• **Together 2 Goal® Updates**
  – Webinar Reminders
  – Together 2 Goal® Innovator Track Eye Care Cohort
  – Innovator Track CVD Cohort Kickoff
  – Q1 2018 Data Reporting
  – Social Media Move

• **Quality Improvement and the Together 2 Goal® Bundle**
  – John Cuddeback, M.D., Ph.D. of AMGA Analytics
  – Jill Powelson, RN CPC, M.B.A., M.P.H. of AMGA Analytics
  – Jennifer Obenrader, Pharm.D., CDE of Premier Medical Associates
  – Frank Colangelo, M.D., M.S.-HQS, FACP of Premier Medical Associates
  – Tracy Godfrey, M.D. of Mercy Joplin
  – Rose Peacock, B.A. of Mercy Joplin

• **Q&A**
  – Use Q&A or chat feature
• Webinar will be recorded today and available the week of May 21\textsuperscript{st} – \url{www.Together2Goal.org}

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
INNOVATOR TRACK CVD COHORT KICKOFF

May 14–16, 2018

Our 12 participating groups:

• Discussed primary and secondary prevention of CVD in patients with Type 2 diabetes
• Heard insights from a patient panel
• Brainstormed and developed actions plans
• Left ready to begin implementation
Q1 2018 DATA REPORTING

Q1 2018 Data is due June 1!
SOCIAL MEDIA MOVE

• We no longer post on our AMGAFhealth accounts.

• Follow @theAMGA on Facebook and Twitter to stay connected with us!
TODAY’S FEATURED PRESENTERS

John Cuddeback, M.D., Ph.D.
Chief Medical Informatics Officer
AMGA Analytics

Jill Powelson, RN, CPC, M.B.A., M.P.H.
Director, Clinical Translation
AMGA Analytics
TODAY’S FEATURED PRESENTERS

Frank Colangelo, M.D., M.S.-HQS, FACP
- Chief Quality Officer
- Premier Medical Associates

Jennifer Obenrader, Pharm.D., CDE
- Clinical Pharmacist
- Premier Medical Associates

Tracy Godfrey, M.D.
- President, Mercy Clinic Southwest
  Missouri/Kansas
  Mercy Joplin

Rose Peacock, B.A.
- Manager of Quality and Service Improvement
  Mercy Joplin

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A4inFocus—
A mini-collaborative focused on improving the Together 2 Goal® diabetes bundle measure

May 17, 2018
The Analytics for Improvement (A4i) Collaborative* is a forum for healthcare organizations to conduct meaningful, apples-to-apples comparative analyses and share knowledge, data-driven insights, and best practices. A4i is available exclusively to AMGA member organizations using Optum’s data and analytics platforms.

* Formerly known as Anceta
A4i = Analytics for Improvement, for AMGA members using Optum One

A4i inFocus = a learning collaborative focused on T2G diabetes bundle improvement
Bundle Measure

A1c control <8

Blood pressure control <140/90

Lipid management

Attention to nephropathy

Photo credits:
- A1c control: rsm.ac.uk
- Blood pressure: Welch Allyn/Medisave
- Lipid management: rsm.ac.uk
- Attention to nephropathy: NIDDK.nih.gov
Why a bundle measure?

• What would you want for yourself or your family member?

• Reflects the patient’s perspective—holistic view
  – Address all key risk factors or care needs

• Encourages system perspective—no dropped balls
  – Are all contributors to the care process working together?

• More sensitive scale for assessing improvement
  – Amplifies variation in care process
  – Also amplifies errors in measurement
# Optum® One Resources for Together 2 Goal®

<table>
<thead>
<tr>
<th>Performance Measurement/Reporting</th>
<th>Identify Opportunities and Close Gaps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A1c</strong></td>
<td><strong>Blood Pressure</strong></td>
</tr>
<tr>
<td>• Identify high risk patients with “Leaky Bucket” rule of thumb queries</td>
<td>• BP “rounding” (precise measurement and recording of blood pressure) report</td>
</tr>
<tr>
<td>• Leverage into registries</td>
<td></td>
</tr>
<tr>
<td><strong>Nephropathy</strong></td>
<td></td>
</tr>
<tr>
<td>• Templates to identify intervention/documentation opportunities</td>
<td>• Leverage with registries</td>
</tr>
<tr>
<td><strong>Lipid Management</strong></td>
<td></td>
</tr>
<tr>
<td>• Templates to identify intervention/documentation opportunities</td>
<td>• Leverage with registries</td>
</tr>
</tbody>
</table>

## Bundle Improvement Tools

- Identify and learn from “positive deviants” (high-performing clinics/sites of care in your organization)
- Identify and focus on patients who are “almost there” (i.e., meet 3 of 4 bundle component measures)

