



ADVANCING INTEGRATED HEALTHCARE

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

ORIENTATION KICK OFF
FEBRUARY 27, 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

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

POPULATION: AGE 50+ EXCLUDING PTS W ONCO RXS
100% is optimal for all measures (higher is better)

The column "vs RI" is point difference from RI APCD avg

DESCRIPTION	2018 RI APCD		SoC1		SoC2		SoC3		SoC4	
	%	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
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
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
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
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
S1f 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
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
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
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
S5 Avoid fluoroquinolones as initial 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
S8a 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
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
E1 Adherence with anticoagulants	73.7	9,596	74.3	0.6	72.8	-0.9	75.6	1.9	73.6	-0.1
F2 Adherence with metformin	69.9	8,863	72.0	2.0	71.4	1.5	62.1	-7.8	71.1	1.2
F3 Adherence with antidepressants	81.4	40,760	82.6	1.2	83.8	2.5	69.5	-11.9	82.9	1.5
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
C5 Adherence with controller inhalers	49.8	9,509	48.3	-1.5	47.2	-2.6	45.8	-4.0	50.8	1.0
T6 Adherence with antihypertensives	84.2	68,180	85.4	1.2	86.8	2.6	77.9	-6.3	85.4	1.3
I7 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
V8 Statin use in diabetes	80.1	24,495	80.5	0.4	83.5	3.4	81.7	1.6	84.3	4.2
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
E10 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
F 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
I C4 Use of generics: oral antidiabetes medication	81.1	245,199	87.6	6.5	79.7	-1.3	84.6	3.5	82.7	1.7
C C5a 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
I C5b 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 erythropoietin: 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
T										

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