Building More Effective and "Friendlier" Systems of Care for Population Health

Seth S. Martin, MD, MHS, FACC
Assistant Professor of Medicine and Cardiology
Johns Hopkins University School of Medicine

AMERICAN COLLEGE of CARDIOLOGY

Overview

- Shift towards 1° prevention while enhancing the system for all
- Ways to a more effective + “friendlier” system
- Pre-conference survey results

Time to Change Our Focus

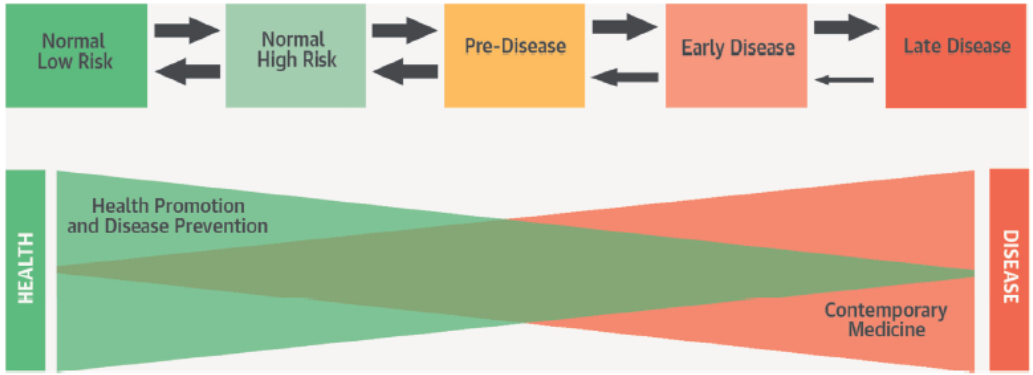
Defining, Promoting, and Impacting Cardiovascular Population Health

Joseph T. Knapper, MD,* Nima Ghasemzadeh, MD,* Mohamed Khayata, MD,* Sulay P. Patel, MD,* Arshed A. Quyyumi, MD,* Shanthi Mendis, MD,† George A. Mensah, MD,‡ Kathryn Taubert, PHD,§ Laurence S. Sperling, MD*

Cost for CVD projected to triple to $800 billion by 2030.

Sustainable?

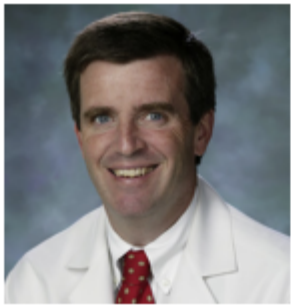
CENTRAL ILLUSTRATION Focusing on Cardiovascular Health: The Health/Disease Continuum



Knapper, J.T. et al. J Am Coll Cardiol. 2015; 66(8):960-71.

In many conditions, including cardiovascular disease, a continuum exists between health and disease. In contemporary medicine, much of the focus has been placed on treating early and late-stage disease **(right side)**. However, significant improvements in health can be difficult once disease has progressed to this state. Instead, health promotion and disease prevention focuses on maintaining health **(left side)** and preventing the development of disease.

AMERICAN COLLEGE of CARDIOLOGY



New American College of Cardiology Population Health Agenda to Focus on Primary Prevention

Kim Allan Williams, Sr, MD, FACC, *ACC President*, Gerard R. Martin, MD, FACC, *Chair, ACC Population Health Committee*

"we need to turn off the faucet instead of just mopping the floor"

AMERICAN COLLEGE of CARDIOLOGY

Underutilization of High-Intensity Statin Therapy After Hospitalization for Coronary Heart Disease

Robert S. Rosenson, MD,* Shia T. Kent, PhD,† Todd M. Brown, MD,‡ Michael E. Farkouh, MD,*‖
Emily B. Levitan, PhD,† Huifeng Yun, MD, PhD,† Pradeep Sharma, MS,† Monika M. Safford, MD,‡
Meredith Kilgore, PhD,§ Paul Muntner, PhD,† Vera Bittner, MD‡

