Together 2 Goal®

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

June 20, 2019

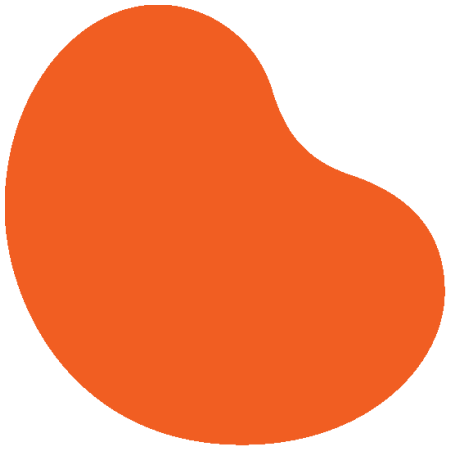
Today's Webinar

- Together 2 Goal® Updates
  - Webinar Reminders
  - Innovator Track: CVD Cohort
  - T2G Diabetes Bundle Best Practices Learning Collaborative
  - 2019 AMGA IQL
- Identifying High Risk Patients Using a Population Health Tool
  - Jesse Fishman, Pharm.D. of Janssen Scientific Affairs LLC
  - Damon Tanton, M.D. of AdventHealth Medical Group
- Questions

Webinar Reminders

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

New Partnership: National Kidney Foundation



National
Kidney
Foundation®

Innovator Track: CVD Cohort

Innovator Track: Cardiovascular Disease Cohort
Wrap-up Meeting
June 3 – 4, 2019
St. Louis, MO

T2G Diabetes Bundle Best Practices Learning Collaborative

T2G Bundle Best Practices Learning Collaborative
Kick-off Meeting
May 8 – 9, 2019
San Diego, CA

2019 AMGA Institute for Quality Leadership

Embracing Disruption

Delano Las Vegas

Las Vegas, NV

August 9: Early Bird Deadline to register with discounted rate

Today's Featured Presenters

Jesse Fishman, Pharm.D.
Associate Director of Population Health
Janssen Scientific Affairs LLC

Damon Tanton, M.D.
Medical Director of Clinical Practice
AdventHealth Diabetes Institute

Identifying High Risk Patients Using QualityPath Analyzer

A Case Study with AdventHealth

Webinar Presentation for AMGA Membership

Outline

- Introduction to today's Speakers
- Introduction to QualityPath
- A Case Study: AdventHealth's experience using QualityPath
- Patient examples
- Demonstration of Tool
- Q&A

Introductions to Today's Speakers

- Jesse Fishman, PharmD
- Janssen Scientific Affairs, LLC | Co of Johnson and Johnson
- Associate Director of Population Health

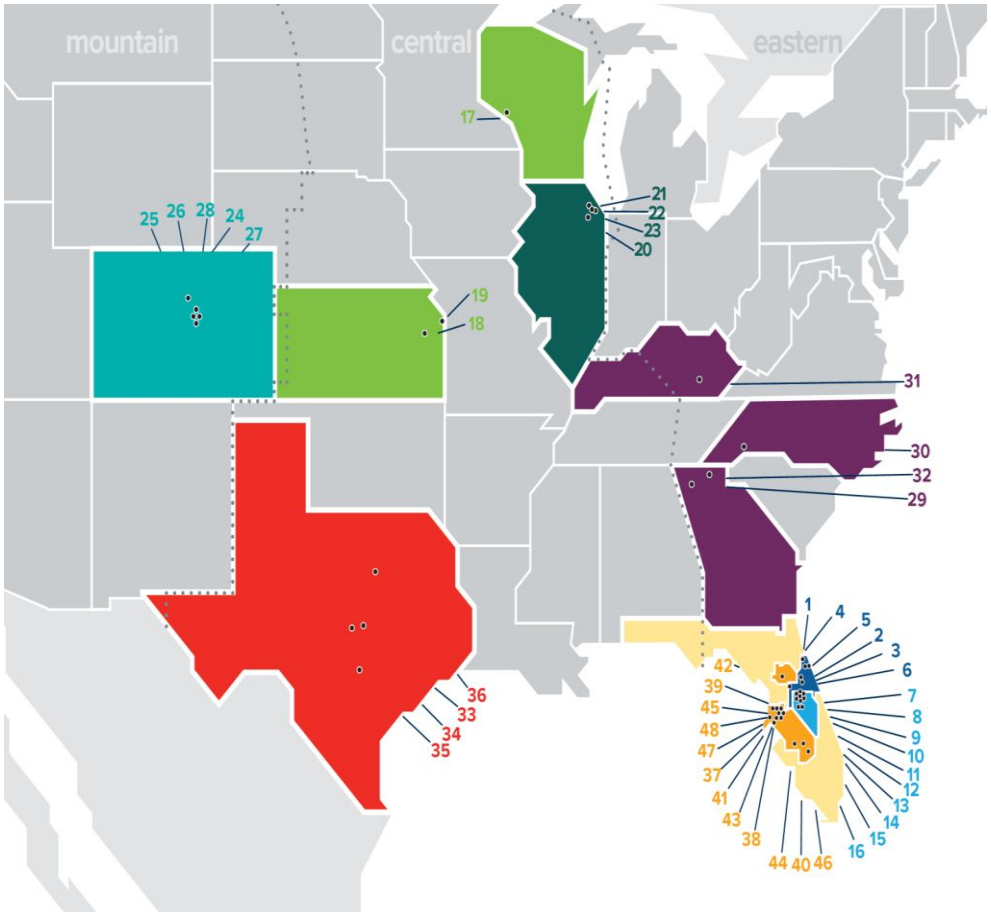
- Damon Tanton, MD
- AdventHealth | Central Florida Division
- Medical Director | Service-Line Leader
- Diabetes | Obesity Medicine | Endocrinology

QualityPath Introduction

- QualityPath (**P**opulation **A**nalyzer **T**ool for **H**ealth systems) is software that allows your organization
  - to review type 2 diabetes (T2D) data from a quality metrics perspective to support the improvement of healthcare outcomes.
  - This tool uses your organization's claims and/or electronic health record (EHR) data to evaluate your T2D population from a quality measure perspective and compares it with a large, nationally representative healthcare claims database.
  - The tool provides payer- and provider-specific outputs that can be filtered and sorted based on various topics.

