

Chronic Care Roundtable

Getting to the Heart of the Matter: Designing an evidence-based and equitable approach to secondary prevention, diagnosis, and treatment of cardiovascular disease

March 10, 2022

2022 Chronic Care Roundtable Corporate Sponsors



Chronic Care Roundtable Theme

Evaluate the impact of innovative care models that advance the prevention, screening, diagnosis, and treatment of cardiovascular disease with a focus on health equity.

Chronic Care Roundtable Agenda

8:00 a.m. – 8:10 a.m.	Welcome & Introductions John W. Kennedy, M.D., Chief Medical Officer, AMGA; President AMGA Foundation
8:10 a.m. – 8:35 a.m.	Keynote Philip Oravetz, M.D., M.B.A., M.P.H., Chief Population Health Officer, Ochsner Health
8:35 a.m. – 8:45 a.m.	Keynote Q&A Moderated by John W. Kennedy, M.D., Chief Medical Officer, AMGA; President AMGA Foundation
8:45 a.m. – 9:35 a.m.	Fireside Chat Moderated by Richard Bone, M.D., Senior Medical Director, Population Health, Advocate Medical Group <ul style="list-style-type: none">Beth Averbek, M.D., Senior Medical Director, Primary Care, HealthPartnersLuis Garcia, M.D., M.B.A., FACS, FASMBS, Clinic President, Sanford Health System, Sanford HealthKeith A. (Tony) Jones, M.D., President, UA Health Services Foundation, Chief Physician Executive, UAB Health System
9:35 a.m. – 9:45 a.m.	Closing John W. Kennedy, M.D.



AMGA Foundation



Philip M. Oravetz, M.D., MPH, MBA
Chief Population Health Officer
Ochsner Health

Ochsner Health: Health Equity, CVD & Prevention

Philip M Oravetz, MD, MPH, MBA
Chief Population Health Officer
Ochsner Health
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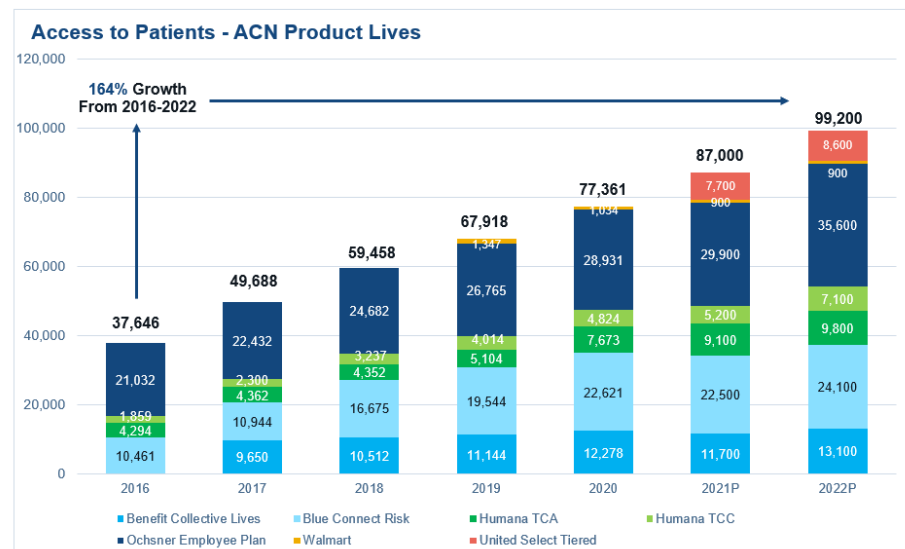
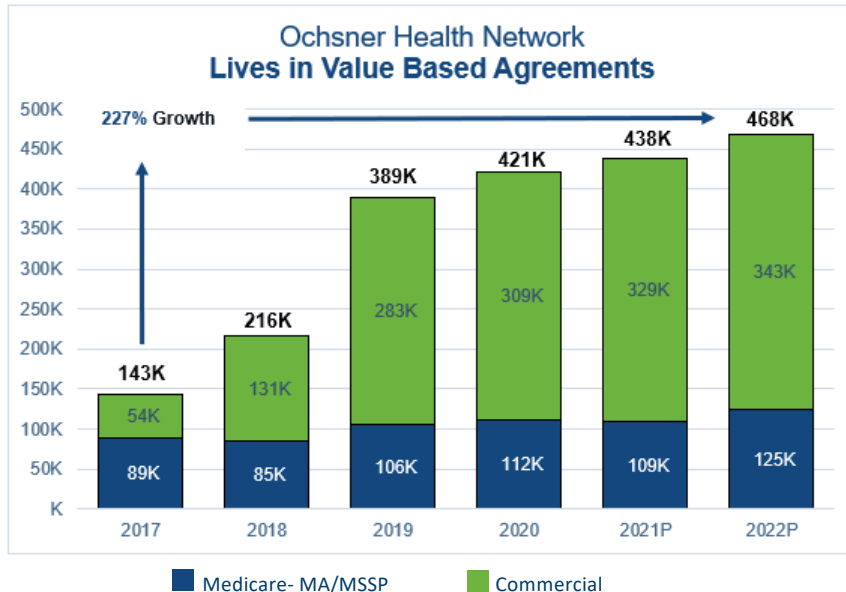