**Customizable Graph/Report Templates**
- AMGA T2G Cohort Denominator
- A1c Numerator
- BP Numerator
- Nephropathy Treatment Numerator
- Lipid Management Numerator
- Bundle Numerator

**Self Guided Training/User Manual**
A4iNFocus Timeline

Kick-off Meeting
• July 31, 2017

Baseline Period
• June 2016 – May 2017

Intervention Period
• August 2017 – January 2018*
  6 months

Wrap-up
• April 2018

*12 month periods ending August 2017, September, October, November, December and January 2018
A4i in Focus
9 reporting organizations*

**Communities:**
- East
- Fort Smith
- Joplin
- North Central
- West

* Six at Mercy (5 Communities + 1 additional pilot site), SwedishAmerican, Premier Medical Associates, Lexington Clinic
A4inFocus 6-month results (seasonally adjusted)

- 5 out of 9 improved
- A1c control <8

- 6 out of 9 improved
- Blood pressure control <140/90

- 9 out of 9 improved
- Lipid management

- 8 out of 9 improved
- Attention to nephropathy

Photo credit: NIDDK.nih.gov
Photo credit: Welch Allyn/Medisave
Photo credit: rsm.ac.uk
Photo credit: NIDDK.nih.gov
And 8 of the 9 improved their Bundle measure in just 6 months

From 9 reporting organizations
Adjusting for Seasonal Variation
Variation in T2G BP Control Measure by Month: June 2013 – March 2016

1 million patients with type 2 diabetes across 29 AMGA member organizations using Optum One

Measure Up/Pressure Down® Campaign

BP peaks – August

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Variation in T2G A1c Control Measure by Month: June 2013 – March 2016
1 million patients with type 2 diabetes across 29 AMGA member organizations using Optum One

T2G Baseline Period

A1c peaks – December

January 2014

January 2015

January 2016

Avg. A1c Control Rate

December

December

December

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Variation in T2G Bundle Measure by Month: June 2013 – March 2016

1 million patients with type 2 diabetes across 29 AMGA member organizations using Optum One

- BP peaks – August
- A1c peaks – December
- Bundle peaks – September

Residuals (per month)
Unadjusted vs. Adjusted A1c & BP

A1c and BP control – unadjusted (lighter colors) and adjusted (darker colors)
34 months prior to T2G (2013-06 through 2016-03)
Unadjusted vs. Adjusted Bundle

T2G Bundle control – unadjusted (lighter color) and adjusted (darker color)
34 months prior to T2G (2013-06 through 2016-03)
### Change in T2G Measures:
May 2017–January 2018

<table>
<thead>
<tr>
<th>A4inFocus Participants</th>
<th>Measure (Seasonally Adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A1c</td>
</tr>
<tr>
<td>Group 1</td>
<td>2.38%</td>
</tr>
<tr>
<td>Group 2</td>
<td>2.87%</td>
</tr>
<tr>
<td>Group 3</td>
<td>-1.48%</td>
</tr>
<tr>
<td>Group 4</td>
<td>2.36%</td>
</tr>
<tr>
<td>Group 5</td>
<td>0.65%</td>
</tr>
<tr>
<td>Group 6</td>
<td>-1.23%</td>
</tr>
<tr>
<td>Group 7</td>
<td>-0.89%</td>
</tr>
<tr>
<td>Group 8</td>
<td>1.34%</td>
</tr>
<tr>
<td>Group 9</td>
<td>-0.44%</td>
</tr>
</tbody>
</table>

| A4inFocus Participants* | 0.62% | 0.49% | 1.40% | 2.29% | **2.19%** |
| T2G Overall**†          | 0.30% | -0.23%| 1.04% | 2.03% | **0.95%** |
| Δ: A4inFocus – T2G Overall | 0.32% | 0.71% | 0.36% | 0.26% | **1.24%** |

* Group-weighted average
† Based on quarterly data, 2017 Q2–Q4; excluding A4inFocus Participant Groups
The Bottom Line

**A4inFocus** participants achieved **twice** the rate of Bundle measure improvement as other Together 2 Goal® participants.

**2,500** additional patients achieved Bundle completion in just 6 months.
Bundle Measure Arithmetic
Bundle Measure ➔ Frustration!

