

Value-Based Pharmacy

There are many programs designed to improve the quality of medication use. Some are internal hospital or community pharmacy programs (often used as a tool for accreditation). Other programs are initiated by patient safety organizations (e.g., ISMP Canada), pharmacy regulatory bodies (e.g., Ontario College of Pharmacists), or national pharmacy associations (e.g., Canadian Society of Hospital Pharmacists, Canadian Pharmaceutical Association), etc. Community pharmacy teams can do a great deal to improve the quality of patients' medication therapy. However, there is not usually a direct connection between improved quality and payment for services. Third-party payers (i.e., insurance and government medication payment programs) are recognizing that paying a pharmacy to improve the way medications are used by patients can improve the quality and safety of medication therapy, while also lowering costs. Pay-for-performance quality improvement initiatives have been present in the U.S. for years, in the form of quality measures and "Star Ratings." These initiatives are now making their way to Canada. Green Shield Canada (GSC) is the first payer to introduce a value-based pharmacy pay-for-performance program in Canada.¹ GSC assigns a score to individual pharmacies which they plan to use to determine reimbursement, based on claim submission data. This toolbox provides information on community pharmacy quality improvement programs, with a focus on the Green Shield Canada program. It provides resources with strategies to help pharmacies improve GSC's quality measures. Keep in mind, it will be important to stay on top of updates as the GSC program, and perhaps others like it, are implemented.

Topic	Description and Resources
Green Shield Canada (GSC)'s Value-Based Pharmacy Initiative	
Value-Based Pharmacy	<p>Green Shield Canada is a national, not-for-profit, insurer that has about 3.3 million plan participants across Canada (about 9% of the population).² Value-based pharmacy is one part of GSC's <i>SmartSpend</i> Program. <i>SmartSpend</i> is aimed at improving patient outcomes and increasing the value of health products and services.³</p> <p>GSC uses information gathered from their medication claim submissions to assess the quality of patient care for certain measures.³ GSC measures, evaluates, and ranks a pharmacy's performance against a defined set of U.S.-based health outcome metrics.⁴ These measures translate into a score for individual pharmacies across Canada. Note that GSC only uses claims submissions data when GSC is the first payer.⁴ The pharmacy's score is a reflection of medication use in patients who have GSC. Pharmacies that perform better on quality measures will get higher reimbursements, while pharmacies with lower quality scores will get lower reimbursements.³</p> <p>GSC's value-based pharmacy initiative was partially based on the U.S. Centers for Medicare & Medicaid Services' Five-Star Quality Rating System. Questions have been raised about the relevance of these metrics in Canada. The U.S. model is designed to evaluate several aspects of patient care and includes pharmacies and physicians. In Canada, only pharmacies are being evaluated in GSC's current initiative.⁴ GSC's program was designed to "move the profession forward" and not as "a cost-containment initiative. GSC will reward high-performing pharmacies with bonus payments and penalize low performers."¹ One of GSC's goals is to incentivize performance and align performance with financial reimbursement.¹</p>

More . . .

Topic	Description and Resources
Green Shield Canada (GSC)’s Value-Based Pharmacy Initiative, continued	
Phases of GSC’s Value-Based Pharmacy Program	<p>GSC Quality Measures</p> <ul style="list-style-type: none">• GSC tracks eight quality measures to assess high-priority health issues.^{1,3}• The measures were chosen based on well-established clinical guidelines.⁵• The initial quality measures are meant to start changing the “culture of quality assessment and improvement” in an effort to improve healthcare outcomes and lower healthcare costs.⁶ <p>Phase One: Patient-Impact Scorecards¹</p> <ul style="list-style-type: none">• GSC began sending monthly scorecards to pharmacies in 2017, based on GSC claims information.• A pharmacy’s scorecard provides information on their patients’:<ul style="list-style-type: none">○ Adherence○ Disease management○ Medication safety• Scorecards also include a provincial/territorial average score.⁶• A Pharmacy Quality Rating of one to five stars was added to the scorecard in 2018. One-star ratings indicate the pharmacy is below average. A five-star pharmacy rating indicates a pharmacy is exceptional.⁵ <p>Phase Two: Patient Access¹</p> <ul style="list-style-type: none">• GSC plan members gained access to pharmacies’ performance information, quality-of-care scores, and star ratings in November 2018.• Pharmacies may see patients making choices about which pharmacy to use based on GSC’s score and ratings.• Scores are only based on GSC claims data, which account for only a portion of an individual pharmacy’s patients/prescriptions. Scores do not reflect a pharmacy’s entire patient experience. Scores do not include aspects which may be important to patients (e.g., services, customer service, speed of dispensing). <p>Phase Three: Pharmacy Reimbursement¹</p> <ul style="list-style-type: none">• Full details of the reimbursement plan are not yet available.⁴• Development done in “consultation and collaboration” with “the pharmacy community.”<ul style="list-style-type: none">○ Working in consultation with national and provincial pharmacy organizations and pharmacies.^{1,4}• Reimbursement changes for pharmacies to begin based on their performance scores in 2020.⁵