Ochsner Health Today

Ochsner Value-Based Care Look Forward



- 2,800 physicians participating in the network
- 468K lives under management in value-based agreements (227% growth since 2017)
- 99K lives in exclusive Accountable Care Networks (164% growth since 2016)
- \$2.86B in total cost of care managed in value-based agreements (156% growth since 2017)



Ochsner Health Value Portfolio



Collaboration Models *Increasing Provider Risk*

Pay for Performance	Shared Savings/Shared Risk	Bundles	Capitation	Insurance Product
	   			<p>Ochsner Employee Plan</p>   

Ochsner Health Network & Ochsner Accountable Care Network



Success and growth have gone hand in hand as OHN and OACN have grown and evolved. Each new partnership has made us better and positioned us for continued success in value-based care. 2022 brings more strengthened partnerships!

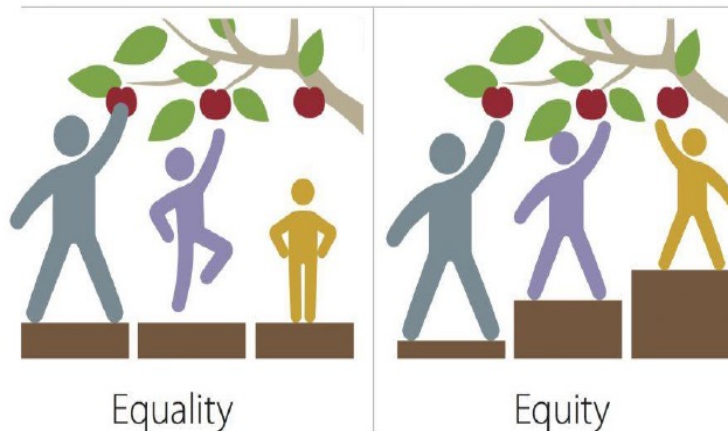


Health Equity

Health equity means everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination, and their consequences

Health equity is the ethical and human rights principle motivating efforts to eliminate health disparities



Ochsner Publishes Key Article Highlighting COVID Health Inequities



- Black patients bore a disproportionate share of COVID-19 infections, hospitalization and in-hospital death
- After adjusting for sociodemographic and severity of illness, in-hospital death did not differ between the black and white population
- Race was a proxy for other social determinants of health that increased the risk of exposure, infection and vulnerability to COVID-19. Black patients had higher rates
 - Medicaid insurance
 - Low income residence
 - Chronic conditions (obesity, hypertension, diabetes, chronic kidney disease)
 - Being tested for COVID-19 in the Emergency Department
 - Being sicker at the time of initial presentation

40 x 30: Ochsner Healthy State Initiative



UNITED HEALTH FOUNDATION | AMERICA'S HEALTH RANKINGS® 2019

Louisiana

Health Component	2020 Rank
Behaviors	50 th
Physical Environment	48 th
Social & Economic Factors	50 th
Clinical Care	40 th
Health Outcomes	50 th
Overall Health Rank	50th

Longstanding history of health disparities documented in state health reports along several key domains:

Race or Ethnicity

White vs Minority

Sex

Male vs Female

Level of Education

Greater or less than high school

Household Income

Above or below poverty level

Health Insurance Type

Commercial/Public/Uninsured

40 X 30: Causal Interdependencies

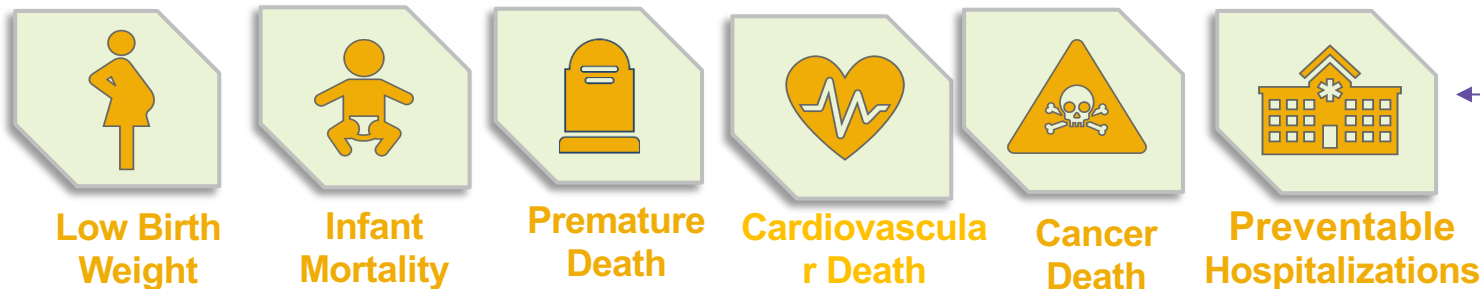
Unhealthy Behaviors / Social Determinants (Require State Focus & Resources to Educate & Engage Community)



