



# 2023 Quality Symposium – Pharmacy Breakout



# By the end of our session, we will all...

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- Formulate and develop **an action plan to collectively become 5 Stars** across all pharmacy quality measures.
- Understanding how we will **help our Hispanic members adhere to their statin medications.**
- Recognize our role in **reducing unnecessary medications** in older adults.

## Today's Agenda:

First Hour: **2023 Pharmacy Goals • Health Equity • Deprescribing**

Second Hour: **“Round Table” Discussion w/Pharmacy Leaders**

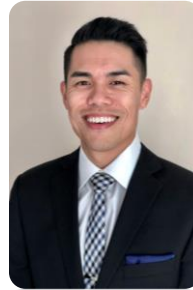
# Our Presenters

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**Sharon Jhavar, PharmD,  
MBA, BCGP**

*Chief Pharmacy Officer*



**Matthew Dinh, PharmD**

*Senior Director, Pharmacy Quality Care &  
Experience*



**Mai Tran, PharmD**

*Manager, Pharmacy Quality Programs*

# THANK YOU!!!

SCAN thanks all our Medical Groups for their valued partnership that allows us to continue serving our members and providing them exceptional service.



4.5 Stars  
Quality care & service  
Six years in a row!



Recognized Brand  
"Best" MAPD in CA  
Five years in a row!



91% Satisfaction  
(Medicare & You, 2023)  
Member Rating of Health Plan



*SCAN Pharmacy Quality Programs Team*



*The* **EVOLUTION** *of*



**PHARMACY**



# Medical group pharmacy teams are the key to unlocking 5 Star performance.

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- **This year, we are going to do it together!**
- Why?
  - For your patients
  - For our profession
  - For yourselves



# Collectively, we take care of 285,000 older adults.

Measure	2022 Rate* / Star**	Approx # of Members Needed to 5 Star†
Adherence – Diabetes	89% / 4	1,800
Adherence – Hypertension	90% / 4	2,700
Adherence – Cholesterol	89% / 4	5,400
SUPD	90% / 5	1,500
SPC	84% / 3	700

\*specific to California contract only

\*\*contingent on cut points finalized Fall '23

†based on year-end projections as of 4/27/23

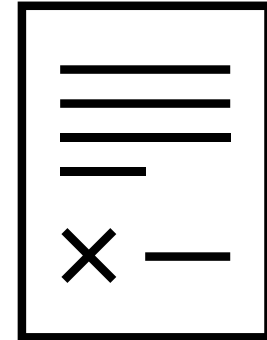
**10,000 more patients adherent. And 2,200 patients started on statins.**

*Please refer to your individual handouts for your group's specific numbers.*

# Our Ask

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- **Strive for Five** on Medication Adherence and Statin Gaps. **Full Stop.**
  - **10,000 more patients adherent.**
  - **2200 patients started on statins.**
- **Take a look at our individualized ask** of you/your organization. If we didn't get it quite right, feel free to modify.
- **Sign your commitment** to Strive for Five and turn it in to get your SCAN swag bag!



*“If we lead with limitations,  
we will be defined by it.”*  
-Matthew Pasquale, Director of Strategy  
and Innovation, SCAN Health Plan



# This is what it will take to reach 5 Stars:



Utilize  
SCAN's Data  
+ Rx Reports

All-encompassing of adherence levels, urgent dates, pharmacy and copay information

Essentially,  
"everything that needs  
to be done, and when  
to do it by"



Routine and  
vigilant  
monitoring

Adherence can be missed with a blink of an eye. Members need constant and repetitive reinforcement.



Adequate  
Staffing

A well-supported pharmacy team who can regularly ensure our members stay on track with their medications.



In-Language  
Member  
Engagement

Many languages are spoken among our membership. Better outcomes happen when we can speak in their preferred language.



Solid  
Provider  
Relations

The more we can support our doctors, the better they can care for our members.



