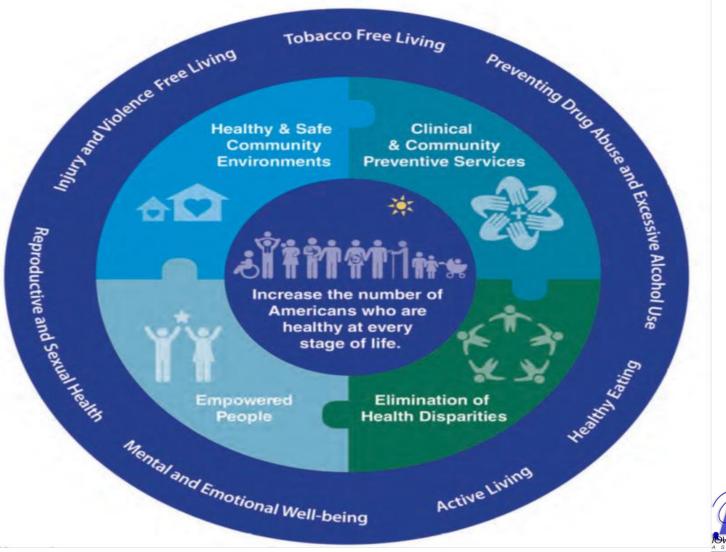
IOWA COMMUNITY TRANSFORMATION GRANT:

MEDICAL HOME AND PREVENTION AND CHRONIC CARE MANAGEMENT ADVISORY COUNCIL JULY 25, 2012





National Prevention Strategy







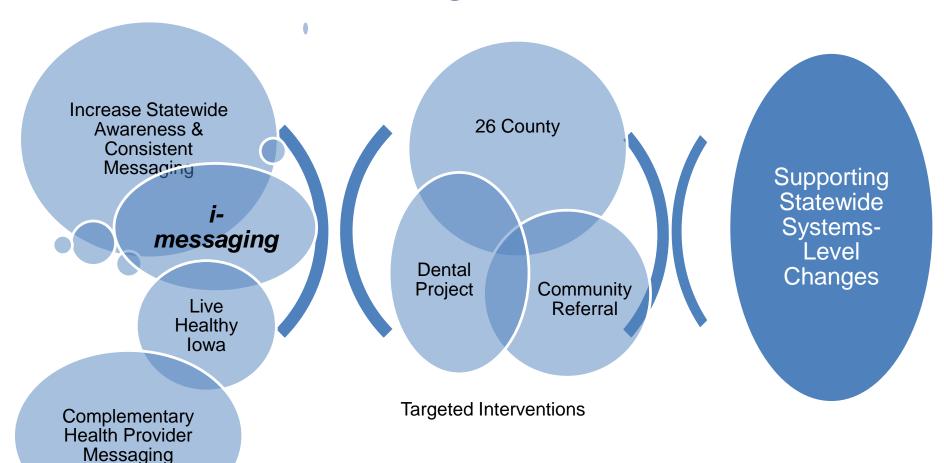
Iowa CTG Goal

 Improve statewide awareness for clinical prevention screenings and healthy lifestyle behaviors through consistent messaging in public health, primary health care, business, and community settings; and to create community-based strategies for systems and environmental changes in a 26 county subgroup to improve access for healthy opportunities.





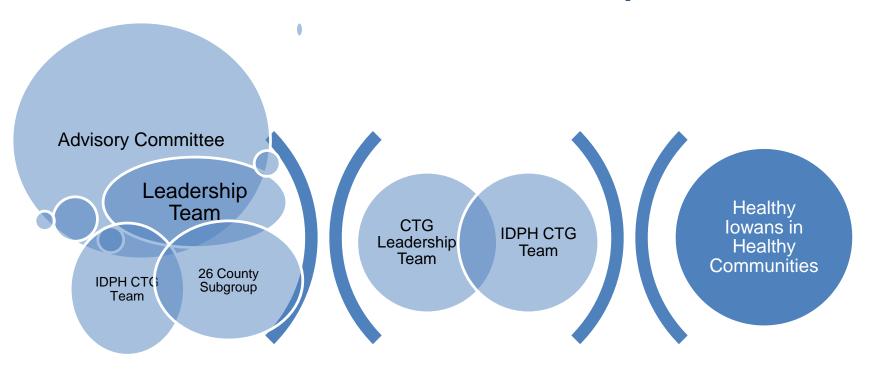
Iowa CTG Programmatic Model







Iowa CTG Partnership Model



Generating ideas, providing advice, and assisting with implementation to create an effective system of change

