Diabetes Care Performance Improvement Innovations – “Solution Review Speed Session”

IHA Stakeholders Meeting, Hilton LAX
September 23, 2016
Rising interest from healthcare organizations, startups and even regulators drive innovation

CMS Gives Green Light to Digital Health Diabetes Prevention Program

The program, proposed to go nationwide by 2018, would reimburse providers for a health and wellness platform that could include virtual visits and monitoring.

Lilly-backed smartphone-enabled insulin pen FDA nod

Google, Sanofi Join Forces on Diabetes Monitoring and Treatment

Internet company’s Life Sciences business is working on devices to collect data on the condition.

AMA partners with Intermountain, Omada Health to prevent Type 2 diabetes

ICER Weighs in on Diabetes Prevention Programs

The report found that in-person coaching and digital formats with human coaching were both effective and delivered value. ICER’s review comes as Medicare is creating reimbursement standards to take effect in January 2018.

Tandem Diabetes Care and TypeZero Technologies Announce License Agreement to Accelerate Development and Commercialization of Closed-Loop Artificial Pancreas System
Looking at IHA’s digital health database we identify 56 different Diabetes companies

- **Smart Meter**
  - 13 companies
  - $260M raised

- **Consumer/employee Wellness**
  - 14 companies
  - $150M raised

- **Provider tools**
  - 8 companies
  - $15M raised

- **Self Management**
  - 6 companies
  - $100M raised

- **Prevention/Adherence / Social networks**
  - 11 companies
  - $35M raised
Adherence Starts with Knowledge (ASK®)
Taking Medicine—What Gets In The Way?

Think about all of the medicines you take. Mark one answer for each item below.

Inconvenience/Forgetfulness

Lifestyles

1 I just forget to take my medicines some of the time.

2 I run out of my medicine because I don’t get refills on time.

3 Taking medicines more than once a day is inconvenient.

Behavior

Taking Medicines

Have You...

8 Taken a medicine more or less often than prescribed?

9 Skipped or stopped taking a medicine because you didn’t think it was working?

10 Skipped or stopped taking a medicine because it made you feel bad?

11 Skipped, stopped, not refilled, or taken less medicine because of the cost?

12 Not had medicine with you when it was time to take it?

If you checked any answers in the darker blue boxes, talk with your healthcare provider.
Jon Glover, PharmD
Pfizer
Rx Adherence & Type 2 Diabetes: Synchronizing Medication Refills to Improve Care

- DM is leading cause of morbidity/mortality with chronic conditions and meds for HTN, lipids, CKD, CVD\(^1\)

- Medication adherence ranges from 36-93% with pts on 4 or more meds per class cited above\(^1\)

- Adherence and medical outcomes in DM
  - non-adherent patients are 60% more likely to die than adherent patients, with increased risk of kidney, cardiovascular and visual complications\(^2\)
  - one study demonstrated 10% ↑ in adherence = 9-29% ↓ in total healthcare cost\(^3\)

- Despite this information, adherence shown to be poor

Helping Diabetic Patients with Medication Adherence

• Refill synchronization: pharmacists work with patients to:
  • Align refills on the same day vs sporadically throughout month
  • Conduct medication reconciliation & counselling
  • Complete informal MTM with patient and prescribers

• Shown to improve chronic med adherence\(^1\) (including DM meds)
  • ↑ PDC by avg of 25%
  • ↑ PDC ≥ 80% Likelihood by 3.4-6.1 times

• Pfizer involved in RX Synch nationally since 2009, assisting with
  • Linking payers, integrated systems (ACOs), employers and pharmacies
  • ID’ing most appropriate patients (multiple chronic illnesses/meds)
  • Training staff on enhanced patient communication skills
  • Baseline and follow-up analyses on outcomes/quality metrics

Stephen Harris, PharmD
Novo Nordisk
A 360° perspective of patient needs

- Patient-Centric Strategy and Solutions
- NCQA-certified Diabetes Education Program
- Pharmacy Expertise
- Diabetes Care Support for Hospitals
- Institutional Expertise (Long-Term Care, VA)
- Managed Care Collaboration and Support
- Managed Care Collaboration and Support
- Diabetes Care Support for Endocrinologists and Primary Care
- Health Economics and Outcomes Research (HEOR) Information
- Medical Support
- Government Policy and Advocacy
Novo Nordisk & Together 2 Goal®

- Novo Nordisk Inc. joined the national effort to improve diabetes management with AMGA Foundation as the Presenting Corporate Collaborator
- Tools and resources are accessible through the campaign

Provider Resources

Patient Resources

Available at: [www.together2goal.org/About/novo_about.html](http://www.together2goal.org/About/novo_about.html)
David Grace, MScPhm, MBA
Bristol-Myers Squibb
Bristol-Myers Squibb: Overview of Non-branded, Disease-agnostic Resources
BMS has developed Non-branded, Disease-state Agnostic Resources which are Patient-centric and Aligned with ‘Triple Aim’ Principles

