Monthly Campaign Webinar
July 18, 2019

Today's Webinar

- Together 2 Goal® Updates
  - Webinar Reminders

- Innovator Track Cardiovascular Disease Cohort Results
  - Erica Taylor and Cori Rattelman of AMGA

- Q&A
  - Use Q&A or chat feature

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Webinar Reminders

- Webinar will be recorded today and available the week of July 22nd
  - www.Together2Goal.org

- Participants are encouraged to ask questions using the "Chat" and "Q&A" functions on the right side of your screen

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

Erica Taylor

Senior Quality Improvement Project Manager,
National Health Campaigns
AMGA Foundation

Cori Rattelman

Senior Research Analyst
AMGA Analytics

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The Heart of Progress: Updates and Insights from the Innovator Track CVD Cohort

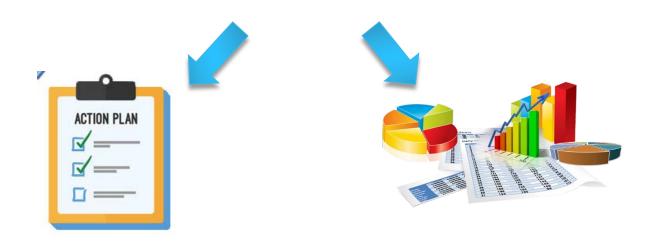# Innovator Track Overview

Cardiovascular Disease
Cohort

Eye Care
Cohort

CVD Cohort

- Purpose: To identify best practices for the *prevention* and *management* of CVD in people with T2D
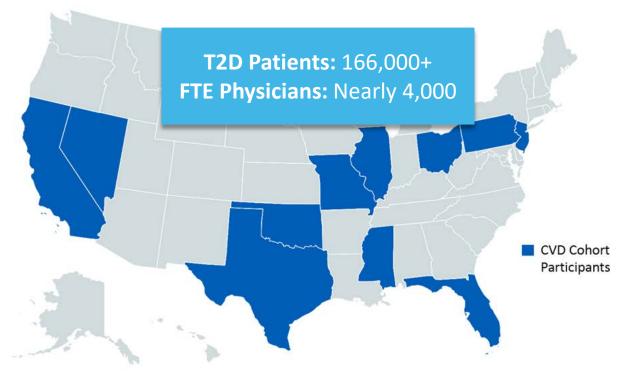
CVD Cohort Participants

Mercy

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HATTIESBURG
CLINIC

WATSON CLINIC L.L.P.
Quality Healthcare for Every Generation

National Impact

T2D Patients: 166,000+
FTE Physicians: Nearly 4,000

CVD Cohort Participants

11

Participant Expectations

KICKOFF

Daily
Action Plan
Implementation

Bi-Monthly
Webinar Participation

Quarterly
Data Reporting

WRAP UP

CVD Cohort Advisory Committee

Frank Colangelo, M.D., M.S.-HQS, FACP

Chief Quality Officer **Premier Medical Associates**

Parag Agnihotri, M.D.

Medical Director **Sharp Rees-Stealy Medical Group**

Beth Averbeck, M.D.

Senior Medical Director **HealthPartners Medical Group**

Laura Balsamini, Pharm.D., BCPS

Director of Pharmacy Services **Summit Medical Group, P.A.**

Liana Spano-Brennan, D.O., FACC

Cardiologist **Summit Medical Group**

Cohort Measures

- 1: Non-Tobacco User

- 2a: Daily aspirin for 2° prevention
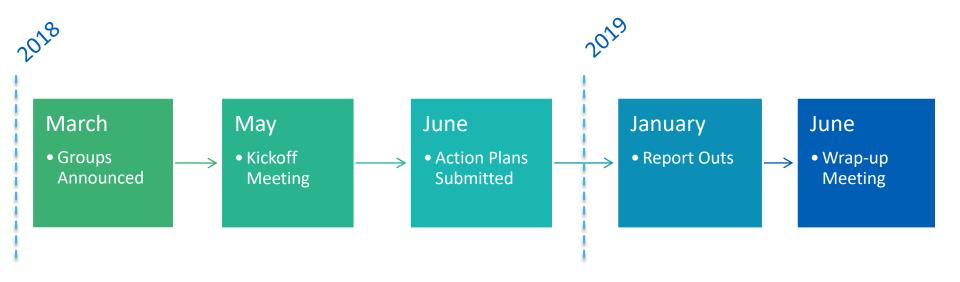- 2b: Daily aspirin for 1° prevention

