Overview and First Year Results for HealthMapRx™ *Diabetes Program*:

The BRiDGE Project

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The APhA Foundation
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A HISTORY OF HealthMapRx™ and the BRiDGE PROJECT

1996 The *Asheville Project*

2003 APhA Foundation Pilot Project

2005 Diabetes Ten City Challenge

2006 The BRiDGE Project implemented

2006 Cardiovascular Health Module launched

2006 Depression Pilot launched

2007 National Business Coalition on Health endorsement

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Program Description

Pharmacist as health care coach: Patient self-management, medication adherence, health behavior change

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Requirements for Participants

- Agree to meet with a qualified Pharmacist on an ongoing basis for education, monitoring and set personal goals for diabetes self-management
- Works with pharmacists to complete knowledge and skills assessments and receive training (Self-Management)
- Meet at least quarterly with a qualified pharmacist to set self-management goals, have scheduled assessments and procedures to monitor performance

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Requirements for Employers/Payers

- Willingness to invest in employees' health to enhance QOL, reduce sick days and lower hospitalization costs
- Promote program, orient and enroll patients
- Capability to (or use a PBM) to provide reduced/waived co-pay prescription cards or other incentives
- Provide access to data from TPA to track total health care costs for enrollees
- Provide payment to pharmacist providers/the provider network

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Services of the APhA Foundation

- Provide consultation and tools/templates for program implementation
- Maintain database that supports enrollment functions, network administrative functions and provider care documentation
- Train network pharmacists in process of care and data entry requirements
- Provide ongoing quality improvement and visit reports to the Network
- Aggregate medical, prescription and clinical outcomes to prepare annual results and progress report
- Conduct ongoing participant satisfaction surveys

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The Program Players

- The Employer and/or Coalition (LCBGH)
  - *TPA and PBM*
- The Network (LPIHO)

  - Network Coordinator + Providers
- The APhA Foundation (HealthMapRx™)
- Physicians/Other healthcare providers
- Patients

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The *BRiDGE* Project Employers

EMPLOYERS 73 Patients Enrolled
High Industries
School District of Lancaster
Lampeter-Strasburg School District
Solanco School District
Conestoga Valley School District
Wohlsen Construction
Kalas Manufacturing

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BRiDGE PROJECT Results:

Clinical

Economic

Satisfaction

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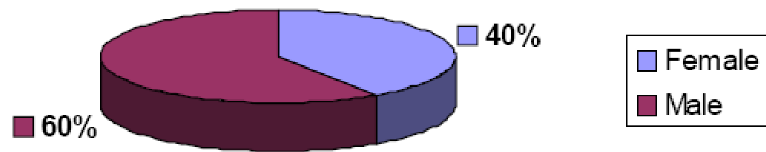
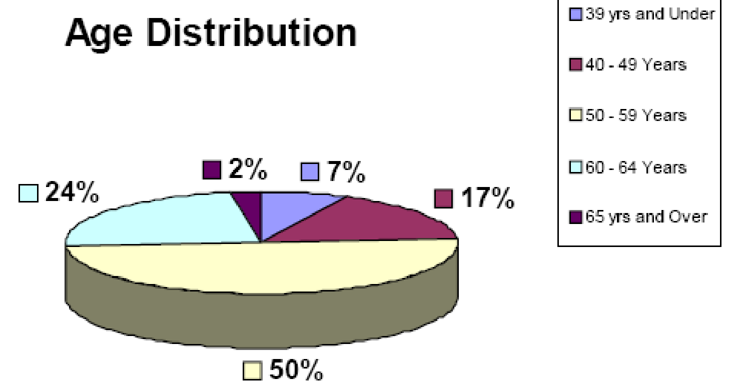
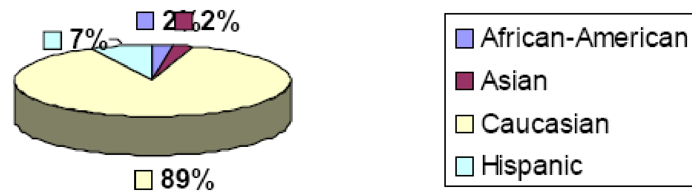
ENROLLMENT DEMOGRAPHICS

Gender Distribution

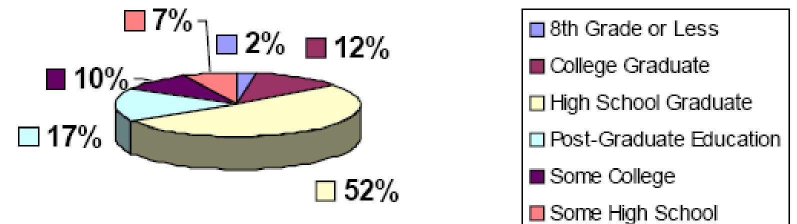




Ethnicity Distribution



Education Distribution



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Glossary

- A1C: For every 1 point reduction in A1C, the risk of small vessel disease decreases 37% (e.g. stroke, blindness, kidney failure). Target <7.0.
- LDL: Lipid measure. Target < 100 (some recent data suggest <70)
- BP: Blood Pressure target for diabetes patients <130/80.