Topic	Description and Resources
Green Shield Canada (GSC)’s Value-Based Pharmacy Initiative, continued	
Value-Based Pharmacy Resources	<ul style="list-style-type: none"> • Electronic Quality Improvement Platform for Plans and Pharmacies (<i>EQuIPP</i>) <ul style="list-style-type: none"> ○ <i>EQuIPP</i> is an online performance information management platform used by health plans and pharmacies to track performance on quality measures (www.equipp.org/professional.aspx).⁷ ○ Data on the <i>EQuIPP</i> platform is supplied by payers (e.g., Green Shield Canada). ○ This program is not required for GSC’s value-based pharmacy program. However, using <i>EQuIPP</i> can give pharmacists detailed information to help improve their pharmacy’s score.⁴ ○ Annual cost for each pharmacy to access <i>EQuIPP</i> ranges from \$150 to \$400.⁴
Green Shield Canada Quality Measures: Adherence	
General Medication Adherence	<p>The following three quality measures look at adherence to cholesterol, diabetes, and hypertension medications. Resources from <i>Pharmacist’s Letter Canada/Pharmacy Technician’s Letter Canada</i> to help you positively impact all three of the below adherence measures include:</p> <ul style="list-style-type: none"> • Chart <ul style="list-style-type: none"> ○ <i>Medication Adherence Apps</i> • Continuing Education <ul style="list-style-type: none"> ○ <i>Embracing Cultural Competence and Improving Cultural Communications</i> ○ <i>Healthcare Professional Communication – How to be More Effective</i> ○ <i>Medication Adherence: What You Need to Know</i> ○ <i>Motivational Interviewing to Promote Change</i> ○ <i>MTM in the Community Pharmacy: Comprehensive Medication Reviews</i> ○ <i>MTM in the Community Pharmacy: Targeted Interventions</i> ○ <i>Strategies for Communicating Effectively with Patients</i> ○ <i>Strategies for Effective Telephone Communication</i> • Conversation Starter <ul style="list-style-type: none"> ○ <i>Med Adherence Quick Guide</i> • Patient Education Handout <ul style="list-style-type: none"> ○ <i>Tips for Sticking With Your Meds</i> • Technician Tutorials <ul style="list-style-type: none"> ○ <i>Getting Involved in MTM and Medication Reviews</i> ○ <i>Mastering Medication Lists and Histories</i> ○ <i>Med Adherence 101</i> • Toolbox <ul style="list-style-type: none"> ○ <i>Medication Adherence Strategies</i>