Chronic Disease Conditions (Require Medical Interventions & Resources)



Negative Health Outcomes / Results



Opportunities Abound

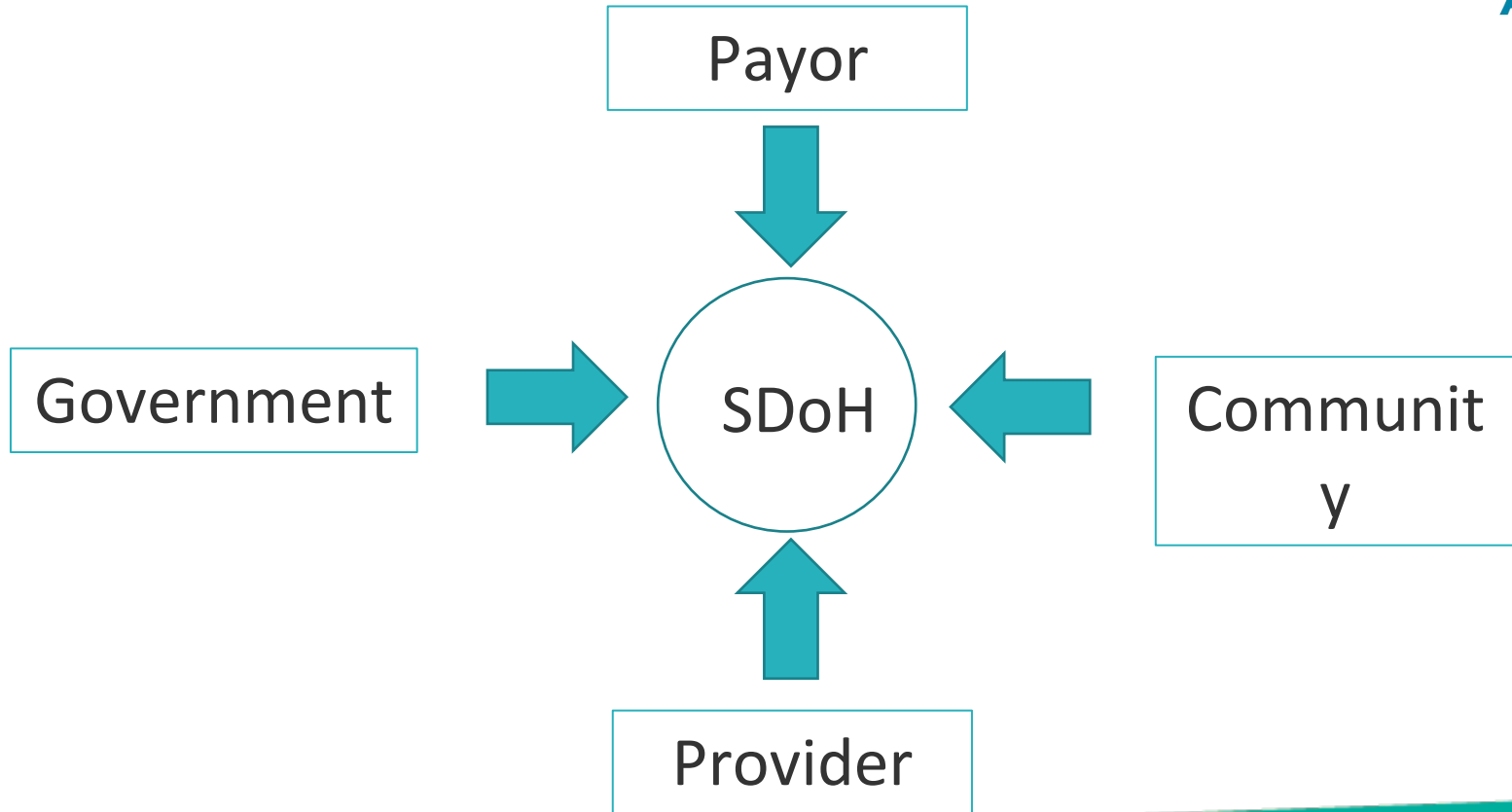
- #42 in Cardiovascular Diseases
- #48 in Hyperlipidemia
- Significant room for improvement on all fronts!

