ABARCA

Quality Improvement Strategies
Improvements in MTM and CMR Performance

By: Ana M. Rivera PharmD, Senior Clinical Client Advisor

Mentors: Lisette Lorenzo PharmD, VP of PBM Operations

              Javier Gonzalez PharmD, Chief Operating Officer

PROGRAM DESCRIPTION

The U.S. Centers for Medicare and Medicaid Services (CMS) requires Medicare Part D sponsors to have Medication Therapy Management Programs (MTMP) to ensure that qualified beneficiaries use safe and appropriate medications for their medical conditions. Under CMS guidelines, beneficiaries who qualify for MTMP include patients with multiple chronic diseases, those taking various Part D drugs, and beneficiaries incurring an annual drug cost that exceeds a predetermined amount.

One required part of MTMPs is a comprehensive medication review (CMR). CMS defines a CMR as "an interactive, person-to-person, or telehealth medication review and consultation of a beneficiary's medications … by a pharmacist or qualified provider."[1] CMRs are required annually and "intended to aid in assessing medication therapy and optimizing patient outcomes."

CMS first began considering CMR completion rate as an official Star Ratings measure in 2016 and announced the Star Rating cut points, which are listed in Table 1.

TABLE 1: CMR CUT POINTS

Type	1 Star	2 Stars	3 Stars	4 Stars	5 Stars
Medicare Advantage Prescription Drug Plan (MA-PD)	<33%	≥33% to <51%	≥51% to <59%	≥59% to <75%	≥75%
Prescription Drug Plan (PDP)	<17%	≥17% to <31%	≥31% to <39%	≥39% to <53%	≥53%

Once the CMR completion rate display measure took effect, one Part D Health Plan* collaborated with Abarca to re-engineer its MTM Program, which previously was performing at two stars. To assist this plan, Abarca launched an innovative approach that combined technology, analytics capabilities, and a clinical team of epidemiologists, nurses, and pharmacists to develop a comprehensive MTM solution aimed at improving the CMR Completion Rate, the patient and prescriber experience, and quality of the program.

From the start, this program was unique in that it was seamlessly integrated into Abarca's proprietary PBM platform. This enabled analytics, prescriber outreach, and quality assurance programs to be carefully synchronized to deliver targeted interventions around MTM outreach and adherence in a standardized and reproducible manner. It also allowed Abarca to respond quickly to client requests and regulatory requirements.

[1] https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovContra/Downloads/MTM-Program-Standardized-Format-English-and-Spanish-Instructions-Samples-v032712.pdf

The initiative included the following components:

1. An integrated MTM module which connected medical conditions, clinical notes, and drug utilization data in one platform;

2. An intuitive business intelligence dashboard to facilitate the analysis of data in real-time to drive meaningful interventions around adherence and MTM outreach;

3. A prescriber outreach initiative for those beneficiaries that had not been able to be contacted and had not opted out of the program; and

4. A collaborative quality improvement process to optimize and standardize the MTM experience for beneficiaries.

Abarca's approach to improving the CMR quality and completion rate focused on three major components:

1. Review of medications, including prescription and over-the-counter (OTC) medications, herbal therapies, and dietary supplements. This interview was conducted with the beneficiary;

2. Interactive intervention and consultation with MTMP beneficiaries and, where appropriate, with prescribers; and

3. Improving engagement and condition awareness with beneficiaries by providing them with written take-away recommendations, monitoring, education, or self-managed care.

During this assessment, the pharmacist or qualified personnel identified medication-related problems and provided a summary of their findings with recommendations to the beneficiary and prescribing physician(s).

ACHIEVED OUTCOMES

In less than two years, the new MTM Program allowed Abarca and the Part D Health Plan to improve the CMR display measure from three stars to five stars. The Plan reached CMR completion rates of 84% and 88% for both plans in 2016. These results contributed to helping the plan achieve an overall 5-star rating from CMS for Part-D.

