Together2Goal®

AMGA Foundation National Diabetes Campaign

Monthly Campaign Webinar

June 21, 2018

TODAY'S WEBINAR

- **Together 2 Goal® Updates**
  - Webinar Reminders
  - 2018 Institute for Quality Leadership (IQL)
  - 2019 Annual Conference
- **Blood Pressure Control for Patients with Diabetes**
  - Bob Matthews of PriMed Physicians
- **Q&A**
  - Use Q&A or chat feature

Together 2 Goal®

WEBINAR REMINDERS

- Webinar will be recorded today and available the week of June 25th
  - www.Together2Goal.org
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen

Together2Goal®

2018 Institute for Quality Leadership

Medicare Advantage and Risk: Delivering on the Promise of Value

November 13-15, 2018 • San Antonio, Texas

Registration now open at **amga.org/IQL18**

2018 Institute for Quality Leadership

Medicare Advantage and Risk: Delivering on the Promise of Value

November 13-15, 2018 • San Antonio, Texas

AMGA
Advancing High Performance Health

Together 2 Goal® Peer-to-Peer Breakout Session:
Taking Diabetes to Heart: Finding Value in the Medicare Population

Featuring:

Mercy

SHARP Rees-Stealy Medical Group

utica park clinic

Registration now open at **amga.org/IQL18**

2019 Annual Conference Call for Presentations

Submission Deadline: July 6

Visit **amga.org/AC19** for details.

TODAY'S FEATURED PRESENTER

Bob Matthews

VP Quality and Care Redesign, PriMed Pysicians
President & CEO, MediSync

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AMGA Together 2 Goal®

Approaches To Improving BP Outcomes

Bob Matthews

MEDISYNC®

AGENDA

- Introduction
- Doing “the basics”
- Method: How we solve quality & cost problems
  - For example: The BP problem
- Our BP solution & rationale
  - The content including clinical medicine
- Some cautions about replicability
- Q&A

INTRODUCTIONS

PriMed Physicians

- Greater Dayton, Ohio
- 17 sites; 55 physicians
- PCPs with select internal medicine specialties
- Preparing for value since 2003
- Value in all commercial and Medicare contracts

MediSync

- 1996 - Management partnership with PriMed and other groups
- Large innovation budget to improve group performance
- Innovations → solutions in ~175 medical groups nationwide
- Focus on chronic outcomes

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TOP 12 CHRONIC DISEASES

HTN
Lipids
Diabetes - Blood Glucose
CAD and Vascular Diseases
CKD
Heart Failure
COPD
Asthma
Depression
Anxiety
Osteoporosis
Arthritis

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HOW “ALL MEASURE” SCORES WORK

	Measure Score	Cumulative
BP	70%	70%
A1c	70%	49%
Lipid	70%	34%
Neuropathy	70%	24%

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GENERAL REMINDER ABOUT HYPERTENSION

- One of the most important public health problems in USA and all developed countries
- Lethal complications: CAD, CHF, Stoke, CKD, PVD, etc.
- Exponentially worsens other chronic disease: DM, Lipid, etc.
- Costly
  - Sequelae drive up the total cost of care
  - Sequelae harm patient's quality of life & functions

SETTING BP GOALS

1. When do you ***initiate*** BP therapy?
   - BP ≥140/90 OR ≥130/80 (for select patients)
     - Lifestyle
     - Rx therapy
2. Once Rx therapy is initiated, what is your goal?
   - ≤139/89 OR <129/80

COST OF CHRONIC DISEASE

"Seventy-five percent of the (monies) spent on health care in the U.S. is for treatment of the chronically ill."

- The Commonwealth Fund

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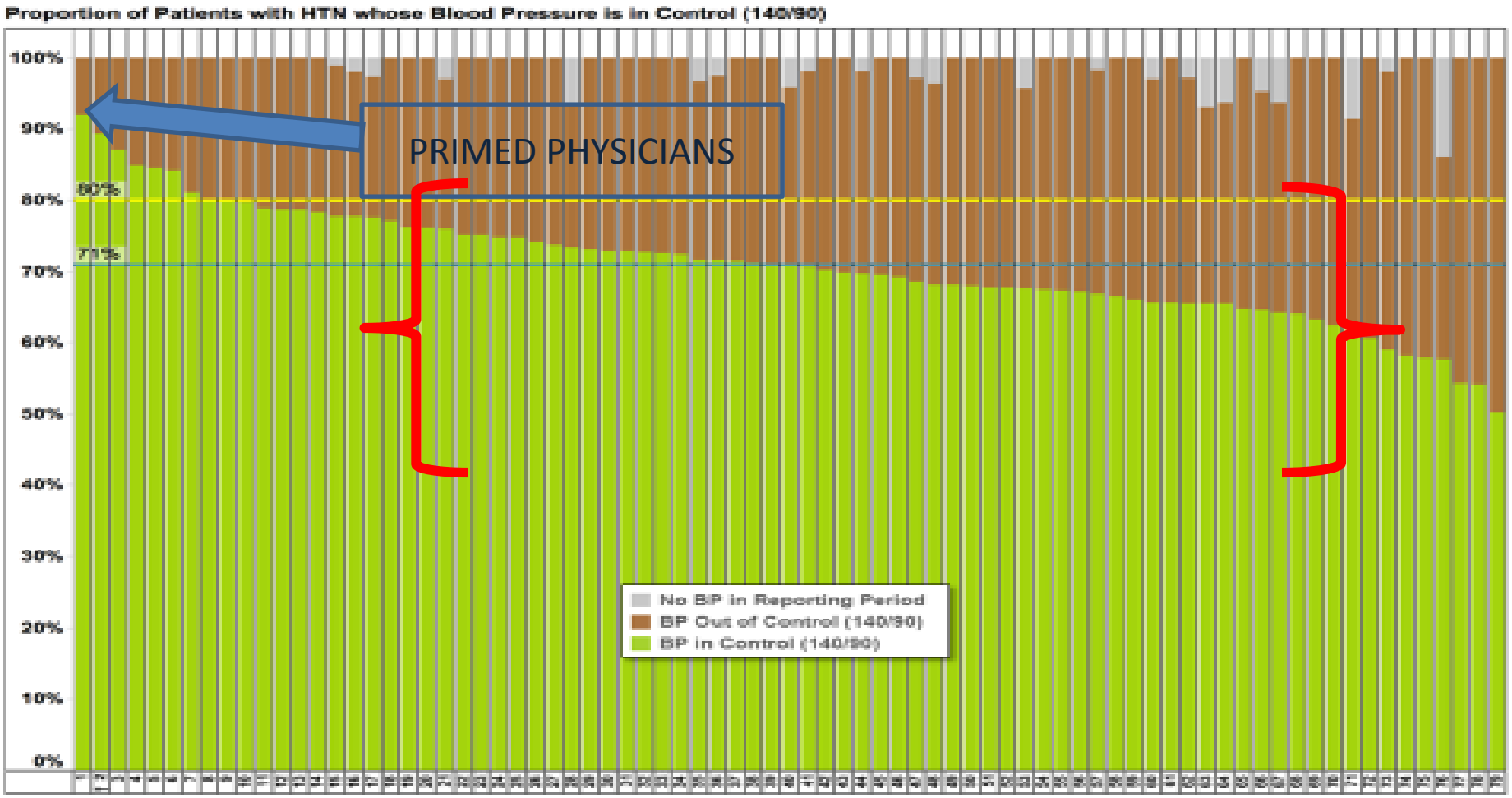
FINDINGS ABOUT IMPROVING CHRONIC OUTCOMES

1. It takes a long time and a lot of attention
2. The 1st Dx is difficult, the 2nd is more difficult, etc.
   - Not unusual to lose ground on 1st disease when focus swings to 2nd
3. Many diseases are past the capacity of human memory (i.e. HTN, DM, asthma)

MEASURE UP / PRESSURE DOWN



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START AT THE BEGINNING

DID YOU DO THE BASICS?

- Staff knows how to take a good blood pressure?
  - Are you sure? How about the docs?
  - Shirts, sweaters and jackets off?
- Test your BPs – correct distributions of last digits?
- Right equipment / set-up in every room?
  - Chair with back support, arm support at chest level, etc.
  - Re-do the high BPs?
  - All BPs in EHR?
- Signal? How do the providers and staff know that THIS is a HTN patient?
  - Every patient / every (PCP, urgent care, etc.) visit?
- Home BP monitoring
- Staff coached to make helpful comments
  - “Good, your BP is in the safe zone”

WHERE ARE YOU IN YOUR JOURNEY?

- Most start with basic analytics

REGISTRY OR ANALYTICS SHOWS?

- Lists % to goal and “who is not at goal?”
- May report out the % to goal or not-to-goal by provider
- Allows you to stratify
  - Patient 185/122 versus 141/83
  - Allows you to find patients with multiple “gaps in care”
    - BP 157/99; A1c 9.2; LDL 153 (no statin), etc.
- So you have one or multiple lists?
  - What do you want to know?
- What does the list tell you?

WHERE ARE YOU IN YOUR JOURNEY?

- Start with basic analytics
- Once you know your stats, where do you go from there?
  - Are you happy with your results?
  - Are you unhappy with your results?
- Do you have a goal?
  - How far do you have to go to achieve that goal?

HOW DOES YOUR ORGANIZATION SOLVE QUALITY PROBLEMS?

- CEO / CMO / Medical Director looks at the data and issues an “order” for improvement
  - What order does s/he issue?
  - What is order supposed to accomplish?
- Committee reviews data and discusses
  - Does the conversation have a beginning, middle and an end?
    - Or, is it circular?
  - Are conclusions drawn?
  - How?
- Other

WHAT DID YOU WANT TO KNOW?

- Why this problem is happening? Especially root cause(s).
- What are the solution options?
- What is the best solution?
  - Will our proposed solution work?
  - What value will it produce?
  - How much does our proposed solution cost?

WE SEE A LOT OF THIS HAPPENING:

GOAL: 80% blood pressure control

Today: 68% blood pressure control

Solution:

Add case manager(s)

Assign them a role

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THIS LEAVES A LOT OF QUESTIONS

- Why is this problem is happening?