  Daily Aspirin or Anti-Platelet Agent

- 3a: Any statin
- 3b: High-intensity statin
- 3c: Measured LDL < 70

  Lipid Management for Secondary Prevention

Cohort Timeline

2018

2019

March	May	June	January	June
• Groups Announced	• Kickoff Meeting	• Action Plans Submitted	• Report Outs	• Wrap-up Meeting

CVD Cohort Data: 2018Q1(Baseline) through 2019Q1

Collaborative Performance: Group Weight Averages

Measures:	Collaborative Average Group Outcomes			
	Baseline	2019Q1	Absolute Δ	Relative Δ
Tobacco-free	86.0%	87.2%	1.2%	1.4%
Secondary: Aspirin	83.4%	84.6%	1.2%	1.4%
Primary: Aspirin	57.1%	58.2%	1.1%	1.9%
Any Statin	86.7%	88.2%	1.5%	1.7%
H.I. Statin	44.9%	49.5%	4.6%	10.2%
LDL < 70	32.6%	36.4%	3.8%	11.7%

- Collaborative touched more than 190,000 patients with type 2 diabetes (T2DM)
  - ✓ 26% with evidence of cardiovascular disease (CVD)
- Improvements seen in all measures
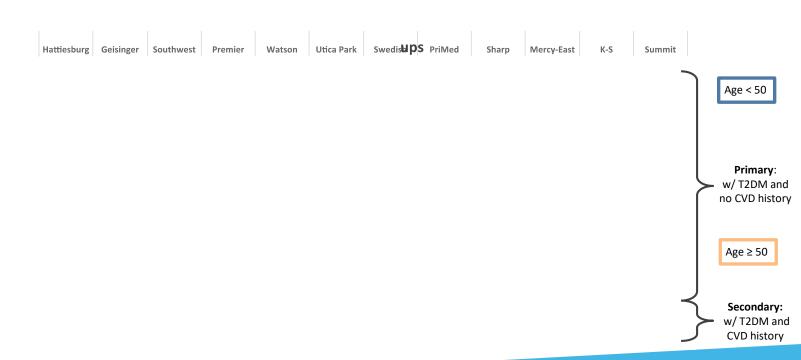- Highest gains in lipid management measures (secondary CVD prevention)

Geographic Distribution of Cohort

CVD Cohort
Participants

2019Q1: T2G Type 2 Diabetes (T2DM) Cohort by Primary/Secondary Status

Hattiesburg · Geisinger · Southwest · Premier · Watson · Utica Park · Swedish · **ups** · PriMed · Sharp · Mercy-East · K-S · Summit

Age < 50

Primary: w/ T2DM and no CVD history

Age ≥ 50

Secondary: w/ T2DM and CVD history

Collaborative Performance: Patient Weighted Averages

Tobacco Free	Aspirin (Secondary)	Aspirin (Primary)	Rx Any Statin (Secondary)	Rx High Intesity Statin (Secondary)	LDL < 70 (Secondary)
					%

Measure 1: Tobacco-Free

Tobacco Free

- Proportion of T2G cohort patients whose most recent tobacco status is determined to be "tobacco-free"

- Denominator: 190,200 patients with type 2 diabetes across 12 groups

- 1.1% relative improvement among all patients

- 8 groups saw improvement, 4 groups with ≥ 2% relative improvement

- 1,700 additional patients with tobacco-free status

Measure 2: Aspirin or Anti-Platelet Therapy

Improvements made through better documentation and increased therapy

Aspirin (Secondary)

Aspirin (Primary)

- Daily aspirin or anti-platelet agent for secondary CVD prevention

- Denominator: 48,900 patients with type 2 DM and evidence of CVD across 12 groups

- Relatively flat for cohort as a whole but individual groups with improvements

- 8 groups ≥ 85%, 5 groups ≥ 90% by 2019Q1

- 6 groups with improvements including 3 with relative improvements of 4%, 7%, **and 14%**

- 600 additional patients with documented aspirin therapy (secondary prevention)

Measure 2: Aspirin or Anti-Platelet Therapy

Improvements made through better documentation and increased therapy

Aspirin (Secondary)

Aspirin (Primary)

- Daily aspirin or anti-platelet agent for primary CVD prevention

- Denominator: 103,000 patients with type 2 DM, <u>no evidence</u> of CVD, age ≥ 50 across 11 groups

- 2.1% relative improvement among all patients

- 1,000 additional patients with documented aspirin therapy (primary prevention)

