Disease Management Guidelines & Clinical Pharmacy Services

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Agenda

- Review statutory requirement to provide disease management services for the TDCJ population
- Understand the roles and responsibilities of the P&T Committee with focus on disease management guidelines (DMGs)
- Discuss the purpose and goals of the DMG program
- Describe the framework for guideline development
- Provide an overview of clinical pharmacy services and describe the major roles of clinical pharmacists as part of the integrated healthcare team

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Statutory Requirement

- CMHCC is authorized by Chapter 501, Subchapter E of the Texas Government code and is responsible for developing and approving a managed health care plan and "disease management services" including:
    - Patient self-management education
    - Provider education
    - Evidence-based models and minimum standards of care
    - Standardized protocols and participation criteria
    - Physician-directed or physician-supervised care
- CMHCC may appoint subcommittees to assist with these functions including the Joint Pharmacy and Therapeutics (P&T) Committee
- P&T Committee is responsible for the development of the drug formulary, drug use policies and procedures, and DMGs

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History

- DMGs are systematically developed tools, based on current professional knowledge, that assist practitioners in making decisions about health care for specific clinical circumstances.
  - Synonyms: Clinical practice guidelines, clinical protocols, critical pathways, treatment algorithms, care guides
- First DMGs were published in August 1995
- 55 DMGs that address acute and chronic conditions, and cover medical, dental, and behavioral health conditions (Appendix 1)

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Purpose

- DMGs focus on disease-based drug therapy and recommend an evidence-based approach to therapy
  - They are not intended to strictly apply to all patients or replace sound clinical judgment
- The goal is to promote consistent, cost-effective care that has been tailored to meet the specific needs of the TDCJ patient population that
  - Improves patient outcomes
  - Facilitates appropriate health care utilization and encourage use of formulary agents
  - Reduces avoidable hospitalizations, emergency room visits, specialty referrals, etc.

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Framework for Guideline Development

- Creating a DMG is a structured process that involves several key steps
- By following these steps, a robust and effective treatment algorithm is created that enhances patient care and clinical outcomes
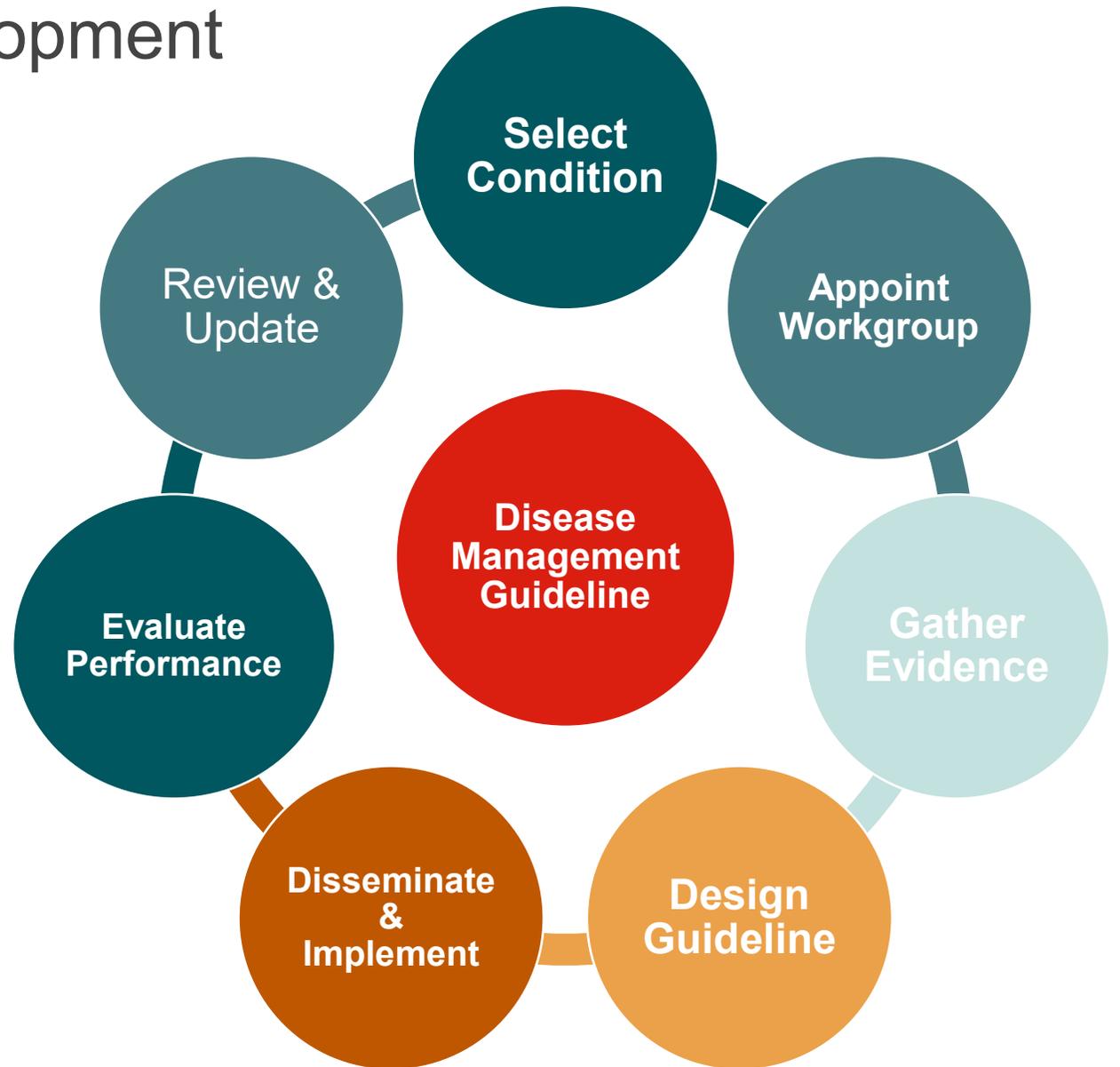
Select Condition