Was this question answered?

- What are the solution options?

Was this question answered?

- What is the best solution?
  - Will our proposed solution work?
  - What value will it produce?
  - How much does our proposed solution cost?

Were these questions answered?

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FOUR COMMON SOLUTIONS TO BLOOD PRESSURE

Pop-ups and Reminders	Hire Case/Care Managers	Hire PharmDs	Link Physician Pay to Outcomes
What is the Problem Each Solves?			
Doctors forget or overlook	*Assigned to review charts* ↳ Doctors forget or overlook *Assigned to encourage patient compliance* ↳ Patients don't take medications as prescribed	Doctors need help selecting right medications	Doctors not trying hard enough

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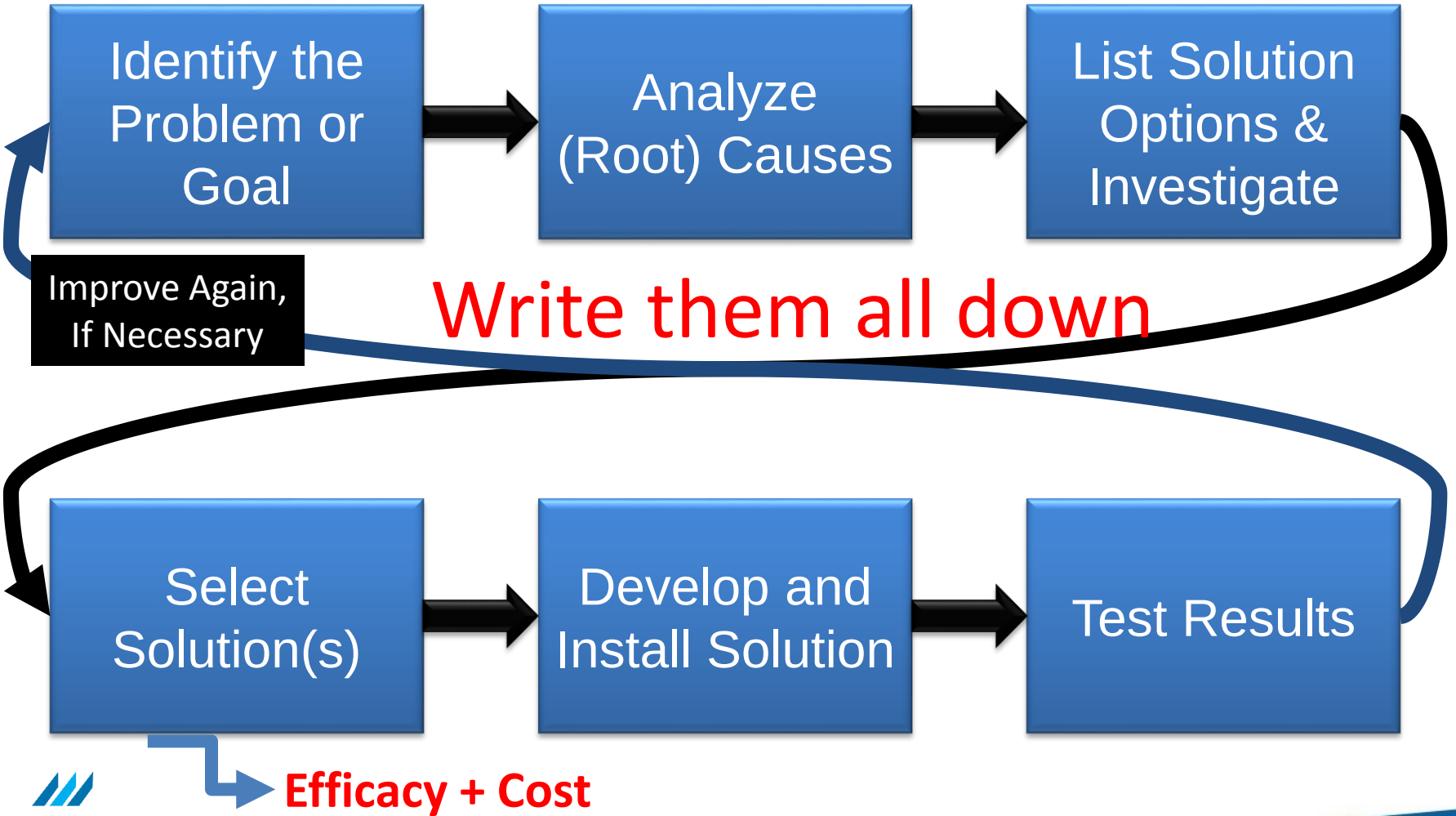
HOW WE LIKE TO DO IT



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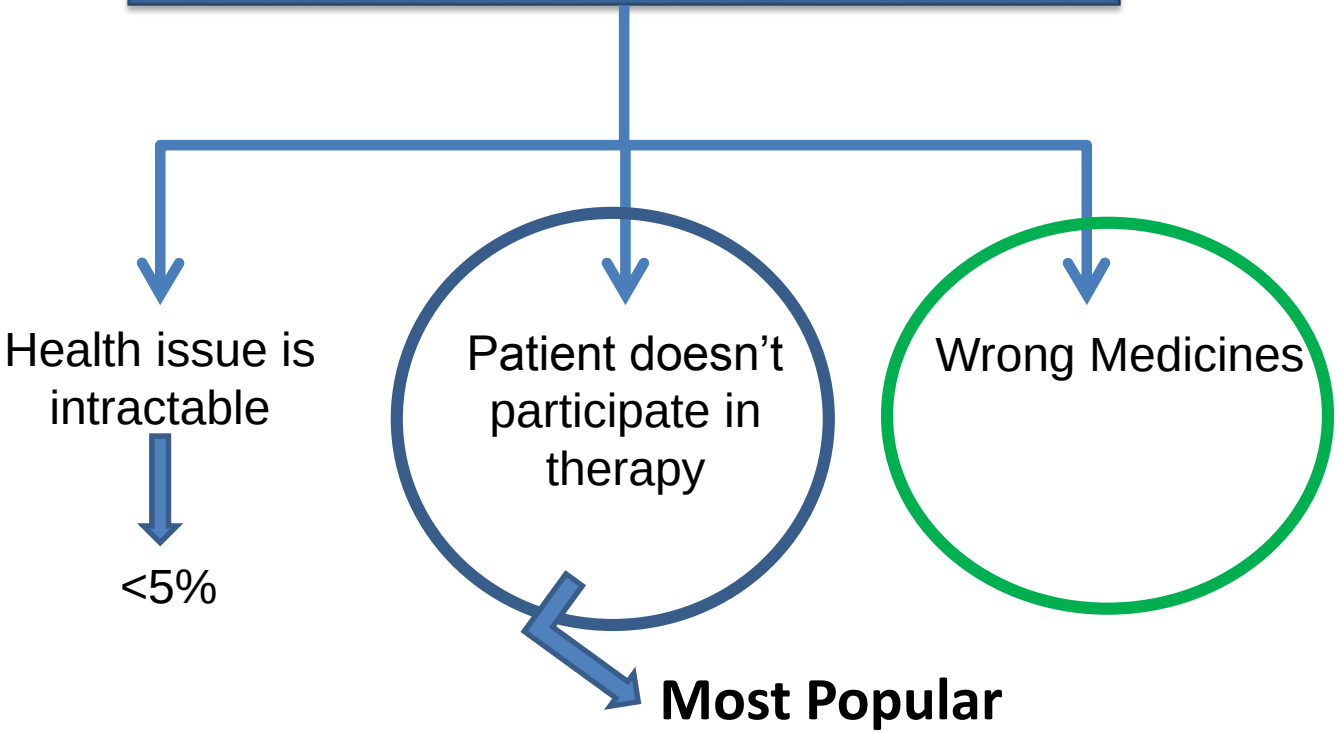
When Tx Goal Not Met*



*Patient does not achieve the target or goal (i.e. blood pressure, LDL or A1c – too high)

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PHYSICIAN / APP “WORK”

- Determine the optimal 1, 2, 3, 4 or (rarely) 5 “step” meds progression to reduce BP to <130/80 at a minimum
  - Prefer to treat to 120/80 when possible

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THE “GO TO” LIST

- How do you treat HTN?
- What is on your “go to” Rx list?
- How many “go to” drugs, total?

THESE ARE THE DRUG CLASSES WE REGULARLY USE

Thiazides

ACE/ARB

ACE/HCTZ or ARB/HCTZ

CCB Dihydropyridines

CCB –Non-Dihydropyridines

Vasodilators

Aldosterone Blocker

Beta1 Blockers

beta1+2 Blocker

α1+β1+2 Blocker

Central α-Agonist

Peripheral α-Blocker

Loop Diuretics

GOALS FOR HYPERTENSION TREATMENT

1. Get patients with HTN diagnosis to goal*
2. As quickly as possible (fewer visits to goal)
3. Provider feels empowered and confident about Rx
   - NOT an “educated guess” or shot in the dark
4. Patients take medications
5. Your % of patients to BP goal is really high
   - For us 90+%

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THE PROBLEM WITH BP IS THAT IT DOESN'T TELL ME ENOUGH

- Patient diagnosed with HTN is in Exam 2
- BP is 168/90 after two BP readings
- You've previously prescribed 10 mg of Lisinopril for a BP of 174/100
- Question: What would you do today?
- Why?