Frequent  
Dialog  
w/SCAN

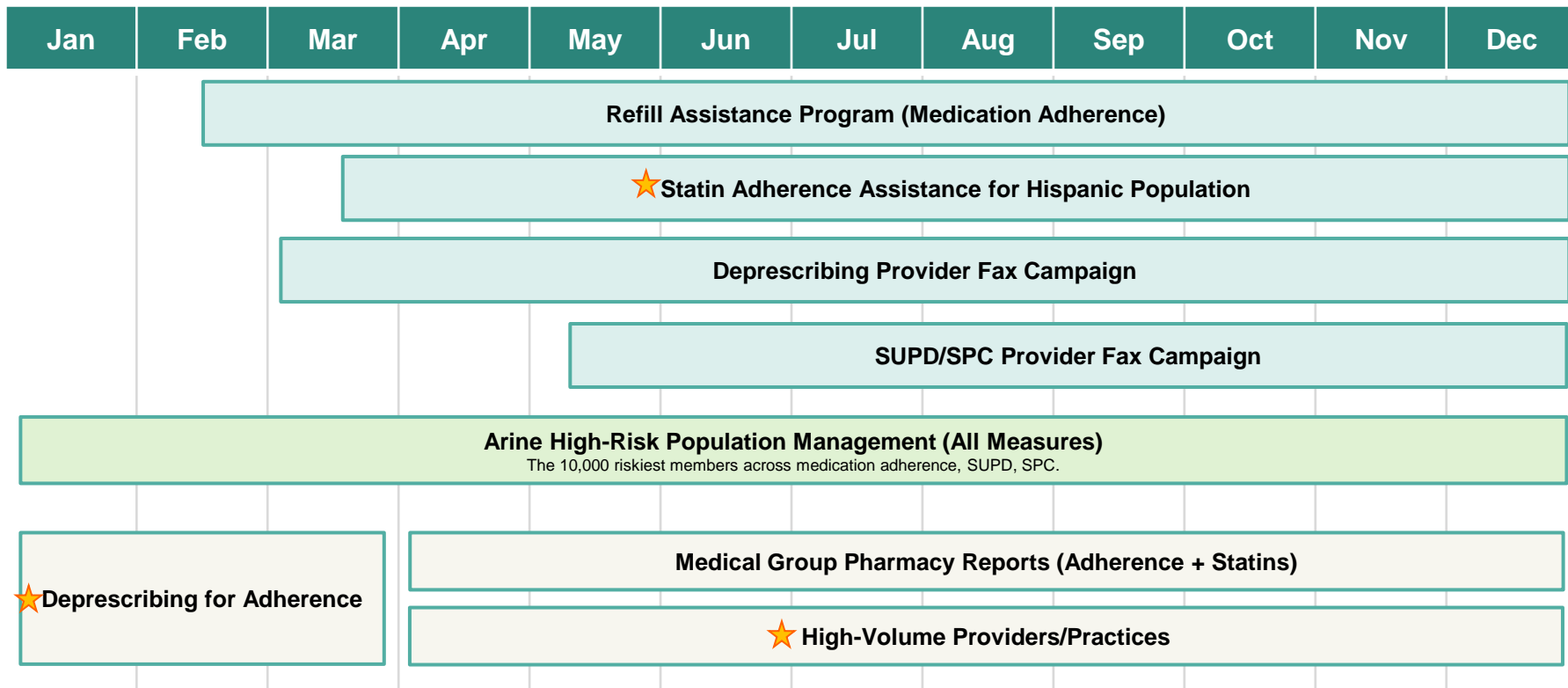
We are here for YOU! Reach out to us anytime for questions or use us as a sounding board to propose any ideas.

# New building blocks together in 2023 as we deliver care they way we would want for our parents

SCAN

Arine

Groups



★ = new for 2023

# We've got 5 Star in our hands if we all take action....

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- **7 months** remaining in the year.
- **10,000** more patients adherent.
- And **2,200 more** patients started on statins.



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# Health Equity

# A quick recap of SCAN's health equity work...

**Harvard  
Business  
Review**

In 2021, SCAN Health Plan was a leader on reducing racial health disparities, and our work began with medication adherence.

Today, we share how we will continue this work.

<https://hbr.org/2022/07/how-one-health-plan-reduced-disparities-in-medication-adherence>

## How One Health Plan Reduced Disparities in Medication Adherence

by Sharon Jhavar, Romilla Batra, Matthew Dinh, Eve Gelb, Timshel Tarbet, and Sachin H. Jain

