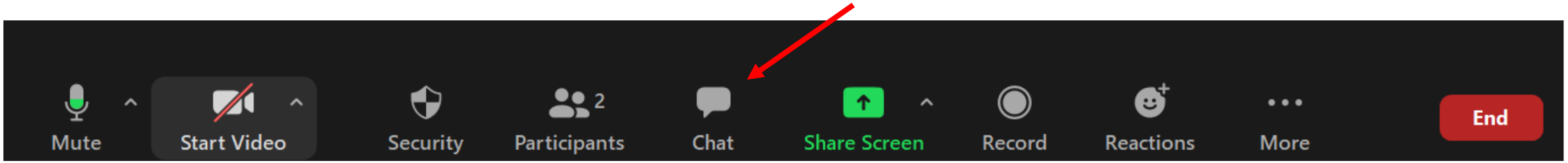
Pharmacy Quality Improvement Initiative Learning Network- August 20, 2020

CARE TRANSFORMATION COLLABORATIVE OF R.I.

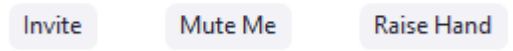
Zoom

Welcome! Please Chat in:

- Your Name and Organization



- ***Please mute yourself when not speaking***
- ***Please use the 'Raise Hand' feature***



Agenda

- **Welcome and Introductions**
- **Presentation/Discussion:**
  - **Surprises, Successes, Patient Education Resources**
- **Benzodiazepines**
- **Telehealth, Technology, and Older Adults**
- **Next steps**

Anchor Medical Associates

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

Selected Metric: Deprescribing BZD

AIM: 1% point decrease in the # of patients age 50+ prescribed a benzo in a quarter compared to same period of time last year.

1. **Surprises:**
   - N/A
2. **Biggest Success:**
   - Building a report within our electronic medical record to identify these patients

Brown Medicine

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

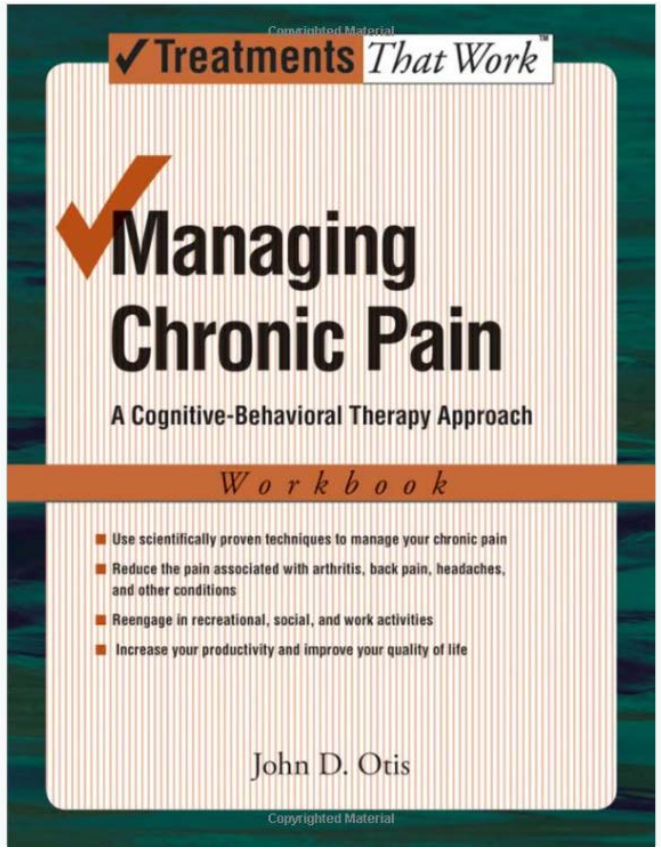
Selected Metric: S1a – Avoid chronic use of opioids

AIM: Provide patients with sustainable alternative for pain management that allows for de-escalation of oral opioids.

1. **Surprises:**
   - The difficulty in "waiving" patient copays
2. **Biggest Success:**
   - The collaboration with our embedded behavioral health psychologist.

Brown Medicine

Patient Education Resource Tool



https://www.amazon.com/Managing-Chronic-Pain-Cognitive-Behavioral-Treatments/dp/0195329171/ref=sr_1_2?crid=2A1K8SBAERVQE&dchild=1&keywords=managing+chronic+pain&qid=1596473452&sprefix=managing+chronic+pain%2Caps%2C154&sr=8-2 [amazon.com]

Care New England Medical Group Pawtucket

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

Selected Metric: S1a – E5: Adherence w/ controller inhalers

AIM: To demonstrate improvement in maintenance inhaler adherence for patients with asthma and COPD. Internal reporting will be utilized to determine a baseline population and identify patients who have utilized emergency department or been hospitalized for asthma or COPD exacerbation from 4/1/2019 to 5/28/2020.

1. **Surprises:**
   - Patient engagement with telephonic outreaches/follow up

2. **Biggest Success:**
   - Overall impact on patient and provider engagement for this new service. Improved patient outcomes thus far.

Care New England Medical Group Pawtucket

Patient Education Resource Tool

AMERICAN LUNG ASSOCIATION.

- 1-800-Quit Now smoking cessation line
- American Lung Association

Coastal Medical EPIM

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

Selected Metric: Benzodiazepine stewardship.

AIM: Through the Coastal Medical benzodiazepine stewardship program, we will achieve a benzodiazepine prescribing rate below the state average based on prescription claims data. We will improve patient education and engagement as it relates to their benzodiazepine prescriptions as determined by a patient survey.

