



Together2Goal[®]

AMGA Foundation
National Diabetes Campaign



Monthly Campaign Webinar

September 20, 2018

Today's Webinar

- Together 2 Goal® Updates
 - Webinar Reminders
 - 2019 Acclaim Award Application
 - National Day of Action
 - 2018 Institute for Quality Leadership (IQL)
- Removing Patient Barriers to Medication Adherence
 - Molly J. Ekstrand, BSP Pharm, BCACP, AE-C of Park Nicollet HealthPartners Care Group
- Q&A
 - Use Q&A or chat feature



Webinar Reminders

- Webinar will be recorded today and available the week of September 24th
 - www.Together2Goal.org
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



2019 Acclaim Award Application



Applications Due Tomorrow!

Honors the nation's premier healthcare delivery organizations that are high performing:

- Measurably improving the quality and value of care
- Improving patient experience and outcomes
- Continuously learning and innovating
- Improving population health

Contact Sunny Temesgen at stemesgen@amga.org for more information.



National Day of Action



November 8, 2018



T2G Talk & Taste

- Watch and discuss our two-minute provider video over breakfast or lunch and your meal is on us!
- Downloadable kits with all the materials you'll need are now on our website!
- Let us know if your team plans to participate—**email your name, organization name, and *T2G Talk & Taste* date to together2goal@amga.org.**

2018 Institute for Quality Leadership



November 13-15, 2018

San Antonio, Texas

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- Together 2 Goal® Peer-to-Peer Breakout Session: Taking Diabetes to Heart: Finding Value in the Medicare Population
 - Registration now open at amga.org/IQL18
 - Register by September 28 for the lowest early bird rate



Today's Featured Presenter



Molly J. Ekstrand,
BSP Pharm, BCACP, AE-C

Medication Management Pharmacist
Certified Ambulatory Care Pharmacist and
Asthma Educator
Medication Management Program Manager
Park Nicollet HealthPartners Care Group

Removing Patient Barriers to Medication Adherence

Molly J Ekstrand, BPharm, BCACP, AE-C

Park Nicollet HealthPartners Care Group, Minneapolis, MN
Medication Management Program Lead

Together 2 Goal Campaign, AMGA Foundation

September 21, 2018



Park Nicollet[®]
International Diabetes Center

HealthPartners[®]

Together2Goal.

AMGA Foundation
National Diabetes Campaign

Presenter Disclosure Information:

In compliance with the accrediting board policies:

Molly Ekstrand declares that she has NO financial disclosures or potential conflicts of interest.

- She is passionate about helping patients overcome medication adherence barriers.
- She is passionate about helping other healthcare professionals learn to recognize barriers in their patients



HealthPartners®

HEAD + HEART
TOGETHER

The elephant in the room...



**Evidence Based
Medicine and
Treatment Guidelines**

vs.

**The Patient's Adherence
Barriers**

The U.S. Economic Costs of Diabetes in 2017

\$327 Billion in 2017 → \$237 Billion in Direct Medical Expenses

Per Patient:

\$16,752 medical expenses, \$9601 directly for diabetes

- \$5026 (30%) Prescription Meds Beyond Diabetes Meds
- \$4858 (29%) Inpatient Services
- \$2513 (15%) Diabetes Meds and Supplies
- \$2177 (13%) Office Visits



Horrible Adherence Statistics...

- 31.3% of the 37,506 **prescriptions were never filled** within 9 months of being prescribed!
 - [Ann Intern Med.](#) 2014 Apr 1;160(7):441-50
- **Persistence Rates** drop after just 6 months
 - Oral Diabetes Meds: **62%** for Commercial and Medicare, **44%** for Medicaid
 - Statins: **58%** Medicare, **52%** Commercial, **35%** Medicaid
 - Source: HealthPartners Plan 2013-2016 data, Commercial and Government Programs

Rates of adherence have not changed much in the last 3 decades, despite WHO and Institute of Medicine (IOM) improvement goals

