



# 2014 Performance Report

# Outline

- ◆ Program Overview
- ◆ Data Collection
- ◆ Program Expectations
- ◆ Clinical Overview
- ◆ Cost Analysis
- ◆ Program Summary
- ◆ Next Steps

# ACTRx Program Summary

# What is the ACTRx Program?

- ◆ Joint partnership between BGH and LPIHO ( Linking Pharmacists to Improved Health Outcomes)
- ◆ First introduced in 2007 as the BRiDGE Program and rebranded as ACTRX in 2013
- ◆ Designed to bridge the gaps in the healthcare system by providing:
  - Coaching
  - MonitoringFor those individuals who are ready to participate in reducing their long-term health risks
- ◆ Links a local pharmacist provided by LPIHO to each enrolled employee.
- ◆ Focused on people with diabetes and hypertension

# Program Enhancement

# ACTRx - *Clinical*

Using local Pharmacists for analysis and intervention

## ◆ ACTRx – *Clinical Services*

### ◆ **Program Benefits:**

- Consultation in Rx value-based benefit design
  - Results in lower utilization and lower overall cost
- Proven Return on Investment (ROI)
  - Each situation is tracked by amount of savings
- Full Rx claims cost analysis
  - Independently evaluates PBM perform for cost effectiveness
  - Claims audit service

# ACTRx - 360°

## Using local Pharmacists for analysis and intervention

- ◆ Designed to address the need for comprehensive clinical support to help covered employees and their dependents manage all of their drug therapies
- ◆ Provides plan participants the opportunity to work one-on-one with a licensed, local pharmacist who understands the complications of drug interactions
- ◆ Help employees:
  - manage their disease states through education and medication compliance
  - save them money by suggesting alternative lower cost drugs
  - Coordinate all activities with the employee's physician

# Data Collection

# What data did we collect?

- ◆ Data Collected includes the following:
  - Employee demographic information
    - Height
    - Weight
    - Sex
    - Age
    - No. of months in program
  - Clinical Measures
  - Paid Medical and Rx claims for 2013 and 2014

6/5/2014

**ACTRx**  
Reporting Matrix

Data Period: Incurred claims from: 01/01/2013-12/31/2013

	LPIHO Diabetes Participants				Norms			
	Initial	Current	Other Covered Lives with Diabetes	All Covered Lives	All LPIHO Diabetes Patients Initial	All LPIHO Diabetes Patients Current	Carrier's Book of Business (Mgt. Diabetic)	National Standards (Mgt. Diabetic)
<b>Demographics:</b>								
# of enrolled participants								
Average months in the program								
% of total population that are diabetic								
Gender: % Male								
Gender: % Female								
Average Age								
<b>Cost:</b>								
Average annual medical incurred claims PMPM								
Average annual RX incurred claims PMPM								
Average total incurred claims (Med + RX)PMPM								
<b>Clinical</b>								
A 1 C								
Blood pressure								
BMI								
LDL								
Flu immunizations - % compliant								
Annual eye - % compliant								
Annual foot - % compliant								
Dental exam - % compliant								
<b>Administrative</b>								
Scheduled visits								
Completed visits								
# of LPIHO patients compliant								
# of LPIHO patients non-compliant								

# What do we know about our 2014 program participants?

- ◆ Total of **56** participants in the ACTRx program in 2014
- ◆ Average age as reported by LPIHO: **55.4 years old**
- ◆ Average years in program: **5.29 years**
- ◆ **57%** of ACTRx participants were male
- ◆ **43%** of ACTRx participants were female
- ◆ **337** visits were scheduled
- ◆ **269** visits were completed with participants

# Data Analysis Parameters

## ◆ Clinical Data

- Provided by LPIHO
- Analyzes health status from when a participant enters the program to current
- For reporting purposes, need to have at least one year of participation to be included in the data
- Clinical Benchmarks include:
  - BMI
  - LDL
  - A1C
  - Blood Pressure

## ◆ Cost Data

- Provided by individual company vendors
- Data reflects cost trends for a consistent population of participants over a 2 year period

# Program Expectations

# What do we expect?

- ◆ Clinical measures: Shift towards lower risk
- ◆ Preventative care compliance: Increase in number of participants taking advantage of suggested screenings
- ◆ Cost Data:
  - Medical claims: Decrease over time
  - Rx claims: Increase over time (due to greater compliance to managing diabetes with medication)

