

URAC & AMCP

QUALITY MANAGEMENT NEWS AND INFORMATION FOR PHARMACY

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Health care programs have often grown through the sharing of best practices. Whether treating disease, helping prevent sickness or developing standards, many advances have started with one successful program

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CMS Expands Use of PQA Measures

In October 2010, the Centers for Medicare & Medicaid Services (CMS) added another PQA-endorsed performance measure to the Medicare Part D performance evaluation system. The Proportion of Days Covered (PDC) measure of medication adherence was added to the Part D Display

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Uptake of AMCP eDossier System Is Strong

Uptake of the AMCP eDossier System has been strong since the powerful tool was introduced in October 2009. AMCP and its partner, Dymaxium Healthcare Innovations, will continue to work to make the

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New Publication on Pharmacy Quality

A recently published book, *Quality and Safety in Pharmacy Practice*, provides a thorough review of the principles of quality improvement and their application to present and future pharmacy practice. This book introduces the concepts of continuous quality improvement and provides

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LOOKING AHEAD...

AMCP and URAC wish you all success in 2011.

Innovative Pharmacy Programs That Benefit Consumers

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that has saved lives. In this spirit, URAC created its annual Best Practices Awards Program to honor organizations working to protect and empower consumers.

This year's Best Practices Award winners represent some of the best programs in the industry. These organizations have implemented leading-edge programs that have made a difference in the lives of the consumers they serve with demonstrable results that matter. These programs and the rest of the honorees were announced as part of URAC's 2010 Quality Summit and Award Program held October 5–7, in Chicago, IL.

Of this year's winning organizations, three in particular represent best-in-class Specialty Pharmacy programs:

- **Platinum Award in Consumer Decision-Making: Prescription Solutions—*Multiple Sclerosis Disease Therapy Management***
- **Gold Award in Pharmacy Management: Health Alliance Plan and Henry Ford Health System—*Medication Therapy Management Program***
- **Gold Award in Workers' Compensation: Employers Occupational Health, Inc. and informedRx®—*Controlled Drug Over-Utilization Program***

Prescription Solutions—*Multiple Sclerosis Disease Therapy Management*

Patients with multiple sclerosis (MS) must learn to cope with a lifelong progressive and unpredictable disease

that can have a profound impact on every aspect of their lives. Their mobility, productivity, memory, concentration, and ability to be independent are affected. This chronic condition requires lasting adjustments and coping skills.

The current treatment for MS includes injectable disease-modifying therapies which slow the progression of MS symptoms and improve clinical outcomes. However, long-term adherence to these therapies poses a significant challenge for

patients. Because of the chronic, disabling, and progressive nature of MS, programs that empower patients to

optimize self-care in the management of their symptoms, medication side effects and adherence are a critical part of managing MS.

Evidence suggests that programs which promote self-management or self-efficacy significantly improve physical activity, fatigue, and health-related quality of life (HRQOL) in patients with MS. However, self-management and health promotion programs in these patients have been largely directed at improving individual symptoms and HRQOL, and have not focused on improving management of MS medication therapy. To bridge this gap in care, Prescription Solutions implemented an innovative, comprehensive, patient-centric drug therapy management (DTM) program.

This program supports and strengthens the self-management of MS via a direct patient outreach program that engages patients, their primary care providers, pharmacists, and nurses by providing patient education on MS and managing medication side effects, monitoring medication adherence, and screening for any drug-drug interactions.

Through the collaborative efforts of patients, their primary care providers, nurses, and pharmacists, Prescription Solutions' MS DTM program successfully provided personalized, comprehensive care to patients with MS.

Health Alliance Plan and Henry Ford Health System—*Medication Therapy Management Program*

Medication errors have been the focus of safety improvement initiatives across all sectors of the health care industry. In its report, *Preventing Medication Errors: Quality Chasm Series*, the Institute of Medicine (IOM) recognized the need for a medication management program as one of the methods to decrease adverse drug events (ADEs). In 2006, CMS incorporated the requirement for a Medication Therapy Management Program (MTMP) for individuals with Part D coverage.

Health Alliance Plan (HAP) implemented a MTMP for its Medicare Advantage Prescription Drug (MAPD) Part D beneficiaries in January 2006. Seniors at high risk for medication errors receive the service at no charge. The goal of the Health Alliance Plan (HAP) Medication Therapy Management Program (MTMP) is to ensure that medication regimens provide optimal therapeutic outcomes through integration of a patient's personal health care goals with

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Innovative Pharmacy Programs That Benefit Consumers

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evidence-based medicine in collaboration with the patient's physician(s).

The HAP MTMP also indirectly reduces medication errors by ensuring our MTMP's objectives address the three most common causes for preventable Adverse Drug Events:

- Failure to monitor medication therapy adequately;
- Prescribing stage errors; and
- Non-adherence to medication therapy.