1. **Surprises:**
   - I was pleasantly surprised to have found a more efficient means to identifying patients for our project than our original plan for chart review via a list from our data team. Instead of this, I am now involved in the benzodiazepine refill process. When patients request a refill it is forwarded to me before the medical assistant so I can review the patients for inclusion in our project. This process ensures that anyone I review is at least filling their benzodiazepine for a second time therefore avoiding the reviewing of charts for patients who had a one time benzodiazepine prescription but were captured in our data team's reports
2. **Biggest Success:**
   - The biggest success thus far in our project has been provider buy in. The EPIM providers have been interested in this project and recognize it as an area where improvements can be made.

Coastal Medical EPIM

Patient Education Resource Tool

Benzodiazepines can be effective when used short-term, but long-term use is associated with many potential side effects	
Examples of benzodiazepines:	
Alprazolam – Xanax	**Chlordiazepoxide – Librium**
Clonazepam – Klonopin	**Clorazepate – Tranxene**
Diazepam – Valium	**Lorazepam – Ativan**
Temazepam – Restoril	
Potential side effects of benzodiazepines include:	
Physical dependence	**Memory loss**
Confusion	**Anxiety**
Falling	**Motor vehicle accidents**
Poor concentration	**Slowed breathing**
Fatigue	**Hangover effects**
Benzodiazepines can be especially harmful when combined with the following factors:	
Medications which cause fatigue	**Medications which interact**
Alcohol	**Opioids**
Asthma and COPD	
In some instances, benzodiazepine use can increase the risk for serious problems such as pneumonia, medication overdose, and death	
It is important to your primary care provider that your medications are safe and effective for you.	
We plan to discuss your medications, including your benzodiazepine, at your upcoming appointment.	
We're looking forward to working together with you to develop the best possible plan for your health and well-being.	

Medical Associates of RI

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

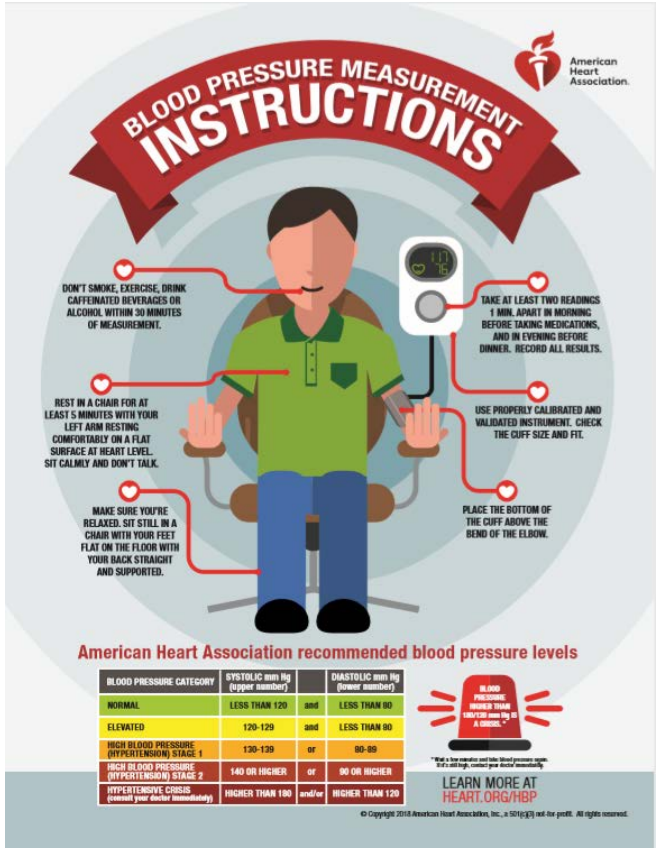
Selected Metric: Anti-hypertensive adherence/ BP Control

AIM: Improved adherence/ BP Control in targeted patients

1. **Surprises:**
   - High patient engagement
2. **Biggest Success:**
   - High proportion of discharges from program requiring no more than one medication addition

Medical Associates RI

Patient Education Resource Tool



https://www.heart.org/-/media/files/health-topics/high-blood-pressure/how_to_measure_your_blood_pressure_letter_size.pdf?la=en

Providence Community Health Center

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

Selected Metric: Medication adherence rate of antidepressants measure in patients ≥ 50 years of age

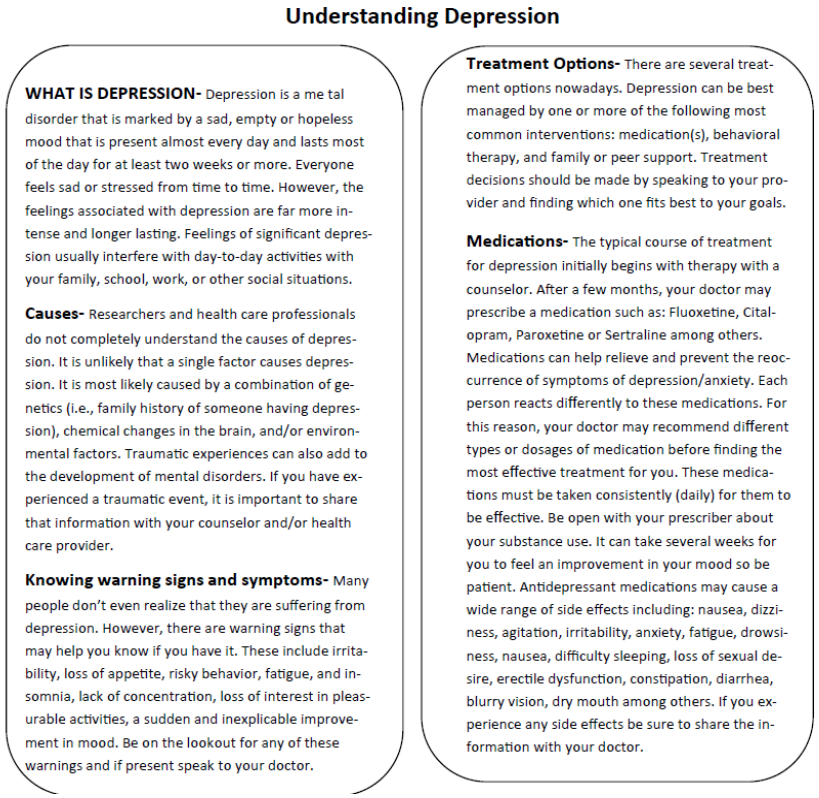
AIM: Our goal is to achieve a 10% increase in the percent of members who remain on the effective continuation phase treatment of antidepressant medication therapy for a total of 180 days from treatment initiation.