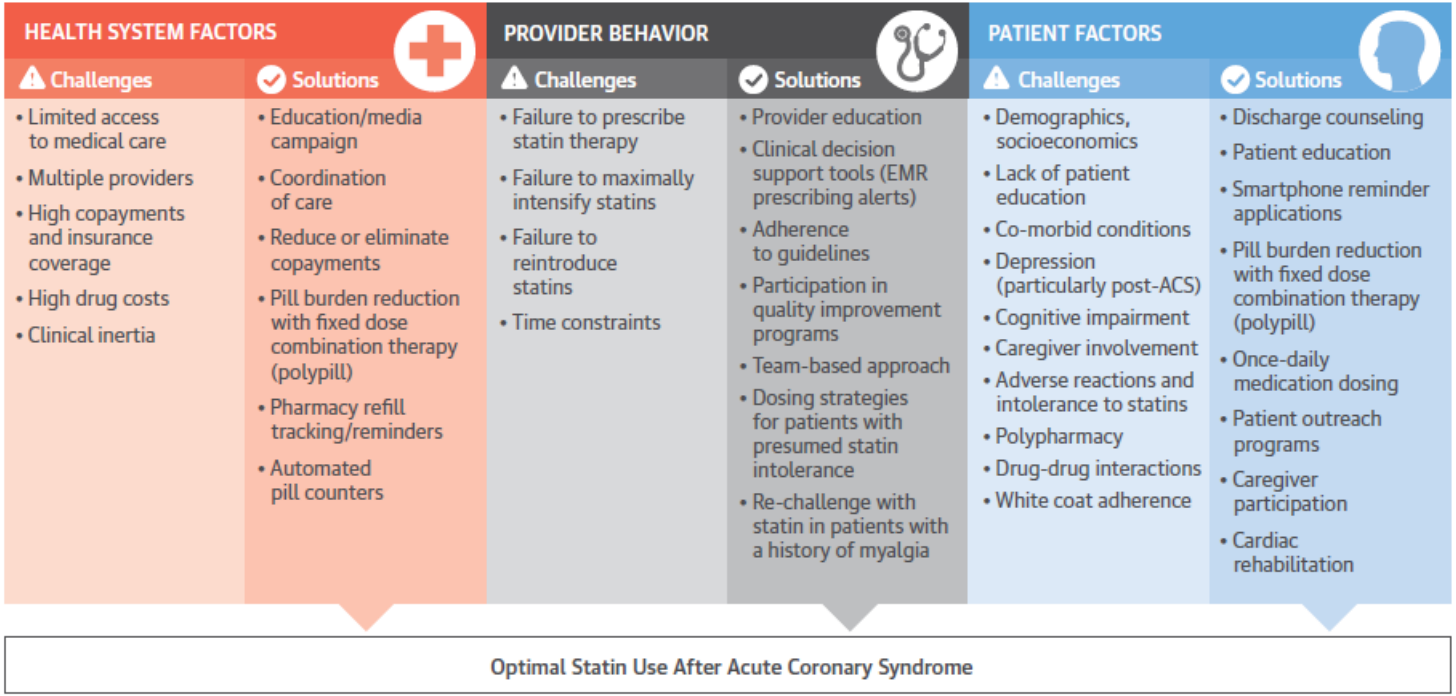
TABLE 2 Percentage of Medicare Beneficiaries <75 Years Filling Prescriptions for High-Intensity Statins After a CHD Event

	First Fill After CHD Event (n = 8,762)	Any Statin Fill Within 365 Days (n = 8,019)
Any high-intensity statin	2,364 (27.0)	2,810 (35.0)
Atorvastatin 40 or 80 mg	1,377 (15.7)	1,499 (18.7)
Atorvastatin 80 mg	565 (6.4)	679 (8.5)
Simvastatin 80 mg	684 (7.8)	1,037 (12.9)
Rosuvastatin 20 or 40 mg	303 (3.5)	491 (6.1)

