

# HealthMapRx

**USING BENEFIT DESIGN AND COLLABORATIVE PRACTICES**

**John P. Miall, Consultant  
APHA Foundation**

to improve the health, while lowering costs, for patients with diabetes

A Member of The APHA Foundation  
4100 15th Street, NW, Suite 400 | Washington, DC 20007  
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## APHA FOUNDATION: WHO WE ARE

- The APHA Foundation is a non-profit organization affiliated with the American Pharmacists Association (APhA)
- The APhA is the national professional society of pharmacists in the United States established in 1852 with over 53,000 members
- The mission of the APHA Foundation is "to improve the quality of consumer health outcomes"




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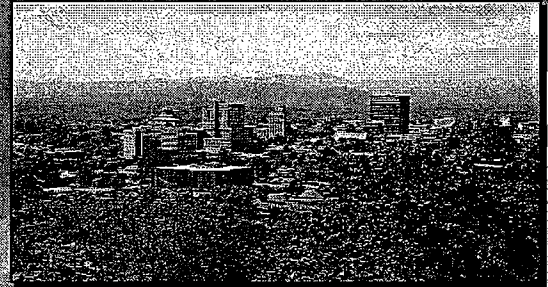

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## The Origin: Asheville, NC


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## It's the System That Needs Care

- Over half of all healthcare via managed care
- Largest increase in 6 years in costs
- It's evolution not revolution
- Giving patients the resources to be well
- Buy VALUE
- Taiwanese healthcare system



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## Frequency/Severity Matrix

	Severity →	
↑ Frequency	High Frequency Low Severity	High Frequency High Severity
	Low Frequency Low Severity	Low Frequency High Severity



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80% of costs for 20% of people

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## UN-Managing Care

• Kaiser physicians know what things need to be done for diabetic patients, but due to the constraints of modern medical practice they seldom have the time to do them

Managed Care News, 1999 Apr

- "Ultimately, all care is managed by patients"

Dan Garrett, R.Ph., MS, Former Exec.  
Dir. NCAP



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## Diabetes-Related Comorbidities

- 2-4 times greater risk of heart disease
- 60-65% have hypertension
- 2-4 times greater risk of stroke
- 60-70% have some degree of nervous system damage
- Leading cause of adult blindness
- Leading cause of ESRD (40% new cases)
- >50% lower limb amputations



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## Diabetes-Related Indirect Costs

- 8.3 sick-leave days annually
- 1.7 sick-leave days for employees without diabetes
- \$47 billion in productivity forgone due to disability, absence, and premature mortality



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## In the Beginning

- Soliciting physicians to help design the model and support the process
- Soliciting and credentialing pharmacists to engage patients
- Developing HIPPA compliant tools for data collection, reporting, and publication
- Collaborating with employer(s) to facilitate implementation along with TPA's, PBM's, etc.
- Aligning patient education services through community health educators / CDE's
- Setting agreeable fee schedule for pharmacists providing services in the model.



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## Align The Incentives / Improve The Outcomes

- Labs without co-pays
- Glucose meters
- Patient Education
- Pharmacist fees for counseling
- Disease Specific Rx co-pay waivers

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## How They Do It



\*Patient making better food choice. Blood glucose much improved. 2 x 1.5cm wound RLE. Referred to physician for evaluation and therapy.

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Pharmacy  
12-20 hr credentialing  
process  
 • downloading glucose meters  
 • blood pressure checks  
 • foot exams  
 • physician communication  
 Peter Ducker - 8 visits  
 • triggers for immediate referral to physician

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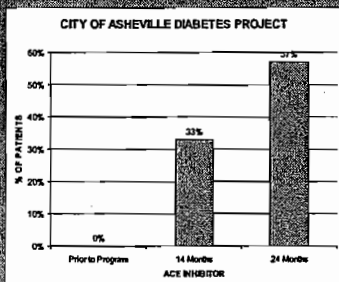
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## APPROPRIATE MEDICATION



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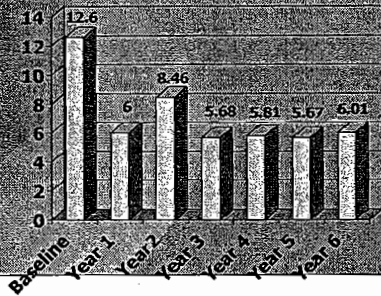








Average Annual Diabetic Sick Leave Usage  
(City Of Asheville)




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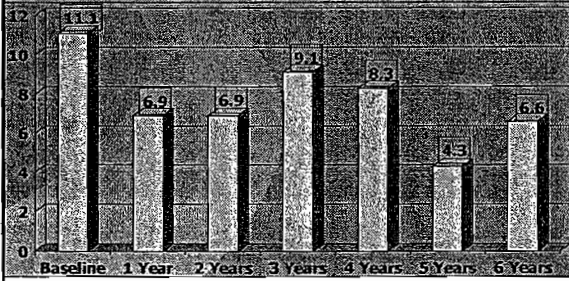
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Sick Leave Usage By Time In Program  
(City Of Asheville)




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**DIABETES IN WORK FORCE**  
(City Of Asheville)

- Average of 1000 employees over 5 years
- 60 to 100 diabetics expected
- 32 = average annual percentage of workers with lost time injuries for 5 years
- 1.97 to 3.2 = expected number of lost time injured workers in average year with diabetes