Employers Occupational Health, Inc. and informedRx®—Controlled Drug Over-Utilization Program

Injuries sustained at work often result in pain and/or anxiety disorders requiring controlled drug management on a short term and long term basis. The use of controlled medications, specifically narcotic analgesia, can be an essential part of the treatment plan but these medications have the potential for adverse events, abuse and diversion, which can result in poor health outcomes, increased risk of further complications, increased cost and even death. These powerful and effective scheduled medications require careful monitoring by the health care team.

Employers Occupational Health, Inc. and informedRx collaborated to develop a policy for reporting and monitoring controlled drug over-utilization. In accordance with the policy, members with suspected controlled substance over-utilization are reviewed by clinical service pharmacists. Parameters were established to identify injured employees at high risk, including:

- Three or more controlled substances processed through the pharmacy benefit manager system in 30 days;
- More than one pharmacy used by the injured employee to acquire the controlled medications; and
- Two or more prescribers of controlled medications to the same injured employee.

A reporting process was designed to identify injured employees for monitoring who, upon review, appear to have a potential for controlled substance over-utilization. Nurse Care Managers are then given access to this report, and can more accurately assess the injured employee's care management plan and where immediate and long term intervention may be vital to the injured employee's health and safety.

To find out more about the 2011 Best Practices Awards, visit www.urac.org/12thAnnualSummit/. ●

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-six 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. ●

CMS Expands Use of PQA Measures

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Measure Set, which is used for performance feedback to Part D plans. At this time, it is not included in the Part D Star Ratings.

The PDC measure includes separate rates for several classes of medications, including diabetes medications (biguanides, sulfonylureas, thiazolidinediones, & combined rates of these medications), angiotensin-converting enzyme inhibitor/angiotensin receptor blockers (ACEI/ARBs), and medications for dyslipidemia. These measures were initially developed and tested by the Pharmacy Quality Alliance (PQA) in collaboration with National Committee for Quality Assurance and Advanced Pharmacy Concepts. In 2009, they were endorsed by the National Quality Forum (NQF).

The PDC measure joins four other PQA-endorsed measures in the Part D performance evaluation system. These measures are:

1. High-risk medications in the elderly.
2. The use of ACEI/ARBs in patients with diabetes.
3. Drug-drug interactions.
4. Excessive doses of oral diabetes medications.

PQA has agreed to provide CMS with semi-annual updates of the technical specifications and drug lists for these PQA-maintained measures.

Meanwhile, CMS recently launched several other report enhancements on its Patient Safety Analysis Website, which is available to Part D sponsors. These include:

- **Reports updated with 2010 Prescription Drug Event (PDE) data:** CMS will begin releasing monthly Patient Safety Reports.
- **Adherence Measure Report:** The adherence rate measures the percentage of patients 18 years and older who met the PDC threshold of 80 percent during the measurement year.



- **Updated National Drug Code (NDC) lists for the drug-drug interaction (DDI) and the diabetes medication dosage (DMD) measures:** The NDC lists for the DDI and DMD measures have been updated by PQA, and CMS is now using these lists to calculate these measures.
- **An 'At-a-Glance' Rate Summary web site feature:** This new feature on the Patient Safety Analysis Website will provide sponsors an 'at a glance' view of their performance in each of the patient safety measures across one or more Part D contracts based on each users' authorized access.
- **Performance graphs:** A performance graph will be available within each contract-level patient safety measure report, which will allow sponsors to graphically trend their monthly rates over time and show how the rates compare to the contract type average over time.
- **Outlier notifications:** CMS is communicating patient safety outlier notices at the contract level to sponsors who perform worse than (or equal to) certain outlier threshold rates for each of the patient safety measures.

CMS developed the performance and quality measures so that Medicare beneficiaries would have the information necessary to make informed enrollment decisions by comparing available health and prescription drug plans and to serve as a measure of drug plan performance.

Part D sponsors have access to patient safety reports via the Patient Safety Analysis Website to compare their rates to overall averages and monitor their progress in improving patient safety measures over time. These reports, which contain actionable contract-level, provider-level, beneficiary-level and claim-level analyses, are available to participating Part D plans. For more information, visit www.cms.gov.



Uptake of AMCP eDossier System Is Strong

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AMCP eDossier System an invaluable communication platform for dossiers and other scientific-based resources needed to make evidence-based formulary decisions.

So far, the AMCP eDossier System team is pleased to have managed more than:

- 400 health care decision maker (HCDM) registrations on the System;
- 200 unsolicited eRequests generated by HCDMs using the System; and
- 70 product eDossiers, committed by various manufacturers.

