



Health Services
LOS ANGELES COUNTY



Benefits of A-L-L:

Expanding Cardiovascular Disease Risk Reduction for Patients with Diabetes in Patient Centered Medical Homes

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LAC DHS

- The 2nd largest safety-net provider in the country
- Serves over 800,000 patients annually
- Over 80% of LAC DHS patients are minorities
- Nearly 90% live below the Federal Poverty Level
- More than 40% of patients have Diabetes, HF, or Asthma, and one or more other chronic conditions

LAC DHS patients age 50 and over with diabetes (n = 71,395)

5. LAC DHS patients with diabetes empaneled in the PCMH (n = 43,061)

4. LAC DHS patients over age 50 with diabetes in a stroke reduction program with non-interactive access (n = 1,045)

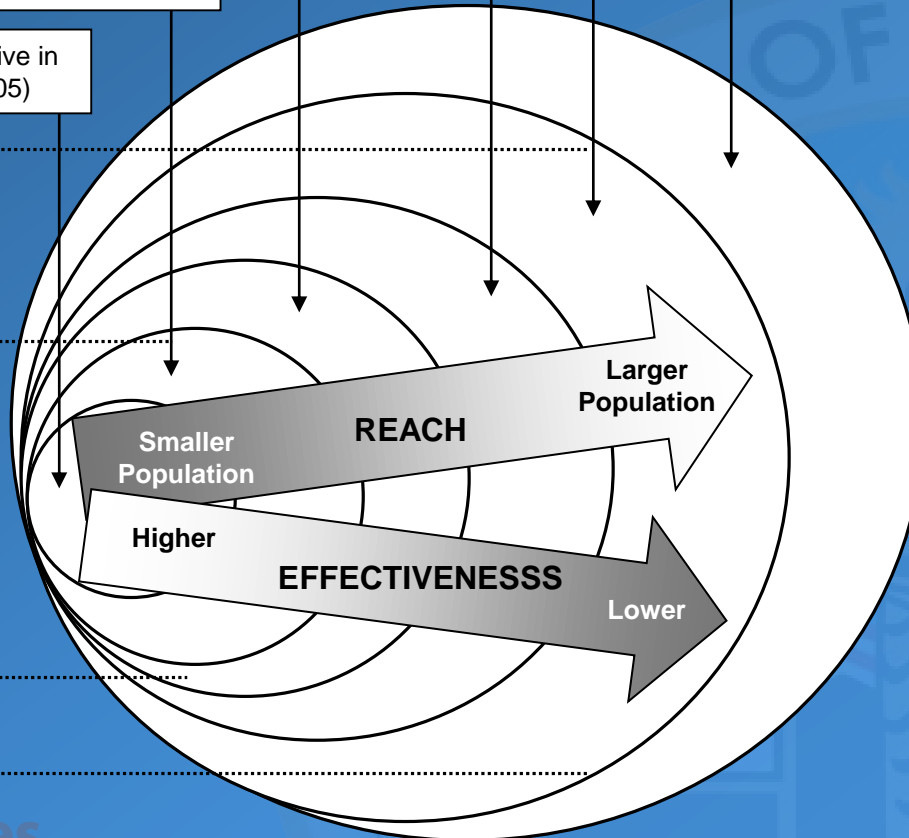
3. LAC DHS patients over age 50 with diabetes in a stroke reduction program at sites with interactive access to the DMR (n = 587)

2. ACN R&I patients age 50 and over with diabetes active in or completed other DMPs (n = 359)

1. ACN R&I patients age 50 and over active in or completed the Diabetes DMP (n = 2,105)

Patients with Diabetes Touched by Expansion of A-L-L

Patients with Diabetes Touched by initial A-L-L Prompt



A-L-L Implementation Strategies

	Disease Management Population	Primary Care Population
Paper-Based Methods	<ul style="list-style-type: none">• Adult Type 2 Diabetes Protocol• Training for providers on the benefits of A-L-L	
Electronic Methods	<ul style="list-style-type: none">• Electronic A-L-L eMedRecon prompt• A-L-L messaging to providers through Disease Management Registry Task List	<ul style="list-style-type: none">• i2i Patient Visit Summary A-L-L Report Messaging