ABOUT ICG

- FDA approved
- Non-invasive. Creates measures similar to SWAN-GANZ
  - Vasoconstriction; contractility; rate and fluid status
- Some implantables -- including Cardio MEMS – provide same data but cost $25K (i.e. St. Jude Medical/ABBOTT)
- Our clinical experience since 2004 is that it tells us what is going on in the HTN and HF
- Articles supporting use if interested

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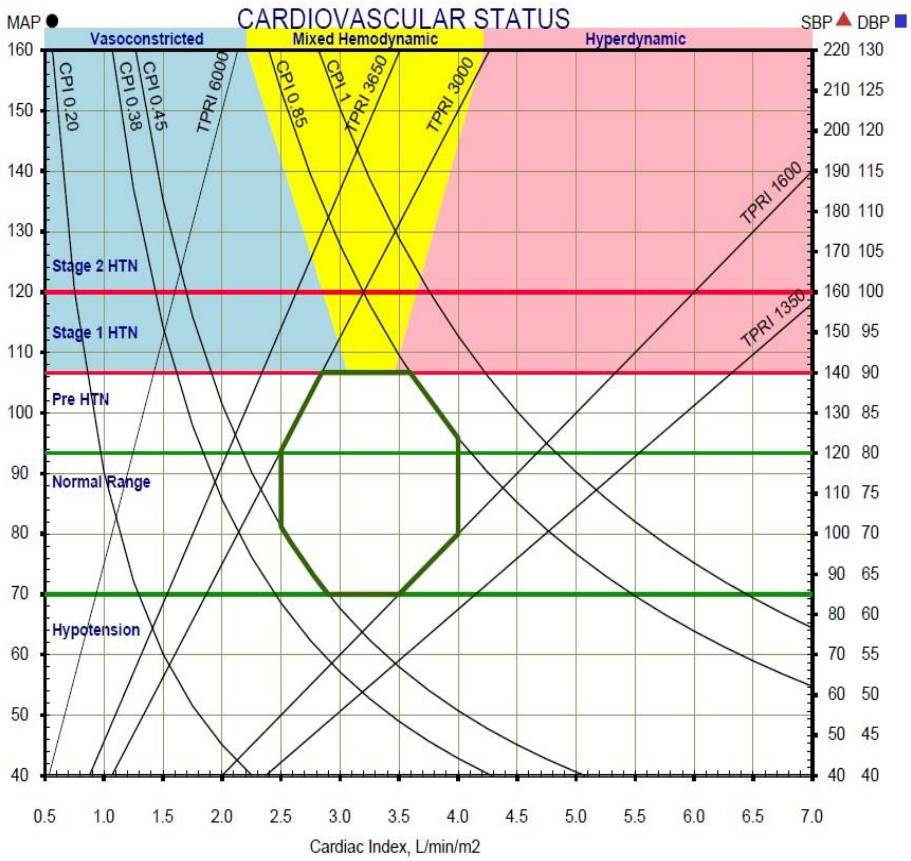
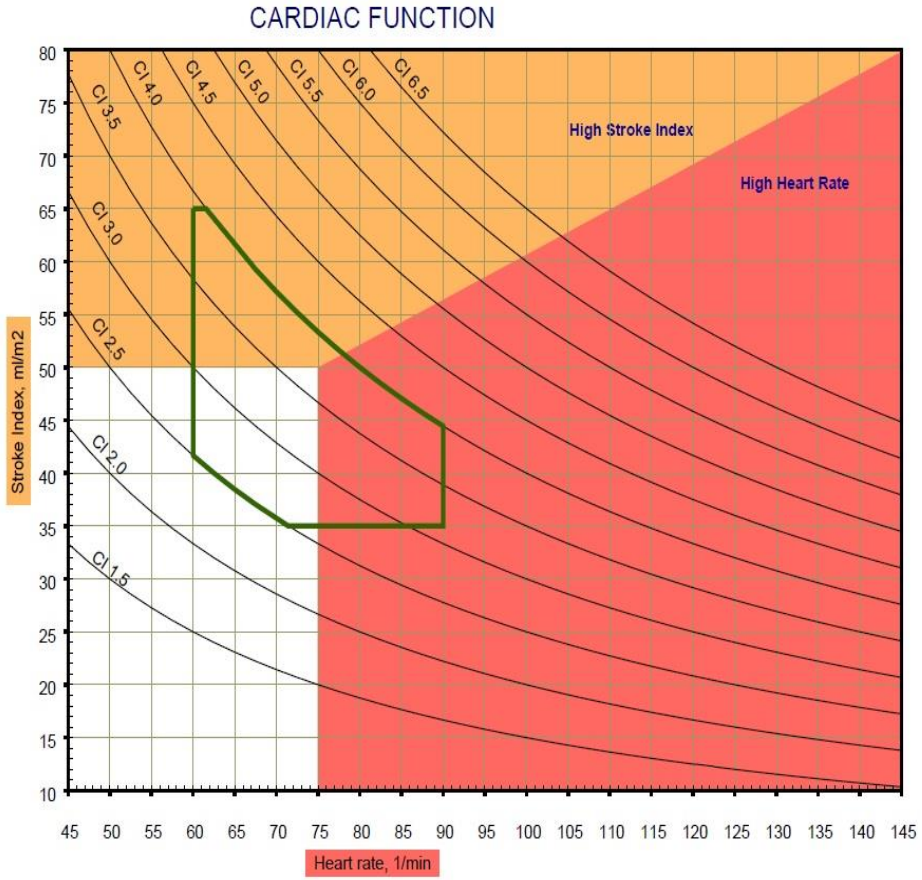
ICG RESULTS





Evaluate Total Body Water at All Times

WHY IS BP TOO HIGH?
WHAT RX WOULD WORK?

- **Vasoconstriction**
  - Narrowing of the vessels (too tight)
- **High Heart Rate**
  - Increased beats per min (too fast)
- **Contractility**
  - Force of each heart beat (too strong)
- **Fluid**
  - Excessive intravascular fluid (as opposed to extravascular fluid)
- **Mixed Hemodynamic**
  - Some combination of the above factors

MATCHING HEMODYNAMICS TO MEDS SELECTION

Vasodilation: ACE/ARB, CCB Dihydropyridines, Vasodilators, Thiazide Diuretics

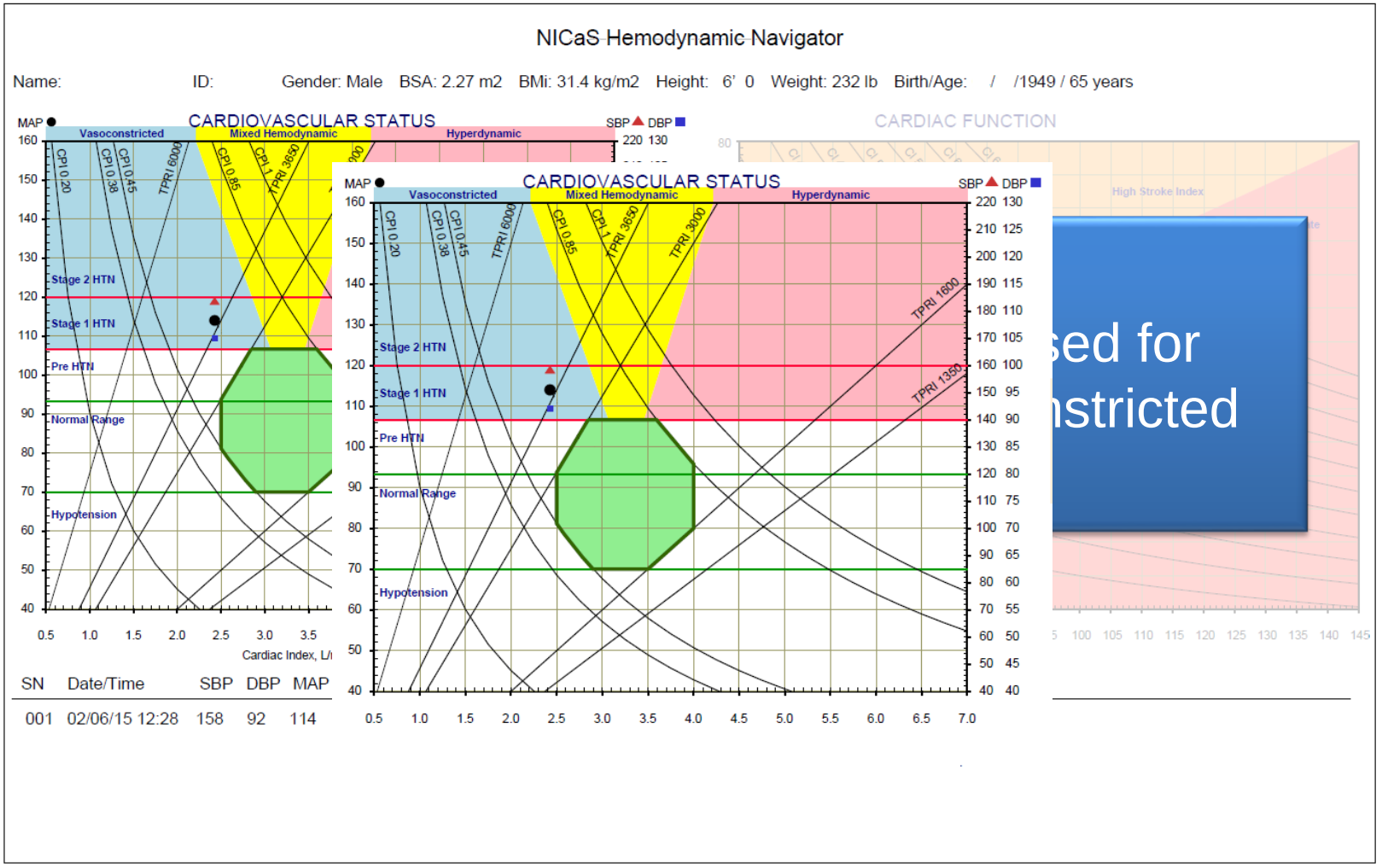
Heart Rate: Beta Blockers, CCB Non-Dihydropyridines, Central Alpha Agonists

