Anticoagulants - Diabetes Drugs - Opioids

THE BIG 3

of Adverse Drug Events

Best Practices for Safety & Care Coordination

Thursday, February 23, 2016

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Adverse Drug Events Network Task Lead

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Care Coordination Network Task Lead
Agenda

- Introduction to Quality Insights Quality Innovation Network
- Care Coordination Initiative
- Problem: Adverse Drug Events with The Big Three
- Solution: Care Coordination, Medication Reconciliation, Drug-Specific Best Practices
- Project Details
- How to Participate
Today’s Speakers

Andrew Miller, MD, MPH
Care Coordination Network Task Lead

Nicole Skyer-Brandwene, MS, RPh, BCPS, CCP
Adverse Drug Events Network Task Lead
Quality Innovation Network Staff

Sally Jennings (DE)          Donna Wascom (LA)      Rebecca Hightower (LA)        Mary Ellen Jacobs (NJ)          Lynly Jeanlouis (NJ)
Janet Phillips (NJ)               Kim Cahill (PA)                Carol Hann (PA)      Vanessa Cambria-Mengel (PA)  Deb Levengood (PA)      Kara Garten (WV)
Who is on the Call?

- Community Pharmacy
- Provider Pharmacy
- Pharmacy Consultant
- Ambulatory Pharmacy (e.g. in a clinic/health system)
- Specialty Pharmacy
- Inpatient Pharmacy/Pharmacist
- Hospital
- Home Health Agency
- Skilled Nursing Facility/continuing care/assisted living
- LTACH
- Physician Practice
- Hospice
- Dialysis Facility
- Other
What are Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)?

• QIN-QIOs are contracted with and work under the direction of CMS to assist providers (hospitals, nursing homes, home health, physician offices, etc.) to improve the quality of care that they provide to Medicare beneficiaries while protecting the Medicare Trust Fund.

• QIN-QIOs work to improve the quality of healthcare to meet national and local priorities.
What are Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)? (cont.)

- QIN-QIOs convene healthcare providers and community partners for communication and collaboration.
Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs)

- QIN-QIO support and facilitation
  - Convene community providers
  - Provide support and education in use of improvement tools, such as RCAs
  - Provide coaching and consultation
  - Provide data services to measure effectiveness of community activity
Quality Insights Initiatives

- **Cardiovascular Health**
  - Improve cardiac health by aligning with the national Million Hearts® initiative that seeks to prevent one million heart attacks and strokes

- **Everyone with Diabetes Counts**
  - Improve the health of people with diabetes by providing and facilitating Diabetes Self-Management Education (DSME) training classes
Quality Insights Initiatives (cont.)

• Nursing Home Quality Improvement
  – Decrease nursing home resident morbidity while increasing satisfaction
    • Reduce the use of unnecessary antipsychotic medication in residents with dementia
    • Reduce C. Difficile infections
Quality Insights Initiatives (cont.)

• Quality Reporting and Payment Programs
  – Assist clinicians meet the requirements of the Medicare Access and CHIP Reauthorization Act (MACRA) and the Merit-Based Incentive Payment System (MIPS) and smoothly transition into Alternative Payment Models (APMs)
  – Improve inpatient and outpatient facilities’ quality and efficiency of care

• Adult Immunizations
  – Increase the number of people with Medicare who receive recommended immunizations in outpatient settings
Quality Insights Initiatives (cont.)

• **Outpatient Antibiotic Stewardship Program (ASP)**
  – Assist providers in multiple outpatient settings to implement and maintain programs to monitor, reduce and prevent misuse and/or overuse of antibiotics
  • Promote the Core Elements of Outpatient Antibiotic Stewardship defined by the Centers for Disease Control and Prevention (CDC)
    – Commitment
    – Action for policy and practice
    – Tracking and reporting
    – Education and expertise
Quality Insights Initiatives (cont.)