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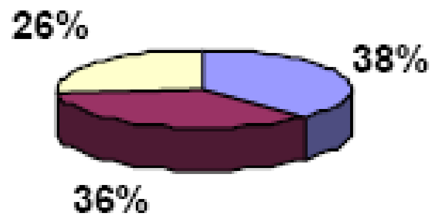
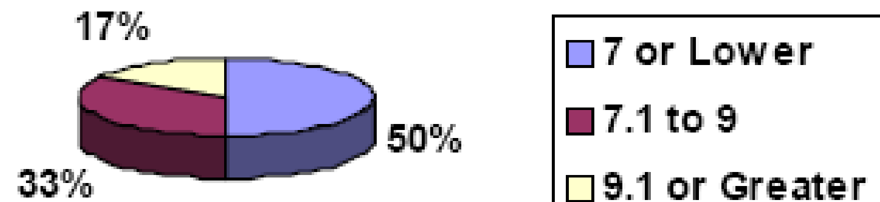
BRiDGE Participant A1c Results*
Initial A1C Average 8.1
Latest A1C Average 7.4

Initial A1c Distribution



Latest A1c Distribution



For 42 participants meeting inclusion criteria.

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BRiDGE Participant A1c Results

	Initial (n=42)		Most recent visit
Average A1c	8.1		*7.4*
% < 7.0 (ADA)	38%		58%
% < 9.0 (HEDIS)	74%		83%

*for 42 participants with documented visits and at least one A1C recorded.

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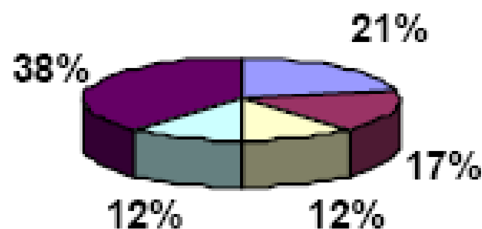
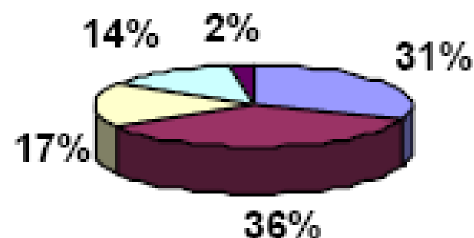
BRiDGE Participant LDL Results*
Initial LDL Average 93
Latest LDL Average 91

Initial LDL Distribution



Latest LDL Distribution



- 70 or lower
- 71 to 100
- 101 to 130
- Above 130
- Not Available

**For 42 participants meeting inclusion criteria.*

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BRiDGE Participant LDL Progress*

	Initial**	Most recent
LDL-Cholesterol average	93	91
% of patients with LDL<130	88%	86%
% of patients with LDL<100	38%	67%

*for 42 participants with documented visits with an A1C recorded.
**some patients in the evaluation group did not have LDL's at baseline.