The following are some of the key features and functionalities of the System:

Streamlined Navigation

Locating information has never been more efficient. From the dossier content itself, to supporting information such as references, HCDMs can quickly and easily navigate directly to the content they need within the eDossier to make informed, evidence-based decisions.

Powerful Search Capabilities

Easy search and filter functions help HCDMs focus review efforts and immediately find the information that they need. Seeking out and finding information of interest is at the click of a button.

Interactive Review Features

Features such as Notepad, Bookmark, and Export to PowerPoint allow HCDMs to keep track of critical points of information that can be directly utilized when preparing for product and/or therapeutic class reviews. Hyperlinks throughout the eDossier can help facilitate reviews, as well. These features allow HCDMs to simplify the review process, without missing a single detail.

Enhanced Reference Feature

References cited within a product eDossier on the System can be associated with links that can help facilitate a user's access to and review of critical information contained in primary resources (e.g., published articles, clinical trial data). These links may be connected to uploaded files (e.g., PDFs of published articles) and/or online resources (e.g., abstracts catalogued on PubMed), where a user may review the primary information that they are interested in. The System assists manufacturers in tracking any copyright fees that may accumulate.

Enhanced Communication Between Manufacturers and HCDMs

The AMCP eDossier System offers a directory for locating contact information for manufacturers. It also provides HCDMs with a user-friendly, regulatory-compliant eRequest (electronic request) Tool. The eRequest Tool allows HCDMs to select the manufacturer that they wish to receive information from and then independently formulate their request in an efficient and concise manner—based on their own specific needs. Product eDossiers can also accommodate a more customer-specific contact center.

Aggregate Use Reports

The System offers manufacturers access to established aggregate use reports, providing the opportunity to better understand how content areas within a product's dossier are being utilized. These reports provide insights that are impossible to attain from paper-based and PDF formatted dossiers. Manufacturers will always have access to the list of users that have been approved to access their product eDossiers, however, specific information related to HCDM utilization trends will be reported in aggregate only.

Manufacturer Review Site (MRS)

The Manufacturer Review Site is a secure site for manufacturers to review their product eDossiers prior to them being published on the live AMCP eDossier System.

The AMCP eDossier System is intended to support informed, evidence-based decisions by improving the process by which dossier content is evaluated. Aside from the new delivery method, the System does not provide any new guidance above and beyond what is outlined in the AMCP Format for Formulary Submissions. It provides interactive review features and tools as part of an electronic platform, but does not require any additional formatting of the original dossier content by the manufacturer or content developer.

In 2011, the System team will offer additional education and training programs on the AMCP eDossier System, and will continue its collaboration with HCDMs, manufacturers, and content developers to evolve the System. As a reminder, registration on the AMCP eDossier System is free; however it is restricted to qualified HCDMs who are directly involved in formulary and/or benefit design decisions. HCDMs do not need to be an AMCP member to register on the AMCP eDossier System.

For more information or to register, visit <https://amcp.edossiers.com>. ●

New Publication on Pharmacy Quality

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an effective tool for discussions of quality improvement in the pharmacy profession.

Quality and Safety in Pharmacy Practice details the principles, approaches, strategies, and actions necessary to improve the overall safety and effectiveness of pharmacy services, and can be implemented immediately to improve today's pharmacy practice. This text was edited by David Nau, PhD, RPh, CPHQ, Senior Director, Research and Performance Measurement, Pharmacy Quality Alliance and Terri L. Warholak, PhD, RPh, Assistant Professor, Department of Pharmacy Practice and Science, The University of Arizona College of Pharmacy.

This book is a great resource for pharmacists and pharmacy students who want to learn the concepts of continuous quality improvement, and about safety and quality in pharmacy practice. The reader is provided with a complete overview of quality in general, the reasons for improving practice, and actual day-to-day changes and approaches that will positively impact the patient. The book covers:

- The current and future landscape of health care quality, causes of quality problems and the business case for quality improvement and value-driven health care.

- Quality improvement concepts and tools, including statistical process control.
- Quality and safety measurement, including mechanisms for gathering consumer feedback.
- Incentives and other drivers of quality improvement.
- Reporting on health care quality.
- Application of the principles of quality improvement to pharmacy practice, including case examples.
- Health care organizations involved in quality improvement.

This book helps to fill a void in pharmacy academia and pharmacy practice in the areas of quality and safety. The appropriate use of medications can be accomplished with the provision of quality pharmacy services. This book is an effective guiding tool for pharmacists in all practice settings.

The book is widely available and can be found here: http://www.amazon.com/Quality-Safety-Pharmacy-Practice-Warholak/dp/0071603859/ref=sr_1_1?ie=UTF8&s=books&qid=1292535967&sr=8-1. ●

QUALITY
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Submissions for Speaker Presentations are due **April 1, 2011.**

For more information go to www.urac.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.



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.