1. **Surprises:**
   - 90% of the patients filled their first prescription expected less. All the patients were receptive to pharmacist calling and agreed of those that did not agree to be connected to IBH agreed to connect with PCP for timely follow up.

2. **Biggest Success:**
   - Did not encounter any primary medication non adherence.
   - Pharmacist had 100% success rate in contacting the patients during the first try and all agreed to give me a few minutes of their time.
   - All the patients were receptive and happy we called to check on them and all agreed to follow up with IBH or their PCP. Patients all agreed to take medications as prescribed and to call if symptoms did not improve.

PCHC

Patient Education Resource Tool



Understanding Depression

WHAT IS DEPRESSION- Depression is a me tal disorder that is marked by a sad, empty or hopeless mood that is present almost every day and lasts most of the day for at least two weeks or more. Everyone feels sad or stressed from time to time. However, the feelings associated with depression are far more intense and longer lasting. Feelings of significant depression usually interfere with day-to-day activities with your family, school, work, or other social situations.

Causes- Researchers and health care professionals do not completely understand the causes of depression. It is unlikely that a single factor causes depression. It is most likely caused by a combination of genetics (i.e., family history of someone having depression), chemical changes in the brain, and/or environmental factors. Traumatic experiences can also add to the development of mental disorders. If you have experienced a traumatic event, it is important to share that information with your counselor and/or health care provider.

Knowing warning signs and symptoms- Many people don't even realize that they are suffering from depression. However, there are warning signs that may help you know if you have it. These include irritability, loss of appetite, risky behavior, fatigue, and insomnia, lack of concentration, loss of interest in pleasurable activities, a sudden and inexplicable improvement in mood. Be on the lookout for any of these warnings and if present speak to your doctor.

Treatment Options- There are several treatment options nowadays. Depression can be best managed by one or more of the following most common interventions: medication(s), behavioral therapy, and family or peer support. Treatment decisions should be made by speaking to your provider and finding which one fits best to your goals.

Medications- The typical course of treatment for depression initially begins with therapy with a counselor. After a few months, your doctor may prescribe a medication such as: Fluoxetine, Citalopram, Paroxetine or Sertraline among others. Medications can help relieve and prevent the reoccurrence of symptoms of depression/anxiety. Each person reacts differently to these medications. For this reason, your doctor may recommend different types or dosages of medication before finding the most effective treatment for you. These medications must be taken consistently (daily) for them to be effective. Be open with your prescriber about your substance use. It can take several weeks for you to feel an improvement in your mood so be patient. Antidepressant medications may cause a wide range of side effects including: nausea, dizziness, agitation, irritability, anxiety, fatigue, drowsiness, nausea, difficulty sleeping, loss of sexual desire, erectile dysfunction, constipation, diarrhea, blurry vision, dry mouth among others. If you experience any side effects be sure to share the information with your doctor.

https://www.ctc-ri.org/sites/default/files/uploads/1.pdf

University Internal Medicine

Safe-Effectiveness-Efficiency (S-E-E) and Plan for Patient Engagement

Selected Metric: ***Improve patient safety by decreasing the use of high risk meds in patients 50 and older by 3%***

AIM: ***Decrease the percentage of high risk medications prescribed by our practitioners for patients 50 and older***

1. Surprises:

- It appears the doctors are looking at their weekly report for patients coming in the following week with high risk medications and having meaningful conversations resulting in some changes

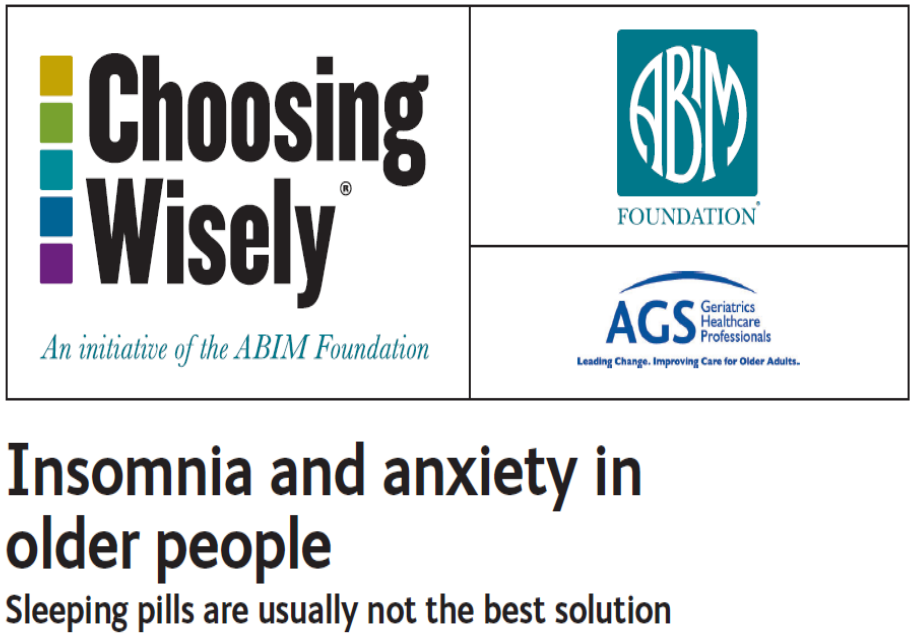
2. Biggest Success:

As of July 31, 2020 the following changes have occurred:

- 1 patient had a medication change
- 20 patients medication was discontinued
- 1 patient's medication dose was reduced
- 4 patients have remained on medication appropriately

University Internal Medicine

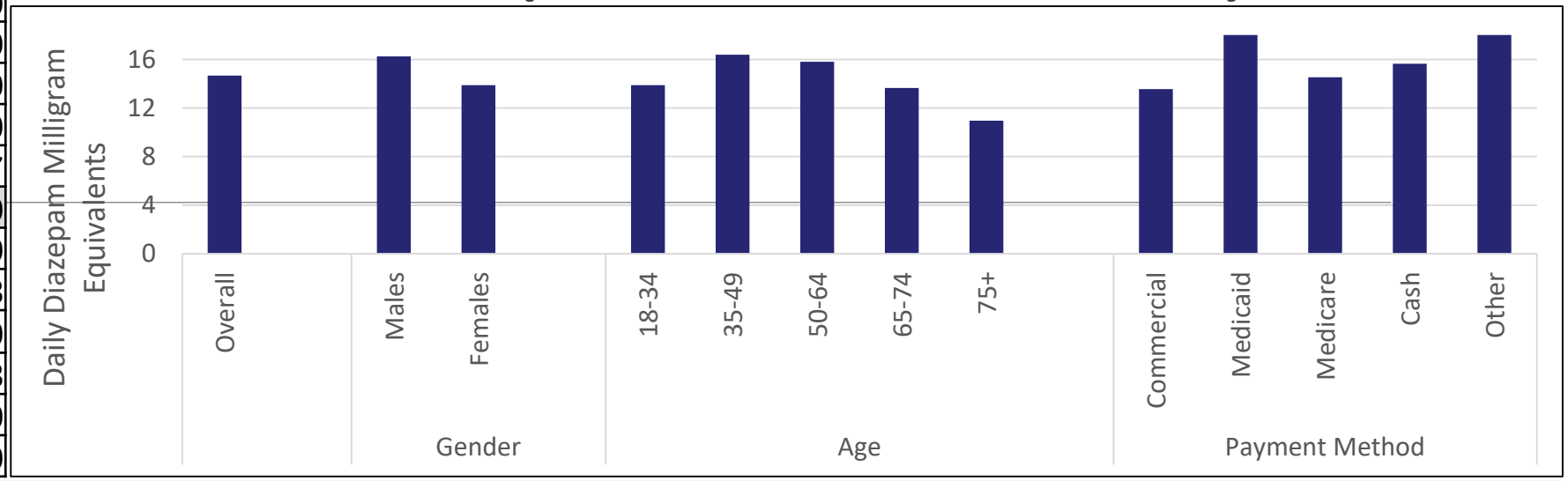
Patient Education Resource Tool



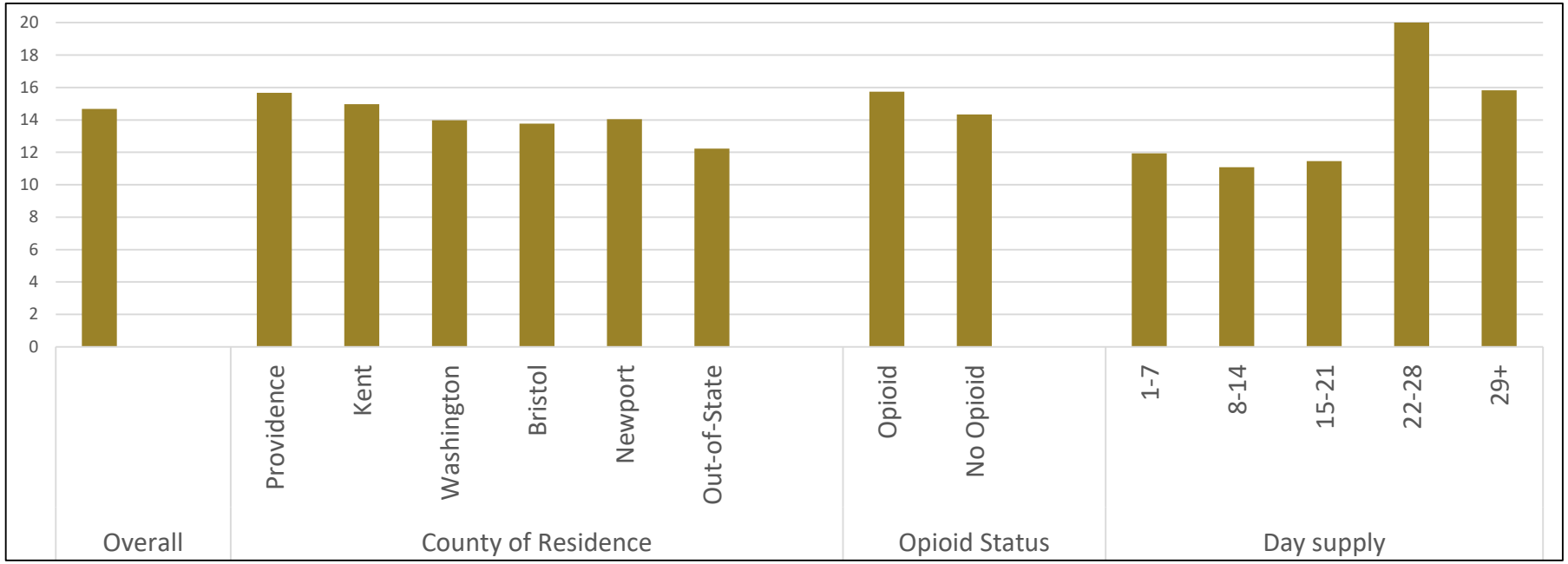
https://www.ctc-ri.org/sites/default/files/uploads/Treating-Insomnia-And-Anxiety-In-Older-People-AGS.pdf

