Advanced Strategies and Measurement

Foresight Family Physicians
Primary Care Partners
The Telluride Medical Center
Shared Learning Purpose

• Identify best practice methodologies to measure and understand the effects and outcomes of Advanced Strategies.
• Link implementation of Advanced Strategies to Outcomes.
Integrated Behavioral Health

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Advanced Primary Care Strategy

• Integrated Behavioral Health:
  – *The practice measures how integrated behavioral health services affect patients, families and caregivers receiving these services and on target conditions or diseases and adopts and improves upon these services to improve outcomes.*
Integrated Behavioral Health

Process Measures

• # of patients with IBH visit
• # of patients with identified BH concern referred for BH care
• CQMS:
  – NQF0418 Depression
  – NQF0028 Tobacco Cessation

Outcome Measures

• Use of assessment tools (PHQ-9 or GAD) – tracking averages and or changes in score
• CQMS:
  – NQF0059 Diabetes A1c control*
  – NQF0018 Controlling high BP*

*For practices targeting patients with poorly controlled chronic conditions (registries for patient level tracking)
Using the Patient Activation Measure (PAM) to Guide Patient Engagement

Foresight Family Physicians
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Patient Engagement. People actively involved in their health and health care tend to have better outcomes—and, some evidence suggests, lower costs.
Patient Activation vs Engagement

- Patient Activation – a patient’s knowledge, skills, ability and willingness to manage his or her own health and care.
- Patient Engagement – combines patient activation with interventions designed to increase activation and promote positive patient behaviors.
Patient Activation Measure Tool

• When all is said and done, I am the person who is responsible for taking care of my health.
• I am confident....... 
• I understand....... 
• I know ........ 
• I have ........
PAM Levels Foresight

PAM Level Distribution (Count)

Level 1 | Level 2 | Level 3 | Level 4
---|---|---|---
0 | 100 | 350 | 250
| 150 | | 350 | 250
| 200 | | 400 | 300
| 250 | | | 400
| 300 | | | 350
| 350 | | | 300
| 400 | | | 250
Putting PAM Into Action

What are you working on for your health?
Patient Engagement using PAM

Action: What changes can you make before the next visit or in the next year that you think may improve your health? : improve circulation, complication of diabetes
Why are you thinking about making this change? : avoid further neuropathy
What will you do? : walk, eat healthy food and lose weight
How often will you do this? When will you do this? Where will you do this? : walk mostly every day
What barriers do you expect to face? : husband doesn’t eat the same vegetables, some days are too cold to walk outside
How could you overcome these barriers? : fix my own meals if needed and walk inside
On a scale of 0-10, how confident are you that you can complete this specific plan? : 9
How long will you do this trial? : 03/27/2017
Medication Management

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• Medication Management
  – *The practice measures key processes and outcomes to improve medication effectiveness and safety.*
Medication Management

Process Measures
• Medication Reconciliation
• # of patients with TOC who had medication reconciliation
• # of patients in collaborative drug therapy management

Outcome Measures
• Monitoring utilization of services in high risk patients
• # of patients in tobacco cessation engagement
• CQMS:
  – NQF0059 Diabetes A1c control*
  – NQF0018 Controlling high BP*

*For practices targeting patients with poorly controlled chronic conditions (registries for patient level tracking)
Integrated Pharmacy Services: Measuring Effects and Successes

*We seek the Holy Grail*....

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Integrated Pharmacy Services: Measuring Effects and Successes

We seek the Holy Grail....
Medium size practice
Provides benefits by process improvements over a large population
Application to small practice is limited, but there are opportunities.

Primary Care Partners in Grand Junction – 2 CPCI Practices

- Location of practice - 3150 N. 12th & 1120 Wellington
- # providers – total of 22 physicians and 8 mid-levels
- # empaneled patients – 33,508 total
- # care managers/care coordinators – 6 total
- EMR and/or modules used – Allscripts Touchworks v11.4.1 HF12
Integration of an Ambulatory Pharmacist

• $$??- 1:6 to 1:15$$ ROI
• TOC/MTM reviews
• Compliance checks (patient interviews, PDMP)
• CDTMs (smoking cessation, HTN, anticoagulation, lipids, DM)
• While metrics are beneficial, sometimes you need to stop counting cows and start branding-
Integrated Pharmacy Services: Measuring Effects and Successes

**MTM:**
- Number of detailed pharmacy reviews performed
- Interventions and acceptance/adopter rates
- Cost benefit, economic impact
- Compliance/adherence to med therapy, identification of outliers and actions taken
- Polypharmacy reduction and avoidance of drug-related adverse events
- Concordance of EHR medication profiles across the continuum (TOC, consultant note info integration, efforts with other organizations- SMH, QHN, etc.)
- Improvements in patient health as impacted by pharmacotherapy