# Clinical Overview

# Definitions of Clinical Measures

- ◆ **A1C**: Average blood glucose
  - Normal: 4% and 5.6%
  - Increased Risk: 5.7% and 6.4%
  - Indication of Diabetes: Above 6.5%
  
- ◆ **Blood Pressure**: Force of blood flow inside your blood vessels
  - Elevated risk for diabetics: Above 135/85 mmHg

# Definitions of Clinical Measures

- ◆ **Body Mass Index (BMI)**: Calculation using height and weight
  - Normal Weight: 18.5 to 24.9
  - Overweight: 25.0 to 29.9
  - Obese: 30 or higher
  
- ◆ **Low-density Liproteins (LDL)**: A complex of lipids and proteins that transports cholesterol in the blood
  - Optimal: Below 100 mg/dL
  - Near optimal: 100-129 mg/dL
  - Borderline High: 130-159 mg/dL
  - High: 160 mg/dL or higher

# Recorded Clinical Measures: Initial to Current

Clinical Measure	Initial	Current	% Change
A1C	7.87	7.44	-5.46%
Systolic Blood Pressure	132.11	132.75	+0.48%
Diastolic Blood Pressure	82.25	79.98	-2.76%
BMI	35.1	35.9	+2.28%
LDL	98.13	86.91	-11.43%

Note: Only A1C and BMI levels are above accepted norms

# Importance of Preventative Care

- ◆ **Flu Vaccination:** Diabetes increases risk of flu-related complications and death.
- ◆ **Annual Eye Exam:** Diabetes increases risk of developing eye problems. An annual eye exam is crucial to check for diabetic retinopathy, the leading cause of blindness in adults and a common complication of diabetes.

# Importance of Preventative Care

- ◆ **Annual Foot Exam**: Diabetes affects nerves and blood circulation, increasing risk of different types of foot problems.
- ◆ **Annual Dental Exam**: Diabetes increases risk of periodontal disease, which contributes to impaired quality of life and substantial oral functional disability.

# Recorded Preventative Care: Initial to Current

Screening Type	Initial	Current	% Change
Flu Immunizations	0%	74%	+740%
Eye Exams	30%	89%	+197%
Foot Exams	25%	77%	+208%
Dental Exams	25%	51%	+104%

# Cost Analysis

# Data Reviewed

- ◆ Medical and Rx data from company vendors
  - Paid claims for 2013 and 2014 for program participants
  - Paid claims for 2013 and 2014 for all covered employees
  - Paid claims for 2013 and 2014 for anyone with a Diabetes diagnosis
  - Paid claims for 2013 and 2014 for the vendors block of business

# ACTRx Participant Cost Comparison 2013 - 2014

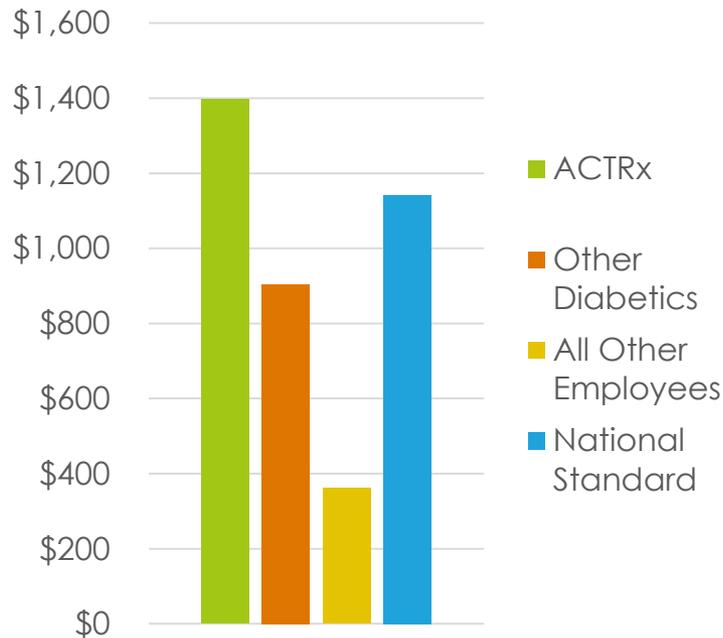
	2013 Average Cost	2014 Average Cost	% Change
Paid Medical Claims	\$939	\$863	-8.09%
Paid Rx Claims	\$520	\$534	+2.69%
Total Paid Claims	\$1,459	\$1,397	-4.25%

