

Enhance Your Pharmacy Performance

Performance Tips from a Fellow *Good Neighbor Pharmacy* Owner

Series 3

High Risk Medications: Best Practices in
Addressing Use with Patients



Presented By
Jason Turner, PharmD
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Today's Speaker



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- Owner – Moundsville Pharmacy, Moundsville, WV
- *Good Neighbor Pharmacy* Member

High Risk Medications: Best Practices in Addressing Use with Patients



- Define the Medicare Star Rating quality measures related to high risk medications
- Review the current Medicare Star Rating performance including Elevate Performance Network statistics and national trends
- Review the current categories and medications identified as high risk, including examples of the risks and alternatives for commonly prescribed HRMs
- Review common strategies for identifying patients utilizing high risk medications
- Discuss best practices in addressing HRM issues
- Set achievable goals in reducing HRM usage

Evidence for Reducing Usage of HRM



In 2001, it was estimated that **healthcare expenditures** related to potentially **inappropriate medication use** in the community-dwelling **elderly population** would be **\$7.2 billion** in the United States.

Adverse drug events are common and often preventable among older persons in the ambulatory clinical setting with studies supporting that adverse drug events are **preventable 27% to 42% of the time**.

Common medication categories associated with PREVENTABLE adverse drug reactions

- Cardiovascular (24.5%)
- Diuretics (22.1%)
- Non-opioid analgesics (15.4%)
- Hypoglycemics (10.9%)
- Anticoagulants (10.2%)

Fu AZ, Jiang JZ, Reeves JH, Fincham JE, Liu GG, Perri M 3rd. Potentially inappropriate medication use and healthcare expenditures in the US community-dwelling elderly. *Med Care*. 2007;45(5):472-476.

Gurwitz JH, Field TS, Harrold LR, et al. Incidence and preventability of adverse drug events among older persons in the ambulatory setting. *JAMA*. 2003;289(9):1107-1116.

Medicare Star Ratings System

D11 High Risk Medications

D12 Medication Adherence for Diabetes

D13 Medication Adherence for Hypertension

D14 Medication Adherence for Cholesterol

D15 MTM Program Completion Rate for CMR



D11 High Risk Medications

- The percentage of patients **65 years of age and older**, who received **TWO OR MORE prescription fills** for certain drugs with a high risk of adverse effects, when there may be safer drug choices available
- HRM percentage is calculated using the medication NDC list maintained by Pharmacy Quality Alliance (PQA)

High Risk Medication Therapeutic Classes

- Anticholinergics
- Antithrombotics
- Anti-infectives
- Cardiovascular
- Central Nervous System
- Endocrine
- Gastrointestinal
- Pain Medications
- Skeletal Muscle Relaxants



D11 High Risk Medications

- The percentage of patients **65 years of age and older**, who received **TWO OR MORE prescription fills** for certain drugs with a high risk of adverse effects, when there may be safer drug choices available

▪ 2016 Star Ratings

MA-PD Average 7%
PDP Average 11%

July – December 2015
National Average: 4.3%
Top 20%: 2.1%

2016 Cut Points

	<u>MA-PD</u>	<u>PDP</u>
1 Star	>20%	>14%
2 Star	12-20%	12-14%
3 Star	8-12%	10-12%
4 Star	6-8%	6-10%
5 Star	< 6%	< 6%

