Applied Pharmacoeconomics and Outcomes Research Forum

March 7, 2016

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Agenda

• IPA’s

• Team based care

• Challenges

• Successes
• 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

**MEDICATION RECONCILIATION/OFFERS**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dose</th>
<th>Route</th>
<th>Freq</th>
<th>Reason</th>
<th>Special Instructions</th>
<th>Medication Schedule</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alvabase</td>
<td>P.O.</td>
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<td>Mucinex</td>
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<tbody>
<tr>
<td>Advair inhal</td>
<td>102/50</td>
<td>b.i.d.</td>
<td></td>
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<tr>
<td>Spiriva Inhal</td>
<td>60mcg</td>
<td>b.i.d.</td>
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## Additional Information

- **Physician Orders (Refills)**: Names of medications, dosages, routes, and frequencies.
- **Discharge Physician Signature**: Date and time of discharge.
- **Medication Reconciliation/Orders**:
  - Medications reviewed with patient.
  - Discharge medications clearly communicated.
  - Medications to be taken at home.

## Acknowledgments

- **Discharge Medications**:
  - Patient is aware of discharge medications.
  - Medications explained to patient.
  - Instructions for taking medications.

**BRING THIS FORM WITH YOU TO THE HOSPITAL.**
Lower Readmission Rates

- GNP Seniors (Jan-Dec 2011): 11.90%
- SCC Seniors (Mar-Dec 2011): 6.30%
- SCC Seniors (Jan-Dec 2012): 7.00%
- SCC Seniors (Jan-Dec 2013): 6.20%
- SCC Seniors (Jan-Dec 2014): 6.13%
- SCC Seniors (Jan-Dec 2015): 8.13%
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

Current State:

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<tr>
<th>Initiative/Tactic</th>
<th>Who</th>
<th>Target Date</th>
<th>Status</th>
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| Provider education                | GNP MCMG        | Fall        | • Increase patient referral rate in diabetes programs  
|                                   |                 |             | • Report out positive patient outcomes to Providers  
| Appointment outreach              | MCMG MI Team    | Fall        | • Pilot outreach and follow-up appointments for patients >8  
| Expansion of Resources            | GNP MCMG        | 2016        | • Add Dietitians to teams  
|                                   |                 |             | • Expand SPARK services to MCMG  

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
ACTIVE Diabetes Results (MY 2014)

- **A1c < 9**
  - ACTIVE Pre: 30%
  - ACTIVE Post: 87%
  - IHA 90th %: 80.01%

- **A1c < 8**
  - ACTIVE Pre: 2%
  - ACTIVE Post: 71%
  - IHA 90th %: 69.71%

- **BP < 140/90**
  - ACTIVE Pre: 88%
  - ACTIVE Post: 88%
  - IHA 90th %: 70.88%
GNP Honored for Diabetes Care

• 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