Overview

- Shift towards 1° prevention while enhancing the system for all
- Ways to a more effective + “friendlier” system
- Pre-conference survey results

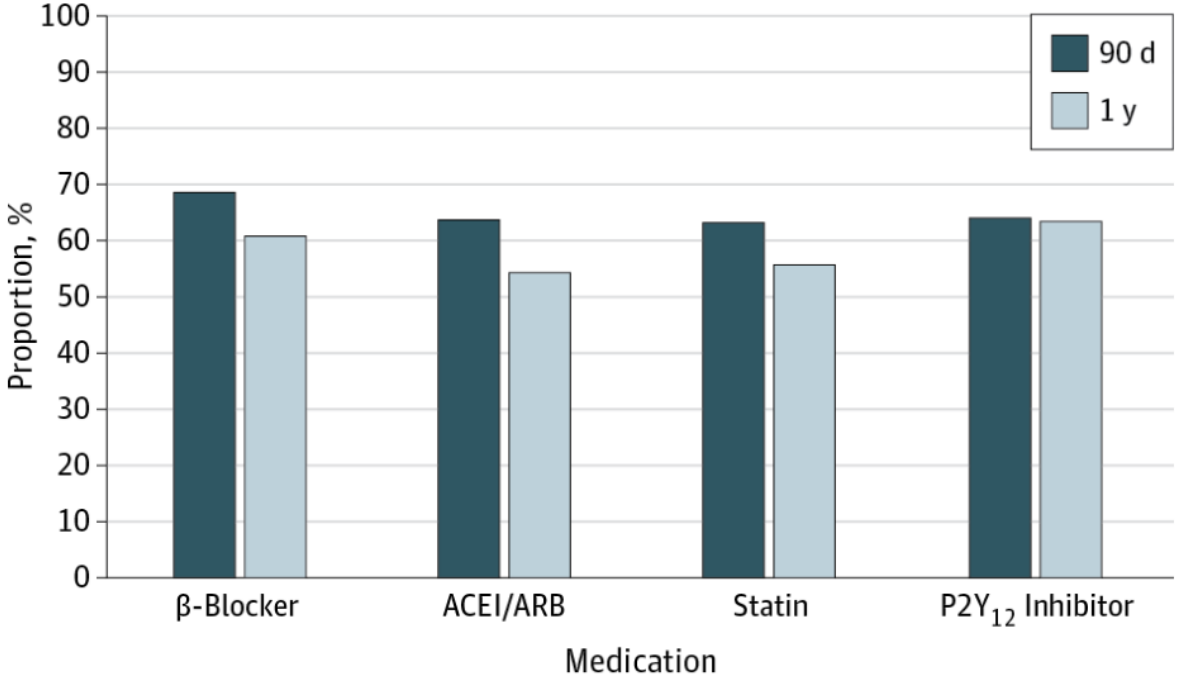
Actionable Items at Multiple Levels for Statin Therapy after ACS



Hirsh, B.J. et al. J Am Coll Cardiol. 2015; 66(2):184–92.

AMERICAN COLLEGE of CARDIOLOGY

Adherence in Medicare Patients after AMI



Problem across the board

Care transitions / coordination of care: Better adherence if follow-up within 6 weeks

