RURAL HEALTH WORKSHOP

Implementing Population Health Strategies

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Learning Objectives

- Identify chronic disease-related health disparities across Louisiana
- Learn the value of Population Health Management
- Learn about Well-Ahead's Population Health Cohort
- Learn how to Apply for Well-Ahead's next Population Health Cohort

Why Population Health Management is Important

What is Population Health?

"Population health is defined as the health outcomes of a group of individuals, including the distribution of such outcomes within the group. These groups are often geographic populations, but can also be other groups such as employees, ethnic groups, disabled groups, prisoners, or any other defined group."

—David Kindig, MD, PhD

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Chronic Disease in Louisiana

14.1% of Louisiana residents have diabetes.

Over **50%** of Louisiana residents living with diabetes are obese.

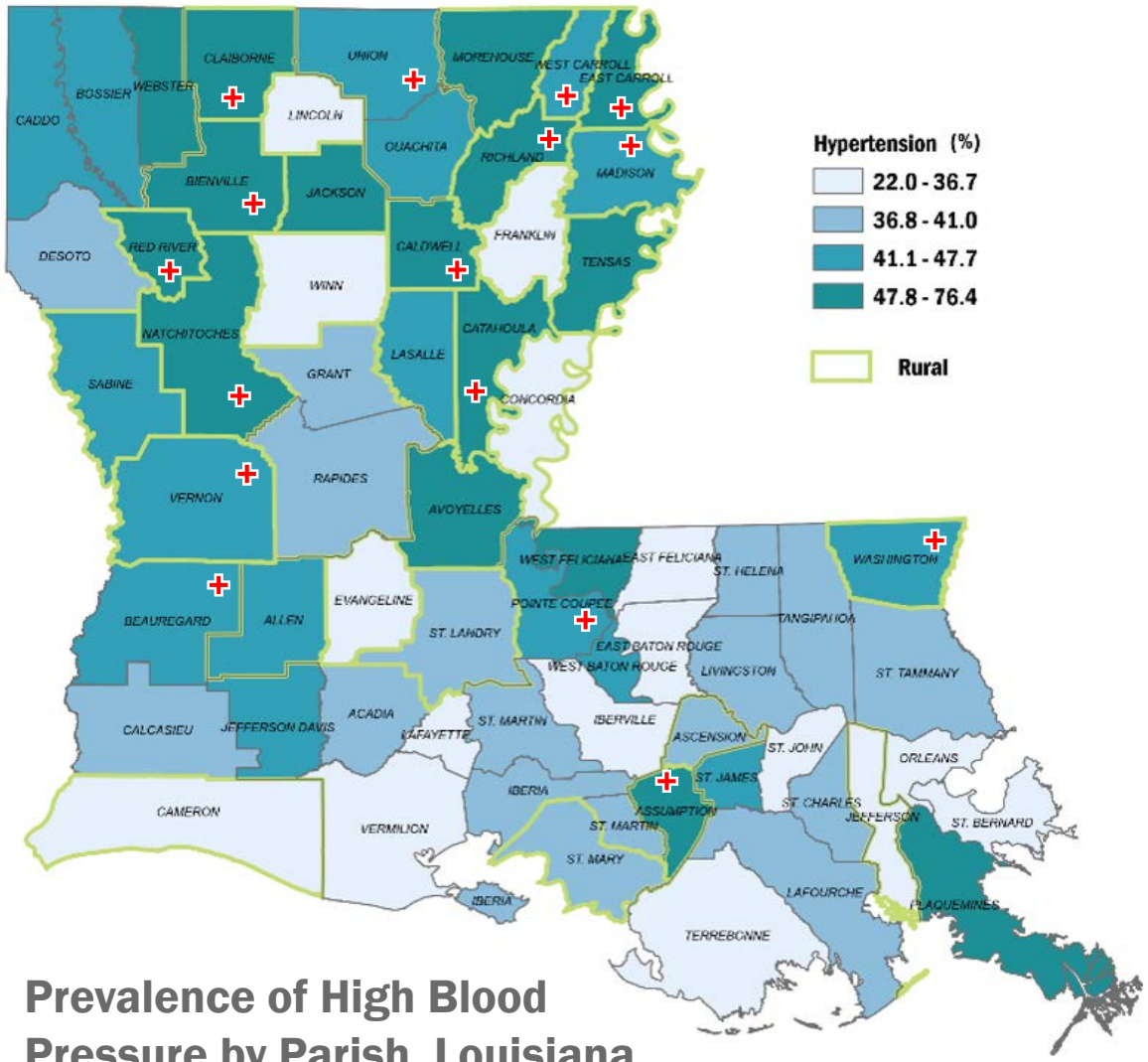
6.0% of Louisiana residents have heart diseases.

