
MSHO/MSC+ Care Coordinator
Refresher Training:

Aspirin Therapy in Ischemic Heart Disease
and Diabetes Mellitus

2008 Performance Improvement project
February 25, 2009



Agenda

- PIP Collaborative Introduction
- Performance Improvement Project Review
- Keynote Clinical Presentation Dr. Kottke
- Barriers, Tools and FAQ
- Listening Session
- Evaluation & Training Certification Instructions
- Questions



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Aspirin PIP Project - Target Population

- All community MSHO/MSO+ members, ages 65 through 84
- Identified as having ischemic heart disease and/or diabetes mellitus



Aspirin Project - Target Population cont.

- No contraindications (e.g. no history of: gastric or intracranial bleed, clotting disorder, aspirin allergy, hemorrhagic conditions, on another antiplatelet agent (e.g. Clopidogrel) or anticoagulant therapy (e.g. Warfarin))



Aspirin PIP Project - Goal

- Goal: Increase the rate of aspirin therapy for eligible members, by 5% as measured through pharmacy claims
- Demonstrated by evidence of filling a Rx for 120 or more aspirin tabs each year



Aspirin Project - OTC Benefit


- The OTC Benefit allows MSHO members to receive their aspirin at no cost and MSC+ members at \$3 or less when they obtain a prescription
- The prescription pharmacy claims allow us to measure members participation in the Aspirin PIP and demonstrate improvement to DHS



Aspirin PIP Project - Measurement

- Baseline Data collected: 4/1/2004 -- 3/31/2007
- Re-measurement Period 1: 4/1/2008 – 3/31/2009
- Re-measurement Period 2: 4/1/2009 – 3/31/2010
- Re-measurement Period 3: 4/1/2010 – 3/31/2011

For the PIP to be successful we will need to sustain a 5% improvement of aspirin therapy usage, for three consecutive measurement periods




Key Note Clinical Presentation

Welcome

**Thomas Kottke,
MD, MSPH**

*Medical Director at HealthPartners,
Senior Clinical Investigator at HealthPartners
Research Foundation,
Professor of medicine at the U of MN and
Practicing Cardiologist at Regions Heart Center*



Original Identified Barriers

- **Lack of communication and education**
--about the role of daily aspirin in preventing heart attacks and strokes
- **Cultural beliefs and language barriers**
- **Guardian or Patient Rep** may not understand aspirin therapy
- **Accuracy of mailing address**
- **Members and Providers may not understand their pharmacy benefit**



Newly Identified Barriers

- A “Hassle” to get Rx
 - low cost already
 - more convenient to buy OTC at location & in quantity of their choice



Newly Identified Barriers Continued

- Member resistance to taking “One more pill”
- Members forget to ask PCP about aspirin Rx
- Some MD’s unwilling to write Rx for an OTC



Talking Points for Resistance...

- o Remind members when they obtain a prescription it becomes part of their clinic and pharmacy records which promotes medication awareness and safety.
- o Give members an extra mailer or a handout that explains why it is worth taking one more pill...to avoid heart attack and stroke.



Talking Points for Memory...

- o Give members an extra mailer to take to Dr.'s appointment as a reminder to ask about aspirin
- o Some of you said you call their PCP or ask their pharmacist to put aspirin on medication refill request

Aspirin PIP Tools

- Member mailer
- Provider toolkit
- Care Coordinator toolkit

*Tools are available on Stratis Health's website: www.stratishealth.org/MSHO_PIP

Aspirin PIP Tools

- **Care Coordinator tools:**
 - ___ Aspirin toolkit containing detailed information on aspirin
 - ___ Materials to use with members
 - ___ List of contraindications & list of OTC products containing aspirin and OTC benefit
 - ___ Monthly risk lists
 - ___ Q & A

Sample Risk List

Also see new Risk List Description sheet

PMI: Person Master Index Number (assigned by DHS), IVD: Ischemic Vascular Disease (usually called IHD, Ischemic Heart Disease), AMI: Acute Myocardial Infarction, CABG: Coronary Artery Bypass Graft, and PTCA: Percutaneous Transluminal Coronary Angioplasty.

Note: Some headings may not appear on your risk list

Product	PMI #	Member Number	LastName	FirstName	Sex	DOB	Age	Address1		
MSHO	12345678	800000000	Doe	Jane	Female	7/31/1940	3/7/1900	2901 Metro Drive		
Address2	City	State	Zip	County	Phone	Language	PrimaryCareClinic	Date 1st Enroll		
Suite 400	Bloomington	MN	55425	Hennepin	952-888-5555	English	RIDGEVIEW CLINIC	1/1/2008		
Rate Cell	Living Arrange Code	Diabetes	IVD	AMI_CABG_PTCA	Quantity Pills LastFill_LastYr	DateLastFill_Last Year	Total Prescriptions LastYear	Reaching Goal in Measurement Period	CareCoord LastName	CareCoord FirstName
A	44	Yes	No	No	120	8/1/2008	2	Yes	Smith	Joe

Excerpts from Q & A...

What Information do I need to document for this PIP?

- Please review your ASA Care Coordinator toolkit.
- The Collaborative asks that you document member education on ASA in the respective member's care plan
- If you know of a member who should be excluded from future risk lists (i.e. member is deceased, has contraindications to aspirin, etc.) please notify the PIP project lead of the member's health plan
- If a member refuses to change their method of obtaining aspirin from OTC to prescription, that is their choice; however, the member will remain on future risk lists for tracking purposes.



Why did you only target IVD when there are so many other cardiovascular conditions where people could benefit from Aspirin Therapy?

- The terminology “Ischemic Vascular Disease” is being used in a general manner for this intervention
- Both diagnostic and procedure codes for many cardiovascular conditions, as well as Diabetes Mellitus, are included in identifying patients who could benefit from aspirin therapy
- The specific codes were chosen based on HEDIS specifications for “cholesterol management for those with cardiovascular conditions.”
- Our focus is on those members at greatest risk for heart attack or stroke.



Listening Session...

What is working?

What is not working?

What success stories do you have to share?



Care Coordinator's Role

- Utilize your monthly risk lists
- Identify members not taking aspirin
- Identify members taking OTC aspirin
- Identify newly diagnosed members



Care Coordinator's Role Continued

- Identify language barriers
- Assess ability to manage medications
- Notify member's physician as needed
- Provide members aspirin education
- Encourage use of OTC benefit to assist with cost /allow tracking
- Contact health plans as needed



Your relationships...

with members and providers will
drive the success of the
Aspirin PIP!

Thank You for your vital
contribution



Evaluations and CEUS

- o Everyone who registered will be emailed the web link to the evaluation
- o <https://vovici.com/wsb.dll/s/efbcg3a2b0>
- o If you want CEUs - include your name, email address & videoconference site in the space provided on the web-based evaluation
- o Your certificate of participation will be emailed to you after your evaluation is completed



Questions/Comments?



Thank You!

A copy of this videoconference presentation will be available in the near future at www.stratishealth.org/MSHO_PIP