Together2Goal®

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

December 15, 2016

TODAY'S WEBINAR

- Together 2 Goal® Updates
  - Webinar Reminders
  - Goal Post Dec. Newsletter Highlights
  - AMGA Opportunities
    - 2017 AMGA Annual Conference
    - MIPS Learning Collaborative
- Contact Patients Not at Goal & With Therapy Change within 30 Days
  - John Kennedy, MD, Endocrinology Department Director, Geisinger Health System
- Q&A
  - Use Q&A or chat feature

Together 2 Goal®

WEBINAR REMINDERS

- Webinar will be recorded today and available the week of December 19th
  - 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

Together2Goal®

GOAL POST DEC. NEWSLETTER HIGHLIGHTS


GOAL POST
A monthly newsletter of the national Together 2 Goal® campaign.

HAPPY HOLIDAYS

December 2016 Edition

Welcome to *Goal Post*, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

More than ever during the holiday season, our thoughts turn to those who have made our programs progress possible. In this grateful spirit, we say, thank you and best wishes for the holiday seas the new year.

Questions about Together 2 Goal®? Please reach out to your Regional Liaison or email together2goal@amga.org.

Best,
-The Together 2 Goal® Team

DECEMBER 2016

Webinar

core
CHANGING OUTCOMES WITH RESOURCES AND ENGAGEMENT

Upcoming Dates

December 15: Monthly campaign webinar (regis here)

December 22: Blinded, comparative data reports s participating organizations

Campaign Spotlight

The American Diabetes Association, a Together 2 Goal® campaign partner, will release its updated Standards of Medical Care in Diabetes later this month. Register for our January 11 bonus webinar to learn more about the revisions for 2017.

Read more

source of the Month

dpal Corporate laborator Johnson & Johnson thcare Systems is ding onsite, interactive ings for up to three ether 2 Goal® participating anizations in 2017 as a free mpaign offering to help get ou to goal. More information about the program, including application, is available at the link below.

Read more

Campaign Spotlight

- **Bonus Webinar**
  - January 11, 12-1pm Eastern
  - ADA Standards of Care Updates
  - Featuring William Herman, M.D., M.P.H., co-chair of ADA's Professional Practice Committee

American Diabetes Association®
Cure • Care • Commitment®

Together 2 Goal®

GOAL POST DEC. NEWSLETTER HIGHLIGHTS

Resource of the Month

- **Johnson & Johnson CORE Program**
  - Complimentary, on-site, interactive CORE Program training
  - Applications due by January 31
  - Questions or need application? Email together2goal@amga.org

core
CHANGING OUTCOMES WITH RESOURCES AND ENGAGEMENT

2017 AMGA ANNUAL CONFERENCE

- Agenda includes
  - Leadership Council meetings
  - Pre-conference immersion sessions
  - General session speakers
  - Peer-to-peer breakout sessions
  - Networking opportunities
  - And more!

- Together 2 Goal® Breakout Sessions
  - Improving Care Delivery: Assessing and Addressing the Risk of Cardiovascular Disease for Patients with Diabetes (Premier Medical Associates)
  - Partnering for Improved Health: Excela Health's Implementation Journey (Excela Health Medical Group)

Together2Goal®

MIPS LEARNING COLLABORATIVE

- **Timeline: February 2017 – July 2018**
  - Includes orientation webinar (February 2017), in-person meeting (March 2017), monthly program webinars (April 2017-June 2018), in-person meeting (July 2017), and in-person meeting (July 2018)
- **Tuition: $19,000 per organization** (AMGA member rate)
  - Covers all program materials for up to three in-person meetings for two attendees (travel expenses not included), program webinars, and dedicated website and listserv for participant
- **More information and application available at:** http://www.amga.org/MIPS

Together2Goal®

TODAY'S SPEAKER

John Kennedy, MD

Endocrinology Department Director
Geisinger Health System

Together 2 Goal®

Caring

Geisinger

CONTACT PATIENTS NOT AT GOAL & WITH THERAPY CHANGE WITHIN 30 DAYS

Together 2 Goal Webinar December 15, 2016

John W. Kennedy MD
Endocrinology Department Director
Geisinger Health System

Together 2 Goal

TOGETHER 2 GOAL® PREMIERE EVENT

"When I heard about Together 2 Goal®, it resonated with me. It's a major task but it's doable - and it's going to happen."

-Sugar Ray Leonard

Improve the lives of 1 million Adults in the United States with Type 2 Diabetes within 3 years

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Contact Patient with Results & Change Rx within 30 days

5 Audience Response Questions

- Specialty Access
- Diabetes Education
- Registries & Reports
- Patient Activation
- Together 2 Goal

Geisinger Experience

Open Forum & Questions

Geisinger

Question #1 Specialty Access

The average wait time for a Diabetes patient to receive a face to face visit with an Endocrinology Specialty Provider (MD,DO, NP or PA) in my area is

A. Same Day or Next Day
B. 1 week or less
C. 1 month or less
D. 1 to 3 months
E. More than 3 months. It's really a long wait.

Geisinger

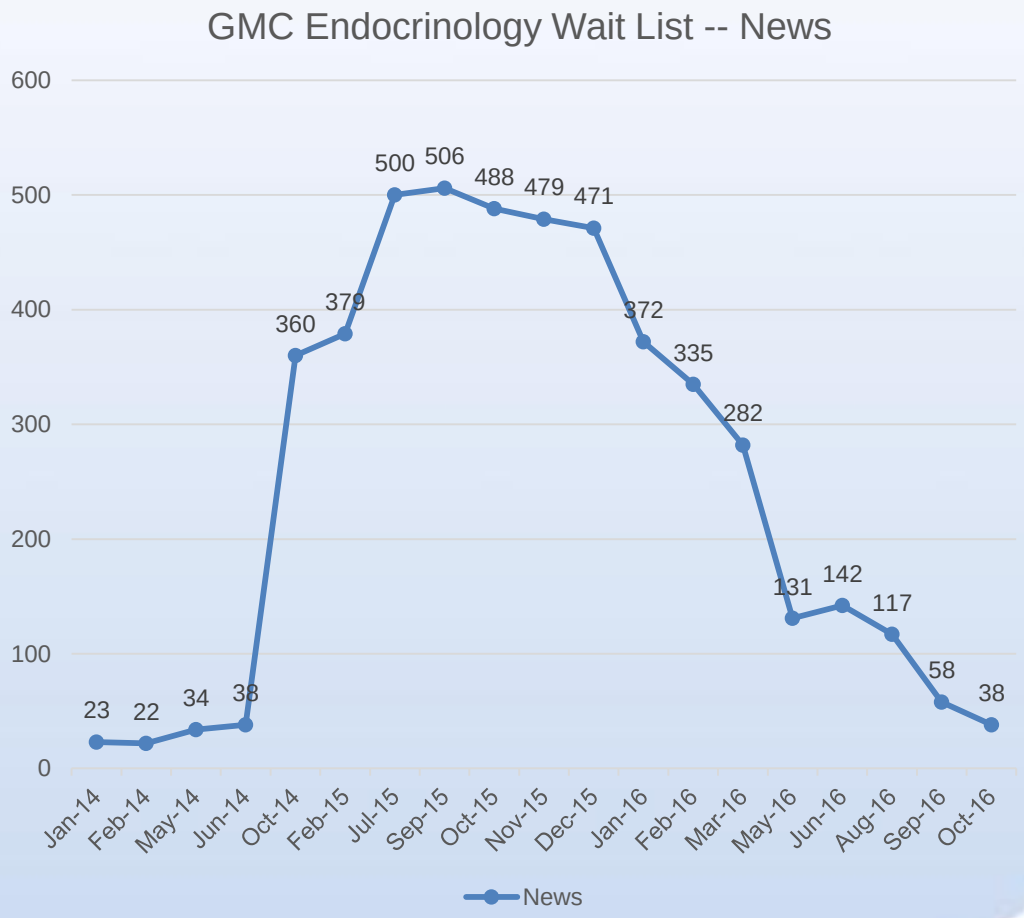
Geisinger Specialty Access: initiate contact →Rx change

