

## GAINING DEEPER INSIGHT INTO PHARMACY PRACTICES AND PATIENT CARE

In our April 2017 Pharmacy Update, Green Shield Canada (GSC) announced the launch of a new initiative to help pharmacies across Canada gain insight into what they're already doing well and areas where they can improve. Here is an update of this project and a preview of what's to come.

### Value-based Pharmacy Initiative

The assessment and reporting of the quality of care delivered by health care providers such as physicians, pharmacists, and hospitals is a growing trend both in Canada and internationally. GSC is a strong supporter of this movement, recognizing that it can ultimately lead to improved quality of care and patient outcomes.

In late 2017, GSC will be the first payor in Canada to start measuring pharmacy performance, assessing it against a set of validated metrics and communicating feedback to individual pharmacies in the form of a monthly report called the Patient-Impact Scorecard.

### Here's a preview of your Patient-Impact Scorecard...

Based on GSC claims data, we will be providing pharmacies across the country with pharmacy-specific scorecards that highlight key information such as patient adherence, high-risk medication use, and disease management. See pages 3 and 4 for a sample scorecard; explanations of the measures listed below are shown on the back.

There are three primary types of measures:

- 1) Adherence Measures ("proportion of days covered" or PDC)
  - Hypertension (renin-angiotensin system antagonist or RASA) PDC
  - Cholesterol PDC
  - Diabetes PDC
  
- 2) Disease Management Measures
  - Statin use in persons with diabetes (SUPD)
  - Asthma – suboptimal control
  - Asthma – absence of controller therapy
  - GSC Cardiovascular Health Coaching

### Read more about it...

As health care costs continue to rise rapidly, the value of our investment in health care is increasingly becoming a concern for Canadians. With quality improvement programs becoming more common in many health care sectors, performance measurement is critical – you may have heard the phrase "...**you can't change what you don't measure.**" See GSC's *The Inside Story*<sup>®</sup> (June 2017 issue on [greenshield.ca](http://greenshield.ca)) for a feature article on the challenges and the progress being made to achieve greater value in health care and better outcomes for patients.

### providerConnect<sup>®</sup> is your online resource

providerConnect is GSC's web portal for health service providers in Canada. It gives you convenient access to forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

Not acquainted with providerConnect yet? Register today at [providerconnect.ca](http://providerconnect.ca).

### 3) Safety Measures

- High-risk medication use in the elderly (HRM)

Detailed information on all these measures will be provided in a future Pharmacy Update before the first scorecard is distributed and will also be available on the [providerConnect](http://providerconnect.ca) website (at [providerconnect.ca](http://providerconnect.ca)) for reference.

### **Who's making the calculations?**

GSC has engaged Pharmacy Quality Solutions (PQS) to work with us in the development of the Patient-Impact Scorecard, including calculating the values for the measures shown on the scorecards. PQS is a leading provider of medication-use quality-assessment services in the U.S. that supports performance improvement by delivering reliable and consistent data, insight, and guidance. As the primary developer of medication use quality measures, through its affiliation with the Pharmacy Quality Alliance, PQS supports over 95 per cent of all pharmacies in U.S., and over 27 million Americans are on their database.

### **How were the measures developed?**

Development of medication-use quality measures started with the identification of high-priority areas in health care, such as medication non-adherence. Next, more than 180 organizations participated in an evidence-based process to draft, test, refine, and endorse pharmacy-relevant measures. These organizations included health plans and PBMs, pharmacies and professional associations, federal agencies, pharmaceutical manufacturers, consumer advocate groups, and academia.

Medication-use quality measures were initially developed at the request of the Centre for Medicare and Medicaid Services in the U.S. While there are dozens of different measures currently used in the U.S., GSC has selected eight measures where outcomes can be directly impacted by pharmacists and that are applicable to the Canadian context.

### **Using the scorecard**

Patient-Impact Scorecards will be sent to individual pharmacies monthly. We ask pharmacies to reflect on the performance information shown and to identify areas where changes could possibly be made to improve patient outcomes. Over time, as pharmacies gain comfort and familiarity with the scorecards and as patient-care initiatives are implemented to improve scores, monitoring the impact of those interventions on the actual scorecard measures can quantify and validate quality improvement efforts.

### **Next steps....**

We recognize that there will be questions around this initiative and how pharmacies can best engage in the quality improvement process. We are currently developing a dedicated page on [providerconnect.ca](http://providerconnect.ca) where more detailed information about this initiative will be available.

