

# Comparing Member Quality Measures Performance Between Clinical Pharmacist Practitioners and Non-Clinical Pharmacist Practitioners within a Commercial and Medicare Value Based Care Population

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## Introduction

- Blue Cross and Blue Shield of North Carolina has advanced value-based care through the Blue Premier program.
- Blue Premier collaborates with Accountable Care Organizations (ACOs) through providers to implement quality patient care
- In North Carolina, a Clinical Pharmacist Practitioner (CPP) is a licensed pharmacist authorized to work in a collaborative practice agreement with a supervising physician, and one of several providers in an ACO.

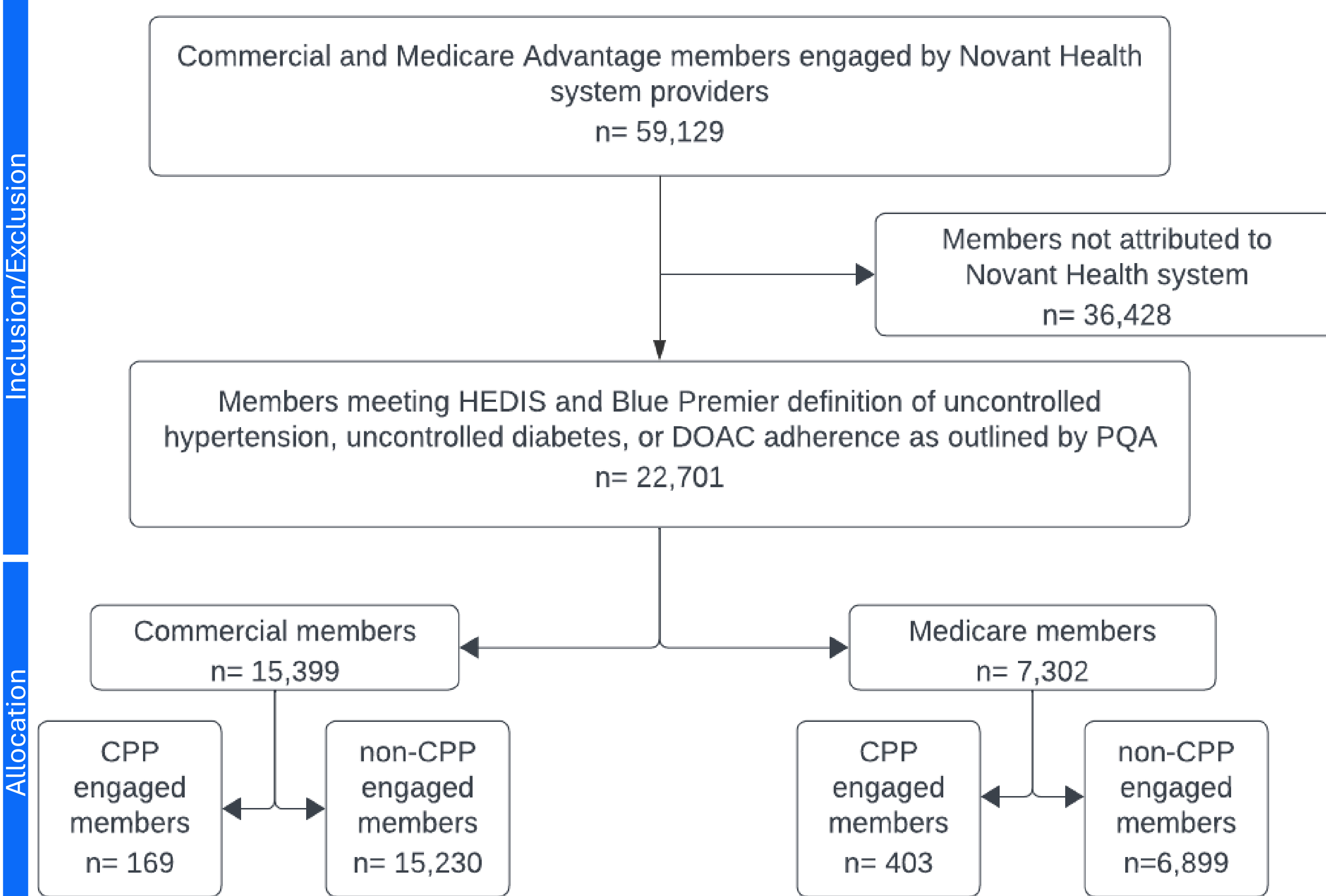
## Objective

The study investigated the impact of CPPs on member quality measures (HbA1c gap closure, hypertension gap closure, and Direct Oral Anti-Coagulants medication adherence) & characterized CPP prescribing patterns within a Commercial and Medicare value-based care population.

## Methods

- Pharmacy claims of members engaged with Novant ACO's network of providers, including 25 CPPs, were examined from 01/01/2023-12/31/2023.
- Members included met Blue Premier (Commercial) or HEDIS (Medicare) definitions of uncontrolled hypertension, uncontrolled diabetes, or DOAC adherence as outlined by PQA.

Figure 1: Member Attribution



- Members who filled  $\geq 1$  prescription(s) by a CPP were defined as CPP engaged; all other members fell into non-CPP engaged
- Hypertension and diabetes data were collected as binary care gaps. An open gap indicated continuous uncontrolled disease state. A closed gap indicated conversion from uncontrolled to controlled disease state. Gap closure rates were calculated by dividing closed gaps by total identified gaps. Criteria for hypertension and diabetes followed Blue Premier and HEDIS definitions.
- DOAC adherence was assessed by calculating Proportion of Days Covered (PDC); Adherence defined as PDC  $\geq 80\%$ .
- CPP prescribing patterns were characterized as the average number of unique prescriptions, monthly prescriptions, and top 3 prescriptions in each member population.