- Care Coordination
  - Work with communities to develop coalitions to:
    - Reduce avoidable hospital admissions and readmissions and
    - Decrease the amount of time patients spend in institutional settings through
  by improving coordination of care for patients at high risk of being hospitalized (such as patients with multiple chronic conditions)
Hospital Readmission and ADE Measures Report

This report presents data regarding hospital 30-day readmission rates of Medicare fee-for-service (FFS) patients (Tables 1-5) as well as adverse drug events (ADEs) reported for inpatients and patients seen in the emergency department but not admitted (Tables 6a and 6b). These reports were generated through an analysis of Medicare Part A claims.

Tables 1-5 display the number of admissions and readmissions for a hospital by calendar year quarter, the readmission rate, median cost for the hospital’s readmissions, the statewide readmission rate, the hospital’s ranking among hospitals statewide, and the statewide median cost for a readmission. This information is also shown for specific diagnoses, discharge destination, length of stay, and race.

Tables 6a and 6b display the number of admissions and ADEs for a hospital by calendar year quarter, the ADE rate per 1,000 discharges, median cost for an admission with a reported ADE, the statewide ADE rate, the hospital’s ranking among hospitals statewide, and the statewide median cost for an admission with
Adverse Drug Events Initiative
### Pharmacies miss half of dangerous drug combinations – December 15, 2016

<table>
<thead>
<tr>
<th>Pharmacy</th>
<th>Failure rate</th>
<th>Fails/Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independent pharmacies</td>
<td>72%</td>
<td>23/32</td>
</tr>
<tr>
<td>CVS Pharmacy</td>
<td>63%</td>
<td>19/30</td>
</tr>
<tr>
<td>Target</td>
<td>62%</td>
<td>0/13</td>
</tr>
<tr>
<td>Kmart</td>
<td>60%</td>
<td>18/30</td>
</tr>
<tr>
<td>Costco</td>
<td>60%</td>
<td>18/30</td>
</tr>
<tr>
<td>All chains combined</td>
<td>49%</td>
<td>109/223</td>
</tr>
<tr>
<td>Walmart</td>
<td>43%</td>
<td>13/30</td>
</tr>
<tr>
<td>Jewel-Osco</td>
<td>43%</td>
<td>13/30</td>
</tr>
<tr>
<td>Mariano's</td>
<td>37%</td>
<td>11/30</td>
</tr>
<tr>
<td>Walgreens</td>
<td>30%</td>
<td>9/30</td>
</tr>
</tbody>
</table>

*Reporters stopped testing at Target after its pharmacies were acquired by CVS.

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Kyle Bentle/Chicago Tribune
Pharmacy Groups Talk Reforms After Tribune Report on Risky Drug Interactions – 12/19/16

After Tribune investigation, Durbin pushes interactive drug protection for consumers

Durbin, the Senate’s second-highest-ranking Democrat, also is pressing for answers.

He sent letters to industry groups representing independent and chain stores, asking them to explain what they are doing to reduce patient risk to drug interactions. Contacted by the Tribune, the groups, the Illinois Pharmacists Association and the National Community Pharmacists Association, said they will develop responses to Durbin’s letter.

At the federal level, Durbin is urging the federal Centers for Disease Control and Prevention to determine how common it is for pharmacists not to warn about drug interactions. In a letter to the CDC, he asked the agency to establish concrete steps to ensure the safety of consumers and to issue guidelines to state boards of pharmacy and private industry groups.

He wrote that he is “deeply concerned by what appears to be an underlying problem of misplaced emphasis on quick service over patient safety.”

Durbin urged the CDC to examine how software can be better used to alert pharmacists to the risks of drug interactions. He also asked the agency to examine how company metrics that track prescriptions, workload and customer wait-time might affect patient safety and pharmacy error.
Popular Blood Thinner Causing Deaths, Injuries at Nursing Homes

Some facilities fail to properly oversee Coumadin. Too much can cause bleeding; too little, clots. Nursing homes are “a perfect setup for bad things happening,” one expert says.

by Charles Ornstein
ProPublica, July 12, 2015, 6 p.m.
Definition of Adverse Drug Event

Adverse Drug Event (ADE): An injury resulting from medical intervention related to a drug.¹

How Common are ADEs?

