



# Together2Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign



# Monthly Campaign Webinar

## February 20, 2020

# Today's Webinar



- Together 2 Goal® Updates
  - Webinar Reminders
  - AMGA Annual Conference 2020
  - Innovator Track CVD Breakout Session
  - AMGA Foundation Celebration Luncheon
- Calculating Lives Improved and Leveraging Data
  - John Cuddeback, M.D., Ph.D. of AMGA Analytics
- Q&A
  - Use Q&A or chat feature



# Webinar Reminders

- Webinar will be recorded today and available the week of February 24<sup>th</sup>
  - [www.Together2Goal.org](http://www.Together2Goal.org)
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



# AMGA Annual Conference 2020

March 25 – 28, 2020 in San Diego, California  
[amga.org/ac20](https://amga.org/ac20)



## Shared Learning

Real-world case studies and insights from AMGA members, including Geisinger, Henry Ford Health System, Intermountain Healthcare, Mayo Clinic, and many others.



## Networking

Join 2,000+ healthcare leaders for hours of free-flowing conversation and structured networking.



## Inspiring Keynotes

This year's agenda features future-focused Dr. Peter Diamandis, community health guru Dr. Toyin Ajayi, and viral sensation ZDoggMD.

# Innovator Track CVD Breakout Session

**Saturday March 28, 2019**

- **2:00 – 3:00 pm:** *Achieving and Sustaining Improved Cardiovascular Risk Care for Diabetes Patients: Building Lessons of the Together 2 Goal® Innovator Track CVD Cohort*

- *Jon Brady, Pharm.D. of Geisinger*
- *Janet Appel, R.N., M.S.N., CCM of Sharp Rees-Stealy Medical Centers*
- *Samuel Bauzon, M.D., M.M.M., CPE of Southwest Medical Associates*



# AMGA Foundation Celebration Luncheon

March 28, 2019

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12:00 – 1:45 p.m.

Join us as we celebrate  
our Foundation award  
winners and 1 million  
lives improved!



# Today's Featured Presenter

John Cuddeback, M.D., Ph.D.



Chief Medical Informatics Officer  
AMGA



# Together2Goal<sup>®</sup>

AMGA Foundation  
National Diabetes Campaign

1,082,000

336,000



# T2G Lives Improved

Baseline through Year 3

Nikita Stempniewicz, Cori Rattelman, Caitlin Shaw, John Cuddeback

February 2020

# Tracking Achievement

## Population Measures

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- Proportion of patients in control (%)
  - A1c < 8.0
  - BP < 140/90
  - Statin Rx
  - Nephropathy
  - Bundle
- Cross-sectional
- Reported quarterly
- Ages 18 – 75

## Patients Improved

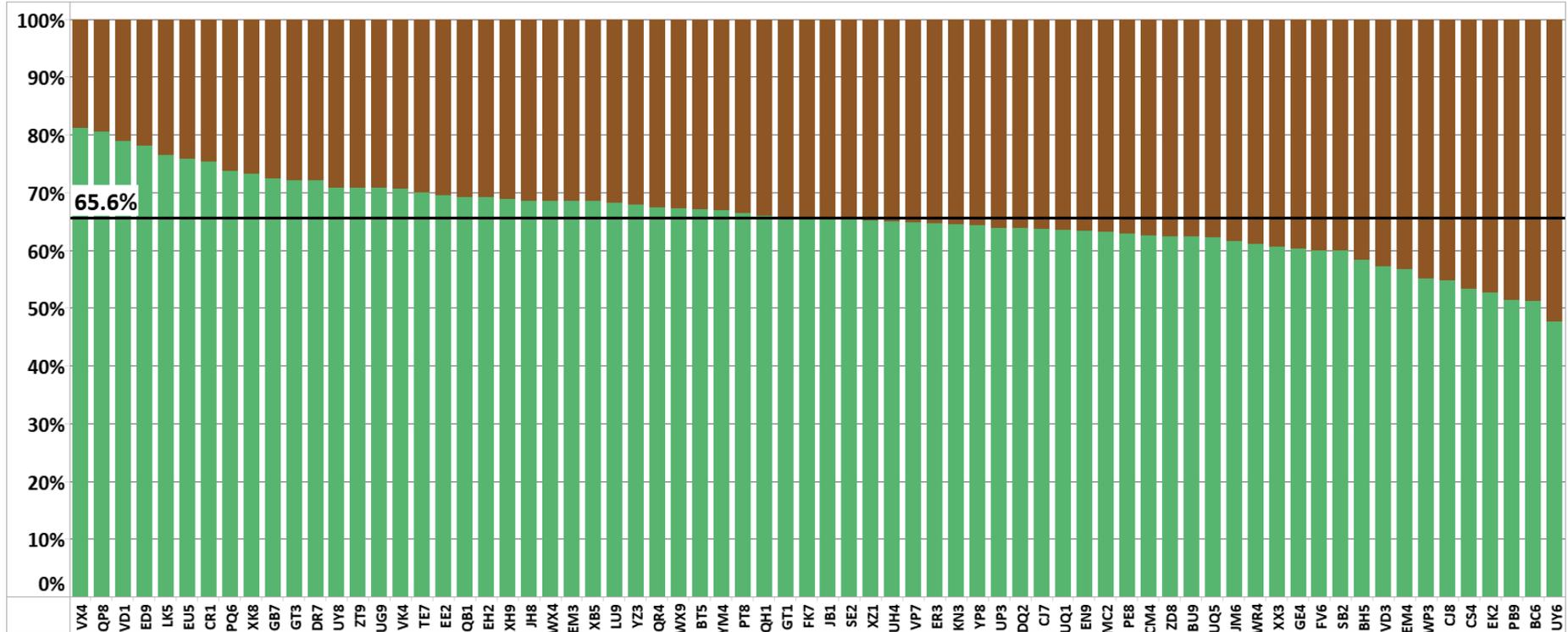
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- Number of patients with sustained improvement
  - New diagnosis of type 2 diabetes
  - Improve on at least one measure
- Longitudinal
- Reported annually
  - Year 3 concluded 2019 Q1
- Ages 18 – 89
- **Number of patients with sustained control on bundle measure**

# HbA1c < 8.0 – 2016 Q1 (Baseline)

850,000 patients with type 2 diabetes, across 70 AMGA member organizations

T2G<sup>®</sup> 2016 Q1: Proportion of Patients with HbA1c in Control (< 8%)

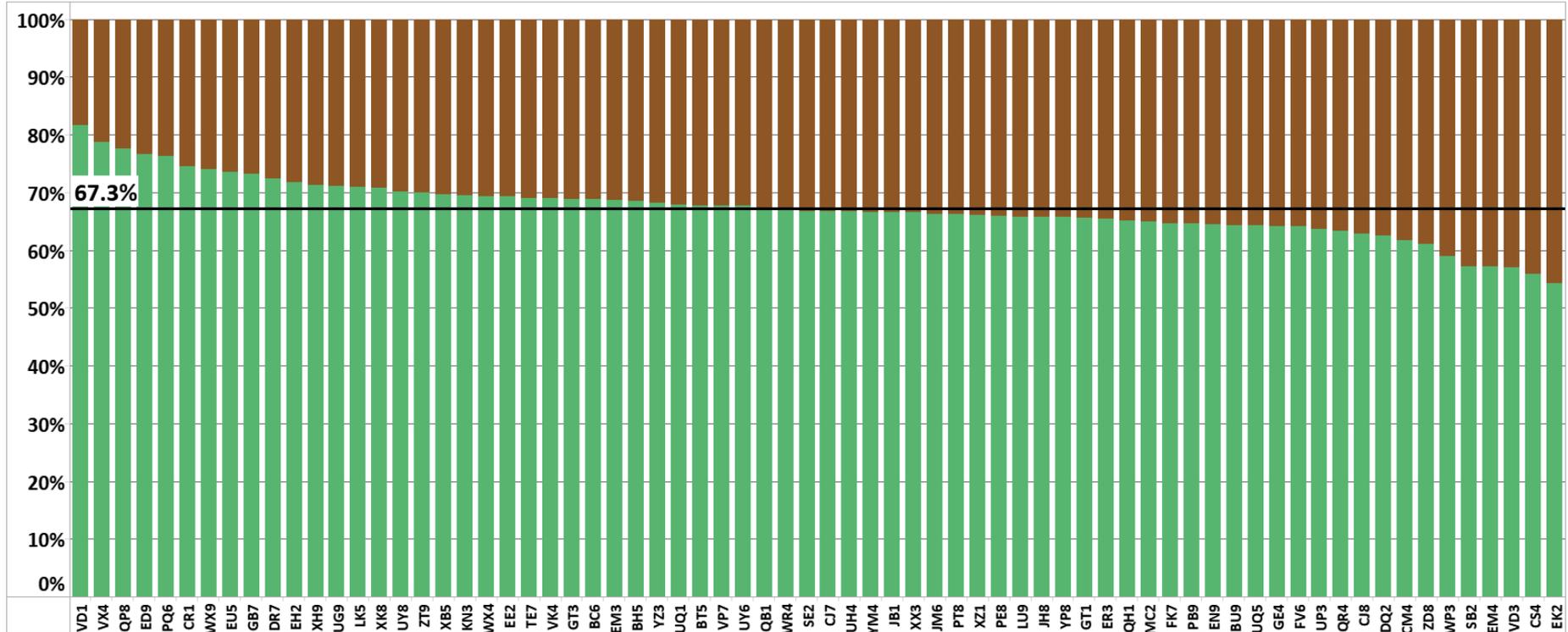


# HbA1c < 8.0 – 2019 Q1 (Year 3)

1,010,000 patients with type 2 diabetes, across 70 AMGA member organizations



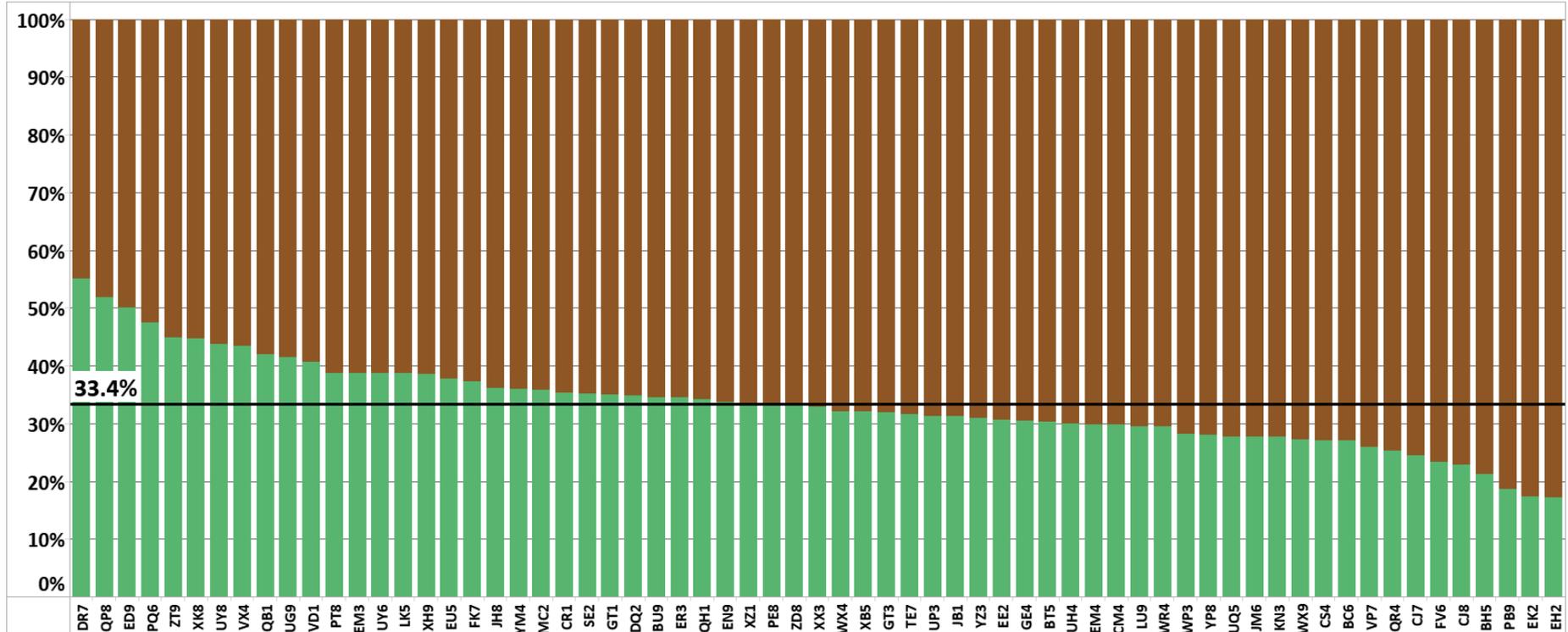
T2G® 2019 Q1: Proportion of Patients with HbA1c in Control (< 8%)