## Results

Figure 2. All Lines of Business Composite Quality Metrics Performance

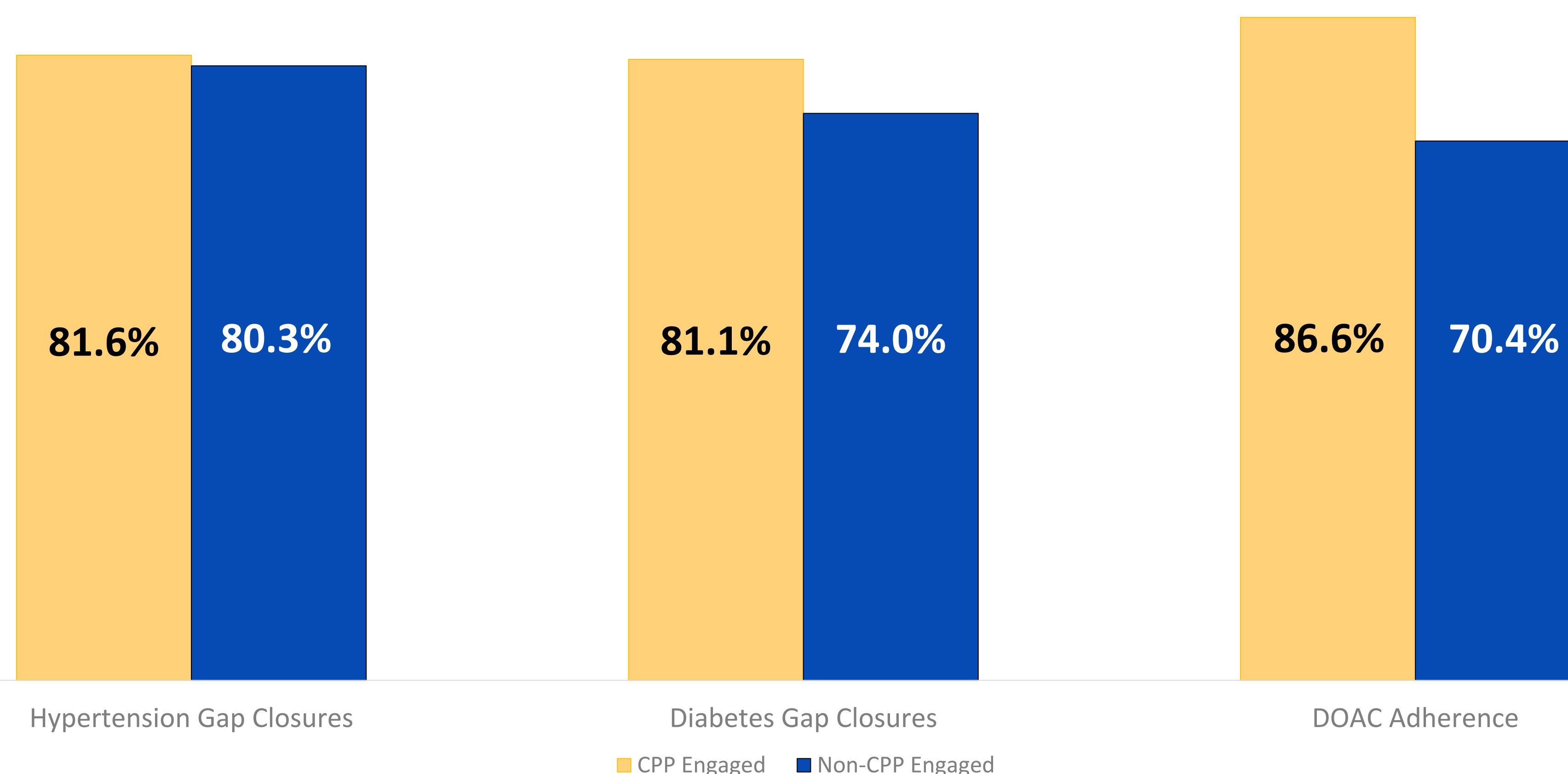


Figure 3. Commercial Quality Metrics Performance

