The 2023 PQS Trend Report in Pharmacy Quality

PHARMACY QUALITY ALLIANCE

December 2023

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Presenter

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PQS

2023 PQS Industry Trend Report
in Pharmacy Quality

December 7, 2023

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Director, Analytics and Program Development

What is the Trend Report?

- Introduction and Background
- Ch 1: Socio-Demographic Factors
- Ch 2: Utilization Factors
- Final Thoughts

- First published in 2019
- Created to provide insights on industry trends and support our customers in crafting strategy
- 2019, 2020, and 2022 focus on surveys of consumers, health plans, and pharmacies
- 2021 focused on medication trends related to the COVID-19 pandemic

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Importance of Medication Adherence

"Drugs don't work in patients who don't take them." - Former Surgeon General, C. Everett Koop

Importance of Medication Adherence

PROPORTION OF DAYS COVERED:		
Statins • Cholesterol PDC • This measure focuses on adherence for statins as a medication class	**Diabetes All Class** • Diabetes PDC • This measure includes non-insulin antihyperglycemic medications • Patients on insulin are excluded from this measure	**Renin Angiotensin System Antagonists** • RASA PDC • Includes drugs in the category of renin-angiotensin system antagonist

What is Correlated with Adherence?

Patient Factors?

Do patient demographic or socio-economic factors correlate with adherence?

Structural Factors of Utilization?

What effect might extended fills have on adherence? Or the channel through which medications are received?

Clinical Factors like Co-Morbidities and Medications?

If a patient is taking one medication vs another, does that affect adherence? Or if a patient is in multiple adherence measures?

EQUIPP® Dataset

- These data are provided to EQUIPP from health plans and PBMs and represent approximately 90% of Medicare lives
- The data used in this trend report are from the 2022 calendar year and limited to Medicare lives

MEDICARE MEMBERS IN TREND ANALYSES

MEASURE	MEMBERS (N)
Cholesterol PDC	13,128,216
Diabetes PDC	4,057,960
RASA PDC	11,112,320

Note: This population represents a subset of the patient data in EQUIPP from calendar year 2022.

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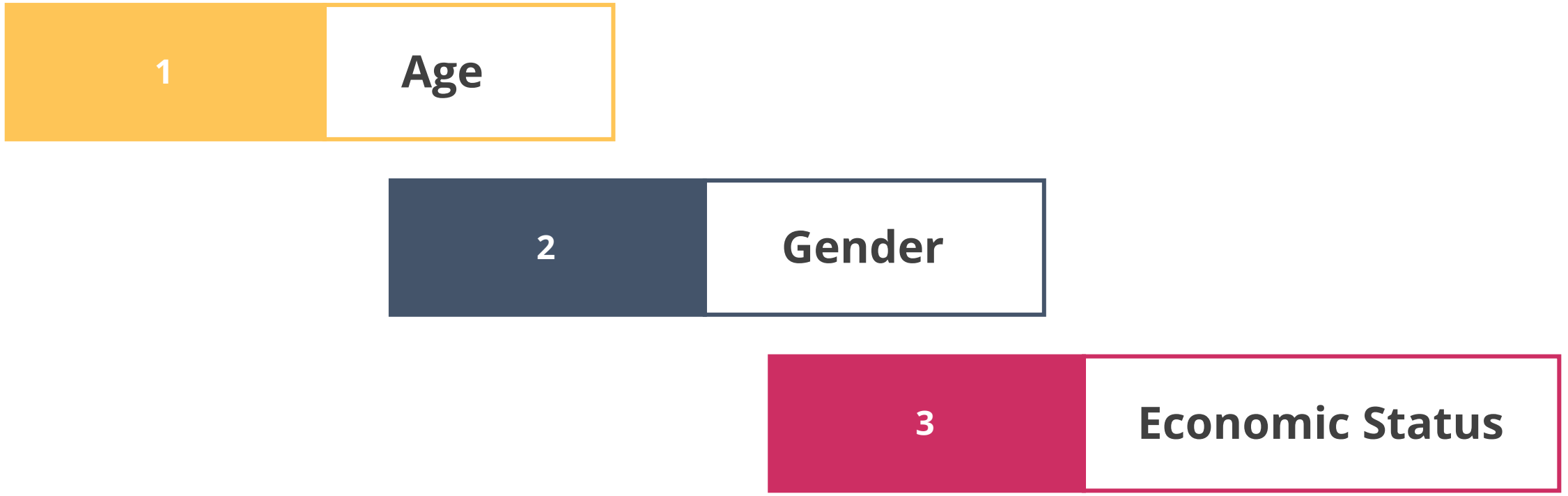
Socio-Demographic Factors



