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RESEARCH NOTES

Community pharmacy owners' views of star ratings and performance measurement: In-depth interviews

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ABSTRACT

Objectives: The star rating system implemented by Medicare has the potential to positively affect patient health and may have financial implications for community pharmacies. Learning from owners of community pharmacies with high performance on these quality measures may help us to identify and further understand factors contributing to their success. This study described high-performing community pharmacy owners' current awareness and knowledge of star ratings, attitudes toward star ratings and performance measurement, and initiatives being offered in pharmacies that aim to improve the quality of care.

Methods: Qualitative interviews with owners of independent community pharmacies were conducted in Spring 2015. Fifteen community pharmacies with high performance on the star rating measures were invited to participate. Recruitment did not end until the saturation point had been reached. All interviews were transcribed verbatim. Interview data were analyzed with the use of ATLAS.ti by 2 coders trained in thematic analysis. Krippendorf's alpha was calculated to assess intercoder reliability.

Results: Ten high-performing pharmacy owners participated. Analysis identified 8 themes, which were organized into the following categories: 1) current awareness and knowledge (i.e., superficial or advanced knowledge); 2) attitudes toward star ratings (positive perceptions, skeptical of performance rewards, and lack a feeling of control); and 3) pharmacy initiatives (personal patient relationships, collaborative employee relationships, and use of technology). Intercoder reliability was good overall.

Conclusion: Interviews with high-performing pharmacies suggested that awareness of the star rating measures, overall positive attitudes toward the star ratings, the relationships that pharmacy owners have with their patients and their employees, and the use of technology as a tool to enhance patient care may contribute to high performance on the star rating measures. Future research is needed to determine if and how these constructs are associated with pharmacy performance in a larger population.

The improvement of health care quality is an increasingly important issue. One major reason for the focus on quality improvement is the rise in health care costs seen in the United States. From 1980 to 2010, per capita health care spending in the United States increased from $1110 to $8402 annually.[1] Many factors contribute to increased health care expenditures, including medication nonadherence and inappropriate prescribing which lead to poor health outcomes and preventable adverse drug events.

In an effort to improve the U.S. health care system, the Centers for Medicare and Medicaid Services (CMS), the agency responsible for administration of several federal health care programs, created a star rating system that rates private Medicare plans on a 5-point scale from 1 for poor performance to 5 for excellent performance. These ratings take into consideration the quality of care provided to enrollees covered under the available plans. Performance is calculated with the use of metrics that have been shown to be directly associated with positive patient outcomes and that therefore could affect

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patient health. Using these ratings, consumers can compare plans and enroll in the plan that best fits their needs.

CMS rewards Quality Bonus Payments to Medicare Advantage (MA) plans (including those with and without prescription drug coverage) that perform at the 4-star level or higher. In addition to bonus payments, 5-star plans can enroll beneficiaries at any time during the year, whereas low performing plans may be prevented from enrolling beneficiaries online. Given these benefits, MA plans desire high star ratings and do not want to be at risk of losing beneficiaries because of poor performance.[2] As a result, MA plans are exploring ways to improve their overall star rating, leading to increased competition to attract beneficiaries.

For the 2016 star ratings, MA plan performance is assessed based on 37 metrics and stand-alone Medicare Part D prescription drug plans (PDPs) are evaluated based on 15 performance metrics. Included in the evaluation of both MA plans with prescription drug coverage as well as PDP plans are 5 metrics that are directly related to medication utilization and can be directly affected by pharmacists. The 5 medication utilization metrics initially used to calculate star ratings were triple-weighted compared with other performance metrics and are presented in Table 1. Metrics change periodically in an effort to continuously improve the methods used to assess plan performance, and therefore, since the conclusion of this study, some metrics listed have been retired or replaced for future star rating calculations. In the near future, it is possible that additional monetary incentives or penalties will be implemented based on plan performance for both PDPs and MA plans.[3] In preparation to deal with the financial impact that these star ratings may have on their plans, some MA-PD and PDP plans have used preferred pharmacy networks or pay-for-performance reimbursement systems for network pharmacies based on pharmacy performance on the 5 medication utilization-related metrics.[4] Therefore, pharmacies that perform poorly will be under heavy pressure to improve their performance.[4]

Given the financial impact that Medicare star ratings may have on community pharmacies, it is important for pharmacists to focus on improving medication utilization among their patients, as suggested by the CMS measures. One strategy is to learn what makes community pharmacies that receive high star ratings successful. We refer to those pharmacies hereafter as high-performing pharmacies. Little is known regarding pharmacist and pharmacy perceptions of the star ratings and what can be done to improve them. In fact, a systematic search of the previously published literature yielded no results related to pharmacists' perceptions of star ratings. To address this gap in the literature, identification of the knowledge, attitudes, and the initiatives offered by high performing pharmacies is needed and may be able to inform pharmacy owners of best practices in relation to star rating performance.

Objective

The objective of this study was to describe high-performing pharmacy owners' current awareness of star ratings, knowledge of star rating measures, and attitudes towards star ratings and performance measurement as well as current initiatives being offered in pharmacies that aim to improve the quality of care provided. These factors may serve as guidance for other pharmacies.

Methods

A qualitative study design was used. Semistructured telephone interviews were conducted with pharmacy owners of independent community pharmacies in Alabama with the use of open-ended questions. We purposefully selected the independently owned pharmacy population because it allowed us to study the role of leadership, because the ability to make changes within their organizations is more prominent among independently owned pharmacies, which make up approximately 43% of community pharmacies in Alabama. With other community pharmacy ownership types (chain, grocery, mass merchandiser), major decisions are typically made in upper level management, not at the individual pharmacy level. The institutional review board protocol for this study was approved with exempt status.

As is the case in many qualitative studies, recruitment of participants would not end until the saturation point (the point at which no new information is gained from conducting additional interviews) had been reached. We began with the recruitment of 15 top-performing independently owned pharmacies out of the approximately 600 in Alabama that were identified by Pharmacy Quality Solutions (PQS) with the use of a proprietary algorithm that calculated performance. The possibility was left open for additional pharmacies to be recruited if the saturation point had not been reached. During recruitment, an institutional review board–approved script was used to inform potential participants of the purpose of the study and schedule an hour-long telephone interview with the principal investigator.

An interview guide was used that included general questions about services offered in their respective pharmacies as well as awareness of the MA and PDP measures related to pharmacy performance (e.g., “What activities would you say improve the quality of care you provide in your pharmacy?,” “What do you know about the Medicare star rating system?,”

Table 1
Medication-related performance measures

Measure	Definition
High-risk medication	Percentage of plan members who got prescriptions for certain drugs with a high risk of serious side effects when there may be safer drug choices
Diabetes treatment	Percentage of plan members with diabetes and high blood pressure who received an angiotensin-converting enzyme inhibitor or an angiotensin receptor blocker for their blood pressure
Medication adherence for diabetes medications	Percentage of plan members who fill their prescription for diabetes medication enough to cover 80% or more of the time that they are supposed to be taking the medication
Medication adherence for hypertension	Percentage of plan members who fill their prescription for blood pressure medication enough to cover 80% or more of the time that they are supposed to be taking the medication
Medication adherence for cholesterol	Percentage of plan members who fill their cholesterol medication (statin drug) enough to cover 80% or more of the time that they are supposed to be taking the medication