Medication Coverage and Cost Resources



Formulary Search   

☆ **Jardiance** 
in **Minnesota** 
for **Medicare**

Humana, Inc. Preferred  >

Blue Cross Blue S... Not Covered  >

UCare Minnesota, Inc. Preferred  >

Blue Cross Blue Shie... Preferred  >

CVS Caremark RX Not Covered  >

Medica Health... Covered (PA/ST)  >

UnitedHealth Group,... Preferred  >

Aetna Inc Not Covered  >

< 

 **Victoza**
1 carton (3 pens) 18mg/3ml

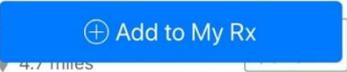
 **Minneapolis, MN**

Hy Vee  **\$869.59**
 8.7 miles

Costco  **\$872.85**
 7.0 miles

Walmart  **\$915.63**
 3.9 miles

 4.7 miles



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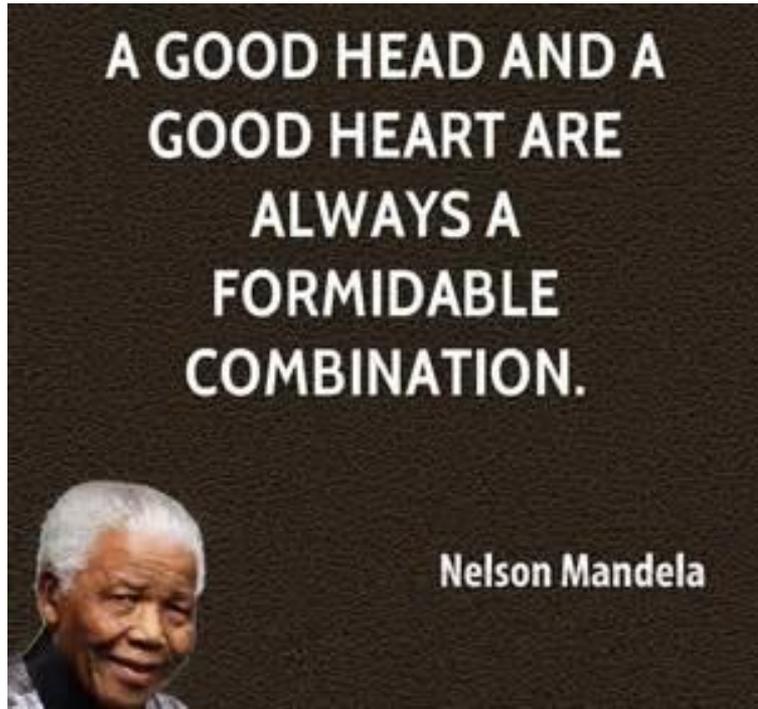
RxAssist Brochures
[Click here](#) for more information.

Rx Outreach
CHECK OUT OUR NEW LOW PRICES
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Formulary App is reliable, doesn't give actual copays
GoodRx is good for cash prices, but doesn't give coverage
(Meds appearing here do not indicate endorsement)

RxAssist.org is a decent clearing house for patient assistance programs and coupons

Two Concepts



- ✓ Medication Burden
- ✓ Medication Experience

A story about Viola



Meds: 7x
per day



Health Activities:
11x per day



Health Care Capacity & Burden

Minimally Disruptive Medicine (MDM)

- Seeks to advance patient goals for health, health care, and life
- Designed and implemented in a manner that **respects the capacity** of patients and caregivers and **minimizes the burden** of treatment
- Is particularly appropriate for patients who are at risk of being overwhelmed by the demands of life, illness, and health care.
- Is **context sensitive**, addresses the whole person
- Is careful and kind care

<https://minimallydisruptivemedicine.org/>

Minimally Disruptive Medicine Framework

Identify the right care

- o Acknowledge the work
- o Acknowledge the capacity
- o Acknowledge the complexity
- o Integrate the inputs (cumulative complexity model)

Instrument for Patient Capacity
Assessment (ICAN tool)

<https://minimallydisruptivemedicine.org/ican/>



Make the right care happen

- o Prioritize feasibility
- o Make sense of it all
- o Use available resources
- o Monitor and respond

Leppin A, Montori V, Gionfriddo M. Minimally Disruptive Medicine: A Pragmatically Comprehensive Model for Delivering Care to Patients with Multiple Chronic Conditions. *Healthcare* 2015, 3(1), 50-63

A story about Carol

14
medication
'allergies'



3 markers
out of goal



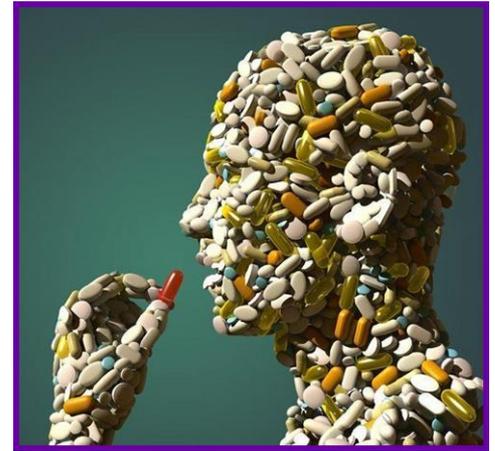
5 active
medicines

The Medication Experience

- Patient's subjective experience of taking medication in daily life
- Gained expertise with medication in his own body
- Influence of Peers, Family, Culture
- Alter the way they take their own medication

Uncovering, understanding and utilizing these experiences in practice represent an effective way to improve the medication outcomes of patients.