1 Age

TABLE 1. MEAN AGE AND ADHERENCE CATEGORY

	ADHERENT	PATIENT COUNT	MEAN AGE
Cholesterol PDC	No	1,765,698	73.0
	Yes	11,362,518	73.7
Diabetes PDC	No	596,607	71.4
	Yes	3,461,353	72.4
RASA PDC	No	1,374,787	73.0
	Yes	9,737,533	73.7

- All measures show higher mean age among adherent patients
- Difference ranges from 0.7% to 1.0%

1 Age

TABLE 2. AGE STRATA AND MEASURE RATE

	AGE <65	AGE 65-74	AGE 75+
Cholesterol PDC	82.8% *n=1,241,827*	86.8% *n=6,053,543*	87.1% *n=5,832,834*
Diabetes PDC	81.1% *n=507,959*	85.9% *n=1,950,995*	85.9% *n=1,599,000*
RASA PDC	82.6% *n=1,031,954*	88.3% *n=5,125,376*	87.9% *n=4,954,973*

- Age < 65 has consistently lowest adherence and smallest population
- Highest rate varies in age strata across the measures

2 Gender

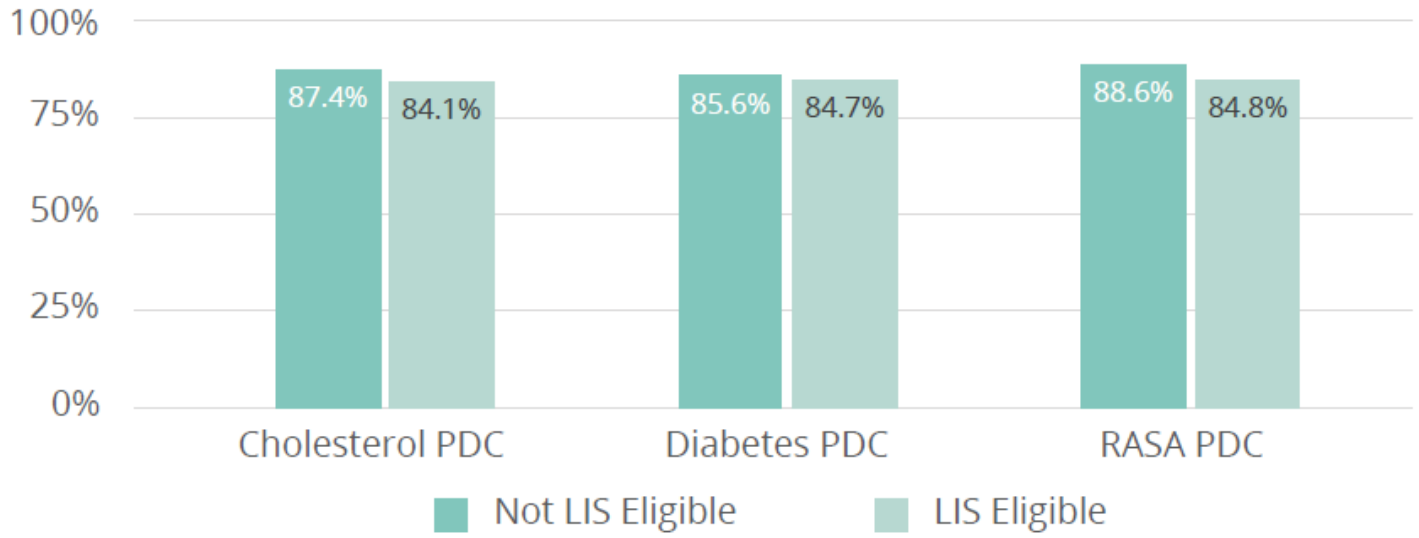
- Bucking stereotypes, male Medicare populations tended to have generally higher adherence

TABLE 3. MEASURE RATE BY GENDER

	FEMALE	MALE	DIFFERENCE
Cholesterol PDC	86.1%	87.1%	1.0%
Diabetes PDC	84.6%	86.1%	1.5%
RASA PDC	87.8%	87.5%	-0.3%

