

# Together 2 Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign

Monthly Campaign Webinar

*August 18, 2016*

# TODAY'S WEBINAR

- Together 2 Goal® Updates
  - Webinar Reminders
  - Webinar Schedule: 2016 & Beyond
  - Data Reporting Deadline: September 1
  - Goal Post August Newsletter Highlights
  - Campaign Plank Implementation Survey Results
- Adopt Treatment Algorithm (Intermountain Healthcare)
  - Mark Greenwood, MD
  - Sharon Hamilton, RN, MS, APRN-BC
  - Dane Stewart, MBA
- Q&A
  - Use Q&A or chat feature



# WEBINAR REMINDERS

- Webinar will be recorded today and available the week of August 29<sup>th</sup>
  - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
  - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



# WEBINAR SCHEDULE: 2016 & BEYOND



- **Speaker changes**
  - September 15, 2016: Use a Patient Registry & Publish Transparent Internal Reports
    - Lehigh Valley Health Network
  - December 15, 2016: Contact Patients Not at Goal & with Therapy Change within 30 Days
    - Geisinger Health
- **2017 Topics**
  - Beginning planning for 2017 monthly webinars
  - Email topic and/or speaker recommendations to [together2goal@amga.org](mailto:together2goal@amga.org)
  - Self-nominations accepted

# DATA REPORTING DEADLINE: SEPTEMBER 1

## REPORTING TIMELINE:

	Measurement Periods (Defined by Quarters)	Measurement Periods (Defined by Months and Days)	Reporting Deadline	Blinded, Comparative Reports Sent to Participating Organizations
T2G Baseline:	2016 Q1 (2015 Q2 - 2016 Q1)	2016 Q1 (2015 Apr 1 - 2016 Mar 31)	June 1, 2016	July 15, 2016
T2G Year 1:	2016 Q2 (2015 Q3 - 2016 Q2)	2016 Q2 (2015 Jul 1 - 2016 Jun 30)	September 1, 2016	September 23, 2016

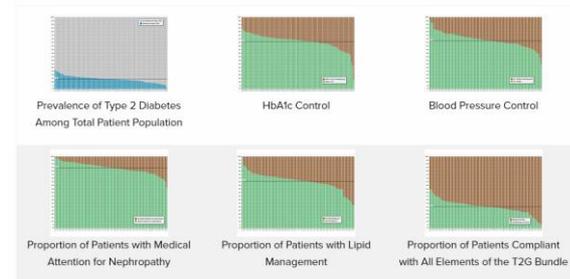
Groups can report data through the web portal or Excel template.

For data assistance, contact [DataHelpForT2G@amga.org](mailto:DataHelpForT2G@amga.org).

# GOAL POST AUGUST NEWSLETTER HIGHLIGHTS



## Campaign Spotlight:



## Resource of the Month

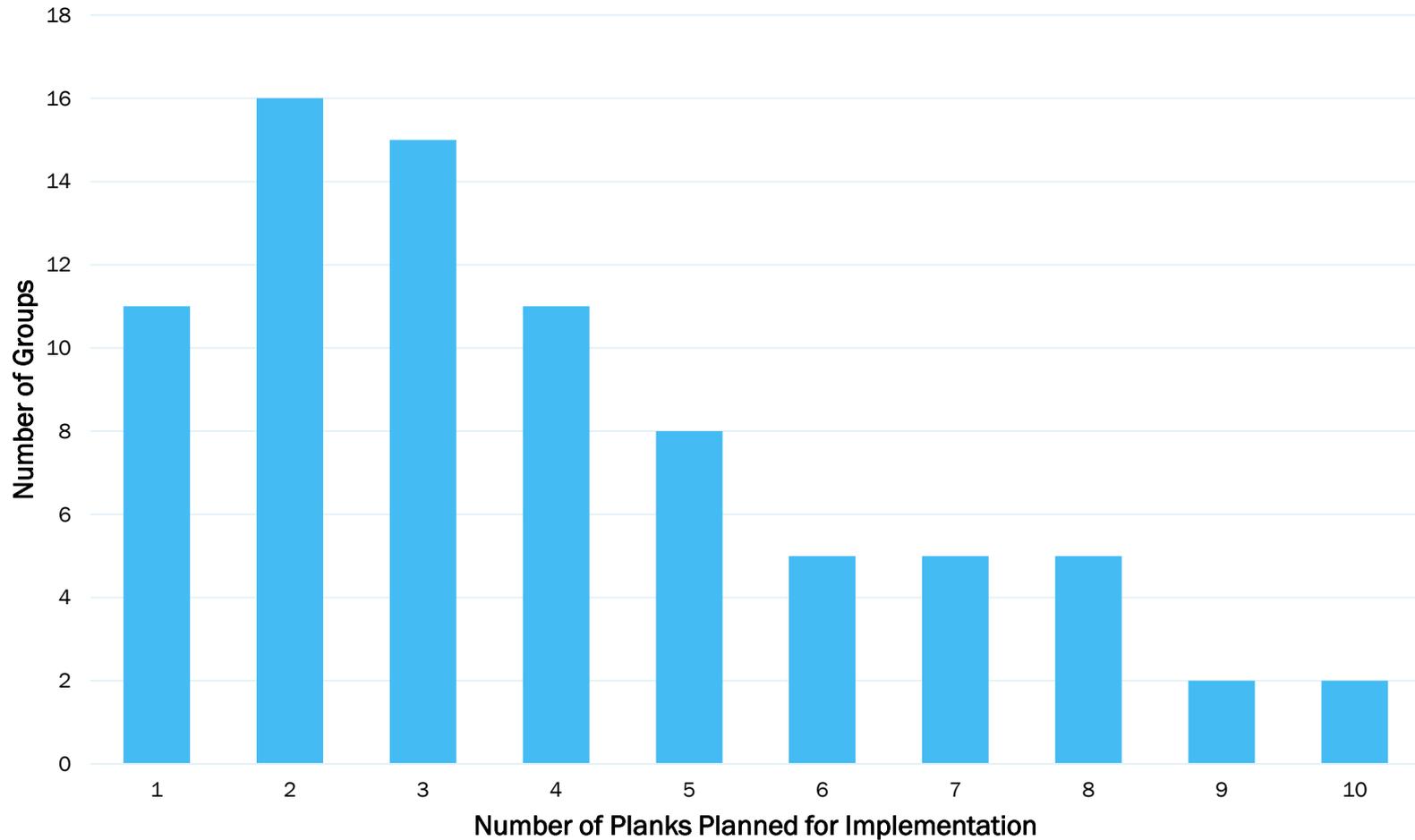


# SURVEY OVERVIEW

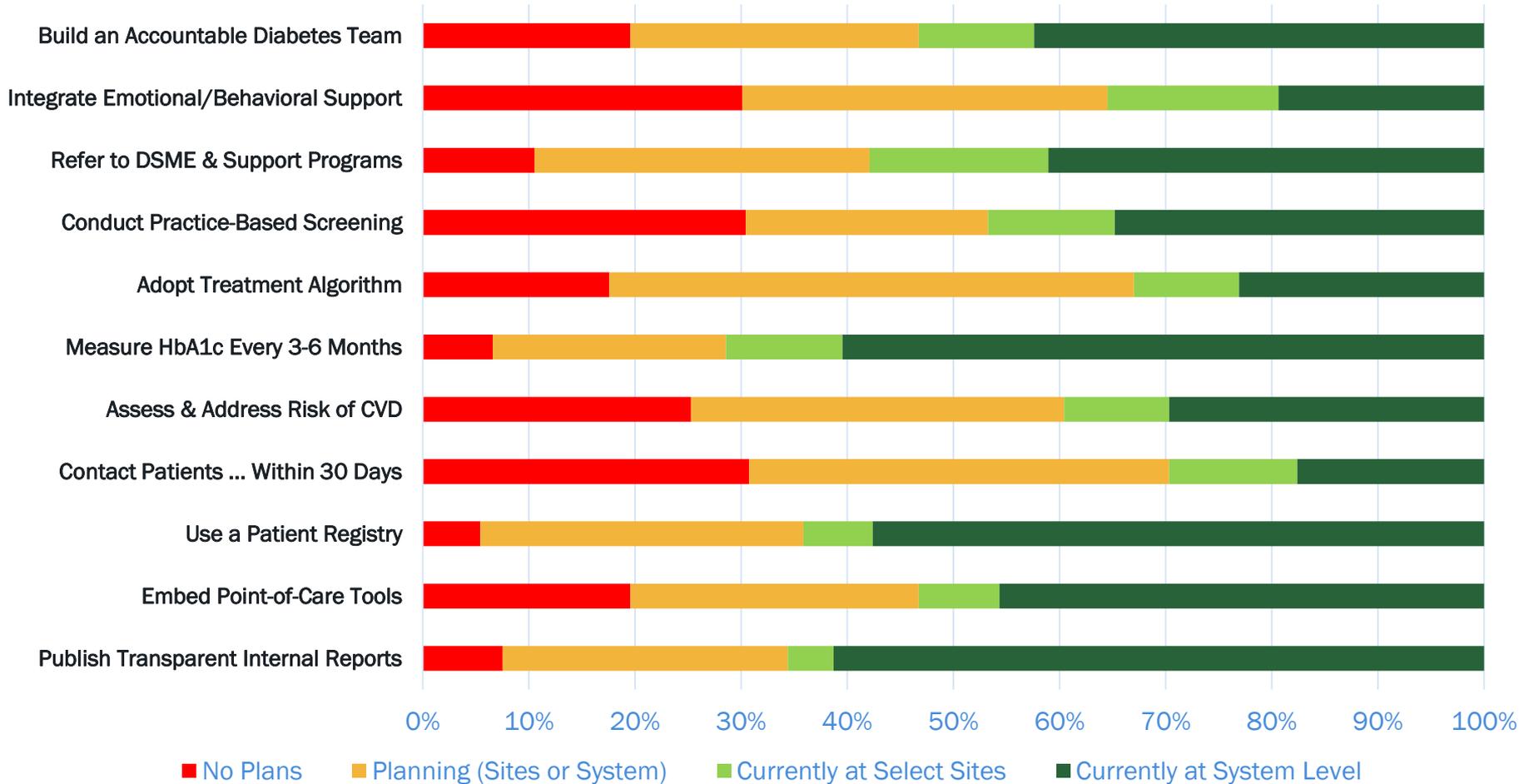


- Timeframe: 18 days (May 10-27)
- Participants: 91 AMGA members enrolled in Together 2 Goal<sup>®</sup>

