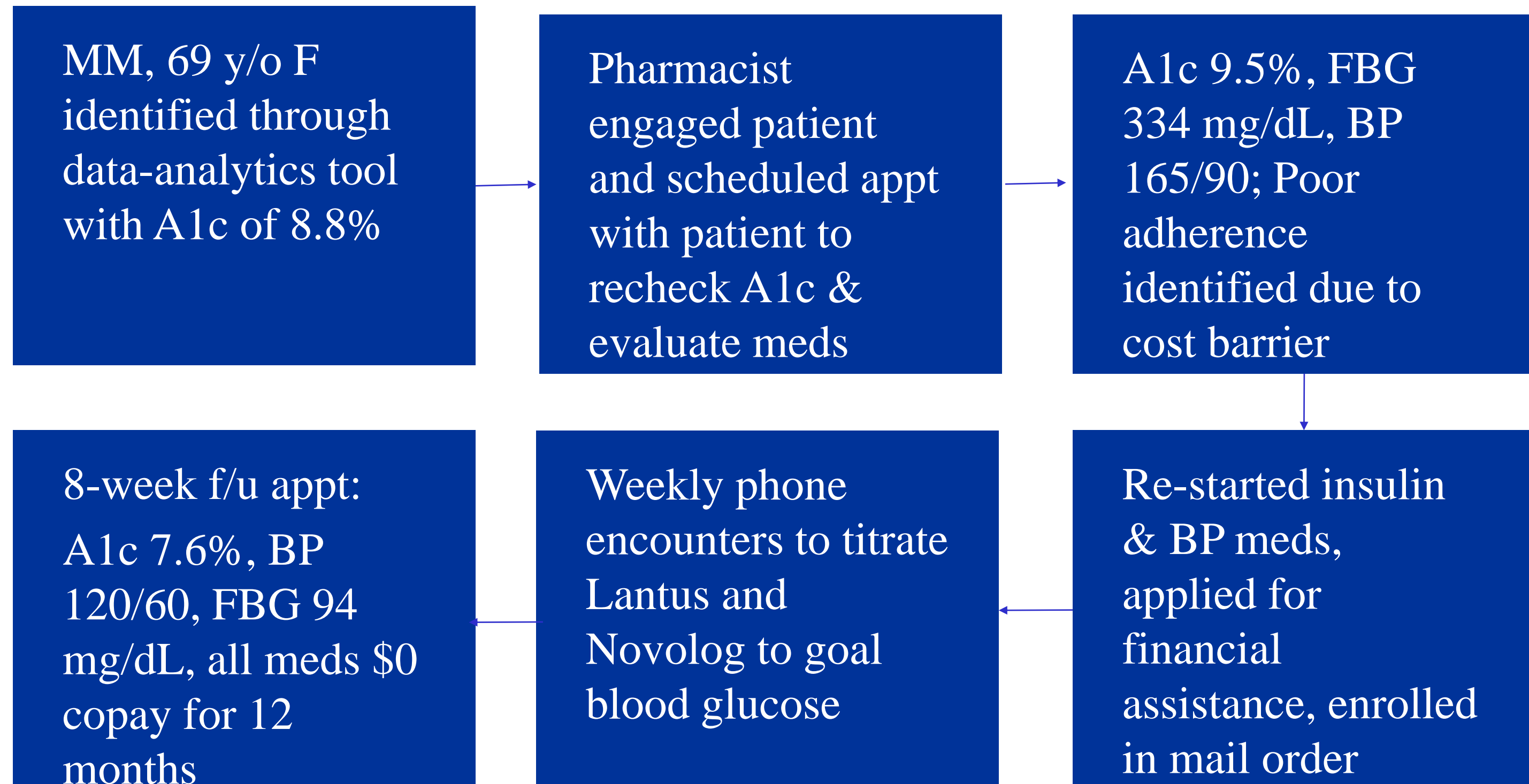




Case Summary



- The goal of the CMOP program is to improve care and achieve optimal outcomes in patients with chronic diseases through the targeting of high and rising risk patients, provider collaboration, patient education, and evidence-based medication management.

