

## CHRONIC MEDICATION ADHERENCE QUALITY MEASURE MAILING

### Mailed November 2014 – June 2015

#### BACKGROUND

In December 2010, AHRQ compiled a list of initial core set of health quality measures applicable to Medicaid-eligible adults for public comment as a part of section 2701 of the Affordable Care Act. Several of the measures proposed by AHRQ for the management of chronic conditions are related to medication use, and they overlap with the quality indicators endorsed by the Pharmacy Quality Alliance (PQA) and utilized in the Medicare Part D program quality program. MS-DUR selected the three chronic medication adherence measures for use in a quality improvement initiative.

Measures used in initiative: The percentage of patients 18 years and older who met the Proportion of Days Covered (PDC) threshold of 80 percent during the measurement period for each of the following:

##### Hypertension

- Beta-blocker (BB)
- Renin Angiotensin System (RAS) Antagonists
- Calcium Channel Blocker (CCB)

##### Dyslipidemia

- Statin

##### Diabetes

- Biguanide
- Sulfonylurea
- Thiazolidinedione
- DiPeptidyl Peptidase (DPP)-IV Inhibitor

Each month, beneficiaries were identified who had a prescription filled for any of the target medications filled in the prior month. Proportion of days covered was calculated for each eligible beneficiary using data for the prior four months. Beneficiaries with PDCs below 80% were classified as non-adherent.

#### MAILING

Exception monitoring was run for the Chronic Medication Adherence Measures and the Opioid Doctor Shopping Measure each month. Providers were prioritized for mailings each month based on the number of beneficiaries with exceptions and the risk scores (chronic conditions and ED visits) each month. Providers were only contacted once every three months. The following number of providers received letters each month.

Month	# of Providers Contacted
Nov 2014	145
Dec 2014	151
Jan 2015	117
Feb 2015	154
Mar 2015	83
April 2015	75
May 2015	83
June 2015	100

**MISSISSIPPI MEDICAID MEDICATION ADHERENCE PROGRAM  
DIABETES, HYPERTENSION, AND DYSLIPIDEMIA**

&lt;Date&gt;

&lt;Prescriber's Name&gt;

&lt;Prescriber's Address&gt;

&lt;City&gt;, &lt;STATE&gt; &lt;Zipcode&gt;

Dear &lt;Prescriber's Name&gt;:

The Mississippi Division of Medicaid Pharmacy Bureau has several quality initiatives related to **medication adherence for diabetes, hypertension, and dyslipidemia**. Mississippi Medicaid's Drug Utilization Review (DUR) Board, comprised of twelve physicians and pharmacists that serve Medicaid beneficiaries, recommended these issues be reviewed and the results be communicated with health care providers.

**THE GOAL**

This initiative **seeks to identify beneficiaries that are not adherent to their diabetes, hypertension, and cholesterol medications** by reviewing gaps between refilling prescriptions. Since many prescribers are unaware of their patient's actual refill patterns, the goal of this initiative is to improve adherence on these important medications by letting providers know when their patients become non-adherent.

**MEDICATION ADHERENCE SCORES FOR <PATIENT'S NAME>**

Medication Class	PDC	Last Medication Filled	Physician Name
<Medication Class>	<PDC %>	<Drug Name>	<Prescriber's Name>

**WHAT DOES THE SCORE MEAN?**

The reported scores for each medication class are calculated using **Proportion of Days Covered (PDC)**, which measures adherence. This score tells you the number of days of medication your patient has received over a given period and is reported as a percentage from 0%-100%. For example, a score of 50% means your patient has only received 50% of the medication as prescribed over a specific period of time. **A score of 80% or better is usually considered "adherent" to the regimen, but 100% is the goal.**

The score reflects your patient's adherence to the reported medications from <Date 1> to <Date 2> and may not be reflective of the most recent date a prescription was filled. The reported measures only include medications billed to Mississippi Medicaid and will not include medications that are billed to other third parties, "cash" purchases, and samples. **This is not a complete medication list for your patient** – the only medications being reported are ones for the treatment of diabetes, hypertension, and dyslipidemia.

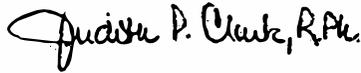
**WHAT IS REQUIRED OF YOU?**

This notice is simply for your information and no action is required on your part, but it might be useful to discuss the content of this letter with your patient during their next visit.

Sincerely,



Kyle D. Null, Pharm.D., Ph.D.  
Clinical Director  
MS-DUR



Judy Clark, R.Ph.  
Director, Pharmacy Bureau  
Division of Medicaid