



Applied Pharmacoeconomics and Outcomes Research Forum

March 7, 2016

Andrea De Coro, PharmD

Executive Director Clinical Pharmacy & Performance Improvement

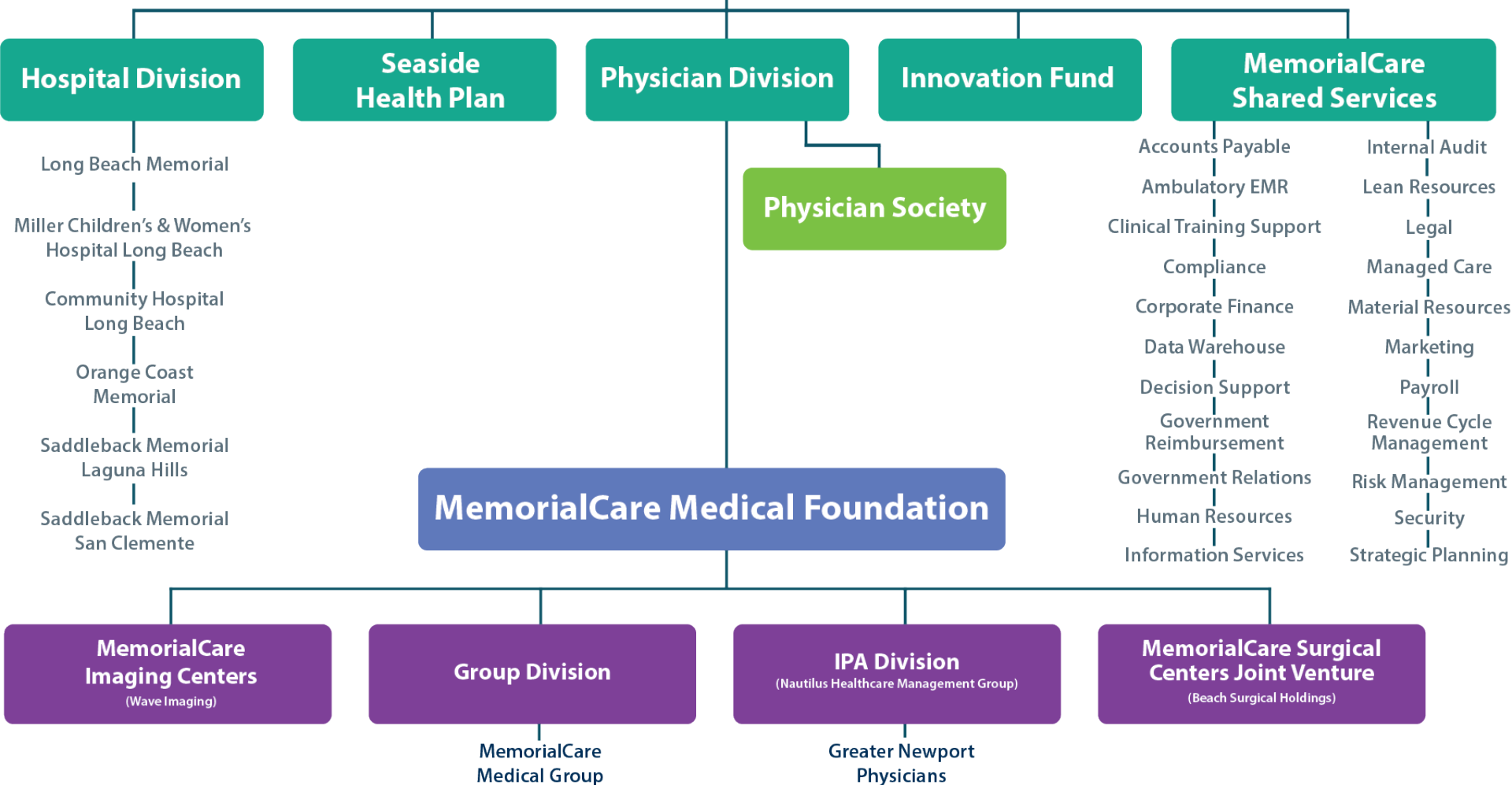
Agenda

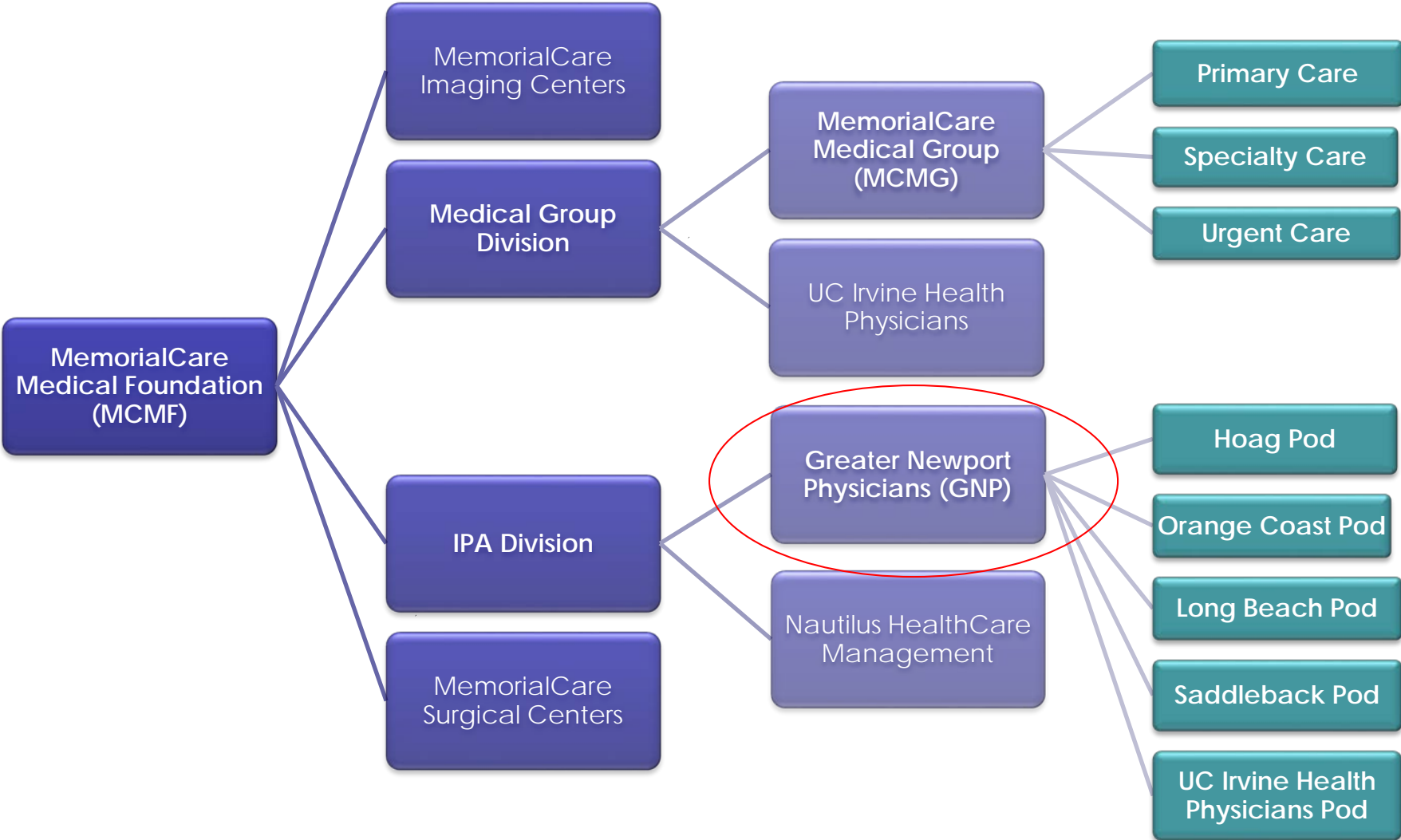
- IPA's
- Team based care
- Challenges
- Successes

Integrated Health System



MemorialCare Health System





- What they are?
- How they are structured?
- How do they succeed?
- How do you move the needle?