The Pathway to Equity



- Address Social Determinants of Health
 - Ensuring economic stability
 - Improving social and community environment
 - Creating access to high-quality education
 - Improving the neighborhood and the built environment
 - Improving health and healthcare access

Intervention Approach: It takes a Village



Healthy State

Pillars for Building a Healthy State



Health Outcomes & Interventions
Screening
Digital Health
Vaccines



Social Determinants
Transportation
Food Security
Broadband



Workforce Development & Economic Disparities
Health Sciences Programs
MA to LPN training



Community Wellness
Nutrition
Exercise
Health Behaviors



Health Access
Community Health Centers
Virtual Visits
Tele-medicine

Underway in 2022



Awareness Campaign

Engage Our Partners

Engage Communities

Conduct Research

Build the Plans

Launch Roadmap to

Healthy State 2030

Community Health Centers

Community Health Center Rollout



Facility Go-Live Timeline

#	Location	2020	2021				2022				2023				Budget Owner
		Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
1	Our Community Health	■													Our Community Health
2	NO East	■													Ochsner
3	BR-Howell Place			■											Ochsner
4	SHV-St. Vincent			■											OLHS
5	Lafayette-Jefferson St.						■ 1/24 Cerner								Ochsner
6	Monroe-Louisville						■ 2/15								OLHS
7	NO-Treme/Bayou St John (North Broad)										■				Ochsner
8	SHV-Jewella										■				OLHS
9	NO-Gentilly									■					Ochsner
10	Kenner/Metairie									■					Ochsner
11	NO - Jefferson/Hollygrove									■					Ochsner
12	BR-Sherwood													■	Ochsner
13	SHV-North													■	OLHS
14	Lake Charles												■		SWLA
15	Jefferson Parish/ Marrero												■		Ochsner
16	NS- Bogalusa												■		Ochsner

Tobacco Cessation Program

Tobacco Cessation Program- Partnership with the Tobacco Trust



- Trust created by court judgement
 - Free cessation counseling and medications for smokers who meet criteria for program (est 300,000 in LA)
- Have 5 more years to spend what is left of the \$187 million
 - There is a Catch
 - They must be a member by July 11, 2022 (SIGN THEM UP)
- Over 139,000 Ochsner patients meet the criteria for this
- We have treated over 24,000+

Are you a resident of Louisiana?

Did you start smoking cigarettes before Sept 1st 1988?

If you answered "yes" to both questions, then you are eligible for the program.



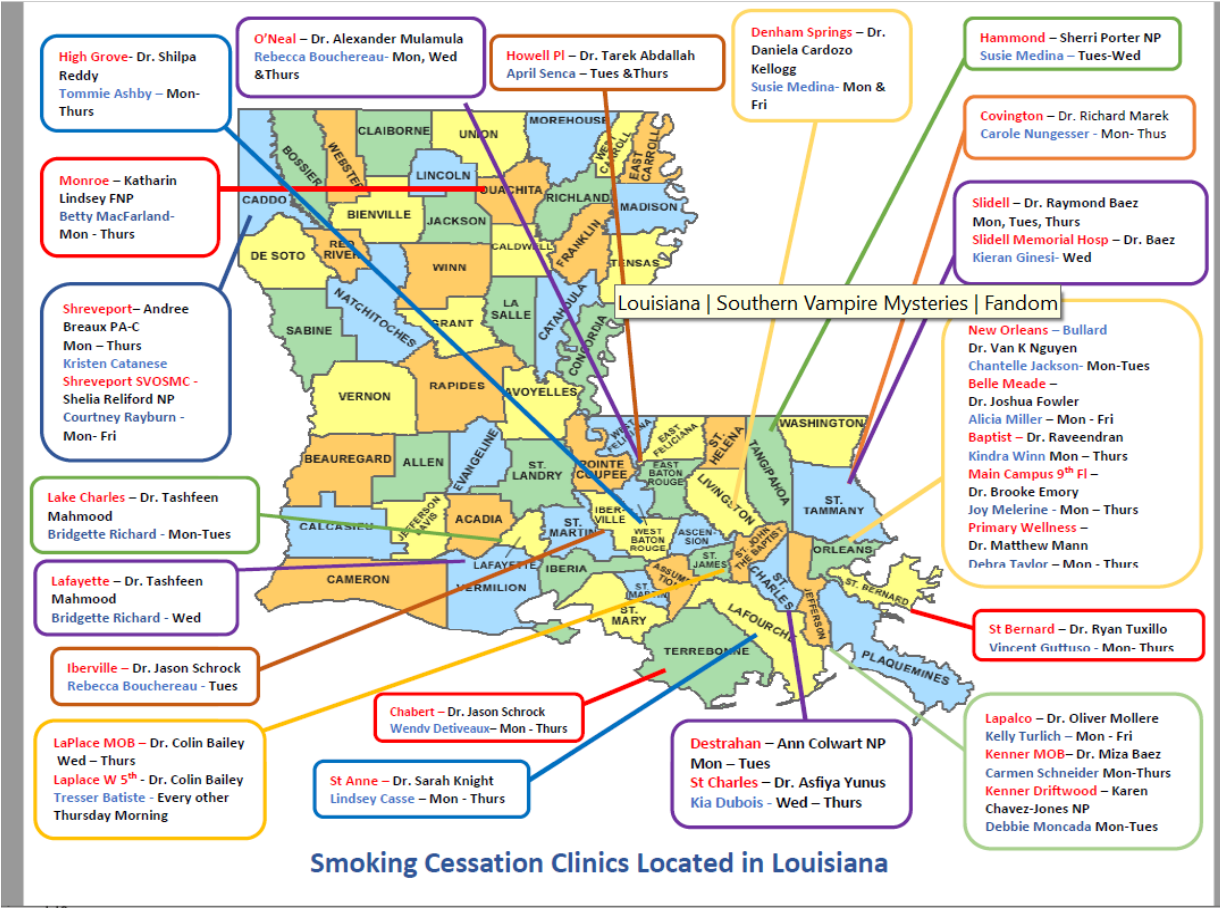
Alton Ochsner Program- Ochsner's Commitment To The Health of People We Serve