# T2G Bundle – 2016 Q1 (Baseline)

790,000 patients with type 2 diabetes, across 65 AMGA member organizations

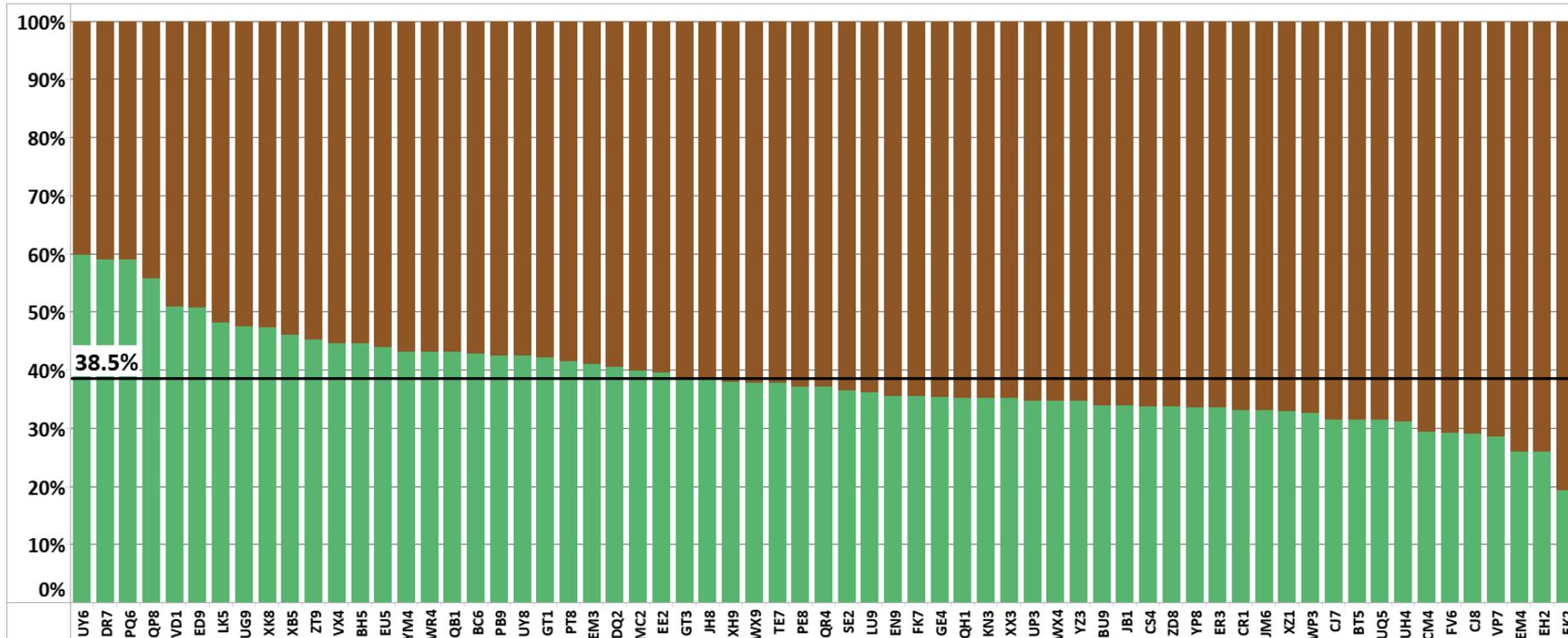
## T2G® 2016 Q1: Proportion of Patients Compliant with All Elements of the T2G Bundle



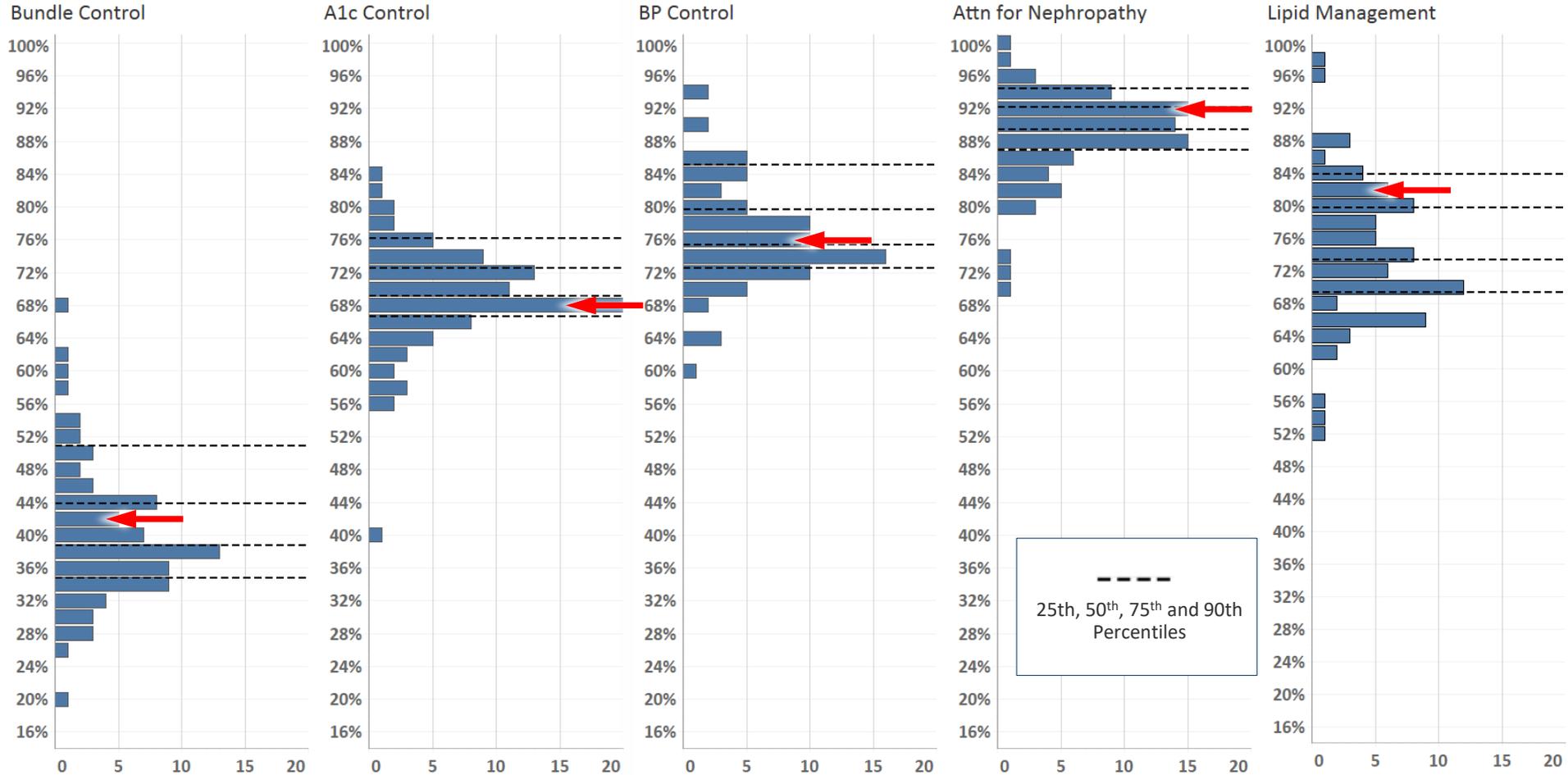
# T2G Bundle – 2019 Q1 (Year 3)

930,000 patients with type 2 diabetes, across 65 AMGA member organizations

T2G® 2019 Q1: Proportion of Patients Compliant with All Elements of the T2G Bundle



# Distribution of Measure Performance Rate



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25th, 50th, 75th and 90th Percentiles

# Measures – Population-level Control Rates: 2016 Q1 → 2019 Q1



- 70 organizations reporting measures for 3 years (65 Core Track + 5 Basic Track)
- Average performance rate (group weighted) from baseline (2016 Q1) to year 3 (2019 Q1)

	2016 Q1	2017 Q1	2018 Q1	2019 Q1	Δ 2016–2019
T2DM prevalence	13.8%	13.6%	13.8%	14.2%	
HbA1c < 8.0	65.6%	66.4%	67.5%	67.3%	+1.6%
BP < 140/90	72.9%	74.0%	75.3%	75.9%	+3.0%
Nephropathy	85.9%	87.0%	87.9%	88.5%	+2.6%
Lipid management	68.7%	69.5%	71.5%	73.3%	+4.5%
T2G Bundle	33.4%	34.9%	37.5%	38.5%	+5.1%

# Opportunities for Improvement

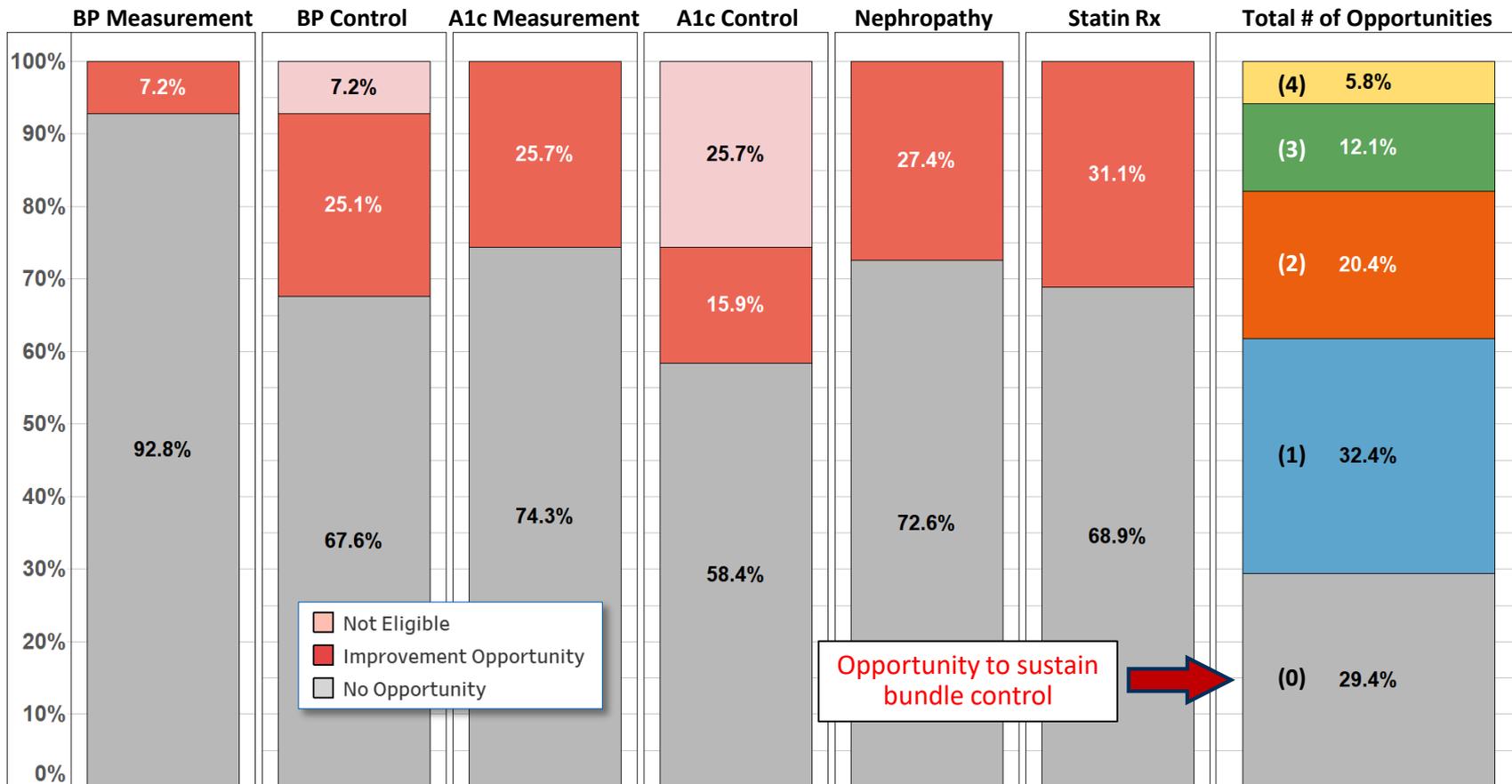
- Patients with no prior diagnosis
  - New diagnosis for type 2 diabetes (on claim\* or problem list)
    - Review clinical data for existing evidence that's diagnostic or strongly suggestive of type 2 diabetes
    - Practice-based screening
- Patients with a diagnosis of type 2 diabetes
  - If A1c is not measured (during measurement period), measure A1c
  - If A1c  $\geq 8.0$ , bring A1c into control
  - if BP is not measured, measure BP
  - If BP  $\geq 140/90$ , bring BP into control
  - If no medical attention to nephropathy, screen/diagnose or refer to a nephrologist
  - If no statin prescribed and LDL  $\geq 70$  mg/dL, prescribe (or re-try) a statin

\* We require Dx codes on claims to be associated with a face-to-face encounter with a provider, to ensure we don't pick up a code for diabetes that's used in a "rule-out" sense, on a claim for a lab test intended as screening for diabetes. This use of the code is technically not correct, but it's a common error.