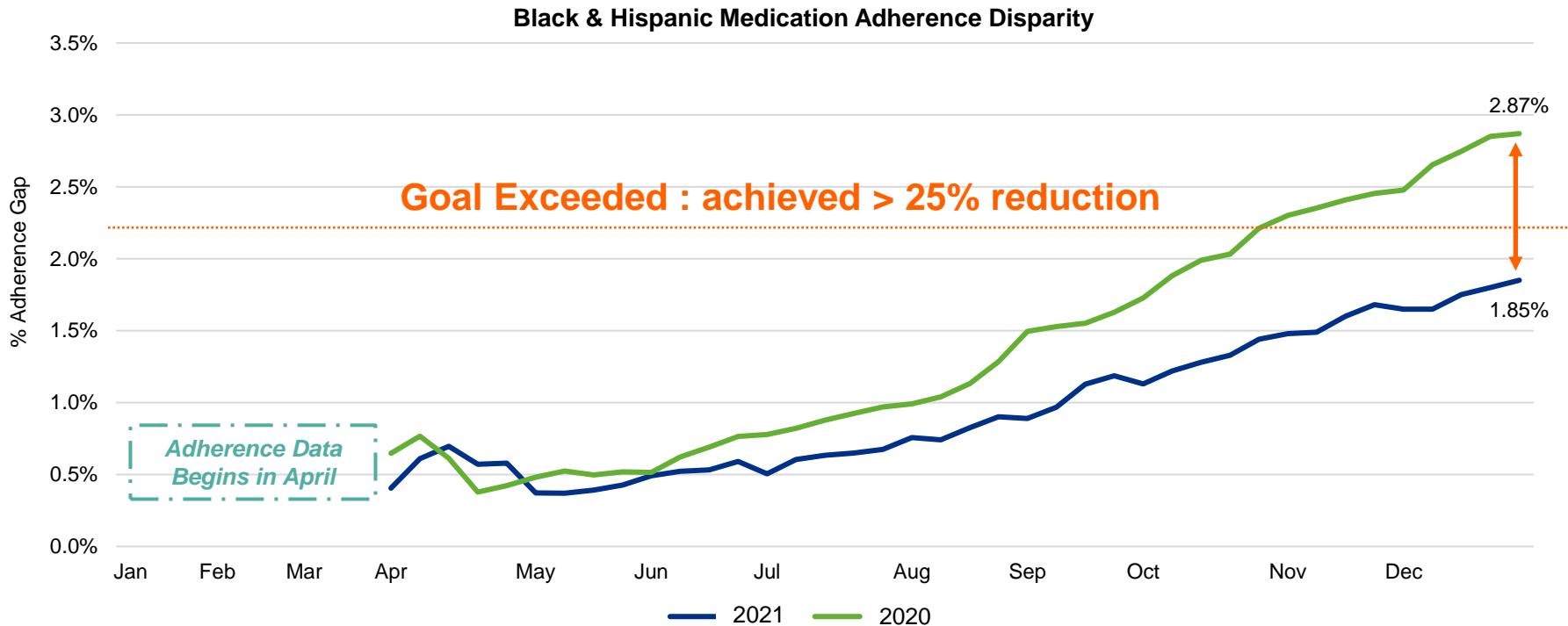
July 11, 2022



HBR Staff/istockphoto/ahmed/Getty Images

**Summary.** SCAN Health Plan, a not-for-profit Medicare Advantage plan that serves more than 270,000 people in Arizona, California, and Nevada, employed a process to improve the percentage of Black and Hispanic patients who took their cholesterol, diabetes, and blood pressure medicines as prescribed. The approach can be used to reduce other racial or ethnic disparities in health care. **close**

# SCAN's Health Equity Journey began in 2021 when we made it an organizational priority and reduced the medication adherence inequity by 35%

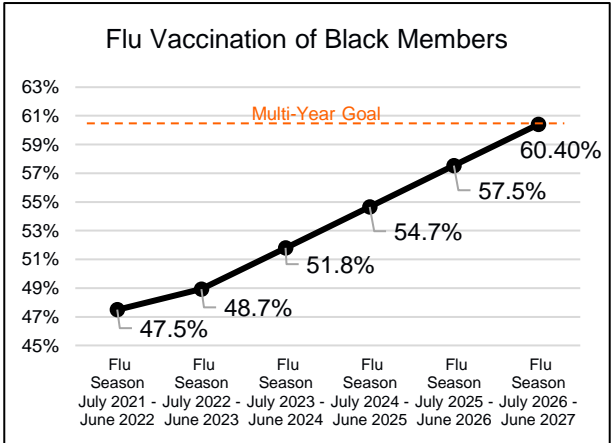
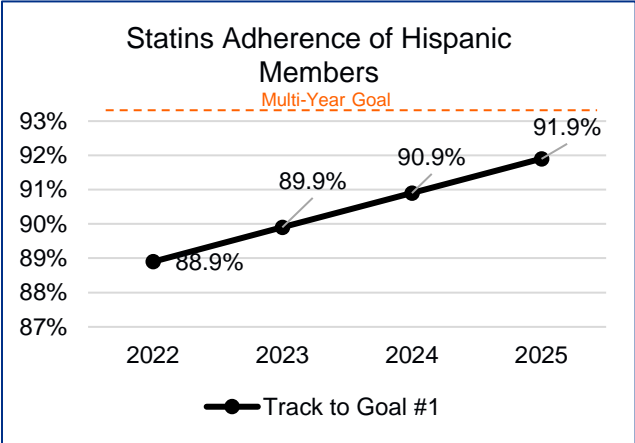
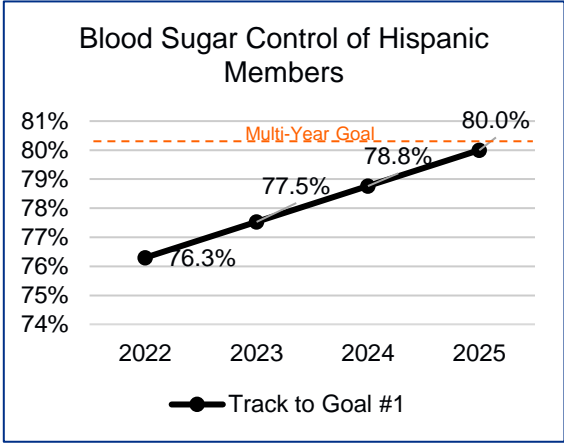


# SCAN has now made it an organizational priority to address the largest inequities in our member population beyond adherence



**Our goal is to eliminate these health inequities in key populations with a focus on chronic condition management and prevention**