3 Economic Status

FIGURE 1. LOW-INCOME SUBSIDY (LIS) AND MEASURE RATE



- Populations that qualify for low-income subsidy (LIS) eligibility did have lower measure rates
- LIS stands in as a surrogate for economic status

Ch 1: Summary

- CMS partnered with RAND to examine socio-demographic effects on adherence → found that these measures were a potential target for SDS adjustment, but small differences lead to continued debate
- CMS found that most medicare contracts would not have a change in Star Rating using an adjustment model
- The results here in the PQS Trend Report agree with those findings

Most Medicare contracts would not have a change in the measure-level Star Rating as a result of a multivariable adjustment model

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Utilization Factors Related to Adherence

- Switching Drugs Within a Measure
- Distribution Channel
- Extended Fills
- Member Retention
- Patients in Multiple PDC Measures
- Drug Categories in Diabetes PDC Measure

Switching Drugs Within a Measure

- Did not analyze Diabetes PDC because patients can appropriately be on more than one medication
- Measure rates were lower when including only patients who switched target medications

TABLE 4. ADHERENCE MEASURE RATES AND SWITCHING

	DENOMINATOR	MEASURE RATE
RASA PDC	11,112,308	87.6%
1 Drug	10,700,652	87.8%
2+ Drugs	411,656	83.1%
Cholesterol PDC	13,128,196	86.5%
1 Drug	12,657,446	86.8%
2+ Drugs	470,750	79.6%

Distribution Channel

- Mail was utilized by 20 – 25% of patients in all three measures
- The measure rates were higher for mail utilizers when compared to retail utilizers for all three PDC measures

TABLE 5. ADHERENCE MEASURE RATE BY CHANNEL

PDC MEASURE	RETAIL			MAIL			DIFF.
	NUM.	DENOM.	RATE	NUM.	DENOM.	RATE	
Cholesterol	8,536,073	10,018,865	85.2%	2,823,291	3,109,351	90.8%	5.6%
Diabetes	2,684,079	3,199,140	83.9%	778,091	858,820	90.6%	6.7%
RASA	7,466,965	8.632,329	86.5%	2,271,672	2,479,991	91.6%	5.1%

Num. = Numerator; Denom. = Denominator; Diff. = Difference

Extended Fills

- The large majority of patients in each measure were receiving only extended fills
- For every measure, the PDC rate was lowest for patients who did not receive any extended fills and highest for patients with only extended fills

TABLE 6. MEASURE RATE BY EXTENDED FILL STATUS

MEASURE	FILL STATUS	NUM.	DENOM.	RATE
Cholesterol PDC	Extended	9,226,813	10,417,991	88.6%
	Mix	1,400,546	1,731,470	80.9%
	Non-Extended	735,151	978,735	75.1%
Diabetes PDC	Extended	2,109,081	2,395,863	88.0%
	Mix	1,059,613	1,226,629	86.4%
	Non-extended	292,651	435,452	67.2%
RASA PDC	Extended	7,518,863	8,364,438	89.9%
	Mix	1,625,052	1,935,915	83.9%
	Non-extended	593,611	811,955	73.1%

Num. = Numerator; Denom. = Denominator

Member Retention

TABLE 9. MEMBERSHIP STATUS AND MEASURE RATE

	NEW MEMBER		DIFFERENCE
	NO	YES	
Cholesterol PDC	86.6% *n=11,137,649*	86.5% *n=1,988,507*	-0.1%
Diabetes PDC	85.4% *n=3,388,128*	85.0% *n=669.062*	-0.4%
RASA PDC	87.7% *n=9,404,601*	87.4% *n=1,705,945*	-0.3%

Percentages represent the PDC measure rate for 2022

- We hypothesized that members new to a plan would have some barriers to adherence, but we were wrong
- Very little difference with new members, though new members were slightly less adherent

Patients in Multiple PDC Measures

- A great deal of overlap in measure populations
- Greatest difference in rate is between diabetes only patients and diabetes PDC rates for those in multiple measures
- In all cases, the lowest measure rate is for the patients that are in the one measure only