- DMGs are typically developed for conditions that are
  - Frequently encountered
  - High-risk, problem prone
  - High cost
- They may also be identified for development based on resource utilization or through performance improvement activities such as
  - Resource utilization (e.g., specialty referrals, ER visits, hospitalizations, drug costs)
  - Outcomes (e.g., morbidity, mortality)
  - Findings of the Executive Quality Council
  - Dashboard metrics & trends

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Appoint Workgroup

- Multi-disciplinary workgroup is appointed to provide draft recommendations to the Joint P&T Committee for approval
- Membership may include
  - Medical and mental health practitioners
  - Pharmacists
  - Nurses
  - Dentists
- Relevant subject matter experts may also be asked to serve on the workgroup

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DMG Design Steps

Establish Goals
- Defines goals of treatment
- Identifies how treatment success will be measured (i.e., outcome measures)

Develop Algorithm & Decision Points
- Outlines the initial evaluation steps, including diagnostic tests and assessments
- Creates decision points based on patient responses, test results, and other clinical factors

Outline Treatment Options
- Specifies the preferred initial treatments
- Includes second-line treatments and options for patients who do not respond to first-line treatments or have contraindications

Incorporate Monitoring
- Details how patients will be monitored (e.g., follow-up visits, lab tests)
- Defines criteria for modifying treatment based on response & side effects

Compose Education
- Develop materials in English & Spanish to help patients understand their treatment plan

Gather Evidence

- Workgroup integrates relevant research findings, clinical consensus, & population characteristics when formulating DMGs
- A variety of resources are reviewed including
  - Pivotal studies published in peer-reviewed journals
  - Systematic reviews and meta-analyses
  - National guidelines
  - Expert opinion when data is not available or conflicting data exists
- Consideration is given to the applicability of the data to the practice population

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Disseminate & Implement

- Information on DMGs is disseminated to practitioners and health care staff:
  - Published in newsletter and on intranet
  - Shared during meetings and in-services
  - Promoted through information technology (e.g., link in EHR)

Evaluate Performance

- Established system to determine if DMGs have the desired impact on care and patient outcomes through the routine analysis of data
  - Validate through medication use evaluation (MUE)
  - Monitor ongoing performance through facility scorecard and clinical dashboards
- Dashboards are used to measure provider acceptance of specific recommendations taken from DMGs by tracking outcomes on an ongoing basis using health care analytics obtained from the EHR (electronic health record) in comparison to an external benchmark (e.g., HEDIS)

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Facility Scorecard

Asthma

	Target		Score
Asthma Care	90.0%	✔	92.37%

Coronary Artery Disease (CAD)

	Target		Score
CAD: Statin Therapy	78.5%	✔	88.25%

Diabetes

	Target		Score
Diabetes Care: BP	60.3%	✘	48.69%
Diabetes Care: HbA1C Control	48.30%	✔	70.04%
Diabetes Care: Nephropathy Screening	89.7%	✔	93.84%
Diabetes Care: Statin Therapy	64.7%	✔	79.33%

Hypertension

	Target		Score
Hypertension: BP Control	58.6%	✘	52.0%

Mental Health Care

Access to Care

	Score	
Dental ATC #1	✔	98.71%
Dental ATC #2	✔	98.90%
Dental ATC #3	✔	99.71%
Mental Health ATC #4	✔	98.10%
Mental Health ATC #5	✔	98.83%
Mental Health ATC #6	✔	99.87%
Nursing ATC #7	✔	96.23%
Nursing ATC #8	✔	97.15%
Medical ATC #9	✔	96.85%
Total		98.26%