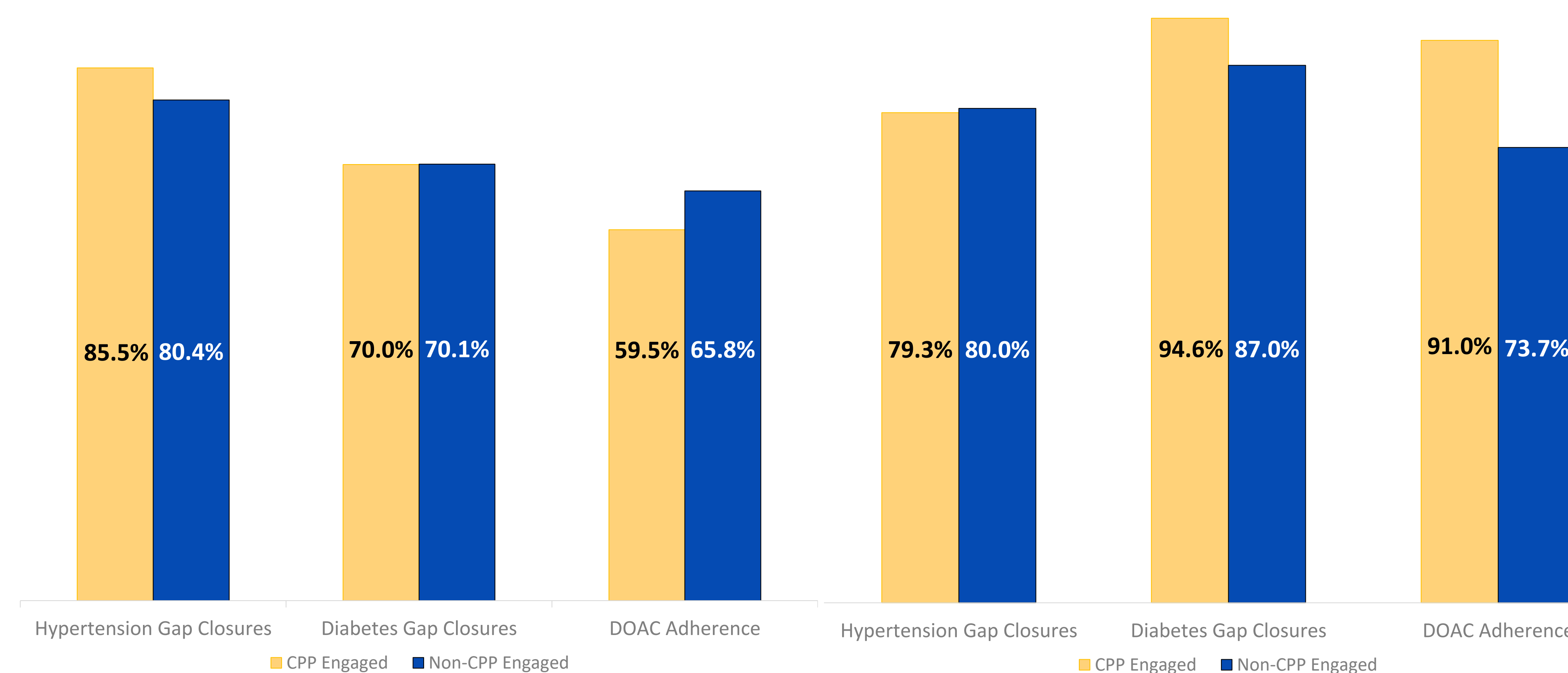
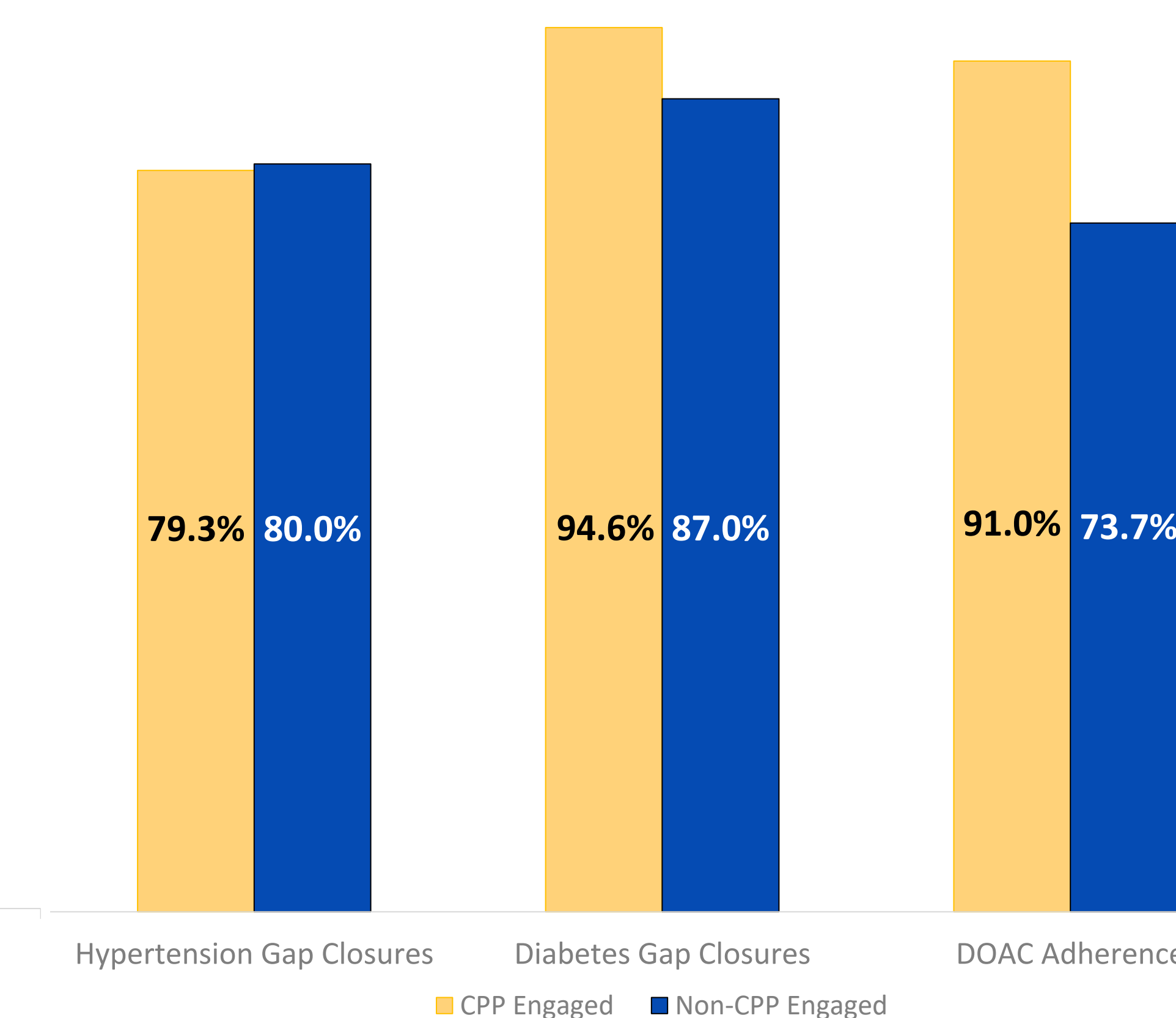