- Any person not covered by the Trust or Ochsner Employee--(18-42 years old)
- Vaping included
- Free to the patient
- Same BPA process

Easy Referral Process- BPA available

- When MA/Nurse rooms the patient and documents smoking status in Vital Signs or social history, BPA will appear in navigator in yellow
- MA/Nurse accepts BPA to send unsigned referral to MD orders
- Order appears in MD orders to be signed for visit
- Patient appears on work queue for dedicated Cessation Clinic Referral Coordinators to contact
 - Assist patient to sign up for the trust and schedule patient for appointment in clinic closest to them



Smoking Cessation Clinics Located in Louisiana



Ambulatory Quality Program

Population Health Technology

- Health Maintenance – bulk ordering, order sets, Written Order Guidelines
- Healthy Planet Registries
- Analytics/Reporting – Reporting Workbench/Business Objects, Dashboard

Population Health Cycle : Workflow



Health Maintenance

Expansion of Preventive Care to include Chronic Disease Management



Health Maintenance

Postpone Remove Postpone Override Remove Override Document Past Immunization Exclude Edit Modifiers Report Update HM Guidelines Health Maintenance User Guide Sox

Due Date	Topic	Frequency	Date Completed
07/04/1997	Foot Exam	1 year(s)	
07/04/2005	TETANUS VACCINE	10 year(s)	
08/31/2013	Lipid Panel	1 year(s)	8/31/2012 9/14/2011 3/4/2011
06/20/2015	Eye Exam	1 year(s)	6/20/2014
07/06/2015	Hemoglobin A1c	3 month(s)	4/6/2015 3/4/2011
08/01/2018	Influenza Vaccine	9 month(s)	
09/19/2020	Pap Smear with HPV Cotest	3 year(s)	9/19/2017 4/7/2016 2/5/2015 8/22/2013

Health Maintenance Modifiers

- Anticoagulation
- Cardio-Onc
- Diabetes Mellitus - Poor Control (A1c Every 3 Months)
- Sexually active

