Reduction of High Risk Medications Using A Quality Initiative Perspective

Richard Mueller PharmD, MBA, MS, Director of Pharmacy

Dianne Hempel BSN, RN
Quality Improvement Coordinator
Objectives

• Learn what is a High Risk Medication (HRM)

• Learn the impact HRMs have on the elderly

• Learn successful strategies to promote reduction in the prescribing of HRMs in the elderly.
Community Care, Inc.

- Community Care is located in Eastern Wisconsin
  - Three Programs
    - PACE (federally managed)
      - H5212 Frail elder
    - Family Care Partnership (state based, FIDE-SNP)
      - H2034 Frail elder, physically disabled, developmentally disabled
      - H5207 Frail elder
    - Family Care (state based—long term care benefits)
  - In PACE and Partnership, 1350 members are managed medically across nine counties
Problem

Use/Over Use of medications identified as “high risk” when taken by members 65 or older compared to other plans.

HEDIS: Healthcare Effectiveness and Data Information Set reporting identified poor performance compared to benchmarks for HRM prescribing rate for 2 consecutive years

– Measurement Years – 2012 & 2013

• Reported annually
• Data does not include PACE
• National Quality Forum (NQF) endorsed measure
• Drugs to Avoid in the Elderly (DAE) derived from AGS 2012 Beers Criteria
Problem

**Acumen LLC**: Medicare vendor responsible for the accumulation and analysis of Prescription Drug Events (PDE) identified similar results to the HEDIS findings.

- HRM impacts plan STAR measures (not applicable to PACE)
What is a HRM?

• List of medications deemed potentially inappropriate (PIM) for individuals > 65 years
  – Not DEFINITELY inappropriate

• American Geriatric Society (AGS) 2012 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults
  – updated from original 1991 Beer’s List
  – Mark H Beers, Geriatrician
Beers List/HRMs

Medications that can cause adverse drug events in older adults due to their pharmacologic properties and/or the physiologic changes associated with aging.

Examples:

- muscle relaxants
- anticholinergics
- antihistamines
- certain oral hypoglycemics
- estrogens
- tertiary TCA’s
- benzodiazepines
- non-benzodiazepine hypnotics
Impact of HRMs- Elderly

• Adverse central nervous system effects
• Orthostatic hypotension leading to FALLS
• Confusion leading to delirium
• Reduction of drug clearance
• Heart abnormalities- *inducing failure*
• Physical dependence
• Extrapyramidal effects
• GI bleeds
Understanding Rationale for Prescribing of HRMs

• Cost
• Member Satisfaction
• Lack of knowledge/awareness of possible adverse affects
• Reluctance to change a medications that’s already working
• Lack of acceptable alternatives for some meds
<table>
<thead>
<tr>
<th></th>
<th>HEDIS</th>
<th>Acumen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Criteria</strong></td>
<td>Beer’s</td>
<td>Beer’s</td>
</tr>
<tr>
<td><strong>Reporting</strong></td>
<td>Annually, previous year</td>
<td>Monthly, current year</td>
</tr>
</tbody>
</table>
| **Data Measures**    | • One prescription filled during a calendar year  
                       • Two different prescriptions filled during a calendar year | • Two prescriptions of the same medication filled within the calendar year.  
                       • Calculated by Member Years |
### High Risk Medication Rates HEDIS Results
#### MY 2012 and 2013

<table>
<thead>
<tr>
<th></th>
<th>2012 H5207</th>
<th>2013 H5207</th>
<th>2012 H2034</th>
<th>2013 H2034</th>
<th>HEDIS 50th %ile benchmark</th>
<th>HEDIS 75th %ile benchmark</th>
<th>HEDIS 90th %ile benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Risk Medication in the Elderly</td>
<td>n=167</td>
<td>n=160</td>
<td>n=77</td>
<td>n=85</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One prescription</td>
<td>15.6%</td>
<td>20%</td>
<td>28.6%</td>
<td>18.8%</td>
<td>20.1</td>
<td>16.6</td>
<td>&lt;13.9</td>
</tr>
<tr>
<td>Two or more prescriptions</td>
<td>5.4%</td>
<td>2.5%</td>
<td>9.1%</td>
<td>4.7%</td>
<td>6.0</td>
<td>4.7</td>
<td>&lt;3.5</td>
</tr>
</tbody>
</table>