Greater Newport Physicians



- Founded in 1986
- Professional Corporation
- 180 Primary Care Physicians
 - (90% exclusive)
- Over 500 Active Specialists
- 65,000 Commercial Patients
- 18,000 Senior Patients
- Philosophy- use carrots for performance incentives



Team Based Care

- **3 Multidisciplinary Team Programs**
 - GNP Anticoagulation Center
 - GNP Special Care Center (Post Discharge Clinic)
 - GNP ACTIVE Diabetes Program
- **Centrally located**
- **Team members**
 - Hospitalists, Pharmacists, Clinical Social Workers, RN Case Managers



Discharge Meds



PATIENT STATED HOME MEDICATION LIST

USE ONLY: FAX to Pharmacy after admit physician signs: Check this box if not on any home medications.

Acknowledgement: I confirm that this is a complete and accurate list of my (patient's) current medications, to the best of my knowledge, including prescription and over the counter drugs. I understand that healthcare providers will make medical decisions based on this information. BRING THIS FORM WITH YOU TO HOAG.

DESCRIBE ALLERGIES & REACTIONS: pen (Signature of Patient/Responsible Person) P1 of 2

Completed by: Drumm Date/Time: 7/10/20
Source of Medication History: pt

Continue or Formulary Equivalent (circle one)	Medication	Dose	Route	Freq	Reason for Taking	Dose last taken - RN to Complete	On Discharge	
							Stop	Continue (Next Dose)
<input checked="" type="checkbox"/>	1. Oxycodone/APAP 10mg	10mg	tab	every 4-6 hrs	pen		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2. lipid (BID)	600mg	tab	twice daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3. lasix 80m/2pm	40mg	tab	twice daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	4. Carvedilol BID	3.125mg	tab	twice daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5. macin	200mg	po	daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	6. spiriva	3 puffs	inhale	daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	7. cidofovir cream	0.77%	daily				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. tenofovir	500mg	daily				<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	9. doxycycline	100mg	tab	twice daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	10. medrol dose pack						<input checked="" type="checkbox"/>	<input type="checkbox"/>

Medication Reconciliation on Entry: CCRN Drumm Date/Time: 7/10/20
Physician Signature: [Signature] ID#: 2225
Date/Time: 7/23/20 ID#: 2225

DISCHARGE: PRINT NEW MEDICATIONS AND CHANGES TO ABOVE MEDICATIONS (PROVIDE PRESCRIPTION TO PATIENT)

Medication	Dose	Route	Freq	Reason	Special Instructions	Medication Schedule	Comments:
Albuterol		FFD					
Mucunget		FFD					
Keflex	500mg	po	Q10	XIB days			
Mucinex	1000mg	po	BID				
SSKI	10mg	po	TID				
Pulmicort	100mcg	MDI	BID				

Original to patient on discharge. Line through stopped meds.
Discharge RN: [Signature] Discharge Physician Signature: [Signature]
Date/Time: 7/23/20 Date/Time: 7/23/20 ID#: 2225

MEDICATION RECONCILIATION/ORDERS

PATIENT STATED HOME MEDICATION LIST

USE ONLY: FAX to Pharmacy after admit physician signs: Check this box if not on any home medications.

Acknowledgement: I confirm that this is a complete and accurate list of my (patient's) current medications, to the best of my knowledge, including prescription and over the counter drugs. I understand that healthcare providers will make medical decisions based on this information. BRING THIS FORM WITH YOU TO HOAG.

DESCRIBE ALLERGIES & REACTIONS: pen (Signature of Patient/Responsible Person) P2 of 2

Completed by: Drumm Date/Time: 7/10/20
Source of Medication History: pt

Continue or Formulary Equivalent (circle one)	Medication	Dose	Route	Freq	Reason for Taking	Dose last taken - RN to Complete	On Discharge	
							Stop	Continue (Next Dose)
<input checked="" type="checkbox"/>	1. Advair inhaler	100/50	inhale	twice daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	2. spiriva inhale	3 puffs	inhale	daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	3. Geffin	300	tab	daily			<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	5.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	8.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	9.						<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	10.						<input type="checkbox"/>	<input type="checkbox"/>

Medication Reconciliation on Entry: CCRN Drumm Date/Time: 7/10/20
Physician Signature: [Signature] ID#: 2225
Date/Time: 7/23/20 ID#: 2225