Methods

The first step involved developing a data-analytics tool to identify patients with uncontrolled diabetes. The tool identified >6,000 patients within HFHS with a hemoglobin A1c \geq 9%.

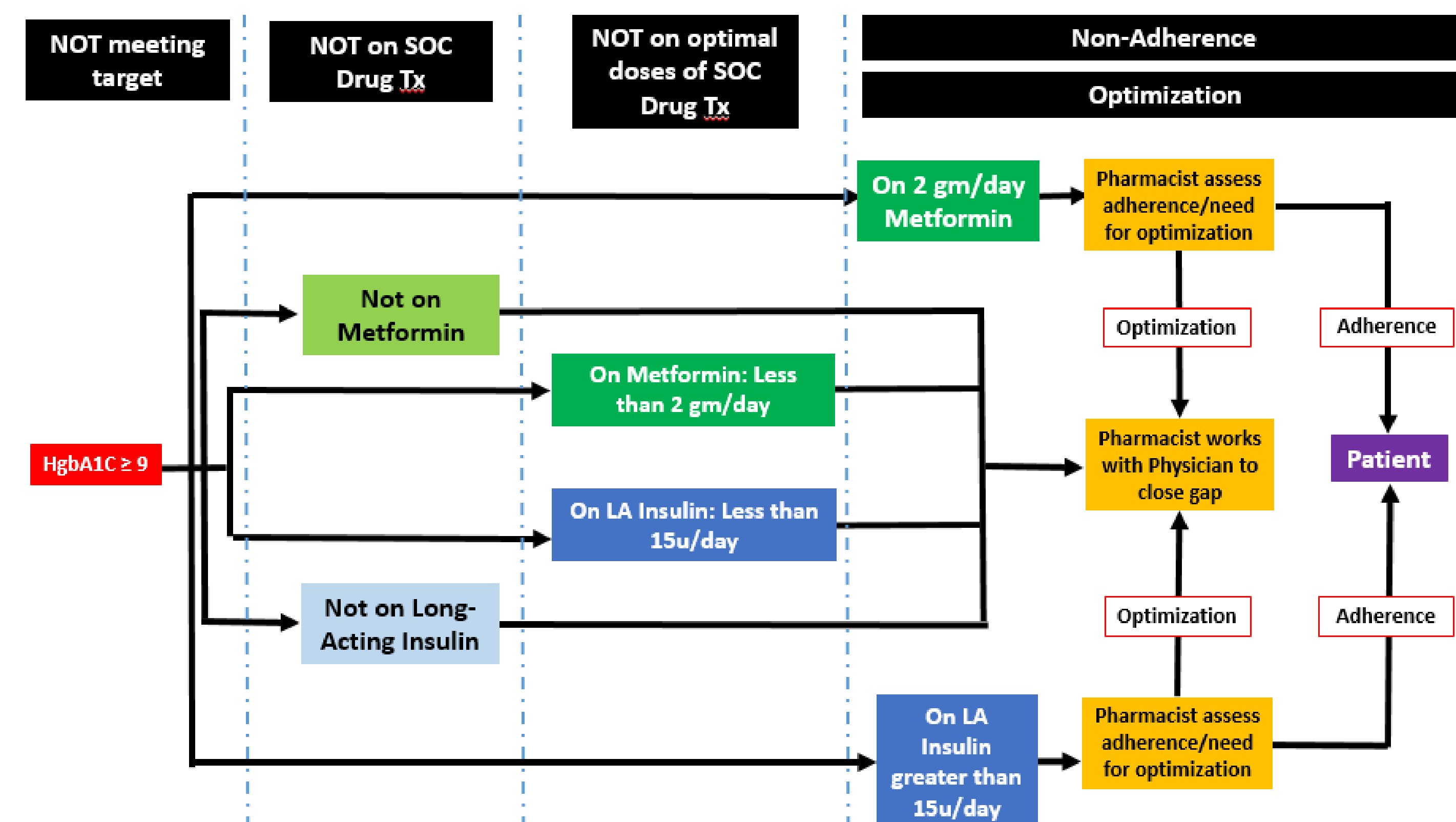
The "gaps" were separated into the following groups:

