

Understanding

Statin Use: Diabetes vs Cardiovascular Disease



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	Statin Use in Persons with Diabetes (SUPD) PQA	Statin Therapy for Patients with Cardiovascular Disease (SPC) HEDIS®
Description	Percent of Medicare Part D members 40-75 years old and who were dispensed medications for diabetes who received any statin medications.	Percent of males 21-75 years of age and females 40-75 years of age during the measurements year who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and were dispensed at least one high-intensity or moderate-intensity statin medication. And remained on the medication for at least 80% of the treatment period.
Calculation (Numerator/Denominator)	Numerator: Number of patients in the denominator who received any statin medication fill in the measurement year. Denominator: Number of patients 40-75 years old who were dispensed at least two diabetes medication fills on unique dates of service.	Numerator: Number of patients who had at least one dispensing event for a high-intensity or moderate-intensity statin medication during the measurement year. Denominator: Number of patients that meet age criteria and diagnosis or event criteria. Event (during the prior year): Myocardial Infarction (MI) Coronary Artery Bypass Graft (CABG) Percutaneous Coronary Intervention (PCI) Any other revascularization procedure Diagnosis (during the prior year and the current year): At least one acute inpatient or outpatient visit with Ischemic Vascular Disease (IVD)

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RESOURCES:

Medicare Part D, Pharmacy Quality Alliance (PQA) 2024

NCQA (National Committee for Quality Assurance) HEDIS Technical Specifications Measurement Year 2024

Weight: 1X

General Trend: A higher rate of compliance is better

**Do not include laboratory claims.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Exclusions	<ul style="list-style-type: none"> • Hospice enrollment • ESRD diagnosis or dialysis coverage dates • Rhabdomyolysis and myopathy • Pregnancy • Lactation and fertility • Cirrhosis • Pre-Diabetes • Polycystic Ovary Syndrome (POS) 	<p>During the measurement year or the year prior to the measurement year:</p> <ul style="list-style-type: none"> • ESRD** • Dialysis • Cirrhosis** <p>Anytime during the measurement year:</p> <ul style="list-style-type: none"> • Members dispensed at least one prescription of clomiphene • Myalgia, myositis, myopathy, or rhabdomyolysis** • Members who use hospice services or elect to use a hospice benefit • Members who die • Members receiving palliative care • Members who had an encounter for palliative care** • Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year. - Living long-term in an institution any time during the measurement year. <ul style="list-style-type: none"> • Members 66 years of age and older as of December 31 of the measurement year with frailty and advanced illness. Members must meet both frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> 1. Frailty: At least two indications of frailty with different dates of service during the measurement year.** Do not include laboratory claims. 2. Advanced Illness: Either of the following during the measurement year or the year prior to the measurement year: <ul style="list-style-type: none"> - Advanced illness on at least two different dates of service.** - Dispensed dementia medication.
Best Practices for both measures	<ul style="list-style-type: none"> • Consider prescribing a low-cost generic statin medication to reduce the member's financial burden. • Consider simplifying the medication regimen by using once-daily dosing, if possible, and recommending that the member take it at the same time each day. If available, have the member set alarm notifications to remind them to take their medication. • Be aware that medication samples, when given, interfere with pharmacy claims and produce false non-adherence results. • Educate member: Statin use should always be accompanied by lifestyle modifications focused on diet and weight loss to improve a member's lipid panel. • Educate on the importance of complying with statin therapy during every communication. • Remember members have different communication styles and vary by culture, thus make sure to provide verbal and nonverbal education. • Encourage member to always carry a medication list with them that contains every medication they are currently on and allergies to medications they may have. • Encourage the use of pill boxes or medication organizers. • Listen to members' concerns and make them an active part of shared decision making. • Routinely arrange the next appointment for consistent follow-up and monitoring • Identify and resolve member-specific adherence barriers or concerns, such as the statin's health benefits, side effects, cost, and timely refills. • Once patients demonstrate they can tolerate medication, prescribe 100-day supplies. • Pill splitting of certain medications can cause safety concerns. 	