Maximum performance on bundle, given individual measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c</td>
<td>66.1%</td>
</tr>
<tr>
<td>BP</td>
<td>72.0%</td>
</tr>
<tr>
<td>Neph</td>
<td>86.0%</td>
</tr>
<tr>
<td>Lipid</td>
<td>65.9%</td>
</tr>
<tr>
<td>Bundle</td>
<td>31.4%</td>
</tr>
</tbody>
</table>
Neph 86.0%
BP 72.0%
A1c 66.1%
Lipid 65.9%
Neph 86.0%
BP  72.0%
A1c  66.1%
Lipid 65.9%
Neph 86.0%
BP 72.0%
A1c 66.1%
Lipid 65.9%
Neph 86.0%
BP 72.0%
A1c 66.1%
Lipid 65.9%
Neph 86.0%
BP 72.0%
A1c 66.1%
Lipid 65.9%
Bundle 31.4%
Bundle Measure → Opportunity

Maximum performance on bundle, given individual measures

A1c: 66.1%
BP: 72.0%
Neph: 86.0%
Lipid: 65.9%
Bundle: 31.4%

+ 34.5% Opportunity
T2G Patients by Number of Measures in Control

All Patients (2017 Q1)

37.5% of Patients with 3 Bundle Measures in Control

- A1c non-compliant: 34.7%
- BP non-compliant: 25.9%
- Nephropathy non-compliant: 7.2%
- Lipid non-compliant: 32.3%

0 measures in compliance: 6.8%
1 measure in compliance: 19.4%
2 measures in compliance: 37.5%
3 measures in compliance: 34.2%
4 measures in compliance: 34.2%
A4inFocus Most Improved: Mercy
A4inFocus Results

Dr. Tracy Godfrey
Rose Peacock
Mercy
May 17, 2018
About Mercy

Services & Locations

Headquartered in St. Louis with a multi-state footprint, Mercy is the 5th largest Catholic health system in the US.

Outreach ministries in Arkansas, Louisiana, Mississippi and Texas.

Opened the first of its kind virtual care center.

Serving millions each year.

1827 founded
44 hospitals
350 outpatient facilities
3,000 integrated providers¹
40,000 co-workers
>$5B revenue

Top 5 consistent best performing large health system²

1. Physicians & advanced practice clinicians
2. Truven Health 15 Top Health System consecutive years: 2016 & 2017

¹ Physicians & advanced practice clinicians
² Truven Health 15 Top Health System consecutive years: 2016 & 2017
# A4inFocus Mercy DM Populations

<table>
<thead>
<tr>
<th>Communities</th>
<th>Count</th>
<th>Change 5/17 -1/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>25,457</td>
<td>41</td>
</tr>
<tr>
<td>Springfield</td>
<td>17,541</td>
<td>329</td>
</tr>
<tr>
<td>West*</td>
<td>12,956</td>
<td>2,230</td>
</tr>
<tr>
<td>West-Pilot</td>
<td>1,138</td>
<td>69</td>
</tr>
<tr>
<td>Joplin</td>
<td>2,777</td>
<td>496</td>
</tr>
<tr>
<td>Fort Smith</td>
<td>4,335</td>
<td>572</td>
</tr>
</tbody>
</table>

*apart from Pilot site
Focused Strategies – A1c Control

• Daily Visit Planner – point of care tool
• Existing DM Reports – outreach to patients with no A1c or A1c out of control
  – Accountability for operational leaders
• Primary care dashboards
• Diabetes ambassador program
• Diabetes care gaps SmartSet and BPA
# Daily Visit Planner

## Preventive Care

<table>
<thead>
<tr>
<th>Measure</th>
<th>Result</th>
<th>Date</th>
<th>Freq</th>
<th>Src</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Visit</td>
<td>--</td>
<td>2/27/18</td>
<td>--</td>
<td>E</td>
</tr>
<tr>
<td>Medications Reviewed</td>
<td>--</td>
<td>2/17/18</td>
<td>Visit</td>
<td>E</td>
</tr>
<tr>
<td>Flu Vaccine</td>
<td>--</td>
<td>11/2/17</td>
<td>1 Yr</td>
<td>E</td>
</tr>
<tr>
<td>Pneumonia Vaccine</td>
<td>PREVNAS</td>
<td>1/29/16</td>
<td>Lifetime</td>
<td>E</td>
</tr>
<tr>
<td>Tobacco Assessment</td>
<td>Quit</td>
<td>2/27/18</td>
<td>2 Yrs</td>
<td>E</td>
</tr>
<tr>
<td>Screening for Fall Risk</td>
<td>--</td>
<td>8/8/17</td>
<td>1 Yr</td>
<td>E</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>24.97</td>
<td>2/27/18</td>
<td>1 Yr</td>
<td>E</td>
</tr>
<tr>
<td>Depression Screening</td>
<td>1</td>
<td>8/8/17</td>
<td>1 Yr</td>
<td>E</td>
</tr>
<tr>
<td>Annual Wellness Visit</td>
<td>GD439</td>
<td>8/8/17</td>
<td>1 Yr</td>
<td>E</td>
</tr>
</tbody>
</table>