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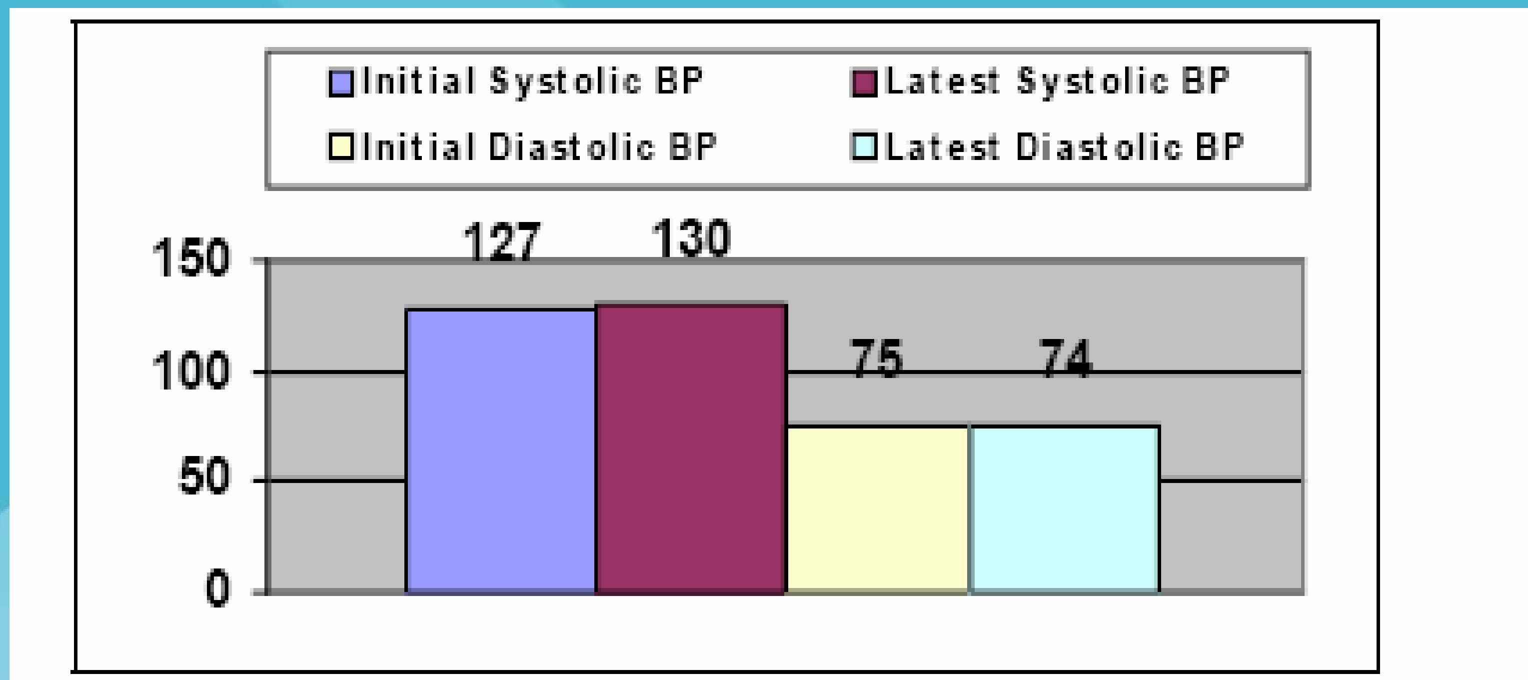
BRiDGE Participant Blood Pressure Results*



**For 42 participants meeting inclusion criteria.*

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BRiDGE documented Flu, Foot and Eye Exams

	Initial	Most recent
% with current Flu Shot	62%	88%
% with current Foot Exam	55%	98%
% with current Eye Exam	69%	93%

**for 42 participants who met inclusion criteria*

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BRiDGE Clinical Data Compared to NCQA 2006 HEDIS Data

HEDIS Measure	2006 National Average for Commercial Plans	Current Participants*
A1c<9	70.3 %	83%
LDL<130	67.5%	86%
LDL<100	43.8%	67%
Current Eye Exam	54.8%	93%