In the meantime, we strongly encourage all pharmacies to visit the PQS website at [www.pharmacyquality.com](http://www.pharmacyquality.com) for information about EQulPP (or Electronic Quality Improvement Platform for Plans and Pharmacies) – a web-based platform that displays performance information along with opportunities for improvement. Complementing the GSC Patient-Impact Scorecard, pharmacists can use the EQulPP dashboard to track performance on these quality measures as well as identify patients with quality-related care gaps and adjust the services provided to those patients. Contact your corporate office or GSC's Customer Service Centre (1.888.711.1119) to gain access to EQulPP services.

# PATIENT-IMPACT SCORECARD

From May 2017 to September 2017



PHARMACY NAME  
ADDRESS  
ADDRESS  
PROVIDER #

## ABOUT THIS GSC PATIENT-IMPACT SCORECARD...

Your GSC Patient-Impact Scorecard shows pharmacy performance scores for your GSC patients during the period indicated. This scorecard will help you identify what you're already doing well and potential areas for improvement.

		YOUR PHARMACY	VERSUS GOAL	VERSUS OTHERS		
	MEASURE	GSC PATIENTS	SCORE	GOAL	GAP	AVERAGE (PROVINCIAL)
ADHERENCE	Hypertension (RASA) PDC <sup>1</sup>	122	82%	↑ 81%	✓	89%
	Cholesterol PDC <sup>1</sup>	99	84%	↑ 79%	✓	88%
	Diabetes PDC <sup>1</sup>	51	76%	↑ 82%	6%	87%
DISEASE MANAGEMENT	Statin Use in Diabetes	38	75%	↑ 78%	3%	71%
	Asthma – Suboptimal Control	108	14%	↓ 10%	4%	12%
	Asthma – Absence of Controller Therapy	73	44%	↓ 40%	4%	41%
	GSC Cardiovascular Health Coaching	32	23%	↑ 20%	✓	3%
SAFETY	High-risk Medications	114	12%	↓ 5%	7%	6%

↑ Higher score is better    ↓ Lower score is better    ✓ You've met the target

To gain greater insight into your own performance on these quality-of-care measures, visit [www.equipp.org](http://www.equipp.org) and sign up for access to the EQUIPP online dashboard. EQUIPP provides you with more comprehensive reporting, including the specific patients who may benefit from more of your attention.

## WHAT DO THE MEASURES MEAN?

	MEASURE	DESCRIPTION (all measures are given as percentages)
ADHERENCE	Hypertension (RASA) PDC <sup>1</sup>	Proportion of patients age 18 and older taking at least one renin-angiotensin-system-antagonist (RASA) drug who were adherent to their therapy.
	Cholesterol PDC <sup>1</sup>	Proportion of patients age 18 and older taking a statin drug who were adherent to their therapy.
	Diabetes PDC <sup>1</sup>	Proportion of patients age 18 and older taking at least one non-insulin diabetes drug who were adherent to their therapy.
DISEASE MANAGEMENT	Statin Use in Diabetes	Patients age 40–75 who were dispensed a medication for diabetes and also received a statin medication.
	Asthma – Suboptimal Control	Patients who were dispensed asthma medications during the measurement period and received more than three canisters of a short-acting beta agonist within a 90-day period.
	Asthma – Absence of Controller Therapy	Patients who did not receive controller asthma therapy during the same 90-day period in which they received more than three canisters of a short-acting beta agonist.
	GSC Cardiovascular Health Coaching	Patients who met the eligibility criteria for GSC cardiovascular health coaching services and received the service.
SAFETY	High-risk Medications	Patients age 65 and older who received two or more prescription fills for a high-risk medication.

## PROVIDERCONNECT® IS YOUR ONLINE RESOURCE

For details about your Patient-Impact Scorecard, visit [providerconnect.ca](http://providerconnect.ca). You will find answers to common questions and general information about your scores, improving your performance, an introduction to our partner, PQS, and more. providerConnect also gives you convenient access to GSC forms, pharmacy manuals and guides, health coaching program information, and many other tools and resources all in one place.

<sup>1</sup>Proportion of days covered (PDC) is a standard method for calculating medication adherence using drug claims data. The PDC calculation uses an index date to establish the measurement period and indicates the proportion of days when the patient had medication available based on the fill dates and day supply of each prescription. A patient is defined as being highly adherent if their adherence based on PDC is greater than 80%.