**CDTM Smoking Cessation:**
- Rates of patients counselled by PCP to stop smoking, percentage given Care Guides
- Reduction in ICD10 codes for nicotine dependence, effect on care-sensitive conditions such as COPD, CVD
- Patient perception that providers are actively engaged and vested in their health
- Overall impact on population’s health

**Anticoagulation Standardization:**
- INR variability/% WTL/AEs/outcomes/provider and patient satisfaction
Formal Pharmacy Reviews

Bar chart showing the number of formal pharmacy reviews by quarter and year:
- 3rd Quarter 2014: 250
- 4th Quarter 2014: 450
- 1st Quarter 2015: 400
- 2nd Quarter 2015: 10
- 3rd Quarter 2015: 20
- 4th Quarter 2015: 5

Overall trends indicate a significant increase in reviews from 2014 to 2015.
Patient Chart Access/Tasks

![Patient Chart Reviews Chart]

Formal Pharmacy Reviews

![Formal Pharmacy Reviews](chart.png)
Medication Therapy Mgmt.: Assessing the number of detailed pharmacy reviews performed

Dramatic reduction in overall number of formal reviews completed (from 260-453/QTR to 35-50/QTR)

- Detail and depth significantly increased
- Documentation more robust and standardized
- Expansion of responsibilities and priorities shifted as integration “took” (TOCs, IndiGO, Pain, CDTM)
- ?-working less. Nope-hours/PP increased 40%
Patient Chart Access/Tasks

This represents continued reviews, huddle/CC-generated inquiries, on-demand tasks related to pharmacotherapy.
Patient Chart Access/Tasks: Assessing the numbers

Rapid increase and then stable number of pharmacy tasks and chart access events over measured time frame (from 500/QTR to 1800-2700/QTR)

- Transference of work statistic: simple task statistic reflects a more intense intervention (from dosing request to formal profile review).

- As before, an expansion of responsibilities and priorities shifted as integration “took” (TOCs, IndiGO, Pain Task Force, CDTM)
Smoking Cessation: Collaborative Drug Therapy Management (CDTM)

A CPCI Milestone requirement for 2015

- Other than “because they require it”, why do it?
  - Because pound for pound and $ for $, smoking cessation provides the greatest ROI for yours and anyone else’s healthcare expenditure.
  - Provider status for pharmacists is lacking, future for reimbursement uncertain, ROI and desire to “Do the right thing”
  - Mesa County has highest rates of smoking and smoking-related illness in the State of CO (lung CA, CVD, OB TAB).
  - A resurgent effort by the State and County Health Depts in tobacco control and prevention, coordinated outreach with HCC/Hospitals/Ins.
  - Pharmacist hired had extensive experience, certification, and willingness to assist existing program
  - Directly affects high risk patients (COPD/CVD) and serves a QI function
## Smoking Cessation: Collaborative Drug Therapy Management (CDTM)

### Chronic Disease

**Cancer of Lungs & Bronchus**
- Incidence rate per 100,000: 38.6 (Mesa County) vs. 31.0 (Colorado)

**Chronic Lower Respiratory Disease**
- Death rate per 100,000: 70.8 (Mesa County) vs. 46.2 (Colorado)

### Top 10 Causes of Years of Potential Life Lost (YPLL), 2011-2013

<table>
<thead>
<tr>
<th>Causes</th>
<th>Mesa County</th>
<th>Colorado</th>
<th>Significant Difference (p&lt;0.05)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Causes</td>
<td>4218.4</td>
<td>3587.6</td>
<td>Worse</td>
</tr>
<tr>
<td>Unintentional injuries</td>
<td>979.7</td>
<td>801.1</td>
<td>Worse</td>
</tr>
<tr>
<td>Suicide</td>
<td>738.5</td>
<td>457.2</td>
<td>Worse</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>542.5</td>
<td>461.1</td>
<td>Worse</td>
</tr>
<tr>
<td>Heart disease</td>
<td>398.7</td>
<td>311.8</td>
<td>Worse</td>
</tr>
<tr>
<td>Perinatal period conditions</td>
<td>184.3</td>
<td>261.8</td>
<td>Better</td>
</tr>
<tr>
<td>Chronic liver disease and cirrhosis</td>
<td>145.1</td>
<td>141.6</td>
<td>No difference</td>
</tr>
<tr>
<td>Homicide/legal intervention</td>
<td>151.9</td>
<td>137.3</td>
<td>No difference</td>
</tr>
<tr>
<td>Congenital malformations</td>
<td>125.8</td>
<td>154.0</td>
<td>Better</td>
</tr>
<tr>
<td>Injuries of undetermined intent</td>
<td>125.3</td>
<td>N/A</td>
<td>Unknown</td>
</tr>
<tr>
<td>Cerebrovascular diseases</td>
<td>62.4</td>
<td>57.2</td>
<td>No difference</td>
</tr>
</tbody>
</table>

Mesa County is significantly worse than Colorado in the **four leading causes of YPLL**.
Other than “because they require it”, why do it?