Offsite Totals

ER Visits	Hospital Admissions
1287	279

Dashboard Legend

✔	Meets or Exceeds Goal
❗	Almost Meets Goal
✘	Does not Meet Goal

Clinical Dashboard

Gathers data automatically from EHR to allow rapid analysis

- Aggregate data used to measure performance against HEDIS and internal benchmark to identify areas for improvement or to identify areas exceeding benchmark so best practices may be shared
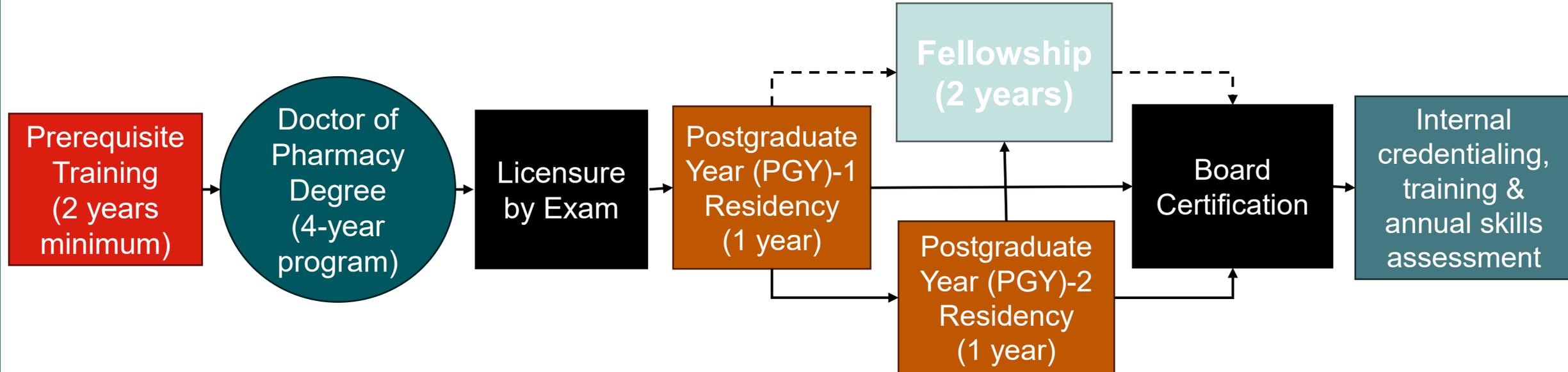- Can drill down to specific location and/or patient
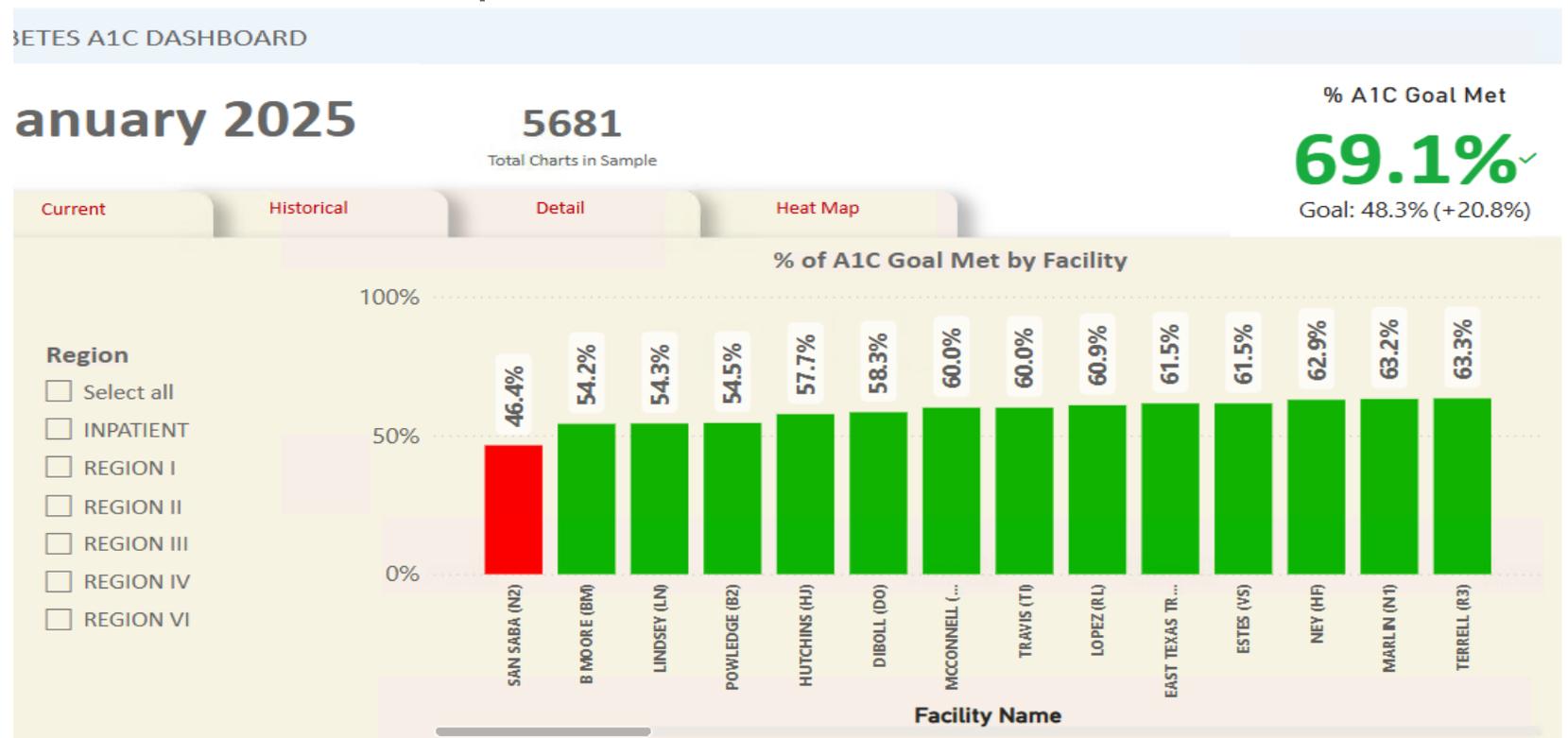
Review & Update

- DMGs are reviewed and revised at least every five years or sooner if there is emergence of new information warranting early review
- Updates to medical literature, guidelines, and medications are also assessed during annual drug category reviews that may prompt a revision to the DMGs