*for 42 participants who met inclusion criteria

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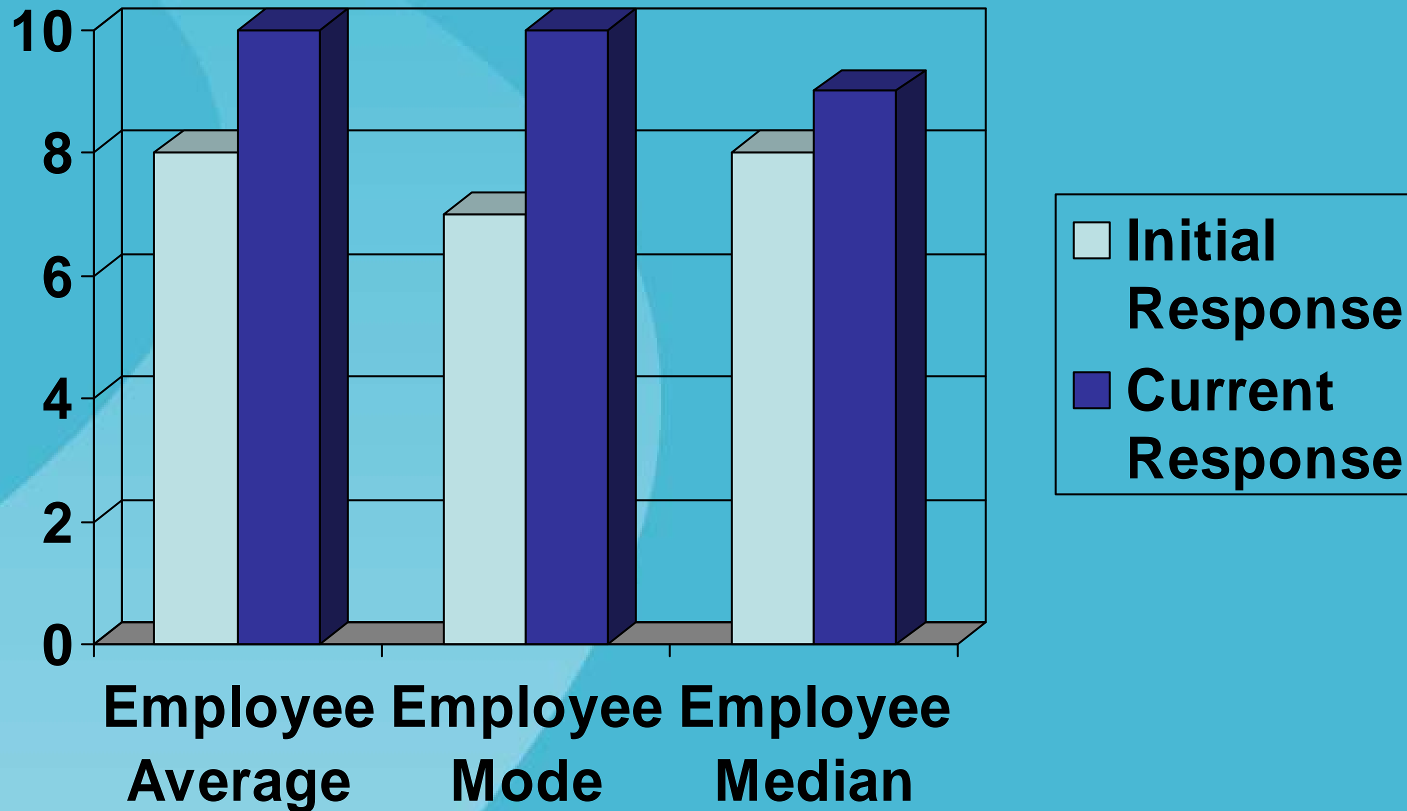
Overall Opinion of Diabetes Care Received



1-10 scale, 10 being the highest level of satisfaction
36 Responses – Survey rate of return: 63.2%

Includes all participants

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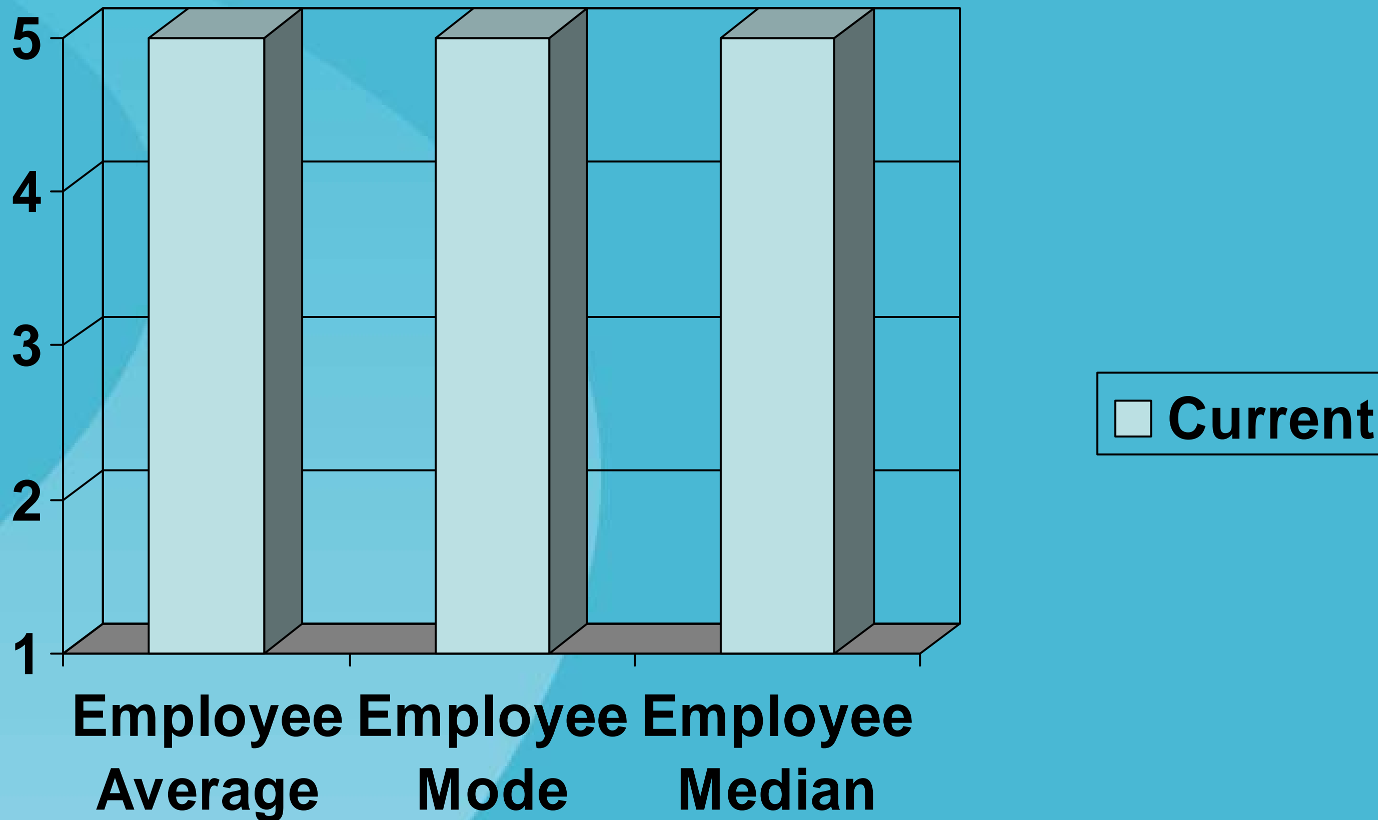
Overall Satisfaction with Pharmacist Care