Benzodiazepine Dose Intensity

Medication	Equivalence	Conversion Factor
Alprazolam	0.50mg	10.00
Chlordiazepoxide	12.50mg	0.40
Clobazam	10.00mg	0.50
Clonazepam	0.25mg	20.00
Clorazepate	7.50mg	0.67
Diazepam	5.00mg	1.00
Estazolam	0.67mg	7.50
Flurazepam	15.00mg	0.33
Lorazepam	1.00mg	5.00
Oxazepam	15.00mg	0.33
Temazepam	10.00mg	0.50
Triazolam	0.25mg	20.00



Medication	Number of Rx (%) 2018 PDMP
Clonazepam	175,224 (31.4)
Alprazolam	157,053 (28.2)
Lorazepam	146,892 (26.4)
Diazepam	51,607 (9.3)
Temazepam	18,111 (3.2)
Triazolam	3,010 (0.5)
Other	~ 10%



Concurrent Utilization of Prescription Opioids and Non-opioid Controlled Substances: Rhode Island Prescription Drug Monitoring Program, 2018

Eric P. Borrelli, Blake Morphis, Rouba Youssef, Laura C. Chambers, Benjamin D. Hallowell, Jeffrey Bratberg, Stephen Kogut

	Patients with Use of Prescription Opioids (N =142,692) and Concurrent Use of:			
	Any non-opioid type of prescribed controlled substance	Benzodiazepines	Z-Drugs	Stimulants
Number of Patients with Concurrent Utilization Overall (%)	35,744 (25.1%)	24,279 (17.0%)	5,731 (4.0%)	5,356 (3.8%)
Age group				
18-34 (N=20,239)	13.6%	7.1%	1.1%	5.9%
35-49 (N=28,960)	25.4%	15.8%	3.5%	6.7%
50-64 (N=49,385)	29.1%	20.1%	5.3%	3.4%
65-74 (N=25,385)	27.6%	19.9%	5.2%	1.7%
75+ (N=18,723)	22.7%	17.6%	3.2%	0.6%
Gender				
Male (N=59,174)	21.0%	13.5%	3.6%	3.0%
Female (N=83,478)	27.9%	19.5%	4.3%	4.3%

Concurrent Use of Prescription Opioid and Non-Opioid Controlled Substances

Demographics	Patients with at Least 1 Opioid Dispensing n	Patients with Overlapping Dispensings for Opioid and Non-Opioid Controlled Substance n (%), [99% CI]	Adjusted Odds of Concurrent Use of Prescription Opioid and Non-Opioid Controlled Substances*^ aOR (95% CI)
Overall	142,692	35,744 (25.1%), [24.8%-25.4%]	
Age, years			
18-34	20,239	2,743 (13.6%), [12.9%-14.2%]	**0.47 (0.45-0.50)**
35-49	28,960	7,356 (25.4%), [24.7%-26.1%]	Reference
50-64	49,385	14,384 (29.1%), [28.6%-29.7%]	**1.20 (1.16-1.24)**
65-74	25,385	7,011 (27.6%), [26.9%-28.3%]	**1.12 (1.05-1.20)**
75+	18,723	4,250 (22.7%), [21.9%-23.5%]	**0.82 (0.77-0.88)**
Sex			
Men	59,174	12,405 (21.0%), [20.5%-21.4%]	Reference
Women	83,478	23,319 (27.9%), [27.5%-28.3%]	**1.54 (1.50-1.58)**
Payment Method			
Commercial Insurance	61,361	13,683 (22.3%), [21.9%-22.7%]	Reference
Medicaid	19,352	5,135 (26.5%), [25.7%-27.4%]	**1.31 (1.26-1.36)**
Medicare<65	9,072	3,747 (41.3%), [40.0%-42.6%]	**2.13 (2.04-2.24)**
Medicare≥65	30,561	8,181 (26.8%), [26.1%-27.4%]	**1.25 (1.16-1.33)**
Cash	17,503	3,775 (21.6%), [20.8%-22.4%]	0.98 (0.92-1.03)
Other	4,843	1,223 (25.3%), [23.6%-26.9%]	**1.30 (1.21-1.41)**
County of Residence			
Providence	81,066	19,610 (24.2%), [23.8%-24.6%]	Reference
Kent	27,459	7,488 (27.3%), [26.6%-28.0%]	**1.17 (1.13-1.21)**
Washington	18,239	4,565 (25.0%), [24.2%-25.9%]	**1.06 (1.02-1.10)**
Bristol	5,857	1,505 (25.7%), [24.2%-27.2%]	**1.10 (1.03-1.17)**
Newport	10,071	2,576 (25.6%), [24.5%-26.7%]	1.05 (1.00-1.11)

CI= confidence interval, 40 patients had missing information for gender

TELEHEALTH, TECHNOLOGY AND OLDER ADULTS 💻

Medicare Beneficiary Use of Telehealth Visits: Early Data From the Start of the COVID-19 Pandemic

Key Points

- Medicare FFS in-person primary care visits dropped precipitously mid-March at COVID-19 PHE start; began to rise mid-Apr – May

- Nearly half (43.5%) Medicare PC visits provided via telehealth in April, vs. less than one percent in Feb. (0.1%).