PROBLEM:

- Primary Care Providers (PCP's) may lack knowledge or resources or experience or time to escalate care in diabetes patients not at goal
- PCP's & patients prefer a referral to a Board Certified Sub Specialty Provider
- Endocrinology Access is severely restricted in many Geographies in US

SOLUTIONS

- Shared NP/PA with Physician Initial Visit
- ASK a DOC Electronic Curbside Consult
  - Option at time of referral. Response Time Specified by PCP
  - Arrives as a Telephone encounter & page to Specialist
  - Documented in EHR with recommendations



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ASK a DOC –Electronic Curbside Consult—Eric Newman MD

Ask A Doc Responses By Specialty				
Responding Specialty	Count	% Of Total	# Done Correctly	% Done Correctly
Cardiology	307	14%	261	85%
Endocrinology	532	24%	498	94%
Hematology	104	5%	82	79%
Infectious Disease	383	17%	367	96%
Nephrology	136	6%	120	88%
Neurology	319	14%	278	87%
Orthopedics	65	3%	52	80%
Pulmonary	159	7%	151	95%
Rheumatology	204	9%	200	98%
Thoracic Surgery	44	2%	42	95%
Total	**2,253**		**2,051**	**91%**

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Question #2: Diabetes Educators

My medical group practice or health care organization currently employs the following diabetes educators for face to face patient encounters (individual or group)

A. Outpatient Diabetes Nurse or Dietitian Certified Diabetes Educators (CDE)
B. Hospital based Inpatient Nurse or Dietitian CDE
C. Pharmacist Diabetes Educators or Med Therapy Manage (MTM)
D. Any 2 of the above
E. All of the Above
F. None of the above. I have plenty of Endocrinologists to care for all our diabetes patients.

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Geisinger Diabetes Education 2007 “Pike’s Place” = Danville, PA

- Improve Contact Time and Time to Rx utilizing Diabetes Educators in Collaborative practice agreements with Specialty & Primary Care Providers.
- Starting with a single ADA Diabetes Self Management Training site
- ADA / NCQA Accredited Program—Mary Johnson, RD CDE BCADM
- Individual Diabetes Self Management Training of every Diabetes patient
  - Diet
  - Monitoring
  - Counseling, Support
  - Oral Medication, Insulin & GLP-1
  - Sick Day Rules
  - Eye Screening, Foot Screening

GHS ADA Program size 2016

Slide provided by Stacy Coolbaugh

- 27 Educators billing for DSMT
- 58 locations
  - 27 under Endocrinology Danville
  - 18 under Northeast Endocrinology
  - 13 under Pediatric Endocrinology,
- Program growth:
  - 8 Educators in training
  - Scranton
  - Wilkes Barre
  - State College
  - Lewistown
  - Harrisburg

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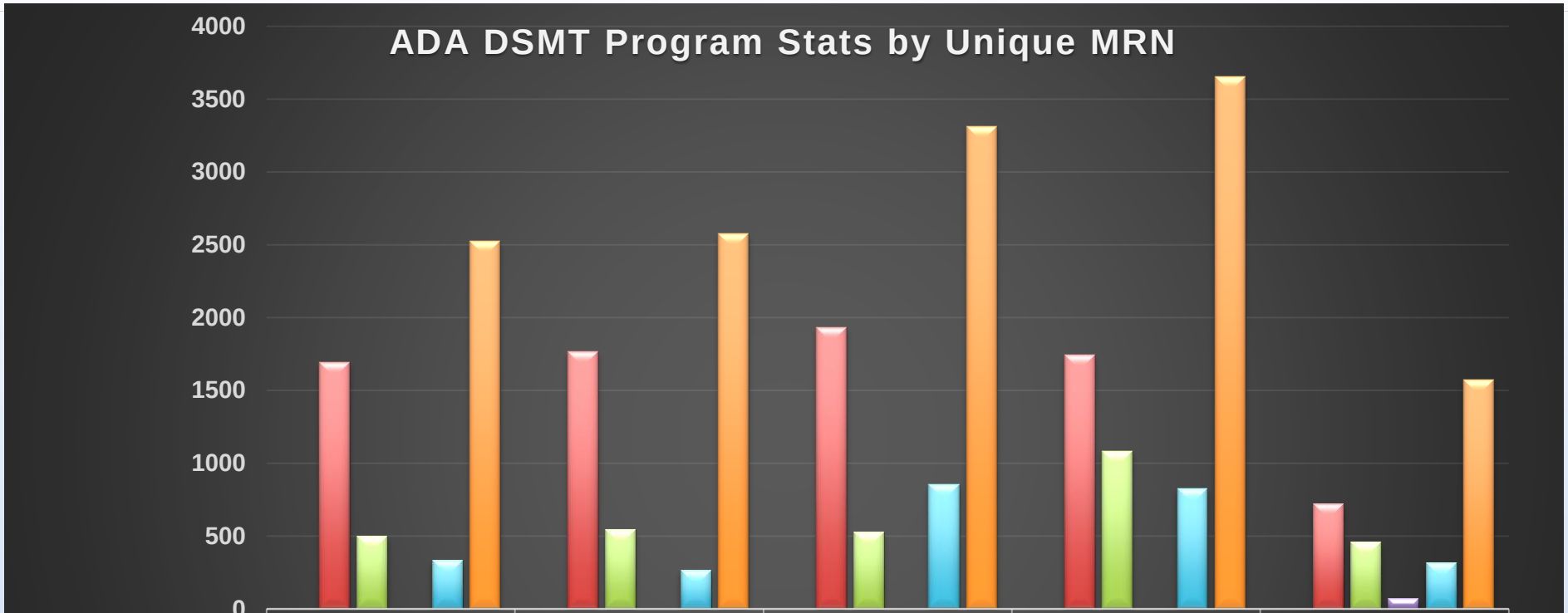
Outpatient Diabetes Education: ADA Diabetes Self Management Training



