2020

SPECIALTY PHARMACY PERFORMANCE MEASUREMENT

AGGREGATE SUMMARY PERFORMANCE REPORT

January 2021

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Measure data evaluated within this report are reflective of data collected in 2019 according to URAC's 2020 Measure Specification Guides. URAC licenses the PQA measure set as defined by the measure steward.

The logic used to produce these measure results ("rates") has been modified from PQA specifications and has not been evaluated by PQA. PQA makes no representations, warranties, or endorsements about the quality of any organization or clinician that uses or reports performance measures or any data or rates calculated using modified PQA measures, and PQA disclaims any and all liability arising from or related to any use of modified measures.

EXECUTIVE SUMMARY

266
Reporting Organizations

30M+
Specialty Prescriptions Dispensed

Performance Highlights

- There was a 25% (n=53) increase in the number of reporting organizations
- Prescription turnaround time reduced by 1 business day from prior year results
- Most dispensing errors due to incorrect quantity dispensed followed by incorrect instructions
- Leading cause of distribution errors continues to be prescriptions dispensed with the incorrect patient address

Turnaround Time

~ 3.44 days
To fill a prescription

Call Abandonment Rate

4.59%
Of calls abandoned

Dispensing Accuracy

99.98%
Of prescriptions *dispensed* with no errors

Distribution Accuracy

99.96%
Of prescriptions *distributed* with no errors

Presented in this report are the 2019 measurement year (2020 reporting year) results based on URAC's Specialty Pharmacy Accreditation program performance measures.

URAC includes performance measures in multiple accreditation programs to align and harmonize with national priorities for healthcare quality and delivery improvement. Our priority of consumer protection and empowerment drives our measurement efforts on outcome measures, composite measures, and flexible measures collection. With the emphasis of the ACA on affordable, quality health care and access, it is imperative that performance measurement programs are in place to ensure that savings from cost cutting efforts in health care are not at the expense of the quality of care delivered to patients. The information provided by measures of performance can help stakeholders monitor the quality and accessibility of care across the nation.

Performance measurement for the 2020 reporting year aligns with Phase 2 of URAC's measurement process where mandatory performance measures are subject to an external data validation process. The data validation program identifies areas of opportunity for improvement and ensures ongoing compliance conformity to program standards. By requiring organizations to submit audited performance measures annually, URAC ensures accurate and reliable data for organization-to-organization comparisons. These audited performance measure results become publicly available via aggregated, de-identified reports.

Organizations are required to report data for five mandatory measures and have the option to report data for eight exploratory measures.

Below is the list of measures for 2020 reporting.

MANDATORY MEASURES

1. Call Center Performance (DTM2010-04)
2. Dispensing Accuracy (MP2012-06)
3. Distribution Accuracy (MP2012-07)
4. Turnaround Time for Prescriptions (MP2012-08)
5. Treatment of Chronic Hepatitis C: Completion of Therapy (PH2018-07)

EXPLORATORY MEASURES

1. Drug-Drug Interactions (DM2012-13) *****
2. Proportion of Days Covered (PDC) (DM2012-12) *****
3. Adherence to Long-Acting Inhaled Bronchodilator Agents in COPD Patients (PH2018-01) *
4. Adherence to Non-Infused Biologic Agents to Treat Rheumatoid Arthritis (PH2018-02) *****
5. Adherence to Non-Infused Disease-Modifying Agents to Treat Multiple Sclerosis (PH2018-03) *****
6. Fulfillment of Promise to Deliver (SP2012-09) *****
7. Primary Medication Non-Adherence (PH2015-01) *****
8. Consumer Experience with Pharmacy Services (PH2015-05) *****

***** Fewer than five organizations submitted data for this measure. Analysis and benchmarks were not produced given less than five valid data submissions.

DATA VALIDATION PROCEDURES

Data validation vendors (DVV) identified any materially inaccurate submissions. Additionally, Kiser Healthcare Solutions, LLC corrected for any data entry and duplicate submission errors based on manual data review and cleaning.