# ACTRx Participant Claims versus All Employees

	2013 Average Cost	2014 Average Cost	% Change
ACTRx Participant Claims	\$1,459	\$1,397	-4.25%
All Employees	\$361	\$364	+0.8%

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

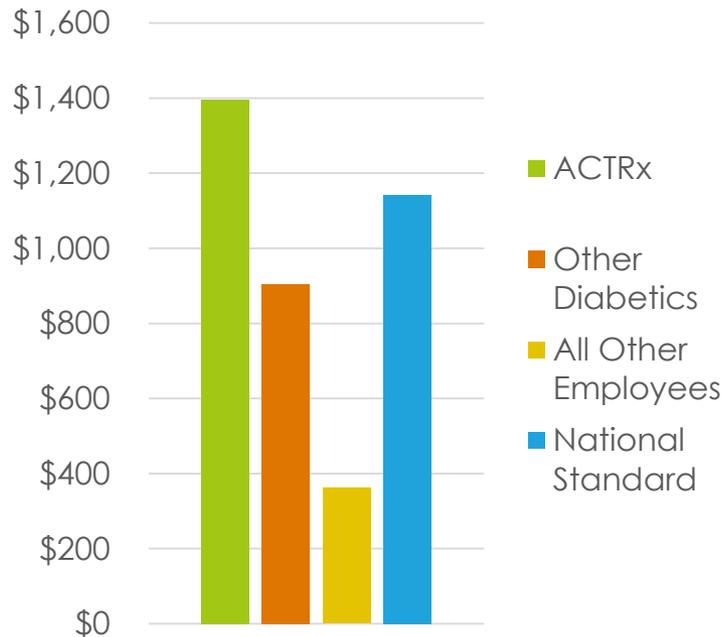
**Average Annual Total Paid ( Medical and Rx) Claims for 2014**



- ◆ **ACTRx Patient Total (Medical and Rx) Costs for 2014:**
  - **54%** higher than for other Diabetics
  - **286%** higher than for all employees
  - **22%** higher than the national average for Diabetics

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

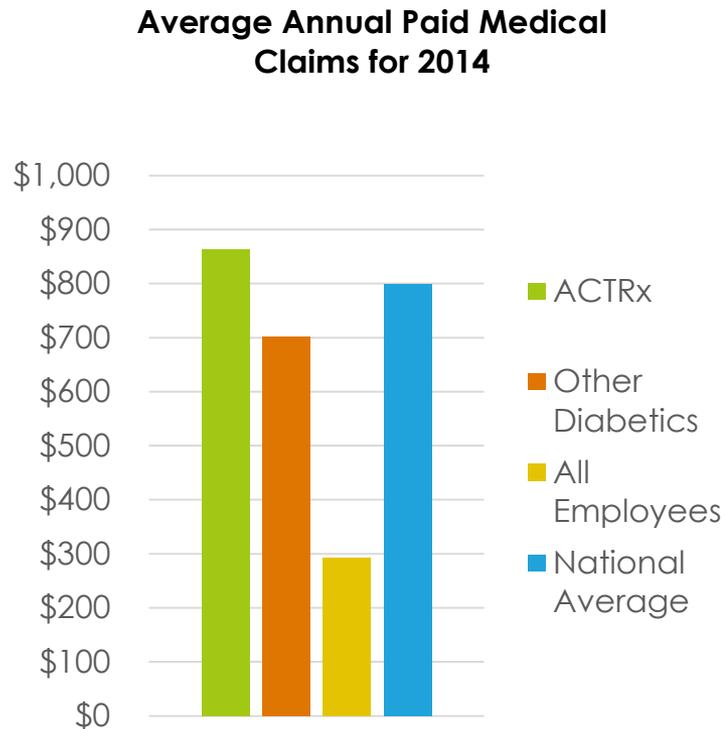
**Average Annual Total Paid ( Medical and Rx) Claims for 2014**



## ◆ Points for Consideration:

- Other Diabetics includes anyone with a diabetes diagnosis code
- National standards were from data reported in **2012**
- Claims are compared year over year
- Small pool of participants in the ACTRx program so one claim will skew the data
- Claims include all claims, not just those for diabetes
- How do you measure something which did not happen?