# Have Dx: Opportunities for Improvement



Campaign baseline data (2016 Q1): Broader population, i.e., patients age 18 – 75 with  $\geq 1$  visit (instead of  $\geq 2$  visits required in T2G)



# Improvement Calculation

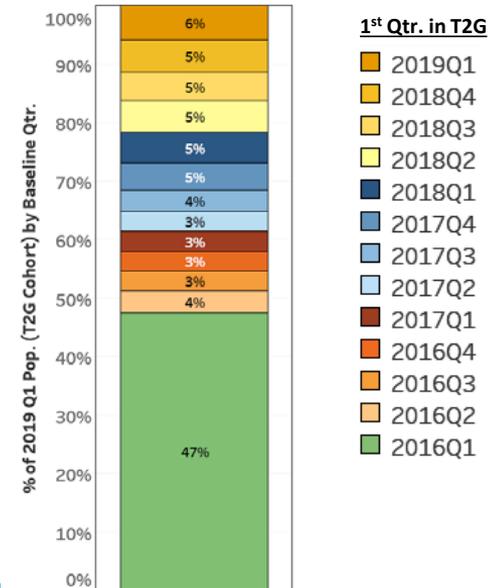
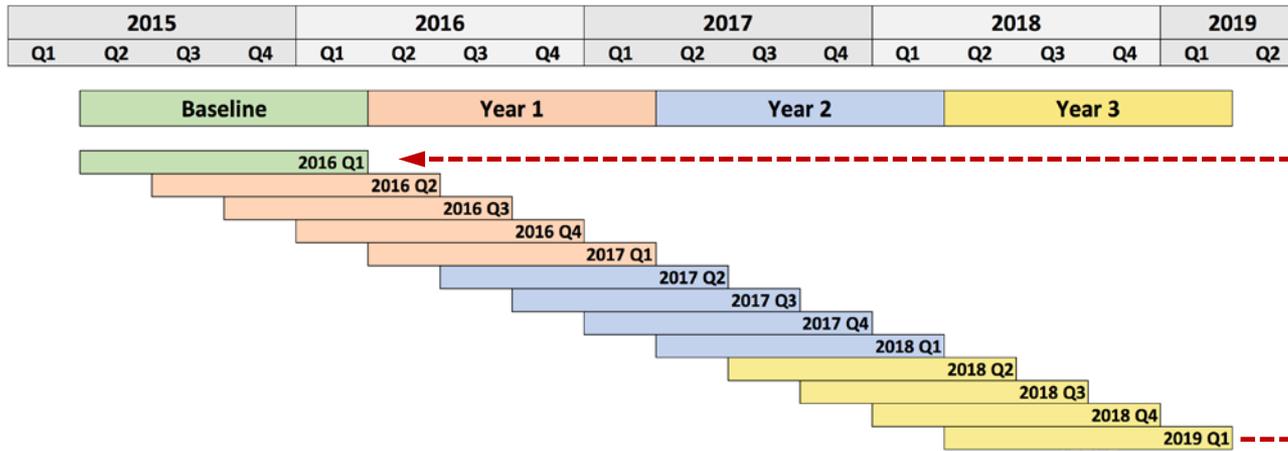
	A1c		BP		Lipid		Nephropathy		Bundle		Improvement
	Baseline	Year 3	Baseline	Year 3	Baseline	Year 3	Baseline	Year 3	Baseline	Year 3	Baseline → Year 3
Example A	✓	✓	X	✓	✓	✓	✓	✓	X	✓	✓
Example B	✓	✓	X	✓	X	✓	✓	✓	X	✓	✓
Example C	✓	X	X	✓	✓	✓	✓	✓	X	X	X
Example D	✓	✓	X	✓	X	X	✓	✓	X	X	✓
Example E	✓	X	X	✓	X	✓	✓	✓	X	X	✓
Example F	✓	X	X	✓	X	✓	✓	X	X	X	X
Example G	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	X

## Improvement is assessed for each patient, then summarized for all patients in the T2G denominator

- Example A – Moving from out-of-control (X) to in-control (✓) on any measure counts as improvement, provided it is not offset by movement from in-control to out-of-control on another measure (see Example C)
- Example B – Moving from out-of-control to in-control on multiple measures improves performance, but it counts the same as a single measure toward improvement
- Example C – Moving from out-of-control to in-control does not count as improvement if it is “offset” by regression (moving from in-control to out-of-control) on another measure
- Example D – Remaining out-of-control diminishes performance on the respective measure, but it does not offset improvement on another measure
- Examples E and F – Improvement on two measures is not offset by regression on one other measure, but it is offset by regression on two other measures
- Example G – Remaining in-control (✓) maintains performance on the respective measure, but it does not count as improvement for the campaign

# Improvement Calculation

- Compare data from Year 3 (2019 Q1) to Baseline (2016 Q1)
- Look backward, to ensure that any improvements are sustained through end of measurement period
  - 47% of patients in T2G Cohort in 2019 Q1 were in T2G Cohort at Baseline (2016 Q1)
- Evaluate these patients for improvement in measures, from baseline to year 3



# Improvement Calculation

- For remaining current T2G Cohort patients, evaluate cohorts quarterly—check how they entered the T2G Cohort
  - Patient new in T2G Cohort but Active in a prior quarter → established patient, newly diagnosed (diagnosis counts as improvement)
  - Patient new in T2G Cohort and in Active Population → new patient, already diagnosed (diagnosis does not count as improvement)
    - Evaluate these patients for improvement in measures, from cohort entry to current
- Consider patients who were active during the campaign, but not in the most recent quarter
  - Include improvements among patients who were active in  $\geq 2$  quarterly reporting periods but not the most recent quarter
    - Evaluate these patients for improvement in measures, from cohort entry to exit
- Lives improved includes only the AMGA members who are reporting data quarterly on the campaign measures
- For patients with bundle control at cohort entry or baseline, check to see if they sustained bundle control
  - These patients are not eligible for any improvements toward the campaign goal

# Patients with Improved Care

- Among **1,780,000** patients with T2DM age 18 – 75, included in 2019 Q1 population
  - **735,000** patients with improved care, through the end of year 3 of the campaign (2019 Q1)
  - **223,000** patients with sustained bundle control for  $\geq 1$  year
    - These patients had all measures in control at baseline, i.e., they were not eligible for any improvements and have no overlap with the 735,000 patients above
- Among **3,100,000** patients with T2DM age 18 – 89, included in 2019 Q1 population or in  $\geq 2$  reporting periods during campaign
  - **1,082,000** patients with improved care, through the end of year 3 of the campaign (2019 Q1)
  - **336,000** patients with sustained bundle control for  $\geq 1$  year
- About 1/3 of improvements are people who have a new diagnosis of type 2 diabetes
- About 2/3 are patients who already had a diagnosis and achieved a net improvement in control, among the 4 measures that make up the T2G bundle

1,082,000

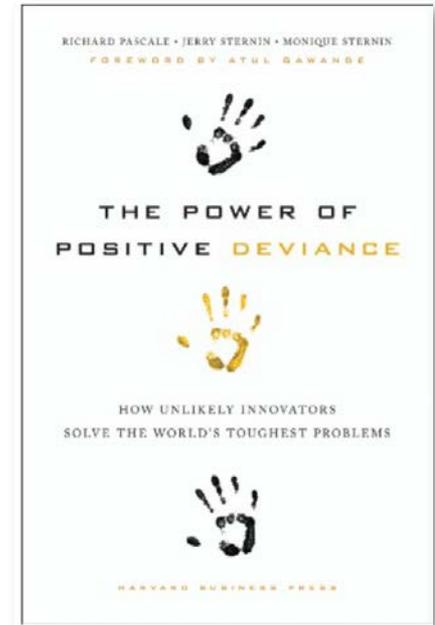
336,000



# Remaining Opportunity: Positive Deviance

# Positive Deviance

- Jerry Sternin – Save the Children program to reduce malnutrition in poor Vietnamese villages (1990)
- Conventional: bring in outside experts, adopt agricultural practices from other parts of the world
- Alternative: some families have better-nourished children – what are they doing differently?
  - Feeding children even when they had diarrhea
  - Several small feedings per day, instead of 1–2 large meals
  - Adding sweet potato greens to the children’s rice, even though these greens were considered a low-class food
- **People in the same environment, with the same resources, who are achieving better results – find and interview/observe**

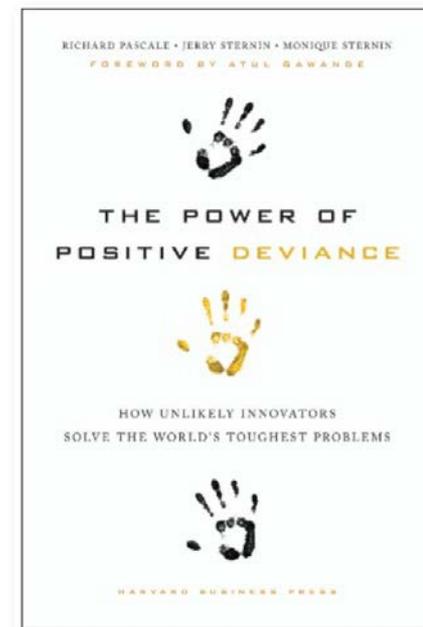


Pascale R, Sternin J, Sternin M. The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems. Harvard Business Review Press, 2010.

# Positive Deviance

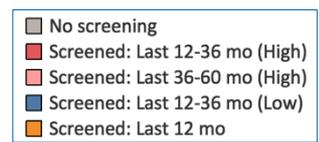


- Diabetes screening – early T2G data
- Therapeutic inertia – T2G research (Cori Rattelman)
- T2G bundle measure – CPX perspective (Nikita Stempniewicz)
  - Current performance
  - Rate of improvement



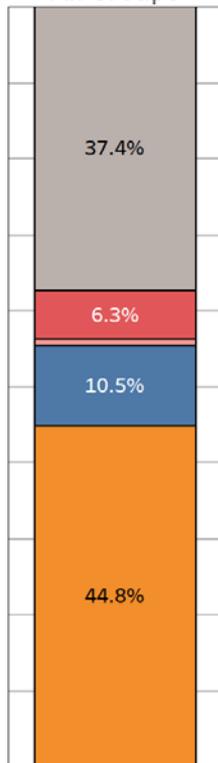
Pascale R, Sternin J, Sternin M. The Power of Positive Deviance: How Unlikely Innovators Solve the World's Toughest Problems. Harvard Business Review Press, 2010.