A Case Study: AdventHealth's experience using QualityPath

Introduction to AdventHealth



11 Skilled nursing facilities

18 Home health and hospice agencies

40+ Urgent care facilities

48 Hospital campuses in **NINE** states

1973 Year **AdventHealth** network was established

80,000+ **Team Members**

5 MILLION Patient interactions annually

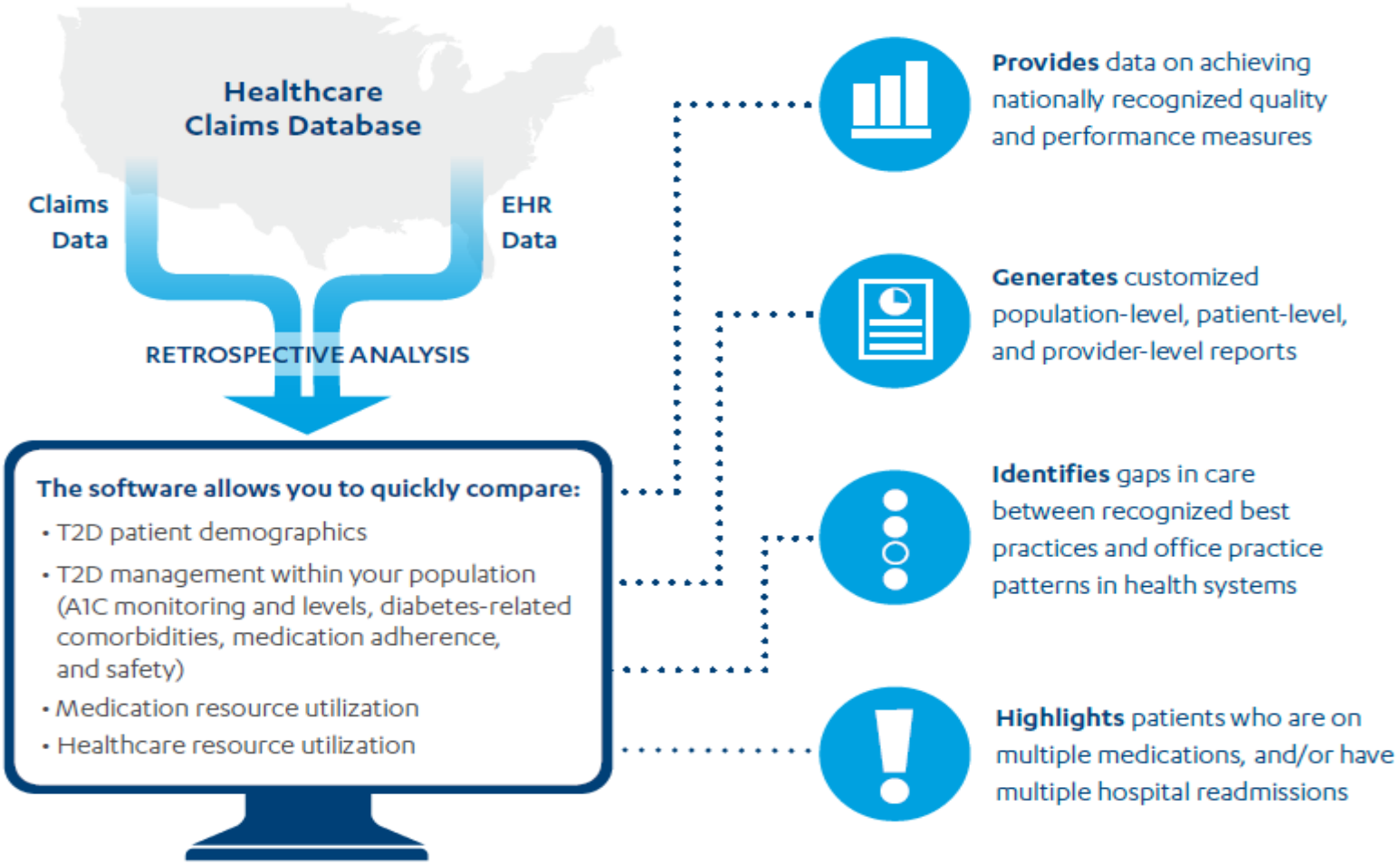
AdventHealth

900 Hope Way | Altamonte Springs, FL 32714 | 407-357-1000

AdventHealth and its Diabetes Population

- AdventHealth serves one of the largest Medicare populations in the US
- Approximately 150,000 patients with diabetes
  - Patients that are both in and not in risk-based contracts requiring population health management
- Currently report AMGA's Together To Goal (T2G) metrics as well as ACO diabetes process and clinical metrics

Case Study: Use of QualityPath



Why QualityPath & How

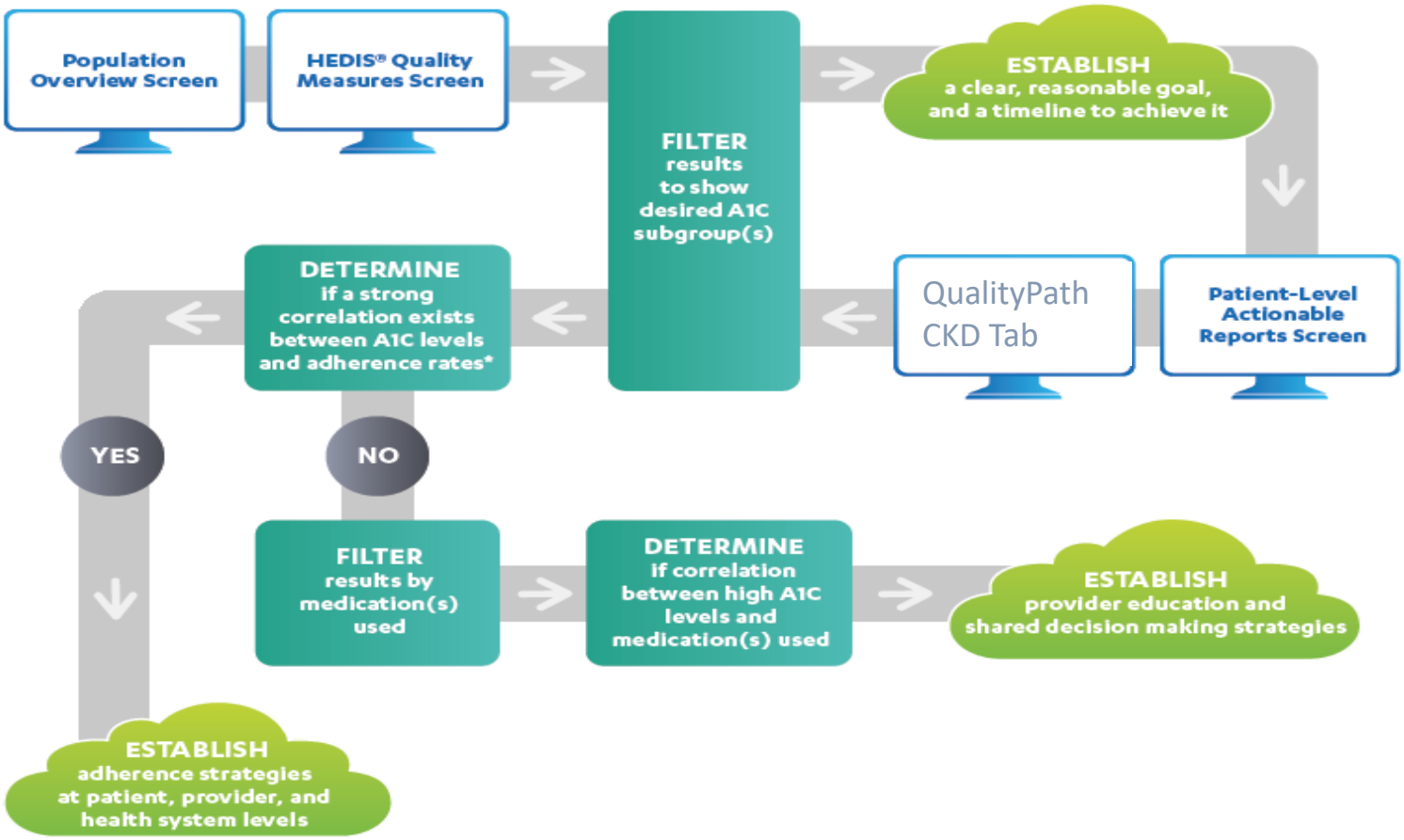
Why:

- Population-based tool which can display a wide variety of metrics relevant to our organization
- Provided systematic approaches to monitoring for some of our most vulnerable patients including those at risk of secondary CV disease and those at risk for CKD
- In contrast to overall risk score displayed in EMR this gives a more disease specific score

How:

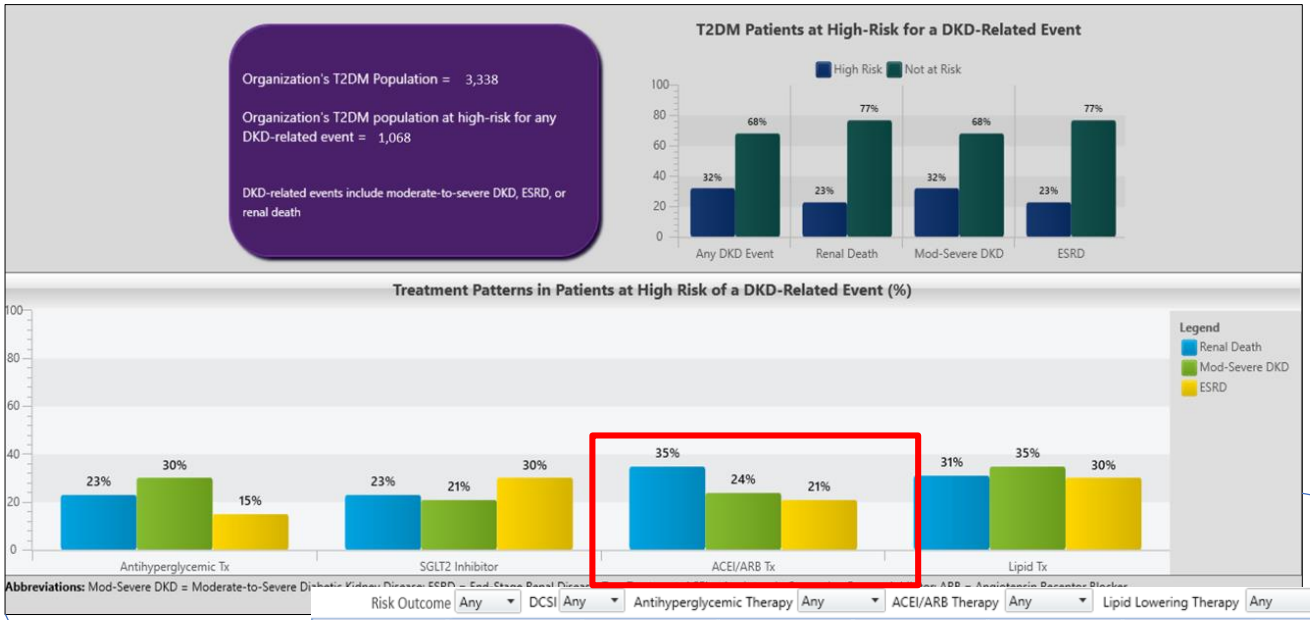
- Required working with internal IT to get the data pulled which could be updated on a 6-month or quarterly basis
- Data requirements were assessed by IT:
  - IT found and pulled the necessary data based on the expected effort
- The tool then performed the needed analytics on our populations of interest

Process Flow for Identifying patients at Risk for CKD or CVD using QualityPath



*Please note, you will need laboratory data to accurately look at A1C levels and pharmacy claims data to look at adherence.