1 – 5 scale, 5 being the highest level of satisfaction
30 Responses – 52.6% rate of return

Includes all participants

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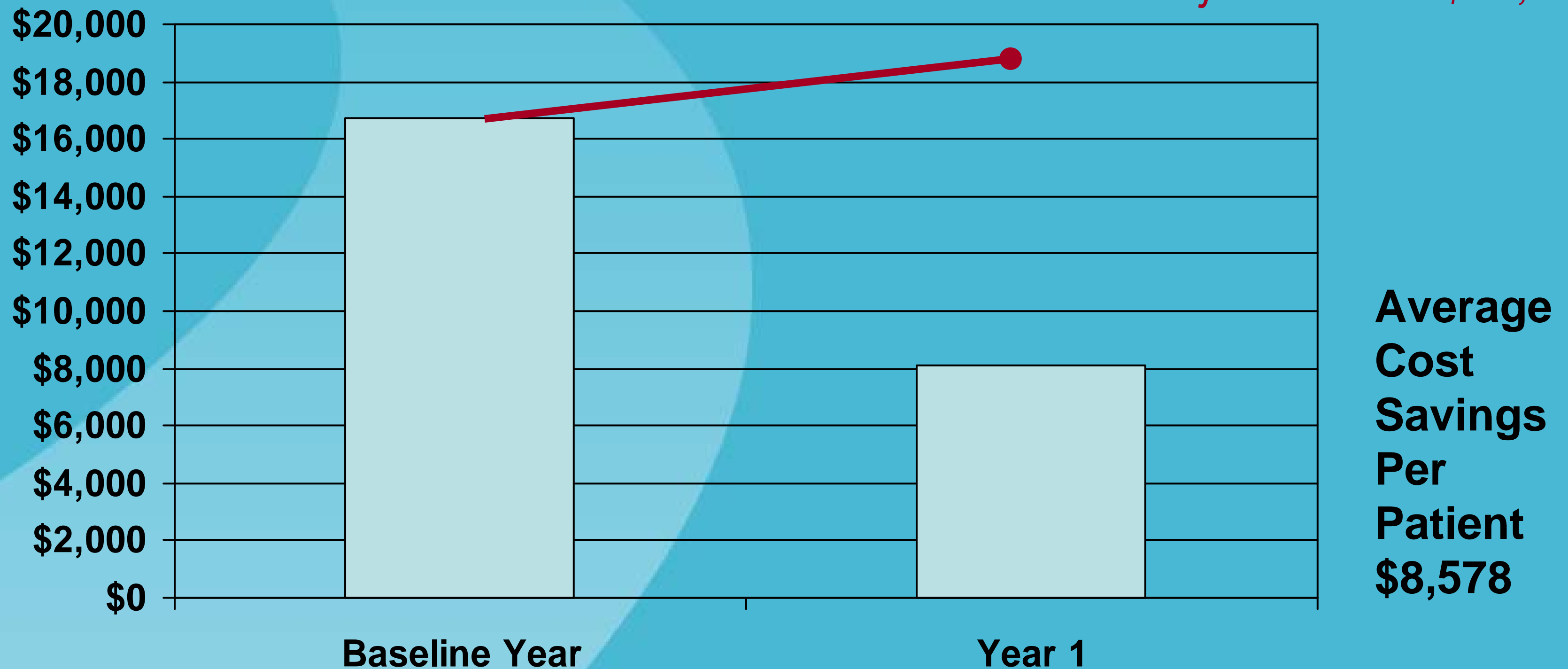
Average Medical Costs for Participants in the BRiDGE Project
Baseline and Year 1 Actual and *Projected* Costs*