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

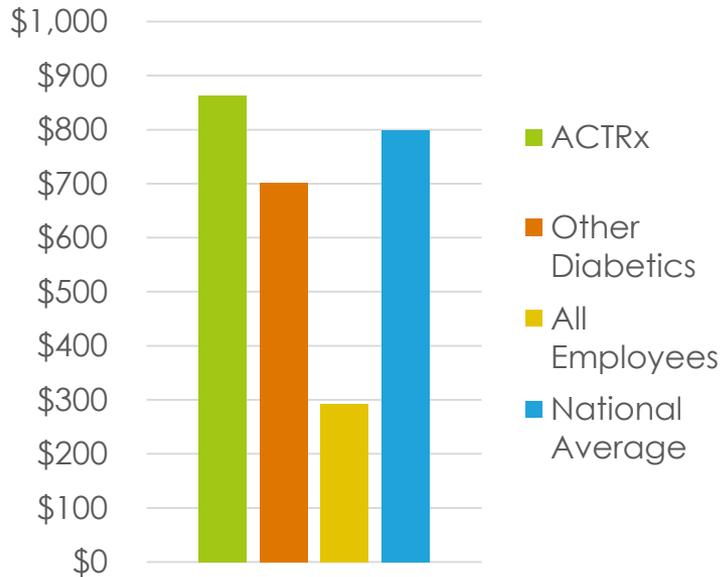


## ◆ ACTRx Patient Medical Costs 2014:

- **23%** higher than for other Diabetics
- **194%** higher than for all employees
- **8%** higher than the national average for Diabetics

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

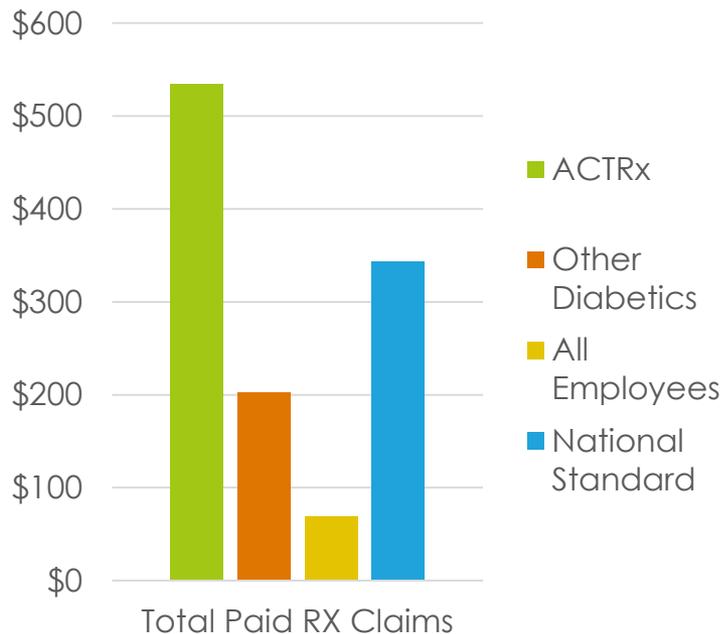
**Average Annual Paid Medical Claims for 2014**



- ◆ **Points for Consideration:**
  - National standards from data reported in **2012**
  - Medical claims include all claims, not just those related to diabetes
  - Because of the relatively small population covered through ACTRx, one claim can skew the results