	CY2012	CY2013	CY2014	CY2015	1st Qtr CY2016
Best Practice	0	0	0	0	1
Endocrinology	1,691	1,765	1,933	1,741	724
Nutrition	499	545	527	1,085	460
OB/GYN	0	0	0	0	74
Pediatrics	335	264	854	827	316
Total	2,525	2,574	3,314	3,653	1,575

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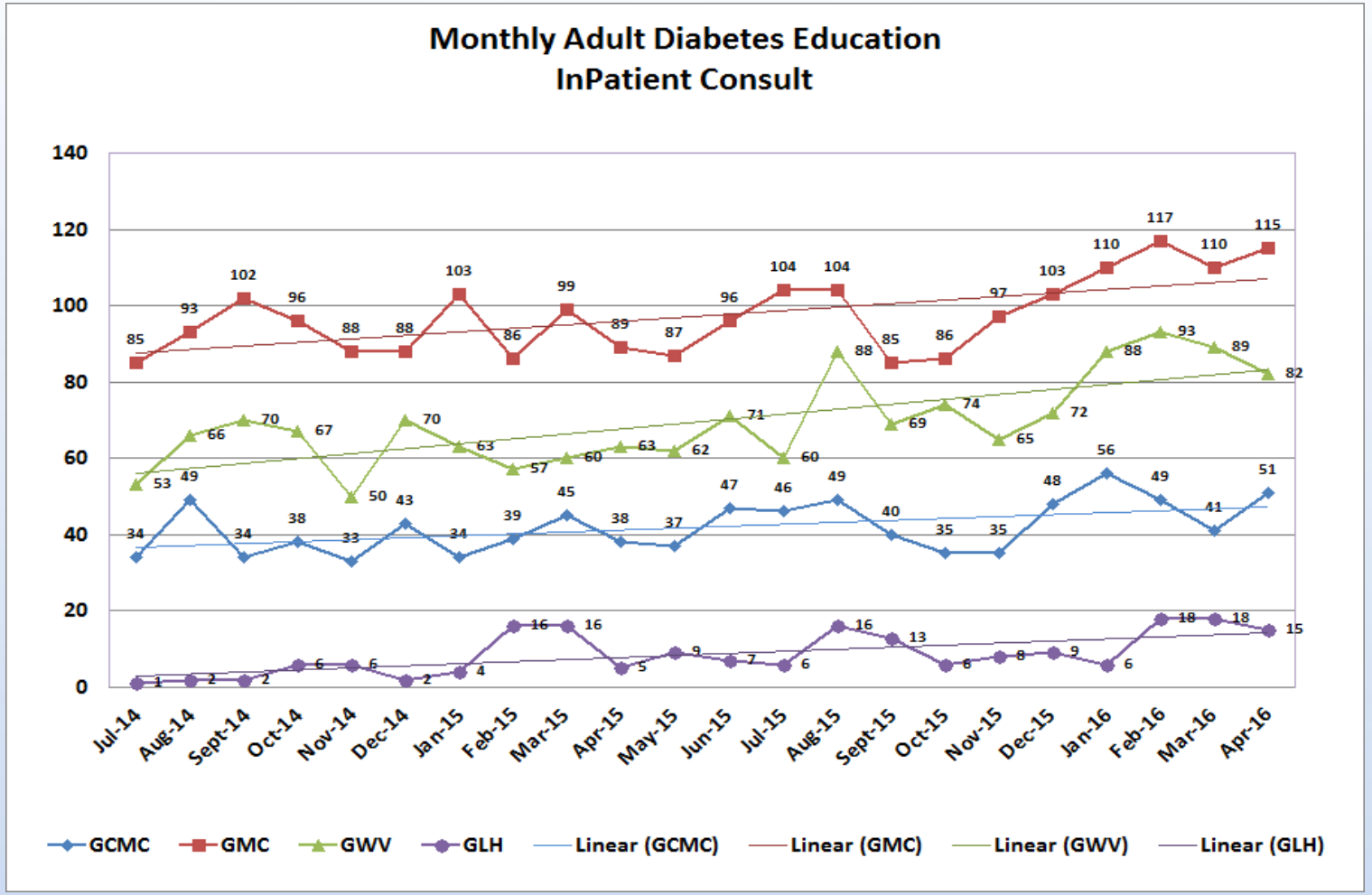
Inpatient Diabetes Education -- Diabetes Survival Skills



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Pharmacist Diabetes Educator: Medication Therapeutic Management

MTM Pharmacist embedded in Primary Care Practices

- Polypharmacy
- Coag Clinic
- Hypertension
- Lipid management

MTM Pharmacist Diabetes Care Impact—early access, rapid results.

- CDE
- BC ADM
- Pump Certified

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Question #3: Registries & Reports

My medical practice or health care organization currently utilizes the following PROVIDER TOOLS to identify & close Diabetes Care Gaps

A. Medication Reconciliation at patient visits
B. Diabetes Carepath or Bundle Checklists (paper or electronic)
C. Diabetes patient registries and reports (T2G excluded—sorry ☺)
D. 2 of the above
E. ALL of the ABOVE
F. NONE of the ABOVE. We have no Diabetes Care Gaps.