* Measurement years 2012 and 2013; PACE does not report on HEDIS measures

**Benchmarks apply to 2013 HEDIS results
Acumen Patient Safety Analysis
HRM PDE data MY 2013

2013 MA-PD Contracts

Report Release Date*

*The High Risk Medication Rate contains PDE data with 2013 dates of service that were submitted up to one month prior to the report release date. The reports are released each month with updated PDE for the year of measurement. The final rate is released during the July 2014 report update.
## High Risk Medication Rates
### Acumen, LLC MY 2012 & 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Contract</th>
<th>Your Contract - HRM Rate</th>
<th>Contract Type - Average HRM Rate</th>
<th>Contract Performance Relative to Contract Type Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>H2034</td>
<td>20.56 %</td>
<td>12.92 %</td>
<td>Worse</td>
</tr>
<tr>
<td></td>
<td>H5207</td>
<td>12.48 %</td>
<td>12.92 %</td>
<td>Equal or Better</td>
</tr>
<tr>
<td></td>
<td>H5212 PACE</td>
<td>12.75 %</td>
<td>12.92 %</td>
<td>Equal or Better</td>
</tr>
<tr>
<td>2013</td>
<td>H2034</td>
<td>13.25 %</td>
<td>10.32 %</td>
<td>Worse</td>
</tr>
<tr>
<td></td>
<td>H5207</td>
<td>11.33 %</td>
<td>10.32 %</td>
<td>Worse</td>
</tr>
<tr>
<td></td>
<td>H5212 PACE</td>
<td>11.94 %</td>
<td>10.32 %</td>
<td>Worse</td>
</tr>
</tbody>
</table>

Note: Annual changes in Measure specifications apply to all plans
What to do?

• Establish a project team
  – Primary Care
  – Pharmacy
  – Risk
  – Quality
  – Information Technology

• Develop Charter
  – Employed PDSA principles

• Educated Project Team
  – Beer’s List
High Risk Medication Charter

- **Goal:** Improve safety by decreasing the use of High Risk Medications in Community Care’s members 65 years and older.

- **Target:** Achieve a rate that is at or better than the national average for Medicare Advantage Plans
  - HEDIS 50th Percentile Benchmark by Measurement Year 2015
  - Acumen’s MAPD Average
    - Low Income Subsidy (LIS)
High Risk Medication Charter

• **Scope:**
  - Prescribing and dispensing of HRMs using existing data sources, measures, and benchmarks to evaluate results
  - Interventions affecting Primary Care & Pharmacy
  - PACE and Partnership plan members

• **Out-of-scope**
  - Additional $$$ or resources
  - Community Care’s Family Care members
    • no prescription drug benefit
High Risk Medication Charter

- **Dependencies**
  - External prescribers
  - Potential impact on the prescribing and dispensing process.
  - Prescriber/member relationship

- **Education**
  - Primary Care (internal/external)
  - Interdisciplinary Care Team
  - Pharmacy

- **Timeline**
  - Minimum 12 months, with ongoing monitoring
• General education to Community Care’s employed prescribers on the Beers Criteria. (April 2014)

• Laminated Beers Criteria distributed to providers and nursing staff (April/May 2014)

• General information letter w/ handy “Beers Criteria” pocket guide to all contracted & employed prescribers (June/July 2014)

HRM Letter #1
Identified four of the most problematic HRMs:

- amitriptyline (Elavil®)
- cyclobenzaprine (Flexeril®)
- zolpidem (Ambien®)
- glyburide (Diabeta®)
PLAN-DO

• Involved Pharmacy Benefits Manager
  – Created daily reports of HRMs dispensed to those > 65 years
  – Uploaded reports to secure FTP site
Pharmacists

- Reviewed the daily reports
- Sent alert letters to prescribers beginning September 2014
  - Identified patient & prescription
  - Suggested alternatives to the HRM medication
- Offered Pharmacist consultations for more difficult HRM-related cases.

