St. Peter's Hospital
Helena, Montana

Clinical pharmacist impact on the management of uncontrolled diabetes in a primary care setting

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Background

The Centers for Medicare and Medicaid Services (CMS) has developed a team-based care model, CPC + (comprehensive primary care plus), to incentivize organizations to improve patient care based on quality outcomes. CPC+ is a nationally supported initiative aimed to strengthen primary care and transform how care is delivered to patients. Montana was a region chosen by CMS to participate in the CPC+ initiative and St. Peter's Hospital was awarded CPC+ track 1 designation starting January 2017. To ensure CPC+ participants are meeting standards, CMS has created clinical quality measures, known as eCQM's, that includes objective goals related to chronic disease state management. CPC+ participants are required to report and meet these specified quality measures in order to receive reimbursement for their services. One key clinical quality measure reported is the percentage of patients with poorly controlled diabetes defined as HbA1c >9%. To ensure compliance with CPC+ standards for reimbursement, St. Peter's Medical Group (SPMG) must meet the 50th percentile for HbA1c control. To receive enhanced reimbursements from CMS, SPMG must be in the 80th percentile for HbA1c control. Ideally, clinical pharmacist intervention will lead to a reduction in HbA1c and therefore improve both patient outcomes and the clinical quality measures set by CMS.

Purpose

Evaluate the impact of a clinical pharmacist working collaboratively with a primary care providers to provide comprehensive medication management in patients with a primary diagnosis of uncontrolled diabetes, specified as having a HbA1c ≥9% or HbA1c >8% that has increased in the last six months. Patients with uncontrolled diabetes will have interventions by a pharmacist that include assessing adherence, providing education, and managing diabetes through a series of pharmacist led appointments.

Methods

Design:

Prospective study to evaluate the effectiveness of a clinical pharmacist's involvement in managing uncontrolled diabetes in the primary care setting

Implementation:

Selected patients will attend a series of pharmacist led appointments that will focus on the following:

- Adherence
- Education
- Medication management through collaborative practice agreements

Inclusion and Exclusion Criteria:

- Inclusion Criteria:
  - Patient's ≥ 18 years old
  - Patient's with diagnosed Type II Diabetes and
    - Most recent HbA1c ≥9% OR >8% and has increased in the last 6 months
  - Patient's from selected PCP's
- Exclusion Criteria:
  - Patients diagnosed with Type 1 Diabetes
  - Patients being managed by an endocrinologist
  - Patients on an insulin pumps

Objectives:

Primary Objective:	• Percent of patients with a decrease in baseline HbA1, to a goal of <9%, who receive pharmacist intervention
Secondary Objectives:	• Assess pharmacist impact on blood pressure control and lipid management to achieve targets goals of reducing blood pressure, in patients with uncontrolled hypertension, to a target blood pressure based on patient risk factors, and maximizing the percentage of patients on guideline recommended statin therapy •Assess pharmacist impact on patient's with an HbA1c >8% who's HbA1c has increased in the last 6 months •Evaluate the revenue potential based on Clinical Pharmacist Practitioner (CPP) reimbursement for patient appointments

Data Collection: The following metrics pre and post intervention will be recorded and evaluated:

- Patient specific HbA1c
- Blood pressure control
- Patients on recommended statin therapy

Any significant interventions made by a clinical pharmacist that improved patient care will be recorded and evaluated

Comprehensive Primary Care Plus (CPC +) Provider Data

Selected PCP's	Performance Rate*
Provider A	12.73 %
Provider B	16.95 %
Provider C	4.55 %
Provider D	22.97 %
Provider E	45.83%
Provider F	27.27%

* Performance rate = % of diabetes patients with last HbA1c >9%

Overall performance rate of all PCP's at SPMG: 14.41 %

CPC + Clinical Quality Measures Performance Rate Goals:

Diabetes HbA1c Performance Rate Goals:

50th percentile <19.33 %

80th percentile < 3.33 %

Preliminary Baseline Patient Data

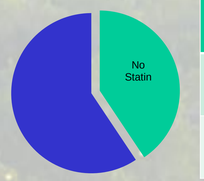
Selected Primary Care Providers

	Number of Patients	Average A1c
Selected patients with A1c ≥ 9%	19	10.4 %
Additional selected patients with A1c >8% and trending up	13	8.4 %

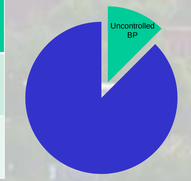
Secondary Objective Baseline Patient Characteristics:

	Number of patients	Percentage of patients
Not receiving statin therapy	13	40%
Uncontrolled Hypertension	4	12%

Statin Therapy



Uncontrolled Hypertension



Discussion

The clinical pharmacists officially began scheduling patient appointments in November 2017. To date, 5 patients have been seen by a clinical pharmacist. Ten more patients are scheduled to be seen in the next month. Providers have been educated on this project and are actively referring appropriate patients to the pharmacist. In the future, patient's with an HbA1c ≥9% from PCP's outside the initially selected PCP's will be indentified to help expand pharmacist management of uncontrolled diabetes to more patients.

Disclosures

Authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

Nothing to disclose: Kaity Harrington, Taylor Sandvick, Jessica Pipinich, Thomas Richardson, Amy Emmert, Willaim Batey, Andrew Gilbert

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