AMCP’s 25th Annual Meeting & Expo
April 3-5, 2013 ◆ San Diego Convention Center ◆ San Diego, CA

C08: Reducing Gaps in Care by Leveraging Technology at the Medical Moment of Truth

Thursday, April 4, 2013
2:30 pm - 3:30 pm
Room: 11AB

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Scott R. Taylor
Eric Wright
Reducing Gaps in Care by Leveraging Technology at the “Medical Moment of Truth”

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Objectives

1. Identify the presence of, and reasons for, gaps in care within the healthcare environment (with a focus on medication non-adherence)
2. Describe how interventions impact care at the “Medical Moment of Truth”
3. Describe a seven step approach to improving care processes with health IT
4. Overview innovative technology-based tools designed to overcome gaps in care
5. Utilize resources and technology to reduce gaps in care and facilitate outcome improvement
Disclosures

• JB Jones
  – No conflicts of interest

• Scott Taylor

• Eric Wright
  – No conflicts of interest

Geisinger - Background
Geisinger – Integrated Health Service Organization

Geisinger Hospitals & Facilities
• 6 Acute Care campuses/hospitals
  > 40K admissions, >800 beds
• 1 Drug & alcohol treatment center
• 2 ambulatory surgery centers
• 12 Pharmacies

Geisinger Clinics
• Multispecialty group
  ~ 740 physicians
  264 residents and fellows
  42 comm. practice sites
  > 1.5 million outpatient visits

Geisinger Health Plan
• ~291,000 members
• >18,000 contracted physicians

MEDICAL MOMENT OF TRUTH

Eric Wright, Pharm.D., BCPS
Goals of Healthcare

- **Mission:** To empower its members to serve society by using sound medication management principles and strategies to improve health care for all.¹

**Achieving Value** = Overarching Goal

Value = “Outcomes achieved per dollar spent”²

¹AMCP Website. [Link](http://www.amcp.org/AboutUs.aspx?id=8821) [accessed 2-28-2013]

Best Care

- Optimized Diagnosis
- Optimized Adherence
- Optimized Treatment
- Optimized Monitoring

Celebrating a quarter century of success!  www.amcp.org
A Healthcare Problem - Gaps in Care

• Definition
  – Incomplete meeting of health care need

• Medication-related gaps
  – (Populations, Plans, Providers & Patients)
    • Healthcare Effectiveness Data and Information Set (HEDIS) measures
      – Asthma Medication use
      – Beta-blocker use after an MI
      – Comprehensive DM care
    • CMS Star Ratings

Medication Adherence – Is it a Problem?

• More adherence = More pharmacy cost

• But total HC costs reduced!\textsuperscript{1,2}

\textsuperscript{1} Roebuck MC, Liberman JN, Gemmill-Toyama M, Brennan TA. Medication adherence leads to lower health care use and costs despite increased drug spending. Health Aff. 2011;30:91-9.

Medication Therapy and Use

- Treatment determination
- Optimal control or resolution
- Prescription accepted
- Prescription filled
- Prescription refilled
- Prescription taken
- Monitoring of efficacy

Primary Non-Adherence is Common

- Geisinger - PREDICT
  - Link EHR order with Pharmacy Claim
    - Integrated Health System
  - Findings:
    - 85% first fill rate for Geisinger Clinic patients within 6 months of initial A1C
    - A1C levels declined for all patients with diabetes from initial Rx
    - Factors associated with a higher first fill rate
      - Copay < $10 and A1C > 9%
    - Treatment adherence wanes with time from first fill (persistence)

**Medication Persistence**


**Solutions to Adherence Gap**

- Simplified Dosing
- Special Packaging
- Reminders (dosage and refill)
- Direct Observation
- Telephone Follow-up
- Instruction (often scripted)
- Counseling

- Self-management
- Family interventions
- Group interventions
- Pharmacy meetings
- Psychological therapy
- Rewards
- Increased access/convenience to care

Geisinger Adherence Gap Solutions

- Hospital Dispensing Plavix® Post Cardiac Stent
- Telephone Follow-up post first medication order
- Text Messaging Reminders
- Direct consultation to specialty services (E.g. pharmacy)

Medical Moment of Truth (MMoT)

“enabling patients with targeted questions can enhance in-office dialogue and its corresponding outcome. This is especially true during the initial prescribing visit. It is then that the patient and doctor together decide on an effective, comprehensive and manageable treatment plan.”

Technology Solutions (MTS), now “QualityHealth”:
http://www.thefreelibrary.com/MTS+to+Discuss+‘The+Medical+Moment+of+Truth’%3A+How+Physician-Patient...-a0167261315
MMoT and PCP CHALLENGES

- Keeping up with Evidence
- Managing disease
  - Treatment intensification, switching, multiple therapies, etc.
  - Contra-indications and co-morbidities
  - Treatment response, adverse response
- Patient preferences, knowledge, motivation
- Insurance coverage
- Busy Practice
- Technology use (i.e. e-prescribing)

Geisinger R+D

MMoT

- PREDICT – Linking EHR to claims
- NACDS – First Fill Reminder
- Current/Future Health Services
HIT and MMoT

EHR-based Clinical Decision Support and Shared Decision Making

– “There is a paucity of data about HIT’s efficacy in improving adherence to medications for cardiovascular disease and diabetes, although simple patient reminder systems appear effective. Future studies should focus on more sophisticated interactive interventions that expand the functionality and capabilities of HIT and better engage patients in care.”1

