American Pharmacists Association

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Re: Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies [Docket No.: CMS-2023-0010]

Ms. Wuggazer Lazio,

The American Pharmacists Association (APhA) is pleased to submit comments on the "Advance Notice of Methodological Changes for Calendar Year (CY) 2024 for Medicare Advantage (MA) Capitation Rates and Part C and Part D Payment Policies."

APhA's members are committed to continuous quality improvement and support the development and use of meaningful measures that help patients achieve optimal health and medication outcomes. APhA supports CMS' work with the Pharmacy Quality Alliance (PQA) and urges the agency to better identify, attribute and evaluate the contributions of pharmacists to patient care and outcomes to integrate pharmacy-level metrics into the Star Ratings system and to identify barriers within current service requirements that prevent scalable involvement of pharmacists.

Measure Updates for 2024 Star Ratings

There are a number of measures on the Part C and Part D Star Ratings list that pharmacists can meaningfully impact. APhA offers comments on the following measures:

Annual Flu Vaccine (Part C, Process Measure, Weight 1)
APhA urges CMS to gather data from MA prescription drug plans (MA-PD) plans to better monitor, measure and attribute the impact different providers, including pharmacists, have on vaccination rates of Medicare beneficiaries.

Care for Older Adults, Medication Review (Part C, Process Measure, Weight 1)
APhA urges CMS gather data on medication review interventions by community pharmacists that reduce drug-related problems and increase medication adherence as NCQA considers the development of new measures for Functional Status Assessment and Medication Review for a wider population than only enrollees of Special Needs Plans for measurement year 2025.

Medication Reconciliation Post Discharge (Part C, Process Measure, Weight 1)
As CMS understands, the medication reconciliation review can be conducted by a pharmacist. APhA requests CMS clarify how the efforts of pharmacists in delivering medication reconciliation services would be captured since the primary provider's database is the one that is used for the data in calculating this measure.

Transitions of Care (Part C, Process Measure, Weight 1)
Patients could benefit greatly if pharmacists were better included in transitioning patients from an inpatient setting to home. APhA also requests CMS clarify how the efforts of community pharmacists in delivering medication reconciliation services would be attributed since the primary provider's database is the one that is used for the data in calculating this measure.

Care Coordination (Part C, Patients' Experience and Complaints Measure, Weight 4)
Pharmacists are often the first health care provider generally responsible for coordinating medication-related information on patient-care teams. APhA recommends CMS consider a mechanism to gather information on beneficiary experiences with pharmacists in delivering and coordinating care.

Statin Use in Persons with Diabetes (Part D, Process Measure, Weight 1)
APhA supported this PQA-endorsed measure becoming a Star Ratings measure to facilitate increased focus on the evidence-based use of statin therapy in persons with diabetes as this measure is standard practice and due to the clinical importance of this measure in improving health outcomes of persons with diabetes. APhA also agrees CMS' proposal to use continuous enrollment (CE) to fully align with the PQA specifications and to no longer adjust for member-years will provide for more accurate measurement.

Changes to Existing Star Ratings Measures for the 2023 Measurement Year and Beyond

General Comments on the "Universal Foundation"
CMS is considering including a "Universal Foundation" of quality measures which is a core set of measures that are aligned across programs.[1] The "Universal Foundation" will 1) focus provider attention, 2) reduce provider burden, 3) allow for consistent stratification of measures to identify disparities in care, 4) accelerate the transition to interoperable, digital quality measures, and 5) allow for crosscomparisons across quality and value-based care programs, to better understand what drives quality and equity improvement and what does not. CMS includes a preliminary set of measures included in the Adult "Universal Foundation" with the following measures can be impacted by pharmacists:

- Wellness and Prevention: Adult Immunization Status (HEDIS) (see comments below).
- Chronic Conditions: Controlling High Blood Pressure (HEDIS) - Currently in Star Ratings - The Centers for Disease Control and Prevention's (CDC's) Division for Heart Disease and Stroke Prevention recognized the contribution that community pharmacists can make to improve population health. APhA recommends CMS and Part C and D plans reference the CDC developed, "Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists," which explains how the use the Pharmacists' Patient Care Process can help prevent and manage high blood pressure through team-based care to meet the goal of reducing heart disease and stroke in the United States.[2]
- Chronic Conditions: Diabetes: Hemoglobin A1c Poor Control (>9%) (HEDIS) - Currently in Star Ratings - Studies have shown that patients with baseline uncontrolled diabetes who were managed by a clinical pharmacist in the outpatient setting had a higher decrease in A1c compared with usual care.[3]
- Behavioral Health: Screening for Depression and Follow Up Plan (see comments below); Initiation and Engagement of Substance Use Disorder Treatment (HEDIS) - Currently on Display Page.

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[1] Jacobs, Douglas. Et. al. Aligning Quality Measures across CMS — The Universal Foundation. March 2, 2023. N Engl J Med 2023; 388:776-779. Available at: https://www.nejm.org/doi/full/10.1056/NEJMp2215539?query=featured_home#article_references

[2] https://www.cdc.gov/dhdsp/pubs/docs/pharmacist-resource-guide.pdf#:~:text=The%20Centers%20for%20Disease%20Control%20and%20Prevention%E2%80%99s%20%28CDC%E2%80%99s%29,them%20improve%20health%20outcomes%20associated%20with%20cardiovascular%20disease

[3] Chung, Nancy. Et. al. Impact of a clinical pharmacy program on changes in hemoglobin A1c, diabetes-related hospitalizations, and diabetes-related emergency department visits for patients with diabetes in an underserved population. J Manag Care Spec Pharm. 2014 Sep;20(9):914-9. Available at: https://pubmed.ncbi.nlm.nih.gov/25166290/

- Seamless care coordination: Plan all-cause readmissions or Hospital all-cause readmissions (HEDIS) - Currently in Star Ratings.
- Person-centered care: Consumer Assessment of Healthcare Providers and Systems (CAHPS): Overall Rating Measures (CAHPS) - Currently in Star Ratings.
- Equity: Screening for Social Drivers of Health/ Social Need Screening and Intervention (HEDIS) (see comments below) - Solicited feedback.

In general, APhA supports CMS' efforts to reduce measure burden and better harmonize and use measures that are most meaningful. APhA also supports CMS' development of a health equity index (HEI) for use in the Part C and Part D Star Ratings, mentioned under the "Potential New Measure Concepts and Methodological Enhancements for Future Years," for the 2027 Star Ratings that would reward contracts for obtaining high measure-level scores for the subset of enrollees with specified social risk factors (SRFs). CMS also plans to release confidential stratified reports to Part C and D sponsors in the Health Plan Management System (HPMS) in the spring of 2022 and additional measures or methodological enhancements to the Star Ratings that would continue to advance health equity. CMS is anticipating the submission of a new HEDIS measure in early 2023. APhA appreciates the HEI is a methodological enhancement using data from existing Star Ratings measures and not a proposal to add a new measure with an additional burden for contracts.

CMS has stated the HEI is not a measure, but a way of evaluating performance, and may be used to stratify that performance, which is different from the "Universal Foundation." The Universal Foundation and the HEI serve as two different means of documenting and rectifying health inequities and quality concerns, and the Universal Foundation comes with the additional benefit of having room for additional modification down the road. APhA recommends CMS continue to update stakeholders, and where possible to involve pharmacists, as the agency moves forward with the Universal Foundation and the application of the HEI to summarize performance among enrollees with social risk factors across multiple measures into a single score.