Table HRM-A: High-Risk Medications

Description	Prescription Products		
Anticholinergics (excludes TCAs)			
First-generation antihistamines (as single agent or as part of combination products) – excludes OTC products	<ul style="list-style-type: none"> Brompheniramine Carbinoxamine Chlorpheniramine Clemastine 	<ul style="list-style-type: none"> Cyproheptadine Dexbrompheniramine Dexchlorpheniramine Diphenhydramine (oral) 	<ul style="list-style-type: none"> Doxylamine Hydroxyzine Promethazine Triprolidine
Antiparkinson agents	<ul style="list-style-type: none"> Benzotropine (oral) 	<ul style="list-style-type: none"> Trihexyphenidyl 	
Antithrombotics			
Antithrombotics	<ul style="list-style-type: none"> Ticlopidine* 	<ul style="list-style-type: none"> Dipyridamole, oral short-acting* (does not apply to the extended-release combination with aspirin) 	
Anti-infective			
Anti-infective	Nitrofurantoin (include when cumulative day supply is >90 days) (A)		
Cardiovascular			
Alpha blockers, central	<ul style="list-style-type: none"> Guanfacine* 	<ul style="list-style-type: none"> Methyldopa* Reserpine (>0.1mg/day)* (B) 	
Cardiovascular, other	<ul style="list-style-type: none"> Disopyramide* 	<ul style="list-style-type: none"> Digoxin (>0.125mg/day) (C) Nifedipine, immediate release* 	
Central Nervous System			
Tertiary TCAs (as a single agent or as part of a combination product)	<ul style="list-style-type: none"> Amitriptyline Clomipramine 	<ul style="list-style-type: none"> Doxepin (>6mg/day) (D) Imipramine 	<ul style="list-style-type: none"> Trimipramine
Antipsychotics, first-generation (conventional)	<ul style="list-style-type: none"> Thioridazine 		
Barbiturates	<ul style="list-style-type: none"> Amobarbital* Butabarbital* Butalbital 	<ul style="list-style-type: none"> Pentobarbital* 	<ul style="list-style-type: none"> Phenobarbital Secobarbital*
Central Nervous System, other	<ul style="list-style-type: none"> Chloral hydrate* 	<ul style="list-style-type: none"> Meprobamate 	
Nonbenzodiazepine hypnotics (include when cumulative day supply is >90 days) (E)	<ul style="list-style-type: none"> Eszopiclone 	<ul style="list-style-type: none"> Zolpidem 	<ul style="list-style-type: none"> Zaleplon
Vasodilators for dementia	<ul style="list-style-type: none"> Ergoloid mesylates* 	<ul style="list-style-type: none"> Isoxsuprine 	
Endocrine			
Endocrine	<ul style="list-style-type: none"> Desiccated thyroid 	<ul style="list-style-type: none"> Estrogens** with or without progesterone (oral and topical patch products only) 	<ul style="list-style-type: none"> Megestrol
Sulfonylureas, long-duration	<ul style="list-style-type: none"> Chlorpropamide 	<ul style="list-style-type: none"> Glyburide 	
Gastrointestinal			
Gastrointestinal		<ul style="list-style-type: none"> Trimethobenzamide 	
Pain Medications			
Pain Medications	<ul style="list-style-type: none"> Meperidine 	<ul style="list-style-type: none"> Pentazocine* 	
Non-COX-selective NSAIDS***	<ul style="list-style-type: none"> Indomethacin 	<ul style="list-style-type: none"> Ketorolac 	
Skeletal muscle relaxants			
Skeletal muscle relaxants (as a single agent or as part of a combination product)	<ul style="list-style-type: none"> Carisoprodol Chlorzoxazone 	<ul style="list-style-type: none"> Cyclobenzaprime Metaxalone 	<ul style="list-style-type: none"> Methocarbamol Orphenadrine

*Infrequently used drugs. Abbreviations: TCAs, tricyclic antidepressants; OTC, over the counter.