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P2

Endocrinology Specialty Diabetes Bundle
Registries & Reports: Target Measure to Contact & Change

PROV / DEPT	# DIABETES PTS	% W/ PNEUMONIA VACC	% W/A1C ORDER PST 6 MOS	% W/A1C at Goal	% W/ LDL ORDER	% W/ LDL < 100 or < 70 IF CAD DX ALSO	% W/ MICROALB RESULT PST YR	% DOCUMENTED NON-SMOKER	% BP at goal	% COMPLIANT w/ ALL CPSL MEASURES *	% W/RETINAL EXAM	% W/ DIABETIC FOOT EXAM	% W/ INFLUENZA VACC
08/1/2014 - 7/31/2015	2,925	72%	82%	42%	89%	61%	75%	88%	81%	15%	52%	75%	63%
9/1/2014 - 8/31/2015	2,865	71%	84%	42%	90%	62%	75%	87%	82%	15%	52%	78%	64%
10/1/2014 - 9/30/2015	2,848	71%	83%	43%	89%	63%	74%	88%	81%	15%	52%	77%	65%
11/01/2014 - 10/31/2015	2,834	71%	82%	43%	89%	63%	74%	88%	80%	16%	51%	77%	65%
12/01/2014 - 11/30/2015	2,821	71%	82%	43%	90%	63%	74%	88%	80%	16%	50%	78%	64%
01/01/2015 - 12/31/2015	2,842	71%	80%	42%	89%	63%	73%	88%	78%	15%	50%	77%	51%
02/01/2015 - 1/31/2016	2,723	71%	82%	41%	89%	62%	74%	88%	77%	15%	49%	77%	55%
03/01/2015 - 2/29/2016	2,720	71%	81%	41%	88%	61%	73%	88%	77%	15%	49%	77%	58%
04/01/2015 - 3/31/2016	2,730	71%	82%	41%	87%	61%	73%	88%	78%	14%	50%	76%	60%
05/01/2015 - 4/30/2016	2,694	71%	82%	40%	87%	61%	72%	87%	78%	14%	49%	74%	60%
06/01/2015 - 5/31/2016	2,865	70%	83%	42%	87%	62%	72%	88%	77%	13%	48%	74%	60%
07/01/2015 - 6/30/2016	2,928	70%	84%	43%	87%	62%	72%	88%	77%	15%	50%	72%	61%

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Long-term Comparative Effectiveness of Telemedicine in Providing Diabetic Retinopathy Screening Examinations
A Randomized Clinical Trial

Steven L. Mansberger, MD, MPH; Christina Sheppler, PhD; Gordon Barker, MS; Stuart K. Gardiner, PhD; Shaban Demirel, BScOptom, PhD; Kathleen Wooten, OD; Thomas M. Becker, MD, PhD

CONCLUSIONS AND RELEVANCE Telemedicine increased the percentage of diabetic retinopathy screening examinations, most participants did not require referral to an eye care professional, and diabetic retinopathy levels were generally stable during the study period. This finding suggests that primary care clinics can use telemedicine to screen for diabetic retinopathy and monitor for disease worsening over a long period.

JAMA Ophthalmology (2015) 133(5): 518-525

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Digital Retinal Imaging

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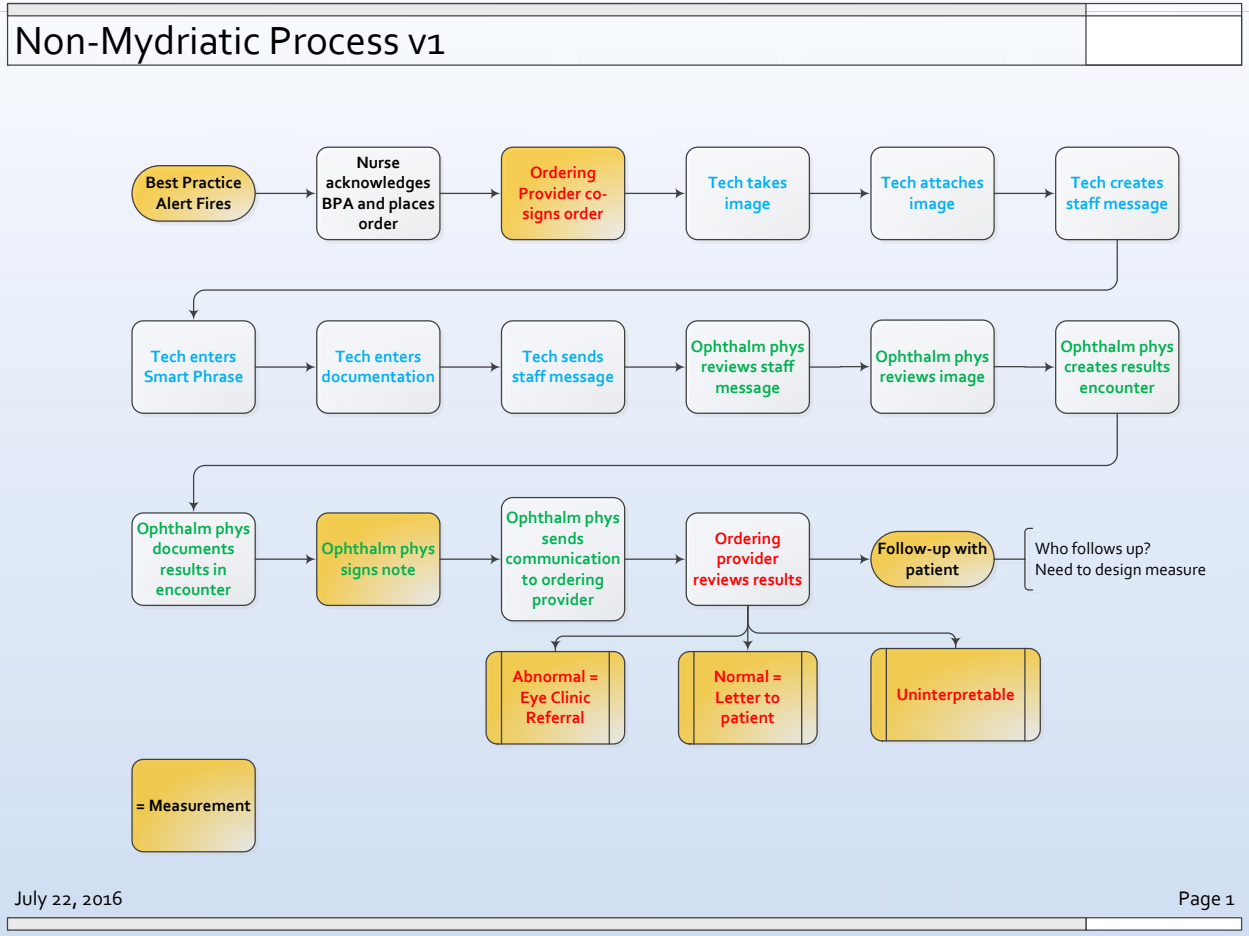
Contact @ PCP or Endocrine Office Visit→Telemed Ophtho



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Non MydriaticTelemedicine Retina Screening Program: 20% Abnormal