- As in-person visits started to resume from mid-April thru May, use of telehealth in PC declined somewhat but appears to have leveled off at a persistent and significant level by June.

- Dually enrolled + high-cost Medicare beneficiaries had similar patterns in the use of PC in-person and telehealth visits as other Medicare beneficiaries.

- Providers in rural counties had smaller increases in Medicare PC telehealth visits compared with urban providers early in PHE.

Rhode Island 2nd Highest Use of MEDICARE FFS telehealth in April, 2020

Table 8. Proportion of Primary Care Visits via Telehealth in April, by State

	February		April	
	Total Primary Care Visits	Percent Telehealth	Total Primary Care Visits	Percent Telehealth
Massachusetts	525,988	0.0%	346,745	69.7%
Rhode Island	56,426	0.0%	39,280	61.7%
Connecticut	212,365	0.0%	113,838	58.7%
New York	1,123,915	0.1%	624,690	56.6%
Pennsylvania	750,124	0.0%	401,679	56.1%

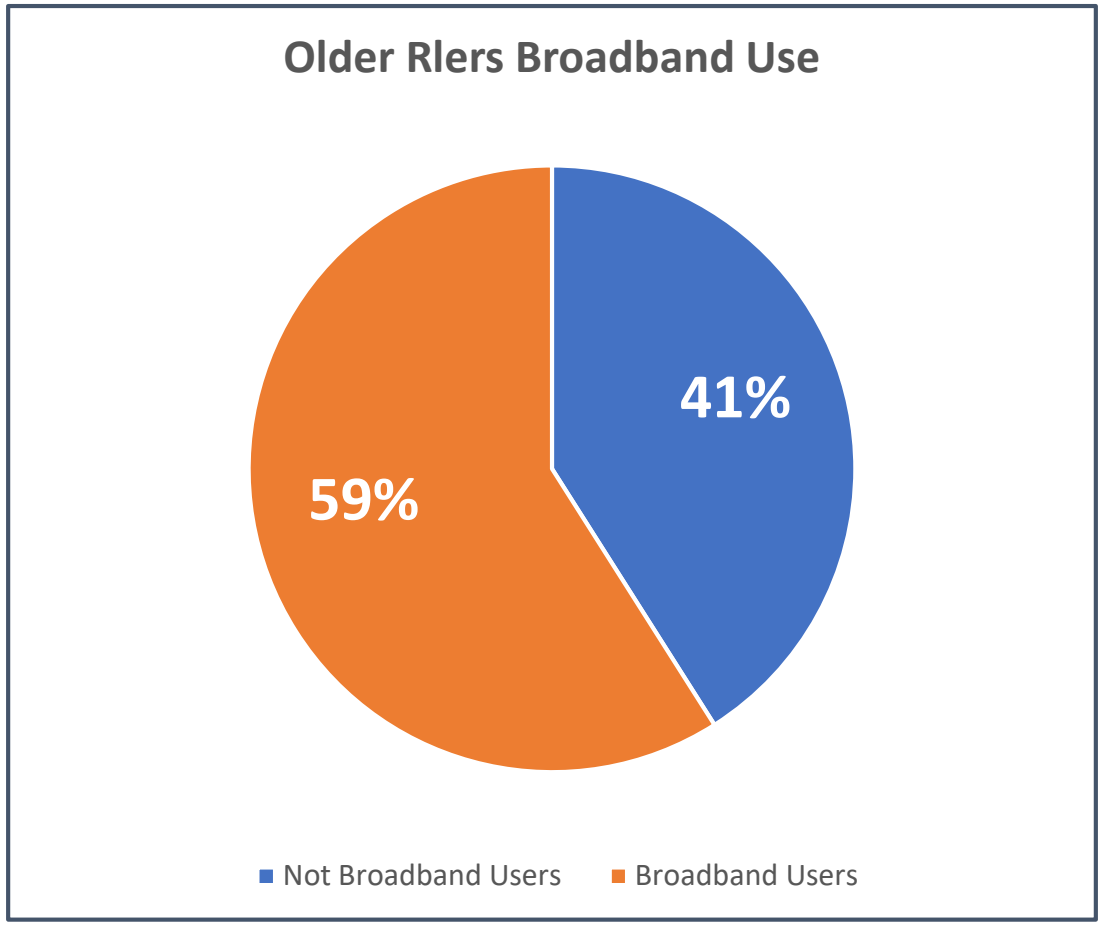
RI Household Device + Internet Use (All ages)