**Focus:**
Improving the Effectiveness of Caregiver-Patient Communication and Engagement

**Universal Patient Language (UPL):**
The Universal Patient Language is a capability, consisting of a growing set of resources, that helps healthcare stakeholders know what and how to best communicate with patients

**My Health Confidence:**
Serves as a simple and cost-effective way to measure patient health confidence and also equips providers with resources to help them identify and address gaps in confidence when appropriate

**Focus:**
Enhancing Patient Communication and Minimizing ‘Gaps in Care’ During Site of Care Transitions

**Transitions of Care:**
A product agnostic set of resources developed using evidence-based literature and best practices around quality measures to support a system-wide focus in managing care transitions
Key Components of Non-branded, Disease-state Agnostic Resources:

**Universal Product Language**
- The UPL has three main components:
  - **Principles** to guide communications,
  - **Tools** to make the principles actionable, and
  - **Stewardship** to help the UPL grow and thrive

**My Health Confidence (MHC)**
- MHC includes the following resources:
  - **Patient Screener**
  - **Patient Action Plan**
  - **Provider and Implementation Plan**

**Transitions of Care (ToC)**
- ToC includes the following resources:
  - **Best Practices and Responsibilities in ToC**
  - **Caregiver Discharge Planning Guides**
  - **Staying Health at Home Resources**

Detailed Information around, and Access to, UPL, MHC, and ToC Resources may be obtained through Bristol-Myers Squibb Regional and National Account Executives
Wayne Pan, MD, MBA
Genentech
Fogg Behavior Model

B = mat
behavior, motivation, ability, trigger at same moment

High Motivation

motivation

Low Motivation

Action Line

triggers
succeed here

triggers
fail here

www.BehaviorModel.org

For permissions, contact BJ Fogg

Hard to Do

ability

Easy to Do
a live workshop supporting the transformation from caregiver to coach

DIABETIC CAREGIVER BOOT CAMP

information cultural guide empathy support stories

shared vision for the future living your future

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Thank you!
Using Value Based P4P Data to Assess Performance Variation in Chronic Care

Dolores Yanagihara, MPH
IHA Stakeholders Meeting
September 23, 2016
Enabling Performance Improvement

- Measurement and Reporting
- Performance Variation Analysis; Cohort Identification
- Performance Improvement

IHA
Cohort 1: Suboptimal Chronic Care

- Suboptimal Chronic Care POs are below the VBP4P median on both optimal diabetes care and asthma medication ratio

201 POs in VBP4P

118 POs with valid results for diabetes care and asthma care

21 POs below median performance on both

6 POs also top 25% costs
How Are Suboptimal Chronic Care POs Different?

Suboptimal Chronic Care POs are:

- average size POs
- predominantly IPAs

- lower than average adoption of EHRs
- less self reporting of P4P results

<table>
<thead>
<tr>
<th></th>
<th>POs with Valid Diabetes and Asthma Results</th>
<th>21 Suboptimal Chronic Care POs</th>
<th>6 Suboptimal Chronic Care + High Cost POs</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO Size</td>
<td>35,314</td>
<td>35,608</td>
<td>43,463</td>
</tr>
<tr>
<td>% IPA</td>
<td>64%</td>
<td>86%</td>
<td>83%</td>
</tr>
<tr>
<td>Average MUHIT Score</td>
<td>77.48</td>
<td>68.88</td>
<td>73.77</td>
</tr>
<tr>
<td>% Self Reporting</td>
<td>86%</td>
<td>71%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Note: Kaiser Permanente POs excluded
Membership of Suboptimal Chronic Care POs

- 23% of POs provide suboptimal chronic care; this accounts for 23% of the non-Kaiser Commercial HMO membership

23% of Population is Treated by Suboptimal Chronic Care POs

- Suboptimal Chronic Care
- Suboptimal Chronic Care + High Cost
- Other POs

Note: Kaiser Permanente POs excluded
Suboptimal Chronic Care POs by Region

• Much higher percent of POs in Central Coast and Central Valley are providing suboptimal chronic care compared to other regions, but not a large population.
• No POs in Bay Area and Orange County provide suboptimal chronic care.

Note: Kaiser Permanente POs excluded.
Resource Use for Suboptimal Chronic Care POs

- The majority of Suboptimal Chronic Care POs are above the median on Bed Days and/or ED Visits
Correlation between Diabetes Care and Overall Clinical Care

• PO performance on the Optimal Diabetes Care measure is highly correlated with overall clinical achievement
Correlation between Bed Days and Diabetes Care

- Higher PO performance on the Optimal Diabetes Care measure is moderately correlated with lower Inpatient Bed Days
Correlation between ED Visits and Diabetes Care

- Higher PO performance on the Optimal Diabetes Care measure is also moderately correlated with lower ED visits
Chronic Care Cohort - Key Takeaways

• Optimal Diabetes Care is a strong predictor of overall clinical care, and would be an important focus for POs wanting to improve their clinical care
• Focusing on better Diabetes Care could also help lower ED Visits and Inpatient Bed Days
• There is an opportunity for a focused regional chronic care improvement effort, specifically Central Valley, Central Coast, and Los Angeles POs