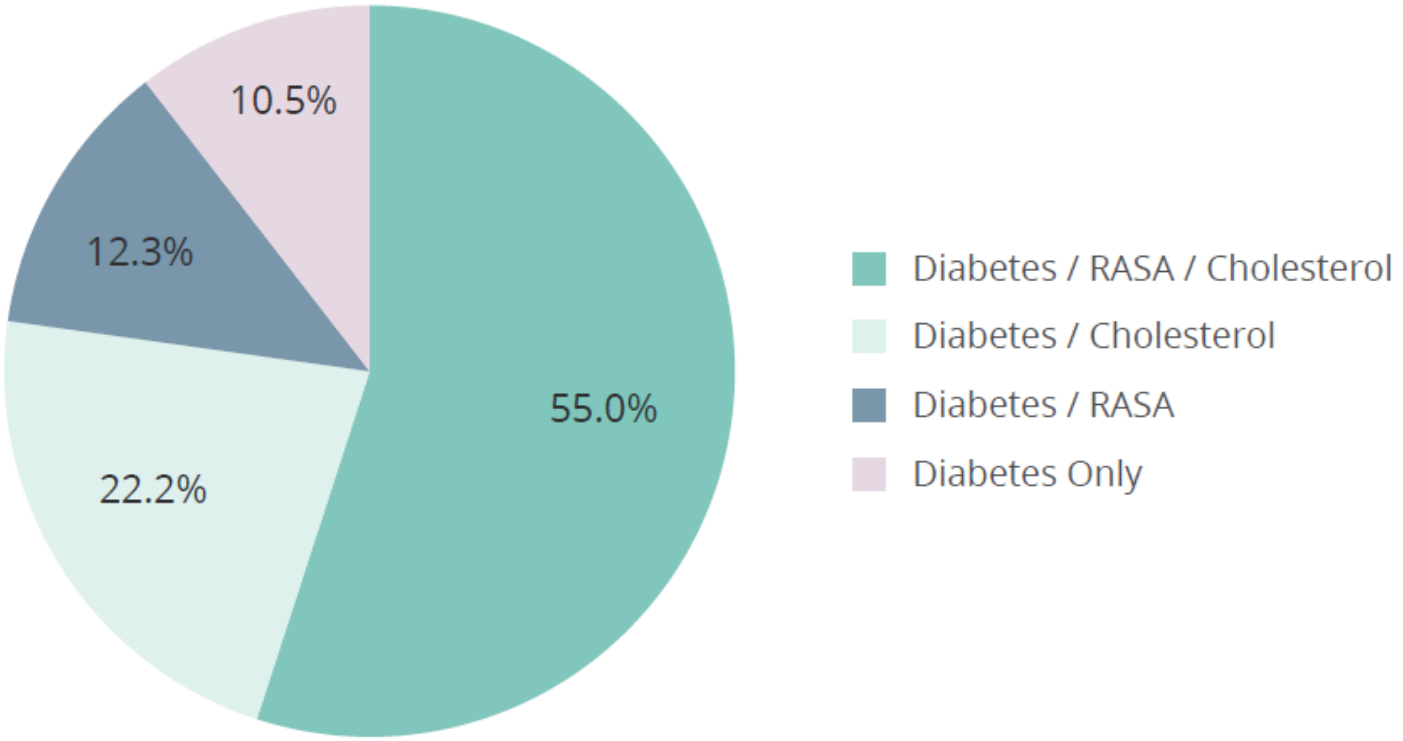
TABLE 10. PDC MEASURE RATE BY MEASURE COMBINATION

GROUP	PATIENT COUNT	DIABETES RATE	RASA RATE	CHOLESTEROL RATE
Diabetes Only	425,267	73.8%		
RASA Only	3,100,306		84.7%	
Cholesterol Only	4,712,772			84.8%
Diabetes, RASA and Cholesterol	2,233,759	88.6%	89.6%	88.3%
Diabetes and RASA Only	497,751	81.5%	84.9%	
Diabetes and Cholesterol Only	901,177	84.7%		85.5%
RASA and Cholesterol Only	5,280,498		88.7%	87.5%
Diabetes Total Population	4,057,954	85.3%		
RASA Total Population	11,112,314		87.6%	
Cholesterol Total Population	13,128,206			86.6%

Patients in Multiple PDC Measures

- A relatively small proportion of each measure population is in that measure *only*
- The majority of Diabetes PDC patients are in all three adherence measures

FIGURE 2. DIABETES PATIENTS IN MULTIPLE MEASURES



Drug Categories in Diabetes PDC Measure

- Unsurprisingly, Metformin was the highest patient count of the examined categories
- Keep in mind that these data include a large number of overlapping patients