Faridi KF, Wang TY, et al. JAMA Cardiol 2016;1:147-155

AMERICAN COLLEGE of CARDIOLOGY

Building Friendlier Systems

THE PEOPLE

THE PEOPLE

THE PEOPLE

AMERICAN
COLLEGE *of*
CARDIOLOGY

Journal of Healthcare Leadership

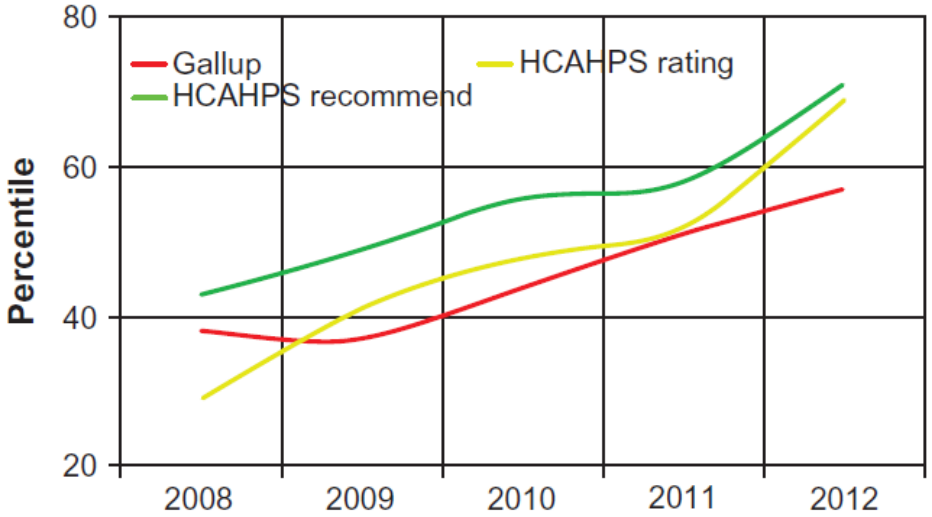
Dovepress
open access to scientific and medical research

Open Access Full Text Article

PERSPECTIVES

Building an engaged workforce at Cleveland Clinic

- Introduction of serving leadership
- New caregiver wellness and recognition programs
- Training focused on the institution's core mission
- Changes in the institutional vocabulary



AMERICAN COLLEGE of CARDIOLOGY

Electronic Medical Records

- EPIC success?
  - Better, faster documentation
  - Clinical decision support, alerts
  - Patient access
- Or EPIC fail?

Case Report

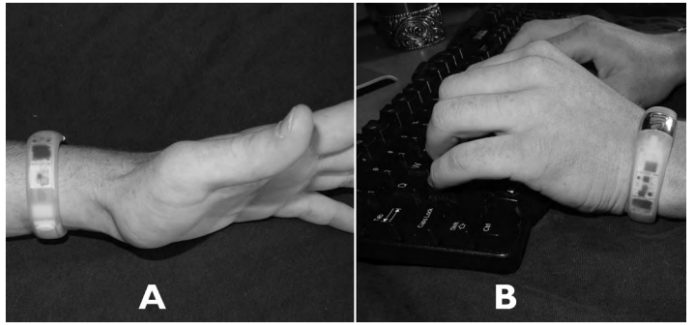
Carpal Tunnel Syndrome in the Digital Era - Are Electronic Health Records and Wrist Pedometers Potentially Synergistic Risk Factors?

David I. Feldman BS*[1], Seth S. Martin MD MHS[1], Roger S. Blumenthal MD[1], and E. Gene Deune MD[2]

EPIC fail "doctors spend 29 hrs/month of their own p
peak
assn.