For 39 patients that met inclusion criteria; assumes 13% inflation rate.

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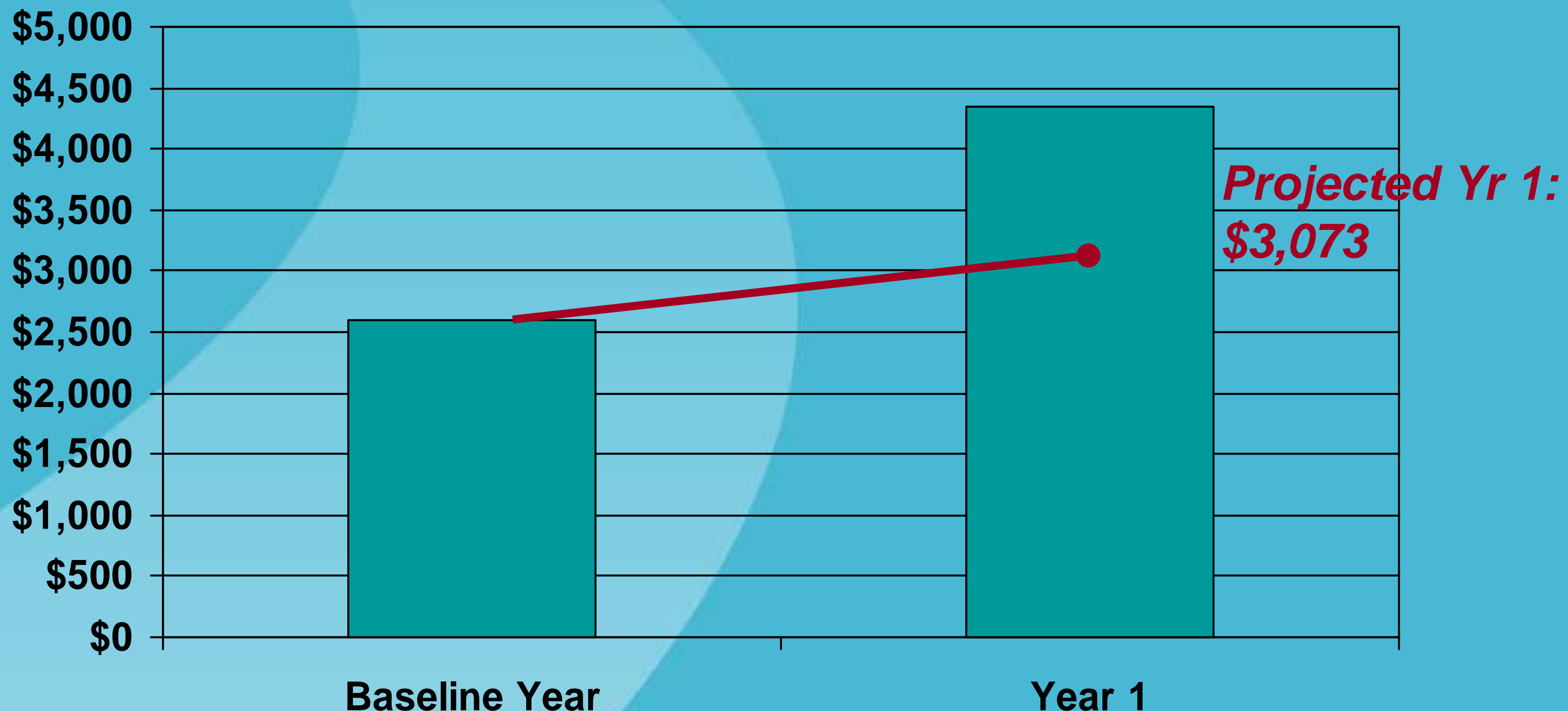
Average Medication Costs for Participants in the BRiDGE Project
Baseline and Year 1 Actual and *Projected* Costs*