Over **40%** of residents living with heart diseases are obese.

20.5% of Louisiana residents smoke.

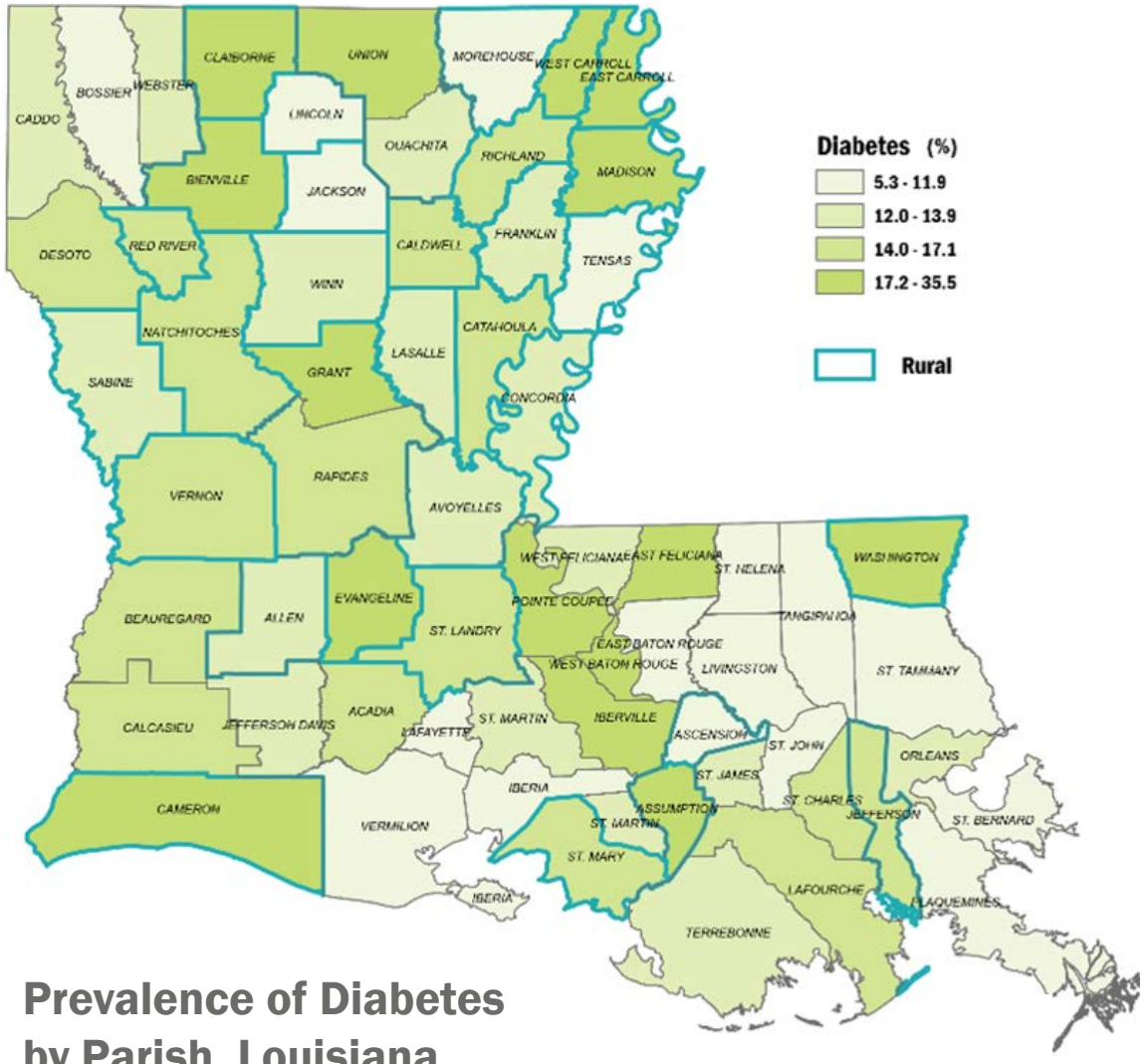
Over **30%** of Louisiana residents who smoke are obese.