Kiser Healthcare Solutions executed standard procedures for data cleaning and validation prior to finalizing the results presented in this report. All organizations' measure submissions were reviewed for measure component quality. For example, numerators and denominators were checked against rates to ensure accuracy. Also, minimum, mean, median, and maximum rates were benchmarked nationally and regionally to ensure accuracy and to identify potential issues at an individual submission level.

Basic guidelines for identifying valid submissions:

- Measure denominator is greater than 0
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure

Basic guidelines for aggregate rates:

- Measure denominator is greater than or equal to 30
- DVV has not deemed the measure submission as materially inaccurate
- Organization has stated it is submitting the measure
- Minimum of 5 reporting organizations

RESULTS IN AGGREGATE

A total of 266 URAC-accredited Specialty Pharmacy organizations reported 2019 measurement year data for the 2020 reporting year. The total number of specialty prescriptions dispensed across all specialty organizations was 30,123,612 with the number of specialty prescriptions dispensed ranging from 102 to 9,896,063. Most organizations reported dispensing less than 100,000 specialty prescriptions, with the majority of organizations reporting that they dispensed fewer than 16,000 specialty prescriptions **(Figure 1)**. The South represented the largest number of organizations and the West represented the least. **(Figure 2)**. A total of 95 organizations represented all four regions.

While almost one-third of organizations (n=64) reported dispensing at least 99% specialty drugs, not all reporting organizations dispensed mainly specialty drugs. Almost half of the organizations reported dispensing less than 50% specialty drugs (n=102) **(Figure 3)**. The most common category of specialty dispensed was for "Other drugs" (e.g., Hepatitis C, Hemophilia, Chron's Disease, and Growth Hormone Therapy) followed by Rheumatoid Arthritis **(Figure 4).**

Figure 1. Reporting by Program Tier Size

# of prescriptions dispensed per organization (n=266)

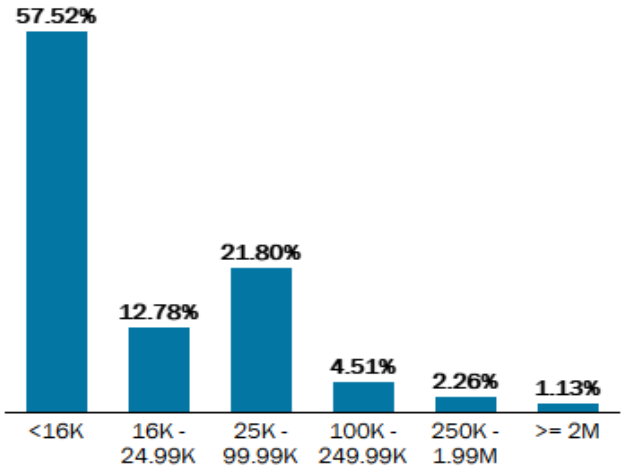
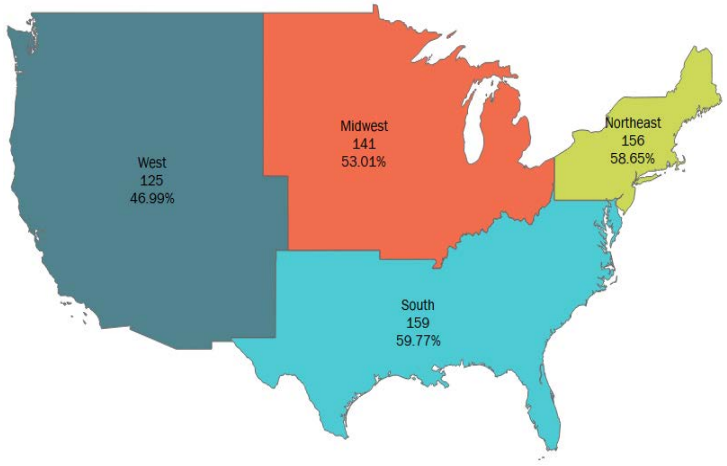