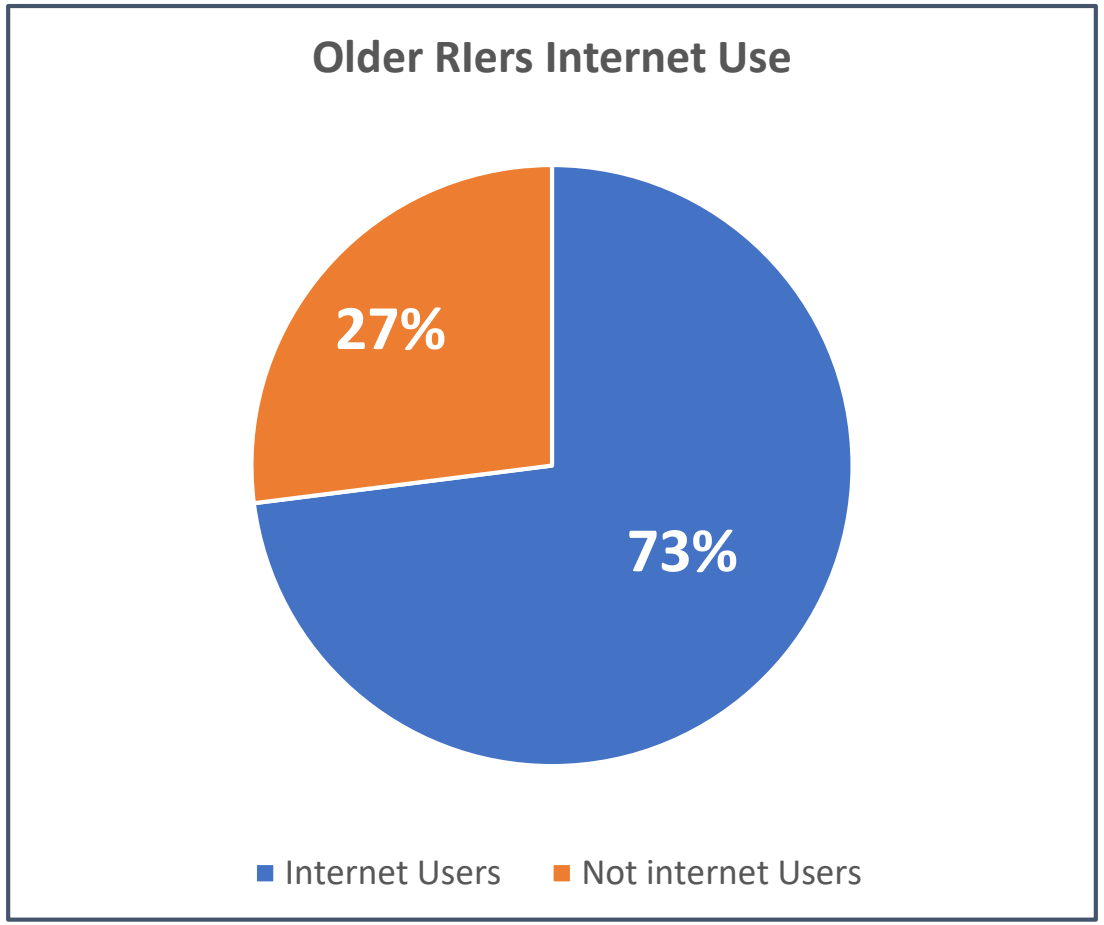
404,573 RI Households	
Computer Device	89.7%
Desktop or Laptop	76.2%
Smartphone	81%
Internet Subscription	85.5%
66,980 Low Income RI Hshlds (below 150% FPL-$20,688 2-persons)	
No Internet Subscription	39.5% (26,425)