RETWEETS
85

2:22 PM - 1



85 80

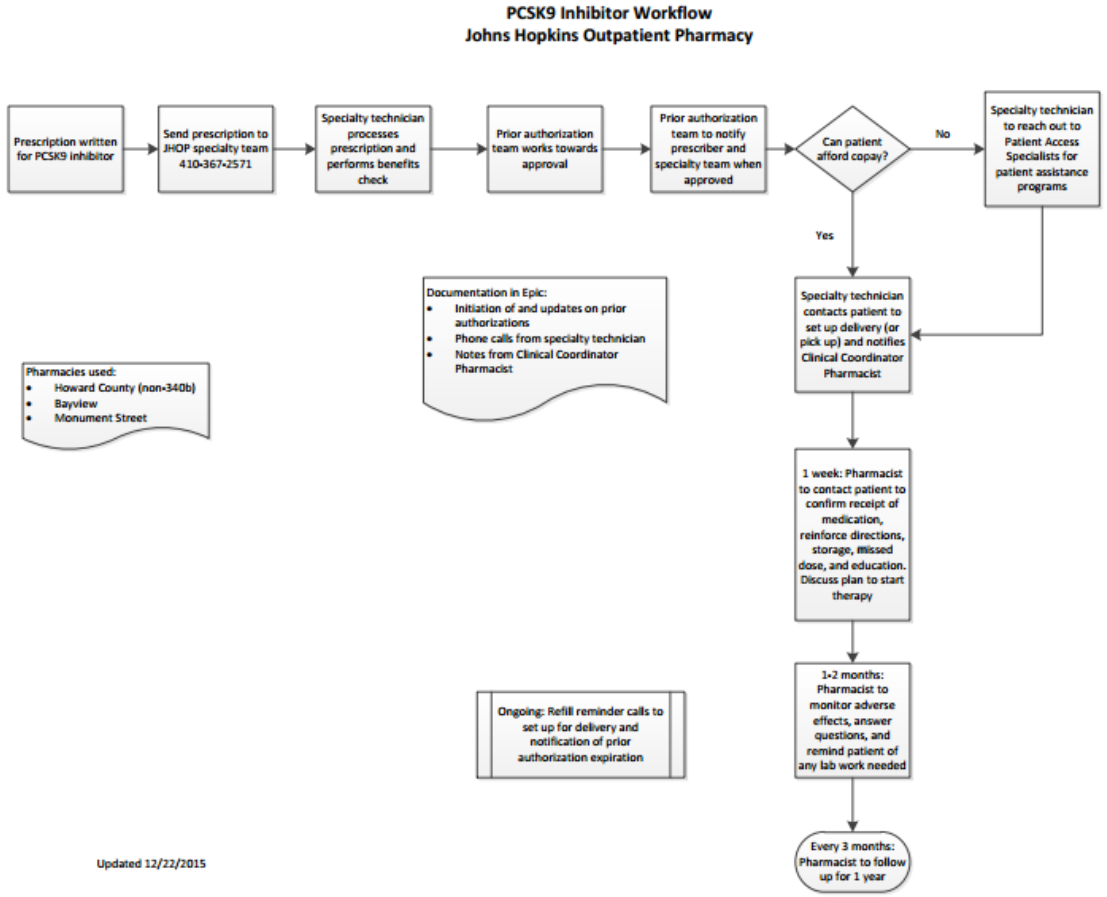
AMERICAN COLLEGE of CARDIOLOGY

2015 ACC Hea
on Cardiovasc
and the Role c

TABLE 3

Setting
Hospital tran
Chronic heart
Lipid clinics
Hypertension
Anticoagulati
Exercise stres
Structural he
Arrhythmia m implantab
Cardiology-sp
Outreach to

APP = advanc



AMERICAN COLLEGE of CARDIOLOGY

The Outlook of Digital Health for Cardiovascular Medicine

Challenges but Also Extraordinary Opportunities ONLINE FIRST

Mintu P. Turakhia, MD, MAS[1,2]; Sumbul A. Desai, MD[1]; Robert A. Harrington, MD[1]

JAMA Cardiol. 2016 Aug 31. doi: 10.1001/jamacardio.2016.2661

"Digital health is still in beta testing. However its future is bright."

- Potential to:
  - Improve patient education and engagement
  - Improve patient and clinician satisfaction
  - Improve outcomes while reducing health care costs

AMERICAN COLLEGE of CARDIOLOGY

Overview

- Shift towards 1° prevention while enhancing the system for all
- Ways to a more effective + “friendlier” system
- Pre-conference survey results