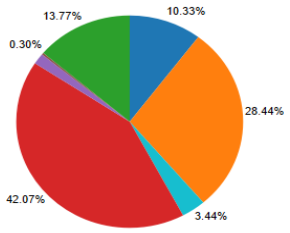
Rapid Return of Results without delay of scheduling Ophtho Appointment

Diabetic Patients with Office Visit, Nurse Only Encounter, or Nutrition Services at Endocrinology Danville or Family Practice Danville since 6/16/2016
Office Visits where DM Eye Exam BPA Fired

Data Through: 12/11/201

Department Name: ENDOCRINOLOGY DANVILLE
Provider Name: All
Month of Office Visit: All

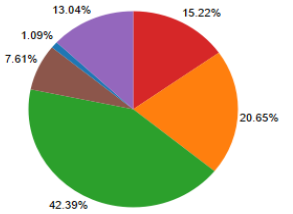
Provider Action Breakdown



Provider Action
- BPA Acknowledged- Already Scheduled
- BPA Acknowledged- Done Elsewhere
- BPA Acknowledged- Patient Declined
- No Action
- Referral Order Placed
- Standard Eye Exam Order Placed
- Telemedicine Order Placed

Provider Action	Visits
No Action	281
BPA Acknowledged- Done Elsewhere	190
Telemedicine Order Placed	92
BPA Acknowledged- Already Scheduled	69
BPA Acknowledged- Patient Declined	23
Referral Order Placed	11
Standard Eye Exam Order Placed	2

Interpretation Breakdown for Telemedicine Orders



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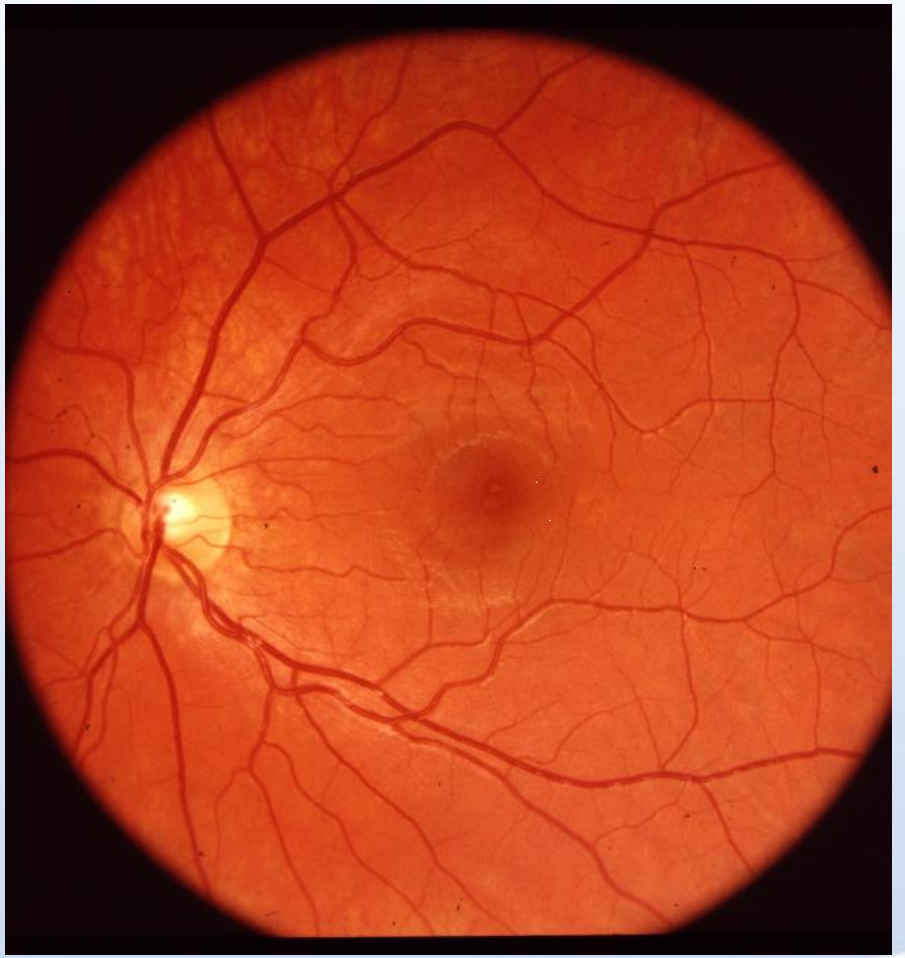
Telemedicine Result
- Image Not Reviewed
- Image Reviewed- Result Abnormal
- Image Reviewed- Result Normal
- Image Reviewed- Result Uninterpretable
- Image Reviewed- Result Unknown
- Order Placed but Not Resulted

Telemedicine Result	Telemedicine Orders
Image Reviewed- Result Normal	39
Image Reviewed- Result Abnormal	19
Image Not Reviewed	14
Order Placed but Not Resulted	12
Image Reviewed- Result Uninterpretable	7
Image Reviewed- Result Unknown	1



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Question #4: Patient Activation

My Medical Group Practice or Healthcare organization currently utilizes the following PATIENT ENGAGEMENT techniques to close Diabetes Care Gaps

A. Home visit, Mail and/or Telephone

B. Email, Web based or Patient Portal

C. Mobile, Text or Social Media

D. 2 of the above

E. All of the above

F. None of the above. What's all the hub bub about Social Media anyway?

T2G: Contact Patient → Change Rx

A case study of rapid cycle quality improvement

Together 2 Goal Reporting Tracks

*

	Basic	Core (Bundle)	Innovator
HbA_{1C} control < 8 percent	Optional	√	√
BP control < 140/90 mmHg		√	√
Lipid management		√ Statin prescribed	√ Statin adherence
Medical attention for nephropathy		√	√
Non-smoking status			?
Body mass index			?
Foot exam performed			?
Eye exam performed			?
Other (e.g., patient engagement, functional outcomes, quality of life, overuse measurement)			√

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Together 2 Goal Summary

- Q1 2016 Measurement Period
- April 2015-March 2016
- **N = 33,000 patients at Geisinger Health System**
- Adult Type 2 DM active in Primary Care, Cards, Nephro or Endocrinology
- Geisinger System Code DQ2-- Core Track

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Geisinger Baseline T2G Core Track Data vs National Average

- Core Track

	Geisinger Code DQ2	Average T2G Groups
Prevalence of Type 2 DM	16.9%	14%
HbA1c Control	63.7%	66.1%
BP Control	76.8%	67.2%
*Med Attention Nephropathy	80.9%	84%
Lipid Management	80.8%	65.7%
Diabetes Care Bundle	34.9%	30.2%

