one influential health care policy expert.

The law “provides some very important, unprecedented opportunities” to support better quality and lower costs in health care delivery, said Mark McClellan, MD, PhD, Senior Fellow and Director of the Engelberg Center for Healthcare Reform at The Brookings Institution.

To accomplish these goals, managed care pharmacists and other stakeholders should place their emphasis on establishing patient-level quality measurements, which link to the “overall outcomes [and] the overall results for patients in the actual delivery of care and in our payment system,” McClellan told attendees of AMCP’s 22nd Annual Meeting & Showcase in San Diego, Calif., in April.

Initiatives focused on overall quality improvement in health care already are taking place around the country. McClellan, a former CMS administrator and FDA commissioner, pointed to one such program in which laboratories, pharmacies, primary care providers and specialists all share elements of data for use in the overall management of the patient.

Such shared data can produce a more comprehensive measure of quality and health outcomes for the individual patient, McClellan explained. “That’s where we’re headed, to get to this bigger emphasis on outcomes of care and measures that reflect outcomes at the person level, not just looking at silos of care.”

Health care stakeholders, meanwhile, should assess the impact of the law’s provisions on existing quality processes, other experts say.

“The establishment of quality measures and criteria referenced in the [law] will be a significant undertaking for the federal government, and will serve to both clarify the extent of the impact of quality on the health care system and better identify the potential burdens and benefits of the legislation for the key players in the health care marketplace,” according to McDermott Will & Emery.

To learn more of AMCP’s activities related to pharmacy quality improvement, visit www.amcp.org. ●



ABOUT AMCP



Academy of
Managed Care
Pharmacy®

The Academy of
Managed Care
Pharmacy is a profes-
sional association of indi-

vidual pharmacists who use the tools and techniques of managed care in the practice of pharmacy. At the heart of every member is commitment to a simple goal: Provision of the best available pharmaceutical care for patients.

As an organization, the Academy strives to achieve its mission of empowering its members to serve society by providing opportunities for continued professional growth, by advancing individual and collective knowledge. Throughout the year, AMCP provides conferences, online learning access, peer-reviewed literature through its *Journal of Managed Care Pharmacy*, and leadership development seminars. Each is designed with the goal of advancing professional knowledge, improving the design and delivery of pharmacy benefits, and ultimately, patient satisfaction and health outcomes.

Patients who receive the correct drug in the correct way achieve better outcomes, improving quality of life, the bedrock of our Vision—*managed care pharmacy improving health care for all*. Equally important to prescribing the right drug, however, is being able to provide adequate access to as many patients as possible. The Academy has been doggedly pursuing strategies to help providers of drug coverage achieve that goal as well, by working in ground-breaking disciplines such as pharmacoconomics, a branch of pharmacy that seeks to determine the true value of a drug-not product cost, but effectiveness in improving overall health outcomes of patient populations.

The focus of the Academy has been to create scientifically designed methodologies for making medical choices as intelligently as current knowledge will allow, supported by evidence-based clinical studies. Some of the Academy's most successful products to date are AMCP's *Format for Formulary Submissions* and the *AMCP Framework for Quality Drug Therapy*. The *Format* is a standardized methodology for assessing drugs scientifically, based on the value they provide. Widely adopted by numerous health plans, governmental agencies such as the Department of Defense and leading pharmacy benefit management companies, the *Format* has become a de facto industry standard. Managed care organizations employing the *Format* cover approximately half of all pharmacy care beneficiaries.

The *AMCP Framework for Quality Drug Therapy* was developed over a period of years with the input and review of over 100 stakeholders, including both providers and users of care. It is essentially a reliable,

adaptable and scalable methodology for applying quality improvement initiatives to patient care focused on the patient, not the process. There are about 250 individual components of the Framework that can be applied to any health care setting, from which a practitioner may choose the most applicable. A series of evaluative exercises are supplied, through which the practitioner develops an action plan for quality improvement, measurement and evaluation.

Two other significant contributions to managed care practice include AMCP's *Guide to Pharmaceutical Payment Methods and Sound Medication Therapy Management Programs, V2.0*. The *Guide* is a comprehensive, factual description and analysis of alternative drug payment methods and payment systems, including a review of the history, current application, potential future utility, impact on managed care pharmacy, other stakeholders in the pharmaceutical marketplace and the overall health care delivery system. It includes a glossary of payment terms, tables showing which payers and settings utilize which methods, payment flowcharts to illustrate how the money flows with each of the payment systems and examples of payment calculations. Downloadable in a summary and a comprehensive format from the AMCP website, it is accompanied by a web-based interactive resource library.

In 2005, spurred by the Medicare Modernization Act's (MMA's) inclusion of the medication therapy management (MTM) requirement, AMCP and other organizations recognized a lack of clear definition of what specific elements would constitute a sound MTM program. To fill that gap, AMCP assembled a variety of stakeholder organizations that served as a working group to build a consensus document that would define those elements. The Academy issued the consensus document *Sound Medication Therapy Management Programs* in April 2006. Then, in late 2006, AMCP undertook a project to validate the content of that document in the marketplace. AMCP coordinated the project components and the work of the project's advisory panel. The National Committee for Quality Assurance (NCQA) performed the project's field work under contract to the Academy. The Academy believes the final product, Version 2.0, will stimulate the public policy discussion, aid in the evolution of sound MTM programs, enhance patient care and encourage the efficient use of health care resources dedicated to these programs.

These and all other AMCP publications, including the *Journal*, can be found on the AMCP website, www.amcp.org. ●

Boehringer Ingelheim ranks among the world's 20 leading pharmaceutical corporations. Our vision drives us forward. It helps us to foster value through innovation in our company and to look to the future with constantly renewed commitment and ambition.



Value through Innovation

We are a different kind of pharmaceutical company, a privately held company with the ability to have an innovative and long-term view. Our focus is on scientific discoveries that improve patient's lives and we equate success as a pharmaceutical company with the steady introduction of truly innovative medicines.

At Boehringer Ingelheim, we are committed to delivering value through innovation. Employees are challenged to take initiative and achieve outstanding results. Ultimately, our culture and drive allows us to maintain one of the highest levels of excellence in our industry.

Please visit our website at: <http://us.boehringer-ingelheim.com> to learn more about our growing, dynamic company, with a vision of making the world healthier one person at a time.