## Colorectal Screening

- FOBT/FIT: DUE, 1 Yr
- Flex Sig: DUE, 5 Yrs
- Colonoscopy: DUE, 10 Yrs

## Diabetes

- HbA1c: 7.8%, 12/14/17, 1 Yr, E
- Urine Protein Test: --, 11/8/17, 1 Yr, C
- Dx of Nephropathy: Y, 4/10/18, --, E
- DM & HTN and On ACEI/ARB: --, DUE, 1 Yr
- Dilated Retinal Eye Exam: --, 9/1/17, 1 Yr, E
- Aspirin or Antiplatelet Therapy w/ DM & IVD: aspirin 81 mg tablet, 2/17/18, 1 Yr, E

## Hypertension - Treat to Below Goal

<table>
<thead>
<tr>
<th>Measure</th>
<th>Result</th>
<th>Date</th>
<th>Freq</th>
<th>Src</th>
</tr>
</thead>
<tbody>
<tr>
<td>HTN 60-85 &lt;= 150/90</td>
<td>Above</td>
<td>2/27/18</td>
<td>Visit</td>
<td>E</td>
</tr>
</tbody>
</table>

## Coronary Artery Disease

- Antipllatelet Therapy: aspirin 81 mg tablet, 2/17/18, 1 Yr, E
- Lipid Lowering Agent: simvastatin 40 mg tablet, 2/17/18, 1 Yr, E
- Prior MI: N
- Beta Blocker: --
- ACEI/ARB Contra: Noted in Allergies

## Congestive Heart Failure - Patient does not have this disease

## Rheumatoid Arthritis - Patient does not have this disease

## Utilization

- # of ER Visits in the Last Year: --
- Last ER Visit: --
- # of IP Discharges in the Last Year: --
- Last IP Discharge: --
- Chronic Care Management: --
Diabetes Ambassador Program

- Primary care advanced practitioners
- Intensive endocrinology training
- Diabetes management in home location
DM Care Gaps – “What”

• Diabetic testing
• Diabetic Intervention based on Mercy and ADA/ACE recommended treatment approach
• Diabetic Co-Morbidities
• Diabetic Patient Education Opportunities
DM Care Gaps – “Who”

- Providers (MD/DO, NP, PA) that provide Diabetic Care
- Encounter Types
- BPA section only
Key Takeaways

Mercy Diabetes Management Algorithm

• Treatment strategy is based on patient’s individualized A1c goal

• Previous guidelines were not clinically helpful for guiding next steps after metformin

• Key clinical characteristics of drug therapy options are highlighted, including cardiovascular benefit

• Algorithm increases emphasis on value by incorporating estimated cost per point of A1c reduction

• Facilitates shared decision making between clinicians and patients based on clinical factors and patient-specific needs
## Mercy Diabetes Management Algorithm

<table>
<thead>
<tr>
<th>Diagnosis of Diabetes</th>
<th>A1c ≤ 1.0 over goal</th>
<th>A1c 1.1-2.0 over goal</th>
<th>A1c &gt; 2.0 over goal</th>
<th>Failure to Achieve A1c Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish Patient-Specific A1c Goal</td>
<td>INITIATE MONOTHERAPY</td>
<td>INITIATE MONO- or DUAL THERAPY</td>
<td>INITIATE DUAL or TRIPLE THERAPY</td>
<td>INTENSIFY INSULIN or REFER TO ENDOCRINOLOGY</td>
</tr>
<tr>
<td>1. Select Goal A1c</td>
<td></td>
<td></td>
<td>Add 3rd line agent</td>
<td>If combination therapy including basal insulin fails to achieve goal, intensify with pre-meal insulin, and/or refer to Endocrinology.</td>
</tr>
<tr>
<td>2. If lifestyle modification fails, then select therapeutic column corresponding to desired A1c reduction.</td>
<td></td>
<td>Maintain 2nd line agent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Initiate indicated therapy.</td>
<td></td>
<td></td>
<td>Maintain Metformin (or other 1st line agent)</td>
<td></td>
</tr>
<tr>
<td>4. Follow remaining process steps below.</td>
<td></td>
<td></td>
<td>Maintain Metformin (or other 1st line agent)</td>
<td></td>
</tr>
</tbody>
</table>

### Lifestyle Modification
- **Titrate to Goal**
- **Escalate if Failure**
- **Refer to Endocrinology**

### Process Steps
- **Modification:** Adjust diet and exercise to achieve positive outcomes, potentially delaying or avoiding drug therapy. If patient has maximized lifestyle modification or is unable or unwilling to make necessary modifications, proceed to next step.
- **Initiation:** Start drug therapy based on patient’s current A1c relative to individual goal.
- **Titration:** Increase dose within each “tier” to the maximally tolerated dose or until goal is achieved.
- **Escalation:** If A1c goal is still not achieved after dosage titration, escalate to the next tier and add another agent as needed.
- **Intensification:** Once all tiers have been maximized, intensify insulin therapy with both basal and pre-meal insulins. Consider referral to Endocrinology.