TABLE 11. DRUG CATEGORIES IN DIABETES PDC MEASURE*

DRUG	PATIENT COUNT	% OF TOTAL
Metformin	3,264,836	80.5%
Sulfonylurea	1,273,525	31.4%
GLP-1	558,048	13.8%
DPP4	519,775	12.8%

Total Patient Count = 4,057,954
** A patient may be included in multiple categories*

TABLE 12. DIABETES PDC RATE BY DRUG COMPONENT AND LIS STATUS

DRUG / DRUG CLASS	FILL	PATIENT COUNT	MEASURE RATE	LIS	PATIENT COUNT	MEASURE RATE
Metformin	No	793,107	80%	No	510,008	79%
				Yes	283,099	82%
	Yes	3,264,836	87%	No	2,273,946	87%
				Yes	990,890	85%
Sulfonylurea	No	2,784,418	83%	No	1,876,840	83%
				Yes	907,578	83%
	Yes	1,273,525	91%	No	907,114	91%
				Yes	366,411	90%
GLP-1	No	3,499,895	85%	No	2,456,852	86%
				Yes	1,043,043	84%
	Yes	558,048	85%	No	327,102	83%
				Yes	230,946	87%
DPP4	No	3,538,168	85%	No	2,496,503	85%
				Yes	1,041,665	83%
	Yes	519,775	89%	No	287,451	88%
				Yes	232,324	90%

- For every drug or drug class, the measure rate for those patients who positively had a fill of the medication was higher, with the exception of GLP-1s

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Ch 2: Summary

- Measure rates are lower when including only patients who switched medications during the year
- Measure rates were higher for mail utilizers when compared to retail utilizers
- When stratifying patients by whether they had only extended fills, a mix of extended and non-extended fills, or only non-extended fills, measure rates are highest for those with extended fills by a large margin
- Whether a member was new to the plan or not made little difference in measure rates
- For every drug or drug class, the measure rate for those patients who positively had a fill of the medication was higher, with the exception of GLP1s

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Final Thoughts

Socio-Demographic Factors Don't Make Large Differences

- … when considered at a population level
- Economic status *may* make a larger difference than demographics

Utilization Factors Can Make Large Differences in Measure Rates

- … when considered at a population level
- Extended fills only vs no extended fills made the largest difference we saw
- A *large* number of patients are in multiple measures

PQS Trend Report – Available NOW!

PQS News | Resources | Trend Report | December 4, 2023

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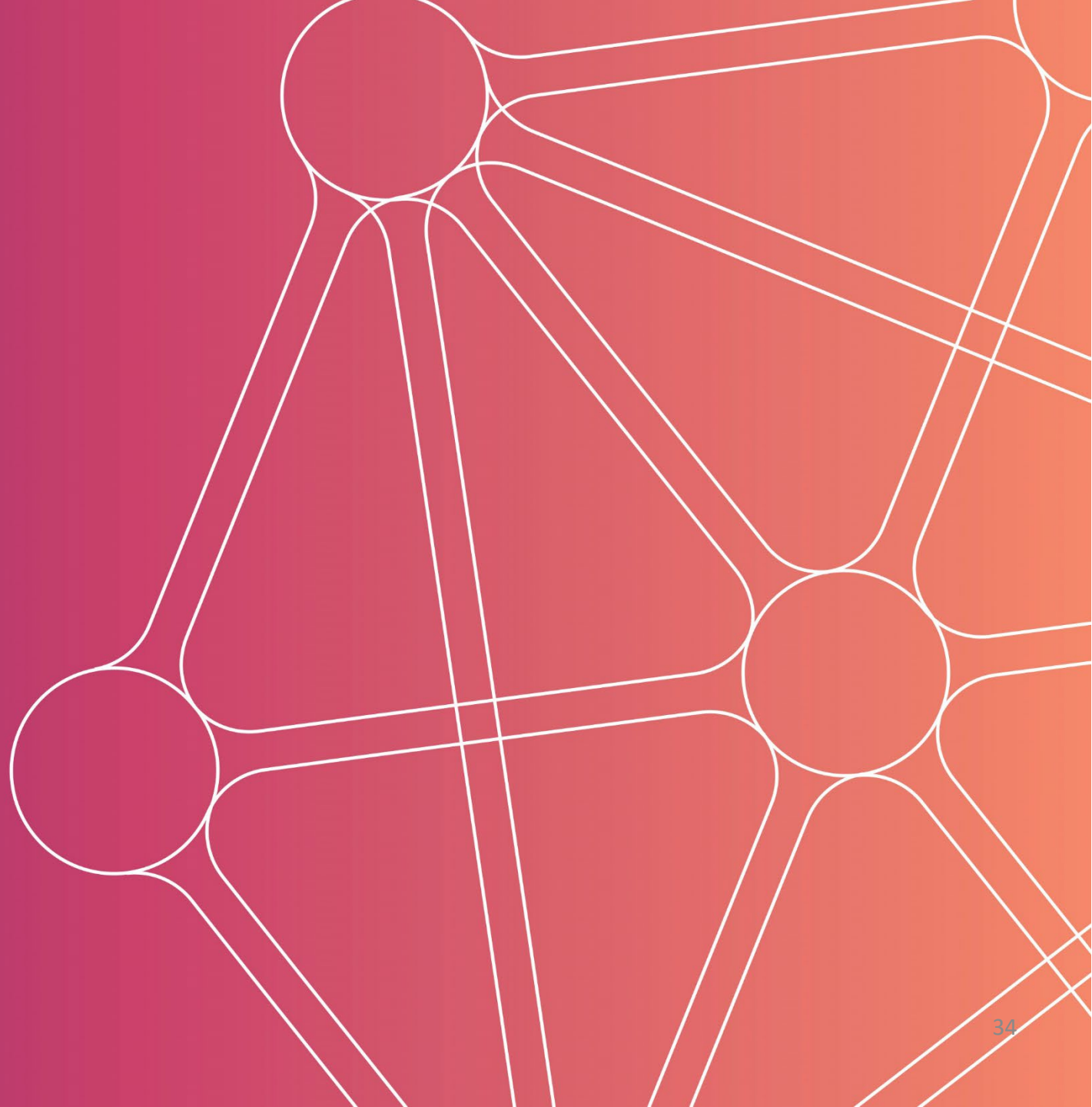
Pharmacy Quality Solutions (PQS) has released its 2023 Industry Trend Report in Pharmacy Quality, which focuses on the influence of socio-demographic and utilization factors on medication adherence measure rates.