- Not on metformin
- On metformin <2 gm/day
- Not on long-acting insulin
- Long-acting insulin dose <15 units/day
- \geq 65 years old on sulfonylurea
- Only on sulfonylurea

Two full-time pharmacists were hired in Summer 2016. Two more added Summer 2017.

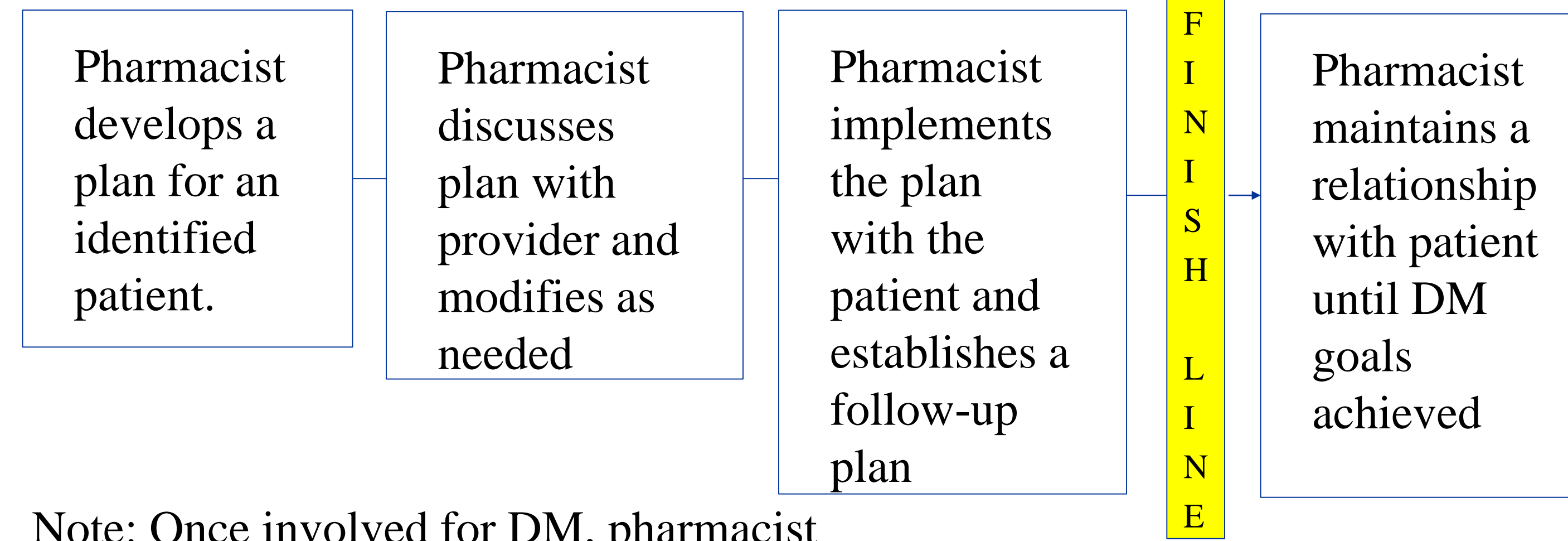
Baseline A1c <8% for the two initial medical centers (Oct 2016):