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

Average Annual Paid RX Claims for  
2014

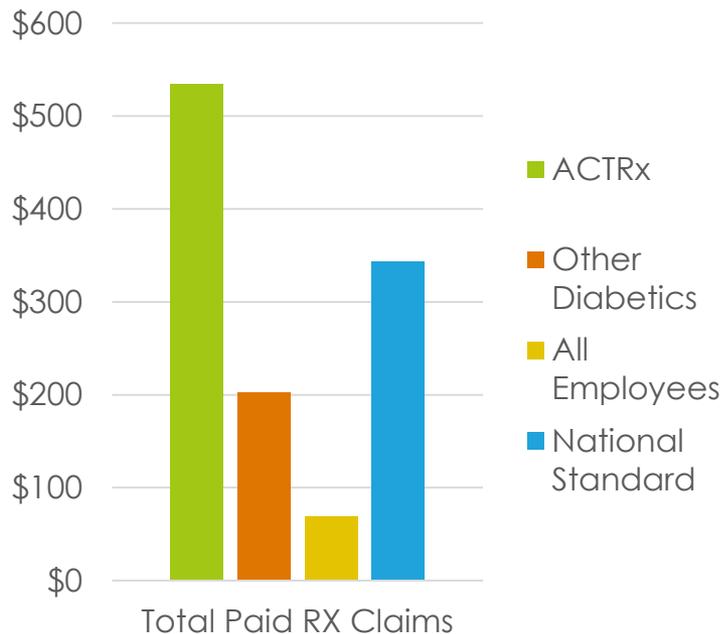


## ◆ ACTRx patient Rx Costs 2014:

- **164%** higher than for other Diabetics
- **680%** higher than for all employees
- **56%** higher than the national average for Diabetics

# ACTRx Patient Cost Trends: Compared to Other Diabetics and All Employees

**Average Annual Paid RX Claims for 2014**



## ◆ Points for Consideration:

- National standards from data reported in **2012**
- Should expect Rx costs to be higher because of the increased medication compliance
- Other diabetics includes anyone who had a diabetes diagnosis

# Program Summary

# The Good News!

## Clinical Measures

- ◆ With the exception of BMI, all clinical measures are lower today than they were when participants entered the ACTRx program.
- ◆ LDL levels for ACTRx participants are within normal ranges.

## Paid Claims Analysis

- ◆ The participants actually had a lower overall average cost when comparing 2013 claims data to 2014 claims data
- ◆ Claims data behaved as expected:
  - Medical claims decreased
  - Rx claims increased
- ◆ Medical trend does not appear to be a factor in examining medical costs

# Concerns . . .

- ◆ Average BMI numbers for all ACTRx patients rose slightly and only one company experienced a reduction in the average BMI
- ◆ Results indicate that participant health has improved with coaching, medication adherence and the use of preventive screenings. For success to continue, however, participants need to strengthen their commitment to improving their health by working to lower their BMI.
- ◆ Because the actual number of program participants is low, averages can be skewed by an outlier claim. Any outliers should be identified as part of the claim reporting process.

# Employer Feedback

- ◆ BMI may not be best measurement to use
  - Consider using either weight or waist circumference
- ◆ Enrollment into program needs to happen quickly
  - Recognize readiness to change and act on it
- ◆ Want program to be very visible to all employees
  - ACTRx participation at Health Fairs or Biometric Screening events
- ◆ Like participants to have a consistent coach
- ◆ Want to add new metrics to demonstrate program's value
  - Compliance with medication
  - Use of sick days and Short Term Disability Benefits

# Lessons Learned

- ◆ Employer support is critical to ensure a smooth data collection process
  - Data collection went more smoothly this year versus last year
- ◆ Employers need to include language in vendor contracts (TPA and PBM) that require them to supply detailed requested data during or post contract year
- ◆ Process for enrollment needs to be easy!
  - Have enrollment kits on hand
  - Immediate outreach to interested parties

# Summary

- ◆ Strengths of the ACTRx Program:
  - Results indicate that the program is having a positive impact on clinical measures for participants who are compliant with the program
  - Participation in preventive screening continues to improve which in theory will help reduce the likelihood of large medical claims
  - Continued monitoring of the paid claims for those participants in the ACTRx program will give us the feedback we need to demonstrate the program's effectiveness
  - Since Diabetes is a progressive disease, even stabilization of clinical measures can be viewed as a success
  
- ◆ Weaknesses of the ACTRx Program:
  - Lack of movement toward lower risk in BMI is an issue that needs to be addressed
  - Individual accountability needs to be reinforced
  - Program enrollment needs to improve
    - Based on the data collected, we know there is a significant population of diabetics in each organization that are not participating in the program

# Next Steps

# Where do we go from here?

- ◆ Work to identify non-compliance and improve it
- ◆ Re-evaluate use of BMI versus weight change or waist circumference
- ◆ Since program is primarily educational, implement a natural conclusion for incentives
- ◆ Continue program coaching and monitoring for duration of participation
- ◆ Develop group support sessions
- ◆ Coordinate more closely with employer sponsored health plans and wellness programs to ensure biggest bang