Contractility: Beta Blockers, CCB Non-Dihydropyridines, Central Alpha Agonists

Mixed Vaso & Hyperdynamic: Vasodilating Beta blockers; CCB Non-Dyhydropyridines

Fluid status: Loop diuretics

VASOCONSTRICTED



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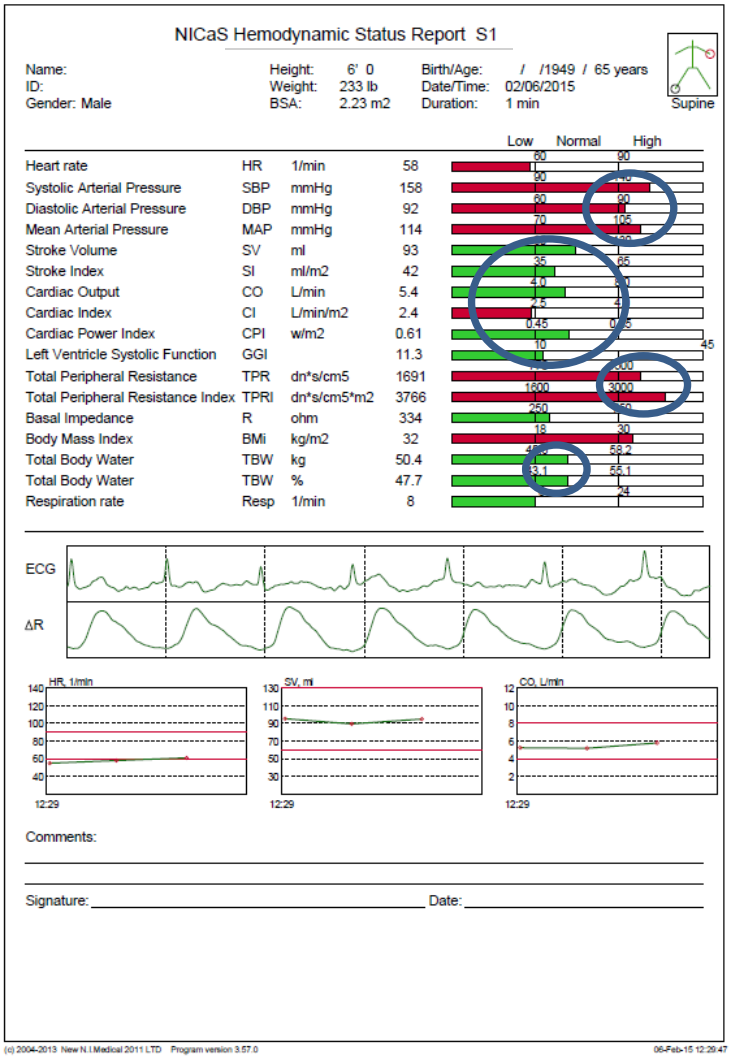
VASOCONSTRICTED



NICaS Hemodynamic Status Report S1

Name:
ID:
Gender: Male

Height: 6' 0
Weight: 233 lb
BSA: 2.23 m2

Birth/Age: / /1949 / 65 years
Date/Time: 02/06/2015
Duration: 1 min

Supine

				Low	Normal	High
Heart rate	HR	1/min	58	60		90
Systolic Arterial Pressure	SBP	mmHg	158	90		
Diastolic Arterial Pressure	DBP	mmHg	92	60		80
Mean Arterial Pressure	MAP	mmHg	114	70		105
Stroke Volume	SV	ml	93			
Stroke Index	SI	ml/m2	42	35		65
Cardiac Output	CO	L/min	5.4	4.0		
Cardiac Index	CI	L/min/m2	2.4	2.5		4
Cardiac Power Index	CPI	w/m2	0.61	0.45		0.75
Left Ventricle Systolic Function	GGI		11.3	10		45
Total Peripheral Resistance	TPR	dn*s/cm5	1691			2300
Total Peripheral Resistance Index	TPRI	dn*s/cm5*m2	3766	1600		3000
Basal Impedance	R	ohm	334	250		
Body Mass Index	BMi	kg/m2	32	18		30
Total Body Water	TBW	kg	50.4			58.2
Total Body Water	TBW	%	47.7	33.1		55.1
Respiration rate	Resp	1/min	8			24

ECG

ΔR

HR, 1/min (140, 120, 100, 80, 60, 40) 12:29

SV, ml (130, 110, 90, 70, 50, 30) 12:29

CO, L/min (12, 10, 8, 6, 4, 2) 12:29

Comments:

Signature: _____ Date: _____

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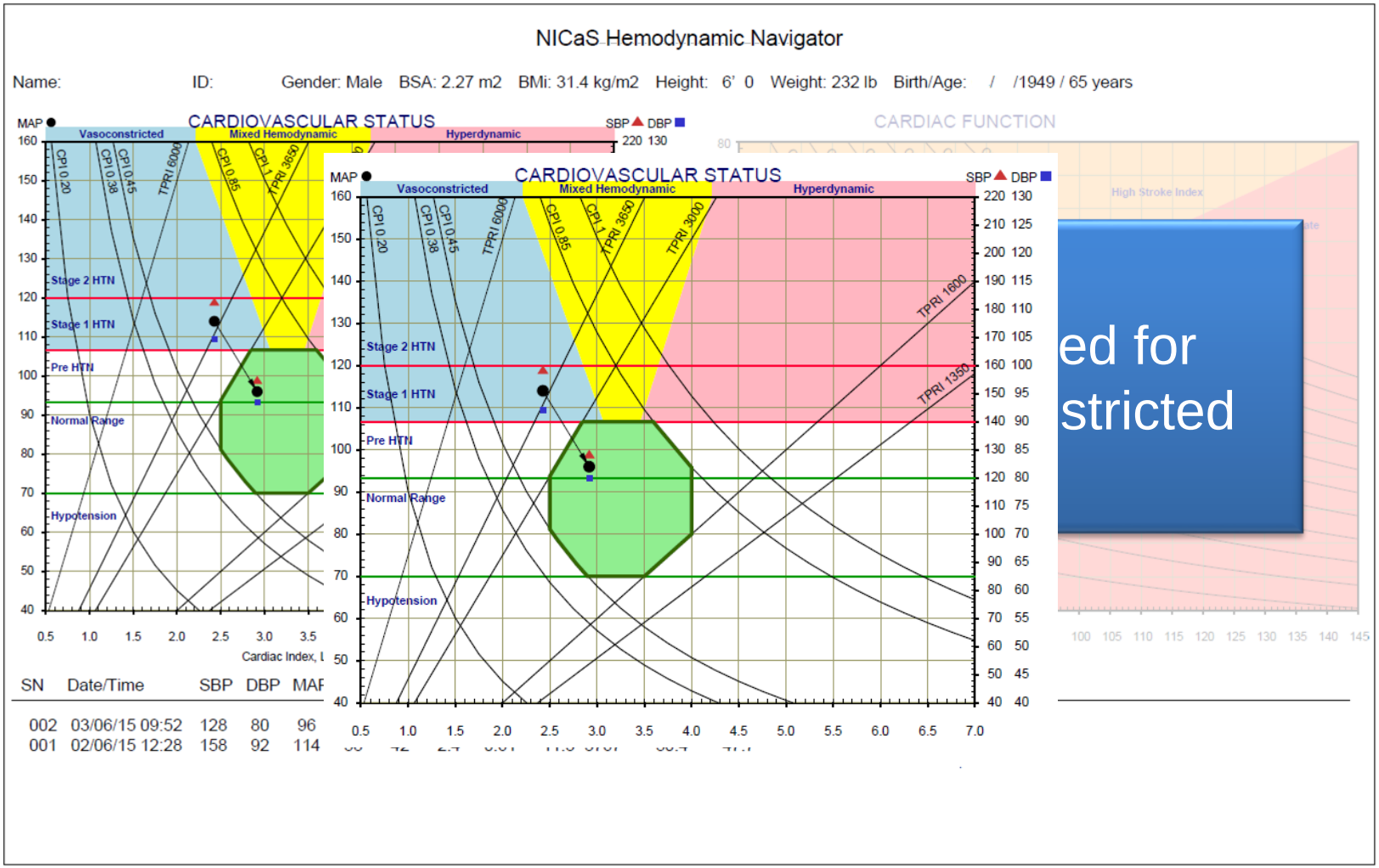
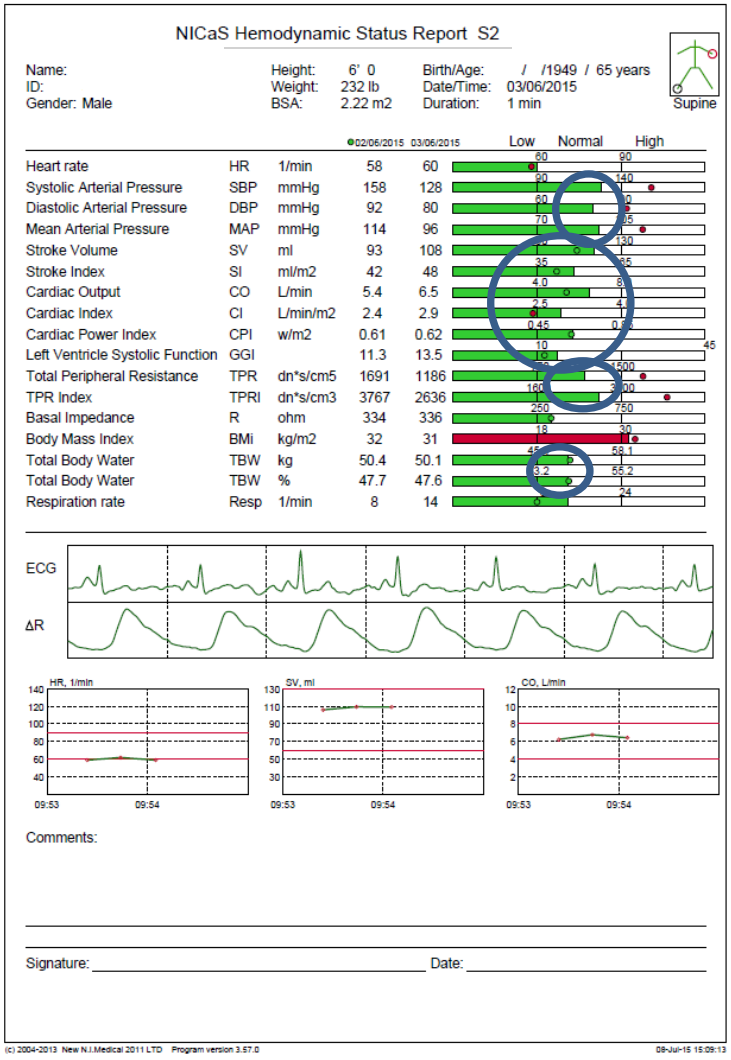
VASOCONSTRICTED – 1 MONTH FU