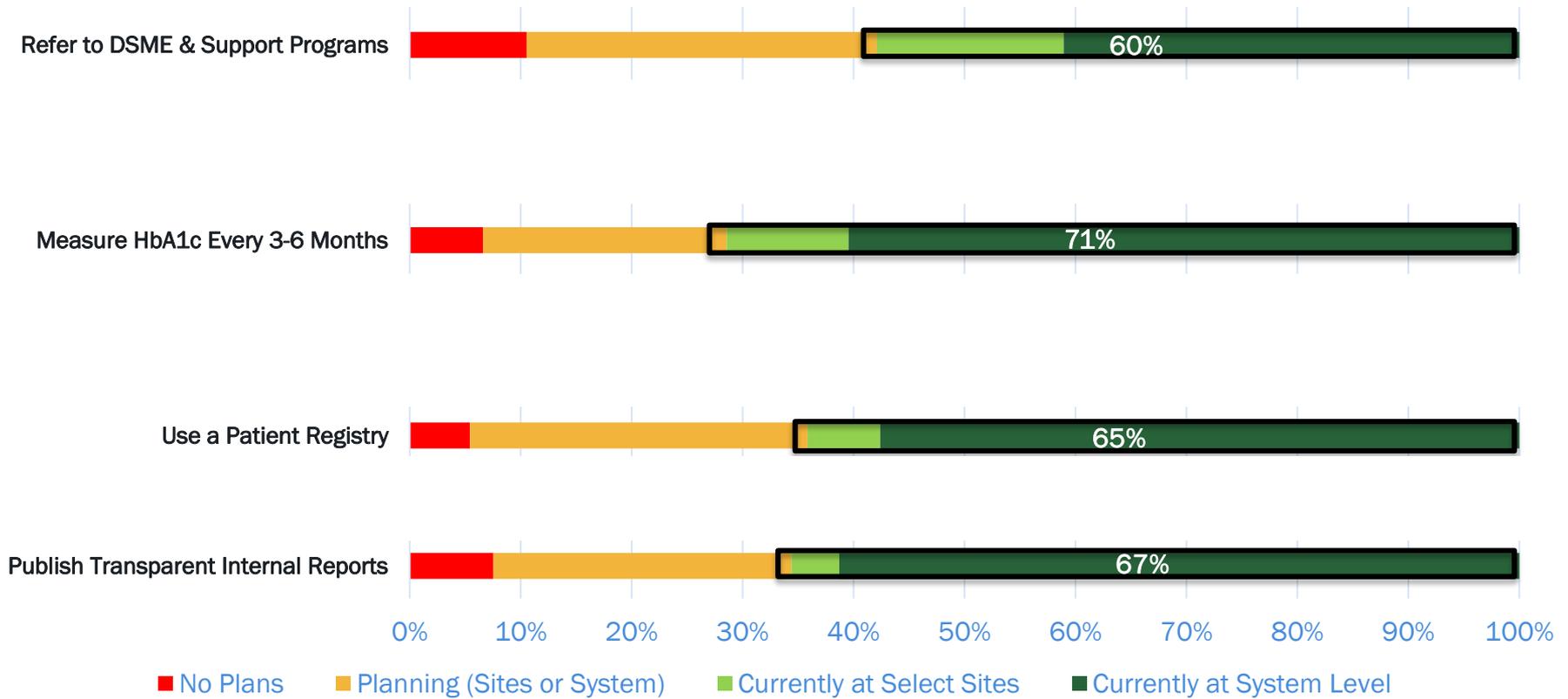
# PLANK PLANNING



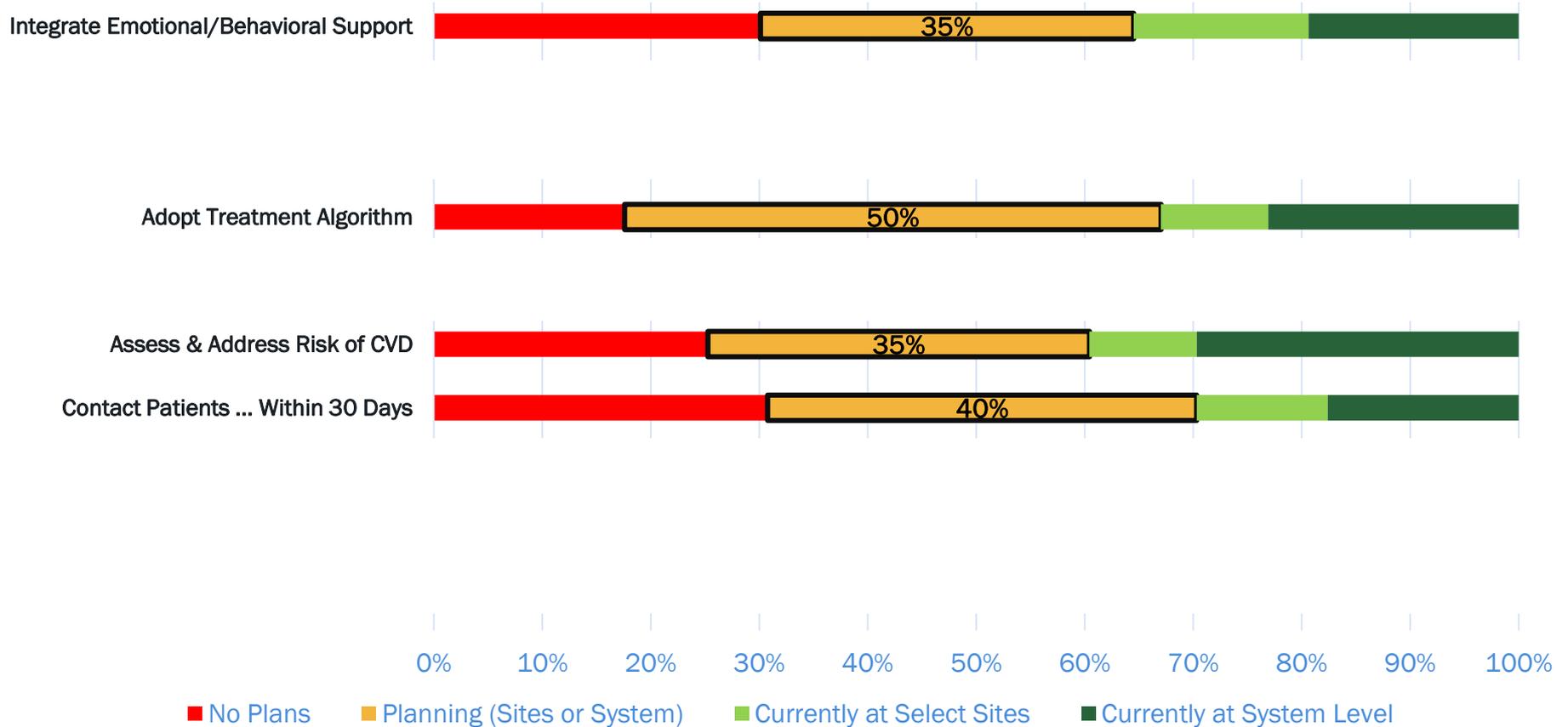
# PLANK PLANNING & IMPLEMENTATION



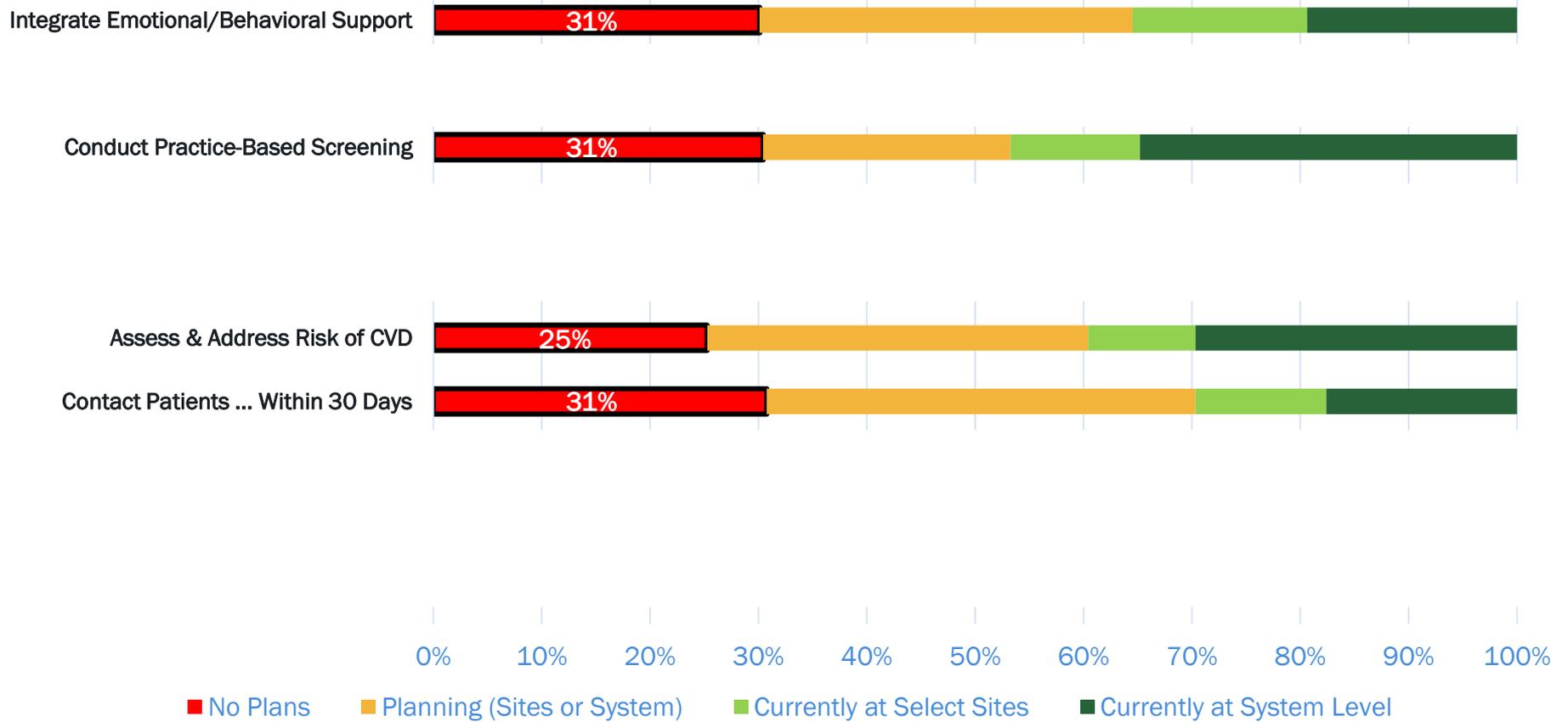
# Top planks implemented at site or system:



# Top planks planned for site or system implementation:



# Top planks not implemented and not planned:



# TODAY'S SPEAKERS

- **Mark Greenwood, MD**
  - Primary Care Clinical Program Medical Director, Intermountain Healthcare
- **Sharon Hamilton, RN, MS, APRN-BC**
  - Primary Care Clinical Program Operations Director, Intermountain Healthcare
- **Dane Stewart, MBA**
  - Data Analyst, Intermountain Healthcare





# Together 2 Goal<sup>®</sup>

“Adopt Treatment Algorithm”

**Sharon Hamilton, RN, MS, APRN-BC**

Primary Care Clinical Program Operations Director

**Mark Greenwood MD**

Primary Care Clinical Program Medical Director

**Dane Stewart, MBA**

Primary Care Clinical Program Sr. Outcomes  
Analyst



**Intermountain  
Healthcare**

*Healing for life<sup>®</sup>*

# Helping people live the healthiest lives possible



## LIFE FLIGHT AIR AMBULANCE



**87,000** Patients transported since 1978  
**7** Helicopters  
**3** Fixed-wing airplanes  
**12** Million miles flown since 1978

## PATIENT ENCOUNTERS



**488,000** Emergency room visits  
**133,000** Hospital admissions  
**39,000** Inpatient surgeries  
**110,000** Outpatient surgeries  
**31,000** Births

## Not-for-Profit System

Based in Salt Lake City, Utah



### PREVENTION & WELLNESS

**88,000** Healthy Plates sold in hospital cafes  
**12,000** Utah students participating in LiVe Well assemblies  
**58** Schools in Step Express program  
**57,000** Healthy Living participants



### HOSPITALS & CLINICS

**22** Hospitals  
*(Including childrens & orthopedics)*  
