RESEARCH

Patient perceptions of a pharmacy star rating model

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A B S T R A C T

Objectives: To identify patients' understanding of what constitutes a "quality pharmacy" and to obtain their feedback regarding the development and use of the pharmacy star rating model, a pharmacy-specific aggregate performance score based on the Centers for Medicare and Medicaid Services' Medicare Star Rating.
Design: Prospective cross-sectional study.
Setting and participants: Focus groups were conducted in Arizona, California, Mississippi, Maryland, and the District of Columbia, and one-on-one interviews were conducted in Indiana. Eligible patients were required to routinely use a community pharmacy.
Main outcome measures: Consumer insights on their experiences with their pharmacies and their input on the pharmacy star rating model were attained. Key themes from the focus groups and interviews were obtained through the use of qualitative data analyses.
Results: Forty-nine subjects from 5 states and DC participated in 6 focus groups and 4 one-on-one interviews. Eighty-eight percent of participants reported currently taking at least 1 medication, and 87% reported having at least 1 health condition. The 7 themes identified during qualitative analysis included patient care, relational factors for choosing a pharmacy, physical factors for choosing a pharmacy, factors related to use of the pharmacy star rating model, reliability of the pharmacy star rating model, trust in pharmacists, and measures of pharmacy quality. Most participants agreed that the ratings would be useful and could aid in selecting a pharmacy, especially if they were moving to a new place or if they were dissatisfied with their current pharmacy.
Conclusion: Pharmacy quality measures are new to patients. Therefore, training and education will need to be provided to patients, as pharmacies begin to offer additional clinical services, such as medication therapy management and diabetes education. The use of the pharmacy star rating model was dependent on the participants' situation when choosing a pharmacy.

Health care organizations and providers have a primary responsibility to deliver high quality care to consumers. Donabedian defines high quality patient care as "the kind of care [that] is expected to maximize an inclusive measure of patient welfare, after one has taken account of the balance of expected gains and losses."[1] Quality is determined by the extent to which patient care programs and services increase the likelihood of desired patient outcomes and decrease the chance of undesired outcomes, keeping in mind the existing knowledge base."[2]

The Pharmacy Quality Alliance (PQA) was created in 2006 to address pharmacy quality issues. Specifically, PQA co-ordinates efforts of multiple stakeholders in measuring and improving the quality of medication use. The initial focus of PQA was support of the Centers for Medicare and Medicaid Services (CMS) in establishing measures of medication-related quality that could be used in the evaluation of Medicare Part D plans. CMS launched a Medicare Star Ratings program in 2008 to help educate consumers on quality of health care and make quality data more transparent.[3] As such, health plans are rated on multiple performance measures, including several measures from PQA that are specifically related to medication management. Although the specific number of medication-related measures in the star ratings may vary from year to year, the medication-related measures typically account for

Key Points

Background:

- Providing patients with optimal health care services is an important role of a pharmacy.
- Few studies have actually assessed what patients consider to be a "quality pharmacy."
- To better inform the patients about pharmacy quality, a rating model was developed by the Pharmacy Quality Alliance and Pharmacy Quality Solutions to assess the quality of pharmacies.

Findings:

- Patients indicated several factors, such as cost, location, and refill assistance, along with other aspects were important to them when choosing a pharmacy.
- Patients indicated that they would use the pharmacy star rating model if they were dissatisfied with their current pharmacy or if they were moving to a new location.

40% to 50% of the Part D summary rating of a Medicare prescription drug plan.[4] As such, significant attention has been given to these measures by the Medicare plans.

Pharmacy Quality Solutions (PQS), a company that is primarily owned by PQA, was created to assist health plans and pharmacies for collaborative engagements in quality improvement related to medication management. Multiple plans within Medicare Part D have begun to track the performance of their pharmacy network via the Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) from Pharmacy Quality Solutions. EQuIPP allows health plans and pharmacy benefit managers (PBMs) to benchmark their performance on quality measures and to view the performance of their pharmacy network on CMS' star rating measures. Community pharmacies, both independent and chain, are able to view their performance rates through a subscription to EQuIPP.[5]

EQuIPP receives prescription claims data from health plans and PBMs, which allows for a robust evaluation of Medicare Star measures for most pharmacies in the United States.[5] EQuIPP data can be accessed by nearly all community pharmacies in the United States via relationships with pharmacy chains and pharmacy services administrative organizations (PSAOs) that represent independent pharmacies.[5] This enables pharmacies to track their quality measure performance for each health plan and benchmark their performance against peers, as well as to take corrective actions when and where their performance is subpar. Thus, these quality measures are important to quality improvement programs in the pharmacy.

Several health plans and PBMs have launched quality-based networks where pharmacy payment is aligned with the quality of care provided by the pharmacies.[6,7] Some health plans are also starting to inform their members about the quality of pharmacies that are available to the members, with the goal of directing patients to the top-quality pharmacies.

A simple consumer-friendly system for reporting on pharmacy quality may be helpful in these cases. Furthermore, high-performing pharmacies may like the ability to inform the public about the quality of their services.

Given the rapid growth in demand for information on pharmacy quality, PQA and PQS formulated a model for assignment of an overall quality rating to a community pharmacy. The draft model was designed to provide an overall rating of a pharmacy on a scale of 1 to 5 stars wherein the overall rating is constructed from multiple quality measures that had previously been developed and endorsed by PQA and that had been adopted by the CMS star ratings. These measures include the Medicare Part D star measures related to medication adherence and medication safety. Details on the draft model for a pharmacy quality rating are available from PQA.[8] To determine if this model would be appropriate for public release of pharmacy ratings, it is important to gather feedback from all stakeholders, including consumers.

Limited research exists assessing patients' understanding and perceptions of "quality" in community pharmacy settings. Moreover, little is known about consumers' opinions on the helpfulness of quality measurement and ratings use in community pharmacies and the extent to which it may affect patients' decision on pharmacy selection.[9-11] Therefore, PQA and PQS contacted the primary author (T.L.W.) and asked her to explore patient perceptions of the star measure that they developed before its release to the public. Thus, the present study sought feedback from the public about the potential usefulness of an overall pharmacy star rating to determine the important aspects that should be present in a pharmacy quality rating.

Objectives

The objectives of the study were to:

1. Explore consumers' definitions of "quality" pharmacy and their experiences with their current pharmacies.
2. Gather input and feedback from consumers on the value of a pharmacy star rating model that was developed for this project.

Methods

Design

This study used cross-sectional focus groups. Focus group and, if only 1 person was present at the time of the focus group, interviews were used because of their flexibility and the richness of data they generate. The focus groups and interviews took place from June 2014 to June 2015. Howard University, the University of Arizona, and the University of Mississippi Institutional Review Boards approved the study. All participants provided informed consents.

Participants

Participants were recruited by means of e-mail or flyers in each state. Care was taken to select participants who