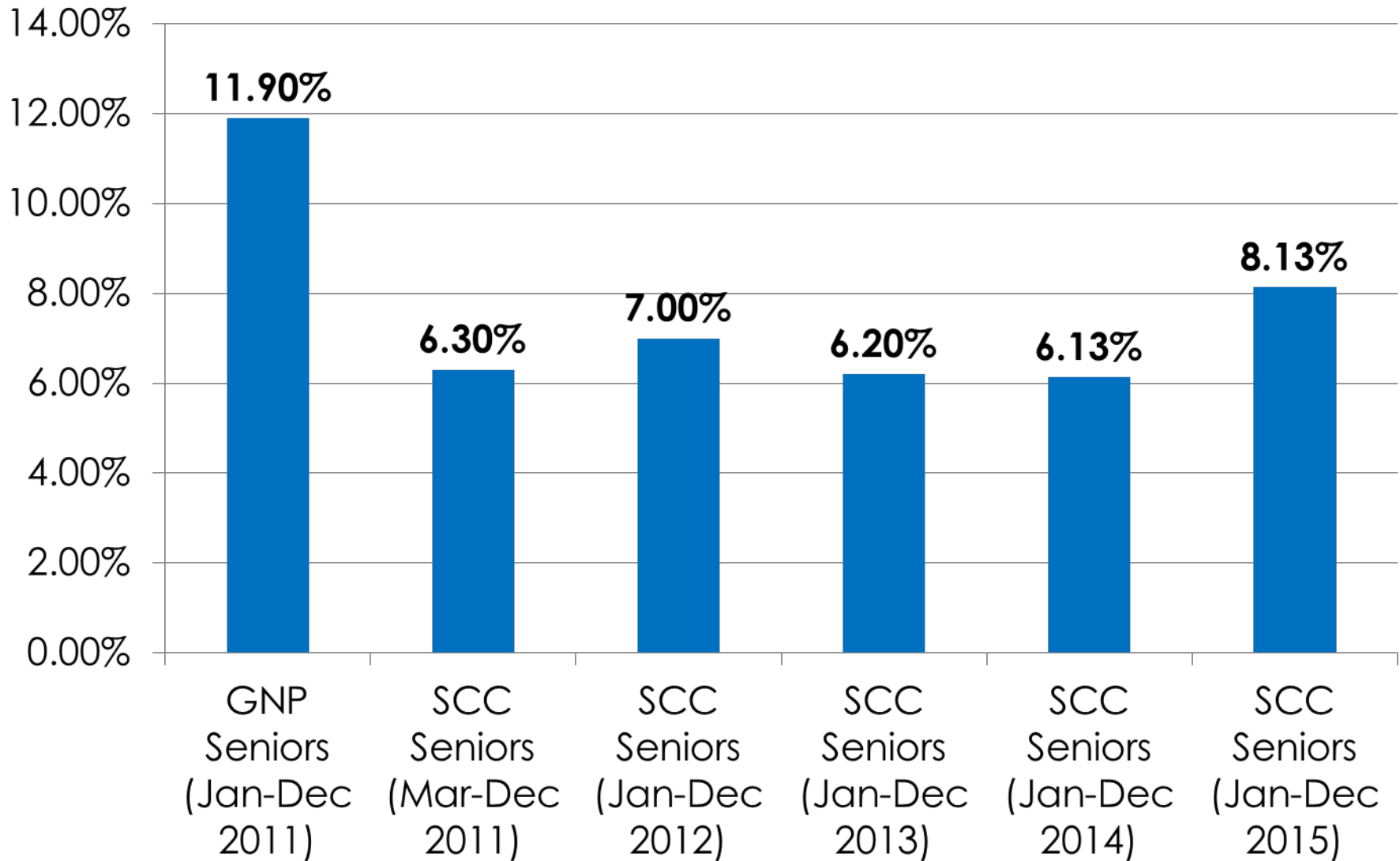
DISCHARGE: PRINT NEW MEDICATIONS AND CHANGES TO ABOVE MEDICATIONS (PROVIDE PRESCRIPTION TO PATIENT)

