



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 **patient** 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 through 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 style="list-style-type: none">• Avoid chronic use of: opioids/benzodiazepines/skeletal muscle relaxants/"Z" drugs/barbiturate/any of above• Avoid combined use of CNS drugs• Avoid NSAIDS if using anticoagulant• Avoid anticholinergics if dementia• Avoid FQs as initial antibiotic in elderly• Rx for naloxone if chronic Rx opioid use• Avoid high risk drugs in the elderly• If Rx for buprenorphine for OUD, avoid other Rx opioids and benzodiazepines	<ul style="list-style-type: none">• Adherence with:<ul style="list-style-type: none">➢ Anticoagulants➢ Metformin➢ Antidepressants➢ Cholesterol medication➢ Controller inhalers➢ Antihypertensives➢ Buprenorphine➢ Statin use in diabetes• ACEI/ARB use in diabetes• Overuse of short acting inhalers	<ul style="list-style-type: none">• Care coordination: patients with 5 or less total prescribers• Polypharmacy: patients with less than 10 unique rxs• Generic utilization:<ul style="list-style-type: none">➢ Overall generic util. rate➢ Diabetes generic %➢ Mental health generic %• Avoiding low value drugs• Use of erythropoietin

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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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