Figure 4. Medicare Quality Metrics Performance



## Conclusion

- On average, member quality measures of those engaged by Novant CPPs had greater positive trends in performance across both lines of business when compared to the non-CPP engaged members.
- It can be inferred that CPPs prescribed unique pharmacotherapies for members (not just refills of the same medications), and regularly followed up with patients based on the high prescribing volumes.

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Table 1. Member Quality Metrics Performance by Provider Engagement Type in 2023

	All Lines of Business								CPP vs. Non-CPP Percent Difference
	CPP Engaged				Non-CPP Engaged				
	Numerator	Denominator	%	Average PDC	Numerator	Denominator	%	Average PDC	
Hypertension Gap Closures	151	185	81.6%	-	13,588	16,932	80.3%	-	+1.4%
Diabetes Gap Closures	133	164	81.1%	-	5,040	6,807	74.0%	-	+7.1%
DOAC Adherence	258	298	86.6%	92.1%	1,579	2,242	70.4%	80.5%	+16.1%
Commercial									
	CPP Engaged				Non-CPP Engaged				CPP vs. Non-CPP Percent Difference
	Numerator	Denominator	%	Average PDC	Numerator	Denominator	%	Average PDC	
Hypertension Gap Closures	59	69	85.5%	-	9,591	11,936	80.4%	-	+5.2%
Diabetes Gap Closures	63	90	70.0%	-	3,645	5,203	70.1%	-	-0.1%
DOAC Adherence	25	42	59.5%	78.8%	605	920	65.8%	77.1%	-6.2%
Medicare									
	CPP Engaged				Non-CPP Engaged				CPP vs. Non-CPP Percent Difference
	Numerator	Denominator	%	Average PDC	Numerator	Denominator	%	Average PDC	
Hypertension Gap Closures	92	116	79.3%	-	3,997	4,996	80.0%	-	-0.7%
Diabetes Gap Closures	70	74	94.6%	-	1,395	1,604	87.0%	-	+7.6%
DOAC Adherence	233	256	91.0%	94.2%	974	1,322	73.7%	82.9%	+17.3%