# Diabetes Screening by Organization

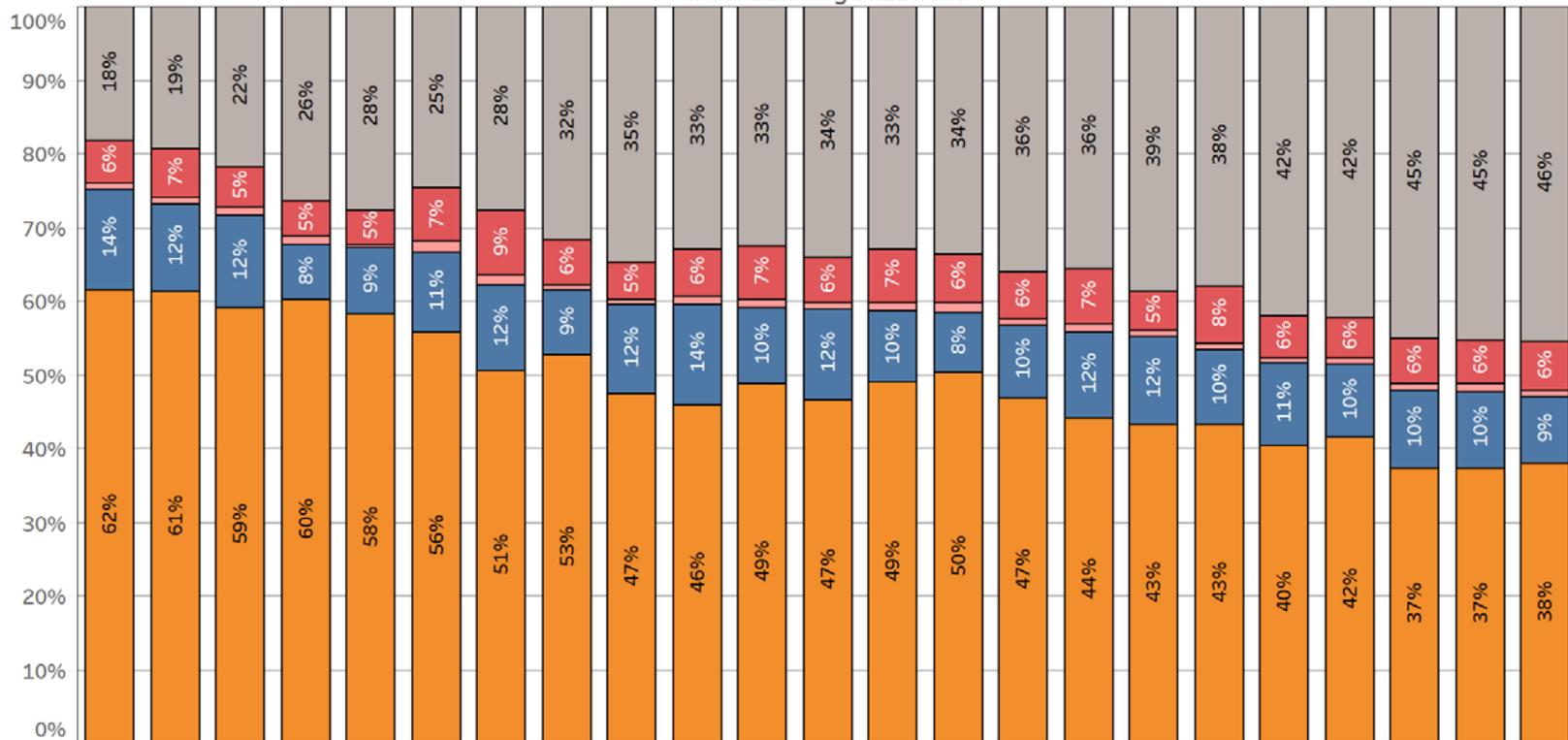


- 3.8 million patients aged 18–75 w/ no evidence of prior DM or pregnancy, eligible for screening (ADA), across 23 A4i orgs.
- Overall, 44.8% of patients were screened in the past 12 months, and an additional 10.5% were screened in the prior 12–36 months with no result indicative of diabetes or prediabetes—these patients were properly screened according to ADA guidelines

All Groups

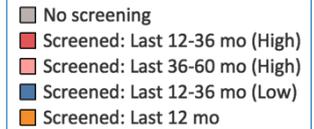


Individual Organizations

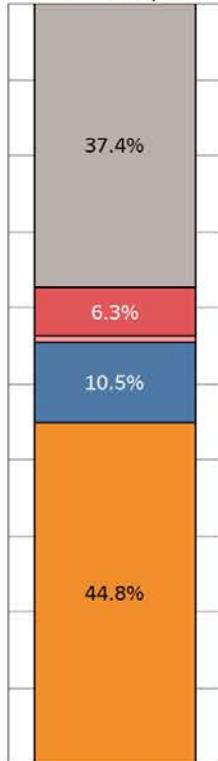


# Diabetes Screening by Provider/Care Team

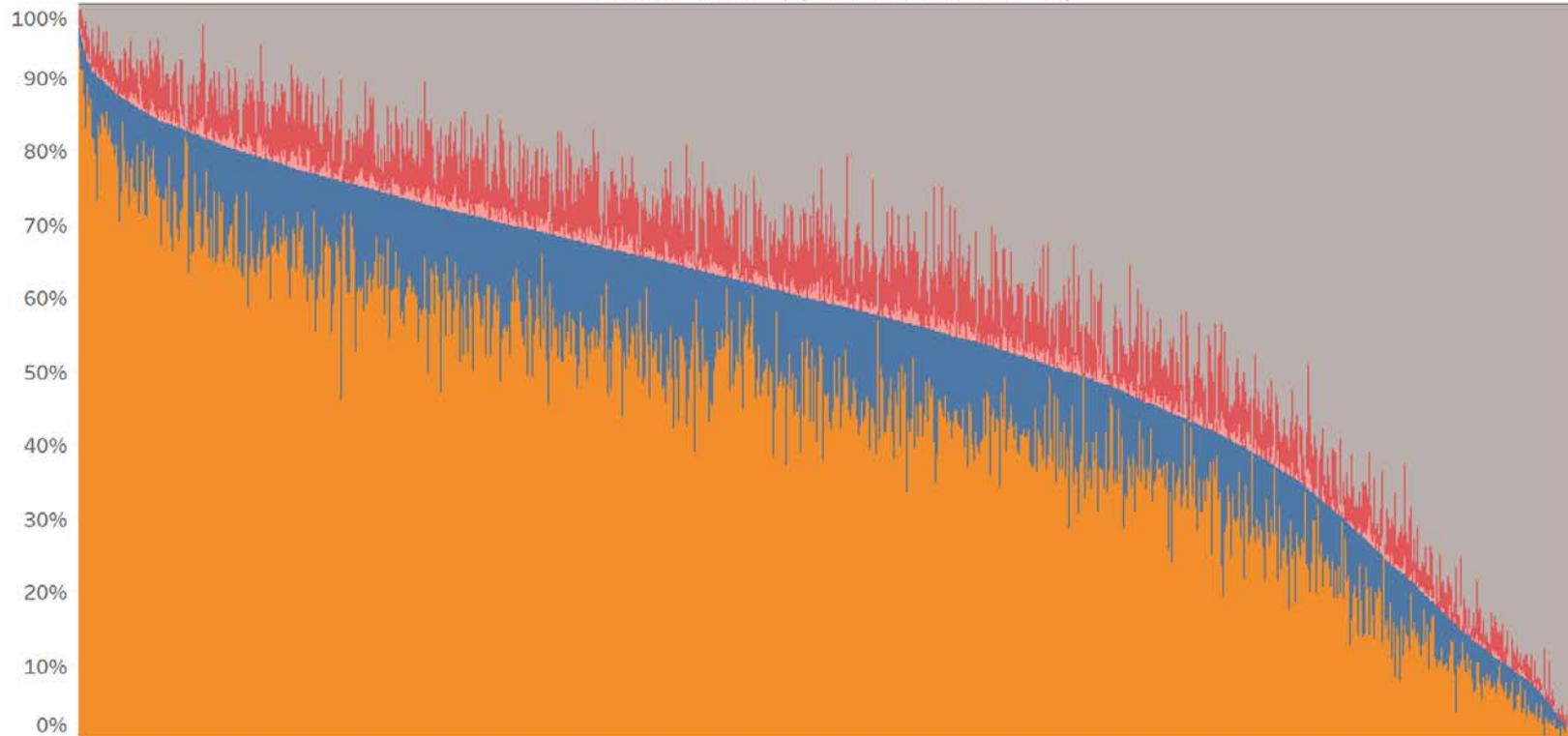
- 3.8 million patients aged 18–75 w/ no evidence of prior diabetes or pregnancy, and eligible for screening (ADA), across 23 AMGA member organizations
- 8,830 individual primary care providers with  $\geq 100$  patients attributed (based on plurality of care in the past 24 months)



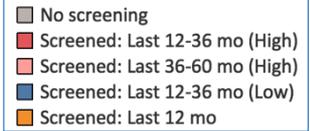
All Groups



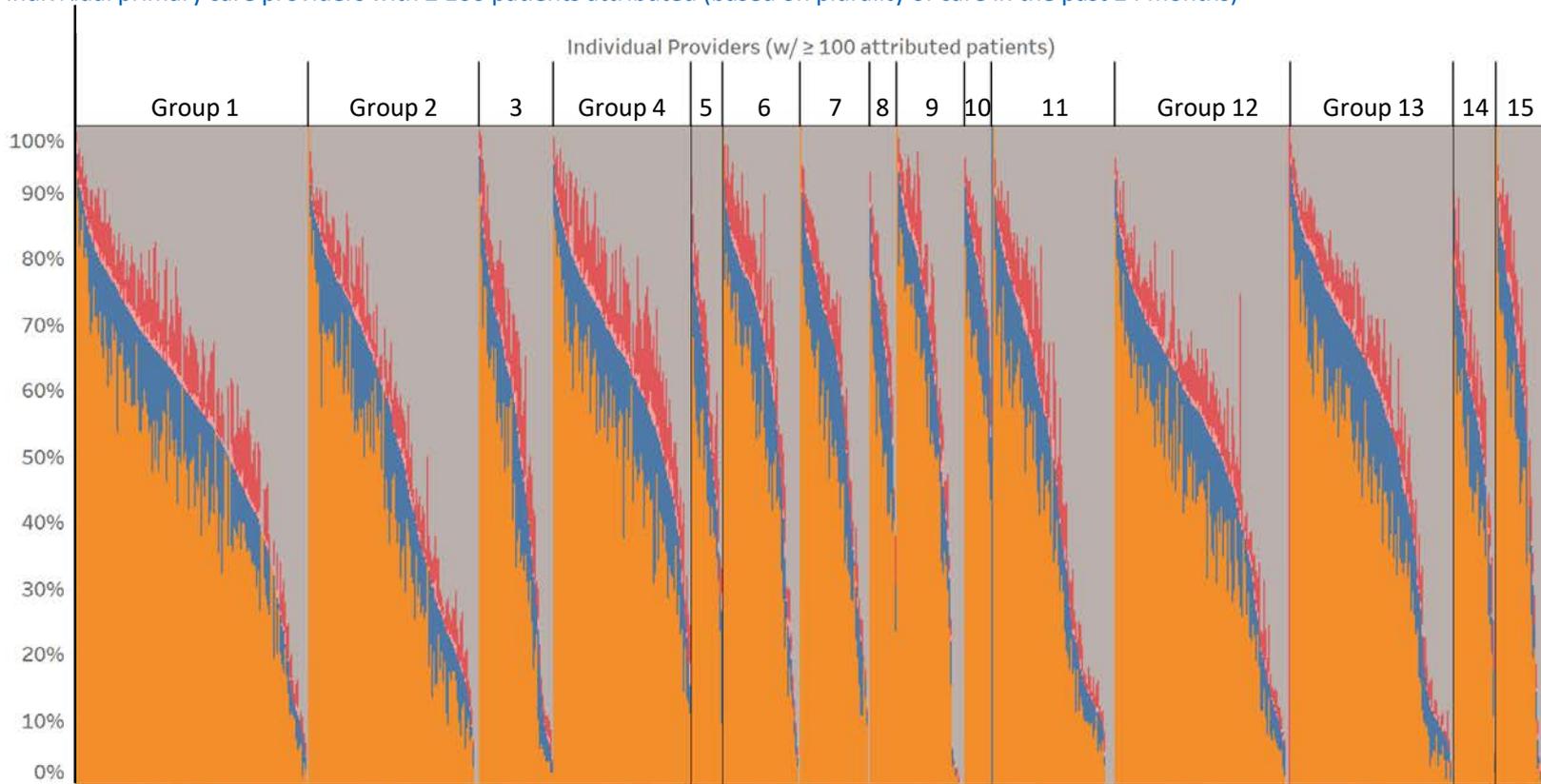
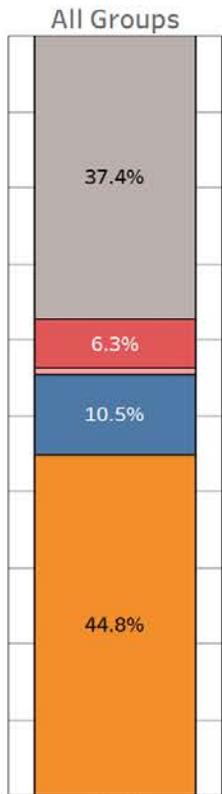
Individual Providers (w/  $\geq 100$  attributed patients)



# Screening by Provider within Organization



- 3.8 million patients aged 18–75 w/ no evidence of prior diabetes or pregnancy, and eligible for screening (ADA), across 15 AMGA member organizations
- About 5,000 individual primary care providers with ≥ 100 patients attributed (based on plurality of care in the past 24 months)



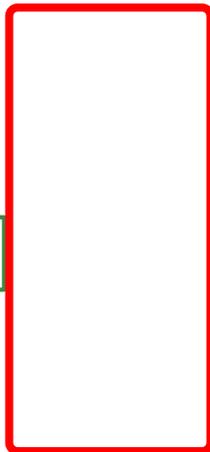
# action, 0–24 months

Type 2 diabetes, age 18–75, Index A1c  $\geq 8.0$ , and either prior A1c  $\geq 8.0$  or no A1c in prior 15 months



All Organizations

Individual Organization



New Rx or Moved In  
0 to 6 mo.

