Together2Goal

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

June 21, 2018
• Together 2 Goal® Updates
  – Webinar Reminders
  – 2018 Institute for Quality Leadership (IQL)
  – 2019 Annual Conference

• Blood Pressure Control for Patients with Diabetes
  – Bob Matthews of PriMed Physicians

• Q&A
  – Use Q&A or chat feature
• Webinar will be recorded today and available the week of June 25th
  – www.Together2Goal.org

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
2018 Institute for Quality Leadership
Medicare Advantage and Risk: Delivering on the Promise of Value
November 13-15, 2018 • San Antonio, Texas

Registration now open at amga.org/IQL18
Together 2 Goal® Peer-to-Peer Breakout Session: Taking Diabetes to Heart: Finding Value in the Medicare Population

Featuring:

Mercy
SHARP Rees-Steeley Medical Group
Utica Park Clinic

Registration now open at amga.org/IQL18
2019 Annual Conference Call for Presentations
Submission Deadline: July 6

Visit amga.org/AC19 for details.
TODAY’S FEATURED PRESENTER

Bob Matthews

VP Quality and Care Redesign, PriMed Physicians
President & CEO, MediSync
AMGA Together 2 Goal®

Approaches To Improving BP Outcomes

Bob Matthews
AGENDA

• Introduction
• Doing “the basics”
• Method: How we solve quality & cost problems
  – For example: The BP problem
• Our BP solution & rationale
  – The content including clinical medicine
• Some cautions about replicability
• Q&A
## INTRODUCTIONS

<table>
<thead>
<tr>
<th>PriMed Physicians</th>
<th>MediSync</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Greater Dayton, Ohio</td>
<td>• 1996 - Management partnership with PriMed and other groups</td>
</tr>
<tr>
<td>• 17 sites; 55 physicians</td>
<td>• Large innovation budget to improve group performance</td>
</tr>
<tr>
<td>• PCPs with select internal medicine specialties</td>
<td>• Innovations → solutions in ~175 medical groups nationwide</td>
</tr>
<tr>
<td>• Preparing for value since 2003</td>
<td>• Focus on chronic outcomes</td>
</tr>
<tr>
<td>• Value in all commercial and Medicare contracts</td>
<td></td>
</tr>
</tbody>
</table>

MEDISYNC
TOP 12 CHRONIC DISEASES

- HTN
- Lipids
- Diabetes - Blood Glucose
- CAD and Vascular Diseases
- CKD
- Heart Failure
- COPD
- Asthma
- Depression
- Anxiety
- Osteoporosis
- Arthritis
# HOW “ALL MEASURE” SCORES WORK

<table>
<thead>
<tr>
<th>Measure</th>
<th>Score</th>
<th>Cumulative</th>
</tr>
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<tbody>
<tr>
<td>BP</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>A1c</td>
<td>70%</td>
<td>49%</td>
</tr>
<tr>
<td>Lipid</td>
<td>70%</td>
<td>34%</td>
</tr>
<tr>
<td>Neuropathy</td>
<td>70%</td>
<td>24%</td>
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</table>
GENERAL REMINDER ABOUT HYPERTENSION

- One of the most important public health problems in USA and all developed countries

- Lethal complications: CAD, CHF, Stoke, CKD, PVD, etc.

- Exponentially worsens other chronic disease: DM, Lipid, etc.

- Costly
  - Sequelae drive up the total cost of care
  - Sequelae harm patient’s quality of life & functions
1. When do you **initiate** BP therapy?
   - BP $\geq 140/90$ OR $\geq 130/80$ (for select patients)
     - Lifestyle
     - Rx therapy

2. Once Rx therapy is initiated, what is your goal?
   - $\leq 139/89$ OR $< 129/80$
“Seventy-five percent of the (monies) spent on health care in the U.S. is for treatment of the chronically ill.”

- The Commonwealth Fund
FINDINGS ABOUT IMPROVING CHRONIC OUTCOMES

1. It takes a long time and a lot of attention
2. The 1st Dx is difficult, the 2nd is more difficult, etc.
   – Not unusual to lose ground on 1st disease when focus swings to 2nd
3. Many diseases are past the capacity of human memory (i.e. HTN, DM, asthma)
MEASURE UP / PRESSURE DOWN

PRIMED PHYSICIANS
START AT THE BEGINNING
DID YOU DO THE BASICS?