Topic	Description and Resources
Green Shield Canada Quality Measures: Adherence, continued	
Adherence to Cholesterol Medications	<p>This measure looks at the proportion of patients age 18 and older taking a statin drug who were adherent to their therapy.⁸ Resources from <i>Pharmacist's Letter Canada/Pharmacy Technician's Letter Canada</i> to help you positively impact this measure include:</p> <ul style="list-style-type: none">• Charts<ul style="list-style-type: none">○ <i>Characteristics of the Various Statins</i>○ <i>Clinically Significant Statin Drug Interactions</i>○ <i>Non-Statin Lipid-Lowering Agents</i>○ <i>Statin Dose Comparison</i>○ <i>Statin Muscle Symptoms: Managing Statin Intolerance</i>• Commentaries<ul style="list-style-type: none">○ <i>BP and Lipid-Lowering Therapy in Primary Prevention: HOPE-3</i>○ <i>PCSK9 Inhibitors for High Cholesterol</i>○ <i>Statins in the Elderly</i>• Continuing Education<ul style="list-style-type: none">○ <i>Managing Dyslipidemias</i>○ <i>PCSK9 Inhibitors for the Treatment of High Cholesterol</i>• Patient Education Handout<ul style="list-style-type: none">○ <i>What You Should Know About Statins</i>• Technician Tutorial<ul style="list-style-type: none">○ <i>Dispensing Cholesterol-Lowering Medications</i>
Adherence to Diabetes Medications <i>Continued...</i>	<p>This measure looks at the proportion of patients age 18 and older taking at least one non-insulin diabetes drug who were adherent to their therapy.⁸ Resources from <i>Pharmacist's Letter Canada/Pharmacy Technician's Letter Canada</i> to help you positively impact this measure include:</p> <ul style="list-style-type: none">• Algorithms:<ul style="list-style-type: none">○ <i>Improving Tolerability to Metformin</i>○ <i>Stepwise Treatment of Type 2 Diabetes</i>• Charts<ul style="list-style-type: none">○ <i>Combination Therapy with a GLP-1 Agonist</i>○ <i>Comparison of Blood Glucose Meters</i>○ <i>Comparison of GLP-1 Agonists</i>○ <i>Continuous Glucose Monitoring FAQs</i>○ <i>Diabetes Medications and Cardiovascular Impact</i>○ <i>Diabetic Foot Infections</i>

Topic	Description and Resources
Green Shield Canada Quality Measures: Adherence, continued	
Diabetes Medications, continued	<ul style="list-style-type: none"> • Charts, continued <ul style="list-style-type: none"> ○ <i>Lancets and Lancet Devices</i> ○ <i>Management of Albuminuria: Focus on Pharmacotherapy</i> ○ <i>Prediabetes FAQs</i> ○ <i>Self-Monitoring of Blood Glucose in Patients with Type 2 Diabetes</i> • Continuing Education <ul style="list-style-type: none"> ○ <i>Diabetes Care</i> • Commentaries <ul style="list-style-type: none"> ○ <i>A Personalized Approach for A1C Goals</i> ○ <i>Clinical Use of Metformin in Special Populations</i> ○ <i>DPP-4 Inhibitors (Gliptins) and Risk of Heart Failure</i> ○ <i>Fasting and Patients With Diabetes</i> ○ <i>Hypoglycemia in Patients with Type 2 Diabetes</i> ○ <i>Management of New-Onset Type 2 Diabetes</i> ○ <i>Sick Day Management of Diabetes</i> • Patient Education Handouts <ul style="list-style-type: none"> ○ <i>Diabetes and Fasting</i> ○ <i>Have Diabetes? Take Care of Your Feet!</i> ○ <i>How to Handle Low Blood Sugar</i> ○ <i>How to Manage Sick Days with Diabetes</i> ○ <i>Understanding Your Blood Sugar Numbers</i> • Technician Tutorial <ul style="list-style-type: none"> ○ <i>Dispensing Insulin and Other Injectable Diabetes Meds</i> • Toolbox <ul style="list-style-type: none"> ○ <i>Improving Diabetes Outcomes</i>