Developing specific recommendations to guide implementation

Achieving our vision





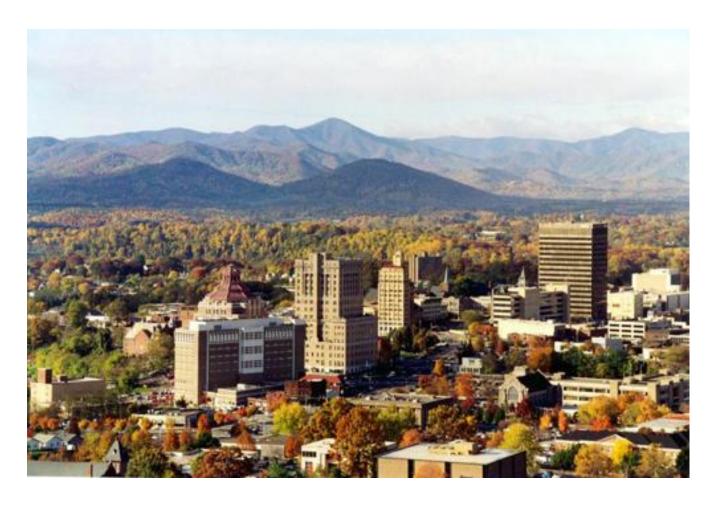
Iowa CTG Clinical Prevention Strategies

- By September 29, 2013, increase the number of counties that have developed local referral systems to support control of high blood pressure, high cholesterol, diabetes, and cancer.
- By September 29, 2016, increase the number of dental practices having systems in place for blood pressure and tobacco use screening and referral.
- By September 29, 2016, increase the number of self-insured employers in the state who support an **Asheville-like** pharmacist model for employees addressing at minimum the control of high blood pressure, high cholesterol, and diabetes.
- By September 29, 2014, increase the number of counties with access to evidence-based chronic disease programs.





Overview of the Asheville Project®







The Asheville Project® Provision of Care

- Employers agree to offer wellness programs to employees with chronic disease states
 - Diabetes, asthma, depression, hypertension, dyslipidemia
- Participants agree to self-care education classes and meet regularly with trained community pharmacists
- Pharmacists recruited and trained to provide 1-on-1 patient assessment and counseling with feedback to the treating physician
- Employers paid for the self-care education, MTM sessions, and <u>waived co-pays for disease-related</u> <u>medications and supplies</u>





The Asheville Project® Each Player Does What They're Good At

- Physicians <u>diagnose</u> and implement <u>treatment plans</u>
- Educators <u>educate</u>
- Patients <u>self-manage</u> 24 hours per day
 - Medications taken as prescribed, more effectively and safely
- Pharmacists <u>coach</u> patients to ensure compliance with their treatment plan
- Patients are <u>regularly assessed</u>, monitored, <u>changes</u> recommended when treatment plan isn't working
- Convenient <u>access to expert personal health coach</u>
- Employers <u>encourage participation</u> by providing <u>incentives</u>
 - Use resources already available in the community



The Asheville Project® The Numbers Say It All

Cardiovascular Events Through 2006

	3 Years Prior to Program	6 Years After Start of Program
All cardiovascular events: heart attacks, strokes, TIA's, acute angina	101	50
ER visits / Hospital admissions	175	81
# of patients with 2 or more events per year	13	2
Total cost of all events	\$1,300,000	\$500,000





Other Successful Models

- Private Sector
 - Self-insured Employers
 - Patient Self-Management Program for Diabetes
 - Diabetes Ten City Challenge
 - Health Plans (e.g., MTM)
- Public Sector
 - Federal level
 - Medicare Part B, Part D (e.g., MTM)
 - State level
 - Iowa Medicaid
 - Pharmaceutical Case Management (PCM)
 - State Employee Programs





Other Successful Models

- Medication Therapy Management (MTM)
 - Utilizes pharmacists to build upon existing pharmacist-patient relationship
- Iowa-based example
 - Overall ROI: \$8.83
 - Estimated costs avoided/saved: \$4.2 M
 - Drug product savings ROI: \$2.44
 - Drug product costs saved: \$1.1 M
 - Iowans touched: 5,433
 - Utilized 528 pharmacies





Key Elements for Success in Iowa

- Patients have frequent, consistent and face-to-face interaction with pharmacists
- The patients' information is communicated between pharmacist and other health care providers to ensure safe medication use and that self-management goals are in line with MD treatment plan
- Incentivize patients to keep them engaged





Address Challenges & Opportunities Now!

- Patient, provider, and employer engagement
 - Education on the role of pharmacists
 - Listen and work with other disciplines to understand barriers
- Partnerships with pharmacists, pharmacies, and stakeholders to help shape, develop, and execute
 - Coordination with current pharmacy-driven programs and state/federal initiatives
 - Medical home, accountable care organizations, etc...





DISCUSSION







Questions

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