# To eliminate the health inequities, we've identified the following targets



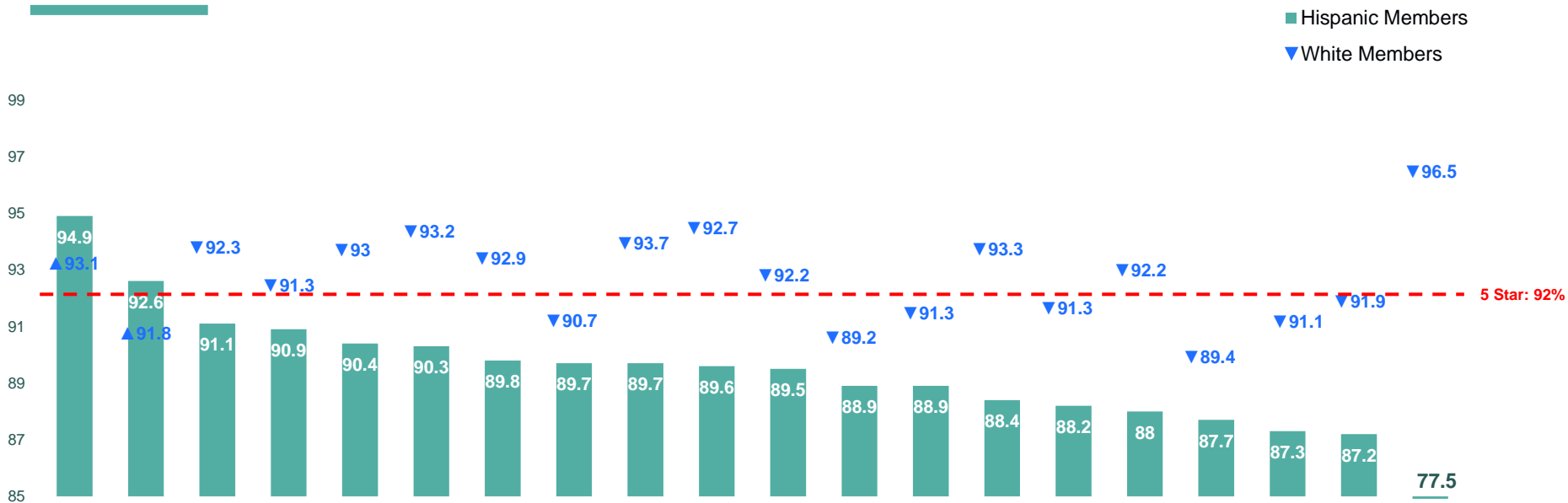
We will need to **maintain current performance** for our adherent members while outreaching, engaging and improving the outcomes of hundreds of additional members each year.

In order to do so we will need to deploy **omni-channel interventions** and iterate on our approaches.

Source: Analytics, Health Equity Goal Setting, Targets, 2/3/23  
Statins and Blood Sugar are over 3 years  
Flu Shot over 5 years given historical trend to convert