**2,700** Beds  
**185** Intermountain Clinics



## selecthealth. INSURANCE

**750,000** Members



### OUR TEAM

**5,000** Affiliated physicians  
**1,400** Medical Group doctors & advanced practice clinicians  
**35,000** Employees  
**3,000** Volunteers  
**470** Volunteer Trustees



# Clinical Excellence



**1500**

Clinical research  
open studies



**80**

Current informatics projects  
designed to improve care



**30**

Total patents (issued & pending)  
related to patient care

**10**

CLINICAL  
PROGRAMS  
(Best practice protocol)

Cardio-vascular

Behavioral Health

Oncology

Pediatrics

Neuro-sciences

Women & Newborns

Musculo-skeletal

Primary Care

Surgical Services

Intensive Medicine

# Primary Care Clinical Program



Hospitals



Medical Group



SelectHealth



Primary Care  
Clinical Program



Population Health



Affiliated Practices

# Clinical Program Organizational Structure

## Clinical Program Leadership

*Medical and Operations Director  
Support Staff Development*

## Guidance Councils

*Medical Directors – Regional Nurse Consultants  
SelectHealth, other support staff  
Implementation and Development*

## Development Teams

*Specific Disease Process Development*

## Physician Advisory Councils

*Implementation and Development*

# Development Teams

Comprised of specialty and primary care clinicians, clinical program leadership, other clinical specialists (PT, PharmD etc.), analytics support

- Review evidence base and existing guidelines, recommend treatment
- Evaluate and recommend clinical flow
- Develop evaluation process to determine compliance with recommendations



# Treatment Algorithms



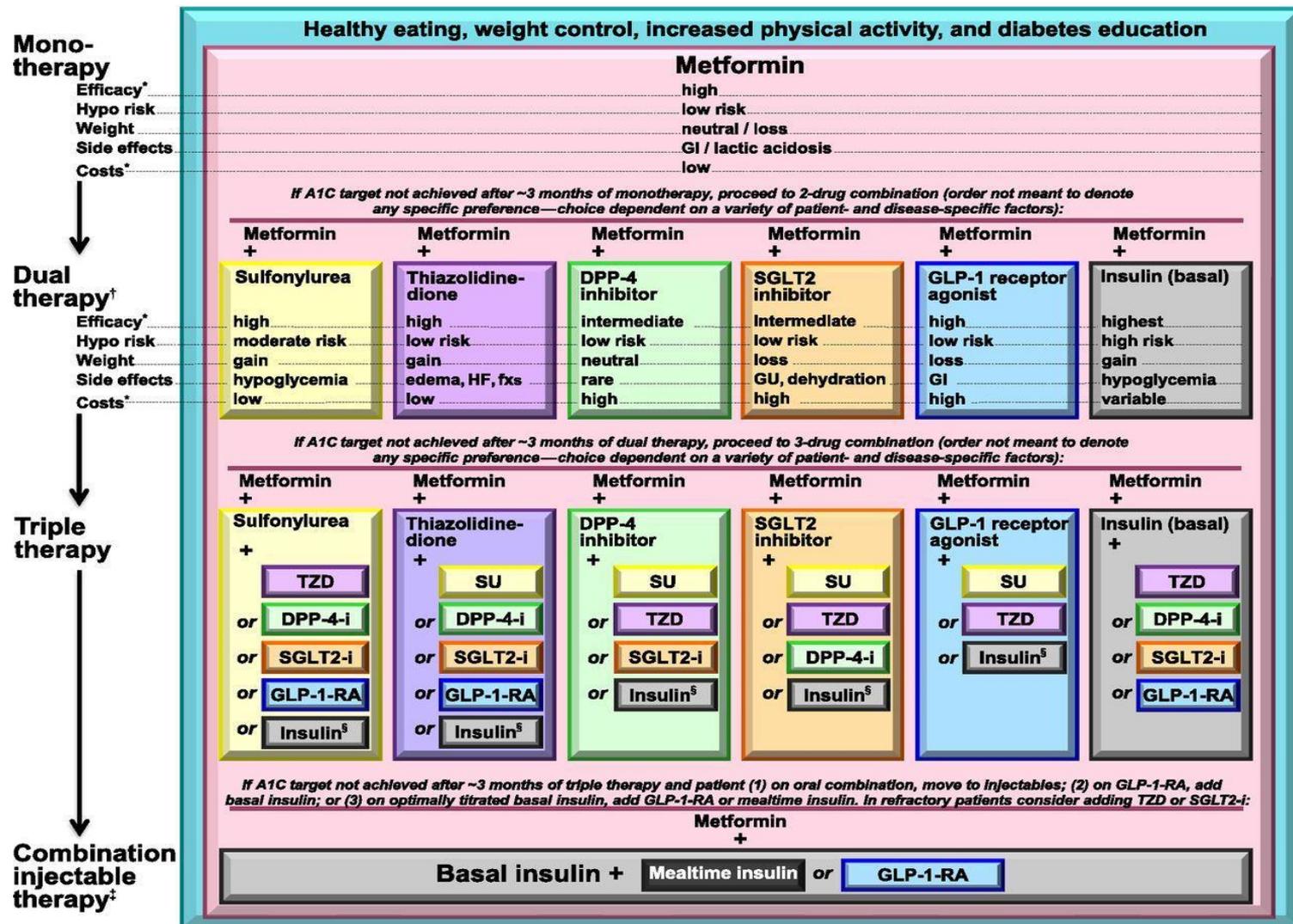
# How we develop a treatment algorithm?