Lower income households less likely to have internet connection

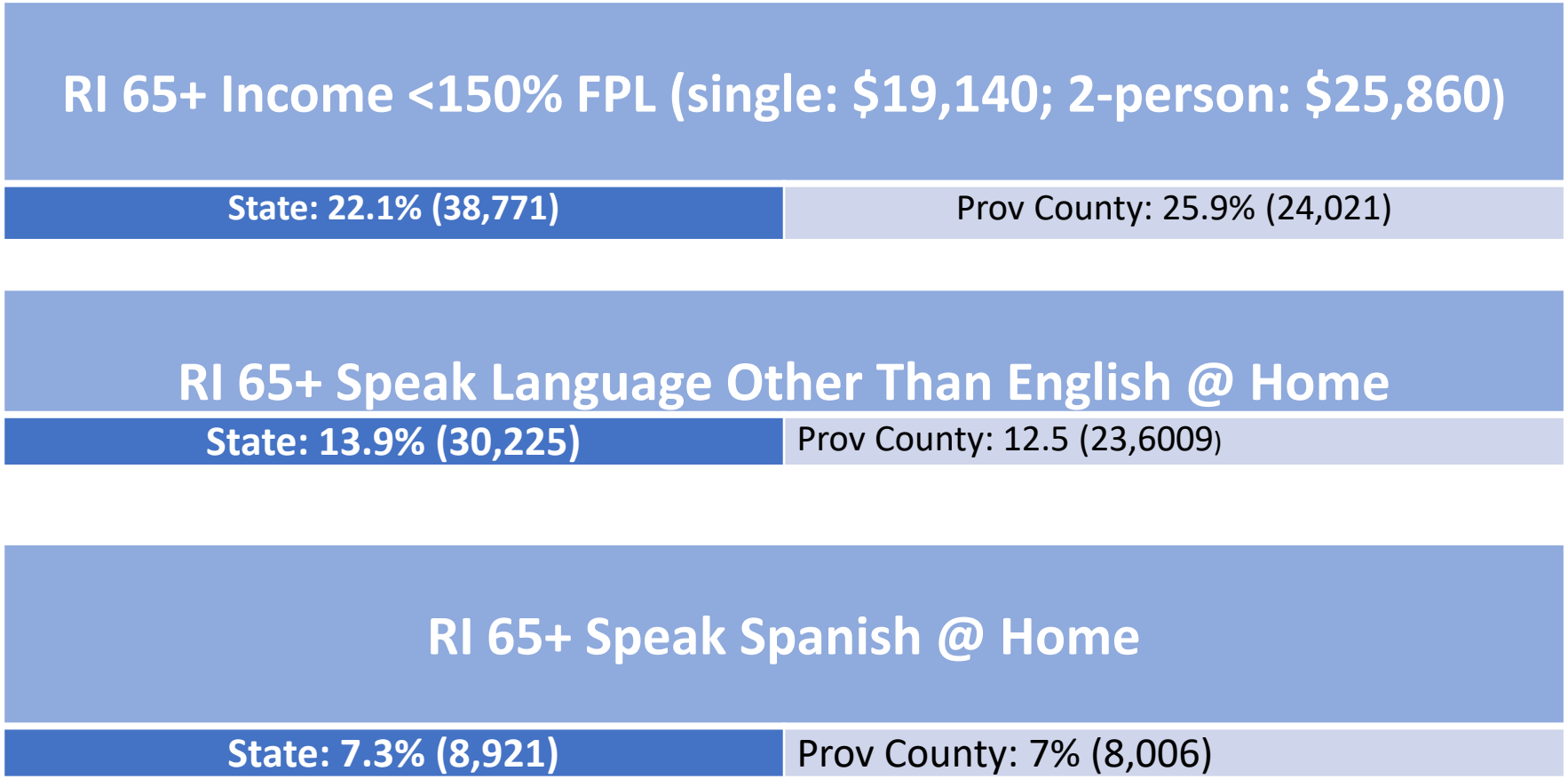
Source: 2018ACS Table 2801

# RI Older Adults and Digital Technology
N=174,210





Older Rhode Islander Language/Income Data[1]



[1] *ACS 2018 Table S0130*

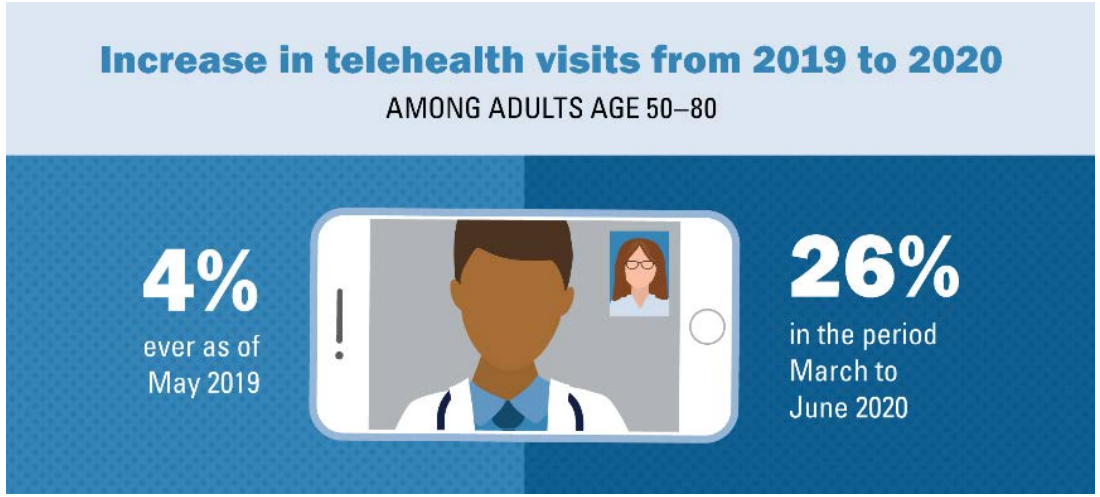
Note: National research shows Medicare beneficiaries with lower incomes, those over 85 yrs, those who speak Spanish at home more likely to lack digital access. JAMA Internal Medicine Published online August 3, 2020

"Bridging the Digital Divide"
with digiAGE
An Office of Healthy Aging
Partnership
oha@ri.gov/digiAGE

Challenges + Tips for Telehealth and Older Adult Use

- Many older adults with undiagnosed hearing loss - assume it may be an issue
- Quality of sound for both audio and video calls may be problem
- Video is preferable – not all older adults have devices; some may have privacy issues – may not want anyone to see their home
- See what type patient prefers
- Will there be any billing for audio calls?
- Doctors and office staff may need to be tech teachers – show how to unmute, etc. Pictorial instructions may help
- Communication skills – “teach back” Family members may participate in call which is helpful

University of Michigan Healthy Aging Poll



National Survey conducted June 2020
of persons ages 50 - 80
@ https://www.healthyagingpoll.org/

- 30% said telehealth visit only option when making appointment
- 25% noted problem hearing or seeing
- 24% concerned with privacy issues
- 35% audio only; 33%video/phone; 31% video/tab-computer
- 17% never used video tech)
- 56% telehealth more convenient
- 91% found it very or somewhat easy to use technology
- 67% in-person visit better quality of care

Telehealth Primary Care Initiative

Phase 1: The goal of gathering the telehealth practice/patient needs assessment information is to assist us with:

1. Designing and offering a 6-month educational webinar series on telehealth that will address the specific needs of RI primary care practices;

2. Designing a 12 month learning collaborative for primary care practices that are interested in using telehealth to assist patients with managing chronic health conditions;

3. Providing practices with opportunity to obtain patient information that they can use to improve patient telehealth experience;

4. Helping to inform RI health care policy on primary care practice/patient telehealth needs.

Telehealth Primary Care Initiative

Phase 2: Pilot Telehealth Learning Collaborative-

- CTC-RI will select and fund up to seven (7)* primary care practice teams that are part of systems of care and are interested in participating in a 12-month best practice learning collaborative to test the use of telemedicine services to improve care for patients with a selected chronic condition (i.e. ADHD, hypertension, diabetes, CHF).
- Practices would be provided with infrastructure and incentive funding payments, practice facilitation technical support and a quarterly best practice sharing learning series.

Updates:

- Second Infrastructure Payment Due: August 2020
- Updated PDSA- October 31st
- Next Pharmacy QI Initiative: Nov 19th