Source: BRFSS 2018



Prevalence of High Blood Pressure by Parish, Louisiana

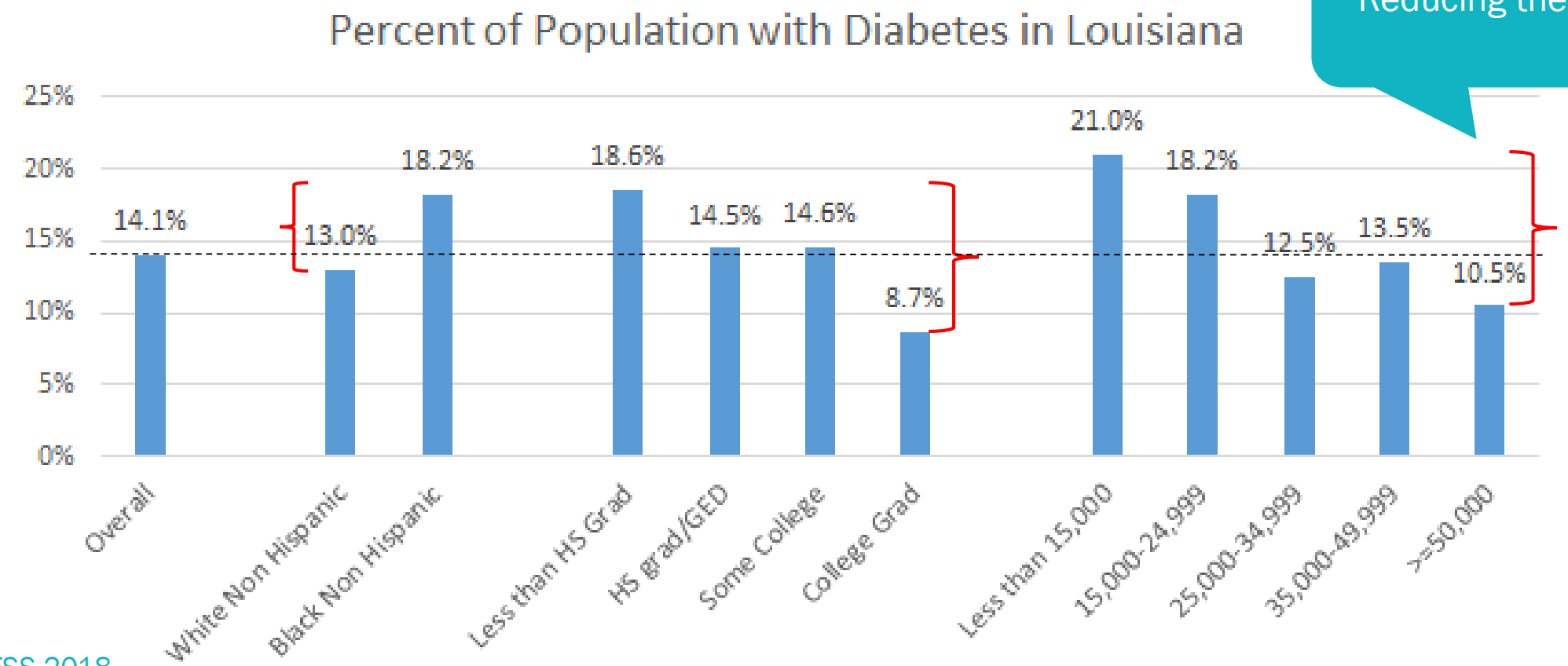
BRFSS 2015, 2017



Prevalence of Diabetes by Parish, Louisiana

BRFSS 2016-2018

Health Disparities in Louisiana



Source: BRFSS 2018

Equality vs Equity

Improving Population Health Together

Population Health Strategies

- Identifying Patients with Undiagnosed Hypertension
- Management of Patients with Hypertension and High Blood Cholesterol
- Establishing or Expanding MTM Services with a Local Pharmacy
- Linking Patients To Community Resources To Improve Management
- Screening, Testing, and Referring for Prediabetes
- Management of Patients with Diabetes, Including Referral to Diabetes Education