VASOCONSTRICTED – 1 MONTH FU



NICaS Hemodynamic Status Report S2

Name:
ID:
Gender: Male

Height: 6' 0
Weight: 232 lb
BSA: 2.22 m2

Birth/Age: / /1949 / 65 years
Date/Time: 03/06/2015
Duration: 1 min

Supine

			02/06/2015	03/06/2015	Low	Normal	High
Heart rate	HR	1/min	58	60	60		90
Systolic Arterial Pressure	SBP	mmHg	158	128	90		140
Diastolic Arterial Pressure	DBP	mmHg	92	80	60		90
Mean Arterial Pressure	MAP	mmHg	114	96	70		105
Stroke Volume	SV	ml	93	108			130
Stroke Index	SI	ml/m2	42	48	35		55
Cardiac Output	CO	L/min	5.4	6.5	4.0		8
Cardiac Index	CI	L/min/m2	2.4	2.9	2.5		4
Cardiac Power Index	CPI	w/m2	0.61	0.62	0.45		0.8
Left Ventricle Systolic Function	GGI		11.3	13.5	10		45
Total Peripheral Resistance	TPR	dn*s/cm5	1691	1186	160		1500
TPR Index	TPRI	dn*s/cm3	3767	2636	250		2300
Basal Impedance	R	ohm	334	336	250		750
Body Mass Index	BMi	kg/m2	32	31	18		30
Total Body Water	TBW	kg	50.4	50.1	45		58.1
Total Body Water	TBW	%	47.7	47.6	32		55.2
Respiration rate	Resp	1/min	8	14	8		24

ECG

ΔR

HR, 1/min (140 120 100 80 60 40; 09:53 09:54)

SV, ml (130 110 90 70 50 30; 09:53 09:54)

CO, L/min (12 10 8 6 4 2; 09:53 09:54)

Comments:

Signature: _____ Date: _____

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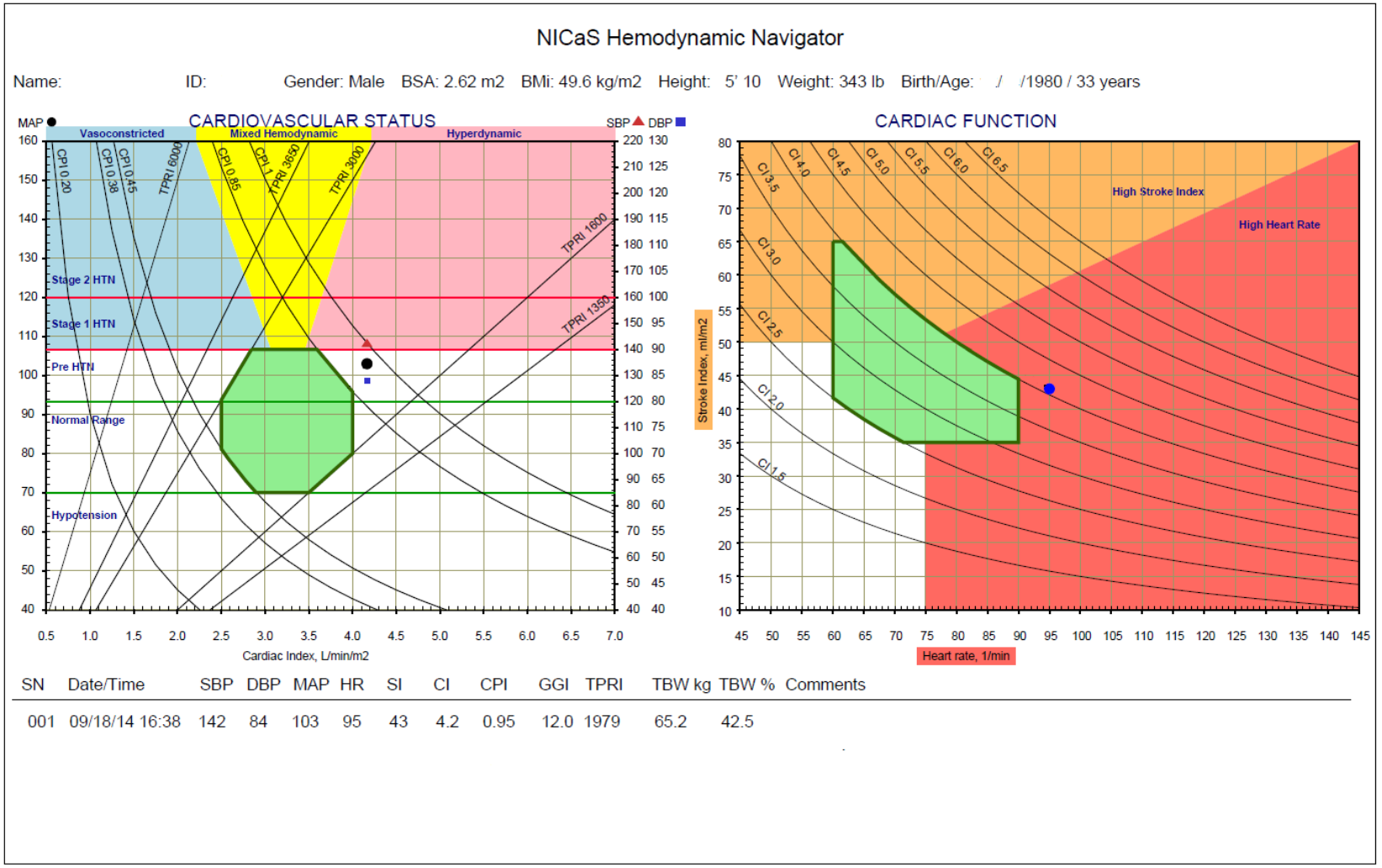
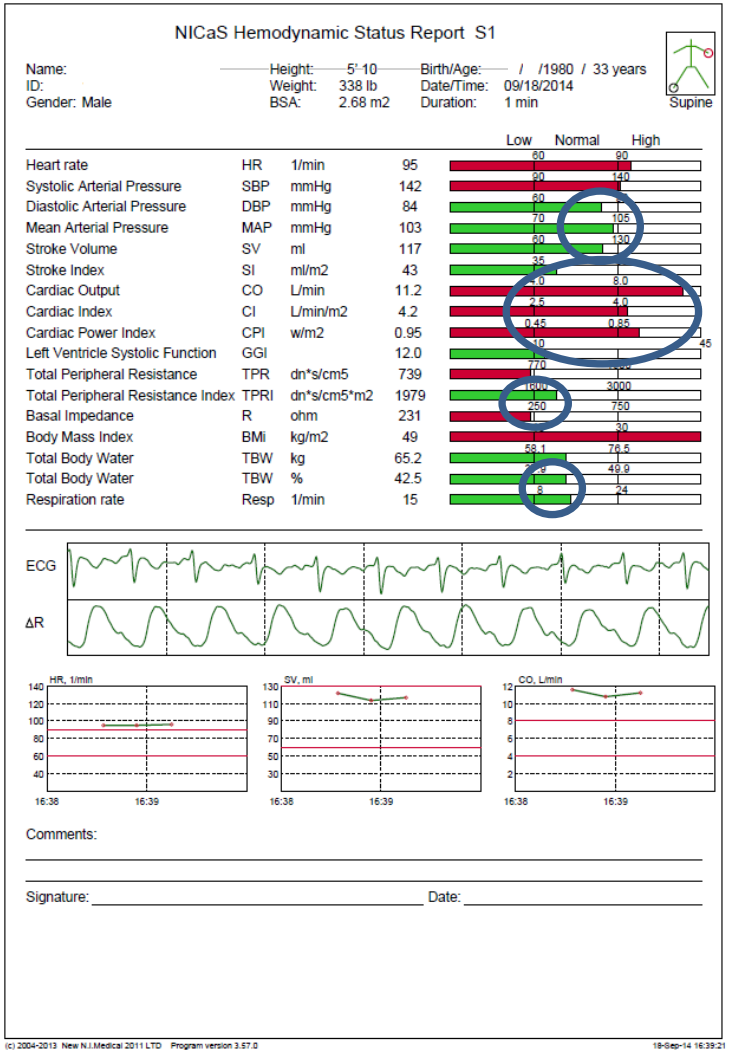
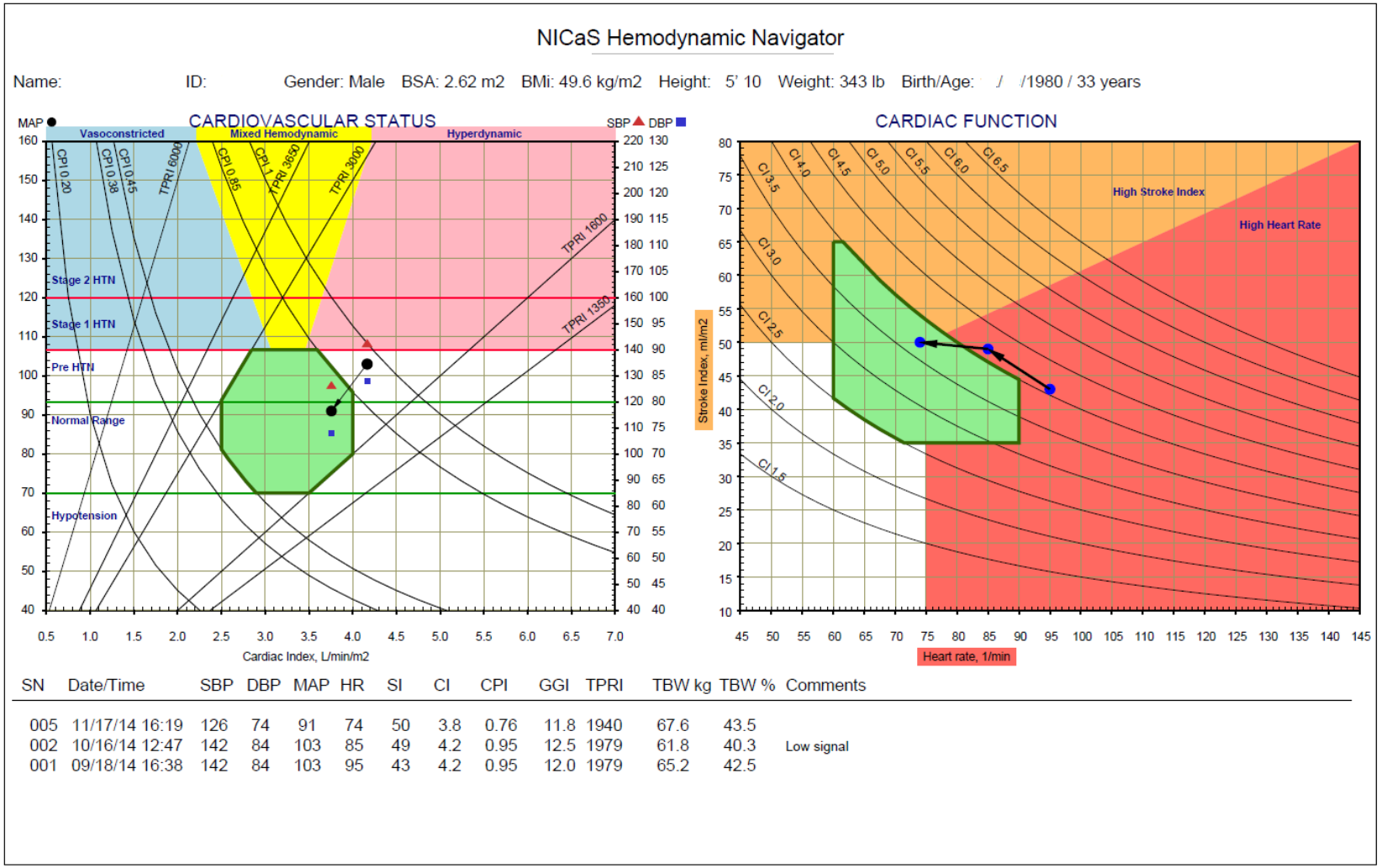
HYPERDYNAMIC