Medication	Dose	Route	Freq	Reason	Special Instructions	Medication Schedule	Comments:

Original to patient on discharge. Line through stopped meds.
Discharge RN: [Signature] Discharge Physician Signature: [Signature]
Date/Time: 7/23/20 Date/Time: 7/23/20 ID#: 2225

MEDICATION RECONCILIATION/ORDERS

Lower Readmission Rates



Diabetes Control

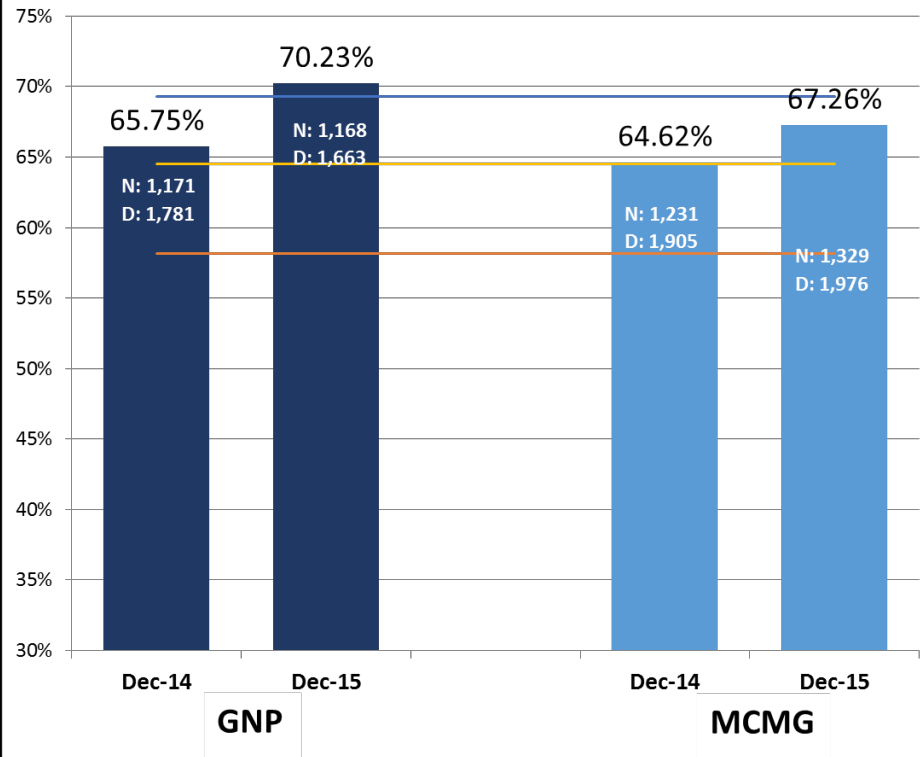
Target: ↗ HbA1c < 8

Percentage of members ages 18 to 75 with type 1 or 2 diabetes who had the most recent HbA1c lab result less than 8