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Identifying Patients with Undiagnosed Hypertension

- Establish clinical criteria for potentially undiagnosed hypertension.
- Search electronic health record data for patients who meet the established clinical criteria.
- Implement a plan to diagnose these patients and to treat those with hypertension.
- Calculate your health practice's or system's hypertension prevalence and compare your data against local, state, or national data.

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Management of Hypertension and High Blood Cholesterol

- Create electronic health record reports to identify patients who meet the established clinical criteria and compare improvement of controlled patients quarterly.
- Implement a plan to develop a patient-care plan using team based care best practices.

Establishing or Expanding Services with a Local Pharmacy

- Medication Therapy Management (MTM)
  - A set of services including medication reconciliation, health assessment, and creation of a medication treatment plan, that a pharmacist can provide
- Collaborative Drug Therapy Management Agreements
  - Agreement allows for the pharmacist to provide some limited services without needing to call the physician.
- Chronic Care Management (CCM)
  - Covers additional care management and access to care for eligible high-risk patients
- Partner Pharmacy Sites
  - Will be seeking additional pharmacy-clinic partners to develop or enhance their collaboration starting July 1, 2021
  - Look for more information Spring 2021

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Well-Ahead Louisiana's Population Health Cohort

Population Health Cohort

- Collaborative Quality Improvement Program
  - Supports the implementation of strategies aimed at improving population health management within a primary care setting
- Specific focus on individuals with
  - Hypertension
  - Hyperlipidemia
  - Type 2 Diabetes

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Population Health Cohort Objectives

- Increase control among adults with known high blood pressure and high cholesterol
- Identify patients with undiagnosed hypertension
- Decrease the number of adults with diabetes with a hemoglobin A1c>9
- Increase the number of adults with prediabetes enrolled in a lifestyle change program who have achieved a 5% – 7% weight loss

Population Health Cohort Strategies

- Identifying patients with undiagnosed hypertension
- Management of patients with hypertension and high blood cholesterol
- Management of patients with diabetes
- Establish or expand Medication Therapy Management services or develop a Collaborative Practice Agreement with a local pharmacy
- Linking patients to community resources to improve management
- Screening, testing and referring for prediabetes

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How does the Population Health Cohort work?

1. Clinics complete the online application
2. Well-Ahead reviews applications and select clinics
3. Clinics complete an organizational assessment
4. Clinics work with a Well-Ahead Practice Coach to develop an implementation plan
5. Clinics receive ongoing support and resources
6. Clinics participate in networking opportunities

Clinic Benefits

- Receive financial incentives up to $11,000
- Improve clinic's population health management
- Improve clinic's quality metrics
- Receive one-on-one support and technical assistance from Well-Ahead
- Participate in networking opportunities
- Contribute to Louisiana's efforts to improve the health of those at risk for cardiovascular disease and diabetes

Well-Ahead Louisiana Health Improvement Portal

- Accessible
- Capabilities for communication, resource sharing, and data visualization
- Allows for patient breakdown by:
  - Age
  - Race
  - Gender
  - Insurance type
  - Smoking status
  - Any other variable reportable by your EHR

- How it works
  - WAL works with your site to generate de-identified EHR reports
  - Reports used to create customized PowerBI dashboards
  - Dashboard uploaded to WALHIP portal
  - Soon clinics will be able to upload data that will be automatically added to dashboard

Well-Ahead Louisiana Health Improvement Portal

- Dashboards
  - Adult Patient Population
    - Fewer Variables
    - More Variables
  - Disease-Specific Dashboards
    - Hypertension