LDL: Address the Risk Thank Tank Participant Pre-Survey

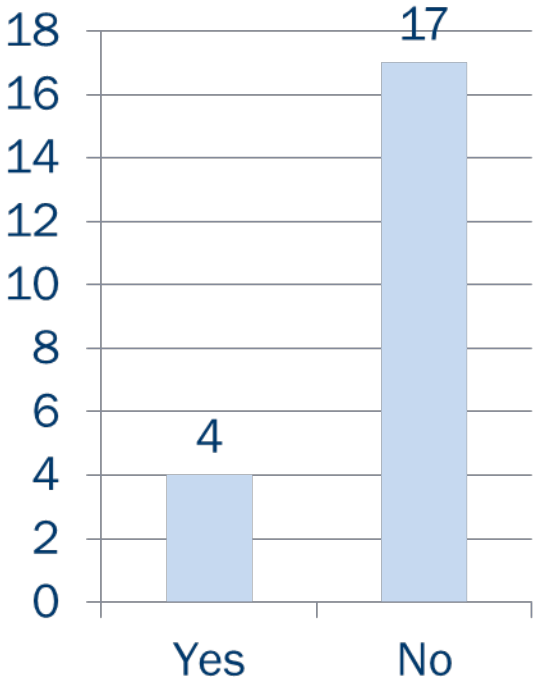
Results as of 08.31.16

n = 21

Survey sent out to 28 participants

AMERICAN COLLEGE of CARDIOLOGY

Does your health care system alert clinicians if an adult patient with clinical atherosclerotic cardiovascular disease (ASCVD) is not on a high-intensity statin?

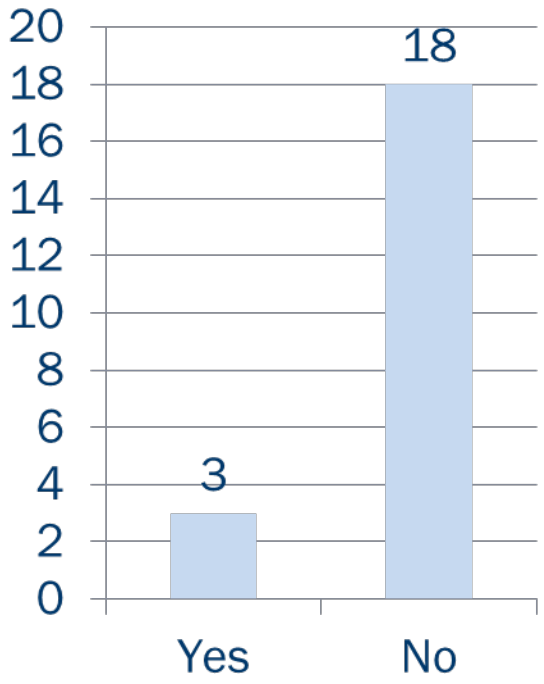


If "Yes," please describe:

- PHASE computer support program with medical asst and RNs and PharmDs are integral to our program for all these issues.
- A process for this is being worked on and will soon be in a pilot phase.
- At the present time, no, but we are trying to provide a mechanism to provide feedback to providers
- Yes, at times. Sometimes this is part of a research protocol. Other times it is turned on routinely.
- For patients who are in hospital for percutaneous coronary intervention, order sets have been developed to guide physicians on the appropriate dosing of statins.
- We are trying to set up calculation for ASCVD risk score, but system still has some bugs.

AMERICAN COLLEGE of CARDIOLOGY

Does your health care system alert clinicians if an adult patient with LDL-C ≥190 mg/dL is not on a high-intensity statin?