Small Population, High Impact: Incorporating A-L-L into eMedRecon

- Eligibility check for A-L-L done “behind the scenes”
- Easy prompt interaction
- Tracks reasons for not placing patient on A-L-L
- Writes prescription automatically

Medication Reconciliation

Name: ██████████ Age: 58 DOB: ██████████ Cluster: ValleyCare - SF MRUN: ██████████

Allergies: NKDA

- Easy Open
- Spanish Label
- No Medication at Home

Finish
 Finish and Print
 Cancel

Stop

Add Home Med

Pending Review

Continue All

Add New Med

Continue

Name/Sig	Pend >	Cont >>
No data to display		

Stop <	Name/Sig	ACK	Edit	Cont >
<	BENZAEPRIIL TAB 20MG,CP TAKE ONE TABLET BY MOUTH DAILY	No	Edit	>
<	FISH OIL CONCENTRATE CAP 1000MG,RU TAKE ONE CAPSULE 2 TIMES A DAY	No	Edit	>
<	GABAPENTIN CAP 300MG,PD TAKE ONE CAPSULE BY MOUTH AT BEDTIME	No	Edit	>
<	INSULIN GLARGINE INJ 100UNIT-ML 10ML MDV,SQ INJECT 55 UNITS SUBCUTANEOUSLY ONCE DAILY	No	Edit	>
<	INSULIN NPH HUMAN INJ 100UNIT-ML 10ML,LY INJECT 48 UNITS SUBCUTANEOUSLY IN THE MORNING AND 20 UNITS	No	Edit	>
<	INSULIN REGULAR HUMAN INJ 100UNIT/ML 10ML,LY INJECT 5 UNITS UNDER THE SKIN BEFORE MEALS	No	Edit	>
<	LANCET SOFT TOUCH 200'S,ZZ USE AS DIRECTED	No	Edit	>
<	LIFESCAN STRIP ONE TOUCH ULTRA 50/VL,ZZ	No	Edit	>

Stop <<	Pend <	Name/Sig	Edit
No data to display			

Medication Reconciliation

Name: [REDACTED] Age: 58 DOB: [REDACTED] Cluster: ValleyCare - SF MRUN: [REDACTED]

Allergies: NKDA

- Easy Open
- Spanish Label
- No Medication at Home

Finish

Finish and Print

Cancel

Stop

Add Home Med

Pending Review

Continue All

Add New Med

Continue

Name/Sig	Pend >	Cont >>
No data to display		

Stop <	Name/Sig	ACK	Edit	Cont >
No data to display				

Stop <<	Pend <	Name/Sig	Edit
<<	<	BENAZEPRIL TAB 20MG,CP TAKE ONE TABLET BY MOUTH DAILY	Edit
<<	<	FISH OIL CONCENTRATE CAP 1000MG,RU TAKE ONE CAPSULE 2	Edit
<<	<	GABAPENTIN CAP 300MG,PD TAKE ONE CAPSULE BY MOUTH AT	Edit
<<	<	INSULIN GLARGINE INJ 100UNIT-ML 10ML MDV,SQ INJECT 55 UNITS	Edit
<<	<	INSULIN NPH HUMAN INJ 100UNIT-ML 10ML,LY INJECT 48 UNITS	Edit
<<	<	INSULIN REGULAR HUMAN INJ 100UNIT/ML 10ML,LY INJECT 5 UNITS	Edit
<<	<	LANCET SOFT TOUCH 200'S,ZZ USE AS DIRECTED	Edit
<<	<	LIFESCAN STRIP ONE TOUCH ULTRA	Edit

Name: [REDACTED]

Allergies: NKDA

Stop

Name/Sig

No data to display

Med Alert

Ms. [REDACTED] is over age 50 and has diabetes and is not on aspirin, an ACE-I/ARB, and a statin. This combination has been shown to reduce morbidity and mortality in those with diabetes. Please select the appropriate response:

Start:

- Aspirin 81 mg. 1 tablet by mouth Daily. Dispense 90 tablets. 1 Refill.
- Benazepril 20 mg. 1 tablet by mouth Daily. Dispense 90 tablets. 1 Refill.
- Simvastatin 40 mg. 1 tablet by mouth Nightly. Dispense 90 tablets. 1 Refill.