Topic	Description and Resources
Green Shield Canada Quality Measures: Adherence, continued	
Adherence to Hypertension Medications	<p>This measure looks at the proportion of patients age 18 and older taking at least one renin-angiotensin-system-antagonist drug who were adherent to their therapy.⁸ The goal is at least 80% adherence. Resources from <i>Pharmacist’s Letter Canada/Pharmacy Technician’s Letter Canada</i> to help you positively impact this measure include:</p> <ul style="list-style-type: none"> • Charts <ul style="list-style-type: none"> ○ <i>ACEI, ARB, and Aliskiren Comparison</i> ○ <i>Angiotensin Receptor Blocker (ARB) Antihypertensive Dose Comparison</i> ○ <i>Antihypertensive Combinations</i> ○ <i>Blood Pressure Monitoring</i> ○ <i>Chronic Hypertension in Women of Childbearing Age: FAQs</i> ○ <i>Comparison of Angiotensin Receptor Blockers (ARBs)</i> ○ <i>Hypertension in Patients With Diabetes</i> • Checklist <ul style="list-style-type: none"> ○ <i>Measuring Blood Pressure Checklist</i> • Patient Education Handouts <ul style="list-style-type: none"> ○ <i>Blood Pressure Medications and You</i> ○ <i>How to Check Your Blood Pressure</i> • Technician Tutorial <ul style="list-style-type: none"> ○ <i>Hypertension 101</i> • Toolbox <ul style="list-style-type: none"> ○ <i>Medication Reviews</i>
Green Shield Canada Quality Measures: Disease Management Measures	
Asthma Management	<p>These two asthma measures look at:⁸</p> <ol style="list-style-type: none"> 1. Suboptimal control: patients who were dispensed asthma medications during the measurement period and received more than three canisters of a short-acting beta agonist within a 90-day period. 2. Absence of controller therapy: patients who did not receive controller asthma therapy during the same 90-day period in which they received more than three canisters of a short-acting beta agonist. <p>Resources from <i>Pharmacist’s Letter Canada/Pharmacy Technician’s Letter Canada</i> to help you positively impact this measure include:</p> <ul style="list-style-type: none"> • Algorithm <ul style="list-style-type: none"> ○ <i>Stepwise Pharmacotherapy of Pediatric Asthma</i> • Charts <ul style="list-style-type: none"> ○ <i>Biologics for Asthma</i> ○ <i>Choosing a Spacer Device</i> <p><i>Continued...</i></p>

Topic	Description and Resources
Green Shield Canada Quality Measures: Disease Management Measures, continued	
Asthma management, continued	<ul style="list-style-type: none"> • Charts, continued <ul style="list-style-type: none"> ○ <i>Comparison of Inhaled Asthma Meds</i> ○ <i>Correct Use of Inhalers</i> • Continuing Education <ul style="list-style-type: none"> ○ <i>An Overview of Pediatric Asthma</i> ○ <i>Controlling Adult Asthma: Steps in the Right Direction</i> • Patient Education Handouts <ul style="list-style-type: none"> ○ <i>Tips for Correct Use of Inhalers</i> ○ <i>Using A Spacer Device</i> • Technician Tutorial <ul style="list-style-type: none"> ○ <i>Dispensing Inhaled Medications</i> • Toolboxes <ul style="list-style-type: none"> ○ <i>Corticosteroids: Selection, Tapering, and More</i> ○ <i>Improving Asthma Care</i>
Statin Use in Patients over 45 with Diabetes	<p>This measure looks at patients age 40 to 75 who were dispensed a medication for diabetes and also received a statin medication.⁸ Resources from <i>Pharmacist's Letter Canada/Pharmacy Technician's Letter Canada</i> to help you positively impact this measure are included in the above adherence to cholesterol and diabetes medication measures.</p>
Green Shield Canada Cardiovascular Health Coaching Program	<p>This measure looks at patients who met GSC cardiovascular health coaching service's eligibility criteria and received the service. Information to help you positively impact this measure:</p> <ul style="list-style-type: none"> • Pharmacists must complete GSC's online training programs to offer cardiovascular health coaching services.⁹ <ul style="list-style-type: none"> ○ Training is available for pharmacists through the Ontario Pharmacists Association in Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, New Brunswick, Newfoundland & Labrador, Prince Edward Island, Nunavut, Yukon, and Northwest Territories. Member's cost is \$100; non-members pay \$200.¹² ○ In British Columbia, pharmacists should access the program through the British Columbia Pharmacy Association. Member's cost is \$100; non-members pay \$200.¹⁰ ○ <i>PharmAchieve</i> (http://pharmachieve.com/register#ces) offers the training program to all Canadian pharmacists (except pharmacists in Quebec) at a cost of \$200.¹² • Pharmacists providing cardiovascular health coaching receive \$60 for the first consultation, and \$20 for each additional consultation. Patients may receive a total of four visits the first year with three visits per year thereafter.¹⁰ • To be eligible, patients must have GSC's extended health coverage, be less than 65 years old, and have both hypertension and high cholesterol.^{10,11}