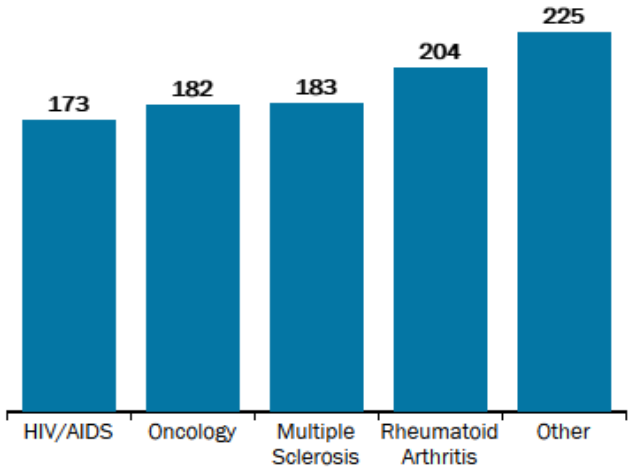
Figure 2. Regional Areas Served

% of reporting organizations by region (n=266)



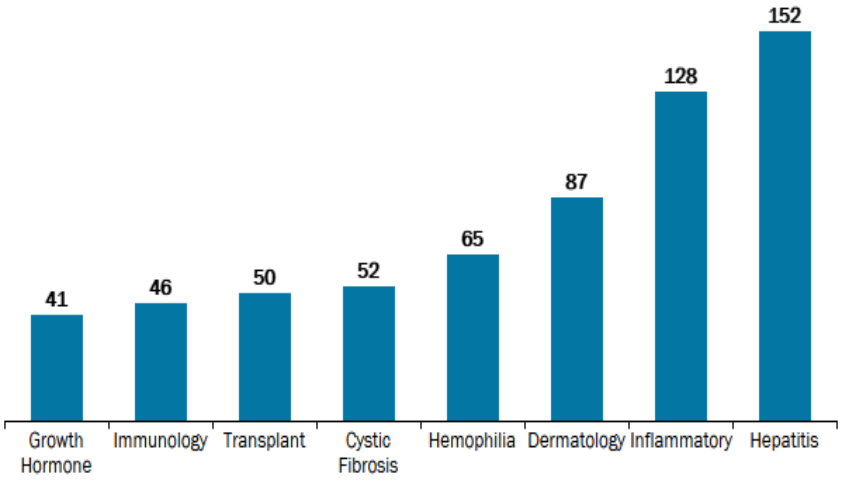
Note: Multiple responses accepted.

Figure 3. Types of Drugs Dispensed



Note: Multiple responses accepted.

Figure 4. Top Drug Types Defined as "Other"



Note: Multiple responses accepted.

CALL CENTER PERFORMANCE (DTM2010-04)

Measure Description

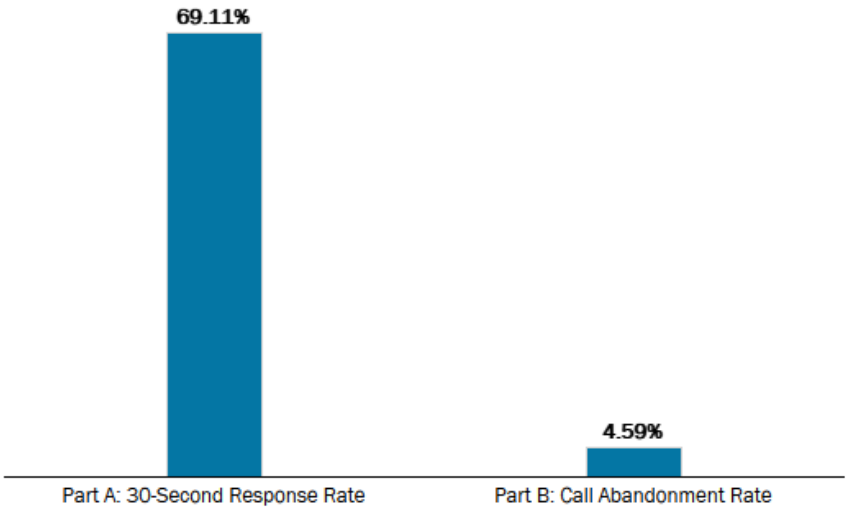
This *mandatory* measure has two parts:

- Part A evaluates the percentage of calls during normal business hours to the organization's call service center(s) during the measurement period that were answered by a live voice within 30 seconds
- Part B evaluates the percentage of calls made during normal business hours to the organization's call service center(s) during the reporting year that were abandoned by callers before being answered by a live customer service representative

For Part A, a higher rate represents better performance. **For Part B, a lower rate represents better performance**.

There is no stratification for this measure; results are reported across all populations.

Figure 5. Call Center Performance



Summary of Findings

Based on 247 submissions, there were 234 valid data submissions that reported both parts A and B of this measure. Two organizations reported 100% (all calls answered within 30 seconds) for Part A and the lowest performer answered 9% of calls within 30 seconds. More than half of reporting pharmacies indicated a call abandonment rate less than 3% with two pharmacies reporting 0% (no calls abandoned) for Part B.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A: 30-Second Response Rate	30,957,607	44,795,903	69.11%	88.35%	233
Part B: Call Abandonment Rate	2,107,513	45,923,929	4.59%	3.40%	246

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A: 30-Second Response Rate	9.19%	76.03%	84.21%	92.48%	96.17%	97.78%	100%
Part B: Call Abandonment Rate	27.95%	7.18%	3.86%	2.62%	1.38%	0.68%	0%

DISPENSING ACCURACY (MP2012-06)

Measure Description

This *mandatory* six-part measure and composite roll-up assesses the percentage of prescriptions that the organization dispensed inaccurately. Measure parts include:

- Part A: Incorrect Drug and/or Product Dispensed
- Part B: Incorrect Recipient
- Part C: Incorrect Strength
- Part D: Incorrect Dosage Form
- Part E: Incorrect Instructions
- Part F: Incorrect Quantity

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

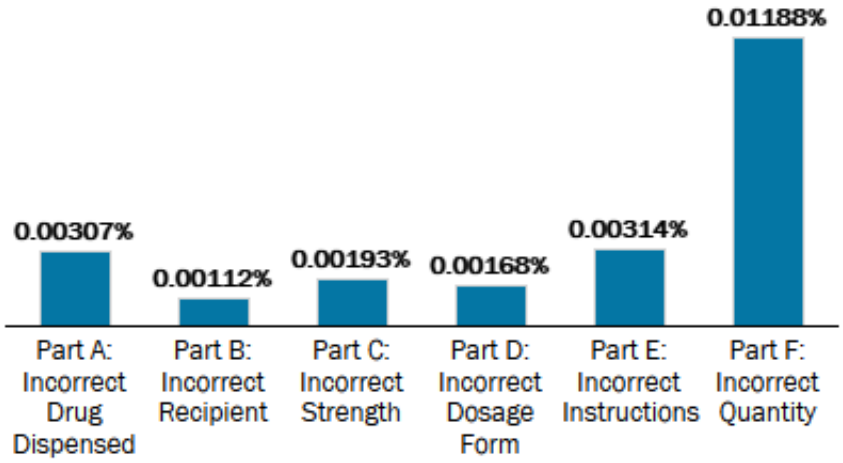
There is no stratification for this measure; results are reported aggregated across all populations.

Dispensing Error Rate

0.02207%
All Error Composite

22.1 errors
Per 100k Prescriptions Dispensed

Figure 6. Dispensing Error Types



Most dispensing errors are due to incorrect quantity & incorrect instructions.