- ADEs occur in any healthcare setting (inpatient and outpatient)
  - Cause 1/3 of all hospital related adverse events\(^2\)
  - Cause an estimated 1 million ED visits and 125,000 hospital admissions each year\(^3\)

- Likelihood increases during transitions of care
  - 2/3 of complications within three weeks of hospital discharge related to adverse drug events\(^4\)

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Anticoagulants – Diabetes Drugs - Opioids

In 2015, nearly 1-in-10 FFS Medicare beneficiaries who were prescribed multiple drugs, experienced a possible ADE to one of the “Big Three” drugs.*

In older adults, anticoagulants, diabetes drugs and opioids are implicated in 60% of ED visits for ADEs.2

* Data analysis on file at Quality Insights, Inc. Contact us for more information.

Adverse Events - Transitions of Care

Post Acute SNF Stay of 35 days or less

22% has a serious* adverse event

37% of serious events related to medication

- Delirium/
- change mental status
- Bleeding
- Fall/injury
- GI
- Other

*serious: NCC MERP harm category F, G, H and I

Adverse Events - Transitions of Care

Additional 11% experienced temporary* harm

43% due to medications

• Hypoglycemia
• Fall/trauma
• Delirium
• Thrush
• Allergy
• Other

*temporary: NCCMERP harm category E

National Action Plan for Adverse Drug Event Prevention

http://www.health.gov/hai/ade.asp#action-plan
Anticoagulants – Diabetes Drugs - Opioids

THE BIG 3 of Adverse Drug Events
Medication Safety and ADE Goals

- Incorporate medication safety surveillance and error prevention into care coordination activities
- Develop/promote best practices to reduce ADEs associated with anticoagulants, diabetic agents or opioids
- Engage community in best practices and interventions – prevent problems before the person presents to ED or hospital
Reduce Post-Acute ADEs with Best Practices

Quality Insights Toolbox

- Teach Back Cards
- Anticoagulant Dosing Chart
- CDC Opioid Guidelines
- Transitional/Chronic Care Management
- Risk Assessment Tools
- Opioid Dosing Guides
- Improve Diabetes Self-Management
- Medication Reconciliation
- Population Health Management
The Big 3 of ADE Toolkit

- All participants will receive the toolkit
- Over 50 pages of resources, screening tools, patient education, and directory of links to more free resources specific to:
  - Anticoagulants
  - Diabetes Drugs
  - Opioids
  - Medication Reconciliation
Primary Safety Focus at My Practice Site

• Anticoagulants
• Diabetes Drugs
• Opioids
My Quality Insights - MyQI

• Online learning platform for providers, partners and stakeholders that are members of Quality Insights initiatives
My QI University

- Online e-Learns
Who Can Participate?

- Pharmacists
- Pharmacies
  - Community
  - Provider
  - Ambulatory
  - Consultants
  - Specialty (Infusion, etc.)
- Home Health Agencies
- Long-Term Care Facilities
- ACOs
- Physician Practices
- Hospice
- Assisted Living
Join The Big Three Initiative

Download the flyer.

Take the brief questionnaire.

Commit to implementing a simple best-practice or intervention targeted to “The Big Three” high-risk drugs and/or share what you are currently doing.
Join Us

- I’ve already joined the initiative
- I want to join the initiative now
- I need more info
- I’m on the wrong call

Contact your State Coordinator if you are interested in joining this initiative.
Multidisciplinary Advisory Team

- Thought leaders with expertise in areas related to The Big Three high-risk drug groups
  - Pharmacists representing varied practice settings
  - Physicians
  - Nurses
  - Other practitioners
  - Medicare beneficiaries

Purpose – identify best practices, effective interventions and education to share with participants and drive progress in this area
Contact Your State Coordinator – Subject: Prevent ADEs

- **Network:**
  - Nicole Skyer-Brandwene - Nskyer-brandwene@hqsi.org, 732.238.5570, Ext. 2099

- **Delaware:**
  - Sally Jennings - sjennings@qualityinsights.org, 800.642.8686, Ext. 110

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Contact Your State Coordinator – Subject: Prevent ADEs

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  732.238.5570, Ext. 2041
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• **West Virginia:**
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Contact Your State Coordinator – Subject: Prevent ADEs

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Questions/Discussion
Thank you.
We look forward to working with you.

Visit us at: www.qualityinsights-qin.org

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