## Components include:

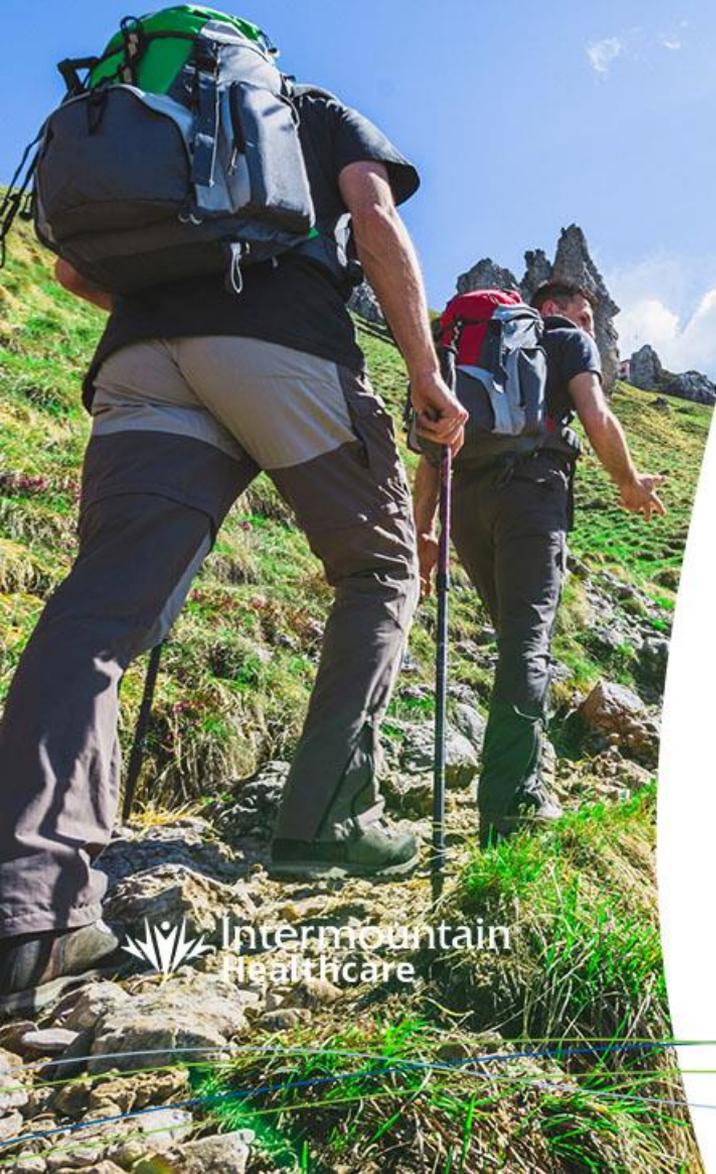
- Prevention
- Diagnosis
- Treatment
- Medications



# Antihyperglycemic Therapy in Type 2 Diabetes



# Lifestyle and Weight Management CPM



JUNE 2013
Care Process Model



## A Primary Care Guide to Lifestyle and Weight Management: *Helping patients find their way to LiVe Well*

This care process model (CPM) was created by a multidisciplinary team of physicians and other healthcare providers at Intermountain Healthcare. Its purpose is to summarize and promote evidence-based approaches to lifestyle and weight management, and to facilitate implementation in routine primary care. The CPM moves beyond WHAT to do — it focuses on WHY it matters and HOW to be successful. The emphasis is on improved health and well-being, not just weight loss.

**What's New in this CPM?**

- **Expansion in scope from the previous CPM:** Rather than focusing only on weight management, this CPM encompasses lifestyle behaviors that lead to overall health and well being — the same behaviors that support healthy weight management. In addition to physical activity, nutrition, and weight, new sections focus on other lifestyle factors not previously highlighted: sleep, stress, social support, mental health, and alcohol and tobacco use.
- **Added focus on WHY and HOW, not just WHAT:** The augmented sections in this CPM were driven by feedback from physicians who asked, "What can we do to be more effective? How can we stay engaged in the challenge to promote healthy behaviors in our patients? How can we keep patients engaged?"
- **Purpose and principles:** Includes information to promote understanding of key motivating factors for physicians and patients; in other words, finding the "WHY."
- **Team strategies and tools:** Includes ideas for helping clinics work as a team: setting a team goal, identifying roles, and defining a workflow process that can complement existing practices for chronic disease management.
- **Behavior change techniques and tools:** Includes information and examples of ways to engage patients in behavior change: motivational interviewing, readiness to change, and an adaptation of a 5As behavior-change model. The 5As model is integrated throughout the document to provide examples of how the principles of behavior change can be applied across all areas of lifestyle management.
- **New evidence:** Each lifestyle section summarizes the latest evidence and provides practical tips and tools specific to that lifestyle area, including guidance on efficiently addressing the topic with your patients when your time is limited.
- **More comprehensive resources and ideas for success:** New information includes ideas for patient follow-up, including team huddles; billing and coding tips to improve reimbursement; referral resources; information on the revised "Weigh to Health" program; and ideas for education, online support, motivational tools, and community resources.

**Algorithm**  
including supporting notes and assessment tools | 2-3

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**Building a Framework for Success**

Purpose & Principles	4-5
Team Strategies & Tools	6-7
Behavior Change Techniques & Tools	8-11

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**Evidence-based Guidelines**

 Physical Activity & Sedentary Behavior	12-15
 Nutrition & Healthy Eating Habits	16-17
 Other Important Lifestyle Factors: Sleep, Stress, Social Support, Mental Health, Alcohol Use, Tobacco Use	18-20
 Weight Management Strategies	21-27

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**Resources and Referral**

Communication, Follow-up, and Referral	28-29
Healthcare Reform Requirements & Success Measures	30-31
Tools & Resources	32

**METRICS — HOW WILL WE KNOW WE'RE SUCCESSFUL?**  
 Intermountain will be collecting and tracking a variety of metrics to help measure and report progress and outcome success for both providers and patients. Metrics are marked with this symbol (M) on the algorithm on page 2, and are summarized on page 31.



# Why lifestyle management? It *works*.

## Counseling for physical activity (PA):

- After brief counseling, 1 in 12 patients increase PA to nationally recommended levels<sup>1</sup>
- Of those patients, PA prevents death for 1 in 6<sup>2</sup>
- **For 1 in 77 patients, PA counseling prevents death**

## Mediterranean diet after heart attack:3

- Prevents repeat heart attack (1 in 18 patients)
- Prevents death (1 in 30 patients)
- No harms



1. Orrow G. *BMJ*. 2012;344:e1389.
2. Blair SN. *Br J Sports Med*. 2009;43(1):1-2.
3. Number Needed to Treat Group, [www.theNNT.com](http://www.theNNT.com)

# Why lifestyle management? It *works*.

## Is it as effective as medication?

- Compare with statins for patients with high cholesterol:<sup>1</sup>

*Statins prevent heart attack (1 of 60 patients), prevent stroke (1 of 268 patients), but prevent no deaths  
1 in 10 patients develop myositis  
1 in 67 patients develop diabetes*



1. Number Needed to Treat Group, [www.theNNT.com](http://www.theNNT.com)



# Antihyperglycemic Therapy in Type 2 Diabetes

## Mono-therapy

Efficacy\*  
Hypo risk  
Weight  
Side effects  
Costs†



## Dual therapy†

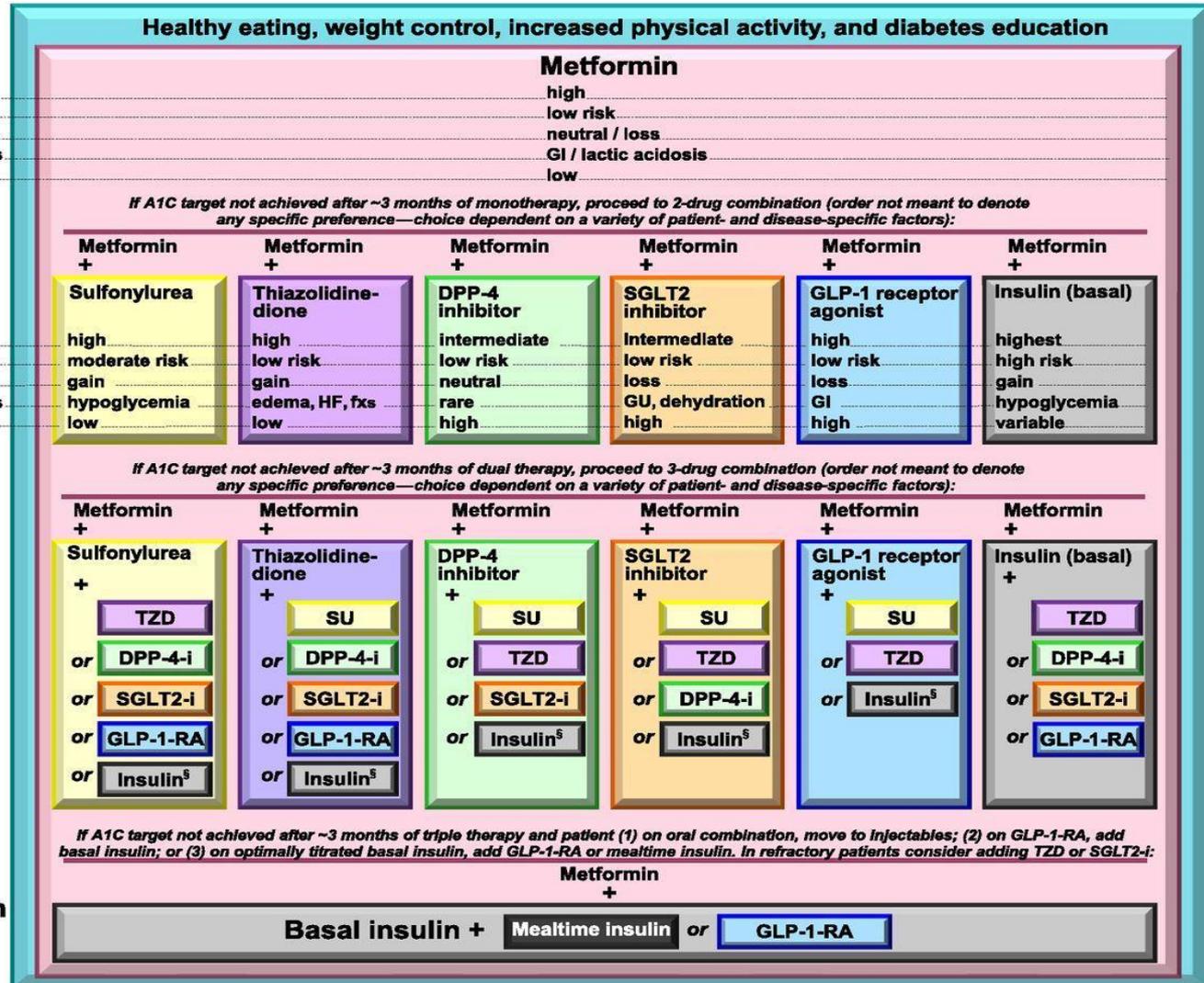
Efficacy\*  
Hypo risk  
Weight  
Side effects  
Costs†



