Monthly Campaign Webinar
September 20, 2018
Today’s Webinar

• Together 2 Goal® Updates
  – Webinar Reminders
  – 2019 Acclaim Award Application
  – National Day of Action
  – 2018 Institute for Quality Leadership (IQL)

• Removing Patient Barriers to Medication Adherence
  – Molly J. Ekstrand, BSPharm, BCACP, AE-C of Park Nicollet HealthPartners Care Group

• Q&A
  – Use Q&A or chat feature
Webinar Reminders

• Webinar will be recorded today and available the week of September 24th
  – www.Together2Goal.org

• Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen
2019 Acclaim Award Application

Applications Due Tomorrow!

Honors the nation's premier healthcare delivery organizations that are high performing:

• Measurably improving the quality and value of care
• Improving patient experience and outcomes
• Continuously learning and innovating
• Improving population health

Contact Sunny Temesgen at stemesgen@amga.org for more information.
National Day of Action

T2G Talk & Taste

• Watch and discuss our two-minute provider video over breakfast or lunch and your meal is on us!

• Downloadable kits with all the materials you’ll need are now on our website!

• Let us know if your team plans to participate—email your name, organization name, and T2G Talk & Taste date to together2goal@amga.org.

November 8, 2018
2018 Institute for Quality Leadership

November 13-15, 2018
San Antonio, Texas

- Together 2 Goal® Peer-to-Peer Breakout Session: Taking Diabetes to Heart: Finding Value in the Medicare Population
- Registration now open at amga.org/IQL18
- Register by September 28 for the lowest early bird rate
Today’s Featured Presenter

Molly J. Ekstrand, BSPharm, BCACP, AE-C

Medication Management Pharmacist
Certified Ambulatory Care Pharmacist and
Asthma Educator
Medication Management Program Manager
Park Nicollet HealthPartners Care Group
Removing Patient Barriers to Medication Adherence

Molly J Ekstrand, BSPharm, BCACP, AE-C
Park Nicollet HealthPartners Care Group, Minneapolis, MN
Medication Management Program Lead

Together 2 Goal Campaign, AMGA Foundation
September 21, 2018
Presenter Disclosure Information:

In compliance with the accrediting board policies:
Molly Ekstrand declares that she has NO financial disclosures or potential conflicts of interest.

• She is passionate about helping patients overcome medication adherence barriers.
• She is passionate about helping other healthcare professionals learn to recognize barriers in their patients.
The elephant in the room...

Evidence Based Medicine and Treatment Guidelines

vs.

The Patient’s Adherence Barriers
The U.S. Economic Costs of Diabetes in 2017

$327 Billion in 2017 → $237 Billion in Direct Medical Expenses

Per Patient:
$16,752 medical expenses, $9601 directly for diabetes
• $5026 (30%) Prescription Meds Beyond Diabetes Meds
• $4858 (29%) Inpatient Services
• $2513 (15%) Diabetes Meds and Supplies
• $2177 (13%) Office Visits

The American Diabetes Association “Economic Costs of Diabetes in the U.S. in 2017” report, Diabetes Care, March 22, 2018
Horrible Adherence Statistics...

• 31.3% of the 37,506 prescriptions were never filled within 9 months of being prescribed!
  • Ann Intern Med. 2014 Apr 1;160(7):441-50

• Persistence Rates drop after just 6 months
  • Oral Diabetes Meds: 62% for Commercial and Medicare, 44% for Medicaid
  • Statins: 58% Medicare, 52% Commercial, 35% Medicaid
  • Source: HealthPartners Plan 2013-2016 data, Commercial and Government Programs

Rates of adherence have not changed much in the last 3 decades, despite WHO and Institute of Medicine (IOM) improvement goals
Medication Coverage and Cost Resources

Formulary App is reliable, doesn’t give actual copays

GoodRx is good for cash prices, but doesn’t give coverage

(Meds appearing here do not indicate endorsement)

RxAssist.org is a decent clearing house for patient assistance programs and coupons
Two Concepts

✓ Medication Burden
✓ Medication Experience
How often do you engage your patients in a conversation about their medication?

