

PHARMACY *update*

B.C. Edition

AUGUST 2018

VALUE-BASED PHARMACY – IMPLEMENTATION OF THE OVERALL SCORE (A.K.A. THE PHARMACY QUALITY RATING)

Since October 2017, pharmacies across Canada have been receiving monthly Patient-Impact Scorecards. The scorecards provide useful information on eight quality of care measures, and in particular, what pharmacies are already doing well and areas of opportunity to focus quality improvement efforts. Until now, the scorecards have provided performance information on the individual measures. But at a higher level, what does that mean for a pharmacy and its patients?

Starting in late August, some pharmacies will notice that the scorecard now includes an Overall Score. The Overall Score (also known as the Composite Score or the Pharmacy Quality Rating) reflects pharmacy performance across all applicable quality measures. It will eventually be factored into the new reimbursement framework to be developed and implemented during phase three of the Value-based Pharmacy initiative – currently planned for late 2019. The details for phase three are still being worked out, but we promise to keep you updated along the way.

For a pharmacy to have an Overall Score calculated, it will need to have performance information available for at least three or more individual quality measures, with at least 10 or more qualifying patients for each measure. For pharmacies that do not meet this threshold, an Overall Score will not be available; however, performance on individual quality measures will continue to be reported.

The Overall Score is calculated using a composite of the individual eligible quality measures with variable weighting applied. Weighting refers to how much emphasis is placed on that particular measure within the Overall Score calculation.

Single-weighted measures:

- Hypertension (RASA) PDC*
- Cholesterol PDC
- Diabetes PDC

Double-weighted measures:

- Statin use in persons with diabetes (SUPD)
- Asthma – suboptimal control
- Asthma – absence of controller therapy
- GSC cardiovascular health coaching
- High-risk medication use in the elderly (HRM)

*Proportion of days covered (adherence measures)

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Measures that are double-weighted are therefore twice as important within the Overall Score calculation as the single-weighted measures. Double-weighted measures have been selected based on GSC's and the pharmacy profession's common goal to support the evolution of pharmacy practice towards the delivery of high-quality patient care.

Performance for each of the eligible quality measures (those with 10 or more qualifying patients) is converted into a star rating using a scale of one to five stars. The Overall Score will represent the average of these individual quality measures' star ratings. Below is an example of how the Overall Score will be calculated:

Example:

OVERALL SCORE: 4.5 ★★★★★

Provincial Average: 3.0 ★★★★★

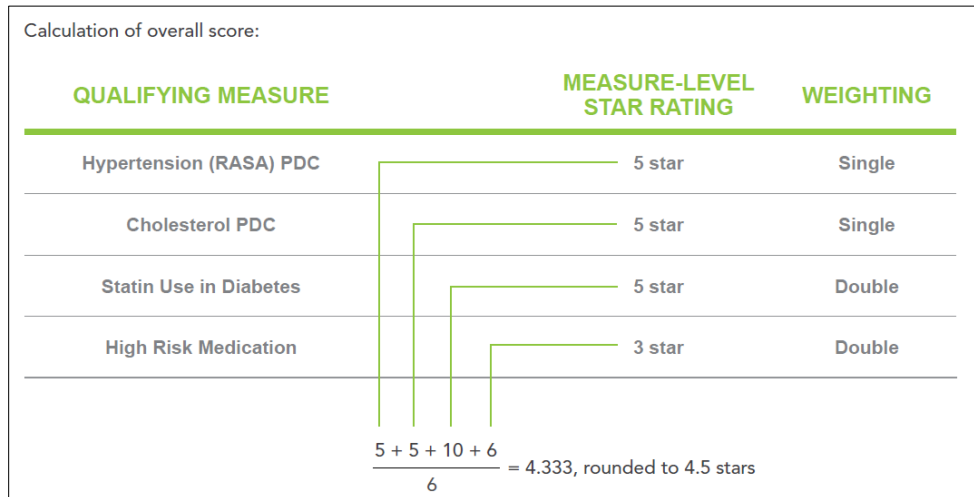
YOUR PHARMACY VERSUS GOAL VERSUS OTHERS

	MEASURE	GSC PATIENTS	SCORE	GOAL	GAP	AVERAGE (PROVINCIAL)
ADHERENCE	Hypertension (RASA) PDC ¹	46	97.8%	↑ 93.4%	✓	90.8%
	Cholesterol PDC	39	97.4%	↑ 92.3%	✓	89.5%
	Diabetes PDC ¹	8	87.5%	↑ 92.0%	4.5%	88.7%
DISEASE MANAGEMENT	Statin Use in Diabetes	10	90.0%	↑ 77.8%	✓	75.4%
	Asthma – Suboptimal Control	0	N/A	↓ 16.7%	N/A	N/A
	Asthma – Absence of Controller Therapy	0	N/A	↓ 20.0%	N/A	N/A
	GSC Cardiovascular Health Coaching	4	0.0%	↑ 10.0%	10.0%	0.0%
SAFETY	High-risk Medications	62	8.1%	↓ 7.7%	0.4%	9.9%

STAR THRESHOLDS*

MEASURE NAME	1 STAR	2 STAR	3 STAR	4 STAR	5 STAR
RASA PDC	<86.4%	86.4%–90.9%	91.0%–93.8%	93.9%–97.0%	> 97.0%
Cholesterol PDC	<85.0%	85.0%–90.0%	90.1%–93.3%	93.4%–96.0%	> 96.0%
Diabetes PDC	<82.6%	82.6%–89.6%	89.7%–92.3%	92.4%–96.9%	> 96.9%
Statin Use in Diabetes	<61.5%	61.5%–70.0%	70.1%–76.7%	76.8%–83.3%	> 83.3%
Asthma – Suboptimal Control	>46.0%	46.0%–30.0%	29.9%–21.0%	20.9%–13.0%	< 13.0%
Asthma – Absence of Controller Therapy	>31.0%	31.0%–25.0%	24.9%–15.0%	14.9%–8.0%	< 8.0%
CV Health Coaching	<10.0%	10.0%–24.9%	25.0%–39.9%	40.0%–50.0%	> 50.0%
High Risk Medications	>15.0%	15.0%–10.8%	10.7%–8.0%	7.9%–4.3%	< 4.3%

*For illustration purposes only.