## Triple therapy



## Combination injectable therapy‡



# Evidence based treatment guidelines



**National Institutes of Health**  
*Turning Discovery Into Health*

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## NEWS RELEASES

Monday, June 3, 2013

### NIH begins recruitment for long-term study of diabetes drug efficacy

The National Institutes of Health is looking for volunteers to take part in a study to compare the long-term benefits and risks of four widely used diabetes drugs in combination with metformin, the most common first-line medication for treating [type 2 diabetes](#). Beginning recruitment in June, the project is called the Glycemia Reduction Approaches in Diabetes: A Comparative Effectiveness (GRADE) Study.

If metformin is not enough to help manage type 2 diabetes, a person's doctor may add one of several other drugs to lower glucose (blood sugar). But while short-term studies have shown the efficacy of different drugs when used with metformin, there have been no long-term studies of which combination works best and has fewer side effects.

**Institute/Center**  
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

**Contact**  
Amy Reiter   
301-496-3583

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# Evidence based treatment guidelines

The screenshot shows the NIH website's news release page. At the top left is the NIH logo with the tagline "National Institutes of Health Turning Discovery Into Health". To the right is a search bar labeled "Search NIH" and links for "NIH Employee Intranet", "Staff Directory", and "En Español". Below this is a navigation menu with tabs for "Health Information", "Grants & Funding", "News & Events", "Research & Training", "Institutes at NIH", and "About NIH". The main content area has a blue header for "NEWS RELEASES" and a breadcrumb trail: "Home » News & Events » News Releases". The date "Monday, June 3, 2013" is displayed. The main headline is "NIH begins recruitment for long-term study of diabetes drug efficacy (GRADE) Study." To the right, the "Institute/Center" is listed as "National Institute of Diabetes and Digestive and Kidney Diseases". Below the headline are social media sharing icons for email, Facebook, Twitter, and Google+, along with a "2" icon. The text of the news release is partially obscured by a blue highlight box. The highlighted text reads: "If metformin is not enough to help manage type 2 diabetes, a person's doctor may add one of several other drugs to lower glucose (blood sugar). But while short-term studies have shown the efficacy of different drugs when used with metformin, there have been no long-term studies of which combination works best and has fewer side effects." Below the highlight, a quote from Barbara Linder, M.D., Ph.D., is visible: "Type 2 diabetes progresses slowly, over a long period of time," said Barbara Linder, M.D., Ph.D., the GRADE project officer at the NIH's

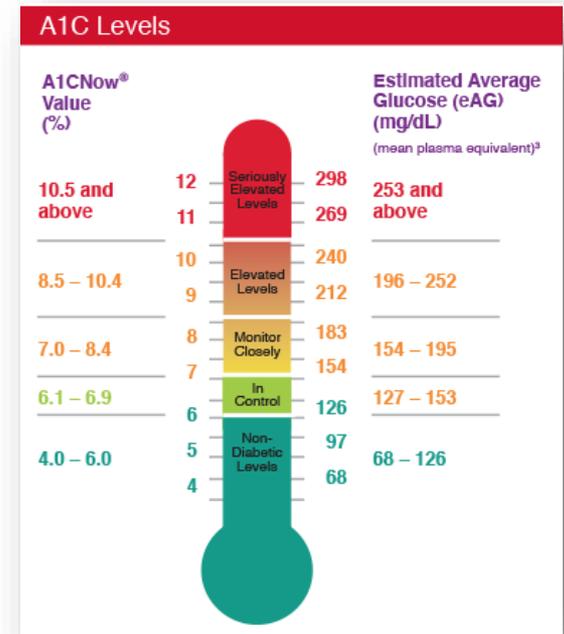
• Metformin	1.0-2.0	\$12.00
• Sulfonylurea	1.0-2.0	\$12.00
• TZD	0.5-1.4	\$55.71
• GLP-1	0.5-1.0	\$3,402
• DPP4	0.8-1.5	\$2,977
• SGLT2	0.5-0.7	\$3,522

\*Data courtesy Select Health

# Cost for Other A1c Reduction Meds

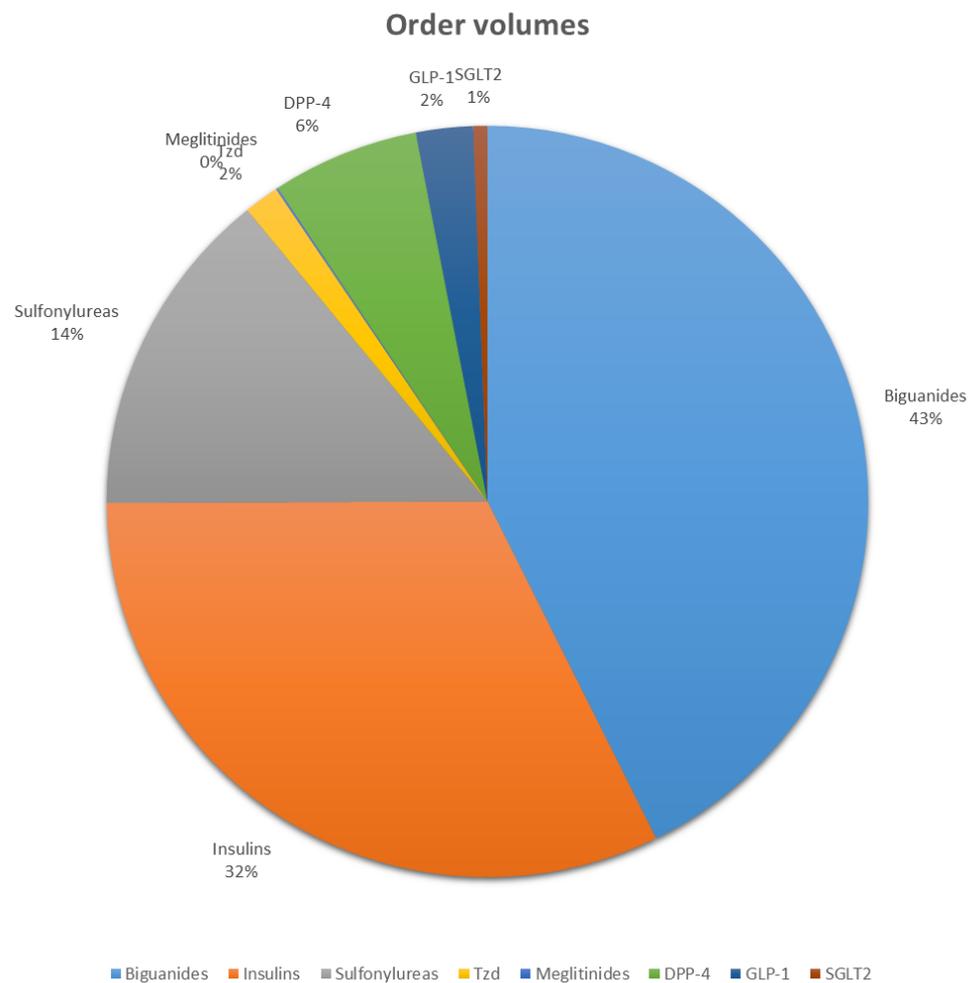
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\*Data courtesy Select Health