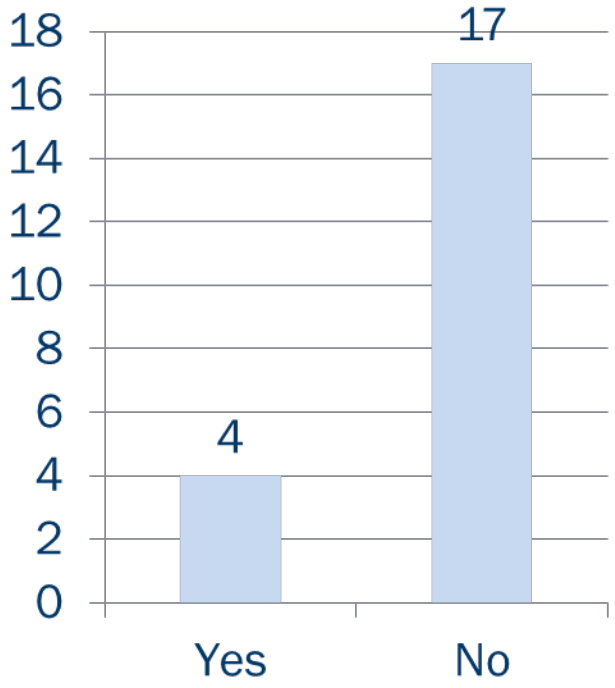


If "Yes," please describe:

- PHASE computer support program with medical asst and RNs and PharmDs are integral to our program for all these issues.
- A process for this is being worked on and will soon be in a pilot phase.
- At the present time, no, but we are trying to provide a mechanism to provide feedback to providers.

AMERICAN COLLEGE of CARDIOLOGY

Does your health care system alert clinicians if an adult patient with diabetes (with LDL-C 70-189 mg/dL and no ASCVD) is not on a moderate- or high-intensity statin?

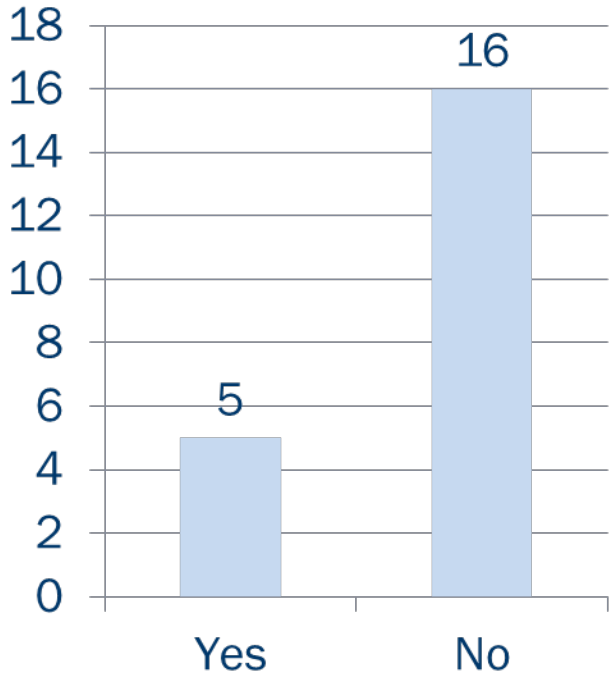


If "Yes," please describe:

- PHASE computer support program with medical asst and RNs and PharmDs are integral to our program for all these issues.
- A process for this is being worked on and will soon be in a pilot phase.
- Yes, we have a best practice alert built into our EHR system.
- Yes, at times. Sometimes this is part of a research protocol. Other times it is turned on routinely.

AMERICAN COLLEGE of CARDIOLOGY

Does your health care system generate alerts when patients do not fill or refill prescriptions for statins?