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Clinical Pharmacy Services

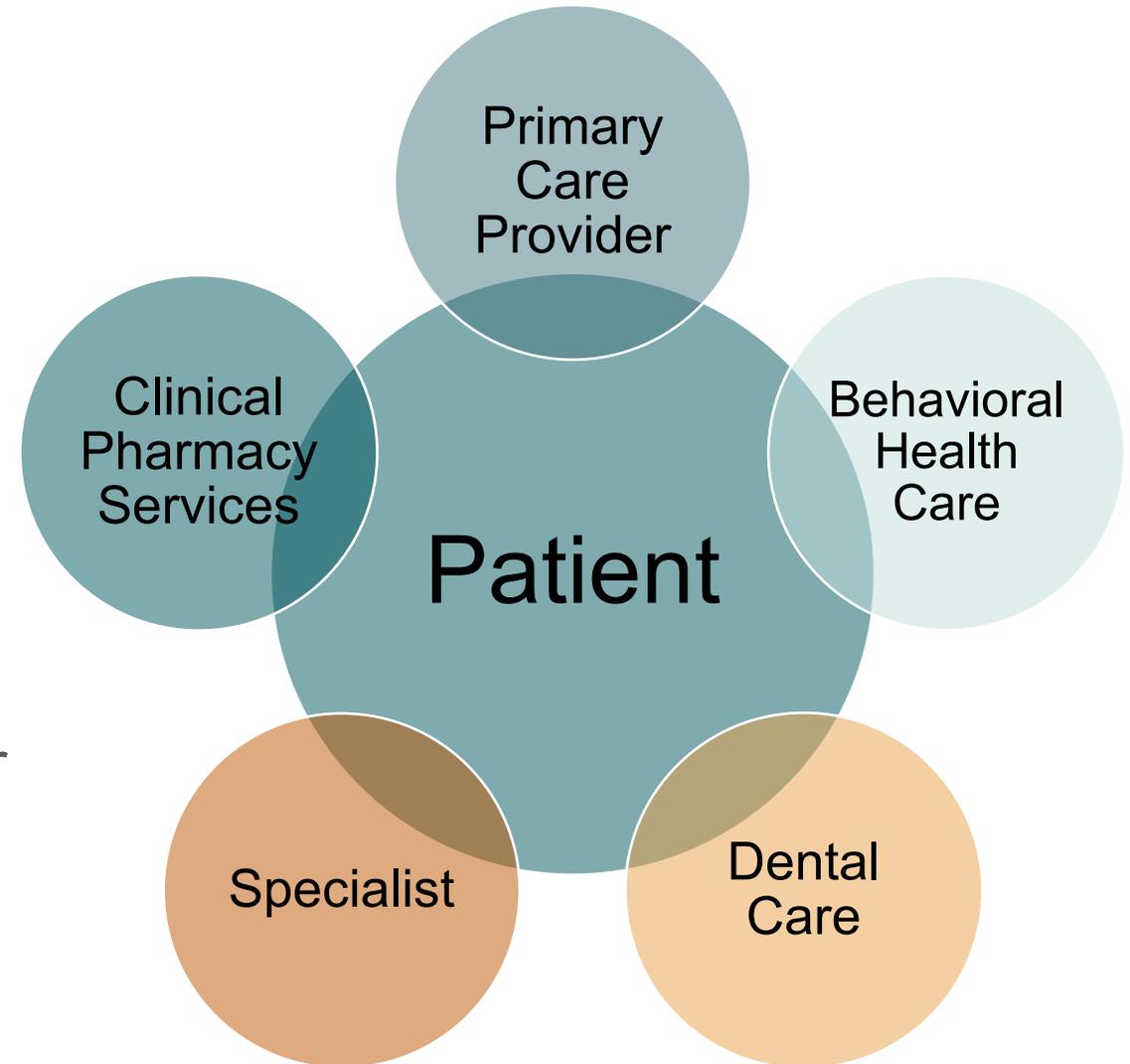utmb Health

Overview of Clinical Pharmacy Services

- UTMB CMC Pharmacy is responsible for drug procurement and distribution to the TDCJ prison units
- Clinical pharmacy services are provided by UTMB and TTUHSC within their respective sectors
- Services are led by Pharmacy Clinical Practice Specialists that have advanced skills and training required to perform advanced roles

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│ Prerequisite │  Doctor of          │ Licensure    │   │ Postgraduate │
│ Training     │  Pharmacy           │ by Exam      │   │ Year (PGY)-1 │
│ (2 years     │  Degree             │              │   │ Residency    │
│ minimum)     │  (4-year            │              │   │ (1 year)     │
└──────────────┘  program)           └──────────────┘   └──────────────┘
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Fellowship (2 years)

Board Certification

Postgraduate Year (PGY)-2 Residency (1 year)

Internal credentialing, training & annual skills assessment

The Vision

Pharmacists embedded in an integrated care model to improve patient care

- Pharmacist-led drug therapy management clinics for chronic diseases
- Pharmacist medication reconciliation completed during transitions of care
- Pharmacist specialty medication management
- Pharmacist MTM post hospital discharge for high-risk patients
- Technician specialists provide support and are integrated into all clinical services (e.g., medication reconciliation & specialty medication mgmt.)

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Patient

Primary Care Provider

Behavioral Health Care

Clinical Pharmacy Services

Specialist

Dental Care

Clinical Pharmacy Services

Direct Patient Care Services

- Drug therapy management
- Medication reconciliation
- Non-formulary medication consults
- Specialty medication mgmt.
- Multi-disciplinary rounds
- Immunizations
- Drug consults
- Patient education

Population Health Management

- P&T and other committee consulting (e.g., Infection Control)
- Disease management guideline development
- Policies and procedures
- Formulary design
- MUE
- Academic detailing & education

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Pharmacist-led DTM Clinics

- Clinical pharmacists support chronic care disease management and serve to ensure appropriate medication selection and adherence to DMGs and the drug formulary
- Pharmacists manage drug therapy once a diagnosis is made by the provider, and the patient is referred under an established collaborative practice agreement
    - Perform patient evaluation including physical assessment, medication history, and appropriateness of drug therapy
    - Formulate therapeutic plans and treatment goals
    - Prescriptive authority to initiate, adjust, or discontinue drug treatment
    - Order, interpret, and monitor laboratory tests
    - Provide drug information and education
    - Provide coordination or care for wellness and prevention of disease (e.g., immunizations)
    - Provide ongoing (follow-up) care to assess disease state control

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DTM Collaborative Practice Agreements

- Collaborative practice agreements are required in Texas and create a formal practice relationship between physicians and pharmacists
- CPAs clearly define roles and include decisions the pharmacist is authorized to make, documentation requirements, address legal requirements, and communication plan

Scope	Legal Requirements	Administrative Requirements
• Parties to the agreement • Disease states and patient selection criteria • Patient care decisions and functions authorized	• Purpose • Term and frequency of review • Signatures of the parties • Notification to patient • Notification to regulatory bodies (e.g., Board of Pharmacy)	• Training and education • Documentation • Communication plan • Review by physician • Quality assurance • Record retention

- Texas Administrative Code: Title 22, Part 15, Rule 295.13 - Drug Therapy Management (DTM) by a Pharmacist under Written Protocol of a Physician
- Texas Medical Practice Act: Title 3, Subtitle B, Chapter 157 – Authority of Physicians to Delegate Certain Medical Acts

Current DTM Clinics

3,862 encounters in FY24

UTMB Sector

- Diabetes
- Hypertension
- CKD
- Anticoagulation/Warfarin
- Chronic Hepatitis C

1,102 encounters in FY24

TTUHSC Sector

- Diabetes
- Hypertension
- CKD
- Anticoagulation
- Asthma/COPD

Patient Enrollment

- Patients may be selected for clinic enrollment by different mechanisms
  - Patient registry for target disease is generated from EHR and patients are scheduled for clinic if criteria is met
  - Provider referral to DTM clinics incorporated into standard EHR workflow for referrals to specialty clinics