***For 39 patients that met inclusion criteria; assumes 18% inflation rate.**

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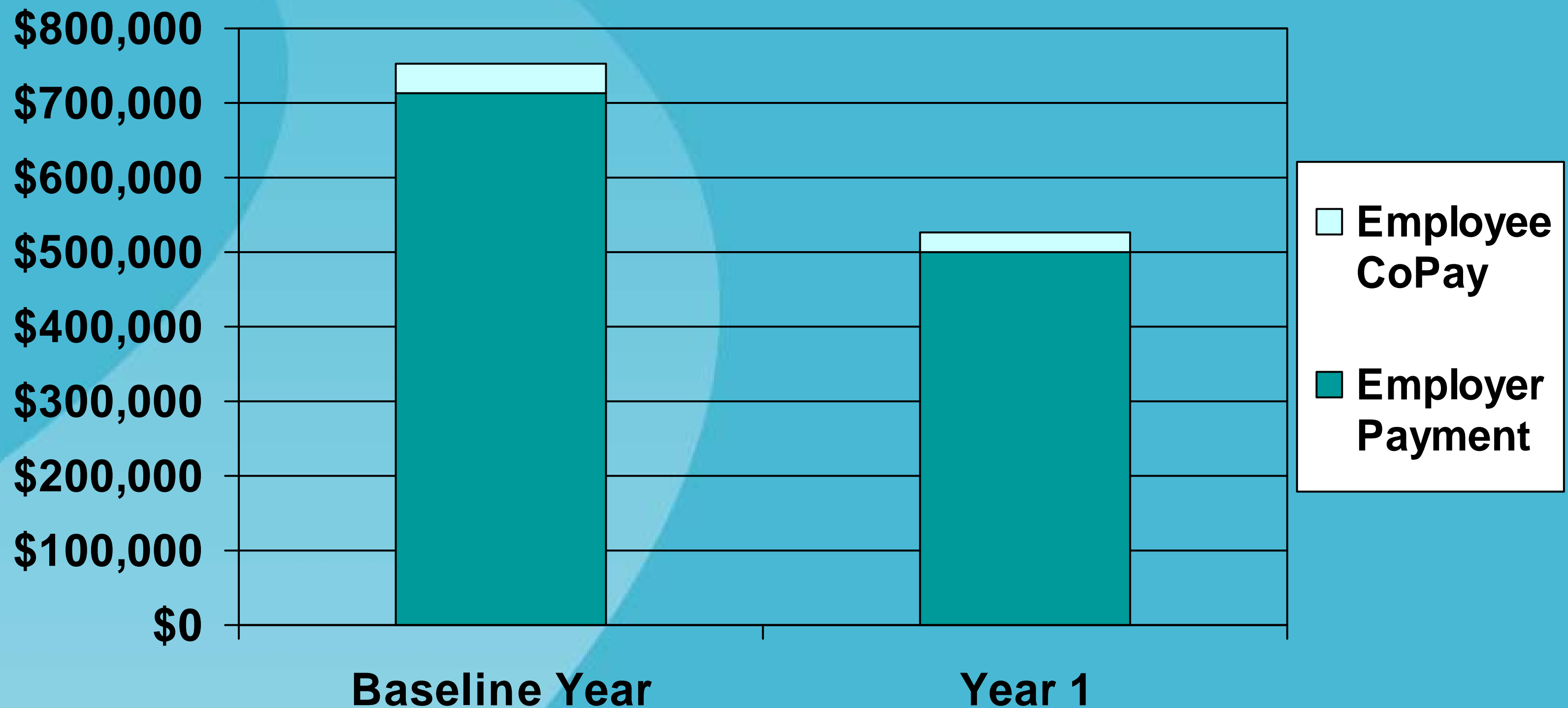
Total Costs for Participants in the BRiDGE Project Baseline and Year 1 Actual



For 39 patients that met inclusion criteria. Year 1 includes program fees.