• Staff knows how to take a good blood pressure?
  – Are you sure? How about the docs?
  – Shirts, sweaters and jackets off?
• Test your BPs – correct distributions of last digits?
• Right equipment / set-up in every room?
  – Chair with back support, arm support at chest level, etc.
  – Re-do the high BPs?
  – All BPs in EHR?
• Signal? How do the providers and staff know that THIS is a HTN patient?
  – Every patient / every (PCP, urgent care, etc.) visit?
• Home BP monitoring
• Staff coached to make helpful comments
  – “Good, your BP is in the safe zone”
WHERE ARE YOU IN YOUR JOURNEY?

• Most start with basic analytics
REGISTRY OR ANALYTICS SHOWS?

• Lists % to goal and “who is not at goal?”
• May report out the % to goal or not-to-goal by provider
• Allows you to stratify
  – Patient 185/122 versus 141/83
  – Allows you to find patients with multiple “gaps in care”
    • BP 157/99; A1c 9.2; LDL 153 (no statin), etc.
• So you have one or multiple lists?
  – What do you want to know?
• What does the list tell you?
WHERE ARE YOU IN YOUR JOURNEY?

- Start with basic analytics
- Once you know your stats, where do you go from there?
  - Are you happy with your results?
  - Are you unhappy with your results?
- Do you have a goal?
  - How far do you have to go to achieve that goal?
HOW DOES YOUR ORGANIZATION SOLVE QUALITY PROBLEMS?

• CEO / CMO / Medical Director looks at the data and issues an “order” for improvement
  – What order does s/he issue?
  – What is order supposed to accomplish?
• Committee reviews data and discusses
  – Does the conversation have a beginning, middle and an end?
    • Or, is it circular?
  – Are conclusions drawn?
  – How?
• Other
WHAT DID YOU WANT TO KNOW?

• Why this problem is happening? Especially root cause(s).

• What are the solution options?

• What is the best solution?
  – Will our proposed solution work?
  – What value will it produce?
  – How much does our proposed solution cost?
GOAL: 80% blood pressure control

Today: 68% blood pressure control

Solution:
Add case manager(s)
Assign them a role
**THIS LEAVES A LOT OF QUESTIONS**

- Why is this problem happening?
- What are the solution options?
- What is the best solution?
  - Will our proposed solution work?
  - What value will it produce?
  - How much does our proposed solution cost?

Were these questions answered?
# FOUR COMMON SOLUTIONS TO BLOOD PRESSURE POP-UPS AND REMINDERS

<table>
<thead>
<tr>
<th>What is the Problem Each Solves?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Doctors forget or overlook</strong></td>
</tr>
<tr>
<td>Assigned to review charts</td>
</tr>
<tr>
<td>Assigned to encourage patient compliance</td>
</tr>
<tr>
<td>Patients don’t take medications as prescribed</td>
</tr>
<tr>
<td><strong>Doctors need help selecting right medications</strong></td>
</tr>
<tr>
<td><strong>Doctors not trying hard enough</strong></td>
</tr>
</tbody>
</table>

- **Pop-ups and Reminders**
  - Doctors forget or overlook
  - Assigned to review charts
  - Assigned to encourage patient compliance
  - Patients don’t take medications as prescribed

- **Hire Case/Care Managers**
  - Doctors forget or overlook

- **Hire PharmDs**
  - Doctors need help selecting right medications

- **Link Physician Pay to Outcomes**
  - Doctors not trying hard enough

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*Text extracted from the image.*
HOW WE LIKE TO DO IT

Identify the Problem or Goal

Analyze (Root) Causes

List Solution Options & Investigate

Select Solution(s)

Develop and Install Solution

Test Results

Write them all down

Improve Again, If Necessary

Efficacy + Cost
When Tx Goal Not Met*

- Health issue is intractable
  - <5%

- Patient doesn’t participate in therapy

- Wrong Medicines

*Patient does not achieve the target or goal (i.e. blood pressure, LDL or A1c – too high)
• Determine the optimal 1, 2, 3, 4 or (rarely) 5 “step” meds progression to reduce BP to <130/80 at a minimum
  – Prefer to treat to 120/80 when possible
THE “GO TO” LIST

