Health Outcomes and Medication-Related Needs of Older Persons

The 3rd USC Conference on Optimizing Medication Safety and Healthcare Quality

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Objectives

Discuss the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) program and the Centers for Medicare & Medicaid Services (CMS) strategies for healthcare transformation.

Discuss the role of medications in the QIN-QIO’s scope of work.

Identify opportunities for the pharmacy profession to collaborate with the QIN-QIO.
About HSAG

Nearly 25 percent of the nation’s Medicare beneficiaries

HSAG is the Medicare QIN-QIO for California, Arizona, Florida, Ohio, and the U.S. Virgin Islands.
Healthcare Transformation is Underway
CMS Quality Improvement Strategy: Concurrently Pursue Three Aims

**Better Care**
Improve overall quality by making healthcare more patient-centered, reliable, accessible, and safe.

**Healthier People**
Improve population health by supporting proven interventions to address behavioral, social, and environmental determinants of health, in addition to delivering higher-quality care.

**Smarter Spending**
Reduce the cost of quality healthcare for individuals, families, employers, and government.

Source: The Centers for Medicare & Medicaid Services
CMS Quality Strategy Goals

1. Make care safer by reducing harm caused in the delivery of care
2. Strengthen person and family engagement as partners in their care
3. Promote effective communication and coordination of care
4. Promote effective prevention and treatment of disease
5. Work with communities to promote healthy living
6. Make care affordable

Source: The Centers for Medicare & Medicaid Services
CMS Support of Healthcare Delivery System Reform (DSR)

**Historical State**

- **Key Characteristics**
  - Producer-centered
  - Incentives for volume
  - Unsustainable
  - Fragmented care

- **Systems and Policies**
  - FFS* payment systems

**Evolving Future State**

- **Key Characteristics**
  - Patient-centered
  - Incentives for outcomes
  - Sustainable
  - Coordinated care

- **Systems and Policies**
  - Value-based purchasing
  - Accountable Care Organizations (ACOs)
  - Episode-based payments
  - Medical homes
  - Quality/cost transparency

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*FFS=Fee-for-Service

**Result:** Better care, smarter spending, and healthier people

Source: The Centers for Medicare & Medicaid Services
CMS Goals by 2016 and 2018

- **Alternative Payment Models (Categories 3–4)**
- **FFS linked to quality (Categories 2–4)**
- **All Medicare FFS (Categories 1–4)**

### Historical Performance

- **2011**
  - All Medicare FFS: 0%
  - FFS linked to quality: 22%
  - Alternative Payment Models: 68%

- **2014**
  - All Medicare FFS: 0%
  - FFS linked to quality: 85%
  - Alternative Payment Models: 22%

- **2016**
  - All Medicare FFS: 50%
  - FFS linked to quality: 85%
  - Alternative Payment Models: 30%

- **2018**
  - All Medicare FFS: 90%
  - FFS linked to quality: 85%
  - Alternative Payment Models: 50%

### Goals

Source: The Centers for Medicare & Medicaid Services
QIN-QIO Areas of Focus
Patient is at the center of care

Cardiac Health

Disparities in Diabetes

Disease Management Through Meaningful Use

Healthcare-Associated Infections in Hospitals

Coordination of Care

Behavioral Health

Healthcare-Acquired Conditions in Nursing Homes

Value-Based Payment (VBP) Program

Adult Immunizations

Improve Hand Hygiene and Injection Practices in ASCs*

Transforming Clinical Practice

*ASC=Ambulatory Surgical Center
QIN-QIO Framework

**Better Health**
- Improving cardiac health and reducing cardiac disparities
- Reducing disparities in diabetes care
- Coordinating prevention through Health Information Technology

**Essential Functions**
- Results-Oriented Quality Improvement Activities
- Community Learning and Action Networks
- Technical Assistance
- Integrated Communications

**Lower Costs**
- Quality Improvement through Physician Value Modifier
- Local Quality Improvement Organization Projects

**Better Care**
- Reducing healthcare-associated infections
- Reducing healthcare-acquired conditions
- Coordinating care to reduce readmissions and adverse drug events
Physician Office
Physician Office Tasks

• Improve cardiac health and reduce disparities
  – Improve blood pressure control, cholesterol management, smoking cessation, and the use of aspirin

• Reduce disparities in diabetes care
  – Improve HbA1c, lipids, blood pressure, and weight
  – Increase number of pre-diabetics and diabetics who received evidence-based diabetes self-management education (DSME)