Updated Jan 2016

Current State: — 50th — 75th — 90th



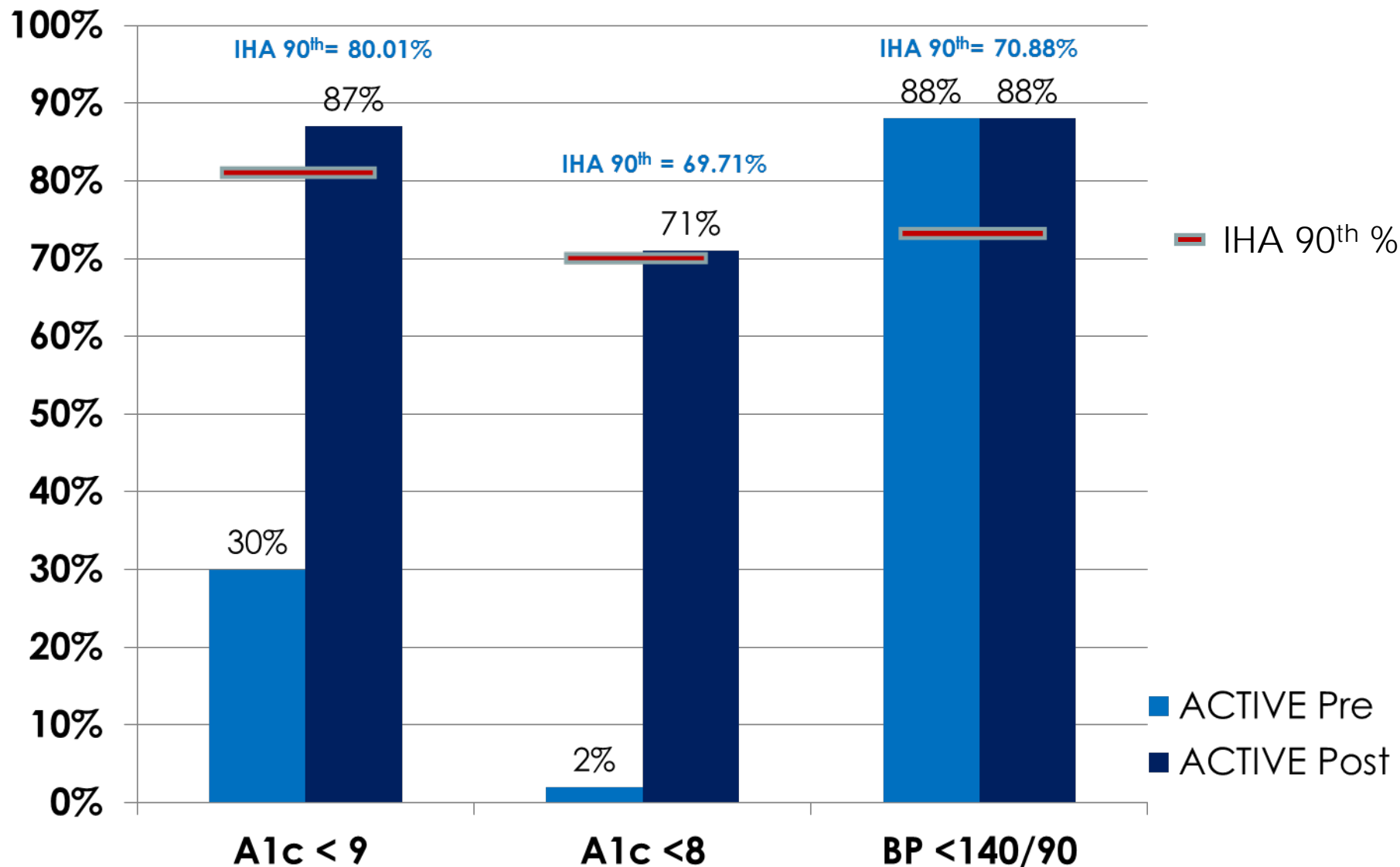
Key Analysis and Activities:

- MCMG ongoing audits to capture missed services and patient outreach (letters).
- GNP monthly non-compliant patient lists to PCP
- MCMG Diabetes Care Team
- GNP ACTIVE Diabetes Program
- GNP & MCMG Physician quality incentive

What We're Working On, Will See Next:

Initiative/ Tactic	Who	Target Date	Status
Provider education	GNP MCMG	Fall	<ul style="list-style-type: none"> • Increase patient referral rate in diabetes programs • Report out positive patient outcomes to Providers
Appointment outreach	MCMG MI Team	Fall	<ul style="list-style-type: none"> • Pilot outreach and follow-up appointments for patients >8
Expansion of Resources	GNP MCMG	2016	<ul style="list-style-type: none"> • Add Dietitians to teams • Expand SPARK services to MCMG

ACTIVE Diabetes Results (MY 2014)



- Department of Managed Healthcare

Right Care Initiative

- Statewide Recognition and Prestigious Award
- Diabetes Good Control A1c <8
- IHA 90th Percentile



**It's a Three-
Peat!**

Challenges Current State

- Interview with Executives
 - What is most important?
 - Triple Aim (look to where we are able to create these programs)
 - Keep costs down so healthcare can be affordable
 - Improve the patient experience
 - Manage the population
 - ROI
 - Looking for impact
 - Limited resources
 - Costs are increasing
 - Reimbursement is decreasing
 - Without earnings we won't exist

The IHI Triple Aim