Contract	Year	MTM Program Completion Rate for CMR	CMR Star Ratings
HP01	2015	57.1%	3
HP02	2015	53.8%	3
HP01	2016	84%	5
HP02	2016	89%	5

LESSONS LEARNED

Abarca learned many lessons along the way and has used that knowledge to improve the program and CMR completion rates. The following are the top five noteworthy lessons learned:

1. Integrated MTM platforms connecting medical, clinical notes, and drug utilization data allow for a better clinical user experience. This also enables better reporting capabilities, which improves the allocation of clinical resources.

2. Prescriber outreach has improved MTM CMR completion rates and member's satisfaction with the MTM program.

3. Improved analytics can significantly improve MTM program efficiency and effectiveness.

4. Continuous quality assurance training of the MTM clinical teams improves outcomes.

5. Coordination of care among plan, prescriber, and PBM outcomes.

This quality improvement initiative and program may be used as a model of care for other clinical interventions related to URAC, HEDIS, stars, and quality measures.

SUPPLEMENTAL DOCUMENTATION

TABLE 2: 2016 MTM/CMR Improvement Program Overview

Quarter	Contract	CMR Completion Rate
Q1	HP02	26%
Q1	HP01	43%
Q2	HP02	51%
Q2	HP01	64%
Q3	HP02	67%
Q3	HP01	69%
Q4	HP02	88%
Q4	HP01	84%

FIGURE 1: 2017 Star View: Medicare Report Card MTMP CMR Completion Rate
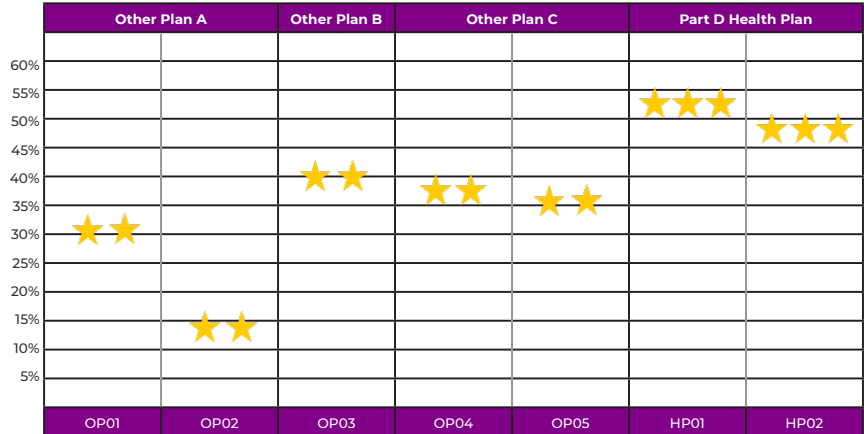
TABLE 3: Part D Measure Weights

Measure ID	Measure Name	Weighting Category	Part D Summary	MA-PD Overall
D01	Call Center—Foreign Language Interpreter and TY Availability	Measures Capturing Access	1.5	1.5
D02	Appeals Auto-Forward	Measures Capturing Access	1.5	1.5
D03	Appeals Upheld	Measures Capturing Access	1.5	1.5
D04	Complaints about the Drug Plan	Patients' Experience and Complaints Measure	1.5	1.5
D05	Members Choosing to Leave the Plan	Patients' Experience and Complaints Measure	1.5	1.5
D06	Beneficiary Access and Performance Problems	Measures Capturing Access	1.5	1.5
D07	Drug Plan Quality Improvement	Improvement Measure	5	5
D08	Rating of Drug Plan	Patients' Experience and Complaints Measure	1.5	1.5
D09	Getting Needed Prescription Drugs	Patients' Experience and Complaints Measure	1.5	1.5
D10	MPF Price Accuracy	Process Measure	1	1
D11	High Risk Medication	Immediate Outcome Measure	3	3
D12	Medication Adherence or Diabetes Medications	Immediate Outcome Measure	3	3
D13	Medication Adherence for Hypertension (RAS antagonists)	Immediate Outcome Measure	3	3
D14	Medication Adherence for Cholesterol (Statins)	Immediate Outcome Measure	3	3

References

1. U.S. CMS official data: https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html

2. U.S. CMS official reports: https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2016-Fact-sheets-items/2016-10-12.html

*Part D Health Plan referenced in case study was Triple-S Advantage, Inc., an independent licensee of BlueCross BlueShield Association.

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