VALUE-BASED PHARMACY – TRANSITION TO THE EQUIPP™ PLATFORM

The monthly distribution of Patient-Impact Scorecards from GSC will end in December 2018. After this time, pharmacy performance information will only be available through Pharmacy Quality Solutions (PQS). PQS partnered with GSC to develop the Patient-Impact Scorecard and is responsible for calculating pharmacy performance scores.

PQS provides access to pharmacy performance information through the subscription-based platform EQUIPP (or Electronic Quality Improvement Platform for Plans and Pharmacies). EQUIPP is a web-based platform that displays performance information along with opportunities for improvement, and it delves deeper into pharmacy performance data than the Patient-Impact Scorecard. For example:

Performance data

EQUIPP will provide the same performance data and benchmarks on the individual quality measures, as well as the same Overall Score shown on your Patient-Impact Scorecard. *Unlike the Patient-Impact Scorecard, EQUIPP also provides detailed information on the specific quality measures impacting your Overall Score.*

Performance trending

Like the Patient-Impact Scorecard, EQUIPP provides up to six months' visibility of rolling performance data that shows how your pharmacy's performance is changing over time as a result of improvement activities. *Unlike the Patient-Impact Scorecard, EQUIPP also provides a Year-To-Date Score that reflects your cumulative performance over an entire calendar year. In addition, you will be able to see how your pharmacy's performance is changing over time as a result of improvement initiatives.*

Peer comparisons

Like the Patient-Impact Scorecard, EQUIPP allows you to see where you stand on each measure compared to peers across your province. *Unlike the Patient-Impact Scorecard, EQUIPP also allows your pharmacy to compare performance to the top 20 per cent of pharmacies across the country. This shows the opportunity to strive to be one of the highest quality pharmacies in Canada that serves GSC plan members.*

Outlier data

Unlike the Patient-Impact Scorecard, outlier information in EQUIPP allows you to identify which patients (via prescription #'s) are negatively impacting the performance score so that you can

focus your patient-centered care efforts on those who need it the most. This information is crucial in identifying where efforts need to be directed to ultimately improve overall performance. As an example, EQuIPP will display the individual PDC (adherence) score for patients that are non-adherent, providing the opportunity for you to tailor your services to their needs.

Insights

EQuIPP provides you with in-depth insight – beyond the scorecard – that helps you better understand your performance data, and the key issues revealed as opportunities for improvement. In particular, you will learn how quality performance can impact your competitive position in the marketplace.

Tutorials are available for the various sections of the EQuIPP dashboard to help you learn how best to leverage the data available through the platform. You will also find a “Resources” section that provides information on engaging physicians, patients, and staff in your pharmacy’s patient quality efforts, as well as list of FAQs.

We encourage you to subscribe to EQuIPP and take advantage of its insights into your pharmacy’s performance. It is important that you take the time to understand your performance data and opportunities for improvement detailed in both the Patient-Impact Scorecard, and the EQuIPP platform – in particular, so that you are prepared for phases two and three of the Value-based Pharmacy program.

To subscribe and gain access to EQuIPP, contact your corporate office or visit www.equipp.org to submit your inquiry using the “Support” link (located in the top and bottom right corners). If you are part of a retail pharmacy banner, please include this information in the inquiry to help expedite the process.

PHARMACIST HEALTH COACHING – CARDIOVASCULAR PROGRAM UPDATE

You asked. We listened! GSC launched its Pharmacist Health Coaching – Cardiovascular Program in February 2015. Through this reimbursed service, pharmacists work closely with GSC plan members who have been diagnosed with hypertension and elevated cholesterol to take ownership and responsibility for their overall cardiovascular health. This is achieved through a focus on nutrition, exercise, smoking cessation, drug adherence, and personal health monitoring.

Since the Cardiovascular Program’s launch, GSC has received useful feedback from pharmacists who have participated. As a result, we have simplified the required program documentation and forms to make the process more user-friendly, and to improve both the provider and patient experience with the program. We’ve also created a handy one-page program flowchart to help guide pharmacists in determining what is or is not required, and when. To view the updated forms and the one-page program flowchart, as well as additional information on how to get started, please visit our [providerConnect™](#) website (under the “Pharmacy Provider” section).

BCSA CODES

The Green Shield Advantage® adjudication system has been updated to process the BCSA codes that BC PharmaCare Special Authority sends back to pharmacies. BCSA codes that are rerouted to the Advantage system will allow real-time approvals or denials of medications on the BC Special Authority

list of medications. This will help cut down on the need to send the BC Special Authority approval/denial letter to GSC for processing on GSC’s systems. Pharmacies who are not currently transmitting this code may need to contact their software provider to turn this feature on. Details on the BC Special Authority PharmaNet enhancement are available in the BC PharmaCare newsletter, dated November 29, 2011, Edition 16-011. Newsletters are available [here](#) on the BC Pharmacare website.