Summary of Findings

Based on the data submitted for over 30 million specialty prescriptions, the average number of drug dispensing errors was 22.1 per 100,000 prescriptions dispensed (99.98% of prescriptions dispensed with zero errors). The highest performing pharmacies (21.5% of organizations) reported zero dispensing errors for the 2019 measure collection year. Conversely, the lowest performing pharmacy reported 3,692 drug dispensing defects per 100,000 with the leading cause of errors in dispensing accuracy reported as being due to incorrect quantity dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
8,490	38,473,878	0.02207%	0.05898%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
3.69231%	0.10909%	0.05300%	0.02116%	0.00423%	0%	0%

Part A: Incorrect Drug Dispensed

Based on the 261 submissions received, the average number of incorrect drugs dispensed was 3 per 100,000 prescriptions dispensed (a 38% improvement compared to prior year). More than half of pharmacies (n=156) reported zero errors due to incorrect drug, while the lowest performing pharmacy in this sub-measure reported 189 incorrect drugs dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
1,182	38,473,878	0.00307%	0.00670%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.18875%	0.01531%	0.00337%	0%	0%	0%	0%

Part B: Incorrect Recipient

Incorrect recipient accounts for the lowest amount of dispensing errors. Of the 261 submissions, there were 172 valid data submissions that reported zero errors due to incorrect recipient. The lowest performing pharmacy reported 88 drugs dispensed to incorrect recipient per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
431	38,473,428	0.00112%	0.00456%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.08826%	0.01491%	0.00243%	0%	0%	0%	0%

Part C: Incorrect Strength

Of the total valid submissions, more than two-thirds of pharmacies (n=164) reported zero errors due to incorrect strength. The lowest performer reported 136 prescriptions dispensed with incorrect strength per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
590	30,496,466	0.00193%	0.00478%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.13615%	0.01125%	0.00379%	0%	0%	0%	0%

Part D: Incorrect Dosage Form

Over two-thirds of valid data submissions (n=173) reported zero dispensing errors due to the incorrect dosage form being dispensed. The lowest performer reported 101 incorrect dosage forms dispensed per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
511	30,496,466	0.00168%	0.00406%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.10060%	0.01269%	0.00156%	0%	0%	0%	0%

Part E: Incorrect Instructions

Prescriptions dispensed with incorrect instructions were the second most common cause of dispensing errors, after incorrect quantity, with an average of 3.14 errors per 100,000 prescriptions. More than half of pharmacies (n=154) reported zero errors in dispensing due to incorrect instructions. The lowest performing pharmacy reported 3,538 drugs dispensed with incorrect patient instructions per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
1,208	38,473,878	0.00314%	0.02209%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
3.53846%	0.01470%	0.00578%	0%	0%	0%	0%

Part F: Incorrect Quantity

Results showed that there were three times as many incidences of prescriptions dispensed with the incorrect quantity than any other error type. One-third of pharmacies (n=97) reported zero errors due to incorrect quantity dispensed, while the lowest performing pharmacy reported 203 drugs dispensed with incorrect quantity per 100,000.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
4,570	38,473,878	0.01188%	0.01722%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.20307%	0.04793%	0.01938%	0.00485%	0%	0%	0%

DISTRIBUTION ACCURACY (MP2012-07)

Measure Description

This *mandatory* two-part measure and composite assesses the percentage of prescriptions delivered to the wrong recipient.

- Part A assesses the percentage of prescriptions mailed with an incorrect address
- Part B assesses the percentage of prescriptions mailed with a correct address that were not delivered to the correct location

For all parts, a lower rate represents better performance.

Each part of this measure is calculated at the individual prescription level, not at the order level (i.e., if an order contains three prescriptions, those three prescriptions are each counted separately in each denominator).