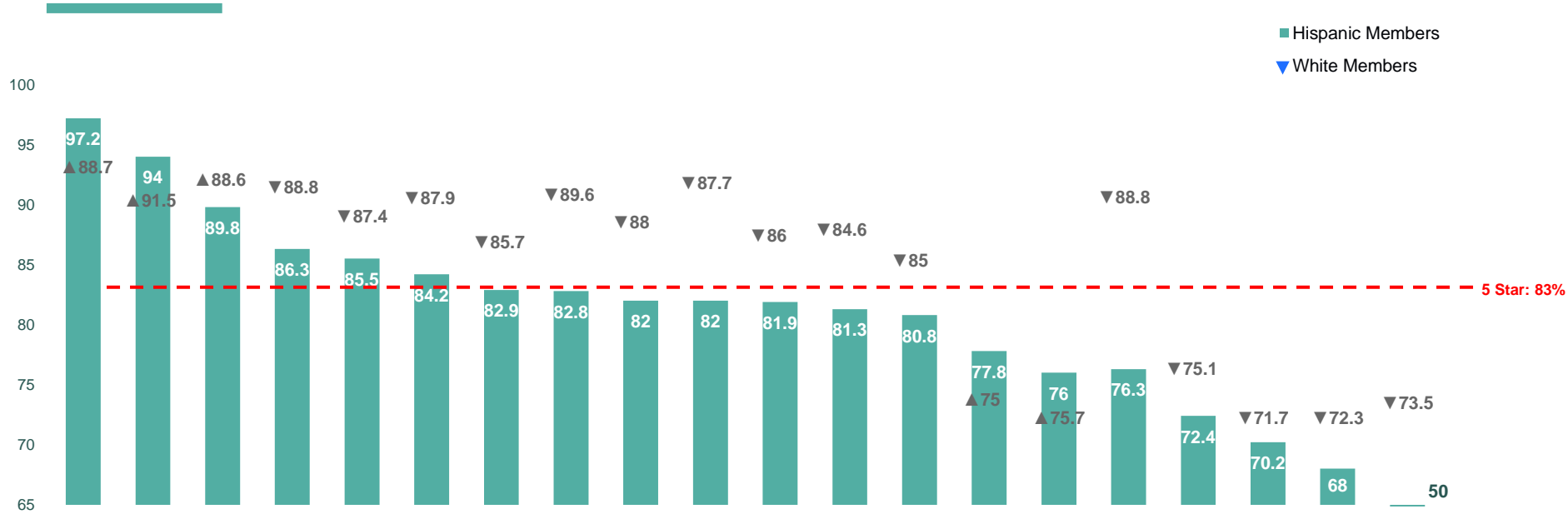


# 2022 Results for Medication Adherence for Cholesterol for Hispanic vs. White Members



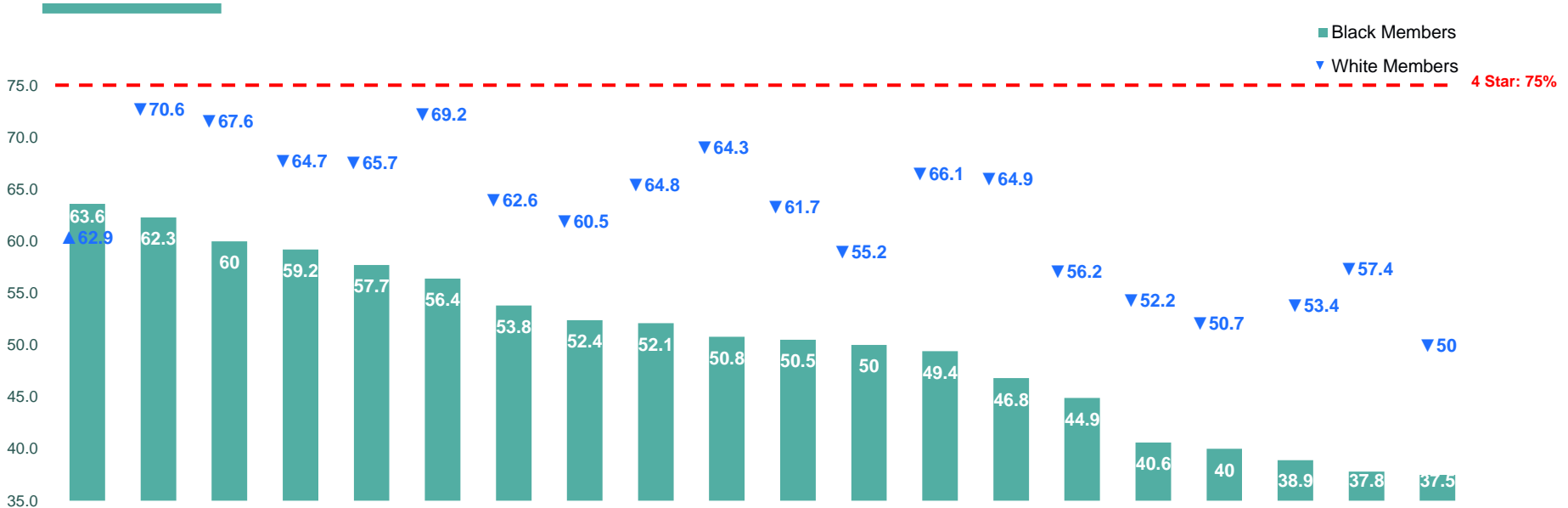
*Specific provider group performance has been blinded for this slide; please refer to your individual handouts for your group's specific performance.*

# 2022 Results for A1c Control for Hispanic vs. White Members



*Specific provider group performance has been blinded for this slide; please refer to your individual handouts for your group's specific performance.*

# 2022 Results for Flu Shot for Black vs. White Members



*Specific provider group performance has been blinded for this slide; please refer to your individual handouts for your group's specific performance.*

# Medical Groups Pharmacy teams play a key role in eliminating these inequities.

## To support **Statin Adherence in Hispanic Population:**

- **Continue using our pharmacy reports** and leverage the race and language data provided:

Member ID	Member Name	DOB	Home Phone	Race/Ethnicity	Language
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Hispanic	Spanish
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Other	Unknown
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	White	English
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Hispanic	Spanish
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Hispanic	Spanish
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Black	Unknown

Excerpt from  
Adherence Weekly  
Monitoring Report  
(AWMR)

- **SCAN will be managing a panel of members who may be part of your group:**
  - We will inform you of these members for visibility
  - We may need to escalate cases to you for further, provider-specific assistance

# The playbook to help you solve for health inequities

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- **Make it an Organizational Priority** → Requires Executive Leadership support and urgency
- **Cultural + Linguistic Pairing** → Hire Bilingual staff who can speak and relate to your patients, and are representative of who you serve
- **Cultural Humility and Sensitivity Training** → Require this of your staff to help with establishing trust and showing respect for our members
- **Health Communication Tools** → Distribute to patients as-needed to help with health literacy

The background is a solid teal color. A large, faint, light-teal silhouette of an apple is centered on the right side of the image. The apple has a stem and a single leaf at the top, and several leaves on its body. The text 'Deprescribing' is written in white, sans-serif font, positioned to the left of the apple's stem. A vertical teal bar is located to the left of the text.

