Project Option 2.11.2.A Evidence-based interventions that put in place the teams, technology, and processes to avoid medication errors—Implement a medication management program that serves the patient across the continuum of care targeting one or more chronic disease patient populations: **CONDUCT MEDICATION MANAGEMENT—ESTABLISH A COUMADIN CLINIC AT UMC NEIGHBORHOOD HEALTH CENTERS**

**Unique Project ID:** 138951211.2.6

**Performing Provider Name/TPI:** The El Paso County Hospital District d/b/a University Medical Center of El Paso (UMC) / TPI: 138951211

**Project Description:**

***This project will establish a Coumadin Clinic at UMC’s neighborhood health centers (NHCs).***

Under this project, UMC will establish a Coumadin Clinic at UMC’s neighborhood health centers (NHCs). Services to be provided by this Coumadin Clinic will include: establishment of a medical home, patient assessment, monitoring of anticoagulation, warfarin dosage adjustment, medication education and management, patient education (including nutrition counseling and self-management), and follow-up care. The clinic will increase patient well-being and satisfaction, and reduce the number of readmissions to treat stroke and coronary artery disease and warfarin-related bleeding.

This clinic will help reduce readmissions of patients discharged after stroke or coronary artery disease event. Additionally, UMC will continue to refine and improve the operations of the Coumadin Clinic by conducting quality improvement activities following the implementation of the clinic.

**Goals and Relationship to Regional Goals:**

Project Goals: The goal of this project is to improve overall patient health status post-stroke or post-coronary artery disease event. The project will accomplish this broad goal by improving patient management of Coumadin intake.

This project meets the following regional goals: This project meets the regional goal of better managing patients with chronic diseases. Patients with chronic conditions that necessitate Coumadin intake will be able to better manage their conditions, in cooperation with UMC providers, as a result of this project.

**Challenges:**

Establishing the clinic will require training staff to work as a team around this condition in a collaborative partnership. It will also require UMC to hire additional staff to cover the current staff’s present patient load. UMC will need to obtain a dedicated clinical location and allocate time on the applicable staffing schedule, provide transportation when appropriate, coordinate clinic processes with hospital discharge process to refer appropriate patients, and notify the relevant patient population that the clinic exists and of the benefits to making use of it. It is expected that this clinic will need to grow exponentially and that services will need to expand to each clinic site.

**5-Year Expected Outcome for Provider and Patients:**

As a result of this project, UMC expects an increase in positive patient outcomes and better accomplishment of treatment goals. UMC also expects a reduction in deterioration of medical conditions and resulting hospital readmissions.

**Starting Point/Baseline:**

This is a new clinic for UMC-NHC. Therefore the baseline is 0 for patient utilization. The wait time for patients needing Coumadin follow-up care post hospitalization could be as long as 90 days in the current El Paso market, and maybe longer for underfunded patients.

**Rationale:**

Coumadin is a widely prescribed anticoagulant, used to prevent heart attacks, strokes, and blood clots. Coumadin can result in serious side-effects for patients, and does not interact well with many other common (and over-the-counter) medications. For this reason, it is imperative that Coumadin users be continuously monitored, well-educated, and have their dosage adjusted if and when their condition or side-effects warrant a change. Studies have shown that self-testing leads to better therapy outcomes, which means that patients need the ability and equipment to take this step. Access into a Coumadin clinic or comprehensive treatment program in the El Paso area is extremely limited for patients who do not have private insurance.

**Project Components:**

This project will accomplish the following project component:

* + Implement a medication management program that serves the patient across a continuum of care targeting one or more chronic disease patient populations
		- UMC will implement electronic prescription from NHCs which expedites prescription availability while ensuring accuracy and avoiding contraindications

**Unique community need identification numbers the project addresses:**

* CN-2: Secondary and Specialty Care
* CN-6: Other Projects

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:**

This project will significantly enhance the care provided to El Paso residents through UMC’s neighborhood health centers (NHCs), by adding Coumadin medication management services to the menu of care options that are available to patients outside of the inpatient or ED setting.