• How many times a day are your patients taking their medicines?

• How many different ways are your patients administering their medication?

• Are there other things they must do to decide dosing? (SMBG or CHO counting)

• What are their beliefs about taking medicines?
A story about Viola

Meds: 7x per day

Health Activities: 11x per day
Heath Care Capacity & Burden

Minimally Disruptive Medicine (MDM)
• Seeks to advance patient goals for health, health care, and life
• Designed and implemented in a manner that respects the capacity of patients and caregivers and minimizes the burden of treatment
• Is particularly appropriate for patients who are at risk of being overwhelmed by the demands of life, illness, and health care.
• Is context sensitive, addresses the whole person
• Is careful and kind care

https://minimallydisruptivemedicine.org/
Minimally Disruptive Medicine Framework

Identify the right care
- Acknowledge the work
- Acknowledge the capacity
- Acknowledge the complexity
- Integrate the inputs (cumulative complexity model)

Make the right care happen
- Prioritize feasibility
- Make sense of it all
- Use available resources
- Monitor and respond

Instrument for Patient Capacity Assessment (ICAN tool)
https://minimallydisruptivemedicine.org/ican/

Leppin A, Montori V, Gionfriddo M. Minimally Disruptive Medicine: A Pragmatically Comprehensive Model for Delivering Care to Patients with Multiple Chronic Conditions. *Healthcare* 2015, 3(1), 50-63
A story about Carol

14 medication ‘allergies’

3 markers out of goal

5 active medicines
The Medication Experience

• Patient’s subjective experience of taking medication in daily life
• Gained expertise with medication in his own body
• Influence of Peers, Family, Culture
• Alter the way they take their own medication

Uncovering, understanding and utilizing these experiences in practice represent an effective way to improve the medication outcomes of patients.

Overcoming Medication Experience Strategies

• **HONOR THEIR EXPERIENCE**
  • ‘Can you share your thoughts on taking medicines?’

• **SHARED DECISION MAKING**
  • Avoid the ‘Righting Reflex’
  • Give the name of an alternative, give time for consideration

• Provide rationale for treatment
• Share both immediate and long-term benefits
• Acknowledge that adverse drug reactions are not acceptable
• Share willingness to stop therapy if an adverse reaction occurs
Patient Experience is positively linked to

• Self rated and objective health outcomes
• Adherence to recommended medication and treatments

For Patients, it’s about the confidence to manage their health and well-being

New Approach to Patient Focused Support

Quality Improvement Project, June 2018

- Advanced Chronic Kidney Disease (4&5)
- Many have diabetes too

Formal PCMH doesn’t exist in our Specialty Depts. Nephrology BPs aren’t reaching organization goals

In addition to better BP mgmt workflows...
- Patients given this survey at check-in
- Additional supports if patient self-identifies

Early Data:
~10% Patients Identify for MTM Consult
~20% Patients Identify for Care Coordination
A modest ↑ 4% in BP control in 3 months
What is Medication Therapy Management?

- MTM or comprehensive medication management
- Pharmacist provided direct patient care: Usually a 60-30 minute appointment
- Optimize medication management of health conditions
  - Indicated, Effective, Safe, Convenient (IESC)
- Comprehensive review of medications and health conditions
- Medication Management of specific health conditions
- Follow-up and longitudinal support as needed

For 88% of chronic and complex diseases, drugs are a first choice for medical intervention.

Patient Centered Primary Care Collaborative Model: Comprehensive Medication Management http://innovations.ahrq.gov/content.aspx?id=3419
Before

Create a friendly, beneficial relationship between the patient and their medication

After

But, really it’s this simple...
Two Concepts

- Medication Burden
- Medication Experience

Engage your patients in a conversation about their medicines

Questions & Discussion
October 2018 Webinar

Date/Time: October 18, 2018 from 2-3pm Eastern

Topic: Diabetes and Mental Health

Presenter: Jasmine D. Gonzalvo, Pharm.D., BCPS, BC-ADM, CDE, LDE of Purdue University and Eskenazi Health
Questions