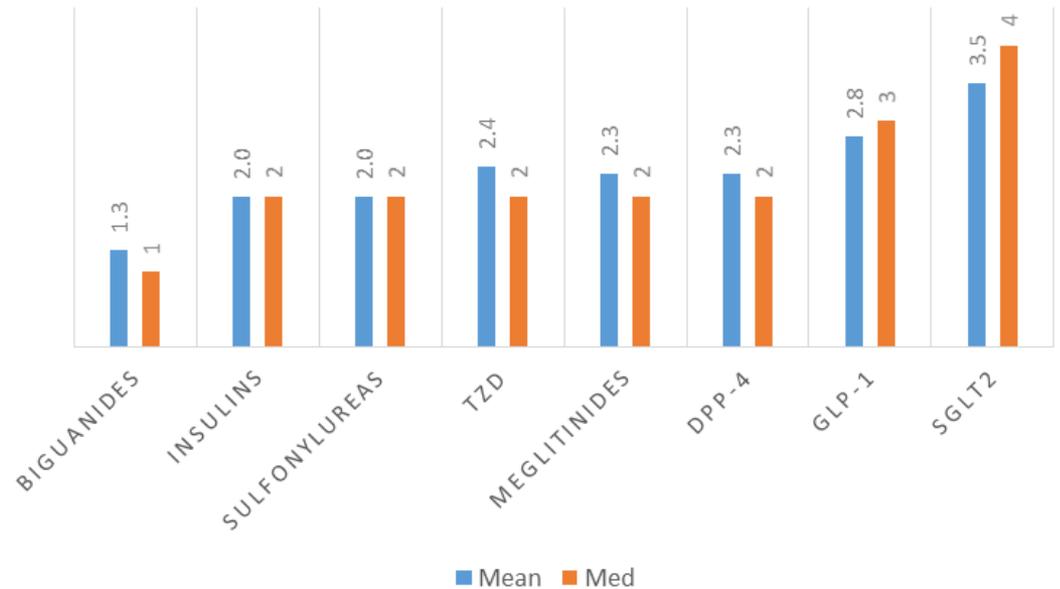
# Rx order volumes by drug class

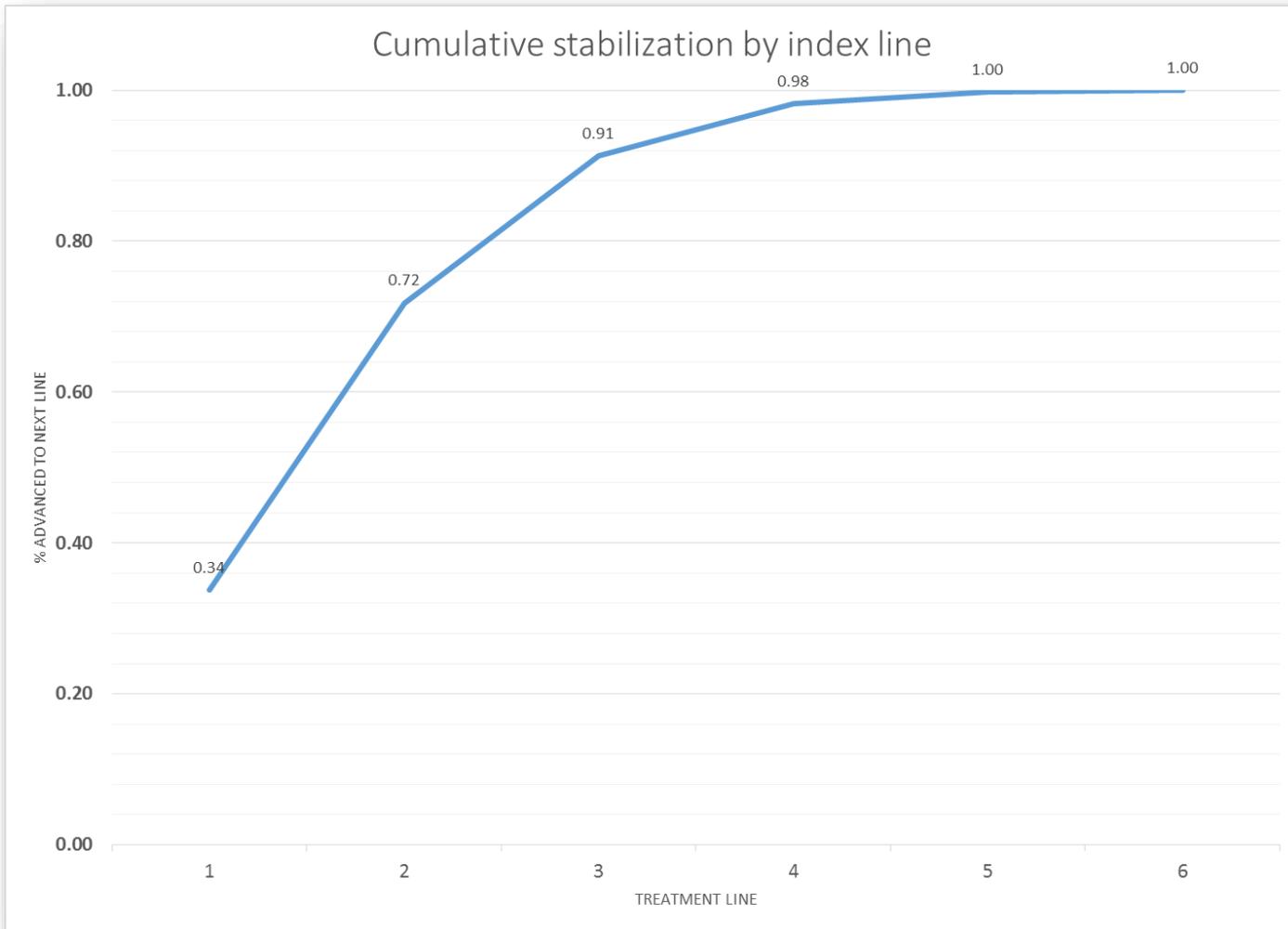
Order volumes		
Drug class	Total	%
Biguanides	23490	42.7%
Insulins	17733	32.2%
Sulfonylureas	7809	14.2%
Tzd	824	1.5%
Meglitinides	47	0.1%
DPP-4	3448	6.3%
GLP-1	1333	2.4%
SGLT2	328	0.6%



# Therapy line sequence by drug class

Drug class	Sequence #	
	Mean	Med
Biguanides	1.3	1
Insulins	2.0	2
Sulfonylureas	2.0	2
Tzd	2.4	2
Meglitinides	2.3	2
DPP-4	2.3	2
GLP-1	2.8	3
SGLT2	3.5	4





# Observations

- 90% of order volumes are for metformin, insulin and sulfonylurea
- Average line therapy sequences by drug class seem generally in line with expected application of the existing protocol (begin with least expensive)
- Average drug lines to stabilization is 2 with 70% stabilization after two treatment lines.
- % progress from line 2 to 3 consistent across SU, DPP4, GLP-1, SGLT2
- Time to line three is consistent among more expensive drug classes vs sulfonylurea
- Evaluating time to line three by drug class:

*Observed time to line 3 ranges from 250-300 days across major classes*

*Differences not statistically significant*

*Limiting to cohort where met is first or second line produces similar results*

- Variation in patient characteristics seem to align with recommendations for use

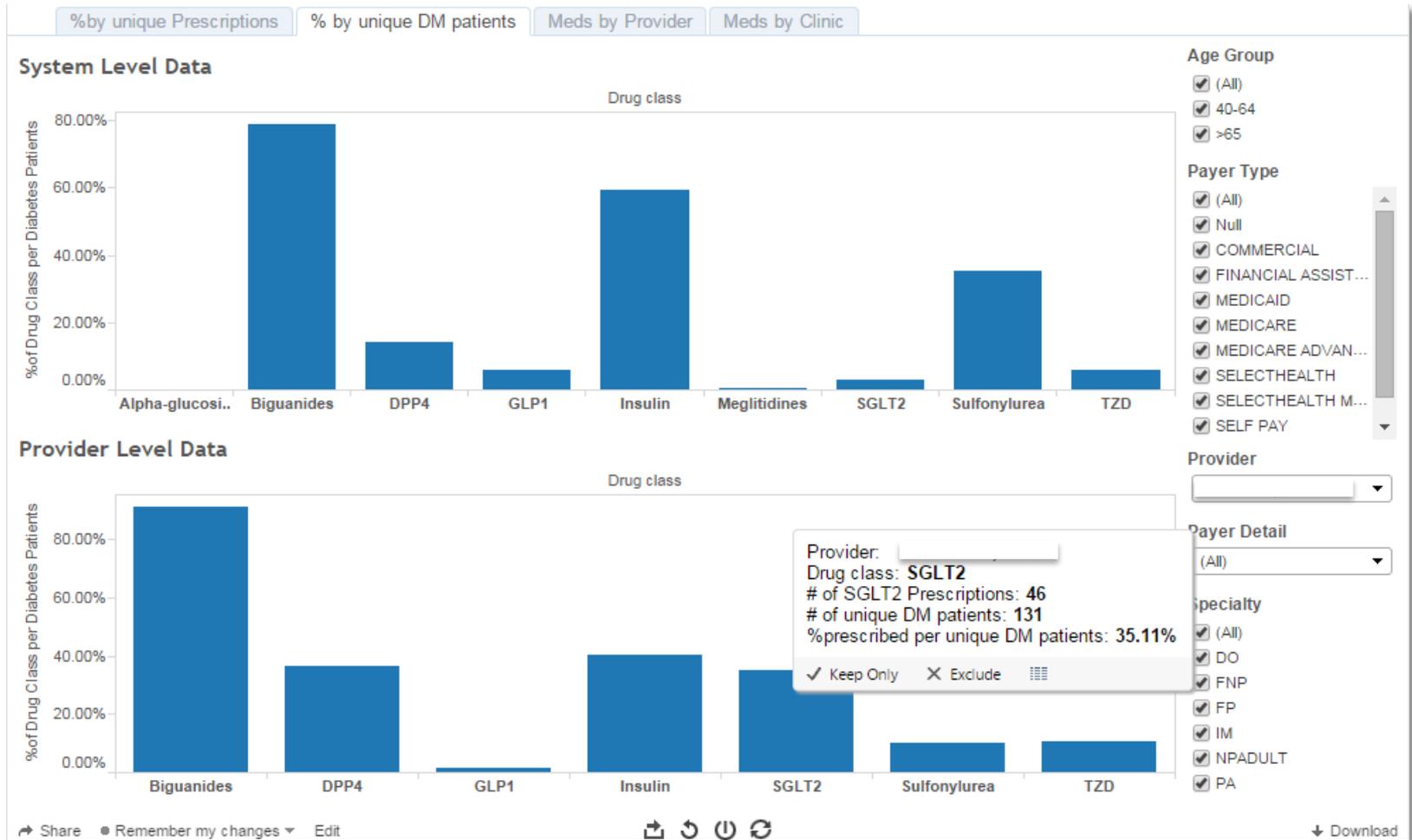
# Current DM Registry Population:

## Variation in Prescribing- Case Study



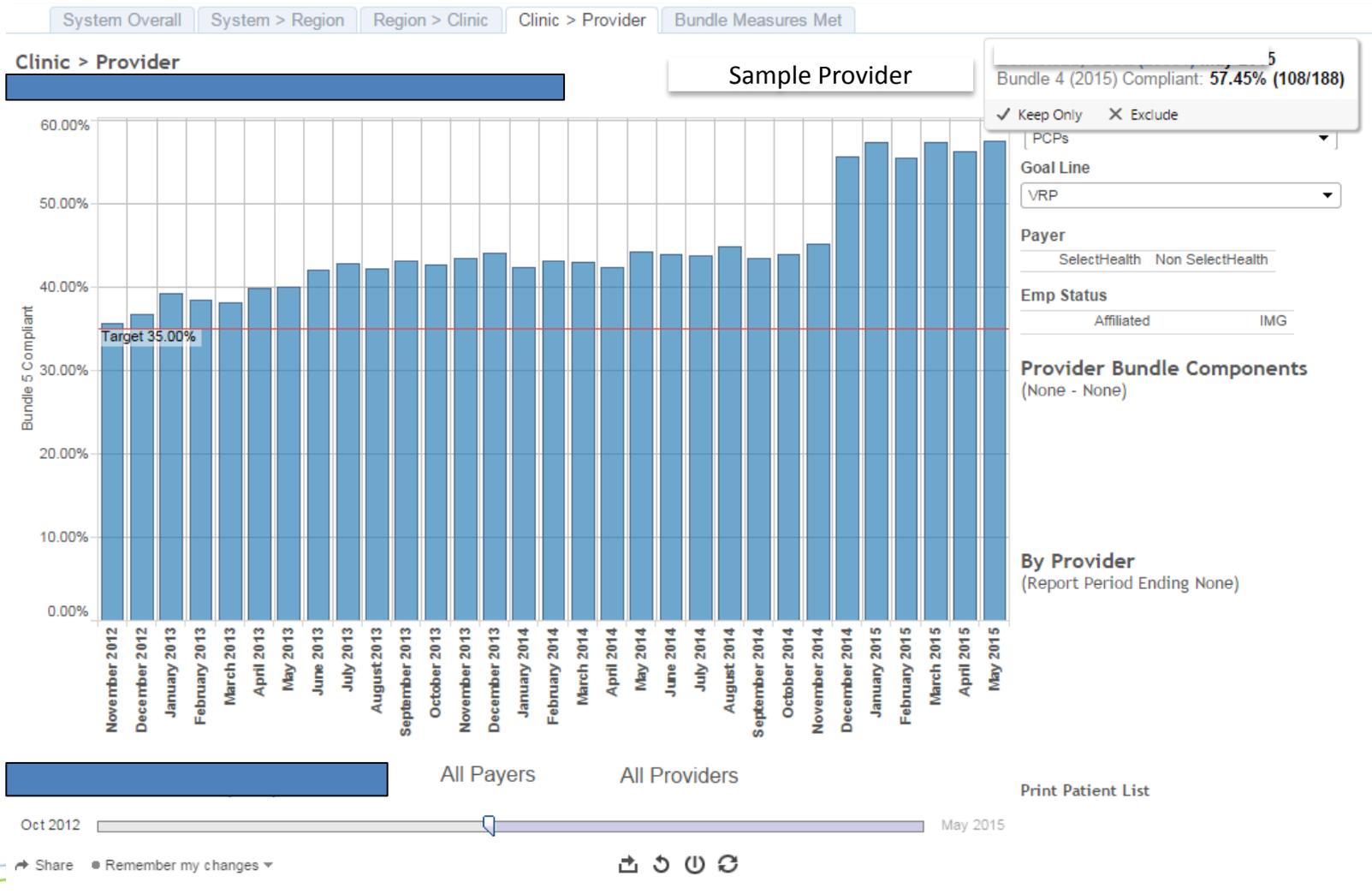
# Current DM Registry Population:

## Variation in Prescribing- Case Study



# Current DM Registry Population:

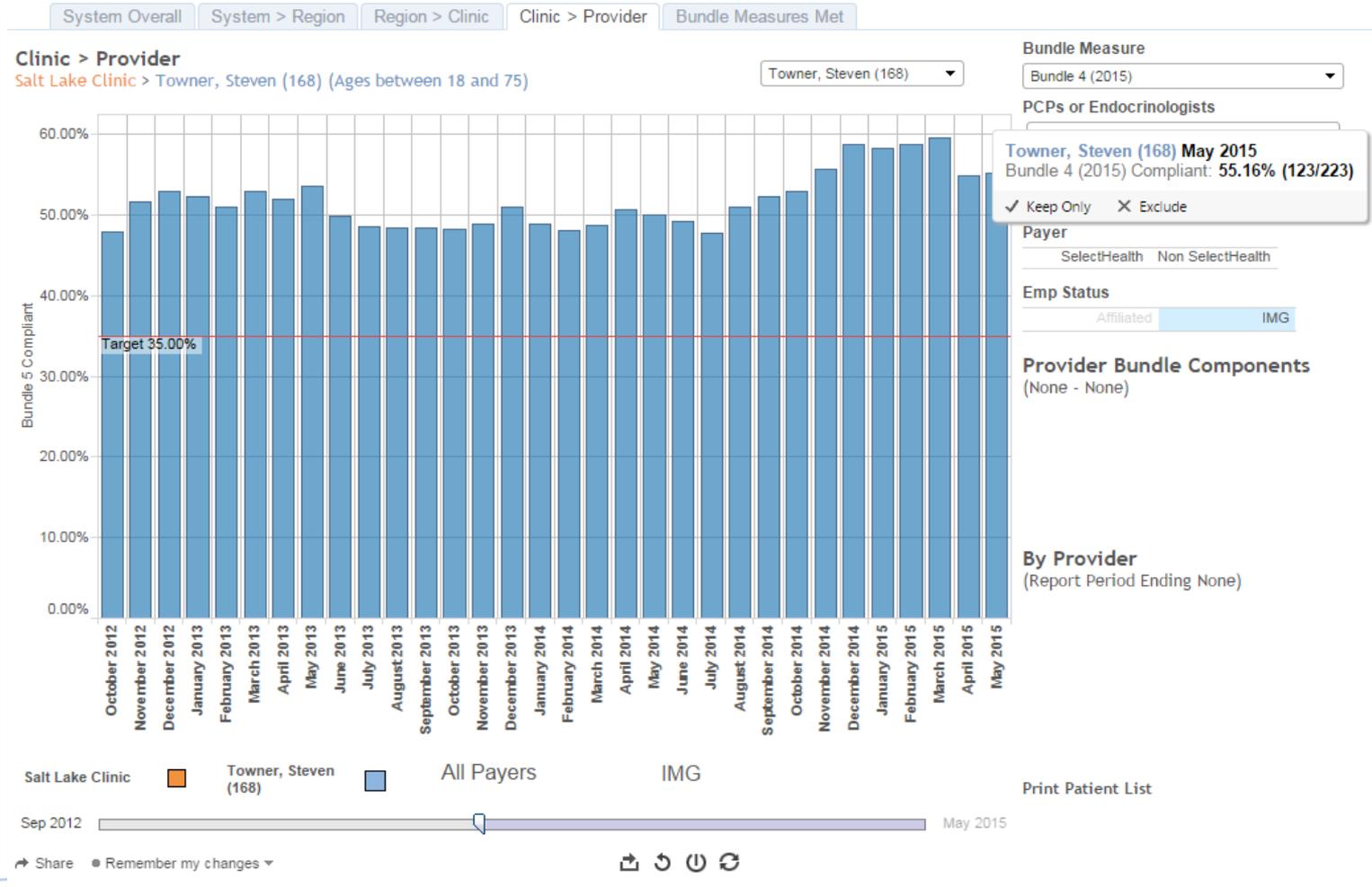
## Variation in Prescribing- Case Study



# Current DM Registry Population:

## *Variation in Prescribing- Case Study*

Sample Provider (57.5% 4-part DM Bundle) vs Dr Steve Towner (55.2% 4-part DM Bundle)



# Care Pathway



# What is the objective of CPM / Care Pathway modules?

- To make it easier to view all of the pertinent clinical information for evaluating and treating a patient
- Create needed orders and guide care to be more compliant with evidence-based guidelines



# Diabetes Care Pathway

The screenshot displays a medical software interface for a patient named XTEST, KAYTE. The patient's information includes DOB: 10/27/60, Age: 55 years, Sex: Female, MRN: RRT00006612, and Clinic: Loc:YYT Clinic 1: EXAM ROO... The interface shows a navigation menu on the left with options like Care Pathways, Problem List, and Medications. The main content area is titled 'Care Pathways' and features a search bar, a list of available pathways, and a table of active pathways. A red arrow points to the search bar.

**Workflow** | Diabetes Mellitus | Summary | Family Med Orders | InstaCare Orders | Orders

**Care Pathways**

Search Pathways

**Available Pathways**

Acute Ischemic Stroke Discharge	Start
AMI/ACS/Unstable Angina	Start
Jaundice CPM	Start

**Suggested Pathways**

There are currently no suggested pathways.