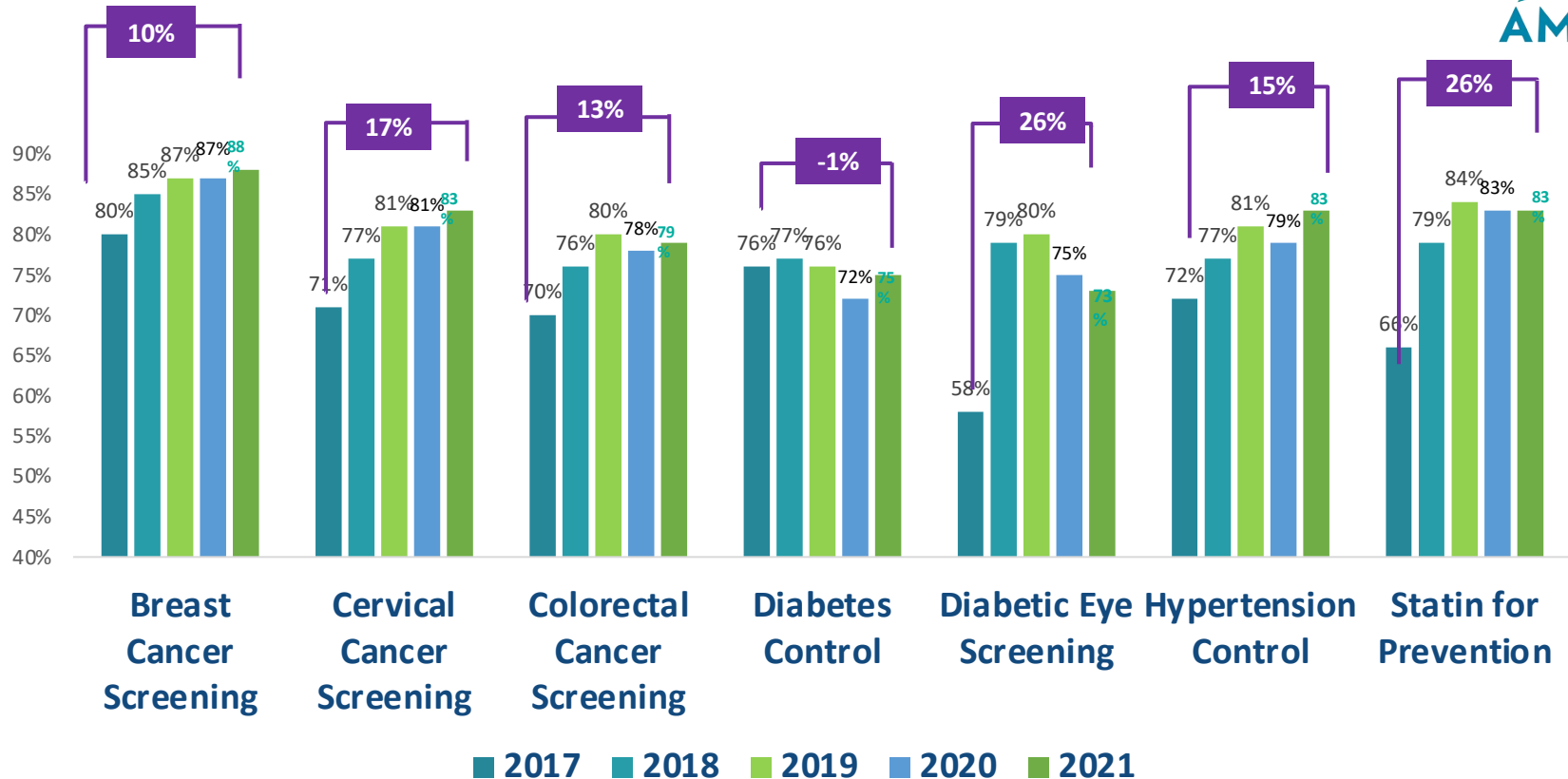
Health Maintenance Modifiers 8/22/2013

colonos

Title	Number
Colonoscopy (Every 10 Years)	2109
Not a candidate for colon cancer screening(aka COLONOSCOPY)	18679
Colonoscopy every 1 year	18747
Colonoscopy every 2 years	18748
Colonoscopy every 3 years	18749
Colonoscopy every 4 years	18750
Colonoscopy every 5 years	18751
Colonoscopy every 7 years	18776
Colonoscopy every 8 years	18782

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Ambulatory Quality: Our 2021 Results



MA 5-STAR Performance



Category	Weight	2019	2020	2021
Patient Safety	10	-	88%	91%
Patient Experience	42	-	-	86%
HEDIS	13	-	84%	83%

Measure Name	Pass %	PYTD %	PFY %	Passing	Eligible	Open	Weight	Opp 4 Star	Opp 5 Star	Star Level	Star 4 Threshold	Star 5 Threshold
Breast Cancer Screening	86.8	86.1	86.1	3907	4501	594	1	0	0	5	69	76
Care for Older Adults: Functional Status Assessment	87.1	88.3	88.4	2706	3105	399	0	-	-	-	-	-
Care for Older Adults: Medication Review	87.0	92.9	92.8	2703	3105	402	1	0	247	4	84	95
Care for Older Adults: Pain Screening	87.5	96.9	96.9	3030	3106	76	1	0	0	5	87	96
Colorectal Cancer Screening	80.0	80.2	80.5	7531	9406	1875	1	0	0	5	71	80
Comprehensive Diabetes Care: Eye Exam	84.0	83.1	83.8	3097	3685	588	1	0	0	5	71	79
Comprehensive Diabetes Care: HbA1c Control	85.8	86.5	86.9	3164	3685	521	3	0	0	5	72	81
Comprehensive Diabetes Care: Medical Attention for Nephropathy	96.4	96.8	97.0	3550	3682	132	1	0	22	4	94	97
Controlling High Blood Pressure	72.7	71.0	71.1	8055	11066	3011	1	245	1020	3	75	82
Follow-Up After Emergency Department Visit for MCC	93.5	-	-	3572	3820	248	0	-	-	-	-	-
Medication Reconciliation Post-Discharge	71.2	51.5	69.4	2099	2945	846	1	0	316	4	69	82
Osteoporosis Management in Women Who Had a Fracture	59.7	62.5	64.0	55	92	37	1	0	8	4	50	68
Osteoporosis Management in Women Who Had a Fracture (New Year)	25.7	39.5	38.0	18	70	52	0	-	-	-	-	-
Plan All-Cause Readmissions	10.0	10.6	10.3	3163	3518	355	0	-	-	-	-	-
Statin Therapy for Patients with Cardiovascular Disease: Received Statin Therapy	90.7	86.0	86.1	1099	1211	112	1	0	0	5	84	89
Transitions of Care: Medication Reconciliation Post Discharge	71.2	-	-	2099	2945	846	0	-	-	-	-	-
Transitions of Care: Patient Engagement After Inpatient Discharge	86.2	-	-	2541	2945	404	0	-	-	-	-	-
Medication Adherence for Cholesterol (Statins): Statins	87.4	88.8	88.8	11390	13023	1633	3	0	461	4	-	-
Medication Adherence for Diabetes Medications: Diabetes Medications	85.9	86.7	86.7	3398	3954	556	3	42	201	3	87	91
Medication Adherence for Hypertension (ACE or ARB): ACE	88.5	89.1	89.1	9892	11177	1285	3	0	168	4	87	90
Statin Use in Persons with Diabetes	88.4	86.9	86.9	2772	3134	362	1	0	0	5	-	-
Coordination of Care	87.23	-	-	-	-	-	11	-	-	-	-	-
Getting Care Quickly	92.07	-	-	-	-	-	11	-	-	-	-	-
Getting Needed Care	91.16	-	-	-	-	-	11	-	-	-	-	-
Patient Discussion	68.63	-	-	-	-	-	9	-	-	-	-	-