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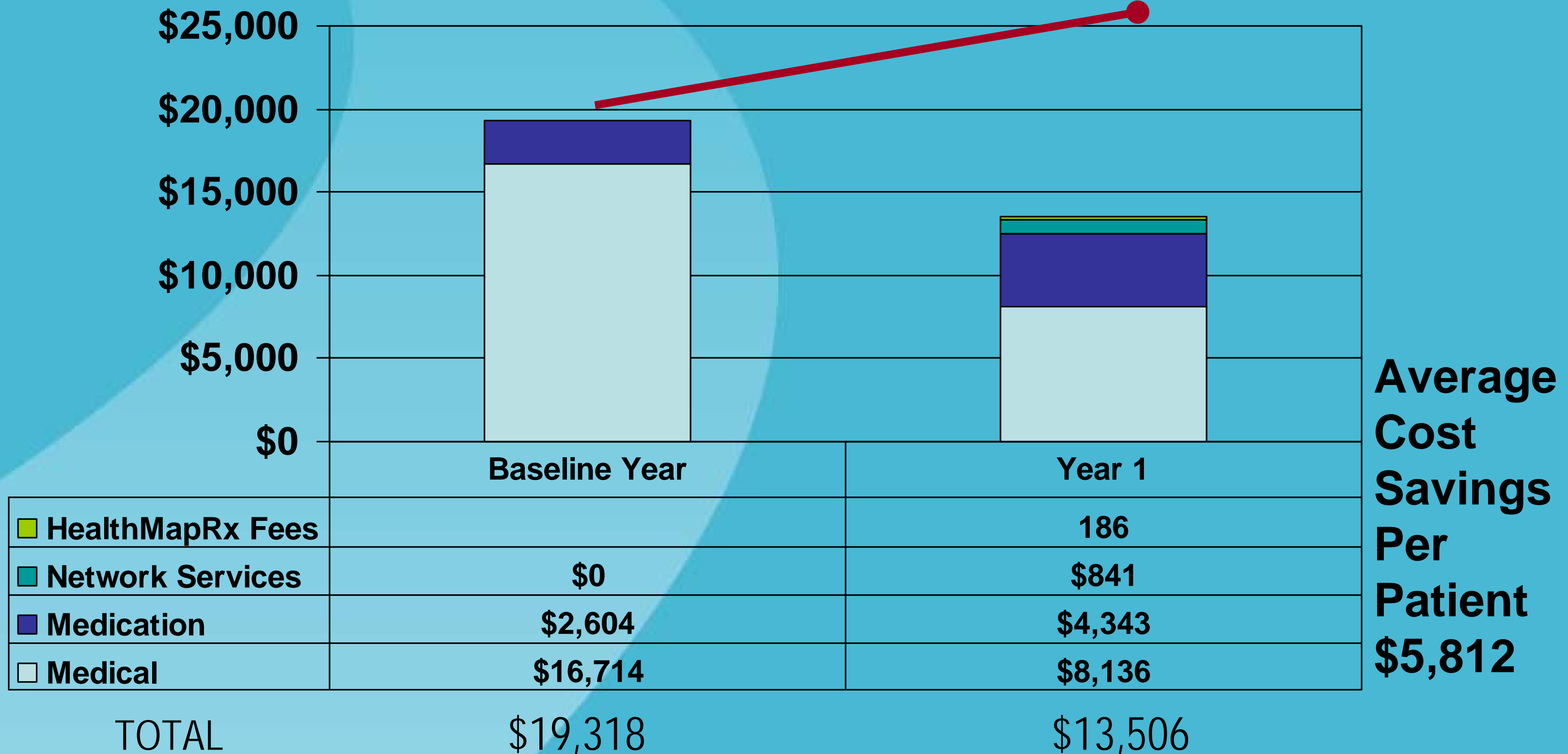
Average Total Health Care Costs for Participants in the BRiDGE Project
Baseline and Year 1 Actual and *Projected* Costs*

Average Cost Per Patient

Projected Yr 1: $21,961



***For 39 patients that met inclusion criteria; assumes 13% inflation rate.**

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Summary of Year 1 Results

There has been significant improvement in key clinical indicators: The A1C and LDL have both trended down, with patients at highest risk (A1C >9) decreasing from 26% to 17%. Also, the number of patients with an LDL <100 (the ADA goal) increased from 38% to 67%.

Participant satisfaction with overall diabetes care has improved and satisfaction with pharmacist care was very high.

Economics data indicated a significant return on investment for employers with an average saving per participant in the evaluation group of $5,812 per year.

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Lessons Learned: **Conditions for Implementation**

1. Employer/Payer that will invest in incentives for patients and providers to improve health and lower costs
2. Local physician and hospital support for community-based collaborative care
3. Local network of pharmacists that have the motivation, training and time to help patients manage their care
4. Establish Processes for Employer Implementation, Patient Care, Documentation and Outcomes Tracking

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Implementation Phases

- Phase 1: Interest & Engagement
- Phase 2: Decision to Implement
- Phase 3: Network Coordination
- Phase 4: Program Enrollment
- Phase 5: Ongoing Program Processes

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Final Thoughts

"Align the Incentives, Improve the Outcomes, Control the Costs" *sm*

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