CPP: Clinical Pharmacist Practitioners  
 Gap Closure: Previously uncontrolled disease that became controlled  
 Numerator: members with A1c <8/9%, BP <140/90 mmHg, or adherence to DOAC therapy ( $\geq 80\%$  PDC)  
 Denominator: members with an initial uncontrolled A1c, BP, or filled DOAC medication

## Additional Takeaways:

- The greatest difference between groups was Medicare DOAC adherence - 91% to 73.7% (Figure 4).
- Average DOAC PDC was higher in the CPP engaged groups in contrast to comparative group. 78.8% compared to 77.1% in Commercial. 94.2% compared to 82.9% in Medicare (Table 1. Average PDC).
- CPPs prescribed 2.08 unique prescriptions and 11.82 monthly prescriptions on average across all quality measure groups (Table 2. Average # of 30D Equivalents).

## Limitations

- Patient specific factors were not adjusted for as confounders.
- The time until achieving a gap closure was not recorded
- Only the year 2023 was covered. A one-year cohort may not capture the long-term effects and sustained benefits of CPP engagement.
- While the study characterizes CPP prescribing habits, it does not capture the clinical reasoning or patient factors behind the prescribing decisions.

## Disclosures

- 1 AMCP Foundation Intern; Howard University College of Pharmacy
- 2 Blue Cross Blue Shield of North Carolina
- 3 Pfizer Inc., New York, NY
- Spenser Smith and Brenden O'Hara are employees of Blue Cross Blue Shield of North Carolina
- Nicole Abolins and Tyler Gums are employees of Pfizer Inc.
- AMCP Foundation receives funding for the Managed Care Internship from Pfizer Inc.

Thank you to Novant Health for their contributions

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Table 2. CPP Prescribing Patterns Based On Member Engagement in 2023					
All Lines of Business					
Member Population	Average # of unique prescriptions	Median # of unique prescriptions	Average # of 30D Equivalents	Median # of 30D Equivalents	Top 3 Prescriptions
Hypertension	2.18 (SD: 2.1)	1.0	11.91 (SD: 11.9)	9.0	Losartan 50mg, Entresto 97-103mg, Lisinopril 40mg
Diabetes	2.51 (SD: 2.2)	2.0	13.35 (SD: 13.5)	9.0	Jardiance 25mg, Victoza 18mg/3ml, Jardiance 10mg
DOAC Therapy	1.54 (SD: 1.3)	1.0	10.21 (SD: 8.3)	9.0	Eliquis 5mg, Xarelto 20mg, Eliquis 2.5mg
Commercial					
Patient Population	Average # of unique prescriptions	Median # of unique prescriptions	Average # of 30D Equivalents	Median # of 30D Equivalents	Top 3 Prescriptions
Hypertension	2.62 (SD: 2.1)	2.0	12.97 (SD: 12.5)	10.0	Losartan 50mg, Carvedilol 25mg, Entresto 97-103mg
Diabetes	2.61 (SD: 2.1)	1.0	12.95 (SD: 12.5)	10.0	Jardiance 25mg, Ozempic 8mg/3ml, Ozempic 4mg/3ml
DOAC Therapy	1.95 (SD: 2.4)	1.0	10.71 (SD: 10.9)	7.0	Xarelto 20mg, Eliquis 5mg, Xarelto 10mg
Medicare					
Patient Population	Average # of unique prescriptions	Median # of unique prescriptions	Average # of 30D Equivalents	Median # of 30D Equivalents	Top 3 Prescriptions
Hypertension	1.91(SD: 2.0)	1.0	11.28 (SD:11.6)	8.5	Eplerenone 25mg, Lisinopril 40mg, Amlodipine 10mg
Diabetes	2.42 (SD:2.3)	2.0	13.72 (SD: 14.5)	9.0	Victoza 18mg, Jardiance 10mg, Jardiance 25mg
DOAC Therapy	1.46 (SD: 1.1)	1.0	10.13 (SD: 7.9)	9.0	Eliquis 5mg, Xarelto 20mg, Eliquis 2.5mg