Familial Hypercholesterolemia

Familial Hypercholesterolemia



- Familial hypercholesterolemia (FH) is the most common autosomal dominant genetic disease
- Heterozygous FH is estimated to occur in about 1 in 300 individuals in Europe and 1 in 200 to 250 individuals in the United States
- **1 in 150 individuals in French Canadians in Quebec (genetic markers)**
- Children and adolescents with heterozygous FH have an increased risk of premature cardiovascular disease (CVD) and should be treated aggressively
- In our instance of Epic from 1/1/2018 – 1/1/2020
 - Over 376,000 patients had an LDL
 - Roughly 7,500 had LDL-C >190 (2%)
 - 0.5% of the 376,000 had a diagnosis of familial hypercholesterolemia

SA

Ashley, Smith
 Female, 42 y.o., 8/22/1978
 MRN: 10436599
 Needs Interpreter: English
 Bed: 653 A
 NOMH ANATOMI...
 Code: PARTIAL (has ACP docs)

COVID-19: Positive 12/9/2020
 Isolation: Airborne and Contact and Droplet

Jack R. Pines, MD
 PCP - General

Primary Cvg: Generic Out Of Sta...
Allergies (6)
Active Treatment/Therapy Plans
 Digital Medicine: Not Eligible
 Outpatient Medications: 60
 Patient's MyChart status is pending.

2/2 ORDERS ONLY
 Ht: 5' 4" (1.626 m)
 Wt: 133 kg (293 lb 3.4 oz)
 >30 days
 BMI: —
 BP: —
 Pulse: —

SINCE YOUR LAST VISIT
 No visits
 No results

CARE GAPS
 Hepatitis C Screening
 HIV Screening
 Colonoscopy
 Cervical Cancer Screening (Pa...
 Influenza Vaccine (1)

Notes | **Chart Review** | E-Consult | Orders | MAR | Med Detail | **Therapy Plan Navigator**

Orders

BestPractice | Encounter Info | Allergies | Problem List | Visit Diagnoses

Verify Rx Benefits | RECURRING TREATMENT | Plan Summary

Potential for Familial Hypercholesterolemia

The patient has an LDL of greater than 189, please consider the diagnosis of Familial Hypercholesterolemia.

If you decide to order genetic testing, genetic counseling should be ordered as well to help the patient understand the results and implications to family members.

Consider genetic counseling if there are:

- Signs of familial hypercholesterolemia
 - Coronary heart disease or a heart attack before age 50 (for males) or age 60 (for females)
 - LDL-cholesterol levels higher than 190 mg/dL
 - Physical signs of FH
 - A family member with FH
 - A strong family health history of heart disease
 - Father, brother, son, or other male relatives who have had a heart attack or heart disease before age 50
 - Mother, sister, daughter, or other female relatives who have had a heart attack or heart disease before age 60

[Diagnostic Calculator](#)

[Up to Date for Familial Hypercholesterolemia](#)

Last LDLCALC. Collected: 3/8/2021 = 200 mg/dL
 Last LDLDIRECT. Not on file
 Last LDLEXT. Not on file

Order	Do Not Order	Ambulatory referral/consult to Genetics
Add Problem	Do Not Add	Familial hypercholesterolemia Edit details (Share with patient)

Acknowledge Reason

Patient Noncompliant | Patient has been ruled out

Accept (1)

High LDL

Patient has an LDL >= 190. Recommend to start patient on High Intensity Statin.

Opioid Monitoring | Meds & Orders

SmartSets | Follow-up | Routing

Opioid Monitoring

WARNING: Moderate/High Opioid Risk - Click to view details

[View PMP Registration Instru...](#)

Medications & Orders

Patient-Reported

Medications and orders also exist in active treat...

INFUSION TREATMENT 1

[Review open orders](#)

View medications as of: Now Visit on 2/2/202

Name	Dispense
Outpatient and Clinic-Administered Medicati	
acetaminophen (TYLENOL) 100 mg/mL suspension	Repc
Dose, Frequency: 40 mg, Every 4 hours PRN	
aspirin-sod bicarb-citric acid (ALKA-SELTZER) 324 mg TbEF	Repc
Dose, Frequency: 325 mg, Every 6 hours PR	
atorvastatin (LIPITOR) 20 MG tablet	Repc
Dose, Frequency: 20 mg, Daily Start: 3/1/12 Ordered on: 3/1/2021	
insulin aspart U-100 (NOVOLOG) 100 unit/mL injection	Repc
Dose, Frequency: 3 times daily before meals	
lisinopril (PRINIVIL/ZESTRIL) 30 tablet	Repc
Dose, Frequency: 20 mg, Daily Start: 3/10/2	

Oncology History | **Notes** | This Visit

History Overview Note

[Edit Note](#)

Problem Histories

- Chemotherapy
- Hospital Admission
- Radiation Therapy
- Genetic Testing
- Tumor Markers
- Cancer Staged
- Research Study Participant
- Adverse Reaction
- End of Therapy
- Remission
- Relapse
- Surgery

No active events

You can use the box to the upper left to add an event to the list. You must first create a history to be able to add events.