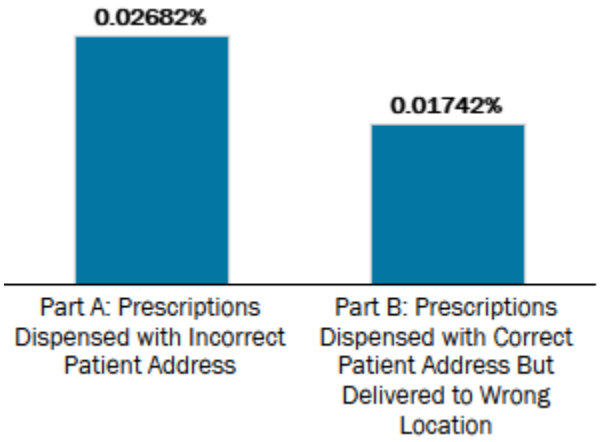
There is no stratification for this measure, results are reported aggregated across all populations.

Distribution Error Rate

0.04424%
Composite

44.24 errors
Per 100k Prescriptions Dispensed

Figure 7. Distribution Error Types



Most distribution errors are due to prescriptions being dispensed with the incorrect patient address.

Summary of Findings

A total of 261 organizations reported valid Distribution Accuracy results for each measure sub-part. Results showed that pharmacies had two times as many errors in the distribution of a prescription than in dispensing. The highest performing pharmacies (24.5% of reporting organizations) had zero distribution errors for the 2019 measure collection year. Conversely, pharmacies in the 10th percentile reported over 100 distribution defects per 100,000 prescriptions dispensed. The lowest performing pharmacy reported 404 distribution defects per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
17,022	38,479,301	0.04424%	0.04157%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.40445%	0.11051%	0.05258%	0.02501%	0.00144%	0%	0%

Part A: Prescriptions Dispensed with Incorrect Patient Address

Distribution errors caused by a prescription being dispensed with the incorrect address were 54% more prevalent than errors in the delivery of the prescription (Part B). Of the 261 submissions, one-third (n=87) reported zero errors attributed to an incorrect patient address. The lowest performing organization reported 200 incorrect patient addresses per 100,000 prescriptions dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
10,319	38,479,301	0.02682%	0.02236%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.19952%	0.06215%	0.03112%	0.01187%	0%	0%	0%

Part B: Prescriptions Dispensed with Correct Patient Address but Delivered to Wrong Location

Pharmacies performing in the top 25th percentile (n=100) for this sub-measure reported zero errors due to prescriptions dispensed with the correct patient address being delivered to the wrong location. In contrast, the lowest performer reported 329 prescriptions delivered to wrong location per 100,000 dispensed.

TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
6,703	38,479,301	0.01742%	0.01921%	261

MIN	10TH	25TH	50TH	75TH	90TH	MAX
0.32861%	0.04865%	0.01927%	0.00481%	0%	0%	0%

TURNAROUND TIME FOR PRESCRIPTIONS (MP2012-08)

Measure Description

This *mandatory* three-part measure assesses the average speed with which the organization fills prescriptions.

- Part A measures prescription turnaround time for clean prescriptions
- Part B measures prescription turnaround time for prescriptions that required intervention
- Part C measures prescription turnaround time for all prescriptions

For all parts, a lower rate represents better performance.

Parts A and B of this measure are mutually exclusive; if a prescription requires an intervention, it is counted in Part B; when it becomes clean, it is not counted again in Part A. The unit of analysis in this measure is individual prescriptions, not orders (which may include multiple prescriptions).

This measure is reported separately for new and refill prescriptions.