Reason(s) Not Started:

- Patient does not have diabetes
- Patient is already on anti-platelet, ACE-I/ARB and Statin (or ezetimibe)
- Risk of medications outweigh benefits
- Contraindicated
- Patient refused
- Other

Next

Cancel

Finish

Finish and Print

Cancel

Continue

Name/Sig	Edit
ENAZEPRIL TAB MG,CP AKE ONE TABLET BY OUTH DAILY	Edit
SH OIL NCONCENTRATE CAP 00MG,RU AKE ONE CAPSULE 2	Edit
ABAPENTIN CAP 0MG,PD AKE ONE CAPSULE MOUTH AT	Edit
SULIN GLARGINE 0 100UNIT-ML 10ML DV,SQ JECT 55 UNITS	Edit
SULIN NPH HUMAN 0 100UNIT-ML ML,LY JECT 48 UNITS	Edit
SULIN REGULAR UMAN INJ 0UNIT/ML 10ML,LY JECT 5 UNITS	Edit
NCET SOFT OUCH 200'S,ZZ SE AS DIRECTED	Edit
FESCAN STRIP ONE OUCH ULTRA	Edit

Medication Reconciliation

Name: [REDACTED] Age: 58 DOB: [REDACTED] Cluster: ValleyCare - SF MRUN: [REDACTED]

Allergies: NKDA

- Easy Open
- Spanish Label
- No Medication at Home

Finish

Finish and Print

Cancel

Stop

Add Home Med

Pending Review

Continue All

Add New Med

Continue

Name/Sig	Pend >	Cont >>
No data to display		

Stop <	Name/Sig	ACK	Edit	Cont >
No data to display				

Stop <<	Pend <	Name/Sig	Edit
<<	<	TOUCH ULTRA 50/VL,ZZ USE AS DIRECTED IN	Edit
<<	<	Multivitamin 1 TAB DAILY	Edit
<<	<	PAROXETINE HCL TAB 20MG,K3 TAKE ONE TABLET IN THE MORNING	Edit
<<	<	Simvastatin 40 mg. 1 tablet by mouth Nightly. Dispense 100 tablets. 1	Edit
<<	<	SYRINGE DISP INSULIN 0.5ML U100 NEEDLE 29G X 1/2",ZZ USE AS DIRECTED	Edit
<<	<	SYRINGE DISP INSULIN 0.5ML U100 NEEDLE 29G X 1/2",ZZ USE AS DIRECTED IN	Edit
<<	<	SYRINGE DISP INSULIN 1ML U100 NEEDLE 29G X 1/2",ZZ USE AS DIRECTED	Edit
<<	<	Tylenol 325 mg Tab 2 Q4 hours PRN mild pain	Edit

eMedRecon A-L-L is Very Effective

Description	Count	Percentage
Patients on ASA, ACE, and Statin	4,253	83%
Patients on ASA, and ACE	194	4%
Patients on ASA and Statin	162	3%
Patients on ACE and Statin	173	3%
Patients only on ASA	62	1%
Patients only on ACE	80	2%
Patients only on Statin	46	1%
Patients with no electronic documentation of ACE, ASA or Statin	150	3%
Total patients touched by grant	5,120	100%

Works Great, Who Cares?



Works Great, Who Cares?

- DMPs care for a small fraction of the population with Diabetes
- This needs to work in Primary Care
- Expanding into Patient Centered Medical Homes

Incorporating A-L-L into Primary Care

- Over 120 PCMH Teams
- i2i registry



Lookup Patient: ID: Last Name: First Name: MRN: SSN: DOB (M / D / Y): Reset

Current Patient Actions

There is no picture on file for this patient.

ID: [redacted] DOB: [redacted] Sex: M
SSN: [redacted] MR#: [redacted]
Language: ENGLISH

Status: **Active** ...

Alerts (4)
Upcoming Items (0)

Allergies ... No Known Drug Allergy	Problems ... Diabetes (Non-gestational) Vascular: HTN (i2i)	Medications ...
Tracking Types ... Diabetes Preventive Care (PCMH)	Treatment Plans ...	Self-Management Goals ...