Topic	Description and Resources
Green Shield Canada	Quality Measures: Safety Measure
High-Risk Medication Use in the Elderly	<p>This measure looks at patients age 65 and older who receive two or more prescription fills for a high-risk medication.⁸ Resources from <i>Pharmacist's Letter Canada/Pharmacy Technician's Letter Canada</i> to help you positively impact this measure include:</p> <ul style="list-style-type: none">• Charts<ul style="list-style-type: none">○ <i>Common Oral Medications that May Need Tapering</i>○ <i>Comparison of Testosterone Products</i>○ <i>Drugs With Anticholinergic Activity</i>○ <i>Fall Prevention in the Elderly</i>○ <i>Opioid Discontinuation: FAQs</i>○ <i>Potentially Harmful Drugs in the Elderly: Beers List</i>○ <i>Proton Pump Inhibitors: Appropriate Use and Safety Concerns</i>• Commentary<ul style="list-style-type: none">○ <i>The Use of Testosterone and the Aging Male</i>• Continuing Education<ul style="list-style-type: none">○ <i>Beers Criteria: 2015 Update and Use in Quality Measures</i>○ <i>Medication Therapy in the Elderly</i>○ <i>Medication's Impact on Inpatient Falls: Reducing the Risk</i>○ <i>Polypharmacy and the Art of Deprescribing</i>○ <i>Preventing Medication Errors in High-Risk Patients and Situations</i>○ <i>Quality of Life: How Pharmacists Can Have a Positive Impact</i>• Patient Education Handouts<ul style="list-style-type: none">○ <i>Strategies for a Good Night's Sleep</i>○ <i>The Truth About Testosterone</i>○ <i>What you Should Know About Proton Pump Inhibitors</i>• Toolbox<ul style="list-style-type: none">○ <i>Chronic Meds in the Elderly: Taking a "Less is More" Approach</i>

Topic	Description and Resources
Other Community Pharmacy Quality Improvement Initiatives	
Ontario College of Pharmacists (OCP)	<p>The Ontario College of Pharmacists is also developing quality indicators for community pharmacies.¹³</p> <ul style="list-style-type: none"> • Their intent is to: <ul style="list-style-type: none"> ○ Promote a culture of quality improvement within the profession of pharmacy. ○ Improve public transparency about the impact of pharmacy on patient outcomes. ○ Help establish pharmacy within the broader health system. • Their intent is NOT to use these quality indicators to determine reimbursement. • Their quality indicators will be based on the following categories: <ul style="list-style-type: none"> ○ Appropriateness of dispensed medications. ○ Medication-related hospital visits. ○ Patient/caregiver experience and outcomes. ○ Pharmacy team member experience. ○ Transitions of care.
Additional Quality-Related Organizations	
Links to Other Important Quality-Related Organizations in Healthcare	<p>Accreditation Canada: www.accreditation.ca.</p> <ul style="list-style-type: none"> • Non-profit organization working to improve the quality of healthcare. They offer accreditation to health and social service organizations. <p>Health Standards Organization (HSO): www.healthstandards.org.</p> <ul style="list-style-type: none"> • Non-profit organization that develops standards, assessment programs, and processes to improve the quality of healthcare. <p>Pharmacy Quality Alliance (PQA): www.pqaalliance.org.</p> <ul style="list-style-type: none"> • A U.S.-based, non-profit, multi-stakeholder, consensus-based membership organization committed to improving healthcare quality and patient safety with a focus on the appropriate use of medications. <p>Pharmacy Quality Solutions (PQS) is a venture of PQA.</p> <ul style="list-style-type: none"> • Provide performance management services to both payers and community pharmacies. Owns and operates the <i>EQuIPP</i> platform.

Users of this resource are cautioned to use their own professional judgment and consult any other necessary or appropriate sources prior to making clinical judgments based on the content of this document. Our editors have researched the information with input from experts, government agencies, and national organizations. Information and internet links in this article were current as of the date of publication.

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Evidence and Recommendations

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