– “The next innovations will likely come in the form of prospective tools to assess patients’ plans for primary adherence and development of interventions that address individual patients’ concerns at the point of prescribing. These prospective interventions should be a focus for clinicians, researchers, and policy makers seeking to improve medication adherence and patient outcomes.”2


HIT and Clinical Decision Support (CDS)

• Common applications of CDS
  – Diagnosis
  – Preventive care reminders
  – Disease management or protocols for bundles of reminders
  – Drug dosing/prescribing protocols
EHRs and CDS Struggles

- Generalizability
- Alert Failure
  - Poorly designed, poorly timed, low on content
  - Designed for someone other than a physician (e.g., quality managers)
  - Directed to the wrong person
  - Makes work more burdensome
  - Failure to use
- Most evidence on CDS is not evaluated
SEVEN-STEP PROCESS AND INNOVATIVE TOOLS

7-step process (technology enables!)

1. Patient-reported data capture
2. Quantifying Risk
3. Shared decision making
4. Evidence-based clinical decision support
5. Intuitive visual displays of information
6. Automated physician ordering & documentation
7. Continuous communication and care
Patient Data Capture

- What the patient has to say matters a lot, but...
- Obtaining data is difficult
  - Not enough time
  - Patients respond differently when a doctor asks
  - The doctor may not know what questions to ask
- Even with the right questions...
  - Translation varies
  - Documentation varies
- Computer assisted data capture tools address these challenges

- Why are you here?
- What do you have?
- What do you want?
- How are you doing?
- What are you taking?
- How is your medicine working?
- What are your risk factors?
- What are your barriers to improving outcomes?
- ... and the list goes on.

Quantifying Risk

- Uses of Quantitative Risk Information (QRI)
  - Population risk assessment
  - Health care policy and management
  - Comparative effectiveness decisions
- QRI in clinical practice:
  - Risk stratification
  - Educating patients about care options
  - Shared decision-making
    - Choosing optimal care options
Quantifying Risk

• Most QRI tools are not used in routine clinical practice
  – Data may not be available
  – Data may be incomplete, inaccurate
  – Data may not be in a form required for calculation
  – Data may not be actionable

• Behavioral risk data
  – Difficult to collect in primary care
  – Data are not standardized

Shared Decision-Making

• What is shared decision-making?
  – Help patients play active role in decisions
  – Understand available options and risks/benefits

  "Essential" Components of SDM*
  Define problem
  Present options
  Discuss risks/benefits
  Patients values / preferences
  Doctor knowledge / recommendations
  Discuss pt ability / self efficacy
  Check / clarify understanding
  Make or explicitly defer decision
  Arrange follow-up

• Some evidence of impact
  – Improve knowledge, lowered decisional conflict

*Source: Makoul and Clayman, 2006
Shared Decision-Making

- SDM adoption is low in routine care
  - Barriers include time constraints, determining if SDM protocol is appropriate to a patient*

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- “essential” present translation challenge
- HIT can help address

*Source: Gravel et al. 2006

Clinical Decision Support

220 treatment scenarios, based on current treatment, LFTs, eGFR, A1C, & serum glucose
Intuitive visual displays of information

- Demonstration

Health IT and Continuous Care / MMOT

- Access & process patient data
  - Elicit patient preferences

- Monitoring & Continuous Care
  - (IVR, Care Gaps, Alerts, Text Message, etc)

- Elicit patient preferences
  - Tailor guidelines to patient

- Apply & tailor guidelines

- Communicate risk / options
  - Shared Decision Making

EHR

Pt-Reported Data

Guidelines

Act on patient preferences

www.amcp.org
Scott Taylor, BS Pharm, RPh, MBA

VALUE TO STAKEHOLDERS

Action: Industry & Managed Care

• What is the point?
• Why would HECON-Pharma, Insurance/Health Plans, PBMs, Multispecialty Group Practices, Physician-Hospital Organizations, Integrated HC Systems be interested in this?
Why? What? ROI?

• Most influential point
  – Patients and providers
• Medicine Collaboration
  – Undermine or support MMOT?
  – Managed Care to assist with MMOT “stickiness”
• Appropriate Pharmaceutical Care
  – Use products selectively and appropriately

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MACRO – What Next?

The Challenge and Your Opportunity!

• Where do we go from here?
• What can you do?
• Where will you begin?

• Targets – STAR
As outlined in the Accreditation Council for Pharmacy Education (ACPE) Criteria for Quality and Interpretive Guidelines, every ACPE-accredited provider is ultimately responsible for program planning, and assurance that the program is fair, balanced and free from bias and/or promotion. In addition, the provider is responsible for explaining and guiding the faculty in its expectations regarding development of learning objectives and instructional materials and incorporation of active learning and learning assessment mechanisms within the offering.

To this end, please draft between three and five self-assessment questions that participants will use to test their application and understanding of the material presented. The questions will be contained in the handout packet and provided to each session attendee onsite.

1. Define the medical moment of truth (MMOT)

2. Explain the seven step approach to improving care processes with health IT

3. Describe how a type of innovative technology-based solution to a gap in care can be implemented and affect care at the MMOT

4. 

5.