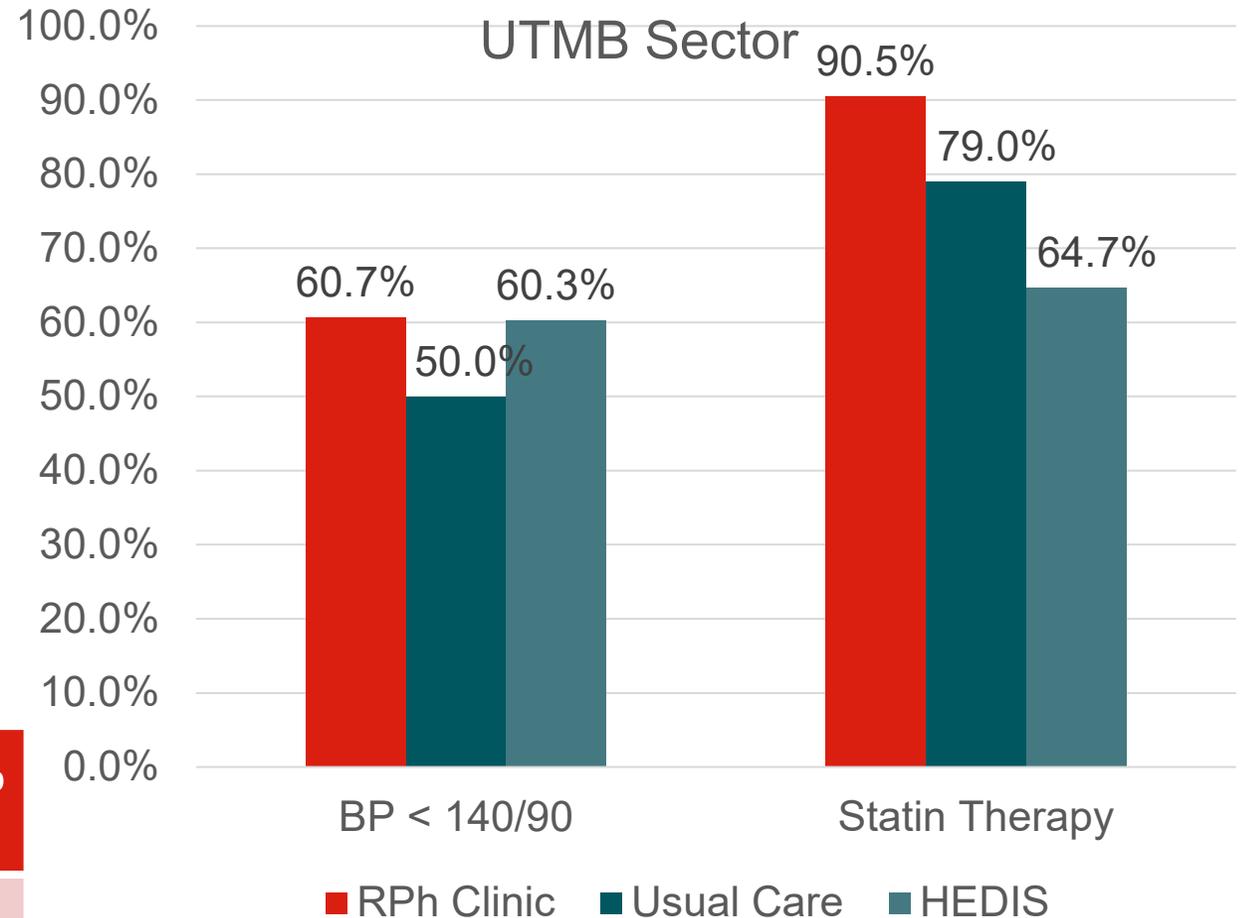| Collaborative practice agreement established with physician			
Patient seen in the last year by supervising physician for the referred indication			
Diabetes	**CKD**	**Anticoagulation**	**Hypertension**
• A1C ≥ 9.5%	• eGFR 30-59 • Modifiable risk factor (i.e., uncontrolled diabetes or hypertension)	• On Warfarin	• BP ≥ 140-90 • 3 or more antihypertensive agents

Diabetes DTM Clinic Outcomes 1QFY25

- Clinic outcomes are tracked and reported to P&T Committee
- Desired outcomes and treatment goals are outlined in DMGs and compared to external benchmark (i.e., HEDIS) and usual care
- Patients are targeted for clinic referral if A1c > 9.5%
- Patients currently have an average A1c 10.6% upon enrollment

% Patients A1c < 8% Initial Visit	% Patients A1c < 8% Currently
2.98%	22.62%

UTMB Sector

BP < 140/90
- RPh Clinic: 60.7%
- Usual Care: 50.0%
- HEDIS: 60.3%

Statin Therapy
- RPh Clinic: 90.5%
- Usual Care: 79.0%
- HEDIS: 64.7%

Legend: ■ RPh Clinic ■ Usual Care ■ HEDIS

Medication Reconciliation Service

- Pharmacist perform targeted medication reconciliation for patients discharging from an infirmary or moving from one infirmary to another
- The purpose of medication reconciliation is to compile and verify a complete and accurate list of a patient's medications during care transitions to prevent medication errors such as omissions, duplications, dosing errors, and drug interactions