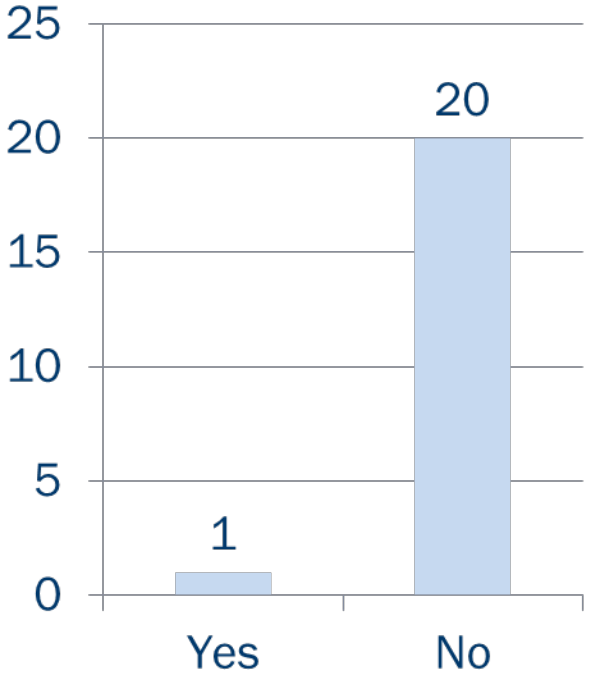


If "Yes," please describe:

- PHASE computer support program with medical asst and RNs and PharmDs are integral to our program for all these issues.
- Depends on insurance plan
- Unfortunately, there is not a closed loop system within our EHR that alerts patients to unfilled medications (including statins).
- Certain circumstances

AMERICAN COLLEGE of CARDIOLOGY

Does your health care system generate an alert when a patient's statin dose may need to be increased according to 2013 ACC/AHA cholesterol guideline?

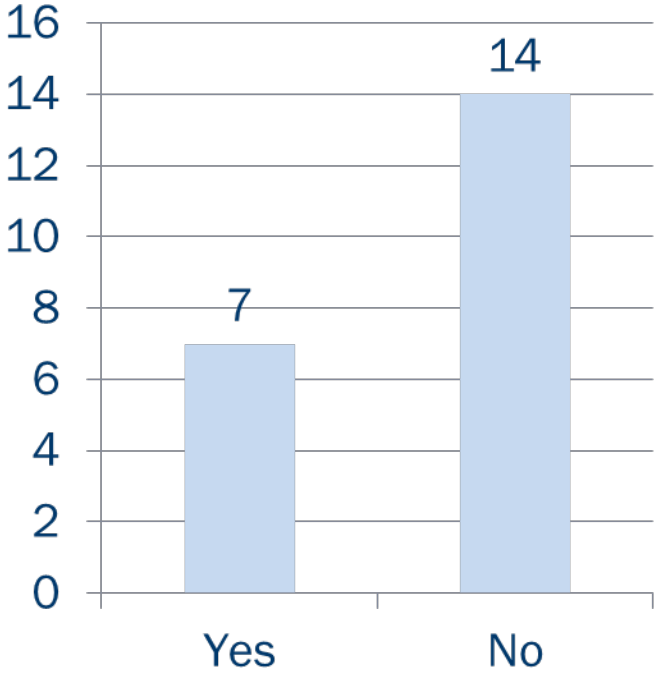


If "Yes," please describe:

- At the present time, no, but we are trying to provide a mechanism to provide feedback to providers.

AMERICAN COLLEGE of CARDIOLOGY

Do you have programs in place to assist individual patients improve adherence to lipid lowering medications?



If "Yes," please describe:

- We have the MTM clinic for help with dyslipidemia in statin intolerant patients
- Yes PHASE program Prevent Heart Attack and Stroke Everyday
- Fingerstick point of care lipids for adherence.
- Select business groups
- Certain facilities have programs to help patients with coupons/vouchers to help with the cost of medications to help improve adherence.
- If employee of our HC system, generic statins are no cost

AMERICAN COLLEGE of CARDIOLOGY


Thank you
If the Romans built such a magnificent city thousand of years ago, we can build a better system in 2016...

Next Steps

- **Interactive Table Discussion** (55 minutes)
- **Report Back to Full Group** (30 minutes)

Discussion Questions

- How do we optimize efficiency in providing accurate documentation when requesting non-statin LDL-lowering therapy?

- What can be done to establish more consistent prior authorization criteria for non-statin LDL-lowering therapy?

- How can the health systems assist in improving provider and patient-related barriers to implementing LDL-C lowering therapies? Discuss programs and tools that you may already have in place and/or programs and tools that would be helpful to address these barriers.