HYPERDYNAMIC



HYPERDYNAMIC – 1 MONTH FU



SN	Date/Time	SBP	DBP	MAP	HR	SI	CI	CPI	GGI	TPRI	TBW kg	TBW %	Comments
005	11/17/14 16:19	126	74	91	74	50	3.8	0.76	11.8	1940	67.6	43.5	
002	10/16/14 12:47	142	84	103	85	49	4.2	0.95	12.5	1979	61.8	40.3	Low signal
001	09/18/14 16:38	142	84	103	95	43	4.2	0.95	12.0	1979	65.2	42.5	

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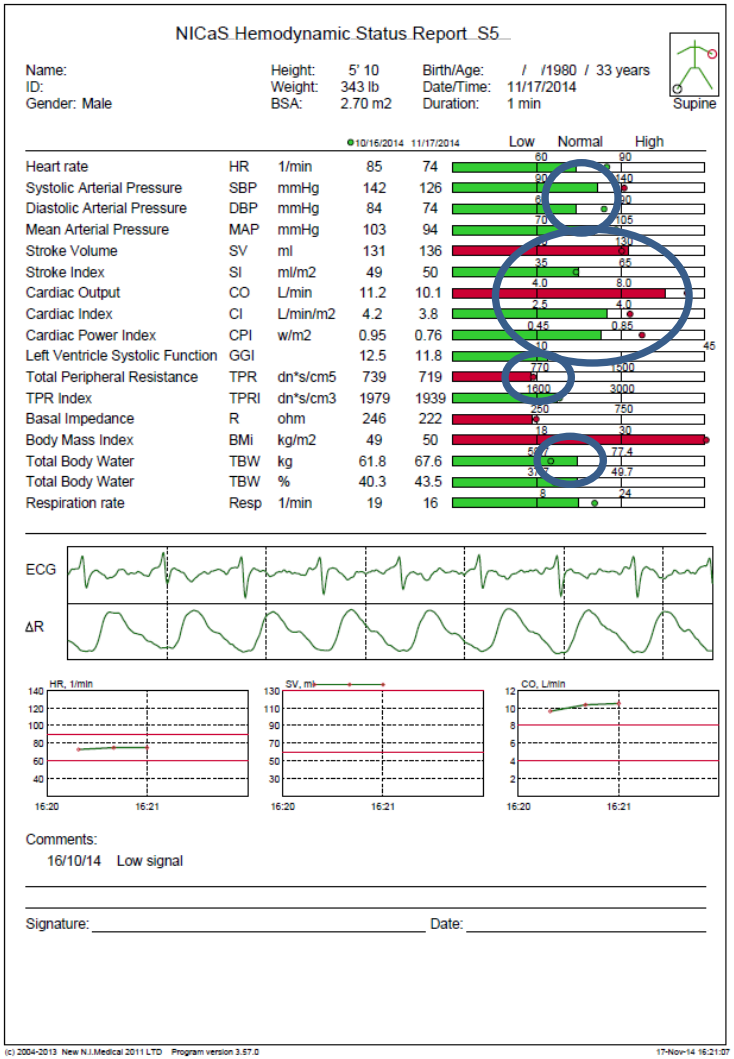
HYPERDYNAMIC – 1 MONTH FU



NICaS Hemodynamic Status Report S5

Name:
ID:
Gender: Male

Height: 5' 10
Weight: 343 lb
BSA: 2.70 m2

Birth/Age: / /1980 / 33 years
Date/Time: 11/17/2014
Duration: 1 min

Supine

			10/16/2014	11/17/2014	Low	Normal	High
Heart rate	HR	1/min	85	74	60		90
Systolic Arterial Pressure	SBP	mmHg	142	126	90		140
Diastolic Arterial Pressure	DBP	mmHg	84	74	60		90
Mean Arterial Pressure	MAP	mmHg	103	94	70		105
Stroke Volume	SV	ml	131	136	60		130
Stroke Index	SI	ml/m2	49	50	35		65
Cardiac Output	CO	L/min	11.2	10.1	4.0		8.0
Cardiac Index	CI	L/min/m2	4.2	3.8	2.5		4.0
Cardiac Power Index	CPI	w/m2	0.95	0.76	0.45		0.85
Left Ventricle Systolic Function	GGI		12.5	11.8	10		45
Total Peripheral Resistance	TPR	dn*s/cm5	739	719	770		1500
TPR Index	TPRI	dn*s/cm3	1979	1939	1600		3000
Basal Impedance	R	ohm	246	222	250		750
Body Mass Index	BMi	kg/m2	49	50	18		30
Total Body Water	TBW	kg	61.8	67.6	5		77.4
Total Body Water	TBW	%	40.3	43.5	3		49.7
Respiration rate	Resp	1/min	19	16	8		24

ECG

ΔR

HR, 1/min (140 120 100 80 60 40; 16:20 16:21)

SV, ml (130 110 90 70 50 30; 16:20 16:21)

CO, L/min (12 10 8 6 4 2; 16:20 16:21)

Comments:
16/10/14 Low signal

Signature: _____ Date: _____

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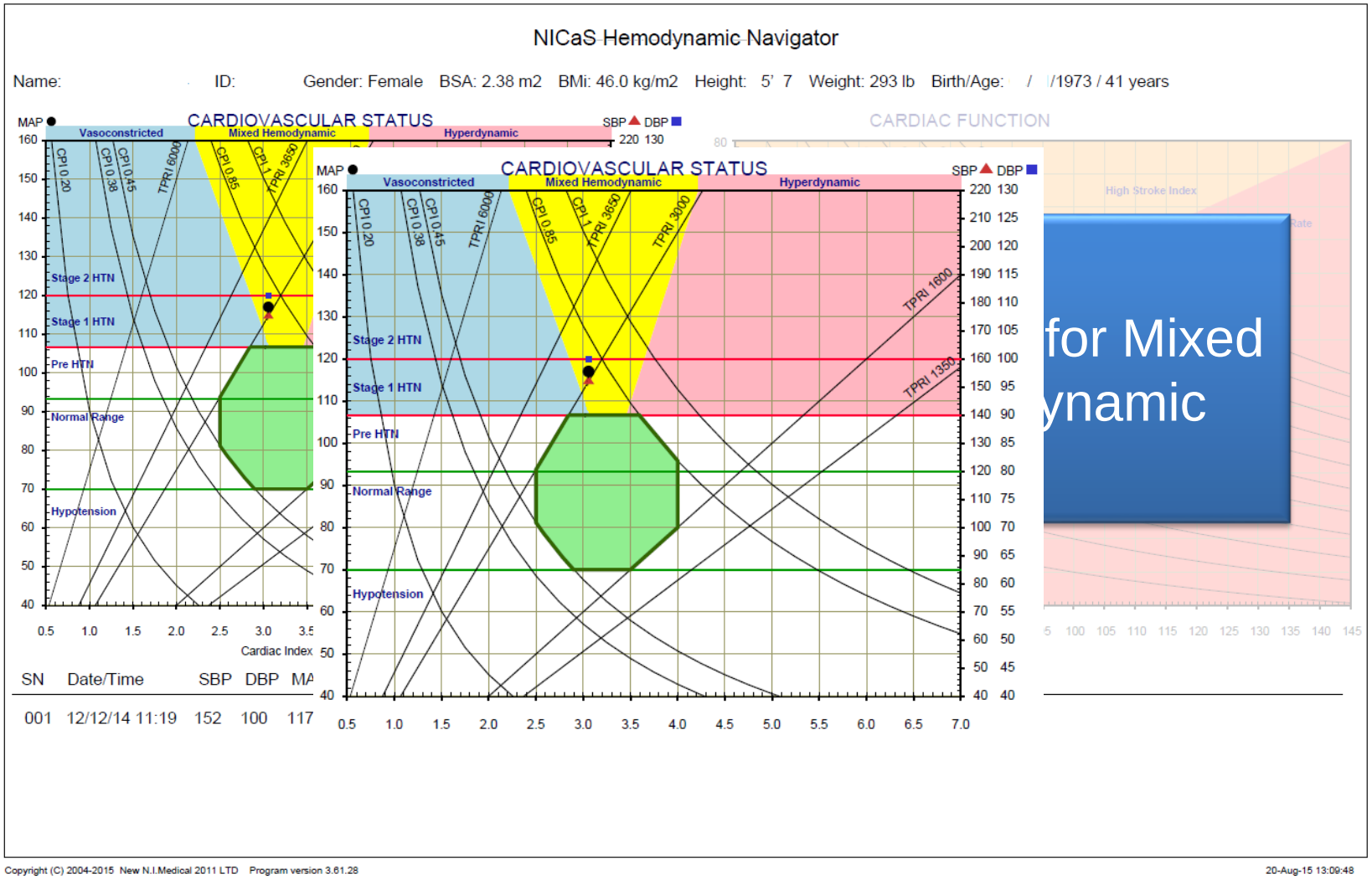
MIXED VASO-HEMODYNAMIC