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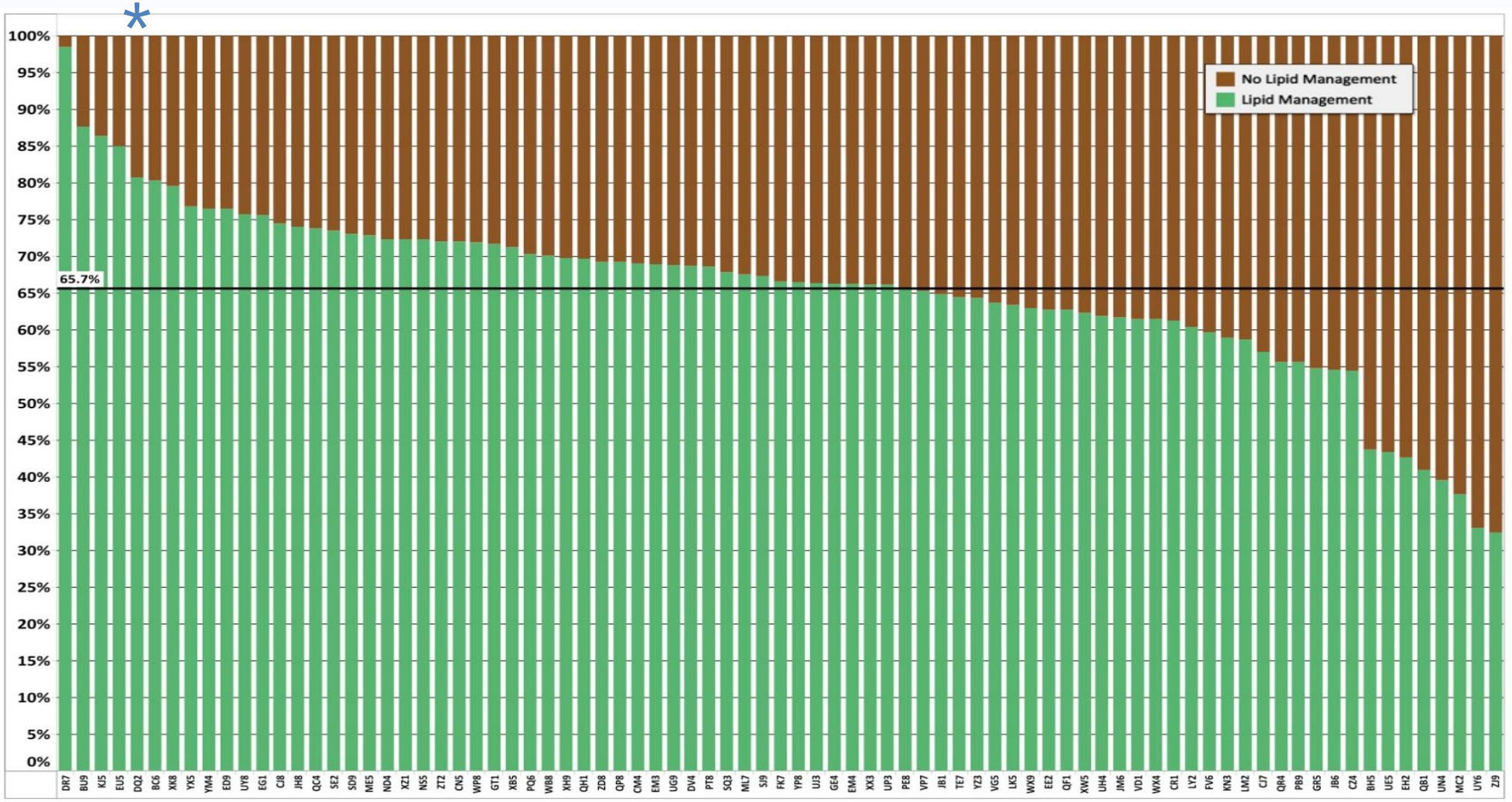
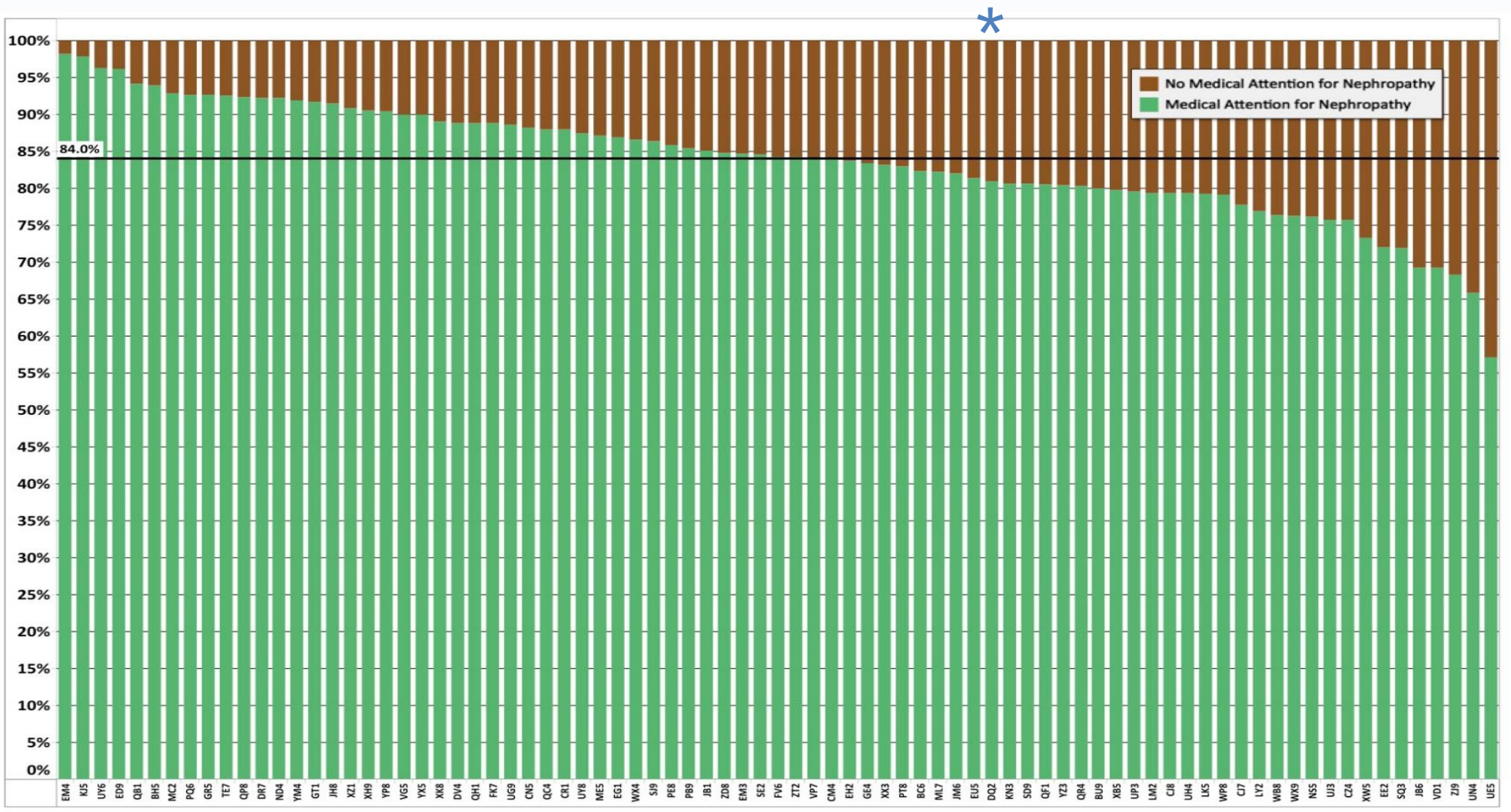
T2G Lipid Management March 2016