Chronic Care Management

- Online training
  - Overview of Medication Therapy Management (MTM) currently available on our website
  - Will soon be launching 3 training modules that will provide a comprehensive overview of MTM
- MTM Certificate
  - Will soon be offering an MTM APhA accredited training, virtually
- Well-Ahead's Provider Education Network Resources
  - Templates, guides, and tools for pharmacists to plan and launch an MTM, CCM, or CDTM

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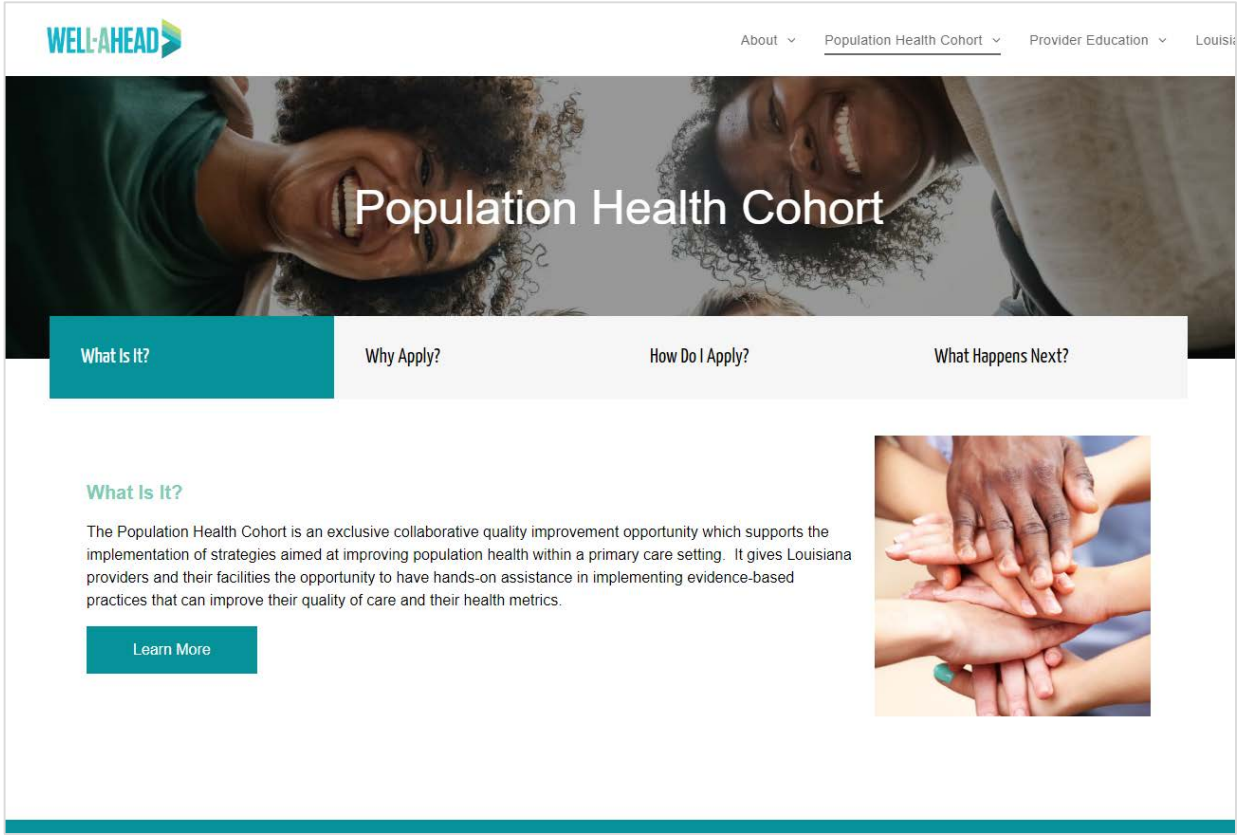
Apply to the Population Health Cohort!

- Application deadline is **October 14, 2020**
- Go to https://www.walpen.org/population-cohorts to complete an online application
  - Click on “How Do I Apply?”
  - Scroll down and click on the “Apply Here” button



Contact

- Latraiel Courtney
  - Chronic Disease Grant Manager
    Latraiel.Courtney@la.gov
- Please contact us with questions or feedback.
- If you have a great collaboration with your pharmacist, we want to hear from you!
- If you would like more information about the Population Health Cohort please contact us.

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Thank You!

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