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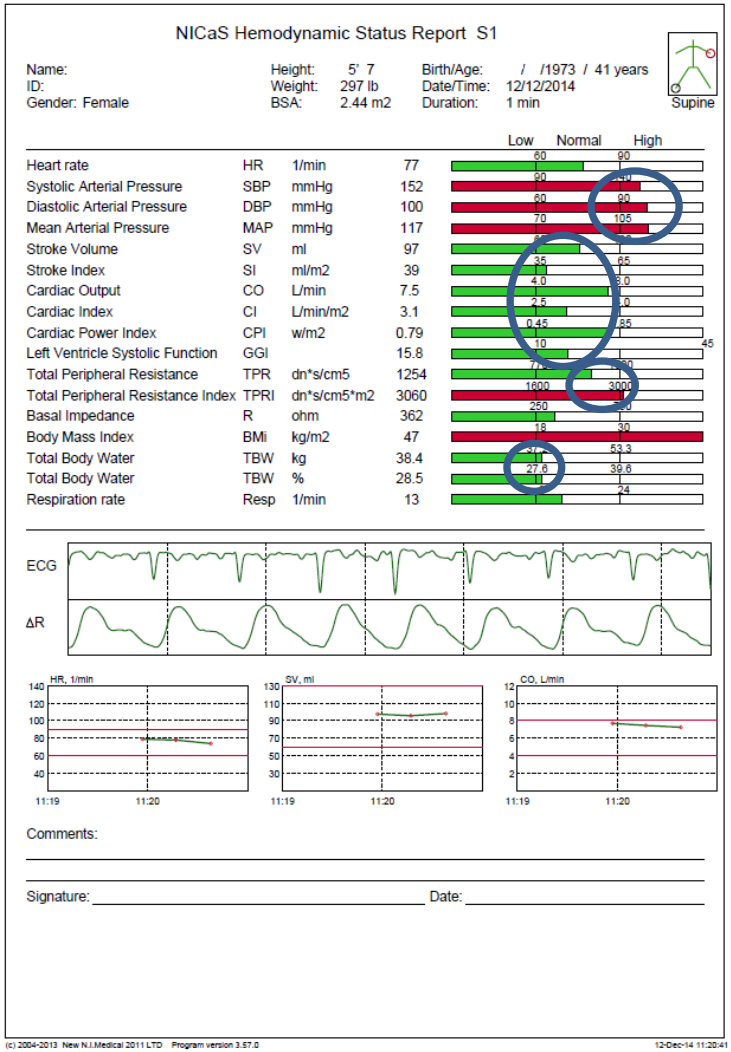
MIXED VASO-HYPERDYNAMIC



NICaS Hemodynamic Status Report S1

Name:
ID:
Gender: Female

Height: 5' 7
Weight: 297 lb
BSA: 2.44 m2

Birth/Age: / /1973 / 41 years
Date/Time: 12/12/2014
Duration: 1 min

Supine

				Low	Normal	High
Heart rate	HR	1/min	77	60		90
Systolic Arterial Pressure	SBP	mmHg	152	90		140
Diastolic Arterial Pressure	DBP	mmHg	100	60		90
Mean Arterial Pressure	MAP	mmHg	117	70		105
Stroke Volume	SV	ml	97			
Stroke Index	SI	ml/m2	39	35		65
Cardiac Output	CO	L/min	7.5	4.0		8.0
Cardiac Index	CI	L/min/m2	3.1	2.5		4.0
Cardiac Power Index	CPI	w/m2	0.79	0.45		0.85
Left Ventricle Systolic Function	GGI		15.8	10		45
Total Peripheral Resistance	TPR	dn*s/cm5	1254	770		1500
Total Peripheral Resistance Index	TPRI	dn*s/cm5*m2	3060	1600		3000
Basal Impedance	R	ohm	362	250		500
Body Mass Index	BMi	kg/m2	47	18		30
Total Body Water	TBW	kg	38.4	27		53.3
Total Body Water	TBW	%	28.5	27.6		39.6
Respiration rate	Resp	1/min	13			24

ECG

ΔR

HR, 1/min (140, 120, 100, 80, 60, 40; 11:19, 11:20)

SV, ml (130, 110, 90, 70, 50, 30; 11:19, 11:20)

CO, L/min (12, 10, 8, 6, 4, 2; 11:19, 11:20)

Comments:

Signature: _____ Date: _____

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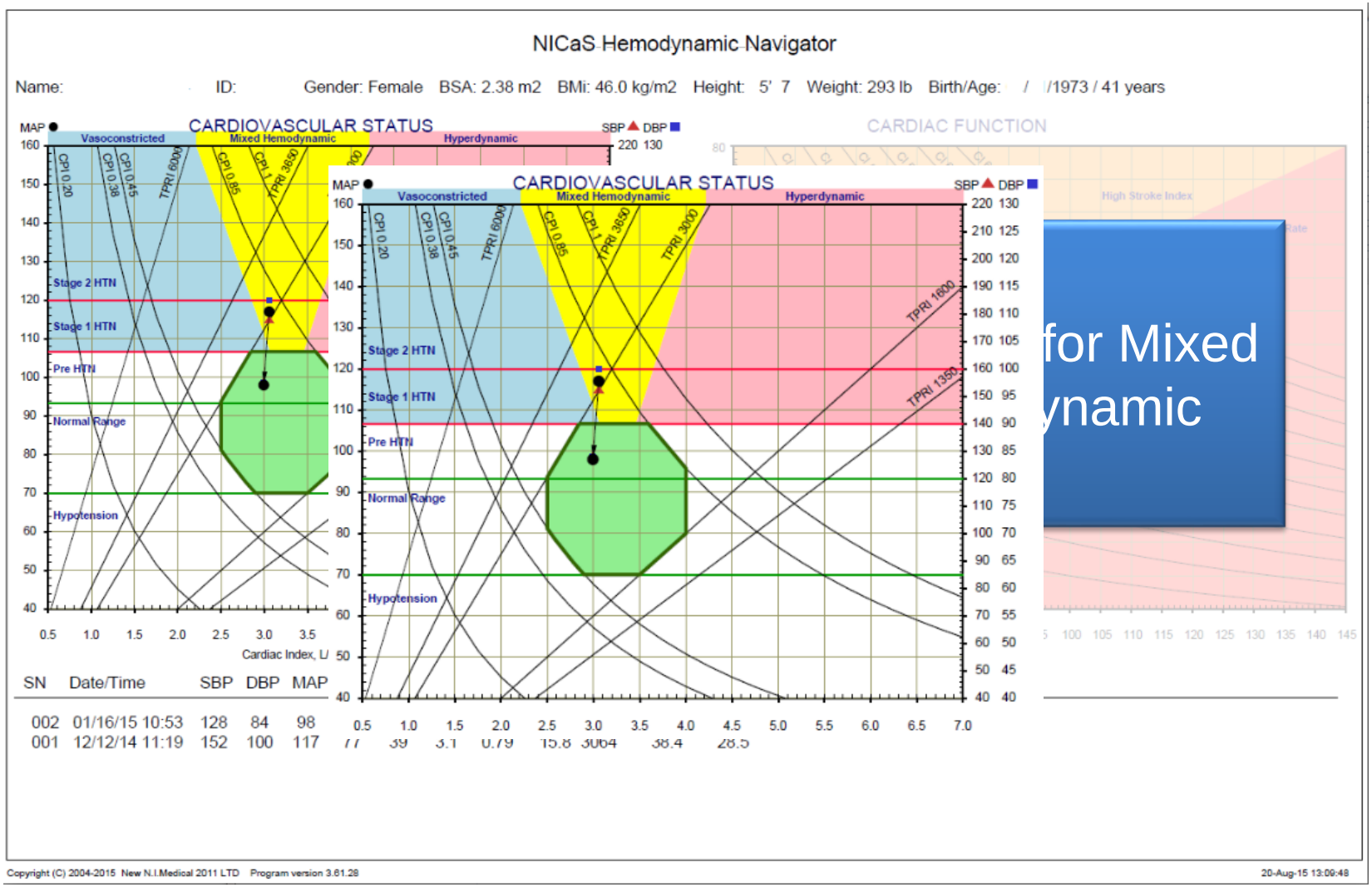
MIXED VASO-HYPERDYNAMIC 1 MO FU