Aggregated Patient Report: CKD Risk Prediction



Risk Outcome: Any | DCSI: Any | Antihyperglycemic Therapy: Any | ACEI/ARB Therapy: Any | Lipid Lowering Therapy: Any | Apply Filter | View Excel Report

Patient	Provider	Age	Risk Outcome	DCSI Score	Antihyperglycemic PDC	Antihyperglycemic Therapy #1	Antihyperglycemic Therapy #2	Antihyperglycemic Therapy #3	ACEI/ARB Therapy	Lipid Lowering Therapy
9	1234	52	NA	6	52	Metformin	Insulin		Lisinopril	Atorvastatin
11	12345	67	NA	6	67	Insulin			Benazepril	
21	12345	87	Severe DKD	8	87	Glimepiride	Metformin		Lisinopril	Atorvastatin
23	12345	88	Nonfatal Stroke	10	88					Atorvastatin
52	12345	63	NA	9	63				Lisinopril	
60	1234	83	NA	7	83	Metformin	Insulin		Olmesartan	Rosuvastatin
63	1234	81	Nonfatal Stroke	6	81					
65	1234	71	NA	7	71	Metformin	Glipizide		Lisinopril	Rosuvastatin
69	1234	87	NA	10	87				Lisinopril	Pravastatin
73	12345	82	Nonfatal Stroke	7	82	Liraglutide	Insulin	Metformin	Losartan	Pravastatin
89	1234	88	NA	4	88				Valsartan	Simvastatin
97	1234	88	NA	5	88	Linagliptin			Valsartan	Simvastatin
101		86	NA	2	86	Metformin				
103	12345	76	Nonfatal Stroke	8	76	Glipizide	Metformin		Losartan	Simvastatin
120	1234	72	NA	3	72	Metformin			Losartan	Simvastatin
124	1234	85	NA	5	85	Metformin			Losartan	
215	12345	67	NA	9	67	Insulin	Metformin	Glimepiride	Losartan	Pravastatin
231	1234	72	NA	1	72	Linagliptin			Irbesartan	Atorvastatin
251	12345	57	NA	0	57	Glipizide	Metformin		Lisinopril	Atorvastatin
266	12345	88	NA	6	88					
399	12345	76	Nonfatal Stroke	5	76				Losartan	Atorvastatin
429	12345	82	Nonfatal Stroke	5	82	Sitagliptin	Metformin		Benazepril	

Notes: DKD-related events include moderate-to-severe DKD, ESRD, or renal death

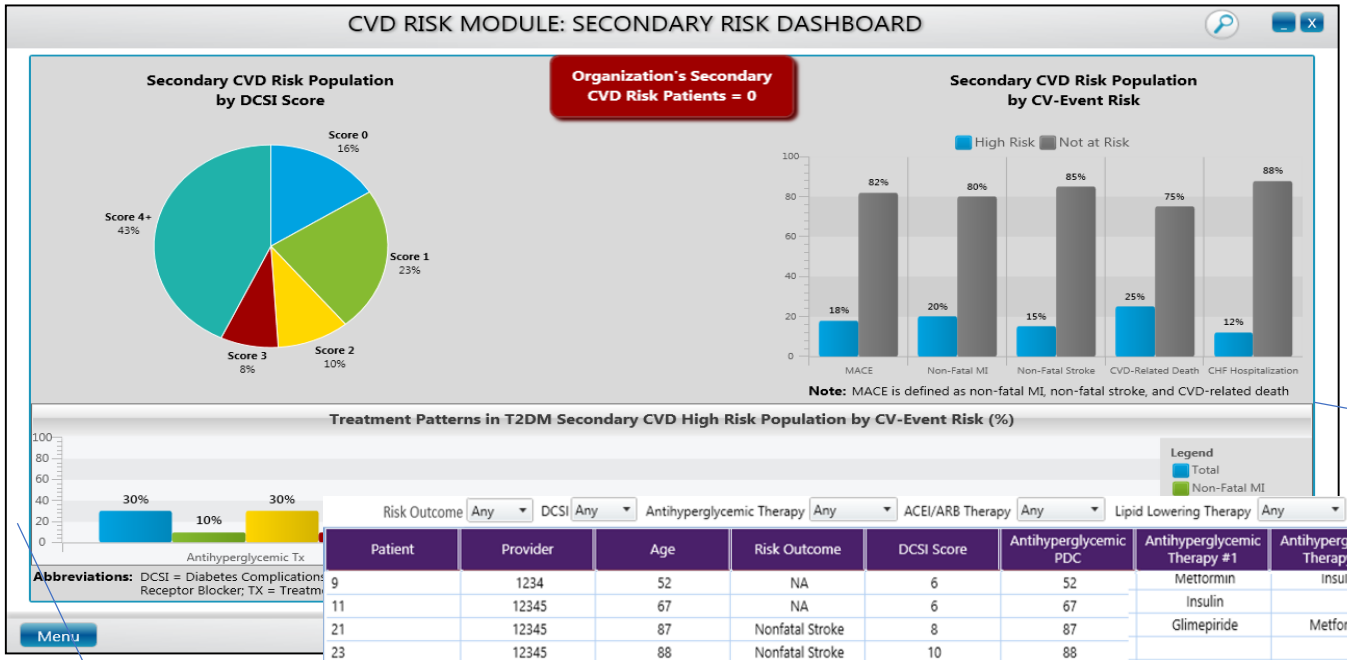
Abbreviations: DCSI = Diabetes Complications Severity Index; ESRD = End-Stage Renal Disease; Mod-Severe DKD = Moderate-to-Severe Diabetic Kidney Disease; PDC = Proportion of Days Covered; ACEI = Angiotensin Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker

Patient 1 Example from CKD Report

<u>This is a proposed workflow with a patient case example</u>

- 87 y/o with T2D and a DCSI score of 8 (history of smoking, diabetes complications) who is on glimepiride, metformin, atorvastatin, and max dose of lisinopril
- Flagged as high risk for severe CKD in the setting of T2DM
- Report has been generated for use over the next 6 months and is provided to our administrative staff, who will search the patients on each day's panel that have appointments and cross reference those names to the patients on this report
- If the name appears on both reports a high-risk marker is manually entered into the first electronic note for the day
- Physicians/nurses start with this marker and ask follow-up questions to determine appropriate course of action

Aggregated Patient Report: CVD Risk Prediction



Risk Outcome Any | DCSI Any | Antihyperglycemic Therapy Any | ACEI/ARB Therapy Any | Lipid Lowering Therapy Any | Apply Filter | View Excel Report

Patient	Provider	Age	Risk Outcome	DCSI Score	Antihyperglycemic PDC	Antihyperglycemic Therapy #1	Antihyperglycemic Therapy #2	Antihyperglycemic Therapy #3	ACEI/ARB Therapy	Lipid Lowering Therapy
9	1234	52	NA	6	52	Metformin	Insulin		Lisinopril	Atorvastatin
11	12345	67	NA	6	67	Insulin			Benazepril	
21	12345	87	Nonfatal Stroke	8	87	Glimepiride	Metformin		Lisinopril	Atorvastatin
23	12345	88	Nonfatal Stroke	10	88					Atorvastatin
52	12345	63	NA	9	63				Lisinopril	
60	1234	83	NA	7	83	Metformin	Insulin		Olmesartan	Rosuvastatin
63	1234	81	Nonfatal Stroke	6	81					
65	1234	71	NA	7	71	Metformin	Glipizide		Lisinopril	Rosuvastatin
69	1234	87	NA	10	87				Lisinopril	Pravastatin
73	12345	82	Nonfatal Stroke	7	82	Liraglutide	Insulin	Metformin	Losartan	Pravastatin
89	1234	88	NA	4	88				Valsartan	Simvastatin
97	1234	88	NA	5	88	Linagliptin			Valsartan	Simvastatin
101		86	NA	2	86	Metformin				
103	12345	76	Nonfatal Stroke	8	76	Glipizide	Metformin		Losartan	Simvastatin
120	1234	72	NA	3	72	Metformin			Losartan	Simvastatin
124	1234	85	NA	5	85	Metformin			Losartan	
215	12345	67	NA	9	67	Insulin	Metformin	Glimepiride	Losartan	Pravastatin
231	1234	72	NA	1	72	Linagliptin			Irbesartan	Atorvastatin
251	12345	57	NA	0	57	Glipizide	Metformin		Lisinopril	Atorvastatin
266	12345	88	NA	6	88					
399	12345	76	Nonfatal Stroke	5	76				Losartan	Atorvastatin
429	12345	82	Nonfatal Stroke	5	82	Sitagliptin	Metformin		Benazepril	

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Abbreviations: DCSI = Diabetes Complications Severity Index; ESRD = End-Stage Renal Disease; Mod-Severe DKD = Moderate-to-Severe Diabetic Kidney Disease; PDC = Proportion of Days Covered; ACEI = Angiotensin Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker

Patient 2 Example from CVD Report

Illustrative—PHI Removed for Presentation Purposes

<u>This is a proposed workflow with a patient case example</u>

76 y/o with a DCSI score of 8 who was predicted to have high risk of a future NonFatal Stroke who is on glipizide, metformin, losartan, simvastatin

- Report has been generated for use over the next 6 months, and is provided to our administrative staff, who will search the patients on each day's panel that have appointments and cross reference those names to the patients on this report
- If the name appears on both reports a high-risk marker is manually entered into the first electronic note for the day
- Physicians/nurses start with this marker and ask follow-up questions to determine appropriate course of action

Care Coordination Considerations

<u>This is a proposed integration plan</u>

- Ongoing proposals for how to better integrate these patients into our care coordination workflow and whether these patients should also be referred to our case management group
- May be opportunities for improvements in medication adherence for these higher-risk patients and ensuring additional specialty referral

Demo of QualityPath

Type 2 Diabetes Mellitus

QualityPATH

Quality Population **A**nalyzer **T**ool for **H**ealth systems

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DATA FIELD REQUIREMENTS

Below are the requested data fields for the records. Patient ID, Gender, and Date of Birth are required to be uploaded in the Demographic/Vitals screen, and you must use the same Patient ID field for all records to link the records.