  ✓ 6 groups with improvements, 3 with relative improvements of 3%, 12%, **and 14%**
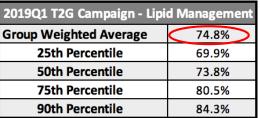
Measure 3: Lipid Management

- Proportion of patients on <u>any statin</u> for secondary CVD prevention

- Denominator: 47,400 patients with type 2 diabetes and evidence of CVD across 11 groups

- 1.6% relative improvement among all patients

- 775 additional patients with a Rx for any statin
  - ✓ 7 of 11 groups improved
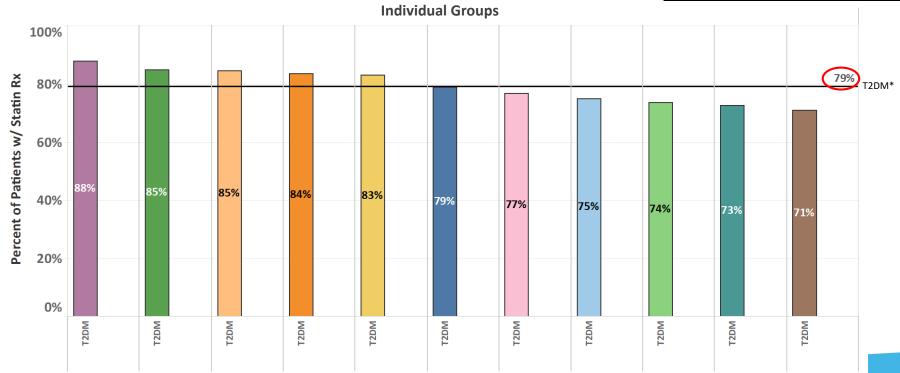 - ✓ Range: 1.4% to 5.8% relative improvement (average across 7 groups 2.7%)

Rx Any Statin
(Secondary)

With Statin Rx: 2019Q1 Core measure

- Each colored bar represents one group in the cohort

Compare to the T2G campaign Core Track Cohort?

2019Q1 T2G Campaign - Lipid Management	
Group Weighted Average	74.8%
25th Percentile	69.9%
50th Percentile	73.8%
75th Percentile	80.5%
90th Percentile	84.3%

Individual Groups

Percent of Patients w/ Statin Rx
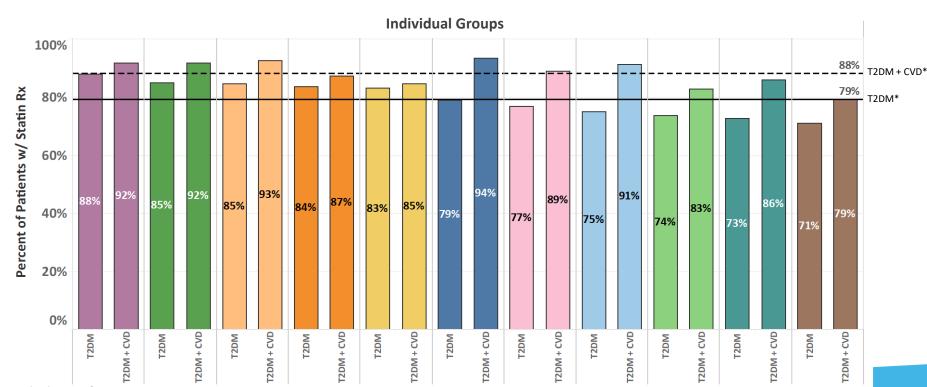
88% 85% 85% 84% 83% 79% 77% 75% 74% 73% 71%

79% T2DM*

*Group weighted average for 11 CVD innovator cohort groups

With Statin Rx: 2019Q1 Core and CVD Innovator measures

- Each set of colored bars represents one group in the cohort
  - Left bar in each set is proportion of patients with T2DM that have Rx for statin, right bar is proportion of patients with T2DM + CVD that have Rx for statin

Individual Groups

Bars (T2DM / T2DM + CVD per group): 88% / 92%, 85% / 92%, 85% / 93%, 84% / 87%, 83% / 85%, 79% / 94%, 77% / 89%, 75% / 91%, 74% / 83%, 73% / 86%, 71% / 79%

T2DM + CVD* = 88%
T2DM* = 79%

*Group weighted average for CVD innovator cohort

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Measure 3: Lipid Management (Secondary)

High intensity

Daily dosage lowers LDL-C by approximately ≥ 50% on average

Atorvastatin (Lipitor), 40† to 80 mg

Rosuvastatin (Crestor), 20 *(40)* **mg**

- Proportion of patients on <u>high intensity statin</u> for secondary CVD prevention