Geisinger * 80.8 (mean 65.7%)

T2G Medical Attention to Nephropathy March 2016



Geisinger *80.9% (mean 84%)

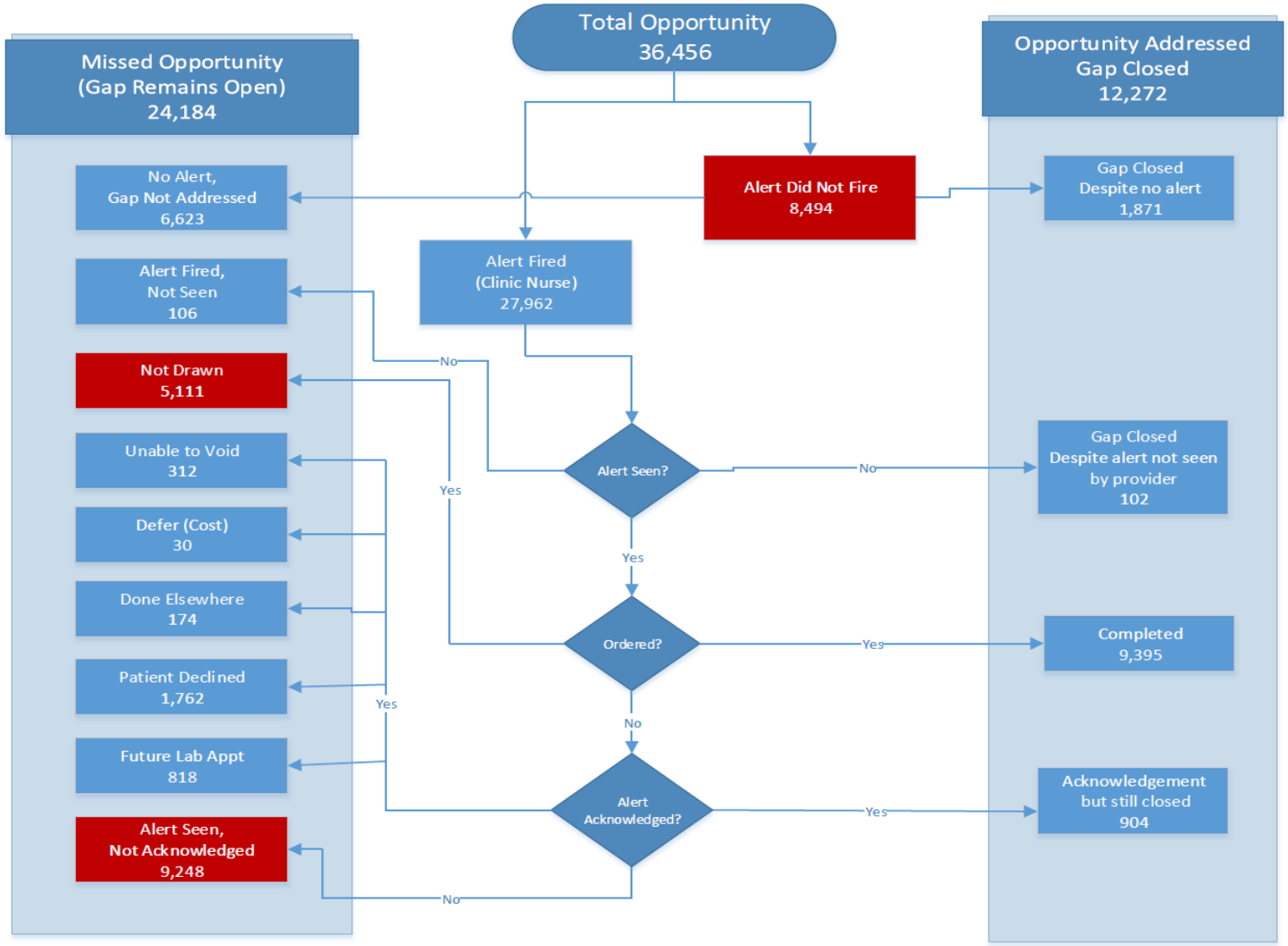
T2G--MEDICAL ATTENTION FOR NEPHROPATHY

- Number of denominator patients who had evidence of medical attention for nephropathy during the 12-month measurement period
- Evidence for medical attention for nephropathy includes
  - nephropathy screening or monitoring tests (e.g., urine protein tests)
  - diagnosis of nephropathy or treatment for nephropathy
- diagnosis on a claim or problem list for nephropathy or a related condition (e.g., chronic kidney disease, end stage renal disease)
- visit with a nephrologist
  - use of an angiotensin-converting-enzyme inhibitor (ACEi) or angiotensin II receptor blocker (ARB)
- e-Prescribing transaction or active on the patient's medication list in the EHR

Source: T2G Data Orientation Webinar February 16, 2016 *Nikita Stempniewicz, John Cuddeback, Rich Stempniewicz, and Cori Rattelman*

Urine Microalbumin EHR Best Practice Alert 2016

Matthew Hackenberg, Institute for Advanced Applications



T2G Medical Attention to Nephropathy:

Patient Activation as a component of Continuous Quality Improvement

Accountable Care Team—Diabetes Care Improvement Project (DCIP)

- Endocrinology, Primary Care, Population Health, Pharmacy, EHR IT, Health Plan, Nutrition