**Related Category 3 Outcome Measures:**

OD-11 Addressing Health Disparities in Minority Populations

IT-11.5 Select any other Category 3 outcome (PPAs, PPRs, or ED utilization) or a combination of non-standalone measures and target a specific minority population with a demonstrated disparity in the particular measure—IT.312 - Other readmission rate: coronary artery disease and stroke 30-day readmission rate for patient population receiving care from Coumadin clinics at neighborhood health centers (NHCs)

**Reasons/rationale for selecting the outcome measures:**

This outcome measure was chosen to measure the improvement in readmission rates for patients receiving Coumadin management services from UMC’s neighborhood health centers (NHCs). Because a key purpose of the project is ultimately to improve the delivery of care in the setting where it is most appropriate, UMC believes this outcome measure will accurately track whether or not the project has been successful in its primary goal, from the perspective of the patients to whom the services are provided.

**Relationship to other Projects:** This project is one of several UMC projects which aim to improve the quality and availability of primary and specialty care services in the El Paso community, including Establishing the Crossroads Clinic in Southwestern El Paso (138951211.1.3); Expanding Primary Care at Ysleta and Fabens (138951211.1.5); and Expansion and Enhancement of Medical Homes at UMC NHCs (138951211.2.4). UMC’s NHC Quality Improvement infrastructure project (138951211.1.7) will enable UMC to effectively conduct quality improvement activities as part of this project.

**Relationship to Other Performing Providers’ Projects and Plan for Learning Collaborative:** Providence and Sierra East are also developing projects to support the expansion of access to primary and specialty care in the community.

Performing Providers, IGT entities, and the Anchor for Region 15 have held consistent monthly meetings throughout the development of the Waiver. As noted by HHSC and CMS, meeting and discussing Waiver successes and challenges facilitates open communication and collaboration among the Region 15 participants. Meetings, calls, and webinars represent a way to share ideas, experiences, and work together to solve regional healthcare delivery issues and continue to work to address Region 15’s community needs.  UMC, as the Region 15 Anchor anticipates continuing to facilitate a monthly meeting, and potentially breaking into workgroup Learning Collaboratives that meet more frequently to address specific DSRIP project areas that are common to Region 15, as determined to be necessary by the Performing Providers and IGT entities. UMC will continue to maintain the Region 15 website, which has updated information from HHSC, regional projects listed by Performing Provider, contact information for each participant, and minutes, notes and slides from each meeting for those parties that were unable to attend in-person.

Region 15 participants look forward to the opportunity to gather annually with Performing Providers and IGT entities state-wide to share experiences and challenges in implementing DSRIP projects, but also recognize the importance of continuing ongoing regional interactions to effectuate change locally. Through the use of both state-wide and regional Learning Collaborative components, Region 15 is confident that it will be successful in improving the local healthcare delivery system for the low-income and indigent population.

**Project Valuation**

In determining the value of this project, UMC considered the extent to which the provision of Coumadin clinic services at UMC’s neighborhood health centers (NHCs) will address the community needs, the population served, resources and cost necessary to implement the project, and the project’s ability to meet the goals of the Waiver (including supporting the development of a coordinated care delivery system, improving outcomes while containing costs, and improving the healthcare infrastructure). This project will focus on achieving the Waiver goal of improving outcomes while curbing healthcare costs, because Coumadin management services and related support will be available under this project to patients when and where they need it, thereby reducing complications and reducing the likelihood of readmission. Additionally, providing these services at the appropriate time makes it more likely that a patient’s chronic health problems will be addressed before greater complications can develop, leading to better outcomes and less costly treatment.