2023 Trend Report in Pharmacy Quality

Below is a brief summary of the 2023 Trend Report findings:

The first chapter highlights the impact of socio-demographic factors, including age, gender, and low-income subsidy (LIS) status,

Thank you!



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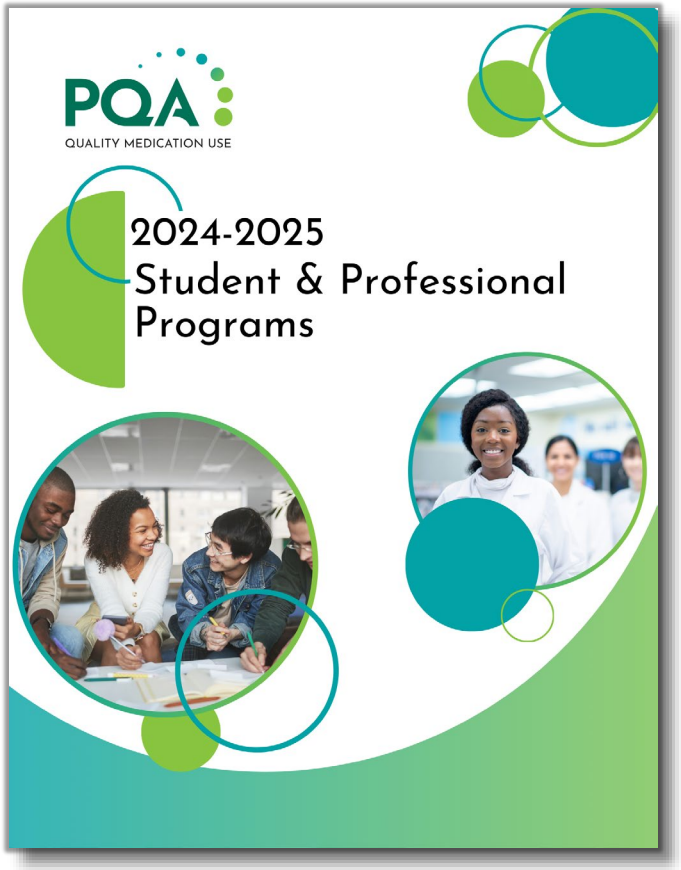
- Summer Executive Internship, sponsored by PQS
  - **Deadline: Friday, December 15**
- MPH Practicum Program
  - **Deadline: Friday, December 15**



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