Registry & Reports– Identified 21,000 patients with over 30,000 total Care Gaps

- HgbA1c%, Urine Microalbumin, Diabetes Retinal Eye Exam

*** Patient Activation**

- MyG ***patient portal emai***l & ***letters***--21,000 patients contacted over 4 weeks (50% mail, 50% portal)
- ***Text Message*** Lab & Office visit Appointment reminders
- ***Open Notes*—**patients receive all progress notes from all Geisinger Physicians on the portal

Physician & Staff Education

- Best Practice Alert Acknowledgement & Correct Lab order Workflow Re-Education
- Protein/Cr Ratio in CKD 3 or CKD 4 patients

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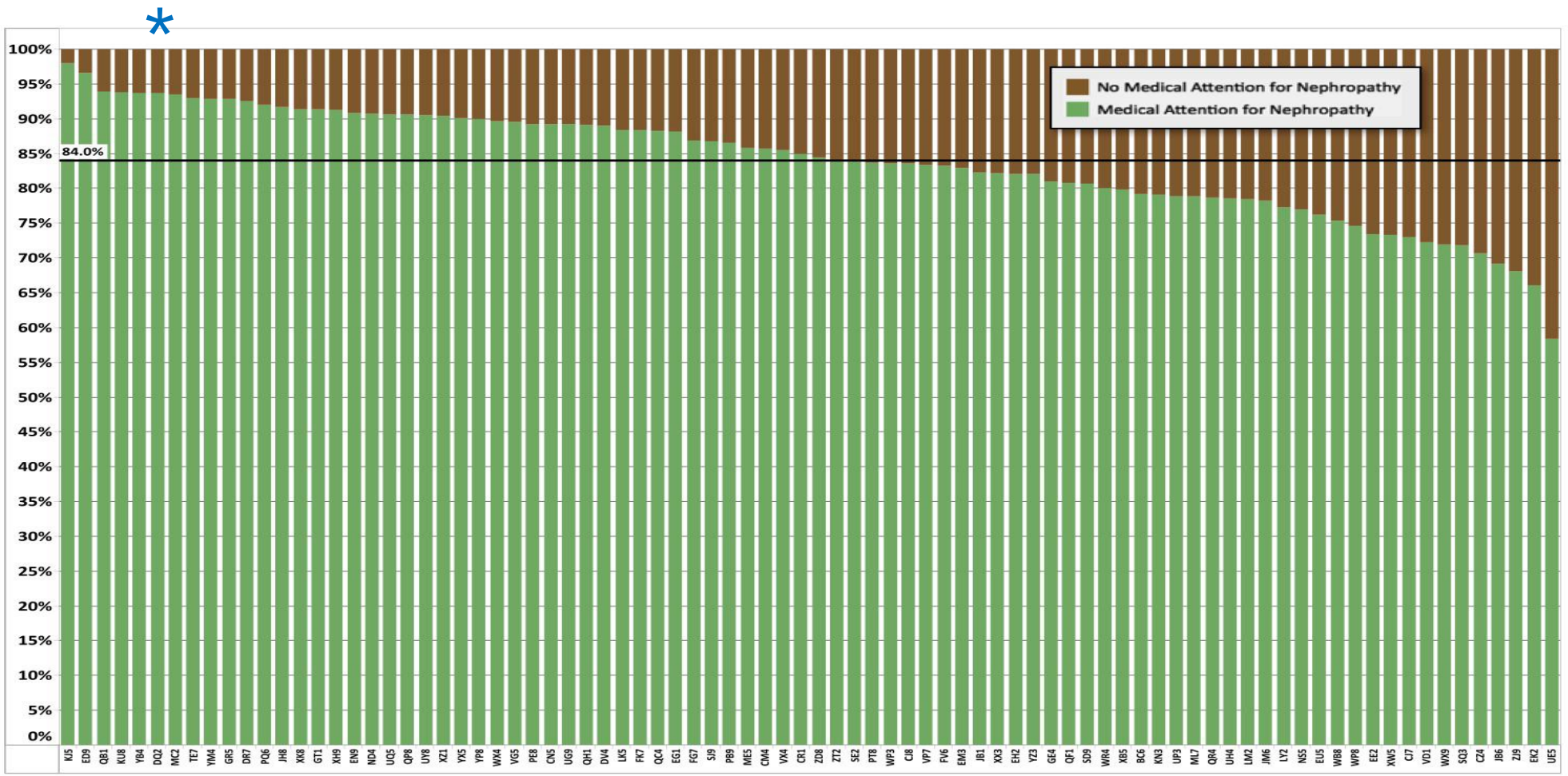
Geisinger Medical Attention to Nephropathy Q2 2016



Geisinger 94% (Mean 84%)

TOGETHER TO GOAL 2016 Q2 DATA→ Room to improve…

Together 2
Goal

Measurement Period: Year 1 2016 Q2 (Jul 1, 2015 - Jun 30, 2016)

Generated on: 8/10/2016 at 10:55:20AM

Active Patient MRN	T2G Cohort YN	* Cohort - HBA1C Control YN	Cohort - BP Control YN	Cohort - Med Attention Nephropathy YN	Cohort - Lipid Management YN	Cohort - Bundle YN
202,163	34,116	21,550	26,509	31,962	27,476	13,737
	17%	63%	78%	94%	81%	40%

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Question #5—Together 2 Goal Impact

My medical group practice or health care organization is making positive change to improve care for our patients with diabetes since joining the AMGA Foundation Together 2 Goal Campaign

A. Yes ! ☺

B. I'm making a New Year's Resolution to improve in 2017

C. We're already at 100% on our 4 out of 4 T2G Core Track Bundle *

* *Please let Jerry know → you'll be leading the next Webinar*

Geisinger

Together 2 Goal

Improve the lives of 1 million Adults in the United States with Type 2 Diabetes within 3 years…

Together 2 Goal

Improve the lives of 1 million Adults in the United States with Type 2 Diabetes within 3 years…

…One patient at a time

Acknowledgements: Diabetes Care Improvement Project

Deb Templeton: Population Health, Committee Co-Chair
Mike Evans Pharm D: Pharmacy & Care Support Services
Matt Hackenberg: Institute for Advanced Applications
Renee Winter Bertsch RD: Nutrition Director
Jordon Olsen MD : Lab Medicine
Stacey Coolbaugh RD : ADA Diabetes Education Program Director
Diane Francis : T2G Data
Kris Mc Gann: T2G & Endocrinology Operations
Jessica Sheriff: T2G Marketing
George Godlewski: T2G Quality