Pre-Admission Medication List → **Infirmary Medication List** → **Discharge Medication List**
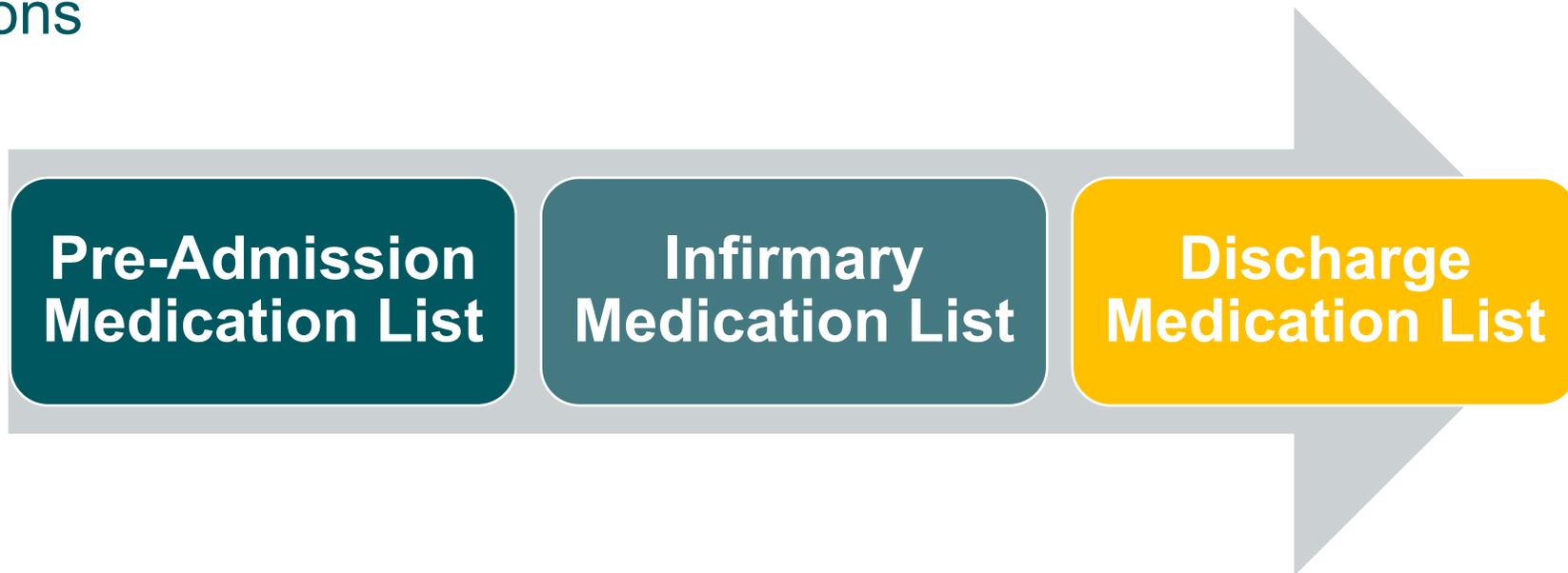
Medication Reconciliation Service Cont.

- Discharge dashboard report used to identify patients
- Standardized reconciliation questionnaire is used to evaluate preadmission, admission, and discharge medication lists
  - Medications omitted
  - Non-formulary approval
  - Drug indication missing from the problem list
  - Chronic condition on problem list not being treated
  - Medication dose, route, frequency, or duration is not optimal
  - Medication duplication
  - Contraindications, severe drug-drug interactions, or drug allergies noted
  - Labs not ordered for critical medications
- Utilize telehealth to improve patient engagement and provide education
- Medication reconciliation is documented in EHR

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Medication Reconciliation Service Outcomes

- Outcomes are tracked including
  - Number and type of interventions made
  - Acceptance rate by providers
  - Transfers to higher level of care or readmission to infirmary within 30 days of discharge

 # Patients   **# Interventions**   **Acceptance Rate**

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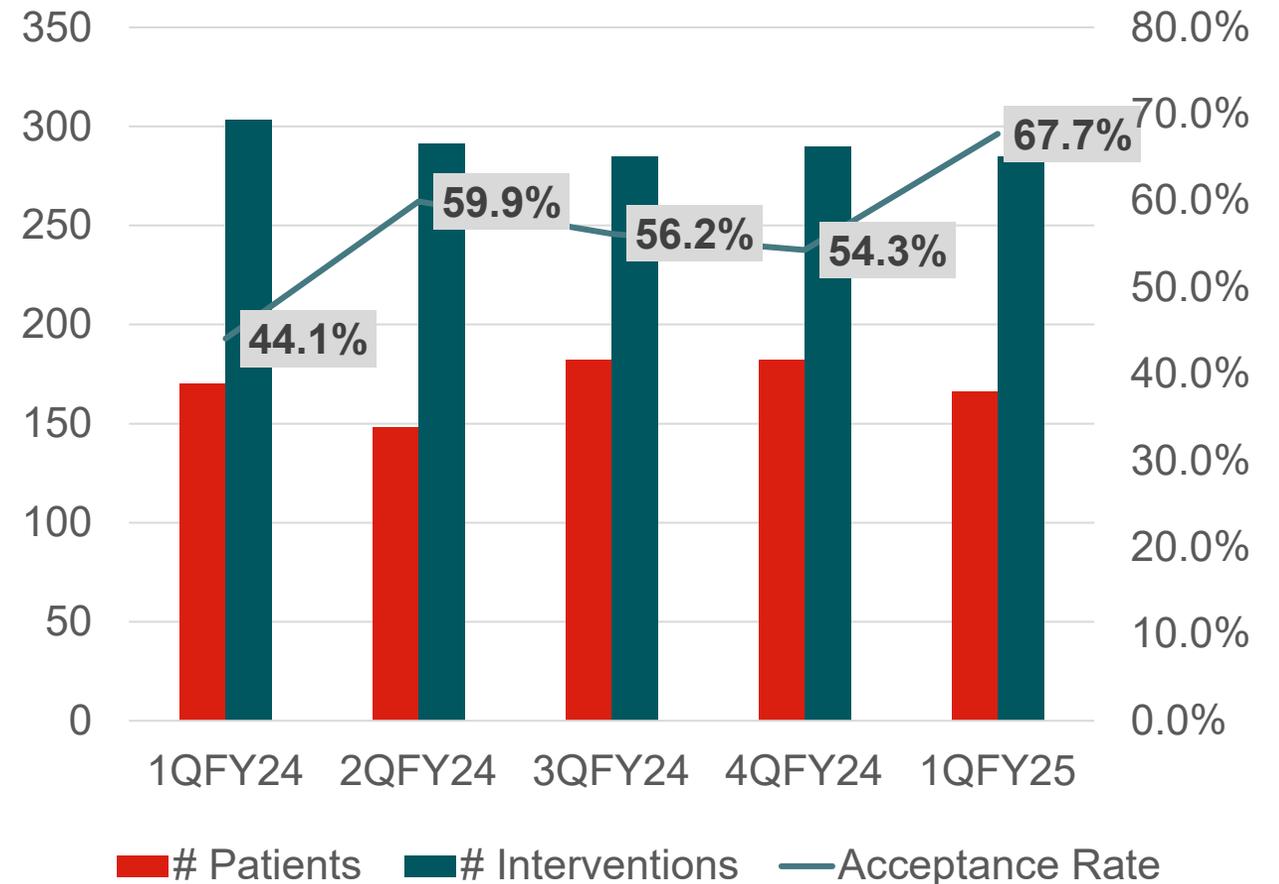
Non-formulary Medication Consult Service

- Pharmacists review requests for non-formulary medications submitted by providers through the EHR non-formulary module
- The goal is to optimize access and ensure the appropriate use of medications that are not on formulary
  - Documented medical necessity and used for an indication supported by the medical literature
  - Undergone a therapeutic trial with formulary medication
  - Documented contraindication, allergy, or intolerance to a formulary alternative

UTMB Sector

Number of Requests — Ave. Response Time (hrs.)