• How do you treat HTN?
• What is on your “go to” Rx list?
• How many “go to” drugs, total?
THES ARE THE DRUG CLASSES WE REGULARLY USE

- Thiazides
- ACE/ARB
- ACE/HCTZ or ARB/HCTZ
- CCB Dihydropyridines
- CCB –Non-Dihydropyridines
- Vasodilators
- Aldosterone Blocker
- Beta1 Blockers
- beta1+2 Blocker
- α1+β1+2 Blocker
- Central α-Agonist
- Peripheral α-Blocker
- Loop Diuretics
GOALS FOR HYPERTENSION TREATMENT

1. Get patients with HTN diagnosis to goal*
2. As quickly as possible (fewer visits to goal)
3. Provider feels empowered and confident about Rx
   – NOT an “educated guess” or shot in the dark
4. Patients take medications
5. Your % of patients to BP goal is really high
   – For us 90+%
THE PROBLEM WITH BP IS THAT IT DOESN’T TELL ME ENOUGH

• Patient diagnosed with HTN is in Exam 2
• BP is 168/90 after two BP readings
• You’ve previously prescribed 10 mg of Lisinopril for a BP of 174/100
• Question: What would you do today?
• Why?
ABOUT ICG

- FDA approved
- Non-invasive. Creates measures similar to SWAN-GANZ
  - Vasoconstriction; contractility; rate and fluid status
- Some implantables -- including Cardio MEMS -- provide same data but cost $25K (i.e. St. Jude Medical/ABBOTT)
- Our clinical experience since 2004 is that it tells us what is going on in the HTN and HF
- Articles supporting use if interested
ICG RESULTS

Evaluate Total Body Water at All Times
WHY IS BP TOO HIGH?
WHAT RX WOULD WORK?

- Vasoconstriction
  - Narrowing of the vessels (too tight)
- High Heart Rate
  - Increased beats per min (too fast)
- Contractility
  - Force of each heart beat (too strong)
- Fluid
  - Excessive intravascular fluid (as opposed to extravascular fluid)
- Mixed Hemodynamic
  - Some combination of the above factors
MATCHING HEMODYNAMICS TO MEDS SELECTION

**Vasodilation:** ACE/ARB, CCB Dihydropyridines, Vasodilators, Thiazide Diuretics

**Heart Rate:** Beta Blockers, CCB Non-Dihydropyridines, Central Alpha Agonists

**Contractility:** Beta Blockers, CCB Non-Dihydropyridines, Central Alpha Agonists

**Mixed Vaso & Hyperdynamic:** Vasodilating Beta blockers; CCB Non-Dyhydropyridines

**Fluid status:** Loop diuretics
**VASOCONSTRICTED**

![Hemodynamic Status Report S1](image-url)
VASOCONSTRICTED – 1 MONTH FU
VASOCONSTRICTED – 1 MONTH FU
### NICaS Hemodynamic Status Report S1

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
<th>Low</th>
<th>Normal</th>
<th>High</th>
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<tbody>
<tr>
<td>Height</td>
<td>9-10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight</td>
<td>33 lb</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth/Date</td>
<td>1988/03/14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration</td>
<td>1 min</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Systolic Arterial Pressure</td>
<td>SBP 142 mmHg</td>
<td>85</td>
<td>95</td>
<td>105</td>
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<tr>
<td>Diastolic Arterial Pressure</td>
<td>DBP 64 mmHg</td>
<td>50</td>
<td>60</td>
<td>70</td>
</tr>
<tr>
<td>Mean Arterial Pressure</td>
<td>MAP 103 mmHg</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Stroke Volume</td>
<td>SV 117 ml</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Stroke Index</td>
<td>SI 43 ml/m2</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Cardiac Output</td>
<td>CO 11.2 L/min</td>
<td>50</td>
<td>70</td>
<td>90</td>
</tr>
<tr>
<td>Cardiac Index</td>
<td>CI 4.2 L/min/m2</td>
<td>85</td>
<td>95</td>
<td>105</td>
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<tr>
<td>Cardiac Power Index</td>
<td>CPI 8.85 cmH2O/m2</td>
<td>50</td>
<td>70</td>
<td>90</td>
</tr>
<tr>
<td>Left Ventricle/Systolic Function</td>
<td>GLS 12.0</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Total Peripheral Resistance</td>
<td>TPR 7.39 dyn/cm2</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Total Peripheral Resistance Index</td>
<td>TPRI 1979 dyn/cm2/Sym</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Basal Impedance</td>
<td>R 231 ohm</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Body Mass Index</td>
<td>BMI 49 kg/m2</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Total Body Water</td>
<td>TBW 65.2 kg</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Total Body Water %</td>
<td>TBW % 42.5</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
<tr>
<td>Respiration rate</td>
<td>Resp 15 1/min</td>
<td>85</td>
<td>95</td>
<td>105</td>
</tr>
</tbody>
</table>