New Rx or Moved In  
6 to 12 mo.

New Rx or Moved In  
12 to 18 mo.

New Rx or Moved In  
18 to 24 mo.

No Observable  
Action/Change  
in 24 mo.

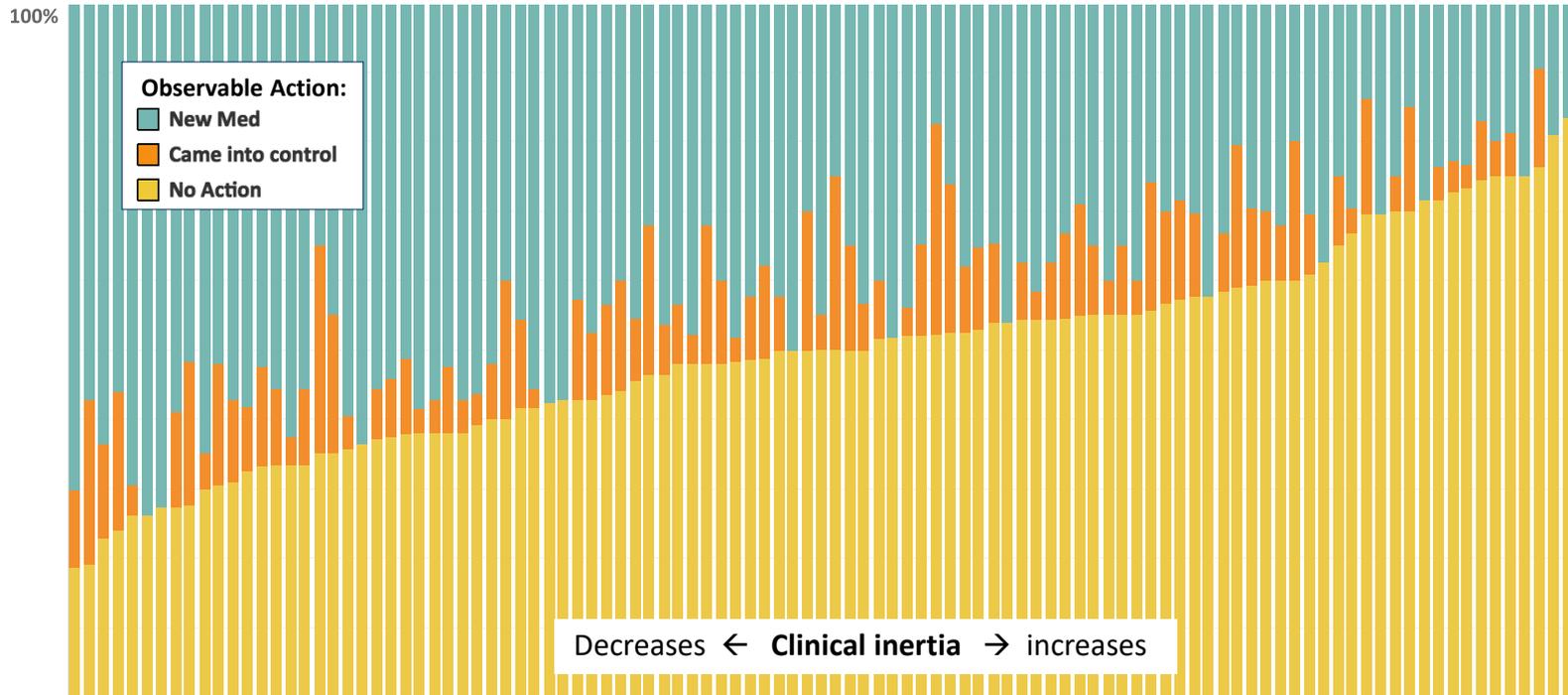
# (by attributed PCP)



- 105 primary care providers (PCPs) across 22 A4i organizations (includes PCP with  $\geq 20$  attributed clinical inertia cohort patients; attribution based on plurality of visits/services by a PCP in the past 24 months)
- Observable action (blue + orange) occurred: range 17 to 81% by primary care provider (PCP), across all organizations

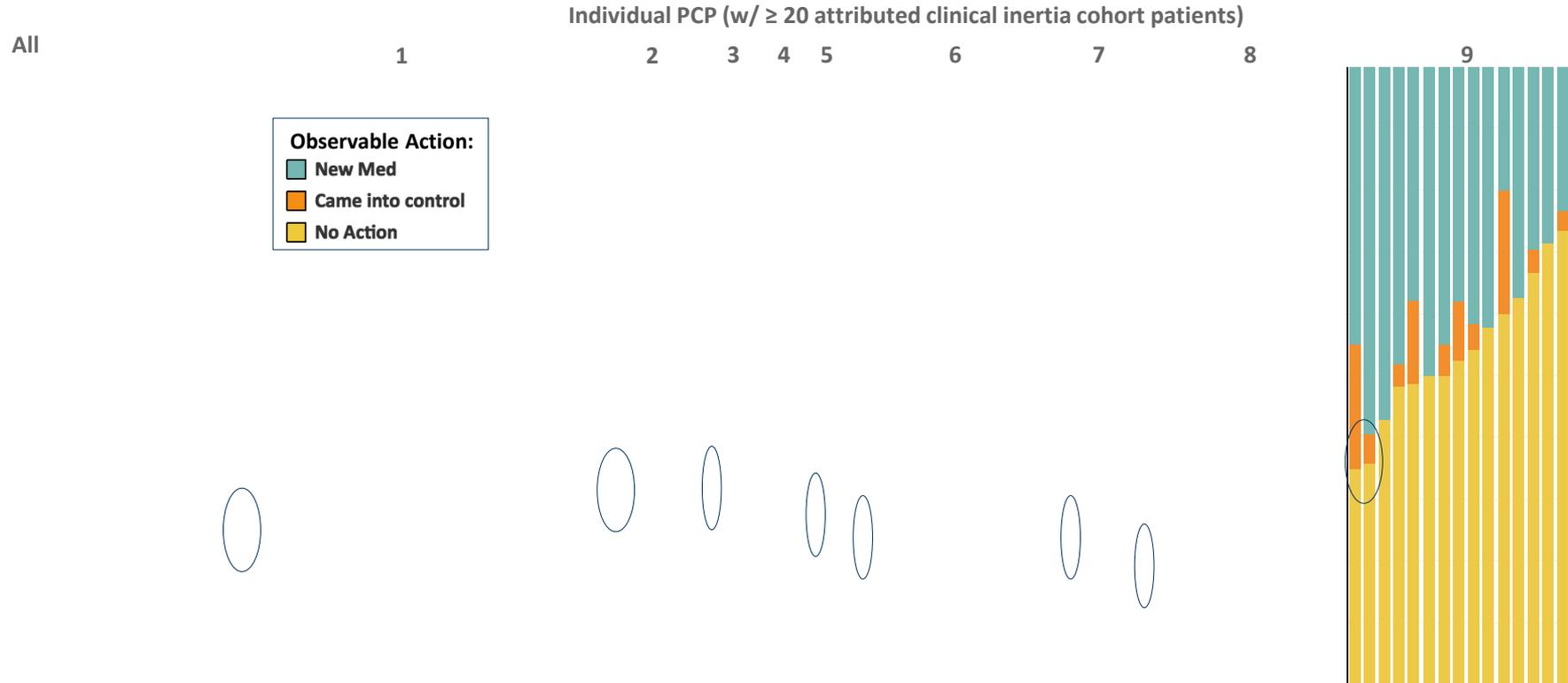
All

Individual PCP (w/  $\geq 20$  attributed clinical inertia cohort patients)



# Find the positive deviant!

- There are people in every organization
- **Figure out who is getting it right and learn from them!**



# T2G Bundle

# Methods



- Study population (T2G Cohort, link to specifications below)
  - Patients ages 18 – 75
  - 2+ ambulatory E&M visits with primary care, endocrinology, cardiology, or nephrology during past 18 months
  - diagnosis of type 2 diabetes (T2DM) on patient problem list or a claim (for a face-to-face visit)
- Bundle measure control:
  - A1c < 8.0
  - BP < 140/90
  - Statin Rx or documented reason for not receiving a statin
  - Medical attention for nephropathy
- EHR and billing data from 17 AMGA members participating in T2G, 1,857 providers, and 220,000 patients with T2DM

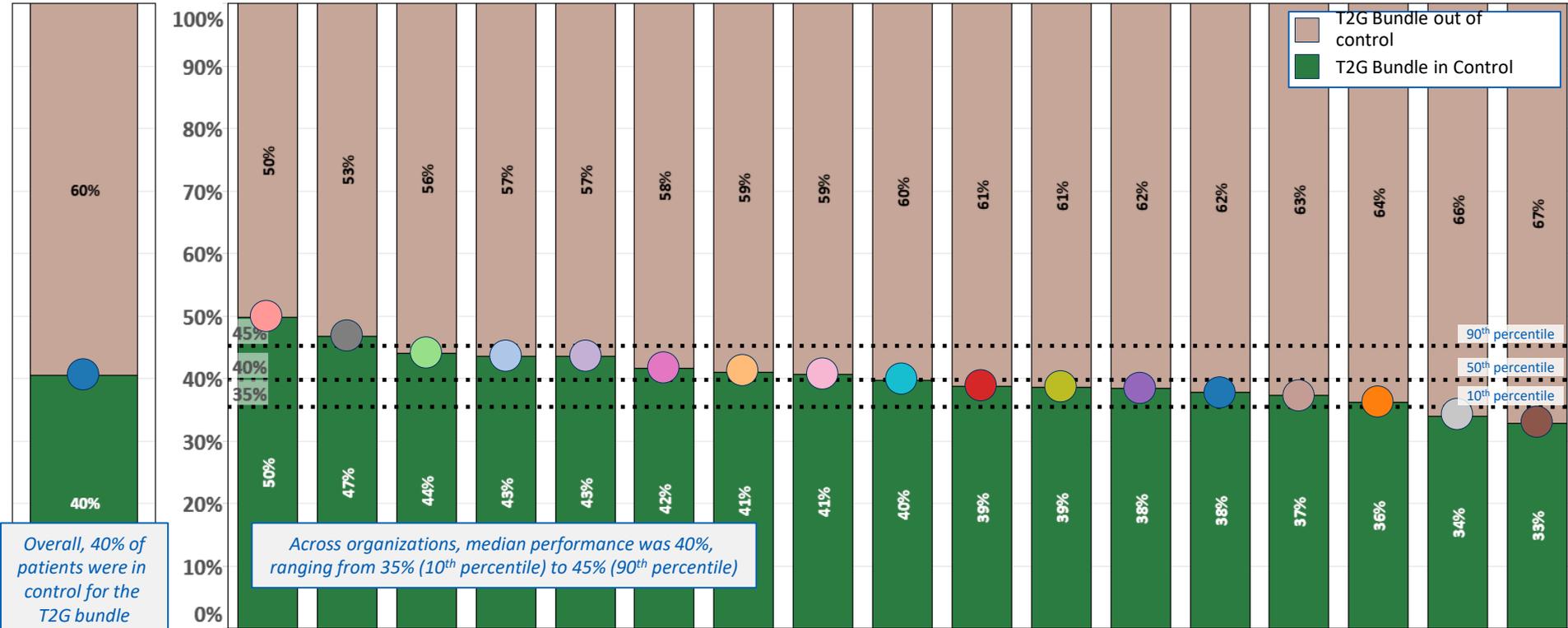
T2G Measure Specifications: <http://www.together2goal.org/assets/PDF/specs2019.pdf>

# Bundle Performance Across Organizations



All Orgs.