### Reasonable HgbA1c Goals for T2DM

<table>
<thead>
<tr>
<th>Uncomplicated Adults</th>
<th>&lt; 7.0</th>
<th>&lt; 7.5</th>
<th>&lt; 8.0</th>
<th>&lt; 8.5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fit Older</td>
<td></td>
<td></td>
<td>Frail Older w/ Co-morbidity, &lt; 10 yrs life expectancy</td>
<td>Very Old</td>
</tr>
</tbody>
</table>

### Diabetes Drug Therapy Options

<table>
<thead>
<tr>
<th>Drug Class</th>
<th>Route</th>
<th>Hypoglyc. Risk</th>
<th>Weight Gain</th>
<th>CHF</th>
<th>CV Benefit</th>
<th>Typical A1c Change</th>
<th>Avg Cost /30 days</th>
<th>Cost per 1.0 A1c dec/yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metformin</td>
<td>Oral</td>
<td>Low</td>
<td>Slight Loss</td>
<td>Neutral</td>
<td>Neutral</td>
<td>1.0-2.0</td>
<td>$7</td>
<td>$84</td>
</tr>
<tr>
<td>GLP-1 RA</td>
<td>Inj</td>
<td>Low</td>
<td>Loss</td>
<td>1st Pref*</td>
<td>1st Pref*</td>
<td>0.5-1.0</td>
<td>$570</td>
<td>$9,120</td>
</tr>
<tr>
<td>SGLT2i</td>
<td>Oral</td>
<td>Low</td>
<td>Loss</td>
<td>1st Pref*</td>
<td>1st Pref*</td>
<td>0.8-1.2</td>
<td>$360</td>
<td>$4,320</td>
</tr>
<tr>
<td>DPP4i</td>
<td>Oral</td>
<td>Low</td>
<td>Neutral</td>
<td>Avoid</td>
<td>Neutral</td>
<td>0.5-0.8</td>
<td>$350</td>
<td>$6,461</td>
</tr>
<tr>
<td>TZD</td>
<td>Oral</td>
<td>Low</td>
<td>Gain</td>
<td>Avoid</td>
<td>Avoid</td>
<td>0.5-1.4</td>
<td>$65</td>
<td>$821</td>
</tr>
<tr>
<td>SU</td>
<td>Oral</td>
<td>High</td>
<td>Gain</td>
<td>Neutral</td>
<td>Neutral</td>
<td>1.0-2.0</td>
<td>$8</td>
<td>$96</td>
</tr>
<tr>
<td>Insulin</td>
<td>Oral</td>
<td>High</td>
<td>Gain</td>
<td>2nd Pref</td>
<td>2nd Pref</td>
<td>1.5-3.5</td>
<td>$525</td>
<td>$2,520</td>
</tr>
</tbody>
</table>

GLP-1 RA = glucagon-like peptide 1 receptor agonists (e.g. Victoza, Byetta, Bydureon, Trulicity, Tanzeum, Ozempic)  
SGLT2i = sodium glucose cotransporter 2 inhibitors (e.g. Invokana, Jardiance, Farxiga, Steglatro)  
DPP4i = dipeptidyl peptidase-4 inhibitors (e.g. Januvia, Tradjenta, Onglyza, Nesina)  
TZD = thiazolidinedione (e.g. Actos [pioglitazone], Avandia); SU = sulfonylurea (e.g. glipezide, glyburide, glimepiride)  
*NOTE: Victoza is preferred GLP-1 RA for CHF and ASCVD; Jardiance is preferred SGLT2i for ASCVD per clinical trials and FDA labeling.
Diabetes Care Gaps Smartset & BPA

**Diabetes Care Gaps in Care (3131)**
- **Type 2** or unspecified type diabetes mellitus without mention of complications, not stated as uncontrolled

**Diabetic Medication**

<table>
<thead>
<tr>
<th>Lab Results</th>
<th>Component</th>
<th>Value</th>
<th>Date/Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>HGBA1C</td>
<td>8.3 (A)</td>
<td></td>
<td>08/01/2017 08:00 AM</td>
</tr>
</tbody>
</table>

The patient's last A1c was above goal. Please consider either adjusting the dose of their current medication, or adding one or more of the options below to help improve their control.