**Comments:**

**Signature:**

**Date:**

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**Hyperdynamic**
HYPERDYNAMIC – 1 MONTH FU
HYPERDYNAMIC – 1 MONTH FU
MIXED VASO-HEMODYNAMIC
MIXED VASO-HYPERDYNAMIC
MIXED VASO-HYPERDYNAMIC 1 MO FU

[Image of a chart with cardiovascular status classification]

Not Used for Mixed Hemodynamic
MIXED VASO-HYPERDYNAMIC 1 MO FU
ARE HEMODYNAMICS ALL THAT MATTERS?

• What about demographics?
  – Age
  – African American

• What about co-morbidities?
  – DM, prior MI, CKD/GFR, etc.

• What about related conditions?
  – Kalemia, calcemia, etc.
VARIABLES IN HTN THERAPY

Demographics: Age (<or>60) / Race: African Gene

- Prior history of MI
- Prior history stroke/TIA
- Heart Failure
- CKD GFR<30
- CKD GFR>30
- Albuminuria/proteinuria
- DM/Pre-diabetes
- Obesity (BMI>30)
- Possible pregnancy
- Hypercalcemia
- Hyperkalemia
- Hypokalemia
VASOCONSTRICTED PATIENTS

CHANGES IN MEDS ORDER

• **Non-black; Age <60**
  
  HCT + ACE/ARB $\rightarrow$ CCB-Dihydropyridines $\rightarrow$ Vasodilators

• **Non-black; Age >60**
  
  CCB-Dihydropyridines $\rightarrow$ HCT + ACE/ARB $\rightarrow$ Vasodilators

• **Black**
  
  CCB-Dihydropyridines $\rightarrow$ HCT + ACE/ARB $\rightarrow$ Vasodilators
**HYPERTENSION HEMODYNAMIC TREATMENT GUIDE**

<table>
<thead>
<tr>
<th>CKD GFR &gt;40</th>
<th>CKD GFR &lt;40</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACEI</td>
<td>Thiazide Diuretic</td>
</tr>
<tr>
<td>ARB</td>
<td>CCB Dihydropyridine</td>
</tr>
<tr>
<td>Thiazide Diuretic</td>
<td>CCB Dihydropyridine</td>
</tr>
<tr>
<td>CCB Dihydropyridine</td>
<td>Thiazide Diuretic</td>
</tr>
<tr>
<td>Vasodilators</td>
<td>Vasodilators</td>
</tr>
<tr>
<td>Consider Decreasing Beta Blockers</td>
<td>Consider Decreasing Beta Blockers</td>
</tr>
</tbody>
</table>
SUMMARY

• Question the assumption that “docs can figure out the meds” without assistance
• Is there an equally effective, less expensive way to get meds right than PharmDs?
• Patient engagement IS important…
  – Patients benefit from other ways to describe their condition and the rationale for treatment
• In HTN “care/case management” offers relatively little value at a high cost
  – We use for outreach to patients who discontinue care
  – We get benefit of patient participation without them
Q&A

BOBMATTHEWS@MEDISYNC.COM
• **Date/Time:** Thursday, July 19, 2-3pm Eastern
• **Topic:** Shared Medical Appointments for Diabetes Care
• **Presenter:** Marianne Sumego, M.D. of Cleveland Clinic