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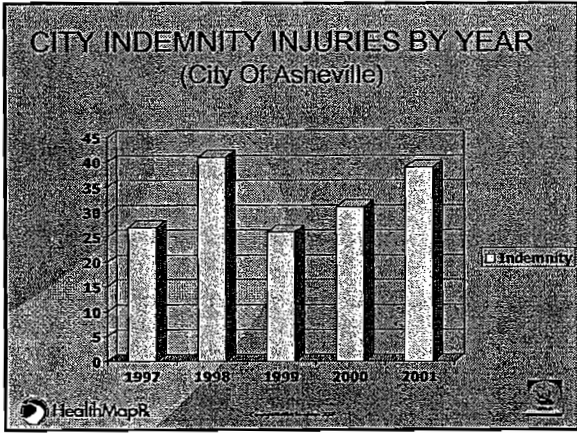
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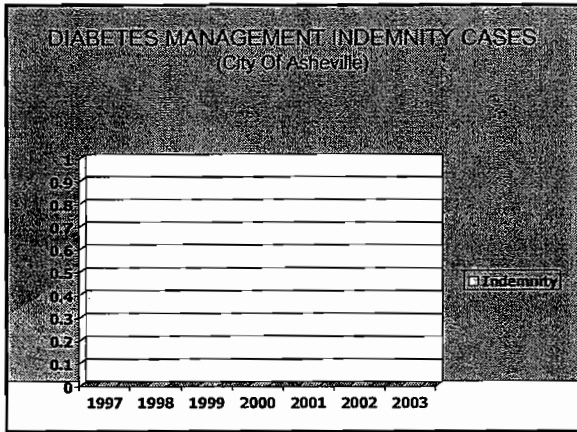
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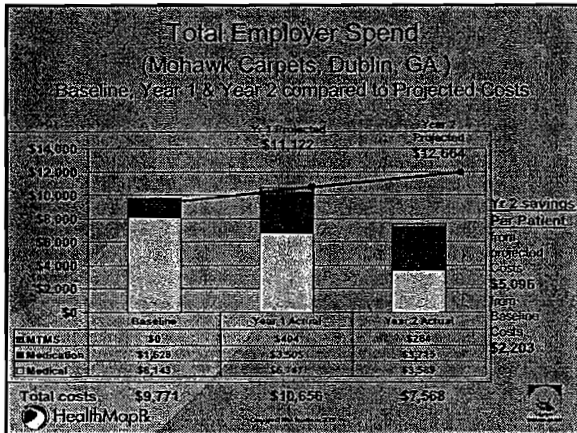
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↑ Drug costs  
y. one

## Patient Self-Management Program<sup>sm</sup> Pilot in Diabetes

- |  |  |
|--|--|
| • Baseline A1c = 7.9                   | • A1c @ 10 months = 7.1                |
| • Visit 1 Percentages                  | • Visit 6 Percentages                  |
| – Influenza Vaccination<br>40% current | – Influenza Vaccination<br>75% current |
| – Foot Exam<br>28% current             | – Foot Exam<br>80% current             |
| – Eye Exam<br>34% current              | – Eye Exam<br>80% current              |
| – Blood Pressure<br>73% current        | – Blood Pressure<br>92% current        |
| – Lipid Profile<br>49% current         | – Lipid Profile<br>94% current         |

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## Clinical – HEDIS 2003 Indicators Averages through 25 Sept. 06

- |                                    |                                |
|------------------------------------|--------------------------------|
| • NCCA Commercial Accredited Plans | • PSMP Pilot Sites (Aggregate) |
| – A1c Testing = 88%                | – A1c Testing = 100%           |
| – A1c Control (< 9) = 71%          | – A1c Control (< 9) = 95%      |
| – Lipid Profile = 93%              | – Lipid Profile = 100%         |
| – Lipid Control (< 130) = 69%      | – Lipid Control (< 130) = 83%  |
| – Lipid Control (< 100) = 45%      | – Lipid Control (< 100) = 52%  |
| – Flu Shots = 36%                  | – Flu Shots = 70%              |
| – Eye Exams = 56%                  | – Eye Exams = 81%              |

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## PSMP 3<sup>rd</sup> Year Results Compared to NCCA Commercial Accredited Plans\*

Diabetes Care Indicator	Commercial Accredited Plans	PSMP
% current A1c	87%	100%
% A1c < 9.0	69%	95%
% current lipid profile	91%	100%
LDL-C < 130	68%	83%
LDL-C < 100	51%	52%
Current Eye Exam	51%	81%

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**Our Mission**

**"The mission of the APhA Foundation is to improve the quality of consumer health outcomes."**

[www.aphafoundation.org](http://www.aphafoundation.org)

**HealthMapRx**  
Using Benefit Design and Collaborative Practices to improve the health, while lowering costs, for patients with diabetes



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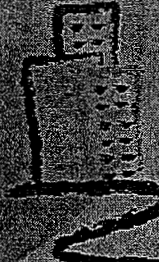
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**The Diabetes**  
**TEN CITY**



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**APhA Foundation Patient Care Programs Across the Country**

Sites: 2007: 18  
Employers: 80  
Patients: > 2,000



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## HealthMapRx Programs

### Active:

- Diabetes
- Cardiovascular Health

### Pending:

- Asthma
- Depression

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## Conclusions

- Pharmacists have had the opportunity to serve on the frontline of patient care, and have made a difference.
- Physicians with patients in the program have recognized the positive impact on care.
- Collaboration plus innovation leads to reduced healthcare costs. [Ashevillesm.wmv](#)
- Employers benefit by lowering or eliminating barriers to care.

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