High Risk Medication List
and Patient Safety Documents
available on the EQuIPP website
www.EQuIPP.org



Anticholinergics



▪ First Generation Antihistamines

Anticholinergics (excludes TCAs)			
First-generation antihistamines (as single agent or as part of combination products) – <i>excludes OTC products</i>	<ul style="list-style-type: none">• Brompheniramine• Carbinoxamine• Chlorpheniramine• Clemastine	<ul style="list-style-type: none">• Cyproheptadine• Dexbrompheniramine• Dexchlorpheniramine• Diphenhydramine (oral)	<ul style="list-style-type: none">• Doxylamine• Hydroxyzine• Promethazine• Triprolidine

▪ Risks

Sedation – increased risk with accumulation

Anticholinergic Adverse Effects – confusion, cognitive impairment, delirium, dry mouth, constipation, urinary retention

▪ Alternative Therapies

Allergies: nasal saline, nasal steroid, second generation antihistamine

Sleep: non-pharmacologic, trazodone, doxepin, ramelteon

Central Nervous Systems



▪ Tertiary Tricyclic Antidepressants

<i>Central Nervous System</i>			
Tertiary TCAs (as a single agent or as part of a combination product)	<ul style="list-style-type: none">• Amitriptyline• Clomipramine	<ul style="list-style-type: none">• Doxepin (>6mg/day) (D)• Imipramine	<ul style="list-style-type: none">• Trimipramine

▪ Risks

Sedation – increased risk with accumulation

Anticholinergic Adverse Effects – confusion, cognitive impairment, delirium, dry mouth, constipation, urinary retention

Orthostatic Hypotension, Unsteady Gait, Psychomotor Impairment

▪ Alternative Therapies

Depression: SSRIs, SNRIs

Neuropathic Pain: SNRIs, gabapentin, pregabalin, capsaicin, or lidocaine patch

Sleep: non-pharmacologic, trazodone, low-dose doxepin, ramelteon

Endocrine



▪ Sulfonylureas (long duration)

<i>Endocrine</i>			
Endocrine	<ul style="list-style-type: none">• Desiccated thyroid	<ul style="list-style-type: none">• Estrogens** with or without progesterone (oral and topical patch products only)	<ul style="list-style-type: none">• Megestrol
Sulfonylureas, long-duration	<ul style="list-style-type: none">• Chlorpropamide	<ul style="list-style-type: none">• Glyburide	

▪ Risks

Long Duration of Action
Increased Risk for Hypoglycemia

▪ Alternative Therapies

glipizide, glipizide ER, glimepiride, other classes of anti-diabetics

Cardiovascular



▪ Digoxin (> 0.125 mg/day)

<i>Cardiovascular</i>		
Alpha blockers, central	<ul style="list-style-type: none">• Guanfacine*	<ul style="list-style-type: none">• Methyldopa*• Reserpine (>0.1mg/day)* (B)
Cardiovascular, other	<ul style="list-style-type: none">• Disopyramide*	<ul style="list-style-type: none">• Digoxin (>0.125mg/day) (C)• Nifedipine, immediate release*

▪ Risks

Limited Benefit at Higher Dose

Reduced Renal Clearance – increases risk of toxicity

▪ Alternative Therapies

Condition Dependent: consult guidelines and physician

Anti-infective



- **Nitrofurantoin** (cumulative days supply > 90 days)

<i>Anti-infective</i>	
Anti-infective	Nitrofurantoin (include when cumulative day supply is >90 days) (A)

- **Risks**

Pulmonary toxicity, peripheral neuropathy, hepatotoxicity, especially with chronic use

- **Alternative Therapies**

Condition Dependent: consult guidelines and physician

Set Achievable Goals

To Enhance Pharmacy Performance



Know Your Numbers

Identify Patients

Offer Alternatives





Know Your Numbers

- **Review Your EQuIPP scores MONTHLY**
 - New data released around the 15th of each month
 - Post the performance report in the pharmacy
- **Identify how many patients needed to convert therapy to increase ONE Star Level or ACHIEVE TOP 20%**

Determine the Goal to Reach the Next Star Level



Pharmacy Report
Goal: 5-star

HOW DO I IMPROVE?

