



#### ADVANCING INTEGRATED HEALTHCARE

# Safe Effective Efficient Prescribing: A Pharmacy Prescribing Quality Improvement Initiative Care Transformation Collaborative of R.I.

CLINICAL STRATEGY COMMITTEE FEBRUARY 21, 2020

## Proposal Goals

- •Provide practices/SOC with an opportunity to select and implement a practice/SOC focus of medication management improvement based on their own identified practice needs;
- •Support primary care practice teams/SOC in the identification and implementation of data-driven performance improvement action plans to improve the safe, effective and efficient medication management of older adults;
- •Improve provider and practice team confidence and skills in implementing evidence-based patient engagement and tools for optimizing medication use;
- •Improve <u>patient</u> medication management outcomes through pharmacy practice facilitation support, peer learning opportunities and applied team-based performance improvement;
- •Potentially enhance pharmacy scope and standardization of practice though use of collaborative practice agreements, as applicable to the practice selected area of focus;
- •Demonstrate the benefit of a pharmacy led quality improvement initiative.



## S.E.E. Measures Addressing Medication Use Among Older Adults (age 50+)

Safe (S)	Effective (E)	Efficient (C)				
<ul> <li>Avoid chronic use of: opioids/benzodiazepines/skeletal muscle relaxants/"Z" drugs/barbiturate/any of above</li> <li>Avoid combined use of CNS drugs</li> <li>Avoid NSAIDS if using anticoagulant</li> <li>Avoid anticholinergics if dementia</li> <li>Avoid FQs as initial antibiotic in elderly</li> <li>Rx for naloxone if chronic Rx opioid use</li> <li>Avoid high risk drugs in the elderly</li> <li>If Rx for buprenorphine for OUD, avoid other Rx opioids and benzodiazepines</li> </ul>	<ul> <li>Adherence with:         <ul> <li>Anticoagulants</li> <li>Metformin</li> <li>Antidepressants</li> <li>Cholesterol medication</li> <li>Controller inhalers</li> <li>Antihypertensives</li> <li>Buprenorphine</li> <li>Statin use in diabetes</li> </ul> </li> <li>ACEI/ARB use in diabetes</li> <li>Overuse of short acting inhalers</li> </ul>	<ul> <li>Care coordination: patients with 5 or less total prescribers</li> <li>Polypharmacy: patients with less than 10 unique rxs</li> <li>Generic utilization:         <ul> <li>Overall generic util. rate</li> <li>Diabetes generic %</li> <li>Mental health generic %</li> </ul> </li> <li>Avoiding low value drugs</li> <li>Use of erythropoietin</li> </ul>				

## Participating Practices

- Anchor Medical (multi-site)
- Brown Medicine Warwick
- Care New England Group Pawtucket
- Coastal Medical
- Medical Associates of RI (MARI)
- Providence Community Health Centers
- University Internal Medicine



## Methods

- RI APCD 2018
  - Includes most commercial insurance and Medicare Advantage
  - No FFS Medicare
- Included patients age 50+ years
  - excluded patients with any oncology rx
- Patient attributed to provider group using prescriber NPI
- All measures oriented such that closer to 100% is better score

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Baseline Analysis: S.E.E. Measures Applied to 2018 RI APCD