| 138951211.2.6 | 2.11.2 | 2.11.2.A | ***Conduct Medication Management*** |
| --- | --- | --- | --- |
| ***University Medical Center of El Paso*** | *138951211* |
| ***Related Category 3 Outcome Measure(s):***OD-11 Addressing Health Disparities in Minority Populations | ***IT-11.5 Select PPR for Coumadin Patients discharged to NHC; IT-3.12 Other 30 day Readmission Rate – Stroke and coronary artery disease*** | 138951211.3.14 | ***Addressing Health Disparities in Minority Populations:*** IT-11.5 Select any other Category 3 outcome (PPAs, PPRs, or ED utilization) or a combination of non-standalone measures and target a specific minority population with a demonstrated disparity in the particular measure—IT.3.12 - Other readmission rate: coronary artery disease and stroke 30-day readmission rate for patient population receiving care from Coumadin clinics at neighborhood health centers (NHCs) |
| **Year 2** **(10/1/2012 – 9/30/2013)** | **Year 3** **(10/1/2013 – 9/30/2014)** | **Year 4****(10/1/2014 – 9/30/2015)** | **Year 5****(10/1/2015 – 9/30/2016)** |
| **Milestone 1** [P-2]: Develop criteria and identify targeted patient populations.Metric 1 [P-2.1]: Establish evidence-based criteria for medication management planning in target population based on an assessment of population needs. Baseline/Goal: Establishment and documentation of criteria.Data Source: Written criterion for target population and program participation.Milestone 1 Estimated Incentive Payment: $848,566**Milestone 2** [P-4]: Implement an evidence based program based on best practices for medication reconciliation to improve medication management and continuity between acute care and ambulatory setting at YsletaMetric 2 [P-4.1]: Written plan to provide medication management and continuity between acute care and ambulatory settingMilestone 2 Estimated Incentive Payment: $848,566**Milestone 3** [CQI P-8]: Participate in at least bi‐weekly interactions (meetings, conference calls, or webinars) with other providers and the RHP to promote collaborative learning around shared or similar projects.Metric 3 [P-8.1]: Number of bi-weekly meetings, conference calls, or webinars organized by the RHP that the provider participated in.Data Source: Documentation of weekly or bi-weekly phone meetings, conference calls, or webinars, including agendas for phone calls, slides from webinars, and/or meeting notes.Milestone 3 Estimated Incentive Payment: $848,566 | **Milestone 4** [P-4]: Implement an evidence based program based on best practices for medication reconciliation to improve medication management and continuity between acute care and ambulatory setting at Fabens and MontwoodMetric 4 [P-4.1]: Written plan to provide medication management and continuity between acute care and ambulatory settingBaseline/Goal: New program for electronic medication reconciliation.Milestone 4 Estimated Incentive Payment: $1,388,610**Milestone 5** [CQI P-8]: Participate in at least bi‐weekly interactions (meetings, conference calls, or webinars) with other providers and the RHP to promote collaborative learning around shared or similar projects.Metric 5 [P-8.1]: Number of bi-weekly meetings, conference calls, or webinars organized by the RHP that the provider participated in.Data Source: Documentation of weekly or bi-weekly phone meetings, conference calls, or webinars, including agendas for phone calls, slides from webinars, and/or meeting notes.Milestone 5 Estimated Incentive Payment: $1,388,610 | **Milestone 6** [I-11]: Increase the number of patients receiving medication management from acute care to the ambulatory setting.Metric 6 [I-11.1]: Percent of discharged patients who received medication reconciliation as part of the transition from acute to ambulatory care.Numerator: Number of discharged Coumadin patients who received medication reconciliation at NHC.Denominator: Number of Discharged Coumadin Patients received at NHCBaseline/Goal: 25% of Coumadin patients with electronic medication reconciliation implementedData Source: EHR; discharge data.Milestone 6 Estimated Incentive Payment: $1,392,647**Milestone 7** [I-12]: Implement electronic prescription writing at the point of care.Metric 7 [I-12.1]: Increase the number of new and refill prescriptions written and generated electronically.Numerator: Number of new and refill prescriptions written and generated electronicallyDenominator: Number of new and refill prescriptions written in a specified time period.Baseline: Approximately 780 Coumadin patients at NHCs who have 2.5 Rx’s each=1900 Rx.Baseline time period: Implementation of electronic prescription writing at the point of care. 25% of Coumadin patient records implemented = 195Data Source: Paper or electronic health record.Milestone 7 Estimated Incentive Payment: $1,392,646 | **Milestone 8** [I-11]: Increase the number of patients receiving medication management from acute care to the ambulatory setting.Metric 8 [I-11.1]: Percent of discharged patients who received medication reconciliation as part of the transition from acute to ambulatory care.Baseline/Goal: 30% improvement over DY1.Data Source: EHR; discharge data.Baseline/Goal: 50% of Coumadin patients with electronic medication reconciliation implementedMilestone 8 Estimated Incentive Payment: $2,300,894 |
| Year 2 Estimated Milestone Bundle Amount: $2,545,698 | Year 3 Estimated Milestone Bundle Amount: $2,777,220 | Year 4 Estimated Milestone Bundle Amount: $2,785,293 | Year 5 Estimated Milestone Bundle Amount: $2,300,894 |
| **TOTAL ESTIMATED INCENTIVE PAYMENTS FOR 4-YEAR PERIOD:** $10,409,105 |

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