Print this Report

Performance Data Date Range: SEP 2015 - FEB 2016

View as: 6-Month Trend Year-to-Date

Measure	Trend	Pharmacy		Versus Goal		Versus Others	
		# of Patients	Performance Score	Goal	Gap	Organization Average	State Average
High-risk Medications		351	5.1% <small>ANALYZE PERFORMANCE</small>	6% ↓ LOWER IS BETTER	✓	4.6%	5.7%

In this example, the pharmacy is meeting the “5 Star” Goal...
Pharmacy Performance: 5.1% **5 Star Goal: < 6%**

Determine the Goal to Reach the Next Star Level



Pharmacy Report
 Goal: **Top 20% Ranking**

Print this Report

Performance Data Date Range: **SEP 2015 - FEB 2016**

View as: **6-Month Trend** Year-to-Date

Measure	Trend	Pharmacy		Versus Goal		Versus Others	
		# of Patients	Performance Score	Goal	Gap	Organization Average	State Average
High-risk Medications		351	5.1%	2.1% ↓ LOWER IS BETTER	3%	4.6%	5.7%

Current: 5.1% of 351 Patients on HRM
 → **351 x 5.1% ~ 18 Patients**

Gap: 3% from Top 20% Goal
 → **351 x 3% ~ 11 Patients**

Question: Can YOU decrease HRM usage in **11** of **18** patients?

Answer:
YES!!!



Know Your Numbers

Identify Patients

Offer Alternatives



Identify Patients



- **Review EQuIPP identified patients**
 - The patients YOU KNOW are impacting your score

Review EQUIPP Identified Patients



Pharmacy Report

Goal: Top 20% Ranking

Print this Report

Performance Data Date Range: SEP 2015 - FEB 2016

View as: 6-Month Trend Year-to-Date

Measure	Trend	Pharmacy		Versus Goal		Versus Others	
		# of Patients	Performance Score	Goal	Gap	Organization Average	State Average
High-risk Medications		351	5.1% ANALYZE PERFORMANCE	2.1% ↓ LOWER IS BETTER	3% OUTLIERS	4.6%	5.7%

Identifies PATIENTS that are IMPACTING YOUR PERFORMANCE
Information only provided for participating third-party plans

Review EQUIPP Identified Patients



EQuIPPTM Electronic Quality Improvement
Platform for Plans & Pharmacies

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Support

For direct user support [Click Here](#). Please complete the brief form and we will promptly address your issue. You may also send an e-mail to support@equipp.org.

For password resets, site performance issues, and other Technical Support, please click on the "Support" link in the upper right hand corner of the page.

Tutorials

We have provided a complete tutorial which was updated in July 2015. To access this presentation [click here](#).

[EQuIPP 2015 - 4th Quarter New Features!](#) This tutorial provides an overview of several updates that have occurred in your EQuIPP dashboard in late 2015. This includes: updates to the "Insurance Mix Table", addition of the "Quality Improvement Programs" table and the "Outliers" feature available in the dashboard.

We have several videos listed below that focus on target portions of the EQuIPP dashboard. Each video contains about six minutes of content.

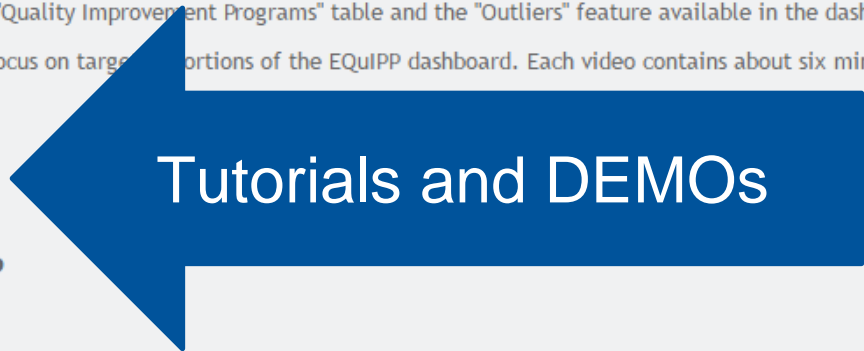
[EQuIPP Overview](#)

[EQuIPP Outliers](#)

[EQuIPP Resources and Support](#)