Medication Adherence for Diabetes Medication/Medication Adherence for Hypertension (RAS Antagonists)/ Medication Adherence for Cholesterol (Statins) (Part D).
CMS is proposing the following non-substantive changes to the three adherence measures to fully align with the current PQA measure specifications which are endorsed by the NQF: 1) no longer adjust for MYs; instead apply the PQA's measure specifications to use CE as defined by the treatment period and exclude beneficiaries with more than 1-day gap in enrollment during the treatment period and 2) no longer adjust for inpatient (IP) or skilled nursing facility (SNF) stays as the PQA specifications do not include these adjustments. CMS plans to implement CE

starting with the 2024 measurement year for the 2026 Star Ratings. CMS also plans to remove the IP/SNF stay adjustment from the adherence measures starting with the 2026 measurement year for the 2028 Star Ratings, which is the same time CMS proposes to implement the sociodemographic (SDS) risk adjustment change. APhA supports these non-substantive changes and also the risk adjustment for the PQA adherence measures, which also take into account health equity issues.

Display Measures

Depression Screening and Follow-Up (Part C).
CMS is considering whether to add the HEDIS Depression Screening and Follow-up for Adolescents and Adults measure to the 2026 Star Ratings display and additional behavioral health measures in the future through rulemaking. APhA urges CMS to work with MA plans to include pharmacist-provided depression screenings.

Adult Immunization Status (Part C and D).
CMS plans to add NCQA's Adult Immunization Status measure to the 2026 display page starting with data from the 2024 measurement year. CMS also continues to consider this measure as a potential future Star Ratings measure pending rulemaking and considers this measure part of the preliminary core set of measures that CMS is considering proposing across quality programs. APhA supports adding the annual immunization status to the Star Ratings for Part C and D plans. For example, thanks to changes in state laws, pharmacists are playing an increasingly critical role in increasing influenza-vaccination rates across the United States. The odds that an adult would receive the flu shot increased by 7.8 percent in states that allowed pharmacists to be immunizers.[4] CDC data also confirms that every year pharmacists have consistently provided the most influenza vaccinations to adults.[5] APhA urges CMS to aggregate data from MA prescription drug plans (MA-PD) and Part D plan sponsors to better monitor, measure and attribute the impact different providers, including pharmacists, have on vaccination rates of Medicare beneficiaries.

Concurrent Use of Opioids and Benzodiazepines (COB), Polypharmacy Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH), and Polypharmacy Use of Multiple Central Nervous System Active Medications in Older Adults (Poly-CNS) (Part D).

[4] Drozd EM, Miller L, Johnsrud M. Impact of Pharmacist Immunization Authority on Seasonal Influenza Immunization Rates Across States. Clin Ther. 2017 Aug 3. pii: S0149-2918(17)30771-3, available at: https://www.ncbi.nlm.nih.gov/pubmed/28781217
[5] https://www.cdc.gov/flu/fluvaxview/dashboard/vaccination-administered.html

CMS proposes to move the COB, Poly-ACH, and Poly-CNS measures from the display page to the 2026 Star Ratings (2024 measurement year). CMS will make a non-substantive update for the 2024 measurement year to align with the PQA measure specifications to use CE and to no longer adjust for member years (MYs). Regarding COB, pharmacists should be able to dispense both opioids and benzodiazepines where clinically appropriate, appropriately dosed and through communication with the beneficiary's physician. In addition, pharmacies should not be penalized as high dispensers of opioids due to their patient mix, or the fact that they are near pain clinics alone. APhA urges CMS to monitor this measure for unintended consequences. For example, neither of these drug classes can be stopped immediately and must be tapered gradually. CMS should also ensure that Part D plans do not encourage providers to get a patient off of one medication, or the other quickly simply to improve their quality scores.

Thank you for the opportunity to provide comments. We support CMS' ongoing efforts to continue to improve Medicare's prescription drug programs and look forward to continuing to work with CMS to reach that goal. If you have any questions or require additional information, please contact APhA at mbaxter@aphanet.org.

Sincerely,

Michael Baxter

Michael Baxter
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