- Denominator: 47,400 patients with type 2 diabetes and evidence of CVD across 11 groups

- 1,900 additional patients with a Rx for high intensity statin

- 10 of 11 groups saw improvement

  - ✓ 8 with relative improvement ≥ 5%

  - ✓ 5 with relative improvements ≥ 9%
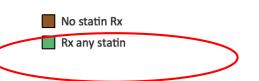
  - ✓ **1 with relative improvement of 68%**

Rx Any Statin (Secondary)

Rx High Intesity Statin (Secondary)

3.8% absolute improvement
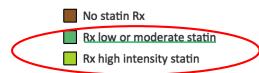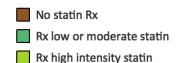8.2% relative improvement

Any Statin Rx by Group (Secondary)

79%

79%

Note: Groups sorted in descending order by proportion of secondary prevention patients with Rx for any statin (2019Q1).

Statin Rx Breakdown by Group (Secondary Prevention)

No statin Rx
Rx low or moderate statin
Rx high intensity statin

Individual Groups

Statins (Secondary Prevention)

No statin Rx
Rx low or moderate statin
Rx high intensity statin

No Med — 9%

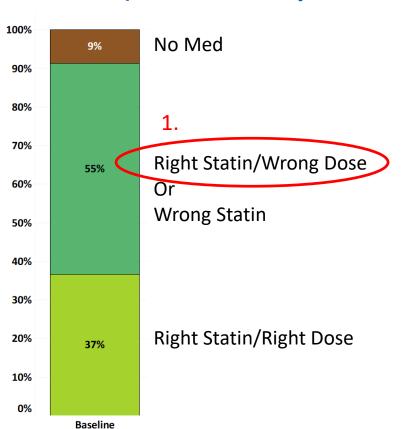**Right Statin/Wrong Dose Or Wrong Statin** — 55%

Right Statin/Right Dose — 37%

Baseline

High intensity

Daily dosage lowers LDL-C by approximately
≥ 50% on average

Atorvastatin (Lipitor), 40† to 80 mg
Rosuvastatin (Crestor), 20 *(40)* **mg**

30

Statins (Secondary Prevention)

No statin Rx
Rx low or moderate statin
Rx high intensity statin

No Med — 9%

1.

Right Statin/Wrong Dose
Or
Wrong Statin — 55%

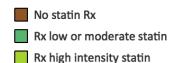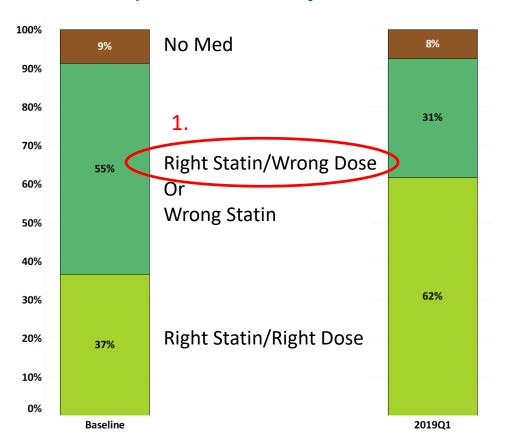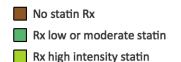Right Statin/Right Dose — 37%

Baseline

High intensity

Daily dosage lowers LDL-C by approximately ≥ 50% on average

Atorvastatin (Lipitor), 40† to 80 mg
Rosuvastatin (Crestor), 20 (40) mg

Statins (Secondary Prevention)

Statin Rx Breakdown by Group (Secondary Prevention)

Any statin average performance

Group Weighted Ave
■ 2019Q1
□ Baseline

41%

36% 42%

High intensity statin average performance

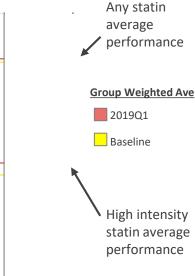Note: Groups sorted in descending order by proportion of patients with Rx for any statin (2019Q1).