**LPIHO**  
LINKING PHARMACISTS TO  
IMPROVED HEALTH OUTCOMES  
*Pharmacists Here For Your Health*

GOAL ASSISTANCE PROGRAM [GAP]			
PERFORMANCE INDICATOR	GOAL	IMPROVEMENT/ VERIFICATION	ACHIEVED/ DATE
<b>Primary Performance Indicators</b>			
□ A1c (7-8.5%)	• A1c < 7 *	Achieve Goal within 6 months /Laboratory Results	
□ A1c (8.5-10%)	• A1c < 7 *	Achieve Goal or reduce by 1.5 % within 6 months /Laboratory results	
□ A1c (>10%)	• A1c < 7 *	Achieve Goal or reduce A1c by 2.5 % within 6 months/ Laboratory results	
□ Weight (BMI 25-30kg/m <sup>2</sup> )	• BMI < 25	Achieve Goal or lose 5% of total body weight within 6months /Weight assessed at visit	
□ Weight (BMI >30kg/m <sup>2</sup> )	• BMI < 25	Lose 10% of total body weight within 6months / Weight assessed at visit	
□ Blood Pressure	• <130/80mmHg*	Achieve Goal/ Readings at 2 consecutive LPIHO visits or HCP signed log of at least 2 readings 1 month apart. **	
□ LDL / Triglycerides NA for patients at goal prior to program	• LDL <100mg/dL* • TG <150mg/dL*	Achieve Goal in 6 months /Laboratory Results	
<b>Secondary Performance Indicators</b>			
□ Physical Activity	• 150minutes of moderate physical activity per week OR • 30 minutes per day 5 days a week	Achieve Goal /Documentation by Exercise program or Gym Facility ** OR Complete log per pharmacist discretion	
□ Smoking Cessation (NA for non smokers)	• Complete (certified) Smoking Cessation Program	Enrolled & attendance and in certified program/ Documentation by Smoking Cessation Program ** (Completion must be done by follow-up visit)	
□ Immunizations (Influenza and Pneumococcal) UTD	• Influenza vaccine yearly & • Pneumococcal vaccine according to ACOG guidelines	Immunizations Up to Date/ Immunization Record from HCP/ Pharmacy **	
□ Dental, Eye and Foot Exam UTD	• Dental exam in last 6 months & • Eye exam in last 12 months & • Foot exam in last 3months	Dental, Eye and Foot Exams: Up to Date/ Documentation by each Provider ** (Pharmacist may perform foot exam at visit)	
□ Weight Watchers * Program or similar program approved by LPIHO Pharmacist	• Must attend at least 80% of weekly visits for 6months	Achieve Goal/ Documentation or Signed card from Program **	
□ Pre / 2 Hour Post-Prandial Glucose Monitoring (Check Blood Glucose before and 2 hours after meals) Does NOT replace regular Blood Glucose Monitoring.	• Test BG before and 2 hrs after seven meals per month for 3 months/ Record food intake at meals	Achieve Goal/ Documentation on log provided by Pharmacist AND saved in memory of glucose meter. Meter must be brought to visit.	
□ Food/ Carbohydrate Monitoring	• Meals to be selected by patient and Pharmacist • Every day of ALL food / carbohydrates eaten (80% compliance) • Log sent to pharmacist at least monthly for 6 months	Achieve Goal/ Documentation on mutually agreeable (Patient and Pharmacist) format. Frequency of log submission at Pharmacist Discretion	
□ Medication Review	• Compliance with all medication refills	Achieve Goal/ Bring ALL medication containers and/or pharmacy receipts to be reviewed by LPIHO Pharmacist	

\*More stringent secondary goal may be determined by Primary Care Provider  
\*\* Signed/ dated documentation required from Health Care Provider or Authorized Official

*"I understand, and commit to completing, the goals as outlined above, which were agreed upon by me and my Pharmacist Coach. I realize that my continued participation in the Patient Self-Management Program is dependent upon achievement of the selected goals."*

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

# Opportunities

- ◆ With a third year of data showing positive trends in clinical measures and stabilization of claims costs, clear value is demonstrated. We now have a message which needs to be communicated to all area employers to continue to boost program enrollment.
- ◆ LPIHO, and BGH will continue to work with participating employers to improve and/or refine program parameters to attract more eligible participants to the program and ensure compliance
- ◆ Future reports:
  - Designed to illustrate program impact year over year.
  - Continue to monitor clinical measures from initial enrollment to current