# Deprescribing

# SCAN's Deprescribing Vision

Ensuring that our members are taking the medications they need to stay healthy and independent. Nothing more, nothing less.



Moving from this



To this

# What Is Deprescribing?

Related terms: polypharmacy, medication overload

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*“Stopping or reducing the dose of unnecessary or potentially harmful medications”*  
– The Lown Institute

**750** adults aged 65 and older are hospitalized every day due to serious side effects from one or more medications.

**≥ 40%** take five or more prescription medications a day, a 200 percent rise over the past 20 years.

**7-10%** increased risk of a person suffering an adverse drug event for every additional medication initiated.

*“It is an art of no little importance to administer medicines properly: but, it is an art of much greater and more difficult acquisition to know when to suspend or altogether to omit them.” - Philippe Pinel, 1809*



# Our deprescribing efforts began with simply reducing the number of medications our members were on.

## Medication Count Summary (2021):

Medication Count	1 – 4 meds	5 – 9 meds	10 – 14 meds	15 – 19 meds	≥ 20 meds
Member Count	91,136	72,502	18,651	3,344	685
% of Total Membership	49%	39%	10%	1.7%	0.3%
Average Prescriber Count	1.5	3	4	5	6

- 51% of members were experiencing **polypharmacy** (5+ meds).
- 12% of our members were experiencing **hyperpolypharmacy** (10+ meds).

**SCAN 2021 Goal:** Reduce the total number of unnecessary medications in 20% of members experiencing hyperpolypharmacy.

# Our 2021 goal was achieved, but we needed to refine our approach going forward.

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**SCAN 2021 Goal:** Reduce the total number of unnecessary medications in 20% of members experiencing hyperpolypharmacy.

- Targeted ~17,600 members who were on 15+ medications. By year-end, **92% discontinued** at least 1 drug from baseline.
  - **3%** stopped an unnecessary stomach acid-reducing medication (proton pump inhibitors [PPIs])
  - **19%** stopped an unnecessary fall-inducing medication (central nervous system [CNS] depressants)
- Our goal of reducing **any** medication was too broad. There is greater value seen with intentionally reducing **specific types** of unnecessary medications.

# In 2022, we became more intentional with our goal of reducing unnecessary medications.

**SCAN 2022 Goal:** Reduce waste and inappropriate medications by 10%, highlighting the following drug classes:

## Sleep Aids/Hypnotics

Fall-inducing medications such as zolpidem, eszopiclone, temazepam, triazolam

## Stomach Acid-Reducers

Proton-pump inhibitors (PPIs) such as omeprazole, pantoprazole, lansoprazole, etc

## Duplicate Diabetes Treatment

Being on two different diabetes drugs that work similarly, yet **don't provide additional benefit.**

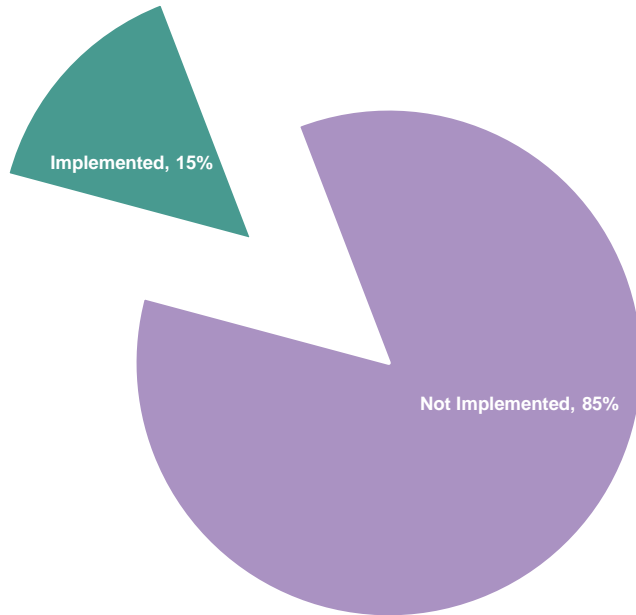
## High-Risk Diabetes Drugs

Drugs such as glyburide and glimepiride which causes **lower blood sugar** in older adults

Targeted drug classes were selected based on the prevalence in our utilization.