Implementing CDTM for Smoking Cessation
  – Identified online resources for implementing CDTM
  – State requirement for CDTM
  – Physician /Pharmacist agreement on protocols
  – Execute written agreement

Who was/is involved in implementation?

Advice for others
CDTM Smoking Cessation - Measuring success

- Documentation of interventions in the EHR, dissemination of information (Care Guides) through EHR query
- Baseline patient population smoking rates before/after, EHR diagnosis of tobacco dependency disorder/current daily smoker/etc.
- COPD/CVD sub-population impacts
- Who was/is involved in implementation?
- Intangibles and innovations
CDTM Smoking Cessation:
• Rates of patients counselled by PCP to stop smoking, percentage given Care Guides
• Reduction in ICD10 codes for nicotine dependence, effect on care-sensitive conditions such as COPD, CVD
• Patient perception that providers are actively engaged and vested in their health by survey
• Overall impact on the population’s health- A most Holy Grail!

Anticoagulation Standardization:
A protocol developed with an evidence-based approach in and effort to reduce variability and improve efficiency and documentation of INRs was implemented at FPWC
• INR variability
• % WTL
• AEs/outcomes/capture of missed monitoring opportunities
• Provider and patient satisfaction
Self-Management Support

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• Self-Management Support
  – The practice is able to measure how self-management support strategies affect target conditions or diseases and adapts and improves these strategies to improve care outcomes.
Self-Management Support

Process Measures
- # of patients receiving health coaching
- # of patients in group visits
- % of patients with a personalized goal documented for a targeted condition

Outcome Measures
- Monitoring utilization of services by high risk patients (subset of pts)
- CQMS:
  - NQF0059 Diabetes A1c control*
  - NQF0018 Controlling high BP*
  - NQF0083 Heart Failure therapy*

*For practices targeting patients with poorly controlled chronic conditions (registries for patient level tracking)
Self-Management Support for High Risk Population

The Winter Wellness Challenge

Bridget Taddonio, HFS
Care Manager/Wellness Counselor
The Winter Wellness Challenge

Reasons for The Winter Wellness Challenge:

- 82% of our DM pts overweight or obese.
- Average American gains 2 pounds of PERMANENT weight during the holiday season.
- Psychological research supports group approach to weight loss.
- More cost effective than individualized sessions.
The Winter Wellness Challenge

Target Population:
- DM pts struggling with weight loss
  - Physician referral and registry reach-out

Group Size:
- 10 participants

Structure:
- Met one night per week for 10 weeks
- FitBits
- Group discussion and lecture based, no exercise component
Winter Wellness Challenge cont...

Topics covered:

- Portion plate and appropriate portion sizes
- How to read a nutrition facts label
- Fiber (whole grains vs. refined grains etc...)
- Sugary beverages/appropriate hydration
- Microbiome and how to establish healthy gut bacteria
- 5 components of fitness
- Stress management
- Sleep hygiene
Winter Wellness Challenge Results

TMC Winter Wellness Challenge: Weight

- Weight in pounds
- Patient 1 to 9
- Initial Weight
- Ending Weight
Winter Wellness Challenge Results

TMC Winter Wellness Challenge: BF%

- Initial BodyFat%
- Ending BodyFat%

Patient

0 10 20 30 40 50 60

Body Fat%
Winter Wellness Challenge Results

- 9 of 10 patients completed program
- Average weight loss: 8.9lbs
- Biggest loser: 20.8lbs
- Average body fat loss: 2.10%
- Average visceral fat loss: 1.3%
- Average skeletal muscle gain: 1.4%
Winter Wellness Challenge cont...

Patient feedback from exit surveys

**Things they liked:**
- Group held them accountable
- Hands-on demonstrations and lessons

**Things they didn’t like:**
- Requested exercise component on separate day of week
- Some participants requested more detail
- More comprehensive measurements before and after (i.e. body measurements, blood work).
Winter Wellness Challenge cont...

Looking forward...

- Next cohort will begin in June
- Focus of patient panel with BMI over 30
- 6 weeks instead of 10
- Exercise component one day per week
- Incorporation of clinicians
Questions?