HRM Alert Letter
Total # Prescriptions Dispensed for 4 Targeted HRMs*

*All PACE & Partnership Programs

Q1-2014: Project team began Meeting
Q2-2014: PC Education on Beers Criteria
Q3-2014: Educational letter to Providers
Q4-2014: Letters to providers prescribing targeted meds

*All PACE & Partnership Programs

Familiar places. Caring faces.
ACT ➔ Plan again

• Added 4 more HRMs to targeted list (Jan. 2015)
  – benztropine
  – hydroxyzine
  – digoxin > 0.125mg daily
  – doxepin > 6mg daily

• Offered pharmacist consultation via telephone with prescriber following 3 letters (Jan. 2015)

• Instituted electronic Clinical Pharmacist Medication Reviews (May 2015) with HRM evaluation
  – Consideration for alternatives
HEDIS Results for MY 2012-2014

High Risk Medication Rate - 1 prescription

Lower is better
CCI Partnership Plans only

H5207

H2034

Familiar places. Caring faces.
HEDIS Results for MY 2012-2014

High Risk Medication Rate-2 Prescriptions

- **2012**: 5.4%
- **2013**: 2.5%
- **2014**: 4.7%
- **2014 50th %ile Benchmark**: 9.1%

Lower is better
CCI Partnership Plans only
Results—8 targeted Meds

Total # Prescriptions dispensed for 8 Targeted HRM

Project Team began meeting
Acumen Results

2015 High Risk Medication Rate Summary
LIS Beneficiaries Jan. through Aug., 2015

<table>
<thead>
<tr>
<th>Contract</th>
<th>HRM Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Contracts</td>
<td>8%</td>
</tr>
<tr>
<td>MAPDs</td>
<td>5%</td>
</tr>
<tr>
<td>H2034</td>
<td>5%</td>
</tr>
<tr>
<td>H5207</td>
<td>8%</td>
</tr>
<tr>
<td>H5212-PACE</td>
<td>6%</td>
</tr>
</tbody>
</table>
Analysis—What worked?

- Education of Prescribers on Beers Criteria
- Tangible reminders—Pocket cards, laminated Beers List
- Focusing on a small group of higher volume medications
- Suggesting alternatives
- Pharmacist face-to-face consultations with patient and/or prescriber
• Repeated letters without pharmacist consultation
• Telephone calls to prescribers
• Tracking system--# letters sent compared to # times drugs dispensed
• Pharmacist availability to review alerts
• Various pharmacists interpreting significance of the HRM dispensed
• Caregiver reluctance to discontinue HRM
What’s next?

• Continue to monitor and evaluate prescribing HRMs

• Add focused project on HRM drug/disease interactions
  – 32% of CCI members have a dementia-related dx
  – Promote non-pharmacologic approaches to behavioral and psychiatric symptoms of dementia (BPSD)
  – Decrease use of antipsychotics in members with dementia
New Expanded 2015 Beer’s List

• Intent
  – Improve medication selection
  – Educate clinicians and patients
  – Reduce adverse drug events
  – Serves as a tool for evaluating:
    • Quality of care
    • Cost
    • Patterns of drug use

2015 Beers Criteria:

- list of medication combinations that may lead to harmful interactions
- medications that should be avoided or dosed differently for people with poor kidney function.
- Suggested alternative meds or treatment options

http://www.americangeriatrics.org/press/id:5910

Patient Education: 10 Medications Older Adults should Avoid or Use with Caution (from Healthinaging.org)
Share your story?

Questions?