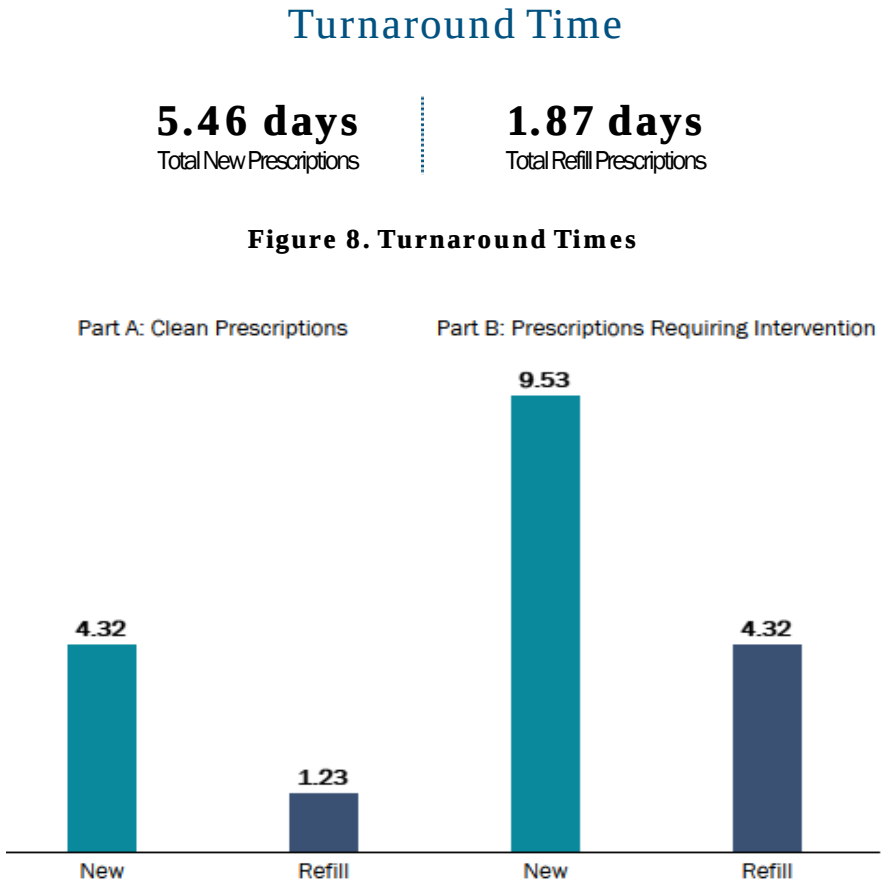


Figure 8. Turnaround Times

Summary of Findings

There were 221 pharmacies that reported URAC's turnaround time measure with 142 organizations submitting valid data for all parts of the measure. Based on the data submitted, the average total time to fill specialty pharmacy prescriptions in 2019 was 3.44 business days (a one business day reduction from the prior year). Results indicate that refill prescriptions were filled more quickly, with specialty pharmacies taking three times as many days to fill a new prescription compared to refills. Pharmacies with the fastest turnaround time filled a prescription in one business day, while one-third of pharmacies took more than five days.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part C1: All Prescriptions - New	83,812,056	15,356,586	5.46	4.39	220
Part C2: All Prescriptions - Refill	37,048,613	19,828,420	1.87	2.50	220

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part C1: All Prescriptions - New	18.55	10.64	5.76	3.29	1.75	1.15	0
Part C2: All Prescriptions - Refill	20.82	4.82	3.06	1.88	1.14	0.94	0

Part A: Clean Prescriptions

Clean prescriptions were filled twice as quickly as those that required an intervention. Several pharmacies were able to fill prescriptions in one business day, however most reporting pharmacies required more than two days to turnaround new, clean prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part A1: Clean Prescriptions - New	8,475,479	1,962,140	4.32	3.08	181
Part A2: Clean Prescriptions - Refill	18,223,849	14,760,788	1.23	2.22	195

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part A1: Clean Prescriptions - New	19.08	6.06	3.72	2.33	1.30	1.00	0
Part A2: Clean Prescriptions - Refill	13.10	3.95	2.80	1.72	1.12	0.91	0

Part B: Prescriptions Requiring Intervention

Based on the data submitted, the average time to fill all prescriptions requiring interventions was approximately 8 days, with over half of submissions requiring more than five days to fill. Results showed that refill prescriptions are filled twice as quickly as new prescriptions.