Shoemaker, S.J. et al. Patient Educ Couns. 2011 Jun;83(3):443-50.



Perceived Value
Perceived Safety

Overcoming Medication Experience Strategies

- *HONOR THEIR EXPERIENCE*

- ‘Can you share your thoughts on taking medicines?’

- *SHARED DECISION MAKING*

- Avoid the ‘Righting Reflex’
- Give the name of an alternative, give time for consideration
- Provide rationale for treatment
- Share both immediate and long-term benefits
- Acknowledge that adverse drug reactions are not acceptable
- Share willingness to stop therapy if an adverse reaction occurs

Patient Experience is positively linked to

- Self rated and objective health outcomes
- Adherence to recommended medication and treatments



For Patients, it's about the confidence to manage their health and well-being

Doyle, C., Lennox, L., & Bell, D. (2012). A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BJM Open, 1-18.

New Approach to Patient Focused Support

Quality Improvement Project, June 2018

- Advanced Chronic Kidney Disease (4&5)
- Many have diabetes too

Formal PCMH doesn't exist in our Specialty Depts
Nephrology BPs aren't reaching organization goals

In addition to better BP mgmt workflows...

- Patients given this survey at check-in
- Additional supports if patient self-identifies

Early Data:

~10% Patients Identify for MTM Consult

~20% Patients Identify for Care Coordination

A modest ↑ 4% in BP control in 3 months

EASY SCORING

Your care team in our Nephrology department is looking for ways we can better support and care for our patients. This survey is part of a quality improvement project. Your participation is voluntary. We invite you to take a few moments to answer these questions. **Please respond by marking one box per row.**



	Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
1. I do the different tasks and activities needed to manage my health conditions and medications.				Care Coordination Nurse		
2. I actively participate in decisions about my treatment with my care team.				Care Coordination Nurse		
3. I keep any other symptoms or health problems I have from interfering with the things I want to do.				Care Coordination Nurse		
4. I am convinced of the importance of my prescription medication.				Order MTM Consult		
5. I worry that my prescription medication will do more harm than good to me.	Order MTM Consult					
6. I feel financially burdened by my out of pocket expenses for my prescription medication.	Care Coordination Nurse					

Survey Question Sources: SEMCDC6, Self-Efficacy for Managing Medications and Treatments, Merck Adherence Estimator®

What is Medication Therapy Management?

➤ For 88% of chronic and complex diseases, drugs are a first choice for medical intervention

- MTM or comprehensive medication management
- Pharmacist provided direct patient care: Usually a 60-30 minute appointment
- Optimize medication management of health conditions
 - Indicated, Effective, Safe, Convenient (IESC)
- Comprehensive review of medications and health conditions
- Medication Management of specific health conditions
- Follow-up and longitudinal support as needed

Patient Centered Primary Care Collaborative Model: Comprehensive Medication Management <http://innovations.ahrq.gov/content.aspx?id=3419>

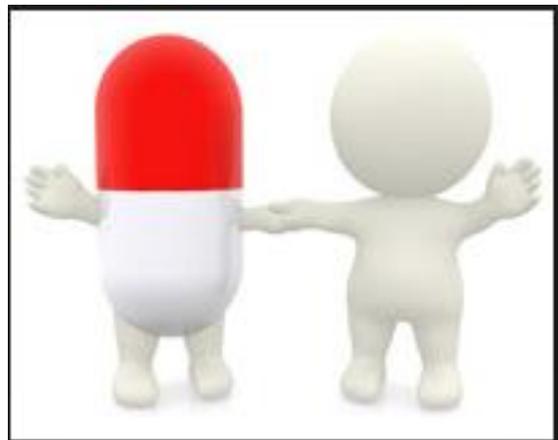
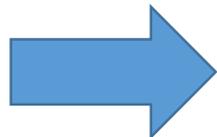


← **Before**

But, really it's
this simple...

**Create a friendly, beneficial
relationship between the
patient and their medication**

After



Two Concepts



- ✓ Medication Burden
- ✓ Medication Experience

Engage your patients in a conversation about their medicines

Questions & Discussion

October 2018 Webinar



Date/Time: October 18, 2018 from 2-3pm Eastern

Topic: Diabetes and Mental Health

Presenter: Jasmine D. Gonzalvo, Pharm.D., BCPS, BC-ADM, CDE, LDE of Purdue University and Eskenazi Health

Questions