Why you should use EQuIPP

[Key Reasons to use EQuIPP](#)



Identify Patients



- **Review EQuIPP identified patients**
 - The patients YOU KNOW are impacting your score
- **Review InSite® Report**
 - “Weekly Star Measures Work List”
 - Identifies Medicare Star Rating High Risk Medications

Weekly Star Measures Work List



Weekly Star Measures Work List

For more information on CMS STAR Ratings and Medication Use Measures visit the Elevate page [LINK® Elevate THE LINK](#)

Plan	Med Use Measure	Latest Rx Nbr	Fill Label Name	Prescriber	PDC %
AARP MedicareRx Enha	HRM	64	9 DIGOX 125 MCG TABLET	ENTF	
AARP MedicareRx Enha	PDC Blood Pressure	64	5 LISINOPRIL 20 MG TABLET	INCI	70.06
Cigna-Healthspring R	PDC Cholesterol	65	2 SIMVASTATIN 80 MG TABLET	FAND	74.38
Coventry Health Care	PDC Cholesterol	65	2 SIMVASTATIN 20 MG TABLET	MACH	68.93
Coventry Health Care	HRM	65	0 MINIVELLE 0.05 MG PATCH	MCKI	
Coventry Health Care	PDC Cholesterol	64	4 SIMVASTATIN 40 MG TABLET	SCHM	70.11
ENVISION RX OPTIONS	HRM	65	1 HYDROXYZINE PAM 25 MG CAP	POTI	
Humana	PDC Cholesterol	65	0 SIMVASTATIN 20 MG TABLET	KURI	20.22
Humana	HRM	40	0 ZOLPIDEM TARTRATE 10 MG TABLET	KURI	
Humana	PDC Blood Pressure	65	0 LISINOPRIL 20 MG TABLET	NALI	72.83
Humana	PDC Cholesterol	65	2 CRESTOR 10 MG TABLET	ROBI	78.17
Humana	HRM	64	8 ESTRADIOL-NORETH 1-0.5 MG TAB	MORF	
Humana	PDC Oral Diabetes	65	0 METFORMIN HCL 500 MG TABLET	WAYT	51.16
Humana	PDC Cholesterol	65	2 ATORVASTATIN 80 MG TABLET	WAYT	52.8
Magellan	PDC Cholesterol	65	0 ATORVASTATIN 80 MG TABLET	DHAF	55.17
SilverScript Basic (	PDC Cholesterol	65	2 ATORVASTATIN 10 MG TABLET	,	77.5
SilverScript Basic (	PDC Blood Pressure	64	2 LOSARTAN-HCTZ 100-12.5 MG TAB	SCHM	62.6
SilverScript Basic (	PDC Blood Pressure	65	0 VALSARTAN 160 MG TABLET	NALI	69.27
SilverScript Basic (	PDC Blood Pressure	65	1 VALSARTAN-HCTZ 320-12.5 MG TAB	,	76
WellCare Health Plan	PDC Blood Pressure	65	2 RAMIPRIL 10 MG CAPSULE	SCHM	51.67
YouRx Plan	HRM	65	2 PROMETHAZINE 25 MG TABLET	WOOF	
YouRx Plan	HRM	64	6 PREMARIN 0.45 MG TABLET	BOST	
YouRx Plan	PDC Oral Diabetes	65	3 METFORMIN HCL 1,000 MG TABLET	,	67.39
YouRx Plan	PDC Blood Pressure	64	6 VALSARTAN 80 MG TABLET	SCHM	79.74

Identifies PRESCRIPTIONS that are HRM



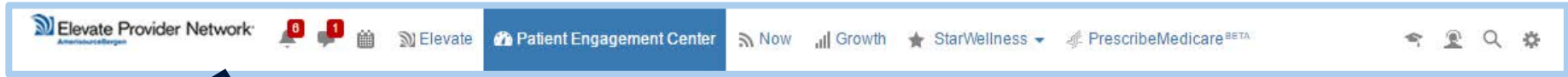
Identify Patients

- **Review EQuIPP identified patients**
 - The patients YOU KNOW are impacting your score
- **Review InSite® Report**
 - “Weekly Star Measures Work List”
 - Identifies Medicare Star Rating High Risk Medications
- **Prescribe Wellness® Patient Engagement Center**
 - Patients on HRM can be identified from the dashboard