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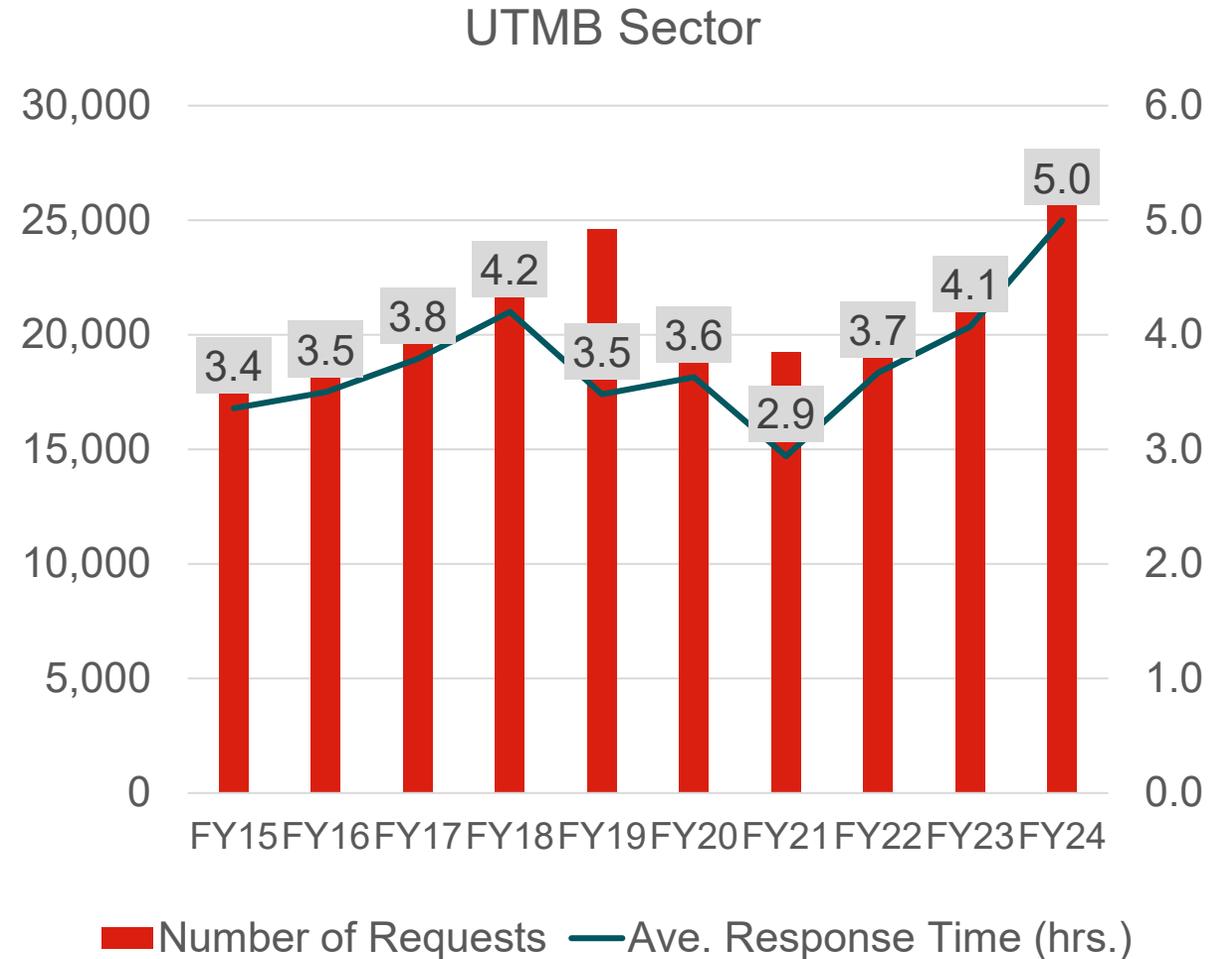
Non-formulary Cost Savings