# Approximately 15% of our deprescribing recommendations in 2022 were enacted.

Total Deprescribing Recommendations = ~16,000  
~2,300 members positively impacted



## Main Takeaways

Clinical Insights & Member Impact.	Cost Insights for Enacted Recommendations	Effects of Non-Implemented Recommendations
Further <b>reduced risk</b> of: <ul style="list-style-type: none"><li>ER visits due to low blood sugar</li><li>Fractures</li><li>Falls</li><li>Adverse drug events</li></ul>	~\$50,600 annualized member-out-of-pocket cost savings  ~\$385,950 annualized plan cost avoidance	~13,500 members with remaining deprescribing Opportunities  ~\$126,850 remaining annualized member-out-of-pocket cost savings  ~\$1.96M remaining annualized plan cost avoidance

# Our interventions have been relatively basic in design to date.

## 1. Provider-Facing Communication

Dear PRESCRIBER NAME,

Your patient's prescription drug claims indicate that they are currently experiencing hyperpolypharmacy (10 or more medications). One way to reduce this medication overload would be to re-assess whether the prescribed proton-pump inhibitor is still necessary. Most common indications such as GERD require short-term PPI treatment (i.e., up to 4 to 8 weeks). Long-term use of PPIs have potential adverse effects, including risk of fractures, Clostridium difficile diarrhea, hypomagnesemia, and vitamin B12 deficiency. Evidence-based guidelines recommend deprescribing PPIs in adults who have completed a minimum 4 week course of PPI treatment resulting in resolution of GI symptoms.

### PPI Claims Review:

- Our records indicate that your patient(s) listed below received a PPI for ≥ 2 years.

Patient Name	ID/B	Date Name	Quantity	Days Supply	Prescriber Name	Pharmacy Name	Pharmacy Phone	Years on PPI
{PatientName1}	{IDB1}	{DateName1}	{Quantity1}	{DaysSupply1}	{PrescriberName1}	{PharmacyName1}	{PharmacyPhone1}	{YearsOnPPI1}
{PatientName2}	{IDB2}	{DateName2}	{Quantity2}	{DaysSupply2}	{PrescriberName2}	{PharmacyName2}	{PharmacyPhone2}	{YearsOnPPI2}
{PatientName3}	{IDB3}	{DateName3}	{Quantity3}	{DaysSupply3}	{PrescriberName3}	{PharmacyName3}	{PharmacyPhone3}	{YearsOnPPI3}
{PatientName4}	{IDB4}	{DateName4}	{Quantity4}	{DaysSupply4}	{PrescriberName4}	{PharmacyName4}	{PharmacyPhone4}	{YearsOnPPI4}
{PatientName5}	{IDB5}	{DateName5}	{Quantity5}	{DaysSupply5}	{PrescriberName5}	{PharmacyName5}	{PharmacyPhone5}	{YearsOnPPI5}
{PatientName6}	{IDB6}	{DateName6}	{Quantity6}	{DaysSupply6}	{PrescriberName6}	{PharmacyName6}	{PharmacyPhone6}	{YearsOnPPI6}

\*Per our records from 2016 - 2020

### Recommendation:

- If you agree that the PPI is no longer necessary, please consider deprescribing the PPI by lowering the dose (e.g., from twice daily to once daily, or halving the dose, or taking every second day) or stopping the PPI and using it on-demand, and managing symptoms as needed with H2 blockers/OTC meds or non-pharmacologic interventions. Patient monitoring should subsequently occur at 4 and 12 weeks. The algorithm on the last page of this document can be leveraged as a guide, if necessary.

### Concomitant use of DPP-IV Inhibitors and GLP-1 RA

#### Clinical Considerations:

- According to the ADA Guidelines, given overlapping mechanisms between DPP-4 inhibitors and GLP-1 receptor agonists, discontinuation of one can be considered.<sup>1</sup>

#### Potential Actions:

- Consider discontinuing DPP-4 inhibitor and evaluating glycemic control.
- If DPP-4 Inhibitor is preferred, consider discontinuing GLP-1 RA and evaluating glycemic control.
- If further glycemic control is necessary, consider other anti-hyperglycemic agents with a different mechanism of action as appropriate based upon patient's comorbidities.

## 2. Medical Group Tools & Reports

Member Name	Date First Identified	Medication Count	Prescriber Count	≥ 3 CNS Meds	History of Fall/balance issues	High Risk Medication	PPI ≥ 12 weeks
Patient A	2021-05-25	12	3				
Patient B	2021-05-25	10	4		Y		
Patient C	2021-05-25	10	2				
Patient D	2021-05-25	10	4				
Patient E	2021-05-25	17	3	Y	Y		
Patient F	2021-05-25	15	5				Y
Patient G	2021-05-25	11	2				
Patient H	2021-05-25	15	3	Y		Y	
Patient I	2021-05-25	13	5				
Patient J	2021-05-25	10	2			Y	Y

PCP Name	Member Count	Count of Members on ≥10	% of Members on ≥ 10 meds
PCP 1	376	55	15%
PCP 2	257	48	19%
PCP 3	204	32	16%
PCP 4	224	29	13%
PCP 5	179	29	16%
PCP 6	138	28	20%
PCP 7	173	27	16%
PCP 8	165	25	15%
PCP 9	137	25	18%
PCP 10	146	21	14%

# We need to continue deploying various engagement strategies to further reduce unnecessary medications

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## Providers

- Faxes ✓
- Medical Group Tools & Reports ✓
- EMR Direct Messaging ○
- Deprescribing workshops □
- Incentive programs □

## Partners

- Expanded point-of-sale safety edits □
- Retail Pharmacy Enablement □

## Patients

- MTM Reviews ✓
- Medication Reconciliation ✓
- Targeted Conversations □

✓ Deployed    ○ In Motion    □ Exploration

# Provider engagement is a key component of deprescribing.

New and redesigned monthly Polypharmacy Reports with accompanying provider summary are being provided to you.