Measure 3: Lipid Management

- Proportion of secondary-prevention patients with most recent LDL < 70 mg/dL

- Denominator: 48,900 patients with type 2 diabetes and evidence of CVD across 12 groups

- 1,640 additional patients with LDL < 70 mg/dL

- All 12 groups saw improvement, 8 had > 10% relative improvement

- 3 groups with relative improvement between 19% and 48%

Rx Any Statin (Secondary)	Rx High Intesity Statin (Secondary)	LDL < 70 (Secondary)

3.5% absolute improvement
11.7% relative improvement

%

Measures:	Collaborative Average Group Outcomes				Additional Patients w/ positive outcome[1]
	Baseline	2019Q1	Absolute Δ	Relative Δ	
Tobacco-free	86.0%	87.2%	1.2%	1.4%	1,700
Secondary: Aspirin	83.4%	84.6%	1.2%	1.4%	600
Primary: Aspirin	57.1%	58.2%	1.1%	1.9%	1,000
Any Statin	86.7%	88.2%	1.5%	1.7%	775
H.I. Statin	44.9%	49.5%	4.6%	10.2%	1,900
LDL < 70	32.6%	36.4%	3.8%	11.7%	1,640

1. Increase in patients due to measure rate improvement from baseline (calculated as the sum of positive absolute improvement in rate times the denominator in final measurement period).

Participant Interventions

Legend:
- Provider Education
- EHR Enhancements
- Care Redesign/Workflow Improvements
- Patient Outreach and Education
- Data/Documentation Improvements
- Elevate Emphasis within Leadership

Pie chart values: 21%, 21%, 19%, 16%, 13%, 10%

Intervention Hot List – Top 5

- #5: Leveraging EHR to better identify or treat risk

Best Practice Alerts

Smart Phrases

Diabetes Order Sets

Intervention Hot List – Top 5

- #4: Integrating pharmacy team into DM/CVD efforts

Intervention Hot List – Top 5

- #3: Leverage data reports to identify patient gaps

Registry of DM Patients
at Risk for CVD

List of High-Intensity
Statin Candidates

Unblinded Provider Data re:
Prescribing Statins, Evidence-
Based CVOT Meds

Intervention Hot List – Top 5

- #2: Educate providers on relevant topics

Link between Diabetes and CVD	CVD Risk Reduction Guidelines
Statins	Aspirin

Intervention Hot List – Top 5

- #1: EHR integration of ASCVD risk calculator

Atherosclerotic Cardiovascular Disease (ASCVD) Prevention Tool

| Enter Patient Data | Shared Decision |

Intended for use if there is not ASCVD and the LDL-cholesterol is <190 mg/dL.

Age (years): 63

African American: Yes | No

Gender: Male | Female

Diabetes: Yes | No

On BP Medications: Yes | No

Smoker: Yes | No

Total Cholesterol: 260 mg/dL

HDL Cholesterol: 35 mg/dL

Systolic Blood Pressure: 155 mm/Hg

LDL Cholesterol: 185 mg/dL

Recalculate Risk

Estimated Risk

41.9% Your Estimated 10-Year ASCVD Risk

KP Guideline Recommendations

Start High-Intensity Statin
Start atorvastatin 40 mg.

Consider Aspirin at 81 mg
Consider initiating aspirin in adults aged 60-69 years with a ≥10% 10-year ASCVD risk.

Smoking Cessation
Smoking Cessation should be encouraged to reduce the risk of ASCVD.

Lessons Learned – 1 of 4

- Educating and engaging all members of the care team is vital to success
  - Securing buy-in from leadership is crucial
  - Identifying a physician champion can amplify efforts
  - Educating providers on "why" helps to engage them; provider engagement enables organizational change

Lessons Learned – 2 of 4

- Targeted, data-driven communication can be effective for motivating both patients and providers
  - Evidence-based recommendations improve patient willingness to comply with provider guidance
  - Employing data-driven, face-to-face communication with providers can help overcome clinical inertia
  - Integrating evidence-based guidelines into provider tools (e.g., BPAs) can help clear up provider confusion

Lessons Learned – 3 of 4

- Data and technology can work for you and against you
  - Data review, validation, and monitoring can clarify needs and guide efforts more effectively
  - EHR challenges and deficiencies can be large roadblocks to quality improvement initiatives
  - Consider health IT factors (e.g., upcoming platform changes or integrations) and their implications when deciding on the feasibility and timing of initiatives

- Quick wins are possible, but long-term change takes time and consistent effort
  - Embrace incremental improvements by targeting "low-hanging fruit" (e.g., right statin, wrong dose)
  - Learn from the efforts of others, but customize the approach based on your unique situation
  - Change will come, but only with time, patience, and consistency (in messaging, effort, and follow-up)

Stay Tuned for More!

2019

Case Studies (September)

2020

AMGA Annual Conference (March)

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August Webinar

- **Date/Time**: August 15, 2019 from 2-3pm Eastern

- **Topic**: Embedded Pharmacists in Primary Care

- **Presenters**: Diane L. George, D.O. and James Kalus, Pharm.D. of Henry Ford Medical Group

Questions