**Type 2 Diabetes**
- **Management of persistent hyperglycemia**
- **Management of blood glucose**

**BIGUANIDES (Single Response)**
- metformin 500 mg: 60 Tablet, S, E-Prescribe
- metformin 500 mg: 30 Tablet, S, E-Prescribe
- metformin 650 mg: 60 Tablet, S, E-Prescribe
- metformin 1000 mg: 60 Tablet, S, E-Prescribe

**GLP-1 (Single Response)**
- dulaglutide (TRULICITI) 0.75 mg: 4 Syringe, S, E-Prescribe
- dulaglutide (TRULICITI) 1.5 mg: 4 Each, S, E-Prescribe
- exenatide microspheres (BYDUREON) 2 mg: 30 Syringe, S, E-Prescribe
- exenatide (VICTOZA 3-PACK 0.6 mg): 15 mL, S, E-Prescribe
- lixisenatide (VICTOZA) 0.6 mg: 0.1 mL: 15 mL, S, E-Prescribe
- exenatide (BYETTA) 5 mcg: 0.2 mL: 15 mL, S, E-Prescribe

**SULT 2 (Single Response)**
Use with caution in patients with a history of frequent UTI, a history of yeast infections, and those at risk for dehydration.

- canagliflozin (INNOVANA) 100 mg: 30 Tablet, S, E-Prescribe
- canagliflozin (INNOVANA) 200 mg: 30 Tablet, S, E-Prescribe
- dapagliflozin (Farxiga) 5 mg: 30 Tablet, S, E-Prescribe
- empagliflozin (JARDIANCE) 10 mg: 30 Tablet, S, E-Prescribe
- empagliflozin (JARDIANCE) 25 mg: 30 Tablet, S, E-Prescribe

**DPP4 - GFR > 50 (Single Response)**
- empagliflozin (JARDIANCE) 25 mg: 30 Tablet, S, E-Prescribe
- sitagliptin (Januvia) 100 mg: 30 Tablet, S, E-Prescribe
- saxagliptin (Onglyza) 5 mg: 30 Tablet, S, E-Prescribe
- linagliptin (Trajenta) 5 mg: 30 Tablet, S, E-Prescribe

**BASAL INSULIN (Single Response)**
- insulin detemir (LEVEMIR) FlexPen 100 Unit/mL: 15 mL, S, E-Prescribe
- insulin glargine (LANTUS) FlexPen 300 Unit/mL: 15 mL, S, E-Prescribe
- insulin glargine (TOUJEO) 300 unit/mL, PEN: 4.5 mL, S, E-Prescribe
- insulin glargine (TRESIBA) 100 unit/mL pen syringe: 15 mL, S, E-Prescribe
- insulin glargine (TRESIBA) 200 unit/mL, PEN: 15 mL, S, E-Prescribe
- insulin glargine (BASAGLAR KWIKPEN) 100 unit/mL, PEN: 15 mL, S, E-Prescribe

**HUMULIN N Vial**
- 1 Bottle, S, E-Prescribe
- 1 Each, S, E-Prescribe

**HUMULIN N PEN**
- 1 Each, S, E-Prescribe

**SHORT ACTING INSULIN (Single Response)**
- insulin aspart (NOVOLOG) 100 Unit/mL FlexPen: 15 mL, S, E-Prescribe
- insulin glulisine (APIDRA) 100 Unit/mL PEN: 15 mL, S, E-Prescribe
- HUMULIN R Vial: 1 Each, S, E-Prescribe

**SULONYLUREA (Single Response)**
- glimepiride 2 mg (AMARYL): 30 Tablet, S, E-Prescribe
- glimepiride 4 mg (AMARYL): 30 Tablet, S, E-Prescribe
- glipizide 5 mg (GLUCOTROL): 60 Tablet, S, E-Prescribe
- glipizide 10 mg (GLUCOTROL): 60 Tablet, S, E-Prescribe
- glipizide SG 5 mg (GLUCOTROL XL): 30 Tablet, S, E-Prescribe
- glipizide SG 10 mg (GLUCOTROL XL): 60 Tablet, S, E-Prescribe
- glyburide 2.5 mg (MICRONASE): 60 Tablet, S, E-Prescribe
- glyburide 5 mg (MICRONASE): 60 Tablet, S, E-Prescribe

**ACE / ARB**

- **BP Readings from Last 3 Encounters:**
  - 08/01/14: 122/82
  - 08/01/17: 120/80

- **BP Goal:** <140/90

- **Lab Results**
  - Component: MICROCREATIN 32.0 (A)
  - Date/Time: 08/01/2017 08:00 AM

- **Microalbuminuria:** 30 to 300 mg/dL
- **Proteins:** >300 mg/dL

This patient's BP or microalbumin are elevated and they may benefit from either initiation or escalation of their current treatment. Consider rechecking BMP two weeks after initiation or dose escalation of ACE inhibitor or ARB.
Focused Strategies on BP Control