Please note: All record types (medication, medical, laboratory, and demographic/vital) are required to provide the most comprehensive results and for all of the screens and reports to be populated by the analyzer. If you choose to only upload select types of data then only the applicable screens for that dataset will be populated. The optional fields for each record are highlighted in blue.

Medication Records

Variable	Variable Format
Patient ID	Alpha-numeric (max 30 characters)
Fill Date	Date*
Provider ID	Alpha-numeric (max 30 characters)
NDC Code	Alpha-numeric (up to 11 characters)
Quantity Dispensed	Numeric
Days Supply	Numeric

Demographic/Vital Records

Variable	Variable Format
Patient ID	Alpha-numeric (max 30 characters)
Date of Birth	Date*
Gender	Alpha (eg, "Female")
Provider ID	Alpha-numeric (max 30 characters)
Race/Ethnicity	Alpha (eg, "Caucasian")
Date Vital Performed	Date*
Vital Name	Alpha-numeric
Vital Result	Alpha-numeric
Vital Units	Alpha-numeric
Date Vaccination	Date*
Vaccination CVX Code	Numeric

Medical Records

Variable	Variable Format
Patient ID	Alpha-numeric (max 30 characters)
Date of Service	Date*
Provider ID	Alpha-numeric (max 30 characters)
Procedure Codes (4 fields for CPT, CPT II, HCPCS)	Alpha-numeric
Diagnosis Codes (5 fields for ICD-9, ICD-10, SNOMED)	Alpha-numeric† (max 30 characters)
Revenue Code	Alpha-numeric

Laboratory Records

Variable	Variable Format
Patient ID	Alpha-numeric (max 30 characters)
Date Performed	Date*
Provider ID	Alpha-numeric (max 30 characters)
LOINC Codes	Alpha-numeric
Test Name	Alpha-numeric
Test Results	Alpha-numeric
Test Units	Alpha-numeric

*Date formats accepted include: m-d-yyyy, mm-dd-yyyy, m/d/yyyy, or mm/dd/yyyy.

†The decimal point (.) can either be present (xxx.xx) or implied (xxxxx).

PROCESS MAPPED DATA

Run All Processes

	Medication	Medical	Laboratory	Vitals
Total Records	29,484	24,234	8,469	29,367
Processed Records	29,484	24,234	8,469	29,367
Valid Records	29,379	23,351	8,457	29,293
Valid Patients	482	479	500	500

Press "Run All Processes" to Begin...

0%

T2DM Module

DKD Prevalence Module

CVD Risk Module

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DKD MODULE: DASHBOARD

Organization's DKD Population = 725

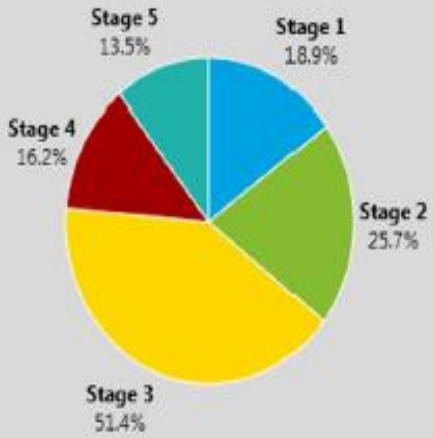
CKD eGFR Stages

Stage 1, eGFR ≥90 mL/min/1.73 m^2
Stage 2, eGFR 60-89 mL/min/1.73 m^2
Stage 3, eGFR 30-59 mL/min/1.73 m^2
Stage 4, eGFR 15-29 mL/min/1.73 m^2
Stage 5, eGFR <15 mL/min/1.73 m^2

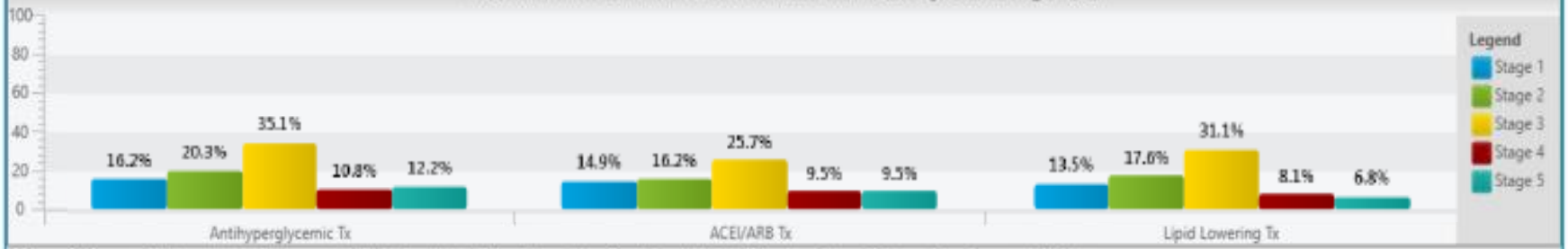
CKD ACR Stages

Stage A1, ACR <30 mg/g
Stage A2, ACR 30-300 mg/g
Stage A3, ACR >300 mg/g

CKD Stages by eGFR



Treatment Patterns in T2DM Patients with DKD by eGFR Stages (%)



Abbreviations: eGFR = estimated Glomerular Filtration Rate; ACR = Albumin-to-Creatinine Ratio ; ACEI = Angiotensin-Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker

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DKD MODULE: POPULATION OVERVIEW

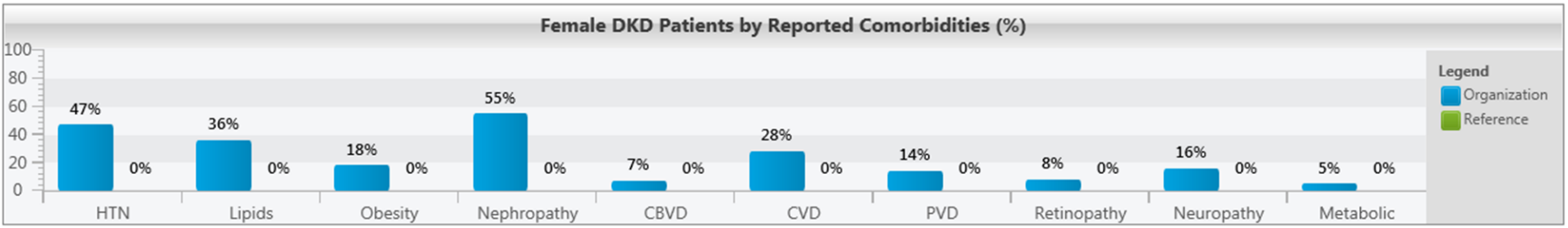
Population Overview | eGFR Stages | Albuminuria Stages | Treatment Patterns

Select Reference: All Ages

	Organization								REFERENCE
	Mean Age	Total (All Ages)	18-29	30-39	40-49	50-59	60-64	65+	Total (All Ages)
Total Population with DKD	**66.0**	**74 (15%)**	**0 (0%)**	**2 (3%)**	**11 (15%)**	**15 (20%)**	**4 (5%)**	**42 (57%)**	**0 (0%)**
Caucasian	64.5	61 (82%)	0 (0%)	2 (3%)	10 (16%)	14 (23%)	4 (7%)	31 (51%)	0 (0%)
African American	72.4	10 (14%)	0 (0%)	0 (0%)	1 (10%)	1 (10%)	0 (0%)	8 (80%)	0 (0%)
Hispanic/Latino	74.4	3 (4%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)	0 (0%)
Asian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Female	**66.7**	**41 (55%)**	**0 (0%)**	**2 (5%)**	**6 (15%)**	**7 (17%)**	**1 (2%)**	**25 (61%)**	**0 (0%)**
Caucasian	65.6	34 (83%)	0 (0%)	2 (6%)	6 (18%)	6 (18%)	1 (3%)	19 (56%)	0 (0%)
African American	71.6	5 (12%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)	0 (0%)	4 (80%)	0 (0%)
Hispanic/Latino	74.0	2 (5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)	0 (0%)
Asian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Male	65.1	33 (45%)	0 (0%)	2 (3%)	20 (91%)	52 (161%)	27 (82%)	127 (285%)	0 (0%)

Notes: Patient values may not add to 100% because of missing gender and/or race on some claims or rounding of whole numbers

Click on a row above in the table to view the chart below



Abbreviations: HTN = Hypertension; CBVD = Cerebrovascular Disease; CVD = Cardiovascular Disease; CKD = Chronic Kidney Disease; PVD = Peripheral Vascular Disease