Lookup Patient: ID: Last Name: First Name: MRN: SSN: DOB (M / D / Y): [Buttons]

Current Patient Actions

[Name] There is no picture on file for this patient.

ID: [Redacted] DOB: [Redacted] Sex: M
SSN: [Redacted] MR#: [Redacted]
Language: ENGLISH

Status: **Active**

Alerts (4)

- Follow-Up Required: Last TG > 400, order repeatTG.
- Follow-Up Required: Consider ACE-I/ARB, Statin, and ASA to reduce CV risk.
- Follow-Up Required: Consider ACE-I/ARB, Statin, and ASA to reduce CV risk.
- Due: Procedure / Referral: Colon Screen: Annual FOBT (FIT preferred)

Upcoming Items (0)

Summary History Labs Recalls Follow-Ups Referrals Correspondence Pharmacy

Allergies No Known Drug Allergy	Problems Diabetes (Non-gestational) Vascular: HTN (i2i)	Medications
Tracking Types Diabetes Preventive Care (PCMH)	Treatment Plans	Self-Management Goals

Patient Visit Summary (DHS Patient-Centered Medical Home (Adult))

Patient ID:	MR:	Age:	DOB:	Sex:	Date:	Last Vitals	This Visit
Name:		Race:			Blood Pressure:	2/3/2014	
Address 1:		Language:	ENGLISH		144/67		
Address 2:		Phone:			Height (Inches):		
City:		POP:			Weight (lbs):		
State:	CA	Insurance:			BMI:		
ZIP:							

ALLERGIES: No Known Drug Allergy

PROBLEMS: Diabetes (Non-gestational); Vascular: HTN (2)

MEDICATIONS:

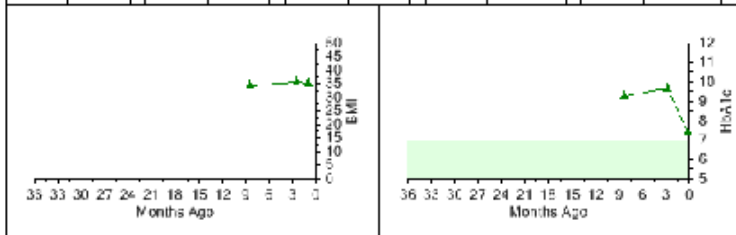
Alerts:

Follow-Up Required: Last TG > 400, order repeatTG.	Follow-Up Required: Consider ACE-I/ARB, Statin, and ABA to reduce CV risk.
Follow-Up Required: Consider ACE-I/ARB, Statin, and ABA to reduce CV risk.	Due: Procedure / Referral: Colon Screen: Annual FOBT (FIT preferred)

Upcoming items:

Category	C	Date	N
Labs			
HbA1c	7.4	2/19/2014	
LDL	104	2/19/2014	
Microalb/Creat Ratio	544	6/18/2013	
Educations			
Tobacco Cessation	Received	12/9/2013	
Diabetes (2)			
Medications			
ACE-I/ARB			
Aspirin			
Statin			
Immunizations			
Influenza vaccine	Received	12/9/2013	
Other Profile Items			
Care Manager			
Smoker			
Health Assessment Questionnaire			
Hypoglycemic event			
Procedures / Referrals			
Due: Colon Screen: Annual F			
Colon Screen (Other)			
Depression Screening (2)	Received	8/29/2013	
ER visits			
Hospitalizations			
Lipid Screening, Routine (22+)	Received	12/2/2013	
Self Mgmt Goals:DM/COPD/AS	Received	12/9/2013	
Tobacco Use Screening	Received	12/9/2013	
Foot Screening	Received	12/9/2013	
Retinal Exam	Received	10/3/2013	

Weight (lbs)		BMI		Blood Pressure		HbA1c		LDL	
Date	Val	Date	Val	Date	Val	Date	Val	Date	Val
1/27/14	238.54	1/27/14	35.32	2/3/14	144/67	2/19/14	7.4	2/19/14	104
12/9/13	235.01	12/9/13	35.61	1/27/14	157/71	12/2/13	9.7	12/2/13	58
7/15/13	227.51	6/13/13	34.34	12/9/13	158/71	6/18/13	9.3	6/18/13	See Results
6/13/13	231.92			8/29/13	149/83			6/18/13	75
				7/15/13	147/71				
				6/13/13	145/71				