Individual Organizations

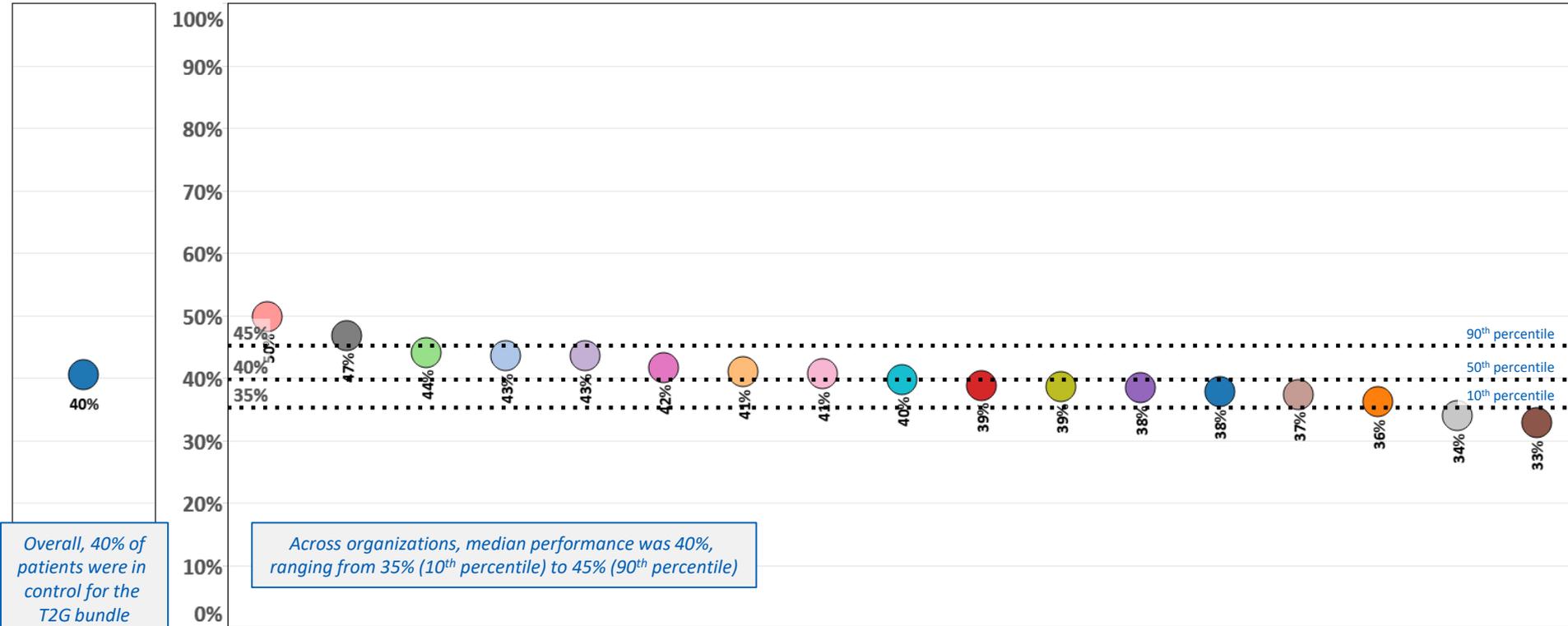


# Bundle Performance Across Organizations



All Orgs.

Individual Organizations (n = 17)

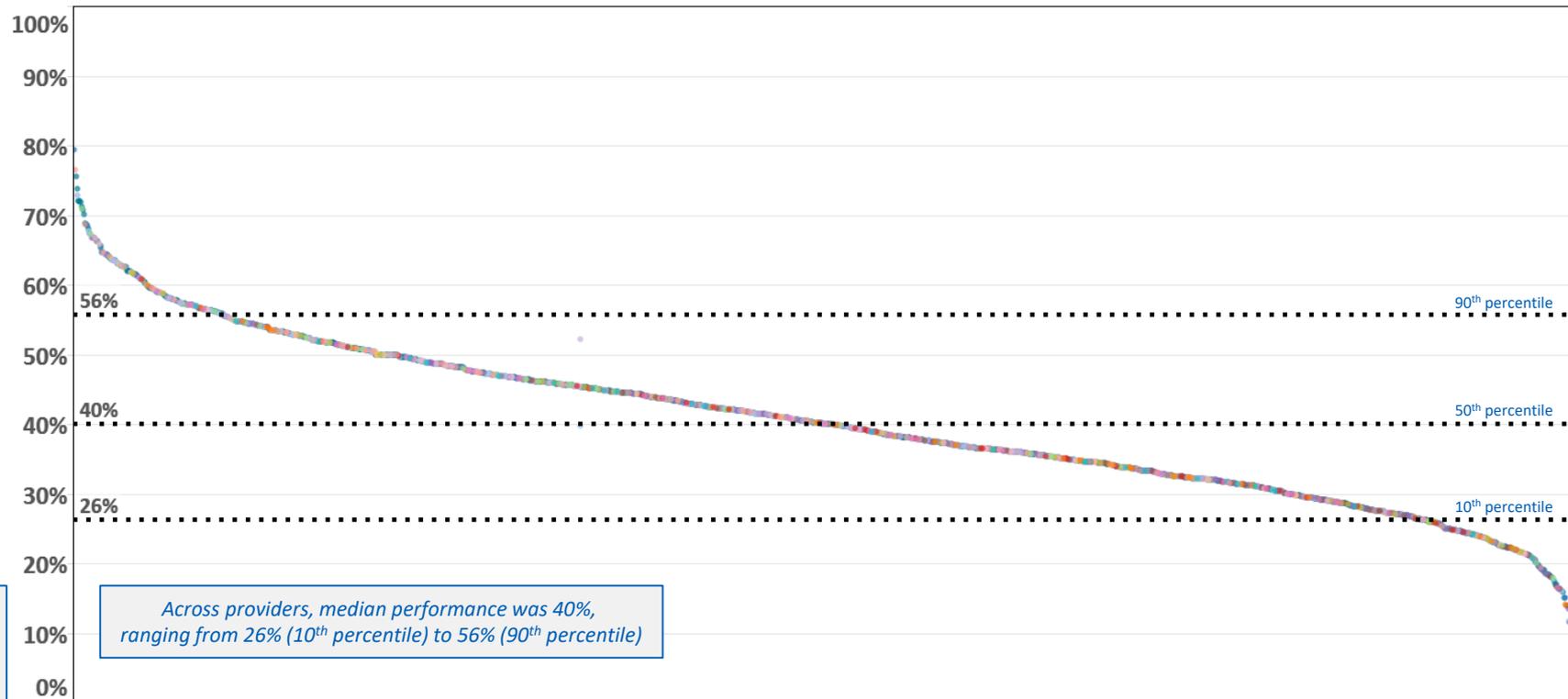


# Bundle Performance Across Providers

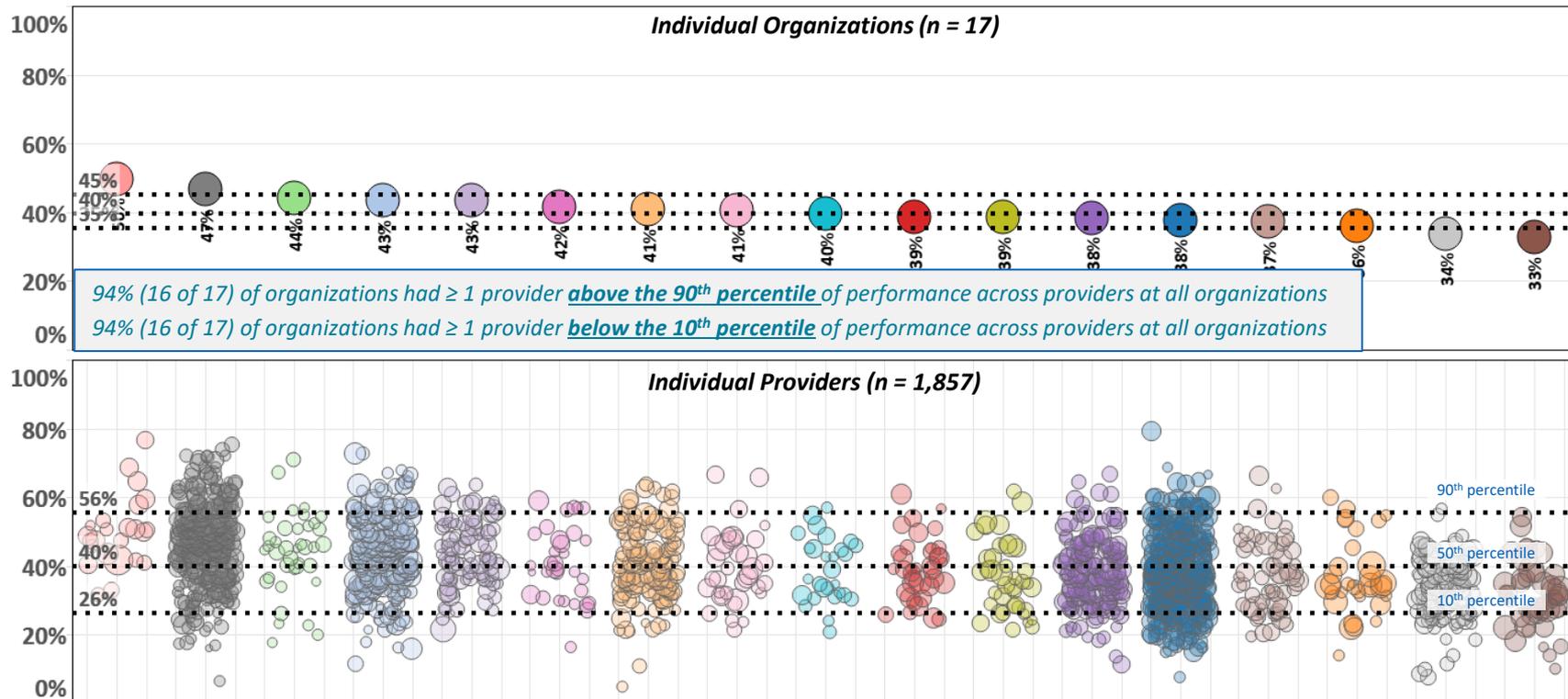


All Providers

Individual Providers (n = 1,857)