- East Jefferson: 61.7%
- Harbortown: 65.9%



SOC: Standard of Care

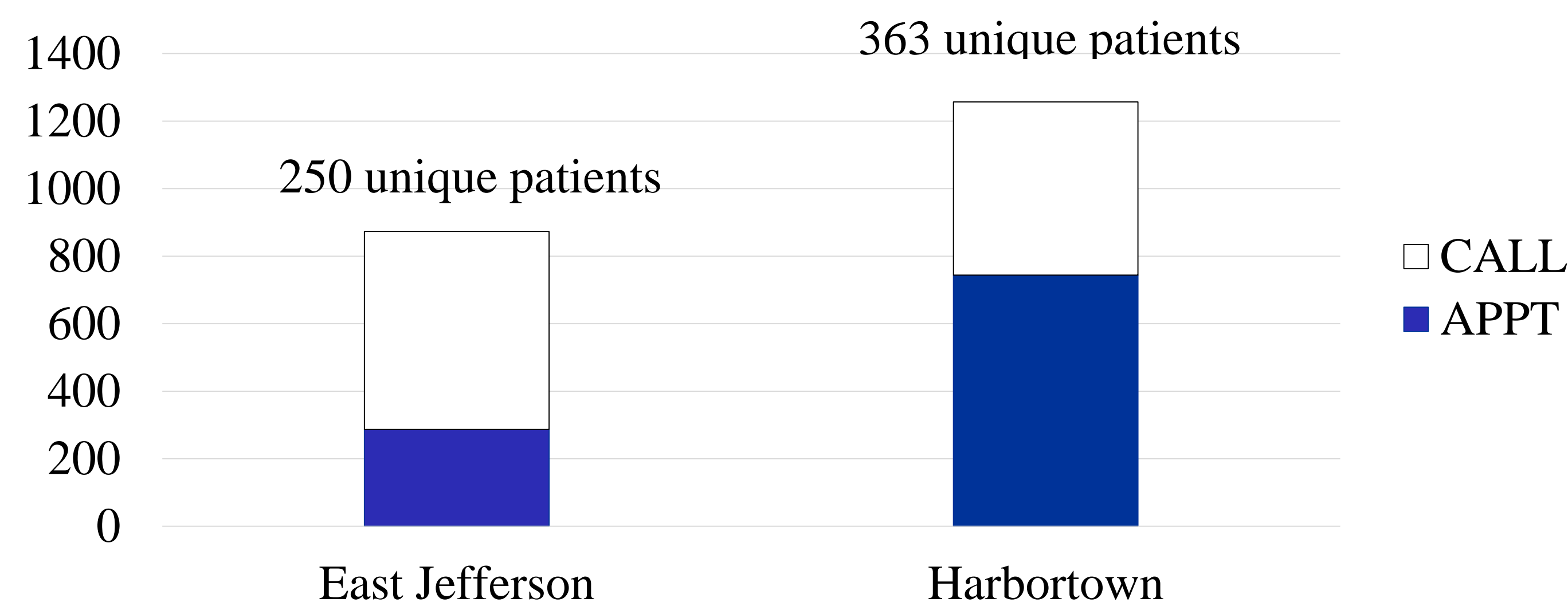
Methods



Note: Once involved for DM, pharmacist can also address other medication gaps.