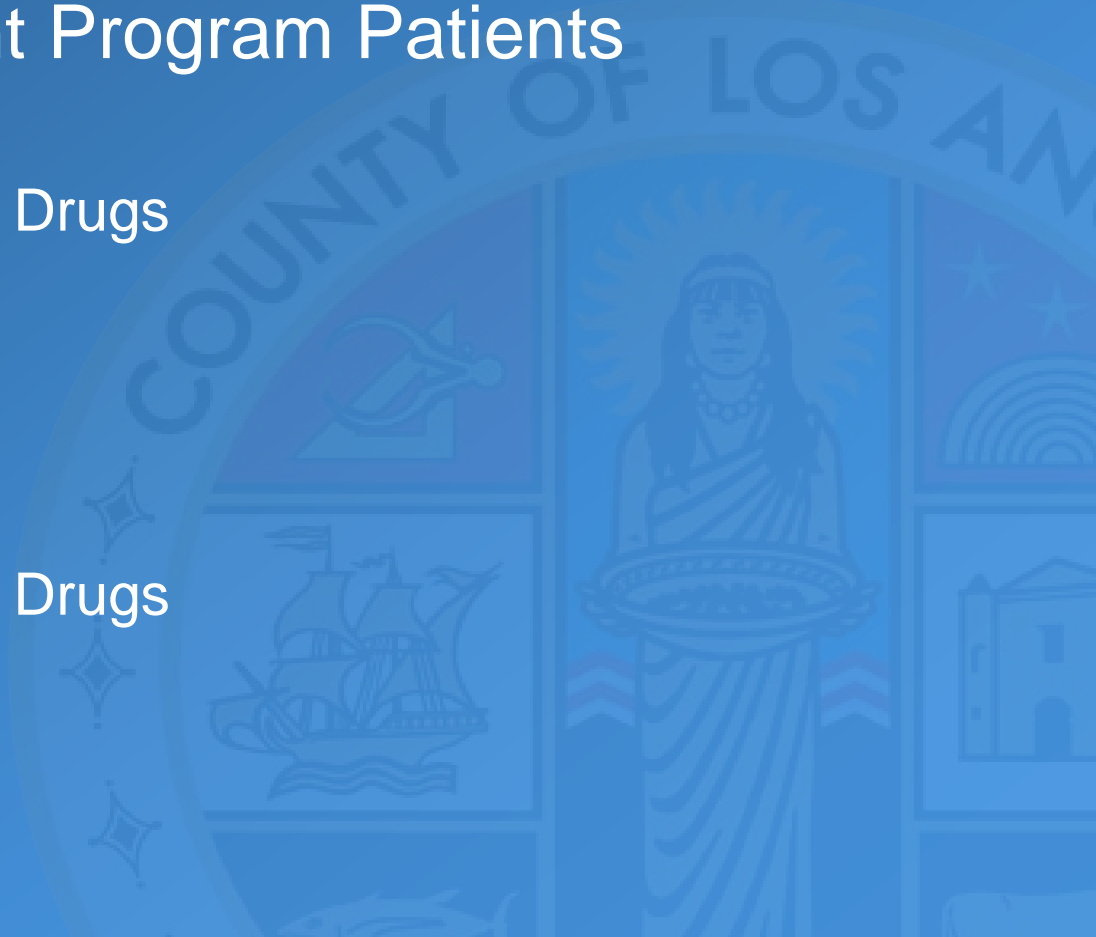


Efficacy vs Effectiveness

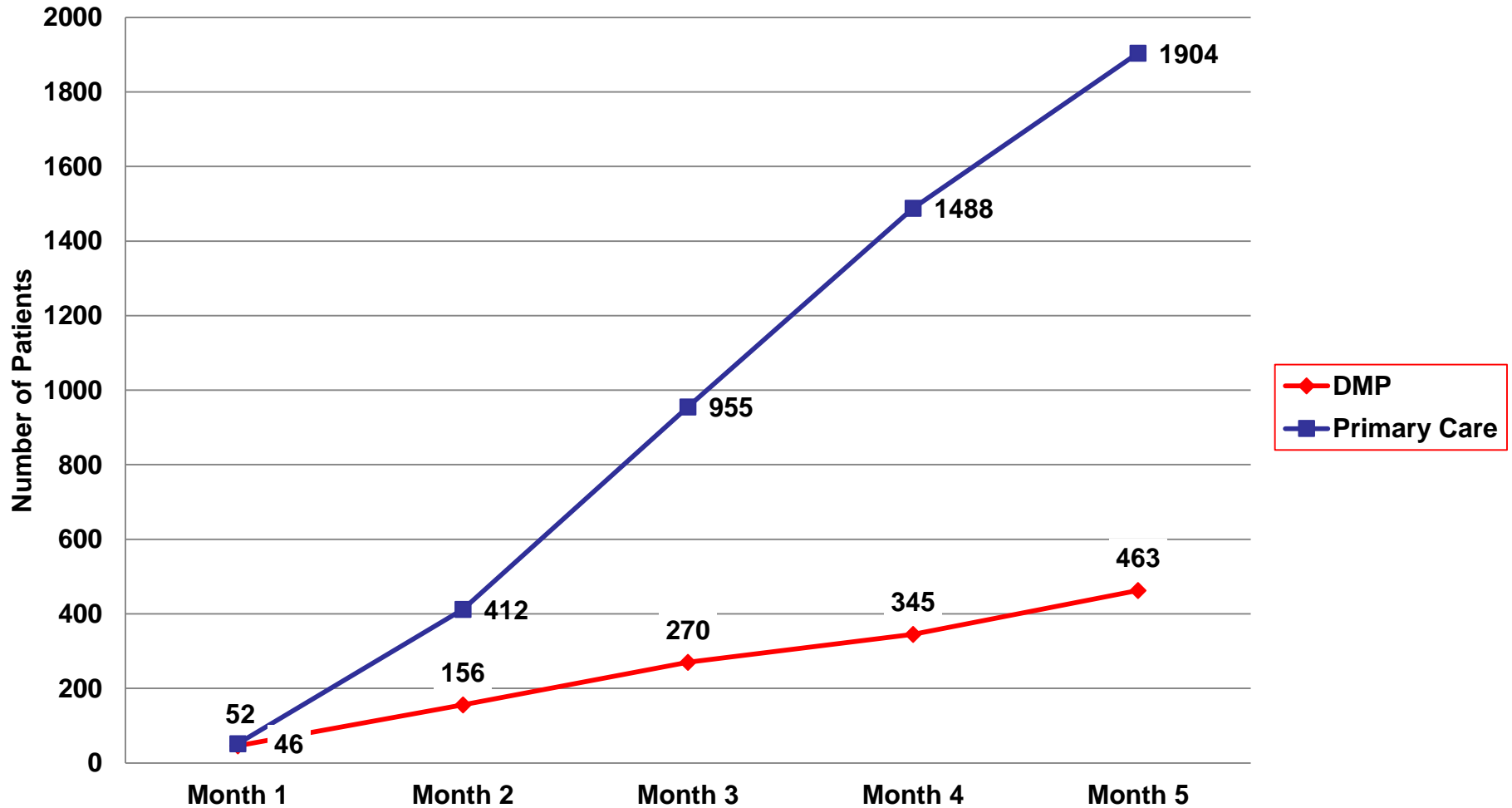
Description	Disease Management Program Patients		Empaneled Patients	
	Count	Percentage	Count	Percentage
Patients on ASA, ACE, and Statin	4,253	83%	5,678	43%
Patients on ASA, and ACE	194	4%	1,060	8%
Patients on ASA and Statin	162	3%	724	5%
Patients on ACE and Statin	173	3%	699	5%
Patients only on ASA	62	1%	386	3%
Patients only on ACE	80	2%	727	5%
Patients only on Statin	46	1%	385	3%
Patients with no electronic documentation of ACE, ASA or Statin	150	3%	3,640	27%
Total patients touched by grant	5,120	100%	13,299	100%