- Prescriptions for non-formulary medications accounted for 2.7% of prescription volume and 21.9% of prescription cost in FY24.
- Savings over last 5 years is approximately $16.8 million
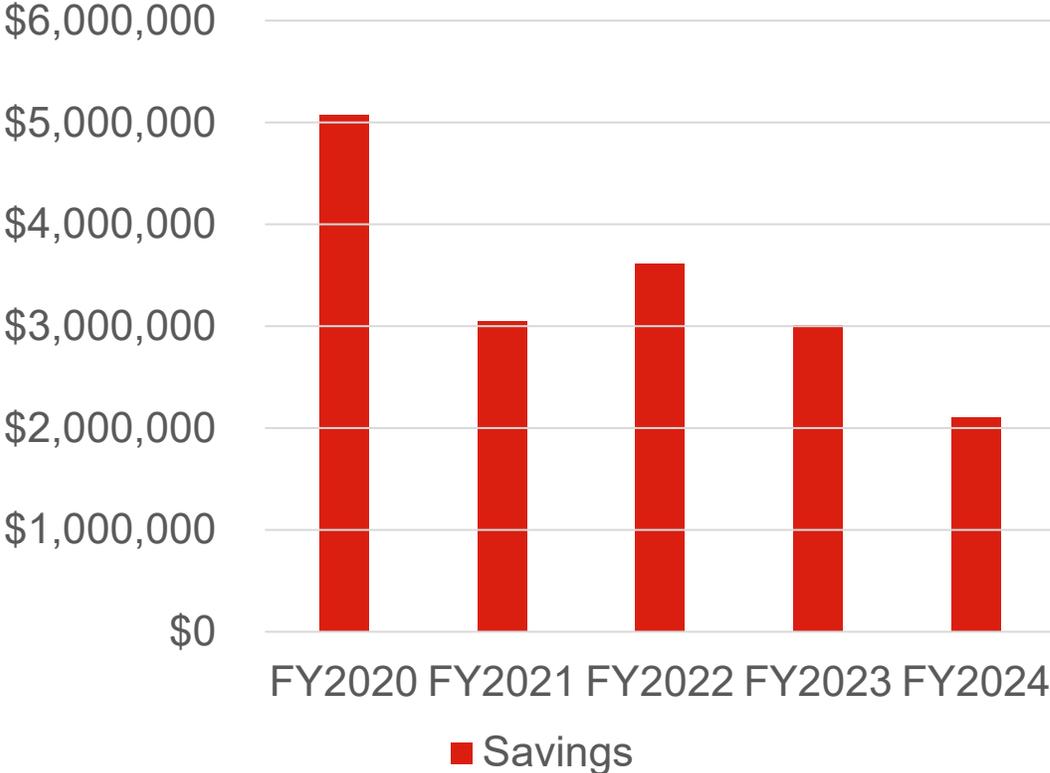
Specialty Medication Management

- The Specialty Medication Team closely tracks and monitors certain patients receiving high-risk specialty medications - medications that treat complex, rare, and/or difficult-to-manage conditions
- These medications require special handling, administration, and monitoring
- Patient is enrolled and followed to ensure
  - Orders are renewed in timely manner
  - Follow up appointments are scheduled & laboratories are ordered if applicable
  - Appropriate dose and length of therapy and that timely dose adjustments are made based on clinical factors as indicated
  - Patients receive counseling for REMS (Risk Evaluation and Mitigation Strategy) medications
  - Patients are adherent to treatment and identify and mitigate factors that hinder adherence
  - Providers are informed about patient progress and potential issues

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Specialty Medication Management –Interventions

- ## Spotlight intervention
  - Oxbryta is a hemoglobin S polymerization inhibitor used to treat sickle cell disease that was voluntarily withdrawn from the market after clinical data indicated that the overall benefit of the medication no longer outweighed the risk of vaso-occlusive crises and fatal events
  - Pharmacist consulted with HG specialist to make him aware and to solicit new recommendations
  - Based on the specialist's recommendation, the pharmacist worked with the unit provider to discontinue Oxbryta and the patient was scheduled for follow up appointment to review alternative therapy options

# Interventions 1QFY25	Acceptance Rate
436	98%

Thank you

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Appendix 1: Disease Management Guidelines

- Anemia in Pre-dialysis CKD
- Angina
- Asthma
- Catheter Restoration
- Chronic Coronary Disease Checklist for 2º Prevention
- Chest Pain
- Cirrhosis
- CKD
- COPD
- Diabetes
- Drug Overdose
- GI: Dyspepsia, GERD, GI Bleed, H. Pylori
- Gout
- Heart Failure
- Hepatitis B & C
- HIV
- Hyperlipidemia
- Hypertension

- Hypoglycemia
- Ischemic Heart Disease
- Non-Alcoholic Fatty Liver
- Non-formulary Conversion Chart
- Opioid Discontinuation
- Opioid Overdose
- Pain, Cancer
- Pain, Low Back
- Pain, Mild to Moderate
- Pain, Neuropathic
- Pregnancy Wellness
- Razor Blade Ingestion
- Rhinitis
- Seizures
- Sinusitis
- Skin and Soft Tissue Infection
- Thyroid Disorders
- Tinea Pedis
- Warfarin

- Wound Care
- Mental Health
  - Anxiety & Panic Disorder
  - Benzodiazepine Discontinuation
  - Bipolar Disorder
  - Depression
  - Impulse Control Disorder
  - Gender Dysphoria Hormone Monitoring
  - Psychosis
  - Psychotropic Agent Dose Conversions
  - PTSD
- Dental
  - Endocarditis Prevention
  - Urgent Dental Pain and Intraoral Swelling

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Appendix 2: Definitions

- **Clinical Pharmacy** - Clinical pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention.
- **Drug Category Review** – A comprehensive drug category review is tool used by the P&T Committee to maintain the drug formulary. It includes a review of formulary drugs, non-formulary drugs, newly approved drugs, policies, and evidenced-based research for each drug class that guides clinical decision-making and revisions to the drug formulary and DMGs. Drugs are reviewed for efficacy, safety, uniqueness, and cost and compared to drug alternatives in the class. Clinicians who have expertise in the class of interest are consulted for their input and recommendations as needed.
- **Drug Therapy Management (DTM)** - ACCP defines collaborative drug therapy management (CDTM) as a, "collaborative practice agreement (CPA) between one or more physicians and pharmacists wherein qualified pharmacists working within the context of a defined protocol are permitted to assume professional responsibility for performing patient assessments; ordering drug therapy-related laboratory tests; administering drugs; and selecting, initiating, monitoring, continuing, and adjusting drug regimens." CDTM serves as the regulatory framework for the delivery of services.

Appendix 2: Definitions Continued

- **Medication Therapy Management (MTM)** – MTM is a service that optimizes therapeutic outcomes through improved medication use and a reduced risk of adverse events that is independent of, but can occur in conjunction with, the provision of a medication. MTM may include activities such as medication review to determine appropriateness of care, counseling, and monitoring of adherence and therapeutic outcomes, and does not require a formal collaborative practice agreement
- **Medication use evaluation (MUE)** – MUE is a performance improvement tool used to review prescribing practices, adherence to DMGs, and use of medication to ensure appropriate medication decision-making and positive patient outcomes. Results may drive corrective action plans, prescriber feedback, and further evaluations.

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