• Improve Medicare beneficiaries’ immunization rates through improved tracking, documentation, and reporting
Physician Office Tasks

• Improve identification of depression and alcohol use disorders in Medicare population
• Collaborate with Practice Transformation Networks in transforming clinical practices and conducting practice assessments
• Assist physicians participating in quality reporting and value-based payment programs
Physician Office Medication-Related Issues

• More than two thirds of Medicare beneficiaries, or 21.4 million beneficiaries, have at least two or more chronic conditions.¹

• Among older adults (65 years of age and older), 57–59% reported taking five to nine medications and 17–19% reported taking 10 or more over the course of a year.²

• Older adults are vulnerable to adverse drug events (ADEs), likely due to altered pharmacokinetics, polypharmacy, and cognitive decline.³

¹ Source: See reference slide 32
• An estimated one-third to one-half of all patients in the US do not take their medications as prescribed.⁴

• The Congressional Budget Office estimates that a 1% increase in the number of prescriptions filled by beneficiaries would cause Medicare’s spending on medical services to fall by roughly one-fifth to 1%.⁵
• Medication adherence
• Drug interactions
• Inadequate drug monitoring
• Inappropriate drug selection
• Over-/under-dosing
• Inadequate immunization tracking
Opportunities for QIN-QIO and Pharmacist Collaboration

• Pharmacist on the care team
• Comprehensive medication management
• The Right Care Initiative
  – Los Angeles, San Diego, Sacramento
• Immunization promotion and tracking
• Referral of diabetic patients to DSME classes
Hospital and Nursing Home
Hospital and Nursing Home Tasks

**Hospital**
- Prevent occurrence of HAIs (CLABSI, CAUTI, CDI*) using data-driven, evidence-based practices

**Nursing Home**
- Promote implementation of QAPI** to improve capabilities to address majority of the quality measures
- Reduce use of unnecessary antipsychotic medications in dementia residents
- Prevent CDI infection

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*CLABSI=Central line-associated bloodstream infection  
CAUTI=Catheter-associated urinary tract infection  
CDI=Clostridium difficile infection  
**QAPI=Quality Assurance Performance Improvement"
Medication-Related Issues

Inappropriate and overuse of antibiotics and antipsychotics
Opportunities for QIN-QIO and Pharmacist Collaboration

• **Antibiotic stewardship program**
  – Promotes judicious use of antimicrobials

• **Appropriate use of antipsychotic medications**
  – Appropriate indication and appropriate dose
  – Medication regimen review
  – Ongoing monitoring
  – Use only for duration needed, and at the lowest dose
Communities
Communities

Coordination of care and Prevention of ADEs

• Reduce hospital admission and readmission rates by 20 percent by 2019

• Increase community tenure of beneficiaries (increase number of nights spent at home by 10 percent)

• Improve care transitions for behavioral health patients and reduce unnecessary readmissions

• Convene community providers to collaborate on strategies for improvement in care coordination
Communities

• Reduce prevalence of ADEs that contribute to patient harm as a result of the care transition process

• Focus on
  – Anticoagulants
  – Diabetic agents
  – Opioids
California Care Coordination Communities

- **Cohort A**: 2014, Four Communities
- **Cohort B**: 2015, Four Communities
- **Cohort C**: 2016, Eight Communities
Medication-Related Issues

• One in five patients discharged from the hospital to home experience an adverse event
• 66% of these adverse events were drug related\textsuperscript{6}
• Lack of a single clinician or clinical entity taking responsibility for care coordination\textsuperscript{7}

Source: See reference slide 32
Medication-Related Issues (cont.)

- Most post-discharge adverse events are related to medications.\(^8\)
- The odds of being hospitalized for ADEs are four to seven times higher in older adults than in younger people.\(^9\)
- ADEs result in approximately 1 million emergency department visits per year. 
  - The top medications implicated are insulin and warfarin.\(^{10}\)

Source: See reference slide 32
Impact of ADEs

Inside the hospital

1.9 million stays
Increased length of stay

Outside the hospital

3.5 million office visits
1 million emergency department visits

Most common post-discharge complication

Medication-Related Issues (cont.)

• Lack of or inadequate medication reconciliation
• Lack of patient’s understanding of complex medication regimen
• Poor communication between providers
• Inadequate drug monitoring
Opportunities for QIN-QIO and Pharmacist Collaboration

• Care coordination community coalitions
  – Work groups, learning and action networks
  – Medication reconciliation
  – Screening for ADEs

• Safe Med Los Angeles

• Other collaborative opportunities
Collaboration
Questions?

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