Metrics/Results

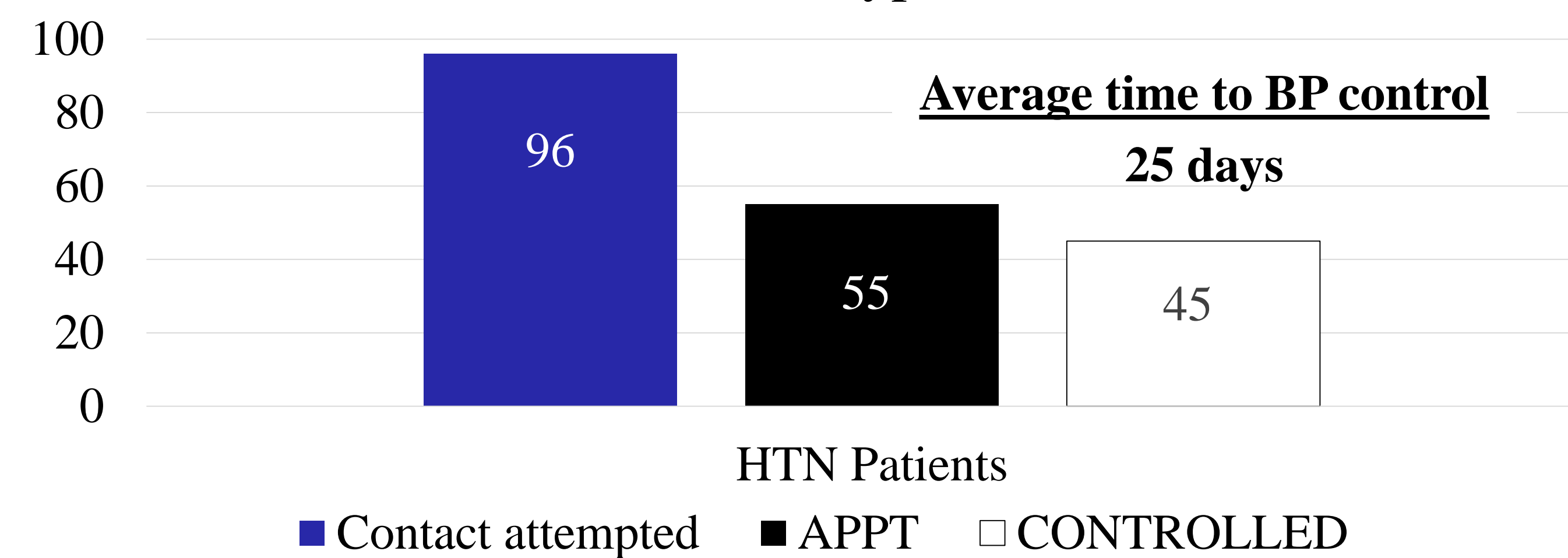
Enhanced Patient Encounters



Clinical Improvements (Nov 2016- June 2017)

320 patients evaluated, 307 patients with A1c > 8.0 mg/dL		
Average A1c pre/post CMOP involvement: 10.2 \pm 2.0 mg/dL \rightarrow 8.4 \pm 1.7 mg/dL	Average A1c reduction 3 mos post CMOP involvement: \downarrow 1.25 \pm 1.99 mg/dL	Patients with A1c <8.0 mg/dL at 3 mos post CMOP involvement: 39.11%