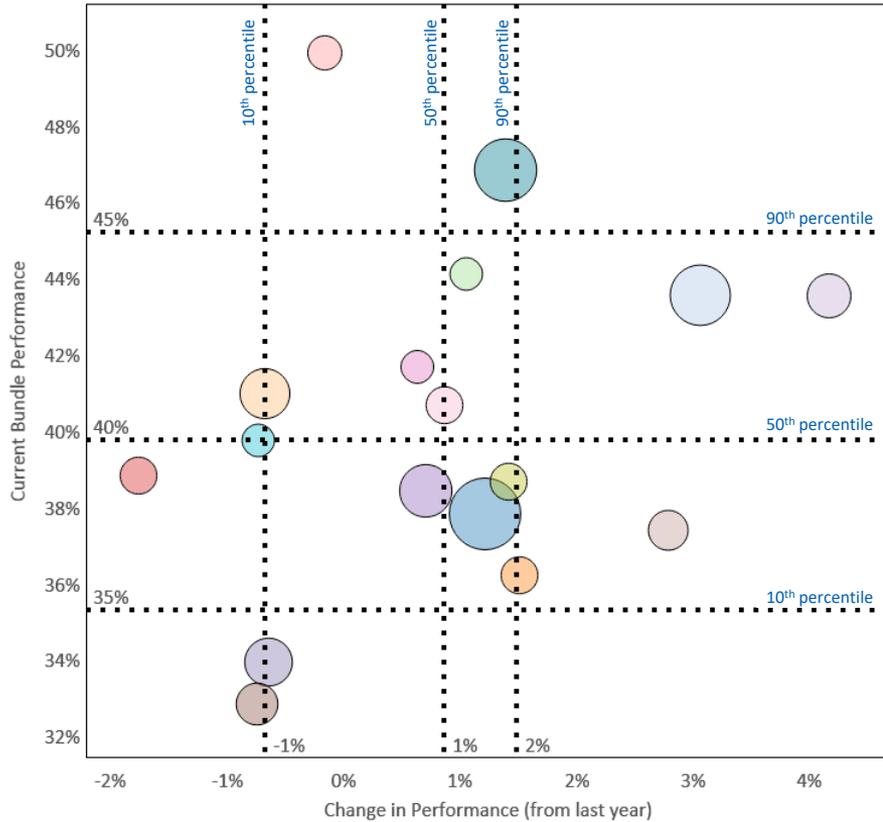
# Organizations



# Improvements



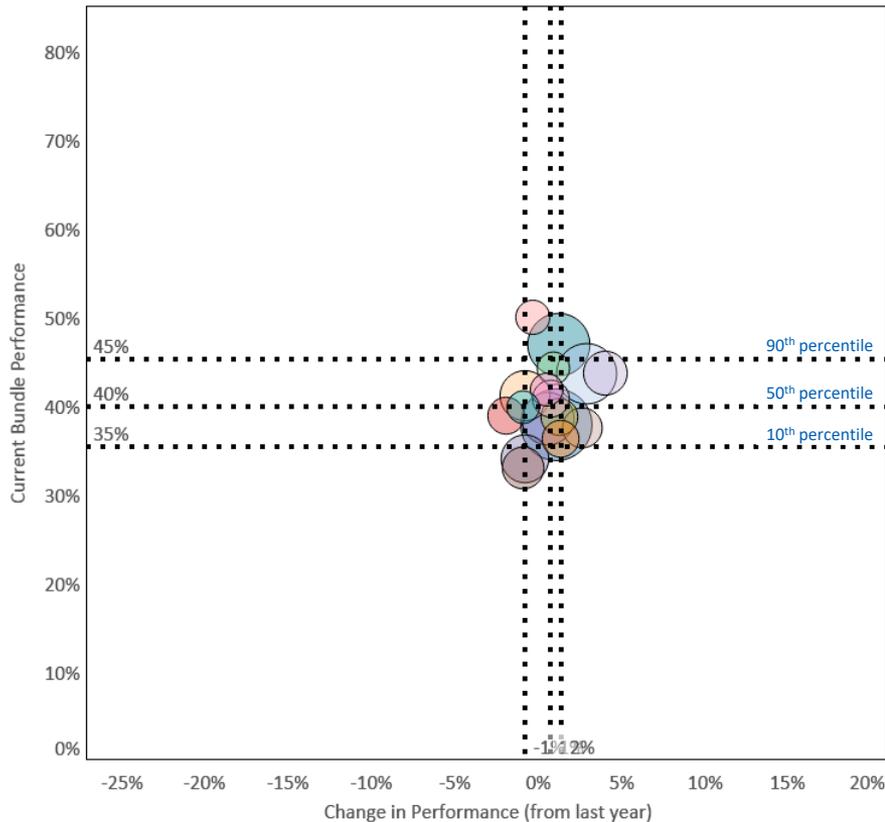
Individual Organizations (n = 17)



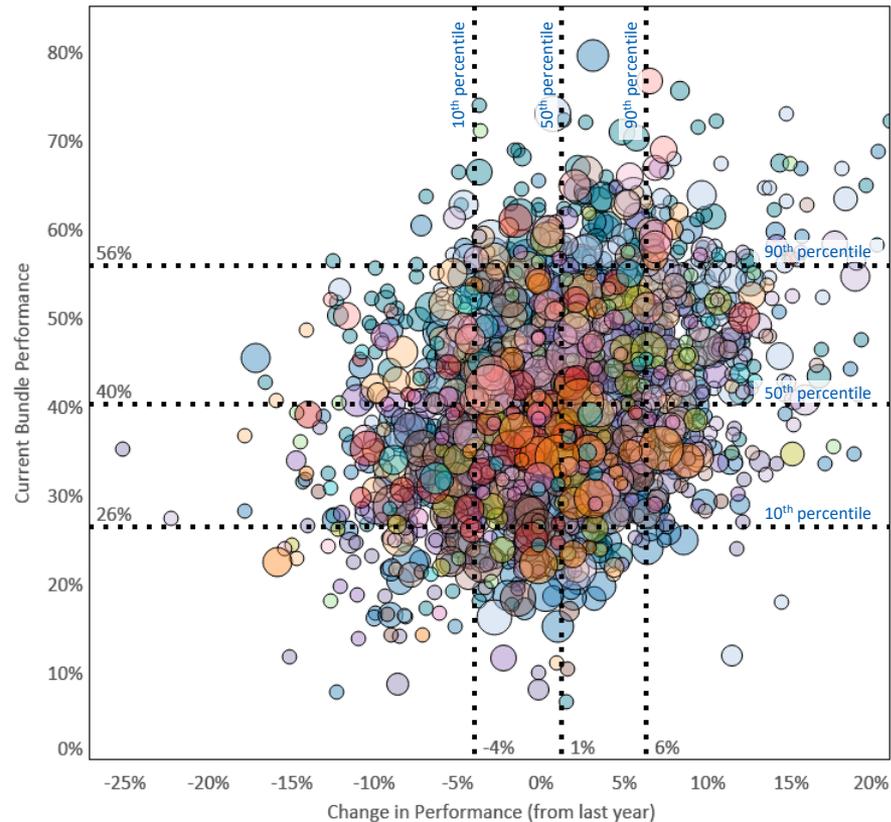
# Improvements



Individual Organizations (n = 17)



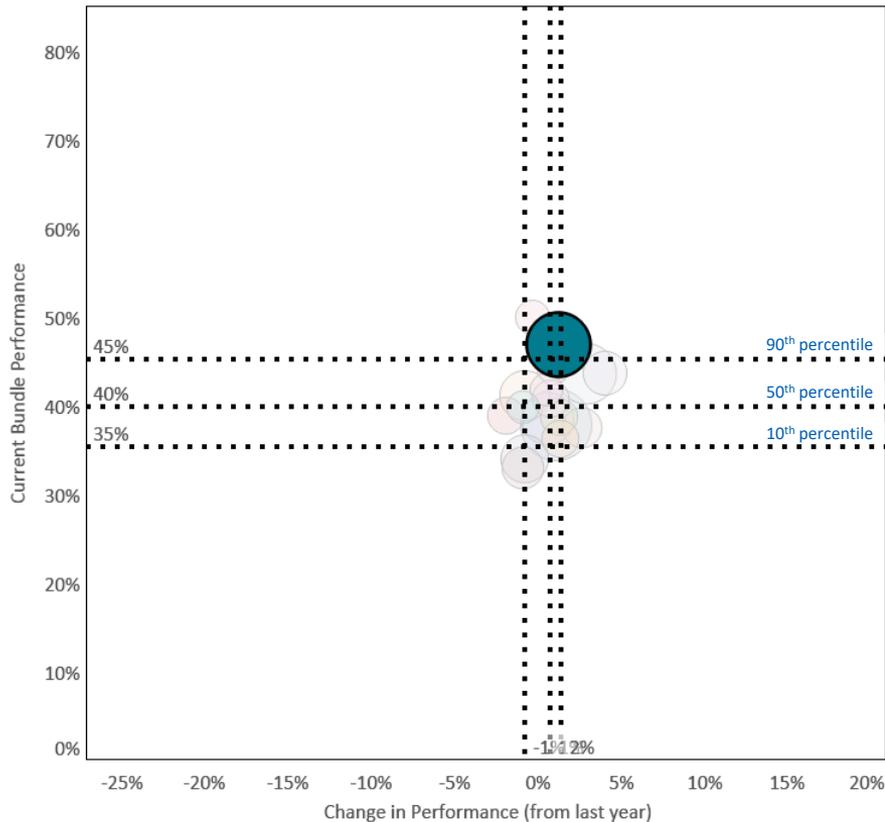
Individual Providers (n = 1,857)



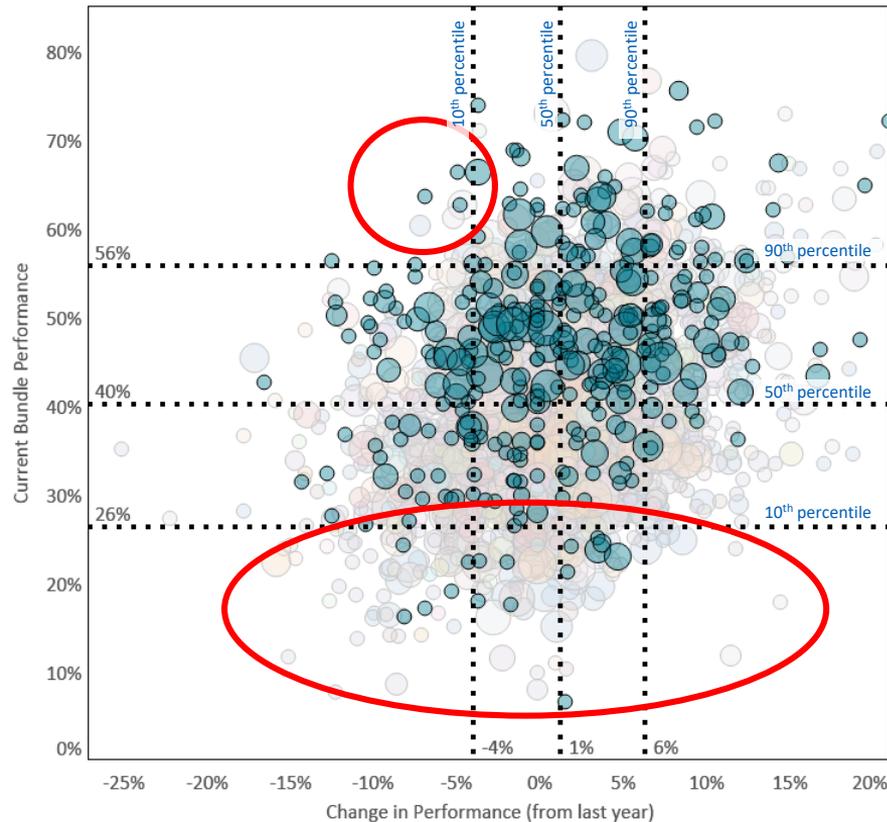
# Improvements



Individual Organizations (n = 17)



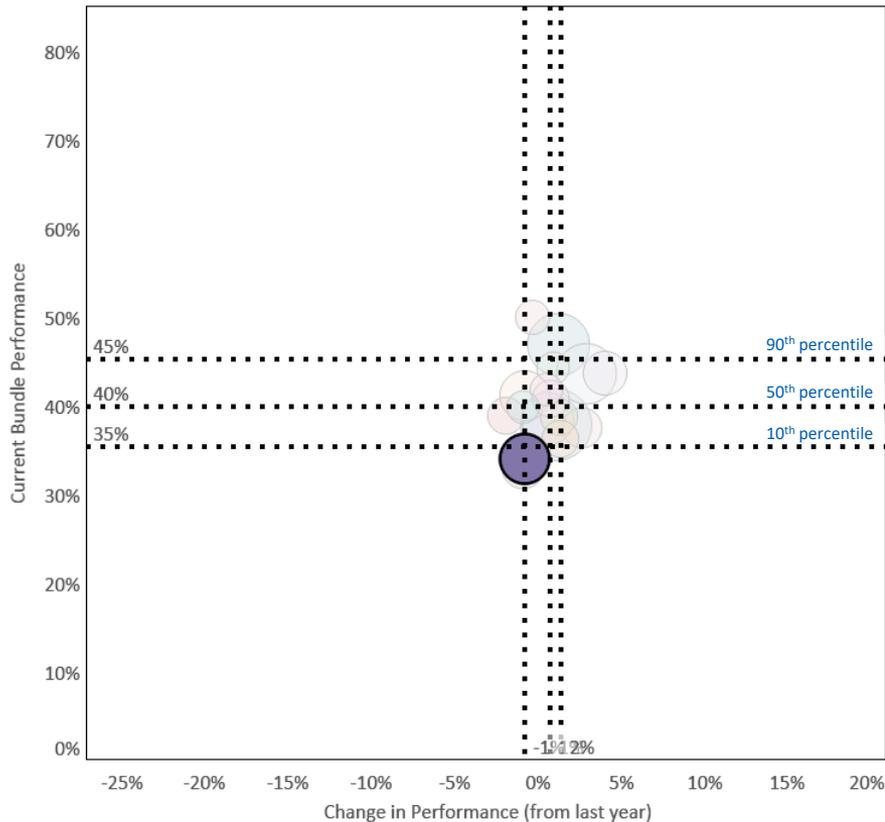
Individual Providers (n = 1,857)