		POPULATION: AGE 50+ EXCLUDING PTS W ONCO RXS	IG PTS W ONCO RXS					The column "vs RI" is point difference from RI APCD avg							
		100% is optimal for all measures (higher is better)	2018 R	I APCD	SoC1		SoC2		SoC3		SoC4				
		DESCRIPTION	%	n	%	vs RI	%	vs RI	%	vs RI	%	vs RI			
	S1a	Avoid chronic use of: opioids	93.2	232,894	92.7	-0.5	93.9	0.7	95.1	1.8	94.3	1.0			
S	S1b	Avoid chronic use of: benzodiazepines	89.5	232,894	88.3	-1.2	87.8	-1.7	94.4	4.9	90.7	1.2			
Α	S1c	Avoid chronic use of: skeletal muscle relaxants	97.0	232,894	97.3	0.2	97.3	0.3	94.1	-2.9	97.3	0.3			
F	S1d	Avoid chronic use of: "Z" drugs	97.3	232,894	96.9	-0.4	96.7	-0.6	96.6	-0.7	98.0	0.7			
E	S1e	Avoid chronic use of: barbiturate	99.7	232,894	99.5	-0.1	99.6	-0.1	99.9	0.3	99.7	0.1			
T		Avoid chronic use of: any of above	81.3	232,894	79.6	-1.7	79.8	-1.5	84.5	3.2	83.6	2.3			
Y	S2a	Avoid combined use of any CNS drugs above	97.1	196,364	96.7	-0.4	97.3	0.2	97.2	0.1	97.9	0.9			
	S2b	Avoid combined use of opioids and benzodiazepines	98.7	196,364	98.4	-0.3	98.9	0.2	99.4	0.8	99.0	0.3			
L	S3	Avoid NSAIDS if using anticoagulant	93.9	6,359	94.9	1.0	93.3	-0.6	88.5	-5.4	96.7	2.8			
L	S4	Avoid anticholinergics if dementia	85.0	1,885	91.8	6.8	85.8	0.7	71.8	-13.3	87.0	1.9			
L	S5	Avoid fluoroquinolones as initital antibiotic in elderly	85.3	21,826	85.4	0.0	87.3	1.9	81.7	-3.7	86.8	1.5			
	S6	Rx for naloxone if chronic Rx opioid use	14.0	15,747	15.7	1.7	19.0	5.0	18.3	4.3	19.2	5.2			
	S7	Avoid high risk drugs in the elderly	91.0	101,978	90.5	-0.5	90.8	-0.2	87.5	-3.5	92.1	1.1			
L		If Rx for buprenorphine for OUD, avoid other Rx opioids	93.6	1,645	86.1	-7.5	85.5	-8.0	95.7	2.1	95.8	2.3			
ᆫ	S8b	If Rx for buprenorphine for OUD, avoid benzodiazepines	77.0	1,645	63.9	-13.1	69.9	-7.1	85.9	8.9	70.8	-6.2			
E	E1	Adherence with anticoagulants	73.7	9,596	74.3	0.6	72.8	-0.9	75.6	1.9	73.6	-0.1			
F	E2	Adherence with metformin	69.9	8,863	72.0	2.0	71.4	1.5	62.1	-7.8	71.1	1.2			
F	E3	Adherence with antidepressants	81.4	40,760	82.6	1.2	83.8	2.5	69.5	-11.9	82.9	1.5			
E	E4	Adherence with cholesterol medication	82.3	33,752	83.7	1.4	84.0	1.7	70.0	-12.3	84.9	2.6			
С	E5	Adherence with controller inhalers	49.8	9,509	48.3	-1.5	47.2	-2.6	45.8	-4.0	50.8	1.0			
T	E6	Adherence with antihypertensives	84.2	68,180	85.4	1.2	86.8	2.6	77.9	-6.3	85.4	1.3			
	E7	Adherence with buprenorphine/nlx for OUD	86.0	1,328	86.7	0.7	82.6	-3.4	92.2	6.2	88.2	2.3			
_	E8	Statin use in diabetes	80.1	24,495	80.5	0.4	83.5	3.4	81.7	1.6	84.3	4.2			
E	E9	ACEI/ARB use in diabetes	77.5	1,328	76.5	-1.0	79.0	1.5	85.5	8.1	78.1	0.7			
ᆫ		Use of controller inhalers if multiple rx for inh albuterol	56.8	3,716	47.4	-9.5	64.7	7.8	58.9	2.0	66.3	9.5			
E	C1	Care coordination: patients with 5 or less total prescribers	93.3	232,894	89.7	-3.6	91.4	-1.9	89.5	-3.7	91.7	-1.6			
F	C2	Polypharmacy: patients with less than 10 unique rxs	93.2	182,307	91.0	-2.2	93.3	0.1	87.3	-5.9	93.7	0.5			
	C3	Overall generic utilization rate	89.7	12,986,067	89.5	-0.2	89.5	-0.1	91.6	1.9	88.9	-0.8			
_		Use of generics: oral antidiabetes medication	81.1	245,199	87.6	6.5		-1.3	84.6	3.5	82.7	1.7			
С		Use of generics: mental health - antidepressants	98.9	784,068	99.0	0.1	98.7	-0.2	99.9	1.0	99.2	0.3			
1		Use of generics: mental health - antipsychotics	97.4	167,284	97.0	-0.4	97.5	0.1	97.0	-0.3	98.3	0.9			
E	C6	Avoiding low value drugs: rate per 10,000 rxs	95.6	12,986,067	92.9	-2.7	89.3	-6.3	92.9	-2.7	92.9	-2.7			
N	C7	Avoiding Use of erythropoeitin: rate per 100,000 rxs	95.7	12,986,067	90.9	-4.7	92.2	-3.5	90.9	-4.7	90.9	-4.7			
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## Results (highlights)

#### Overall

- Opportunity for improvement (Ofi) exists across all domains
- Variation across systems of care

### Safety

- ofi: Use of benzodiazepines; Use of any CNS medication; Avoiding FQs; Naloxone co-prescribing
- Positives: Low rate of polytherapy with CNS medications

#### Effectiveness

- Ofi: Adherence; controller inhalers
- Positives: Statin use in DM (?)

#### Efficiency

- Ofi: Polypharmacy (approximately 7% of patients w 10+ medications)
- Positives: High use of generic medications in mental health