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DKD MODULE: eGFR STAGES

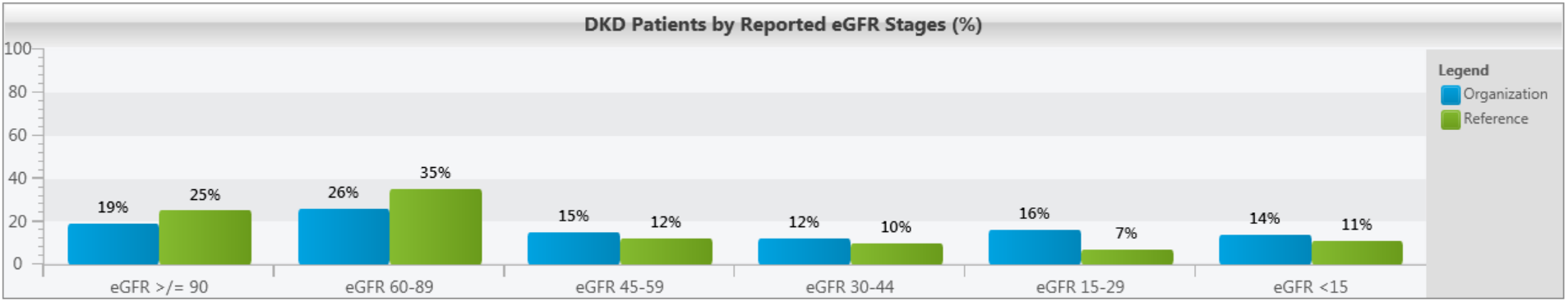
Population Overview | eGFR Stages | Albuminuria Stages | Treatment Patterns

Select Reference: Mean HbA1c

	Organization					REFERENCE
	Total	Mean HbA1c	HbA1c <7%	HbA1c <8%	HbA1c >9%	Mean HbA1c
Total T2DM Population	500	7.3	264 (53%)	366 (73%)	96 (19%)	0.0
Total Population with DKD	**74 (15%)**	**7.5**	**32 (43%)**	**45 (61%)**	**16 (22%)**	**0.0**
Patients with Reported Stage 1, eGFR ≥90 ml/min/1.73 m²	14 (19%)	7.5	7 (50%)	9 (64%)	3 (21%)	0.0
Patients with Reported Stage 2, eGFR 60-89 ml/min/1.73 m²	19 (26%)	7.8	7 (37%)	10 (53%)	4 (21%)	0.0
Patients with Reported Stage 3, eGFR 30-59 ml/min/1.73 m²	38 (51%)	7.1	17 (45%)	25 (66%)	7 (18%)	0.0
Patients with Reported Stage 3a, eGFR 45-59 ml/min/1.73 m²	11 (29%)	7.0	4 (36%)	6 (55%)	1 (9%)	0.0
Patients with Reported Stage 3b, eGFR 30-44 ml/min/1.73 m²	9 (24%)	7.5	3 (33%)	5 (56%)	2 (22%)	0.0
Patients with Reported Stage 4, eGFR 15-29 ml/min/1.73 m²	12 (16%)	8.9	3 (25%)	4 (33%)	4 (33%)	0.0
Patients with Reported Stage 5 / ERSD, eGFR <15 ml/min/1.73 m²	10 (14%)	9.1	2 (20%)	3 (30%)	4 (40%)	0.0

Notes: Patient values may not add to 100% because of rounding of whole numbers

Click on a row above in the table to view the chart below



Abbreviations: eGFR = estimated Glomerular Filtration Rate; ESRD = End-stage Renal Disease; HbA1c = Hemoglobin A1c or Glycated hemoglobin

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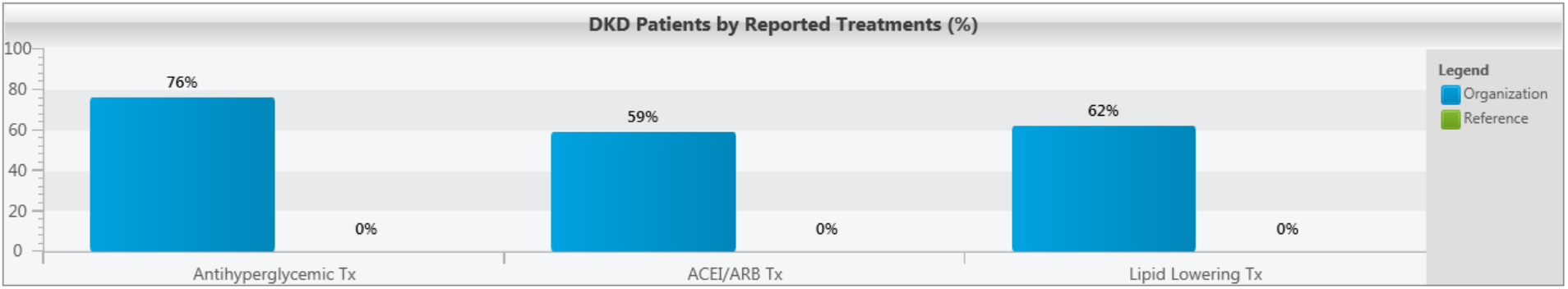
DKD MODULE: TREATMENT PATTERNS

Population Overview | eGFR Stages | Albuminuria Stages | Treatment Patterns

Select Reference: Mean eGFR

	Organization							REFERENCE
	Total	Mean GFR	Stage 1, GFR ≥90	Stage 2, GFR 60-89	Stage 3, GFR 30-59	Stage 4, GFR 15-29	Stage 5, GFR <15	Mean GFR
Total T2DM Population	500	80.6	112 (22%)	124 (25%)	73 (15%)	13 (3%)	12 (2%)	0.0
Total Population with DKD	**74 (15%)**	**66.8**	**14 (19%)**	**19 (26%)**	**38 (51%)**	**12 (16%)**	**10 (14%)**	**0.0**
Patients receiving background antihyperglycemic therapy	56 (76%)	71.1	12 (21%)	15 (27%)	26 (46%)	8 (14%)	9 (16%)	0.0
Patients receiving ACEI/ARB therapy	44 (59%)	73.1	11 (25%)	12 (27%)	19 (43%)	7 (16%)	7 (16%)	0.0
Patients receiving lipid lowering therapy	46 (62%)	70.2	10 (22%)	13 (28%)	23 (50%)	6 (13%)	5 (11%)	0.0

Notes: Patient values may not add to 100% because of rounding of whole numbers
Medication utilization represents the most recent 12 months of outpatient utilization
Click on a row above in the table to view the chart below



Abbreviations: ACEI = Angiotensin Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker; eGFR = estimated Glomerular Filtration Rate; Tx = Treatment

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DKD MODULE: PATIENT LEVEL ACTIONABLE REPORT

eGFR Any | ACR Any | Antihyperglycemic Therapy Any | ACEI/ARB Therapy Any | Lipid Lowering Therapy Any | Apply Filter | View Excel Report

Patient	Provider	Age	GFR	ACR	HbA1c	Background Antihyperglycemic Therapy #1	Background Antihyperglycemic Therapy #2	Background Antihyperglycemic Therapy #3	ACEI/ARB Therapy	Lipid Lowering Therapy
1	1234	74.08	40		6.1	Sitagliptin				Lovastatin
10	1234	80.06	32						Lisinopril	
13	1234	66	91		6.7					
20	1234	56			7.5	Metformin	Glimepiride	Insulin	Lisinopril	Simvastatin
22	1234	78.03			6.3					Pravastatin
37	1234	47	74		9.1	Metformin	Glyburide		Lisinopril	Simvastatin
39	1234	75.07	50			Glipizide	Metformin	Glimepiride	Olmesartan	Simvastatin
52	1234	71.07			7.3	Metformin			Lisinopril	Simvastatin
53	1234	77.02			9.3	Insulin	Pioglitazone		Olmesartan	
61	1234	53.01	48							
68	1234	75.07	75			Sitagliptin				
77	1234	71.98			10.7	Sitagliptin				
88	1234	70.03	44		6.5	Insulin	Glipizide		Ramipril	Atorvastatin
90	1234	77.06	41		9.7	Insulin			Lisinopril	Lovastatin
91	1234	59.06			6.8				Quinapril	Pravastatin
95	1234	47.11	110		6.3	Sitagliptin	Glipizide		Lisinopril	
97	1234	88.04	127		6.8	Glimepiride	Metformin	Insulin	Lisinopril	Atorvastatin
98	1234	44.01			11.2					
108	1234	39			7.8	Metformin				Lovastatin
126	1234	74.15	81		9.6	Insulin				
131	1234	58	60		9	Insulin	Glimepiride	Metformin	Lisinopril	Pravastatin
133	1234	44			5.2	Metformin			Telmisartan	Atorvastatin
143	1234	86.01	24		7.1	Insulin	Linagliptin		Valsartan	
158	1234	47.98			6.6	Glipizide	Pioglitazone	Sitagliptin	Quinapril	Simvastatin
163	1234	88.07	35		8.2					
181	1234	45	55		6.2	Glimepiride	Glyburide	Metformin	Lisinopril	Atorvastatin

Abbreviations: eGFR = estimated Glomerular Filtration Rate; ACR = Albumin-to-Creatinine Ratio; HbA1c = Hemoglobin A1c or Glycated hemoglobin; ACEI = Angiotensin Converting Enzyme Inhibitor; ARB = Angiotensin Receptor Blocker

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DKD MODULE: SUMMARY

Within your organization there are 74 patients with DKD and 54 (72%) are CKD Stage 3 or less (eGFR ≤59 ml/min/1.73 m^2) during the measurement period.