- Measure Up Pressure Down – Mercy East
  - Spread of best practices learned

- Co-worker Education - Blood Pressure Measurement Education via MyEducation

- Blood pressure “basics”
Focused Strategies on Statin Prescribing

- Million Hearts Campaign – Mercy East

- Directed Messaging and “Heart Protection Package” – Mercy Oklahoma

- Statin Re-trial Algorithm and Education for Physicians and Providers

- Documentation of Statin Intolerance in EPIC Allergy
Focused Strategies on Attention to Nephropathy Measure

- Daily Visit Planner
- Exception Reports
- Standing Orders
- HCC coding alerts
# A4inFocus Mercy Summary Impact
(seasonally unadjusted & adjusted)

<table>
<thead>
<tr>
<th>Bundle Measure</th>
<th>% Change 5/17-1/18 Unadjusted</th>
<th>% Change 5/17-1/18 Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>East</td>
<td>1.65</td>
<td>1.68</td>
</tr>
<tr>
<td>Springfield</td>
<td>1.38</td>
<td>1.41</td>
</tr>
<tr>
<td>West*</td>
<td>2.27</td>
<td>2.30</td>
</tr>
<tr>
<td>West-Pilot</td>
<td>6.11</td>
<td>6.14</td>
</tr>
<tr>
<td>Joplin</td>
<td>3.36</td>
<td>3.39</td>
</tr>
<tr>
<td>Fort Smith</td>
<td>3.09</td>
<td>3.12</td>
</tr>
</tbody>
</table>

*apart from Pilot site
A4inFocus Mercy Joplin Next Steps

• Continue engaging primary care APC’s for diabetes ambassador program

• Maintain/update diabetes care gaps SmartSet/BPA

• Implement standing order protocols

• Standardize co-worker education
A4inFocus Highest Overall: Premier Medical Associates
A4inFocus Results: Improving Together 2 Goal® Bundle Measure Performance

Francis R Colangelo MD, MS-HQS,FACP
Jennifer Obenrader, Pharm.D., CDE
Premier Medical Associates
May 17, 2018
Premier Medical Associates

- Formed 1993
- 100 providers
- 23 specialties
- 1:1 ratio PCP to specialists
- Part of Highmark Health
- Member of Allegheny Health Network
- Allscripts Enterprise
<table>
<thead>
<tr>
<th>Measure</th>
<th>As of 12/31/15</th>
<th>Place in Campaign</th>
<th>As of 6/30/17</th>
<th>Place in Campaign</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c control rate</td>
<td>70.6%</td>
<td>20th</td>
<td>72.0%</td>
<td>12th</td>
</tr>
<tr>
<td>BP control rate</td>
<td>78.8%</td>
<td>17th</td>
<td>80.5%</td>
<td>17th</td>
</tr>
<tr>
<td>Medical attention to kidney disease</td>
<td>88.6%</td>
<td>26th</td>
<td>90.3%</td>
<td>20th</td>
</tr>
<tr>
<td>Statin prescribing rates</td>
<td>68.9%</td>
<td>35th</td>
<td>78.3%</td>
<td>12th</td>
</tr>
<tr>
<td>D4 Control bundle</td>
<td>40.7%</td>
<td>9th</td>
<td>47.2%</td>
<td>7th</td>
</tr>
</tbody>
</table>
A4I NFOCUS ACTION PLANS
Focus on A1c Control

- EHR Registry
- Optum One
Leaky Bucket
A4inFocus
A1c Control < 8 (seasonally adjusted)
2/1/17–1/31/18 (final monthly reporting period for A4inFocus)
Focus on BP Control

A4inFocus
BP Control (seasonally adjusted)
2/1/17–1/31/18 (final monthly reporting period for A4inFocus)

Mercy

Premier

BP ≥ 140/90 or Not Measured
BP < 140/90

T2G Avg 74.8%

A4inFocus BP Avg 70.3%
Focus on Medical Attention to Nephropathy

- HCC coding
- Modified leaky bucket
- Barrier:
  - PMA cardiology patient with outside PCP
Focus on Medical Attention to Nephropathy
Focus on Medical Attention to Nephropathy
A4inFocus Nephropathy Measure
2/1/17–1/31/18 (final monthly reporting period for A4inFocus)

Premier

A4inFocus Neph Avg 85.7%

No Medical Attention for Nephropathy
Medical Attention for Nephropathy
Focus on Statin Prescribing

• Included point of care alerts in EHR
• Educated clinicians and care team members about the importance of CVD risk assessment for patients with type 2 DM
• Used the ACC/AHA Risk Calculator for patients with type 2 DM over age 40
• Delegated use of the calculator to other team members
• Incorporated automated tools in the EHR to calculate risks
Focus on Statin Prescribing

Statin Use for Type 2 DM Patients
A4inFocus Lipid Measure
2/1/17–1/31/18 (final monthly reporting period for A4inFocus)