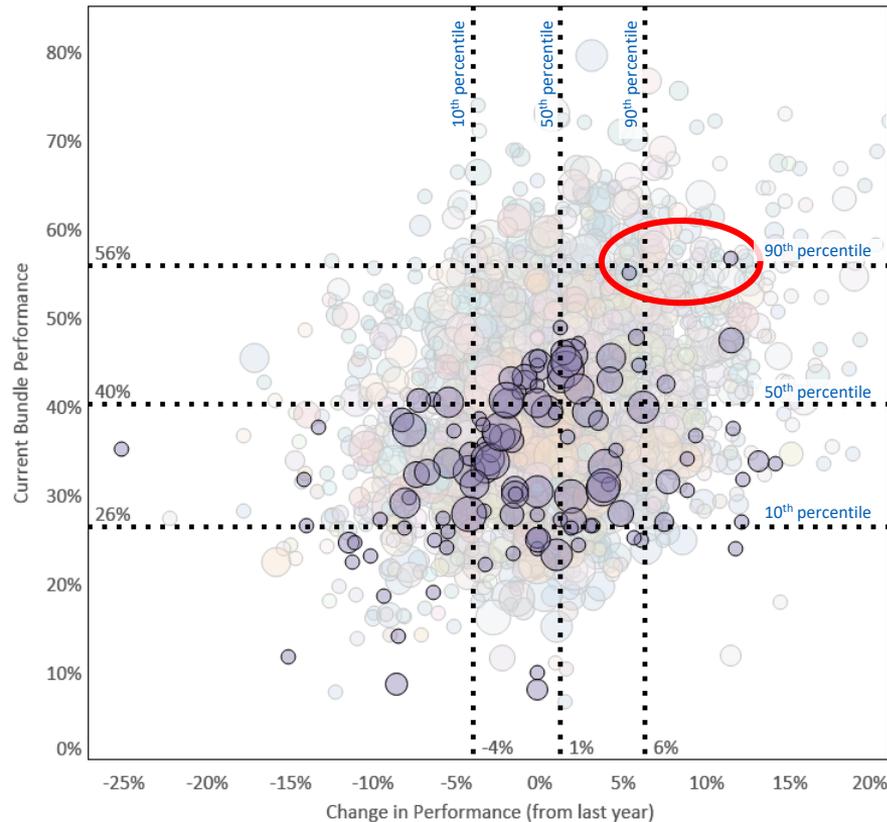
# Improvements



Individual Organizations (n = 17)



Individual Providers (n = 1,857)

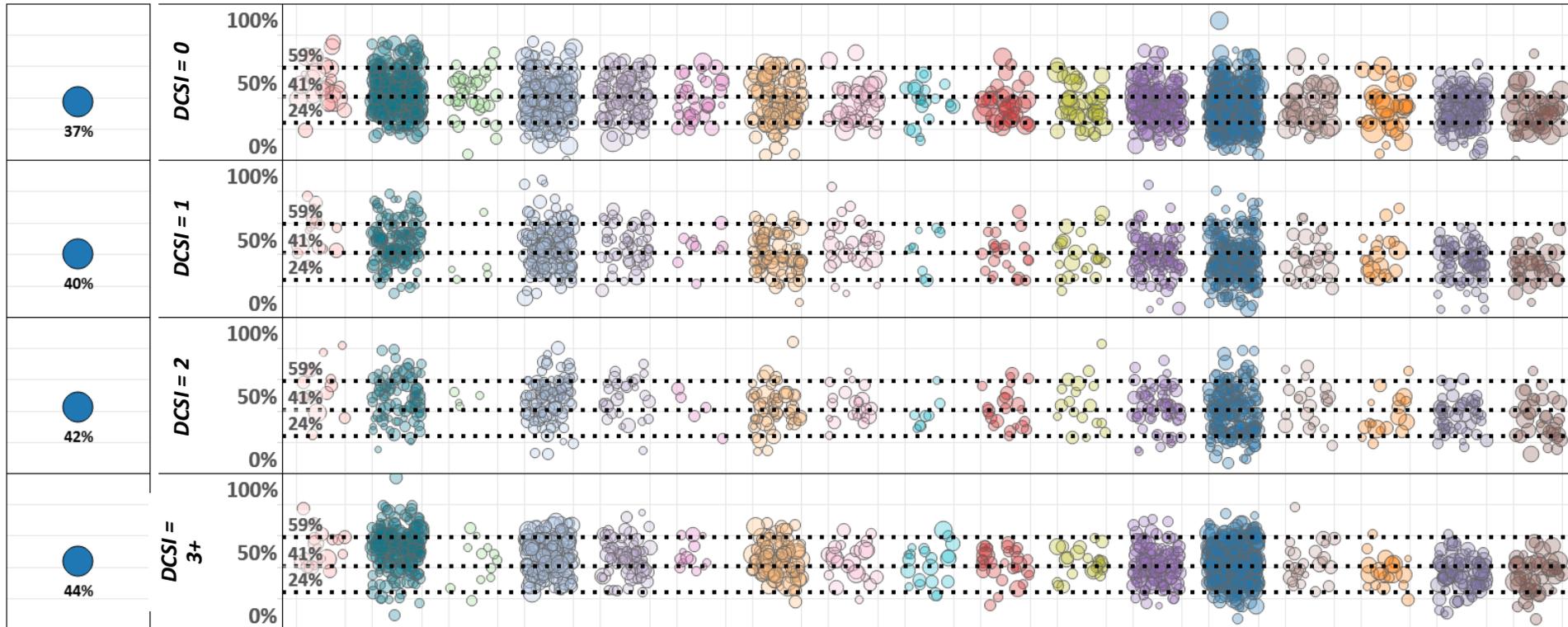


# Bundle Performance Across Providers and Patient Complexity within Organizations



All Providers

Individual Providers (n = 1,857)



# Conclusions



- Group-level benchmarks compare organizational performance but can obscure internal variation across sites of care and providers/care teams
- Internal benchmarking can identify high and low performers
  - Positive deviants can be interviewed to learn best practices proven successful in your organization
  - Identifying low performers allow you to focus limited resources for interventions
- Both current performance and change over time are important
- For the T2G bundle, almost all organizations have  $\geq 1$  provider/care team among the top and bottom performing providers across all organizations

# Improve Transparent Internal Reporting

- Host a focus group



- Create action plans for patients



- Deliver reports by hand



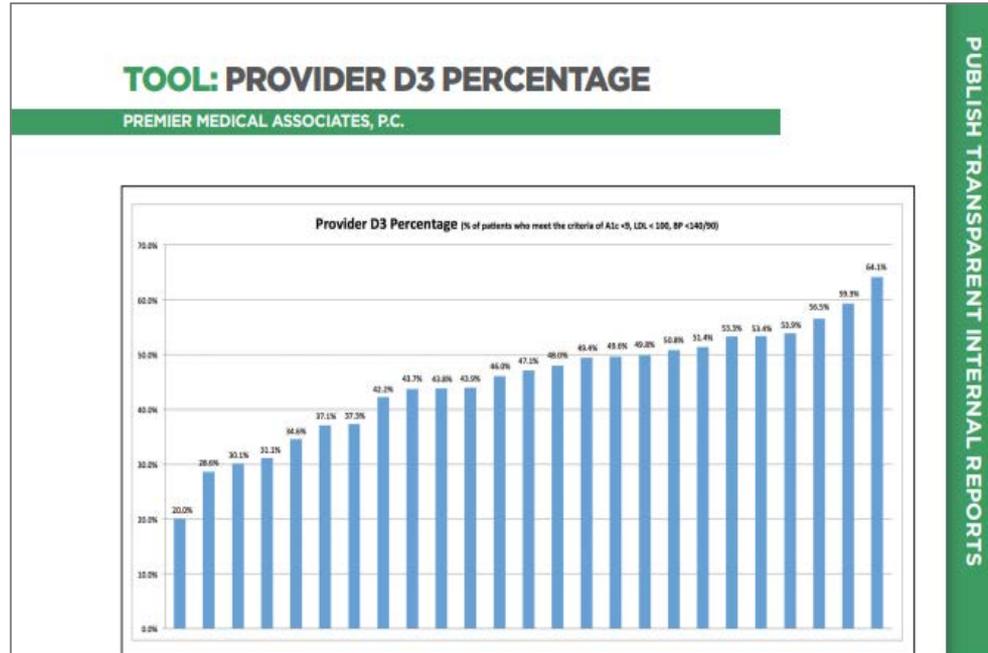
- Incentivize friendly competitions



- Review reports as a group



# Begin Transparent Internal Reporting



Tool created by Premier Medical Associates, P.C.

# Plank Mentor Spotlight



## Publish Transparent Internal Reports

Stephen Combs, M.D., CPE, FACFE, FAAP  
Ballad Health

*Vice President and Chief Medical Officer, Ballad Medical Services*

<p>10 <b>Rate of Recurrence (Relative) Trend</b></p> <p>Rita Ann Williams, M.D., FAAP HealthPartners Care Group Regional Medical Director Primary Care</p> <p>Contact</p>	<p>11 <b>Employee Satisfaction &amp; Retention Report</b></p> <p>Mark B. Greenman, M.D. Intermountain Medical Group Family Medicine Medical Director</p> <p>Contact</p>	<p>12 <b>Take an Evidence-Based Management Education and Support Program</b></p> <p>Valerie Spin, M.P.H., RD, CDE Sutter Health Chief Performance Improvement Consultant</p> <p>Contact</p>	<p>13 <b>Conduct Plan/Bio-Risk Screening</b></p> <p>Faysal Galangho, M.D., M.S., HGS, FAAP Premier Medical Associates, P.C. Chief Quality Officer</p> <p>Contact</p>	<p>14 <b>Adopt Treatment Algorithms</b></p> <p>Carrie Kamraj, M.D. Muncy Medical Chair of the Quality Department, Medical Director of Care Management</p> <p>Contact</p>	<p>15 <b>Measure HbA1c Every 3-6 Months</b></p> <p>Janet Appert, RN, M.S.N. Shaw Research Medical Group Director of Population Health and Informatics</p> <p>Contact</p>
<p>16 <b>Use a Patient Registry</b></p> <p>Brian Sheldin, M.D., M.S. Lakshmi Valley Physician Group Quality Liaison Internal Medicine Practice Lead/EMD W. Broad</p> <p>Contact</p>	<p>17 <b>Reduce Point-of-Care Tests</b></p> <p>Scott Hines, M.D. Crystal Run Healthcare Chief Quality Officer and Medical Director</p> <p>Contact</p>	<p>18 <b>Publish Transparent Internal Reports</b></p> <p>Stephen Combs, M.D., CPE, FACFE, FAAP Ballad Health Vice President and Chief Medical Officer Ballad Medical Services</p> <p>Contact</p>	<p>19 <b>Assess and Address Risk of Antimicrobial Resistance</b></p> <p>Liana Sporno-Brewster, D.O., RACC Suncoast Medical Group, P.A. Cardiologist</p> <p>Contact</p>	<p>20 <b>Control Pathogen Load at Hand &amp; with Contact Surfaces 20-30 mg/m²</b></p> <p>Brian Jamerson, D.O. Geisinger Chief, Entomology</p> <p>Contact</p>	<p><b>Together 2 Goal</b> AMGA Foundation National Diabetes Campaign</p>

# Data Portal

- Next data reporting deadline is March 2, 2020
- Please reset your password to the [portal](#) before submitting the next data set
- For help, email: [DataHelpForT2G@amga.org](mailto:DataHelpForT2G@amga.org)

## TOGETHER 2 GOAL DATA SUBMISSION – LOGIN

### Password Reset Required

AMGA has recently upgraded the password security for members who log in. You will need to follow the **Forgot your password?** link at the bottom of this page to reset your password if this is your first time logging in since December 12th, 2019.

### Not a Member or Need Help with Log in?

If you do not have an account, are unable to log in, or cannot reset your password please contact the AMGA membership team at [membership@amga.org](mailto:membership@amga.org) or 703.838.0033.

If you cannot successfully update your password or do not see your data in the portal once you regain access, please report it to us by emailing [datahelpfort2g@amga.org](mailto:datahelpfort2g@amga.org). Our staff is aware of this potential issue and will be happy to help resolve it, but please note that the AMGA offices are closed Dec 23-27, 2019. We will assist you as soon as possible upon our return. Thank you!"

Login:

Password:

[Forgot your password?](#)

# Campaign Data Reporting

- The *T2G* campaign concludes March 31, 2021!
  - The final measurement period is 2021 Q1 (2020 April 1- 2021 March 31)
  - The reporting deadline for the final period is **June 1, 2021**



# March Webinar

- **Date/Time:** March 19, 2020 from 2-3pm Eastern
- **Topic:** Diabetes Care and Support: Telemedicine in a Rural State
- **Presenter:** Kristine Kilen, R.D., CDE of Billings Clinic



# Questions