Among T2DM Patients with CKD in your organization:

- 66.76 ml/min/1.73 m^2 is the mean eGFR
- 67.39 mg/g is the mean ACR
- 56 (76%) are receiving background antihyperglycemic therapy
- 44 (59%) are receiving ACEI/ARB therapy
- 46 (62%) are receiving lipid lowering therapy

Potential barriers such as patient and clinical consideration must be taken into account when choosing treatments for T2DM patients with renal disease. These include ability to comply with medication, ability to tolerate medication, side effects, and potential drug interactions.[1,2]

Learn More

CarePath™ Healthy Engagements by Janssen offers comprehensive support and services focused on Access, Education, and Adherence tools.

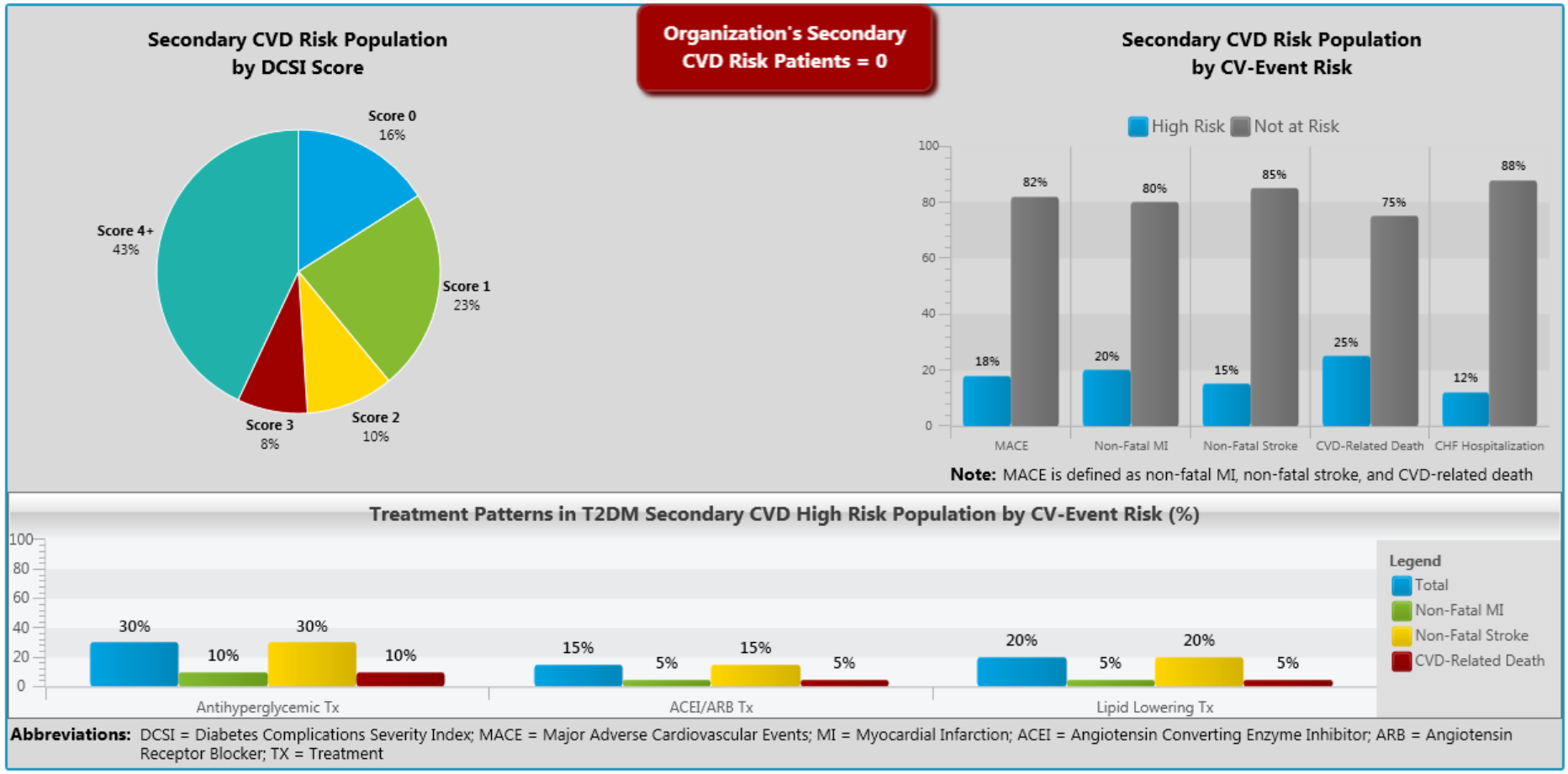
CVD MODULE: RATIONALE

Cardiovascular Disease in Diabetes

- Cardiovascular disease (CVD) is the leading cause of morbidity and mortality for individuals with diabetes and is the largest contributor to the direct and indirect costs of diabetes[1]
  - T2DM patients are two to three times more likely to have CVD events such as myocardial infarction, stroke, hospitalization for unstable angina, and congestive heart failure[1-5]
- Common conditions that that are prevalent in T2DM patients are risk factors for CVD include: high blood pressure, abnormal cholesterol and/or high triglycerides, obesity, poorly controlled blood sugars, lack of physical activity, and smoking[6]
- Given the high costs associated with CVD events and their associated risk of mortality, predicting CVD risk specifically in a T2DM population may facilitate the identification of patients' risk of CVD in order to target early prevention and proper treatment[1]

According to the ADA Standards of Care, CVD risk factors should be systematically assessed at least annually[1]

CVD RISK MODULE: SECONDARY RISK DASHBOARD



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Definition of Secondary prevention/Secondary risk:

≥ 1 major cardiovascular event (MACE) in any setting (inpatient ED, or outpatient)

CVD RISK MODULE: POPULATION OVERVIEW

Population Overview | CV-Event Risk | DCSI Scores | Treatment Patterns

Select Reference: All Ages (Mean Age / All Ages / 50-59 / 60-69 / 70-79 / 80-84 / 85+)

	Organization							
	Mean Age	Total (All Ages)	50-59	60-69	70-79	80-84	85+	
Total T2DM Population	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
T2DM Secondary CVD Risk Patients	**0.0**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	
Caucasian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
African American	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	
Hispanic/Latino	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Asian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Female	**0.0**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Caucasian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
African American	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hispanic/Latino	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Asian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Male	**0.0**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Caucasian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
African American	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Hispanic/Latino	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Asian	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Other	0.0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes: Patient values may not add to 100% because of missing gender and/or race on some claims or rounding of whole numbers

Click on a row above in the table to view the chart below

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CVD RISK MODULE: CV-EVENT RISK

Population Overview | CV-Event Risk | DCSI Scores | Treatment Patterns

	Organization	REFERENCE
	Total	Total
Total T2DM Population	500	500
T2DM Secondary CVD Risk Patients	**0 (0%)**	**0 (0%)**
Patients at risk for MACE	0 (0%)	0 (0%)
Patients at risk of non-fatal MI	0 (0%)	0 (0%)
Patients at risk of non-fatal stroke	0 (0%)	0 (0%)
Patients at risk of CVD-related death	0 (0%)	0 (0%)
Patients at high risk of CHF hospitalization	0 (0%)	0 (0%)

Notes: Patient values may not add to 100% because of rounding of whole numbers
MACE is defined as any non-fatal MI, non-fatal stroke, or CVD-related death
Click on a row above in the table to view the chart below

T2DM Secondary CVD Risk Patients At High Risk for CV-Events (%)

Legend

No Data Series.

Abbreviations: MACE = Major Adverse Cardiovascular Events; MI = Myocardial Infarction; CVD = Cardiovascular Disease; CHF = Congestive Heart Failure

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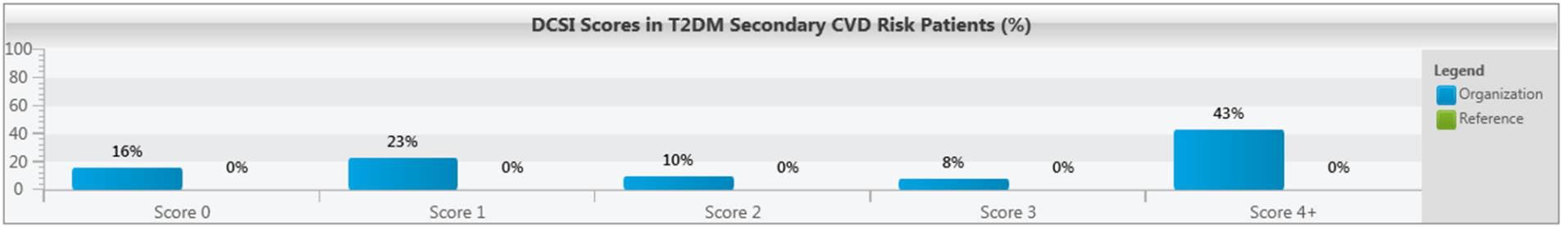
CVD RISK MODULE: DCSI SCORES