Premier

A4inFocus Lipid Avg 71.0%

T2G Lipid Avg 69.9%
Focus on Bundle Improvement

MANAGERIAL

Value of Primary Care Diabetes Management: Long-Term Cost Impacts

Daniel D. Maeng, PhD; Xiaowei Yan, PhD; Thomas R. Graf, MD; and Glenn D. Steele, Jr, MD, PhD

Despite the existence and availability of effective clinical guidelines for treating diabetes, wide variability in the treatment patterns of patients with diabetes remains, resulting in adverse health outcomes and incurring avoidable care and cost. Reducing unwarranted and unjustified cost variations in care, therefore, via a comprehensive redesign, system of care tuned to deliver all of the care needed to every patient at every encounter, can lead to both improved patient health outcomes and avoid efficiency "downstream" care.

An increased focus on standardization is likely to increase the reliability of care delivery. One such effort to standardize care is Giessenberg’s diabetes system of care (DSC). Giessenberg has redesigned its care system to allow physicians to focus on "physician work" (i.e., complex medical decision making, and patient relationships and leading staff members functioning in a non-clinician team). This physician-driven, team-based care is facilitated and enhanced by hard-wired technology accelerators available in primary care clinics. The care team is a standard office complement including physicians, advanced practitioners, and front-office staff. Staffing ratios are approximately 2.2:1 nonproviders to 1 physician or advanced practitioner. This system of care allows the team to focus on an all-inclusive bundle that consists of quantifiable measures of care based on commonly accepted clinical elements and intermediate outcome targets (summarized in Table 1) that can be easily implemented during routine primary care visits and are associated with improved outcomes for the patients.

The DSC is a practice-level intervention that changes how care is delivered to all patients with diabetes treated within a primary care practice site. Thus, in this study, all primary care physicians and healthcare providers are employed by Giessenberg, are practicing in one of the primary care sites owned by Giessenberg, and are subject to the DSC. Operationally, the DSC specifies delegated accountable responsibilities for each team member, with the goal to develop work flows

# A4inFocus PMA Summary
(seasonally unadjusted & adjusted)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Impact of A4inFocus Unadjusted</th>
<th>Impact of A4inFocus Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>A1c control rate</td>
<td>+2.4%</td>
<td>+1.3%</td>
</tr>
<tr>
<td>BP control rate</td>
<td>−1.2%</td>
<td>−0.5%</td>
</tr>
<tr>
<td>Medical attention to kidney disease</td>
<td>+1.6%</td>
<td>+1.6%</td>
</tr>
<tr>
<td>Lipid management</td>
<td>+0.9%</td>
<td>+0.9%</td>
</tr>
<tr>
<td>D4 Control bundle</td>
<td>+0.61%</td>
<td>+0.64%</td>
</tr>
</tbody>
</table>
Up Next…

Browse/Load in Workspace

My Files         Shared Files         Library         Search

- alexzan
- catherin
- dlynn@i
- elyse.yo
- hkern@
- holli.whi
- lucy.pani
- rmack@

AFIB
AI-2
T2G

3 of 4
- Development
- Leaky Bucket
- Lipid Management
- Nephropathy
- Validation

T2G: Patient Missing 1 of 4 Bundle Measures

Details:
Shared > catherine.mullins@humedica.com > T2G > 3 of 4 > T2G: Patient Missing 1 of 4 Bundle Measures

Type: Graph
Availability: Shared
Saved on: 2/21/2018 12:42
Comments: None

Title: T2G: Patient Missing 1 of 4 Bundle Measures
Variables: Patients by Current PCP
Disease Cohort: Diabetes Mellitus
Questions for the Panelists?

- **Mercy Joplin**
  - Dr. Tracy Godfrey, Tracy.Godfrey@Mercy.Net
  - Rose Peacock, Rose.Peacock@Mercy.Net

- **Premier Medical Associates**
  - Dr. Frank Colangelo, fcolangelo@pmamail.com
  - Jennifer Obenrader, jobenrader@pmamail.com

- **AMGA**
  - Dr. John Cuddeback, jcuddeback@amga.org
  - Jill Powelson, jpowelson@amga.org
• **Date/Time:** Thursday, June 21, 2-3pm Eastern
• **Topic:** Blood Pressure Control for Patients with Diabetes
• **Presenter:** Robert Matthews of PriMed Physicians
AMGA/Optum Analytics
June User Group

Topic: Self-reporting and bundle improvement for T2G measures using Optum One

When: June 27th, 2:00pm ET

Save the date! Registration will open soon.
Questions for the Panelists?

- Mercy Joplin
  - Dr. Tracy Godfrey, Tracy.Godfrey@Mercy.Net
  - Rose Peacock, Rose.Peacock@Mercy.Net

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