Member Name	Polypharmacy Information						High Risk Medications (65+)					Inappropriate Medication Use	
	Date First Identified	Medication Count	Prescriber Count	≥ 3 CNS Meds (65+) (POLY-CNS)	Concurrent Use of Opioids and Benzodiazepines (COB)	10+ medications	PPI ≥ 12 weeks	Long-term hypnotics (Z-drugs)	Sulfonylureas	2+ anticholinergics (POLY-ACH)	History of Fall/balance issues	Duplicate Inhaler	Duplicate Therapy with DPP4i + GLP1
Patient A	3/31/2023	7	1	Y	Y		Y	Y			Y		
Patient B	3/31/2023	10	3			Y	Y						
Patient C	3/31/2023	11	1			Y		Y	Y		Y		
Patient D	3/31/2023	8	1	Y	Y			Y	Y		Y		
Patient E	3/31/2023	12	2		Y								Y
Patient F	3/31/2023	5					Y						

- Reflects the deprescribing opportunities your group's providers have been faxed on this month.
- **Our ask:** Please work with your providers to take a second look at the patients indicated and deprescribe where appropriate.

# Additionally, we intend to expand upon the types of medications we target.

Sleep Aids/Hypnotics

Fall-inducing medications such as zolpidem, eszopiclone, temazepam, triazolam

Stomach Acid-Reducers

Proton-pump inhibitors (PPIs) such as omeprazole, pantoprazole, lansoprazole, etc

Duplicate Diabetes Treatment

Being on two different diabetes drugs that work similarly, yet don't provide additional benefit.

High-Risk Diabetes Drugs

Drugs such as glyburide and glimepiride which causes lower blood sugar in older adults

Chronic Medications\*

Re-assessment of necessary diabetes, hypertension, and cholesterol medications

Duplicate Anticholinergic drugs\*

Drugs that pose greater risk of falls, dementia, and/or delirium in older adults.

Duplicate CNS drugs\*

Drugs that pose greater risk of falls, dementia, and/or delirium in older adults.

Duplicate Inhalers

Unnecessary overtreatment of asthma or COPD

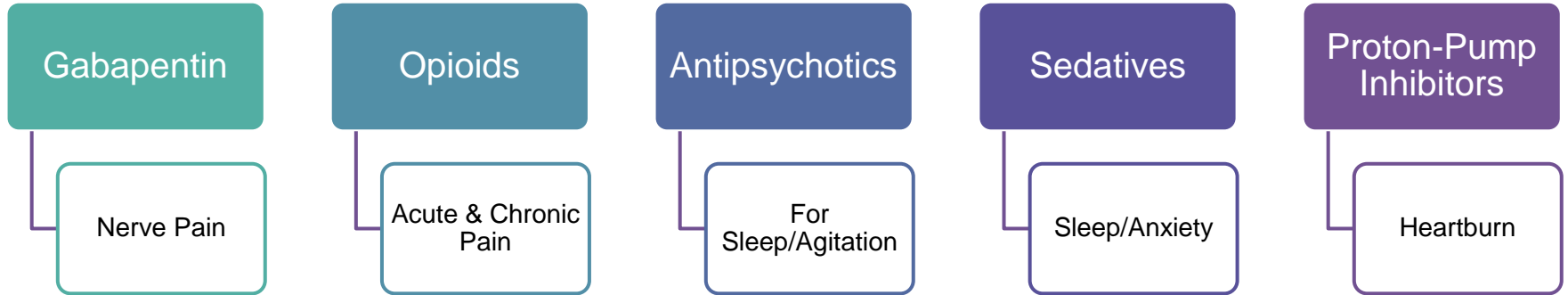
New for 2023



# Reducing unnecessary medications also means potentially reducing doses of medications.

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Many medications can't be discontinued abruptly or at all, and a taper or dose reduction is recommended instead.



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# Pharmacy Round Table Discussion

# Pharmacy Round Table Discussion

## Today's Panelists:



**Glad Jaranilla,  
CPhT**

*Sr Program  
Manager,  
Performance  
Improvement –  
Strategic  
Programs*



~102K SCAN Lives



**Kyna Ngo,  
PharmD**

*Clinical  
Pharmacist,  
Medical Strategies*



~9K SCAN Lives



**Mitul Patel,  
PharmD, APh, BCACP**

*Pharmacy  
Manager*



~20K SCAN Lives



**Alan Phan,  
PharmD**

*Executive  
Director,  
Clinical  
Pharmacy  
Services*



~13K SCAN Lives



**Caroline Vovan,  
PharmD**

*Director,  
Ambulatory Care  
Pharmacy*



~35K SCAN Lives