Population Overview | CV-Event Risk | DCSI Scores | Treatment Patterns

Select Reference: Total MACE

	Organization					REFERENCE
	Total MACE	Non-Fatal MI Risk	Non-Fatal Stroke Risk	CVD-Related Death Risk	Hospitalization for CHF	Total MACE
Total T2DM Population	500	1 (0%)	1 (0%)	9 (2%)	44 (9%)	500
T2DM Secondary CVD Risk Patients	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**
Mean DCSI Score	0.0	0.0	0.0	0.0	0.0	0.0
DCSI Score 0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DCSI Score 1	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DCSI Score 2	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DCSI Score 3	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
DCSI Score 4+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)

Notes: Patient values may not add to 100% because of rounding of whole numbers
MACE is defined as any non-fatal MI, non-fatal stroke, or CVD-related death
Click on a row above in the table to view the chart below



Abbreviations: DCSI = Diabetes Complications Severity Index; MACE = Major Adverse Cardiovascular Events; MI = Myocardial Infarction; CVD = Cardiovascular Disease; CHF = Congestive Heart Failure

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CVD RISK MODULE: PATIENT LEVEL ACTIONABLE REPORT

CVD Secondary Risk

CV Event Risk: Any | DCSI Score: Any | Antihyperglycemic Therapy: Any | ACEI/ARB Therapy: Any | Lipid Lowering Therapy: Any | Apply Filter | View Excel Report

Patient	Provider	Age	CV Event Risk	DCSI Score	Antihyperglycemic Therapy #1	Antihyperglycemic Therapy #2	Antihyperglycemic Therapy #3	ACEI/ARB Therapy	Lipid Lowering Therapy
11	12345	67	NA	4	Insulin			Benazepril	
21	12345	87	Nonfatal Stroke	5	Metformin	Glimepiride		Lisinopril	Atorvastatin
60	1234	83	NA	6	Metformin	Insulin		Olmesartan	Rosuvastatin
63	1234	81	NA	3					
65	1234	71	NA	6	Metformin	Glipizide		Lisinopril	Rosuvastatin
89	1234	88	NA	4				Valsartan	Simvastatin
97	1234	88	NA	5	Linagliptin			Valsartan	Simvastatin
103	12345	76	Nonfatal Stroke	8	Metformin	Glipizide		Losartan	Simvastatin
124	1234	85	NA	5	Metformin			Losartan	
215	12345	67	NA	9	Insulin	Metformin	Glimepiride	Losartan	Pravastatin
251	12345	57	NA	0	Glipizide	Metformin		Lisinopril	Atorvastatin
266	12345	88	NA	6					
399	12345	76	Nonfatal Stroke	5				Losartan	Atorvastatin
429	12345	82	NA	5	Sitagliptin	Metformin		Benazepril	
2011	12345	68	NA	5					
2023	1234	88	Nonfatal Stroke	8					
2060	1234	83	NA	6					
2063	1234	81	NA	4					
	1234	71	NA	6					

0 Comments

CVD MODULE: SUMMARY

Within your organization there are 0 primary CVD risk patients and 0 secondary CVD risk patients during the measurement period.

Among T2DM secondary CVD risk patients in your organization:

- 0 (0%) are at high risk of CV-events
- 0 is the mean DCSI score
- 0 (0%) are receiving background antihyperglycemic therapy
- 0 (0%) are receiving ACEI/ARB therapy
- 0 (0%) are receiving lipid lowering therapy

Learn More

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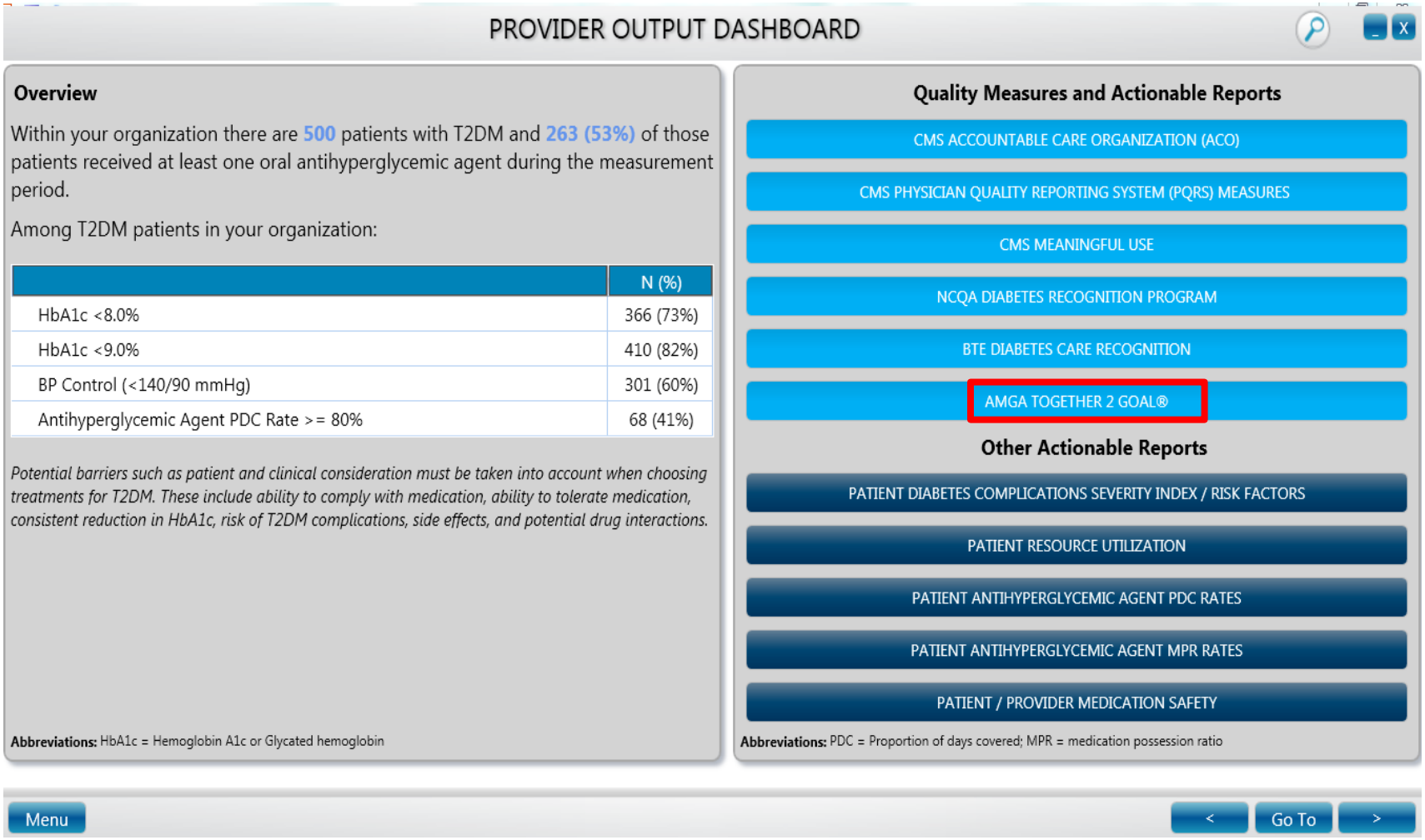
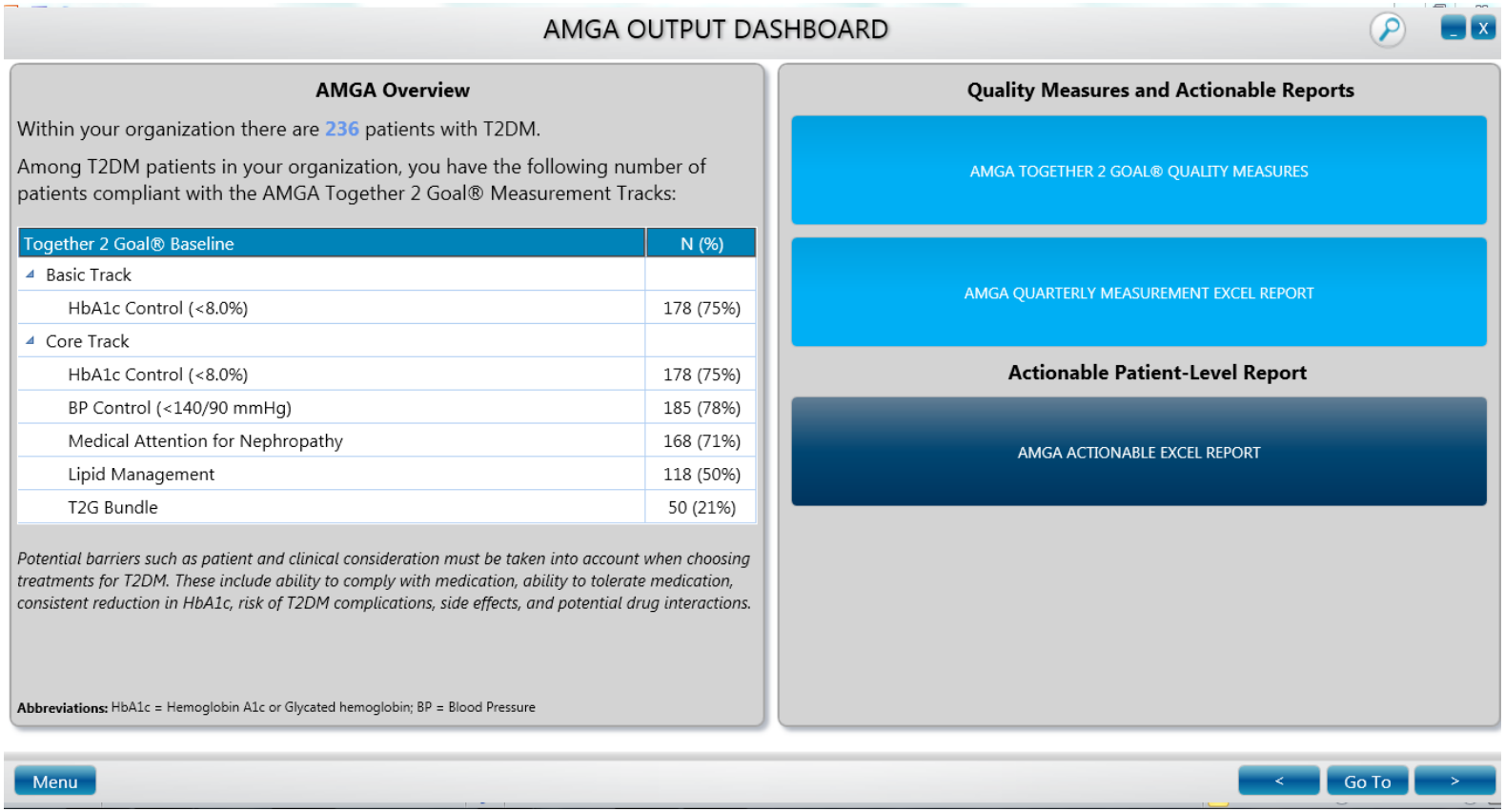