MEASURE	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Part B1: Prescriptions Requiring Intervention - New	74,026,771	7,766,011	9.53	5.89	189
Part B2: Prescriptions Requiring Intervention - Refill	13,879,055	3,212,587	4.32	4.28	152

MEASURE	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Part B1: Prescriptions Requiring Intervention - New	31.08	13.12	8.16	4.48	2.08	1.33	0
Part B2: Prescriptions Requiring Intervention - Refill	31.70	9.60	5.15	2.66	1.61	1.08	0

TREATMENT OF CHRONIC HEPATITIS C: COMPLETION OF THERAPY (PH2018-07)

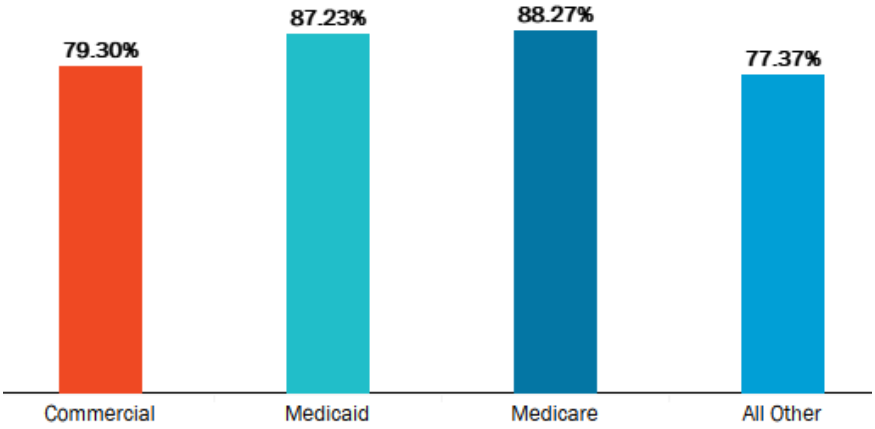
Measure Description

This mandatory measure assesses the percentage of patients who initiated antiviral therapy during the measurement year for treatment of chronic Hepatitis C, and who completed the minimum intended duration of therapy with no significant gap(s) in therapy.

This measure is reported separately for each of the organization's lines of business that are included in its URAC accreditation (i.e., Commercial, Medicare, and Medicaid).

The Pharmacy Quality Alliance (PQA) is the measure steward and all rights are retained by PQA, Inc.

Figure 9. Completion of Therapy for Chronic Hepatitis C



Summary of Findings

A total of 92 organizations submitted valid data results for this measure.

55	67	67	9
Commercial	**Medicaid**	**Medicare**	**All Other**

The Medicare and Medicaid aggregate summary results were relatively similar at 88.27% and 87.23%, respectively. The Commercial and All Other Line of Business results were lower, at 79.3% and 77.37% respectively.

LINE OF BUSINESS	TOTAL NUMERATOR	TOTAL DENOMINATOR	AGGREGATE SUMMARY RATE	MEAN	SUBMISSIONS
Commercial	27,399	34,549	79.30%	81.27%	55
Medicaid	16,947	19,429	87.23%	85.91%	67
Medicare	13,314	15,084	88.27%	87.26%	67
All Other	3,213	4,153	77.37%	74.38%	9

LINE OF BUSINESS	MIN	10TH	25TH	50TH	75TH	90TH	MAX
Commercial	37.74%	64.94%	76.17%	82.73%	91.25%	93.75%	100%
Medicaid	0%	71.72%	83.45%	88.89%	93.19%	96.21%	100%
Medicare	0%	75.20%	86.16%	91.55%	95.35%	97.40%	100%
All Other	0%	36.92%	75.52%	85.71%	94.44%	96.23%	96.51%