PrescribeWellness® Patient Engagement Center



PrescribeWellness® Patient Engagement Center



PEC Patient Engagement Center 3.0

373 learners taking this course

START TAKING THIS COURSE

Modules

- Getting Started
 - Lessons
 - Accessing the PEC
 - Setting Your Password
- Understanding the PEC
 - Lessons
 - PEC Layout
 - Quality Metrics
 - Demographics Tabs
 - Working with Tables
 - Getting Patient Details
- Account Settings
 - Lessons
 - Logging Out
 - Changing your Password
 - External Log-in with Google or Facebook

Client Support
Monday - Friday | 8am - 5pm PT
800-960-8347
support@prescribewellness.com

Working with Tables

PHONE	PATIENT
5562365844	Solomon, Rosie
555806171	House, Darle
5561012135	Renfroe, Chioe

Filter: Show items with value that: Contains [A] And Is equal to [] Filter Clear

Online Course

Self-paced videos and interactive scenarios

Question:
Can you learn to use this patient identifying tool?

Answer:
YES!!!



Know Your Numbers

Identify Patients

Offer Alternatives





Offer Alternatives & Best Practices

- **Be Knowledgeable**
 - Identify resources for alternative therapies
 - Print and organize resources OR save resources in electronic folder

- **Prepare Recommendations**
 - Prepare a template for letters of recommendations

- **Organize a Plan and a Schedule**
 - Schedule time to identify patients
 - Plan for discussing high risk medications with patients
 - Prepare and organize letters of recommendations
 - Schedule a time for follow-up by fax, phone, or in-person

- **Document and Track Outcomes to Recommendations**


[← Back](#)

Getting the right drug to the right person at the right time has long been the mantra of practicing to the best outcomes for your patients. This section links you to specific resources that support your organization.

- Sample Letters of Recommendations
- HRM Alternatives Charts
- Clinical Articles

Pharmacist's Letter Resources - NEW

PQS has partnered with Pharmacist's Letter to provide resources for both medication adherence and patient safety resources. Continue to check back for additional resources that will assist your patient care services.

1. [High Risk Medication Fax Letter](#) - Need a standard fax template for your patients on high risk medication? Use this template to assist your pharmacy!
2. [High Risk Medication Chart](#) - Not sure what alternative therapies exist to replace high risk medications? Make sure your pharmacist are familiar with this information.
3. [Using a Statin for Your Patient with Diabetes \(Fax Letter\)](#) - Looking for a template to communicate with prescribers about addressing statin therapy for patients with diabetes? This template fax form from Pharmacists Letter can help to start the conversation.

Peer Review Resource Center

Don't have time to read the monthly journals filling your inbox and mailbox? We curate a selection of material to keep you up to date on the latest medication use quality information from the academic literature. To be fair, we are just getting started... mind the dust while we get our collection up to speed!

1. [American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults](#) By the American Geriatrics Society 2015 Beers Criteria Update Expert Panel (JAGS).
2. [How to use the American Geriatrics Society 2015 Beers Criteria - A Guide for Patients, Clinicians, Health Systems, and Payors](#). this article is provided on how the criteria are intended to be used and recommendations for implementation to achieve this effect(JAGS).
3. [Reducing Inappropriate B2D Prescriptions in older adults through direct patient education](#) (JAMA).
4. [More support for scaling back sedative hypnotic use](#). These meds may not cause a disproportionate number of ER visits for adverse events, but the severity of the events in seniors are more pronounced compared to younger adults, resulting in more hospitalizations (JAMA).
5. [Toward a Better Understanding of High Risk Medications in the Elderly](#). Pharmacies can play a role in reducing use of high risk medications, improving quality measure scores (AJMC).
6. [Impact of a medication therapy management intervention targeting medications associated with falling: Results of a pilot study](#). While this study specifically looked at reducing falls, it also considers how to effectively request a change in therapy with a prescriber.(JAPhA).