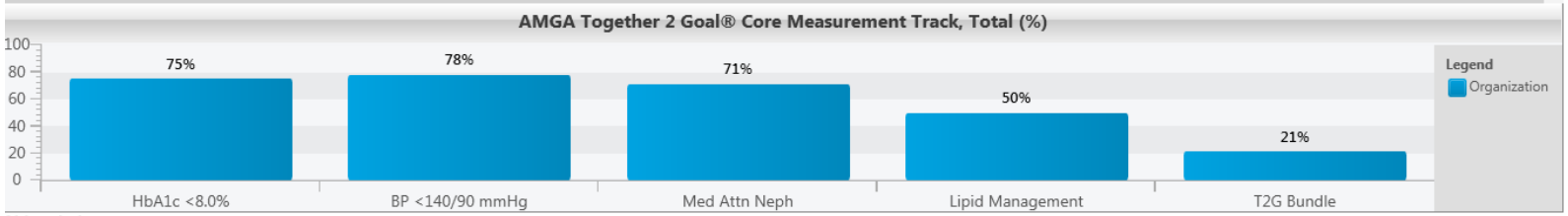
AMGA TOGETHER 2 GOAL®

CMS ACO | CMS PQRS Measures | CMS Meaningful Use | NCQA Diabetes Recognition | BTE Diabetes Care Recognition | AMGA Together 2 Goal®

View AMGA Quarterly Excel Report | View Patient-Level Excel Report

Organization									
		T2G Year 1				T2G Year 2			
	T2G Baseline	2016 Q2	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1
Total T2DM Population	236	236	236	236	236	236	236	236	228
Basic Measurement Track									
HbA1c Control (<8.0%)	177 (75%)	178 (75%)	177 (75%)	178 (75%)	152 (64%)	119 (50%)	74 (31%)	0 (0%)	0 (0%)
Core Measurement Track									
HbA1c Control (<8.0%)	177 (75%)	178 (75%)	177 (75%)	178 (75%)	152 (64%)	119 (50%)	74 (31%)	0 (0%)	0 (0%)
BP Control (<140/90 mmHg)	185 (78%)	185 (78%)	185 (78%)	184 (78%)	160 (68%)	126 (53%)	77 (33%)	0 (0%)	0 (0%)
Medical Attention for Nephropathy	168 (71%)	168 (71%)	168 (71%)	168 (71%)	150 (64%)	135 (57%)	113 (48%)	0 (0%)	0 (0%)
Lipid Management	119 (50%)	118 (50%)	118 (50%)	118 (50%)	109 (46%)	104 (44%)	91 (39%)	7 (3%)	3 (1%)
T2G Bundle	50 (21%)	50 (21%)	49 (21%)	50 (21%)	33 (14%)	21 (9%)	11 (5%)	0 (0%)	0 (0%)

Notes: Patient values may not add to 100% because of rounding of whole numbers
Click on a row above in the table to view the chart below



Abbreviations: HbA1c = Hemoglobin A1c or Glycated hemoglobin; BP = Blood Pressure; T2G = Together 2 Goal; Med Attn Neph = Medical Attention for Nephropathy

Notes: The measures are based on different denominator populations

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Patient Diabetes Complications Severity Index / Risk Factors | Patient Resource Utilization | Patient Antihyperglycemic PDC Rates | **Patient Antihyperglycemic MPR Rates** | Patient / Provider Medication Safety

HbA1c Level | DCSI Score | MPR Level <80% | Treatment Type | Apply Filter | View Excel Report

Patient	Provider	HbA1c Level	DCSI Score	Overall Oral Antihyperglycemic MPR	Oral Agent #1	Oral Agent/Class #2	Oral Agent #3	Noninsulin Injectable
36	12345	6.7%	0	25%	Glimepiride	Sulfonylureas	No	NA
38	12345	5.8%	2	49%	Metformin Extended Rele	Biguanides	No	NA
57	12345	6.3%	0	49%	Thiazolidinediones	Pioglitazone	Glimepiride	NA
101	12345	7.4%	0	74%	Metformin	Biguanides	No	NA
106	12345	NA	0	74%	Metformin Extended Rele	Biguanides	No	NA
113	12345	6.7%	0	45%	Metformin	Biguanides	No	NA
146	12345	5.4%	0	49%	Metformin	Biguanides	No	NA
199	12345	6.3%	0	72%	Metformin	Biguanides	Glipizide	NA
220	12345	NA	0	62%	DDP4	Sitagliptin	Metformin	NA
228	12345	11.1%	0	74%	Metformin	Biguanides	Glyburide	NA
255	12345	9.0%	0	74%	Metformin Extended Rele	Biguanides	No	NA
256	12345	6.4%	0	44%	Metformin	Biguanides	No	NA
257	12345	6.6%	0	74%	Metformin	Biguanides	Glyburide	NA
258	12345	6.0%	0	74%	Metformin	Biguanides	No	NA
263	12345	7.1%	6	25%	Glipizide	Sulfonylureas	No	NA
286	12345	7.1%	1	17%	Metformin Extended Rele	Biguanides	No	NA
327	12345	7.4%	1	67%	Metformin Extended Rele	Biguanides	No	NA
342	12345	7.2%	4	64%	Glipizide	Sulfonylureas	No	NA
402	12345	8.7%	1	62%	Metformin	Biguanides	No	NA
450	12345	8.8%	2	60%	Glimepiride	Sulfonylureas	Metformin	NA
451	12345	NA	3	74%	DDP4	Sitagliptin	Glipizide	NA

Abbreviations: DCSI = Diabetes Complications Severity Index; HbA1c = Hemoglobin A1c or Glycated hemoglobin; MPR = Medication Possession Ratio

Notes: Fully Adherent = MPR >80%; Partially Adherent = MPR 51-80%; Nonadherent = MPR ≤50%

Patient must have at least 2 medication records for the PDC and MPR to be calculated

MPR Not Applicable (NA) = MPR was unable to be calculated

DKD Module: Rationale

DKD Module Rationale

References:

1. National Kidney Foundation. (2016, January). Diabetes and Chronic Kidney Disease. Accessed on November 26, 2018 from https://www.kidney.org/news/newsroom/factsheets/Diabetes-And-CKD.
2. National Kidney Foundation. KDOQI Clinical Practice Guideline for Diabetes and CKD: 2012 update. *Am J Kidney Dis*. 2012;60(5):850-886.
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7. American Medical Group Foundation. (2017, May 8). Together 2 Goal® Campaign Measurement Specifications. Accessed on November 26, 2018 from http://www.together2goal.org/assets/PDF/specs.pdf.

CVD Module: Rationale

CVD Module Rationale

References:

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2. Kannel WB, McGee DL. Diabetes and cardiovascular disease. The Framingham study. *JAMA*. 1979;241(19):2035-8.
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6. American Heart Association. (2015, August). Cardiovascular Disease & Diabetes. Accessed November 26, 2018 from: http://www.heart.org/HEARTORG/Conditions/More/Diabetes/WhyDiabetesMatters/Cardiovascular-Disease-Diabetes_UCM_313865_Article.jsp/#.WcPhx4WcHkC.

July Webinar

- **Date/Time**: July 18, 2019 from 2-3pm Eastern
- **Topic**: Innovator Track Cardiovascular Disease Cohort Results

Questions