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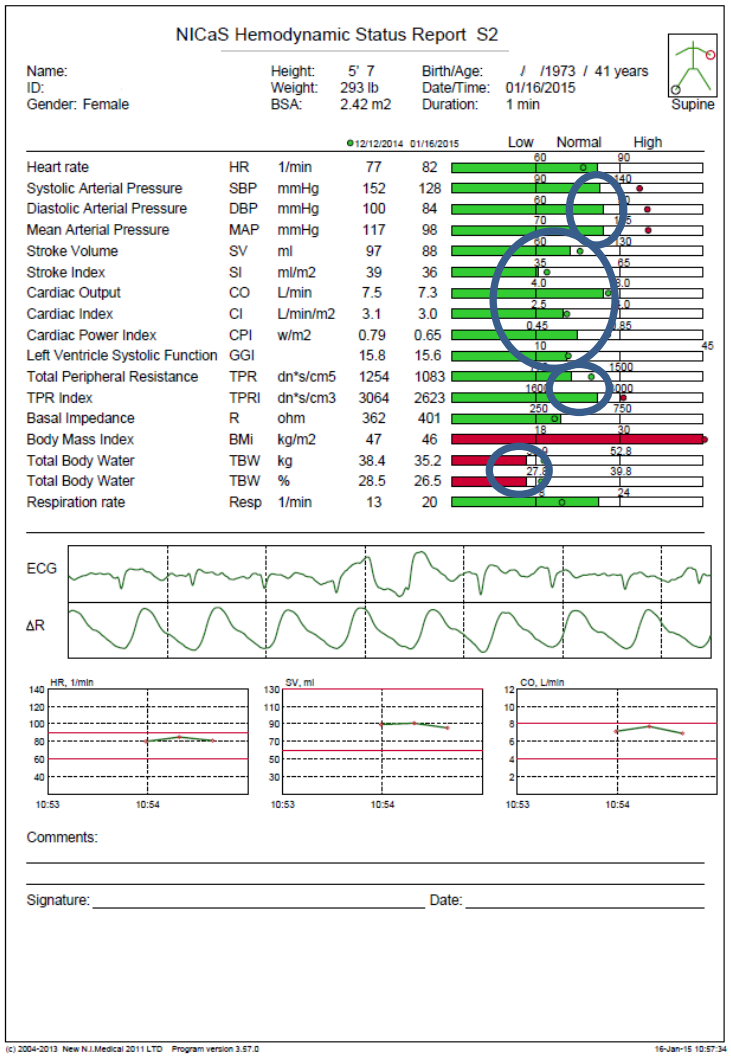
MIXED VASO-HYPERDYNAMIC 1 MO FU



NICaS Hemodynamic Status Report S2

Name:
ID:
Gender: Female

Height: 5' 7
Weight: 293 lb
BSA: 2.42 m2

Birth/Age: / /1973 / 41 years
Date/Time: 01/16/2015
Duration: 1 min

Supine

			12/12/2014	01/16/2015	Low	Normal	High
Heart rate	HR	1/min	77	82	60		90
Systolic Arterial Pressure	SBP	mmHg	152	128	90		140
Diastolic Arterial Pressure	DBP	mmHg	100	84	60		90
Mean Arterial Pressure	MAP	mmHg	117	98	70		105
Stroke Volume	SV	ml	97	88	60		130
Stroke Index	SI	ml/m2	39	36	35		65
Cardiac Output	CO	L/min	7.5	7.3	4.0		8.0
Cardiac Index	CI	L/min/m2	3.1	3.0	2.5		4.0
Cardiac Power Index	CPI	w/m2	0.79	0.65	0.45		0.85
Left Ventricle Systolic Function	GGI		15.8	15.6	10		45
Total Peripheral Resistance	TPR	dn*s/cm5	1254	1083	900		1500
TPR Index	TPRI	dn*s/cm3	3064	2623	1600		2400
Basal Impedance	R	ohm	362	401	250		750
Body Mass Index	BMi	kg/m2	47	46	18		30
Total Body Water	TBW	kg	38.4	35.2	32		52.8
Total Body Water	TBW	%	28.5	26.5	27.3		39.8
Respiration rate	Resp	1/min	13	20	12		24

ECG

ΔR

HR, 1/min (140, 120, 100, 80, 60, 40; 10:53, 10:54)

SV, ml (130, 110, 90, 70, 50, 30; 10:53, 10:54)

CO, L/min (12, 10, 8, 6, 4, 2; 10:53, 10:54)

Comments:

Signature: _____ Date: _____

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MEDISYNC®

ARE HEMODYNAMICS ALL THAT MATTERS?

- What about demographics?
  - Age
  - African American
- What about co-morbidities?
  - DM, prior MI, CKD/GFR, etc.
- What about related conditions?
  - Kalemia, calcemia, etc.

VARIABLES IN HTN THERAPY

Demographics: Age (<or>60) / Race: African Gene

- Prior history of MI
- Prior history stroke/TIA
- Heart Failure
- CKD GFR<30
- CKD GFR>30
- Albuminuria/proteinuria
- DM/Pre-diabetes
- Obesity (BMI>30)
- Possible pregnancy
- Hypercalcemia
- Hyperkalemia
- Hypokalemia

MEDISYNC®

VASOCONSTRICTED PATIENTS CHANGES IN MEDS ORDER

- ***Non-black; Age <60***

HCT + ACE/ARB → CCB-Dihydropyridines → Vasodilators

- ***Non-black; Age >60***

CCB-Dihydropyridines → HCT + ACE/ARB → Vasodilators

- ***Black***

CCB-Dihydropyridines → HCT + ACE/ARB → Vasodilators

HYPERTENSION HEMODYNAMIC TREATMENT GUIDE

CKD GFR >40

ACEI
ARB

Thiazide Diuretic
CCB Dihydropyridine

Vasodilators

Consider Decreasing Beta Blockers

CKD GFR <40

ACEI
ARB

CCB Dihydropyridine

Thiazide Diuretic
Vasodilators

Consider Decreasing Beta Blockers

MEDISYNC®

SUMMARY

- Question the assumption that “docs can figure out the meds” without assistance
- Is there an equally effective, less expensive way to get meds right than PharmDs?
- Patient engagement IS important…
  - Patients benefit from other ways to describe their condition and the rationale for treatment
- In HTN “care/case management” offers relatively little value at a high cost
  - We use for outreach to patients who discontinue care
  - We get benefit of patient participation without them

MEDISYNC®

Q&A

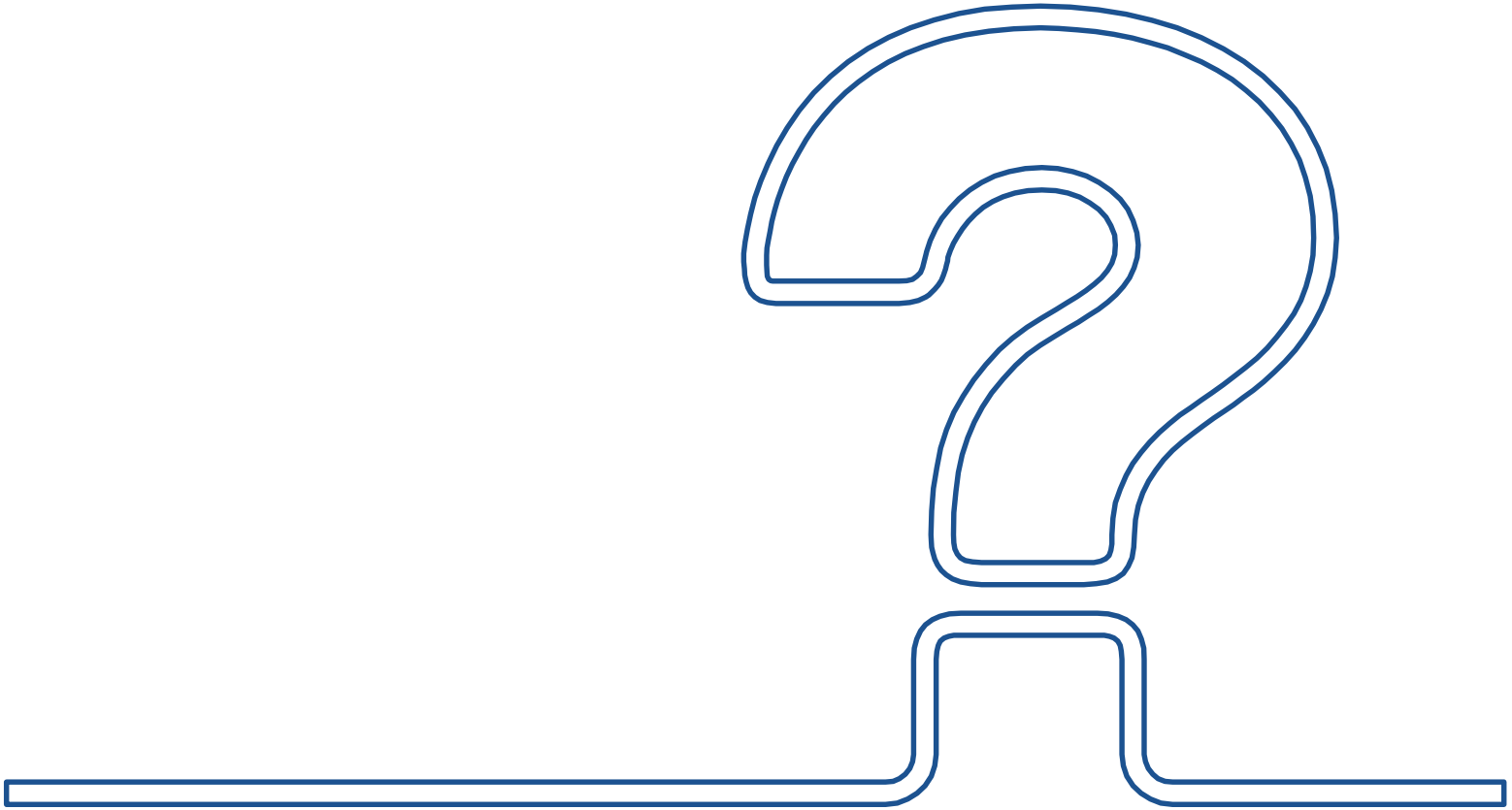
BOBMATTHEWS@MEDISYNC.COM

JUNE 2018 MONTHLY WEBINAR

- **Date/Time:** Thursday, July 19, 2-3pm Eastern
- **Topic:** Shared Medical Appointments for Diabetes Care
- **Presenter:** Marianne Sumego, M.D. of Cleveland Clinic

Together2Goal®

QUESTIONS?



Together 2 Goal®