<p><u>Tricyclic antidepressants:</u> amitriptyline (A, H), amoxapine (A), clomipramine (A, H), desipramine (A), doxepin (>6 mg/day [A, H]), imipramine (A, H), nortriptyline (A), protriptyline (A), trimipramine (A, H)</p>	<p>Anticholinergic effects (e.g., confusion, cognitive impairment, delirium, dry mouth, constipation, urinary retention)</p> <p>Sedation</p> <p>Orthostatic hypotension, unsteady gait, psychomotor impairment</p> <p>SIADH. Check sodium when starting or changing dose.</p>	<p>Of special concern in patients with <u>dementia</u>, <u>cognitive impairment</u>, <u>delirium</u> or <u>high risk of delirium</u>, history of <u>falls</u> or <u>fractures</u>, <u>lower urinary symptoms</u>, or <u>BPH</u> (avoid in men).</p> <p>Tertiary amines (amitriptyline, clomipramine, doxepin, imipramine, trimipramine) of special concern in patients with <u>syncope</u> due to risk of orthostatic hypotension.</p> <p>Avoid combining drugs with anticholinergic effects (risk of cognitive decline).</p> <p>Avoid combining with two or more other CNS-active drugs (fall risk).</p> <p><u>Alternatives for depression:</u> SSRI (not paroxetine; not for patient with fall/fracture risk), SNRI (not duloxetine if CrCl <30 mL/min.), bupropion (not in patient with seizures).^{1,5} Alternatives for <u>neuropathic pain</u> may include SNRIs, gabapentin, pregabalin, capsaicin, or lidocaine patch (U.S.), depending on concomitant conditions. For more help choosing, see our <i>PL Chart, Pharmacotherapy of Neuropathic Pain</i>.</p> <p><u>Alternatives for insomnia:</u> Consider nonpharmacologic interventions.⁵ To help explain these to patients, use our <i>PL Patient Education Handout, Strategies for a Good Night's Sleep</i>. Pharmacologic alternatives include low-dose trazodone, low-dose doxepin, or ramelteon (U.S.).¹³</p>
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- Sample Letters of Recommendations
- HRM Alternatives Charts
- Clinical Articles

CMS CY2017 Final Call Letter



- *As the measure can be calculated only by using prescription drug event (PDE) data, medications cannot be included on the HRM List that have risks conditional on clinical factors that cannot be measured using PDE data alone. This may create unintended consequences including the inappropriate encouragement of certain non-HRM medications, which may not be the best choice for an individual beneficiary's clinical circumstance.*
- *Based on feedback to the draft 2017 Call Letter and concerns that a change was being made after the measurement period in which efforts by Part D sponsors were invested, the HRM measure will remain in the Star Ratings for 2017 (based on 2015 data) and move to the display page for 2018 (based on 2016 data).*
- *Avoiding potentially inappropriate medications in older adults remains important for quality of care for Medicare beneficiaries. HRM will be reconsidered for the Star Ratings again in the future once analyses and specification changes, if any, are completed by the PQA.*

Questions?

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Thank You



- Please complete our survey:
<https://www.surveymonkey.com/r/HighRiskMeds>
- **Series 4 – June 7th & 9th**
Medication Therapy Management: An Opportunity to Engage
- Check your email for upcoming dates and times
- Goodneighborpharmacyevents.com
- ThoughtSpot 2016
 - July 27-30
 - MGM Grand, Las Vegas
 - Thoughtspot2016.com



AmerisourceBergen®

Where knowledge,
reach and partnership
shape healthcare delivery.