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RESEARCH

Pharmacist-to-prescriber intervention to close therapeutic gaps for statin use in patients with diabetes: A randomized controlled trial

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ABSTRACT

Objective: To assess the effect of a community pharmacist-led intervention on the proportion of patients with diabetes placed on statin therapy.
Design: The Pharmacy Quality Alliance endorsed a performance measure, Statin Use in Persons with Diabetes, which evaluates the percentage of patients aged 40-75 years who were dispensed a medication for diabetes and also received a statin medication.
Setting: This new measure has been implemented within the Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) dashboard.
Participants: In this randomized controlled study, eligible patients identified in EQuIPP are those who received medications from a large chain community pharmacy in North Carolina, are 40-75 years, had ≥2 prescription fills of a diabetes medication, and were not receiving statin therapy.
Intervention: The control group received no intervention. Primary care prescribers of patients in the intervention group were contacted by phone and fax to obtain a prescription for an appropriate statin.
Main outcome measures: The primary outcome was the proportion of patients in each group who were dispensed a statin, calculated using Fisher exact test. Sub-analyses were performed to control for patient age, sex, and insurance type.
Results: The number of statins prescribed was statistically significant between intervention group (n = 221) versus control group (n = 199) with 46 statins versus 17 statins, respectively (P <0.001). The number of statins dispensed was also statistically significant between groups with 34 statins in the intervention group versus 15 statins in the control group (P = 0.015). The fourth most common (9.2%) reason prescribers rejected statin therapy initiation was "Patient has normal cholesterol" and this caused the greatest amount of discussion between pharmacist and prescriber.
Conclusion: Through a brief pharmacist-to-provider intervention, a significant gap closure in statin therapy was seen in patients with diabetes. There is an opportunity for pharmacies, health plans, and prescribers to utilize the community pharmacist in achieving quality, evidence-based patient care.

Health insurance plans are continuing to recognize the importance of pharmacies and pharmacists that deliver quality patient care. As the United States' health care shifts from a fee-for-service to a value-based system, offering care of a higher quality at a low cost is becoming increasingly important to improve patient outcomes.[1] Medicare Part C and D plans are given Star Ratings each year based on performance metrics, with 1 star indicating poor performance and 5 stars indicating excellent performance.[2] Star Ratings are available to the public and are vital to plans for multiple reasons: higher ratings can qualify Medicare Advantage plans for quality bonus payments

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Key Points

Background:

- As the United States' health care shifts from a fee-for-service to a value-based system, offering care of a higher quality at a low cost is vital for health care practitioners and health plans to improve patient outcomes.
- Community pharmacists are among the most accessible health care practitioners and are well positioned to increase appropriate medication use and quality performance.
- Being a new measure, the *Statin Use in Persons with Diabetes* measure is likely unaddressed by most pharmacies. Performance data from 2017 will affect 2019 Star Ratings when this measure becomes fully implemented by the Centers for Medicare and Medicaid Services.

Findings:

- This randomized controlled trial shows a significant increase in the proportion of patients with diabetes placed on statin therapy.
- A standardized pharmacist-to-prescriber intervention in the form of a phone call script and fax template was used; therefore, this intervention is replicable in other community pharmacies.

from the government; 5-star plans are not limited to the open enrollment period but may market to and enroll beneficiaries throughout the year; patients can leave their current plans for 5-star plans any time of the year; patients cannot enroll in a plan from the Medicare website if it has received less than 3 stars for 3 consecutive years, and such plans risk losing their sponsorship status; and patients are more likely to choose a plan if it has a higher rating.[3] A plan's Star Rating performance is highly susceptible to influence by its providers, including pharmacies. There are 15 individual measures of quality in the 2017 Medicare Part D ratings.[2] Five quality measures relate to patient safety, appropriate medication use, and adherence; these 5 measures are weighted to account for 43% of a plan's Part D summary ratings and 16% of a Medicare Advantage plan's overall Star Ratings score for 2017.[2] Therefore, small, concerted efforts to improve performance on a quality measure can increase a plan's overall Star Rating.[3] Ninety percent of Medicare payments are to have some link to quality by the end of 2018.[1] High performance on quality measures helps pharmacies avoid direct and indirect remuneration (DIR) fees, which can also be a mechanism for bonus payments from some health plans.[4]

It is not just Medicare who evaluates performance on medication-related measures. Starting in 2015, plans in the Health Insurance Marketplace established by the Affordable Care Act of 2010 have started to be evaluated on adherence measures.[5] Health plans can directly see how pharmacies in their network are performing on these measures. In alternative payment models such as pay-for-performance, pharmacies that perform well receive higher reimbursements from health plans and their patients receive benefits such as lower co-pays.[6-9] As highly accessible practitioners in the health care system, community pharmacists are well positioned to increase safe and appropriate medication use.[10] Pharmacists can improve medication use and boost performance on quality measures, including Star Ratings.

The Pharmacy Quality Alliance (PQA), a multistakeholder consensus-based alliance with more than 190 membership organizations, develops and endorses quality measures that promote safe and appropriate medication use. In November 2014, the membership of PQA endorsed a new performance measure, *Statin Use in Persons with Diabetes*.[11] In May 2016, this measure was endorsed by the National Quality Forum (NQF).[12] The *Statin Use in Persons with Diabetes* measure evaluates the percentage of patients 40-75 years of age who were dispensed a medication for diabetes and received a statin medication as well. The measure is based on the 2013 American College of Cardiology/American Heart Association (ACC/AHA) Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular (ASCV) Risk in Adults, which recommends that a moderate- to high-intensity statin be initiated in patients with diabetes in this age range to reduce the risk of cardiovascular events.[13] Centers for Medicare and Medicaid Services (CMS) flagged the measure to be included as a CMS Display Measure in 2017 and fully implemented as a Part C and D Star Measure in 2019.[14] PQA's subsidiary company, Pharmacy Quality Solutions (PQS), implemented the *Statin Use in Persons with Diabetes* measure within the Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) dashboard, which allows pharmacies and plans to see how they are performing on this and other measures.[15]

Being a new measure, *Statin Use in Persons with Diabetes* is likely unaddressed by most pharmacies and has potential for performance improvement through interventions deployed by community pharmacies. High performance on this measure can enable pharmacies to increase the likelihood that they will be included in preferred provider networks, could qualify them for quality bonus payments through plan-based alternative payment models, and help them to avoid DIR fees for poor performance. Owing to the 2-year lag in CMS performance data, prescription claims used to calculate the *Statin Use in Persons with Diabetes* measure from 2017 will affect health plans' reported performance in 2019. There is a potential for pharmacy-based interventions conducted now to positively influence Star Ratings when the metric becomes fully implemented. The present study was designed to assess the impact of a standardized pharmacist intervention on the proportion of patients with diabetes who are also on a statin.

Objective

The aim of this study was to assess the effect of a community pharmacist-led intervention on the proportion of patients with diabetes placed on statin therapy.

Methods

Design

This was a randomized controlled trial conducted in a large chain community pharmacy setting. In this prospective