**Active Pathways**

Diabetes Mellitus	Open	Complete
Pediatric Head Injury	Open	Complete

**Historical Pathways**

There are currently no historical pathways.

**Problem List**

Classification: Medical and Patient Stated | All Visits

# Diabetes Care Pathway

**XTEST, KAYTE** | List | Recent | Name  
**XTEST, KAYTE** | DOB:10/27/60 | Age:55 years | Dose Wt: | Sex:Female | MRN:RRT00006612 | Attending:  
 Allergies: ibuprofen | Clinic FIN: RRT000022295 [Visit Dt: 06/07/2016 15:45] Visit Reason:... | **Loc:YYT Clinic 1: EXAM ROO...**

Advanced Practice Clinician/Resident Workflow | Full screen | Print | 2 m

Workflow | Diabetes Mellitus | Summary | Family Med Orders | InstaCare Orders | Orders

**Vitals, Measurements & Other Result Data** | Latest\* | Last 2 years | Last 1 months | More

	Latest	Previous					
BP mmHg	120 / 80 9 days	↑150 / ↑96 3 wks	120 / 80 6 wks	140 / 60 4 mos	130 / 70 4 mos	120 / 80 4 mos	122 / 71 7 mos
HR bpm	65 3 wks	92 7 mos	--	--	--	--	--
Body Mass Index Measured kg/m2	28.69 6 wks	22.95 7 mos	--	--	--	--	--
Weight Measured kg	64 3 wks	80 6 wks	64 7 mos	--	--	--	--
Insulin Pump Type	Medtronic 530G▲ 6 mos	--	--	--	--	--	--
Pump Reservoir	3.0▲ 6 mos	--	--	--	--	--	--
Diluted Insulin	Yes u25▲ 6 mos	--	--	--	--	--	--
Insulin Type for Pump	Humalog▲ 6 mos	--	--	--	--	--	--

# Diabetes Care Pathway

XTTEST, KAYTE | List | Recent | Name

XTTEST, KAYTE | DOB:10/27/60 | Age:55 years | Dose Wt: | Sex:Female | MRN:RRT00006612 | Attending: | Allergies: ibuprofen | Clinic FIN: RRT000022295 [Visit Dt: 06/07/2016 15:45] Visit Reason:... | Loc:YYT Clinic 1: EXAM ROO...

Advanced Practice Clinician/Resident Workflow | Full screen | Print | 3 minutes

Workflow | Diabetes Mellitus | Summary | Family Med Orders | InstaCare Orders | Orders

Vitals, Measurements & Other Result Data | Labs | Links | Related Documents (0) | Home Medications (2) | **Treatment Options** | Patient Education | Patient Advisories (3)

### Treatment Options

Venue: Ambulatory - In Office (Meds in Office) | **Ambulatory (Meds as Rx)**

Category	Medication	Dosage	Order
Biguanides	metFORMIN 500 mg oral tablet	1 tabs, Oral, BID, # 180 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 1000 mg oral tablet	1 tabs, Oral, BID, # 180 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 850 mg oral tablet	1 tabs, Oral, BID, # 180 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 500 mg oral tablet, extended release	1 tabs, Oral, Daily, With dinner, # 90 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 750 mg oral tablet, extended release	1 tabs, Oral, Daily, With dinner, # 90 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 1000 mg oral tablet, extended release	1 tabs, Oral, Daily, With dinner, # 90 tabs, 1 Refill(s)	Order
Biguanides	metFORMIN 500 mg oral tablet, extended release		

# Advisories

XTEST, KAYTE x List Recent Name

**XTEST, KAYTE**    DOB:10/27/60    Age:55 years    Dose Wt:    Sex:Female    MRN:RRT00006612    Attending:  
Allergies: ibuprofen    Clinic FIN: RRT000022295 [Visit Dt: 06/07/2016 15:45] Visit Reason:... **Loc:YYT Clinic 1: EXAM ROO...**

Advanced Practice Clinician/Resident Workflow Full screen Print 4 minutes

Workflow Diabetes Mellitus Summary Family Med Orders InstaCare Orders Orders +

Vitals, Measurements & Other Result Data  
Labs  
Links  
Related Documents (0)  
Home Medications (2)  
Treatment Options  
Patient Education  
**Patient Advisories (3)**

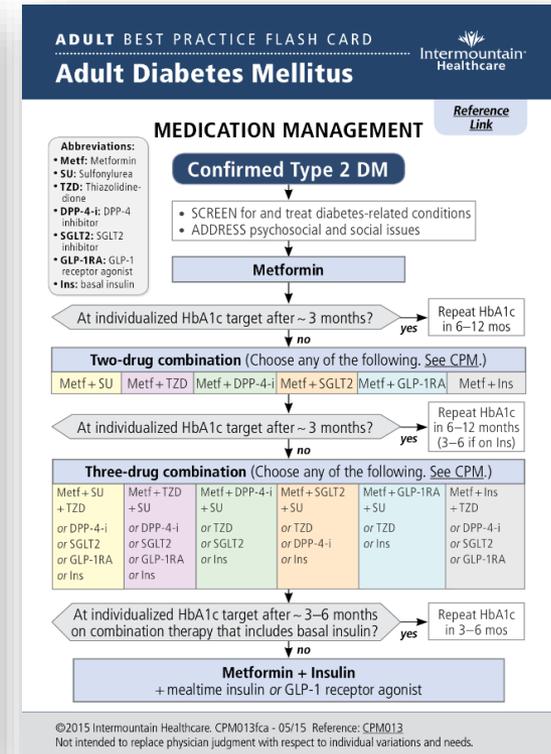
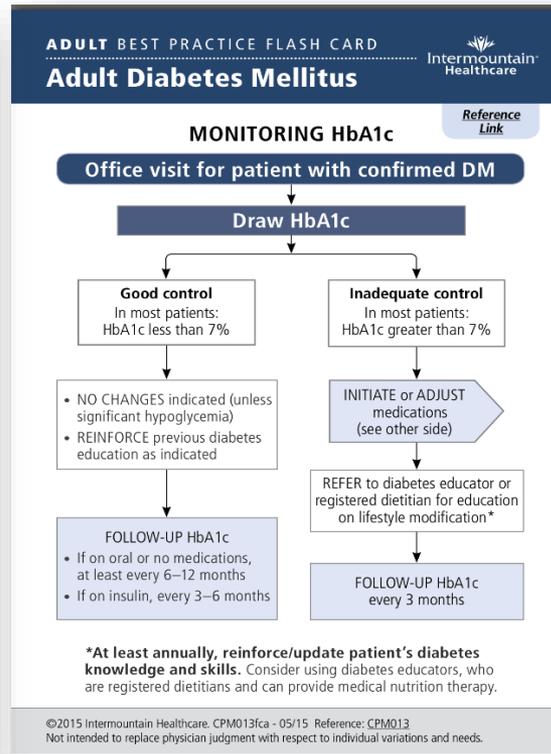
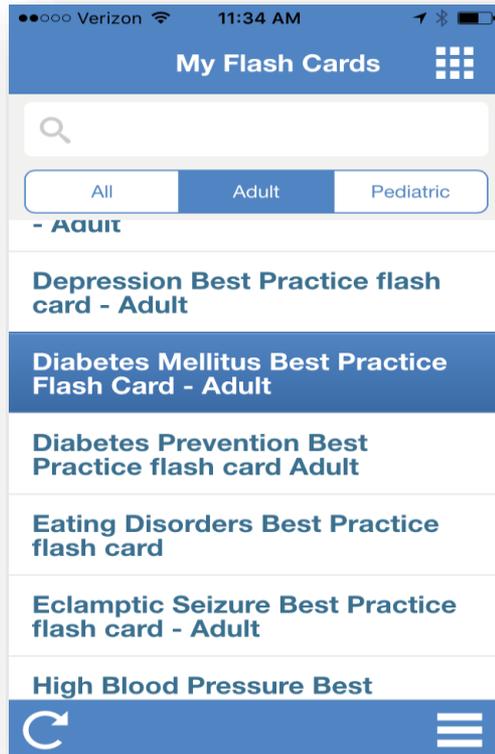
**Patient Advisories (3) +** 6 Months 1 Years 5 Years 10 Years All Visits

Expectation	Priority	Frequency	Due	Reference	Favorites
 Diabetes: Professional Eye Exam Every 2 Years	Medium	Q 2years	07/13/2016		
Diabetes: Check Urine Albumin Creatinine Ratio Yearly	High	Q 1years	04/18/2017		
Diabetes: Foot Exam Every Year	Medium	Q 1years	06/21/2017		

# Diabetes

- Diabetes: Eye Exam
- Diabetes: ACR  $\geq 30$ . ACEI Or ARB
- Diabetes: ACR  $\geq 30$ . ACEI
- Diabetes: ACR  $\geq 30$ . ARB
- Diabetes: HgbA1c  $> 8$
- Diabetes: Foot Exam
- Diabetes: Statin
- Metformin: Yearly Cr
- Diabetes: Yearly ACR
- Diabetes: 6mo HgbA1c
- Diabetes: High HgbA1c No Insulin

# CPM Documents and Flash Cards



# Questions?

## Sharon Hamilton, RN, MS

Operations Director Primary Care Clinical Program

Intermountain Healthcare / Central Office

36 South State Street, Twenty first floor

Salt lake City, UT 84111

801-442-2823

Email: [Sharon.Hamilton@imail.org](mailto:Sharon.Hamilton@imail.org)

**Questions?**

