

2008 Minnesota Senior Health Options and Minnesota Senior Care/Minnesota Senior Care Plus Performance Improvement Project

Care Coordinator Training
March - April, 2008



Aspirin Therapy in Ischemic Heart Disease and Diabetes Mellitus
2008 Performance Improvement Project
(Aspirin PIP)


Agenda

- PIP Collaborative Introductions
- DHS requirements
- Performance Improvement Project Review
- Key Note Clinical Presentation
- Barriers, Interventions and tools
- Care Coordinator Role
- Questions
- Evaluation
- Training Certification Distribution



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Aspirin PIP: DHS Requirements

- Performance Improvement Projects (PIPs) are a DHS contractual requirement
- Designed to achieve significant improvement, sustained over time to improve members' health
- A new PIP is required annually to be conducted for each contract population


Aspirin PIP Project Review

The Aspirin PIP is designed for the:

- Minnesota Senior Health Options (MSHO)
- Minnesota Senior Care (MSC)
- Minnesota Senior Care Plus (MSC+) populations
 - Aspirin proposal submitted to DHS 8/31/07 and was approved 11/2/07


MN Senior Health Options (MSHO)

- Eligible for Medical Assistance, have Medicare Parts A and B or no Medicare at all
- 65 years or older
- Benefits include a Care Coordinator/
- Elderly waiver home community based services (coordinated by health plan)
- 180 days of Nursing Facility services




Minnesota Senior Care (MSC)

- Mandatory PMAP Program for members age 65 and up
- Benefits do not include a Care Coordinator/
- They receive their home and community-based services from a local agency
- 90 days of Nursing Facility services




MN Senior Care Plus (MSC+)

- Have all of the benefits of MSC
- Plus they now have a Care Coordinator/
- Elderly waiver home community based services (coordinated by health plan)
- 180 days of Nursing Facility Care




Aspirin Study Population

- All community MSHO/MSC/MSC+ members, ages 65 through 84 (> 85 limited literature supporting the effects of aspirin)
- Identified as having ischemic heart disease and/or diabetes mellitus
- 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))
- Continuously enrolled for the measurement period with no more than one 45 day gap




Aspirin PIP Project Review

- Purpose: To increase the rate of aspirin therapy in patients with a diagnosis of ischemic heart disease and/or diabetes mellitus within the MSHO/MSO/MSO+ community based population, ages 65 through 84, unless contraindicated



Aspirin PIP Project Review


- Increase the rate of aspirin therapy, by 5% as measured through pharmacy claims, for members with the diagnosis of ischemic heart disease and/or diabetes mellitus, in population base patients, ages 64-84 years
- Demonstrated by evidence of filling a Rx for 120 or more aspirin tabs



Aspirin PIP 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



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**



Aspirin PIP Interventions

- **Promote guideline awareness** for aspirin therapy to health care team
- **Increase physician awareness** of over-the-counter (OTC) benefits
- **Promote communication** between the health care team and member/member representative about aspirin therapy
- **Promote member awareness** of OTC pharmacy benefits
- **Provide member-focused resources**

Aspirin PIP Tools

- **Member mailer:**
 - __benefits
 - __risks
 - __educate to consult with their PCP
 - __OTC pharmacy benefit

Aspirin PIP Tools continued

- **Provider toolkit:**
 - __letter explaining why a prescription is needed
 - __evidence-based practice guidelines
 - __list of contraindications
 - __list of OTC products containing aspirin

Aspirin PIP Tools Continued

- **Care Coordinator tools:**
 - __risk lists
 - __Aspirin toolkit containing detailed information on aspirin
 - __materials to use with members
 - __list of contraindications & list of OTC products containing aspirin and OTC benefit

Sample Risk list

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.

Product	PMI #	Member Number	LastName	FirstName	Sex	DOB	Age	Address1				
MEMHO	12245678	80000000	Doc	Jane	Female	7/27/1940	27/1960	2801 Metro Drive				
Address2	City	State	Zip	County	Phone	Language	PrimaryCareCenter	Case 1st Email				
State AD	Recognition	IN	47525	Hamilton	856-881-5255	English	500001/ENR/CLINIC	1/1/2008				
Row Col	Living Arrange Code	Disease	IVD	AMI_CABG_PTCA	Quantity	First LastYr	EndLastYr	Year	First Measurement	Second Measurement	CaseCoord LastName	CaseCoord FirstName
A	44	Yes	No	No	120		9/1/2008	2	Yes	Smith	Joe	

Aspirin PIP: Care Coordinator Expectations

**You and your interventions
are vital
to the success of this PIP!**

Aspirin PIP: Care Coordinator Expectations

You will receive a monthly risk list of members that meet the criteria for this PIP—this list will exclude members that have contraindications to take aspirin

Aspirin PIP: Care Coordinator Expectations

Based on this risk list we need you to:

- **Ask about aspirin use** when you conduct your annual comprehensive assessment
- **Identify members**
 - who have a diagnoses of IHD and Diabetes
 - who are not currently on low dose aspirin therapy

Aspirin PIP: Care Coordinator Expectations

- **Encourage members** to discuss aspirin with their PCP
- **Reinforce the educational materials** during your member contacts
- **Identify the need** for additional discussion of educational materials during your visits or calls

Aspirin PIP: Care Coordinator Expectations

- **Identify language barriers**
 - accessing an interpreter for face-to-face or telephone contact
 - utilizing the Spanish, Russian and Somali versions of the mailer as needed
- **Assess the member's ability** to take and manage their medications appropriately

Aspirin PIP: Care Coordinator Expectations

- **Notify member's physician** when member is taking additional OTC products that contain aspirin, or any side effects experienced by the member
- **Provide members a handout** list of side effects on aspirin therapy list of OTC medications that include aspirin containing products

Your relationships...


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

Thank You for your vital contribution.

Questions/Comments?

Thank you!

The WebEx version of this presentation will be available at www.stratishealth.org in the near future.



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