Patients with Hypertension



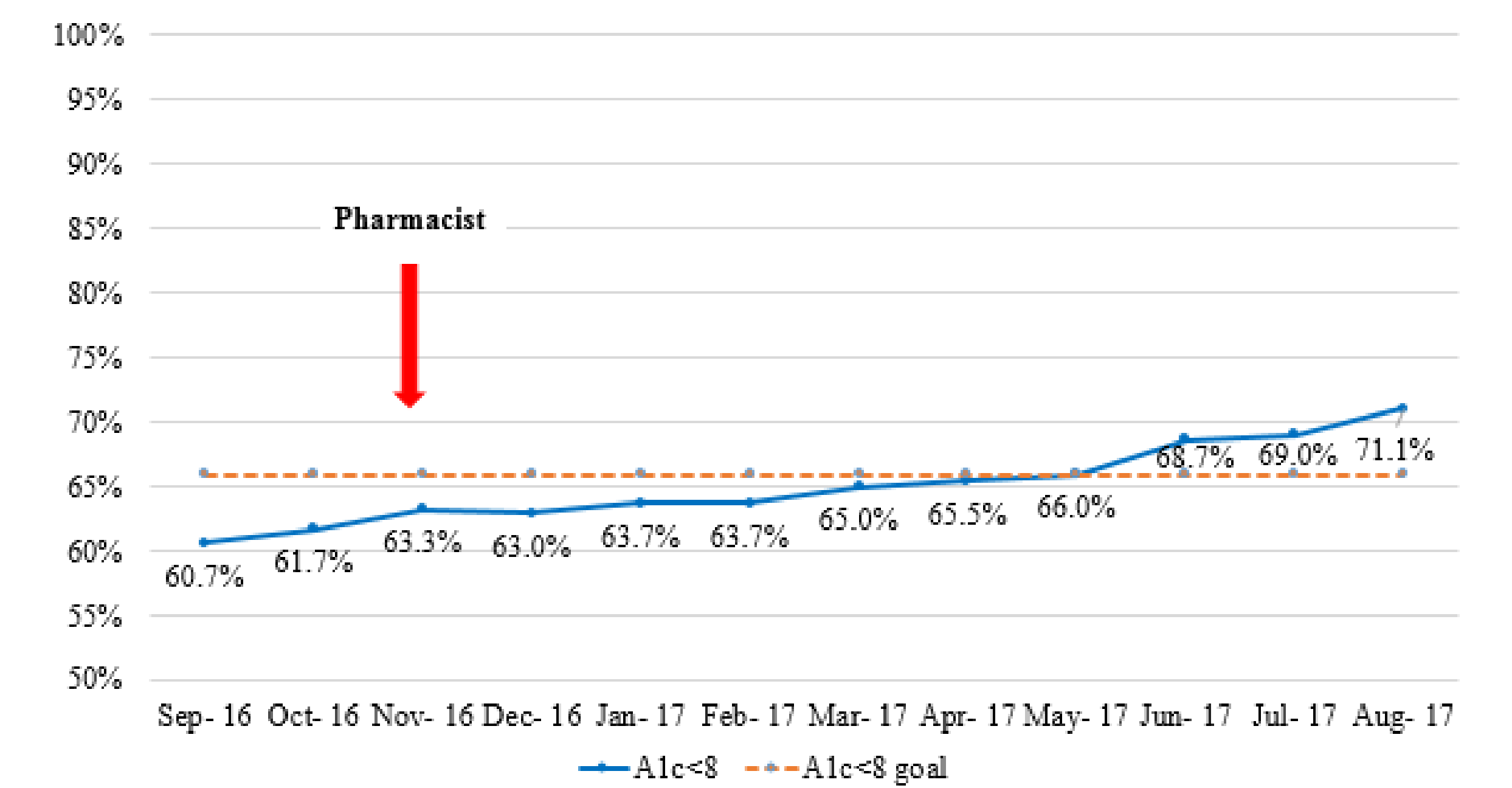
Addition of Evidence-Based Therapies

Patients not on aspirin or statin that the pharmacist identified and started on appropriate therapy:

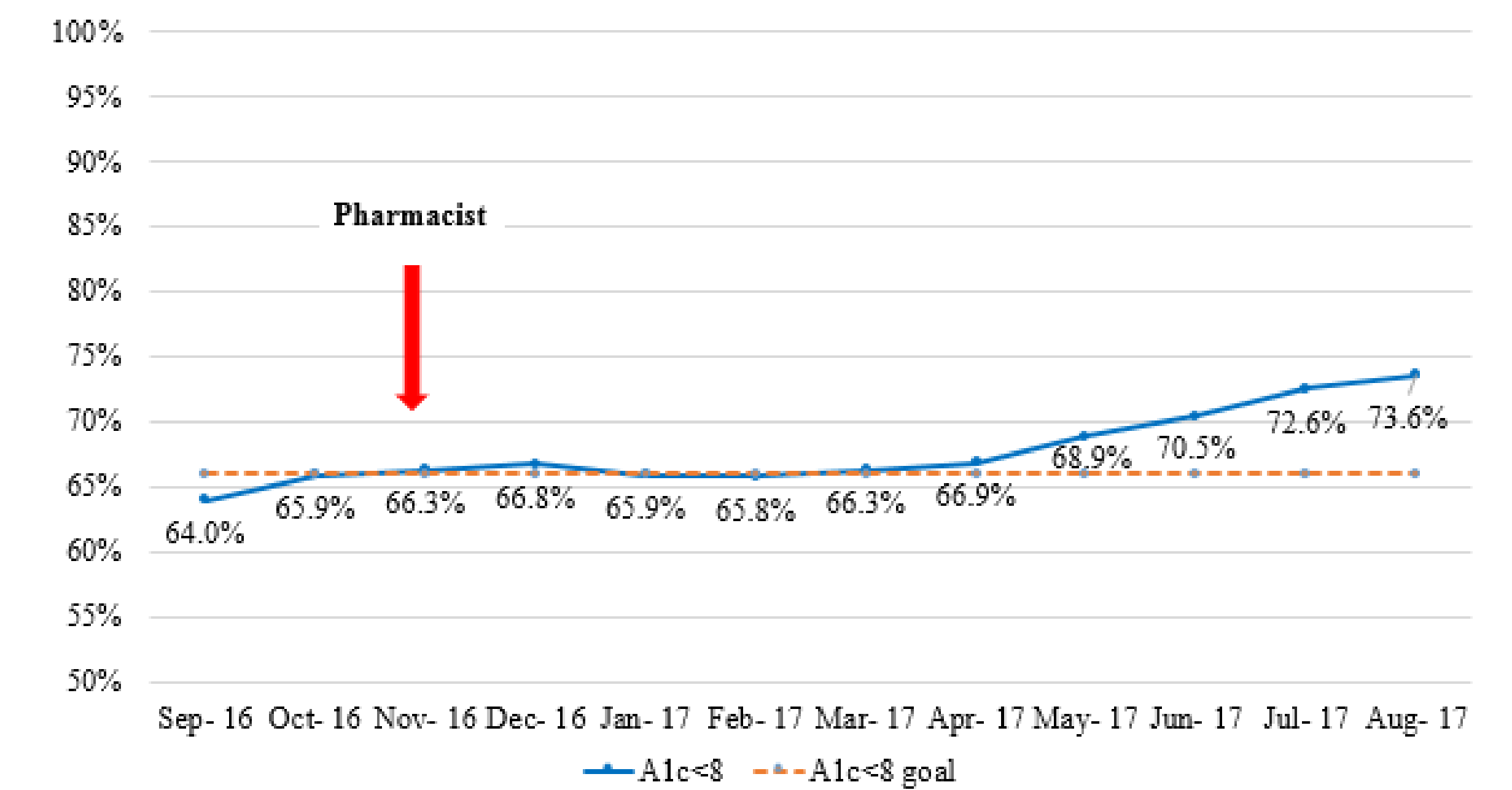
	Aspirin	Statin
# of patients	57	82

Metrics/Results

East Jefferson: A1c <8% over 12 months



Harbortown: A1c <8% over 12 months



Financial

- The cost of this intervention was offset by an increase in prescription capture by HFHS outpatient pharmacies.

Pearls

- Proactively engaging patients and scheduling face-to-face appointments was a major key to success.
- The relationship between the pharmacist and provider allowed the pharmacist to work as a key member of the multidisciplinary team.
- Collaboration with Henry Ford Pharmacy Advantage (specialty pharmacy) helped ensure patients had access to medications and sustained medication adherence.

Future Direction & Vision for Value

- Sustain: the data analytics tool has been modified to improve ease of use and collection of clinically significant data. The pharmacists modified their approaches and workflow based on patient and provider feedback.
- Spread: current expansion of pilot into other medical centers:
 - Canton
 - Detroit Northwest
 - Henry Ford Hospital Academic Internal Medicine
 - Livonia
- The CMOP service plans to expand to other chronic disease states including congestive heart failure, coronary artery disease, and chronic obstructive pulmonary disease.