Two Populations Over Time

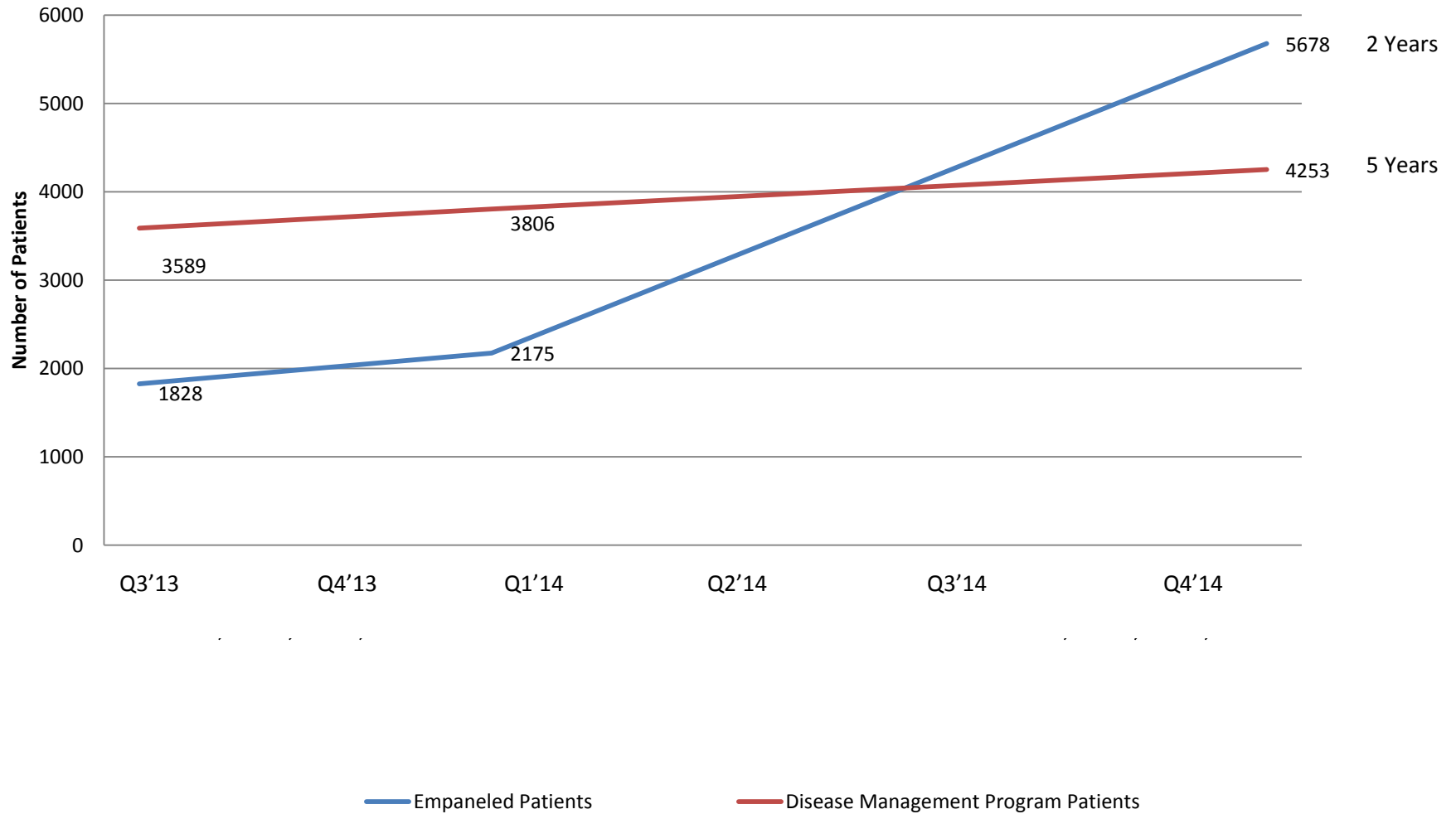
- Total Number of Patients Touched: 18,419
- Disease Management Program Patients
 - 83% on 3 A-L-L Drugs
 - 93% on at least 2 A-L-L Drugs
- Empaneled Patients
 - 43% on 3 A-L-L Drugs
 - 61% on at least 2 A-L-L Drugs



Two A-L-L Programs: The First Five Months



Patients on Full A-L-L Regimen



What We've Learned...

- Make it easy to do the right thing
- Integration into workflow matters
- Provider education and engagement does too
- You can't have it all