[Restore](#) [Save](#)


History Maintenance

[Problem List](#)

Other Problems

- [Create History](#) LVAD (left ventricular assist device) present
- [Create History](#) Diabetes
- [Create History](#) Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving
- [Create History](#) Hyperthermia, malignant
- [Create History](#) Difficult airway for intubation
- [Create History](#) MRSA (methicillin resistant staph aureus) culture positive
- [Create History](#) Epidural hemorrhage with loss of consciousness greater than 24 hours without return to pre-existing conscious level with patient surviving, initial encounter
- [Create History](#) Malnutrition of mild degree
- [Create History](#) Acute ischemic stroke
- [Create History](#) Atrial fibrillation and flutter

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CARE GAPS
 Hepatitis C Screening
 HIV Screening
 Colonoscopy
 Cervical Cancer Screening (Pa...
 Influenza Vaccine (1)

Notes Chart Review E-Consult Orders MAR Med Detail Therapy Plan Navigator

Orders

High LDL Collapse X

Patient has an LDL >= 190. Recommend to start patient on High Intensity Statin.

Current Statins

Antihyperlipidemic - HMG CoA Reductase Inhibitors (statins)	Disp	Start	End
atorvastatin (LIPITOR) 20 MG tablet	90 tablet	3/11/2021	3/11/2022

Sig - Route: Take 1 tablet (20 mg total) by mouth once daily. - Oral

Last LDLCALC. Collected: 3/8/2021 = 200 mg/dL
 Last LDLDIRECT: Not on file
 Last LDLEXT: Not on file

Order	Do Not Order	atorvastatin (LIPITOR) tablet 40 mg
Order	Do Not Order	atorvastatin (LIPITOR) tablet 80 mg
Order	Do Not Order	rosuvastatin (CRESTOR) tablet 20 mg
Order	Do Not Order	rosuvastatin (CRESTOR) tablet 40 mg

Acknowledge Reason

Patient NonCompliant Patient allergic to Statin Other

Accept

Accept All

Close

Encounter Information

Chief Complaint: None

Recent Visits with Jack R. Pines, MD: None

Other Visits in Internal Medicine: None

Opioid Monitoring Meds & Orders

Opioid Monitoring

WARNING: Moderate/High Opioid Risk - Click to view details

Medications & Orders

Patient-Reported

Medications and orders also exist in active tree
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Dose, Frequency: 3 times daily before meals	
lisinopril (PRINIVIL/ZESTRIL) 20 MG tablet	30 tablet Repc
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Oncology History Notes This Visit

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History Maintenance


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- Atrial fibrillation and flutter

Digital Transformation

An Innovative Model for Chronic Disease – HTN, DM, Lipids



	Traditional Approach	
Frequency of Information	1–4 readings/year	1–5 readings/week
Frequency of Clinical Interaction	Episodic	Continuous (13x)
Caregiver Adherence to Medication Guidelines	50%	100%
Member Adherence to Medication Regimen	-2%	+7.5%
Behavior Change Focus	Passive and not personal (e.g., educational handouts)	Personalized goal setting with accountability & support
Cost of Care	Increases over time	Decreases over time

Case Study: LA Medicaid Demonstration

- ❑ Pilot Launched June 2020 at OLHS-NL
 - Expanded to MCIP (including eligible partner sites Chabert, SMH, St. Tammany, etc) starting Jan 2021 and All OH Attributed LA Medicaid patients in Q3 2021
 - Lipids Launched Oct 2021 (OH Attributed Medicaid Patients only)
- ❑ No Cost to Patient
 - Ochsner Subsidizing PMPM for monitoring, care coordination, etc
 - Leveraging FCC Funds for Devices

Hyperlipidemia Digital Medicine Intervention



Manage high cholesterol on your own time.

Live a healthier life with support you can access at home.

You have the power to manage high cholesterol without spending additional time at the doctor's office. With Ochsner Digital Medicine, your dedicated Digital Medicine clinician will monitor your levels and adjust your medications as needed.

Research



The Ochsner-Xavier Institute for Health Equity and Research (OXIHER)



Through a lens of equity, **Ochsner Health** and **Xavier University of Louisiana** (OXIHER) are committed to improving the overall health of all our communities, reducing health inequities, developing innovative healthcare delivery models, and modeling equitable and respectful care.

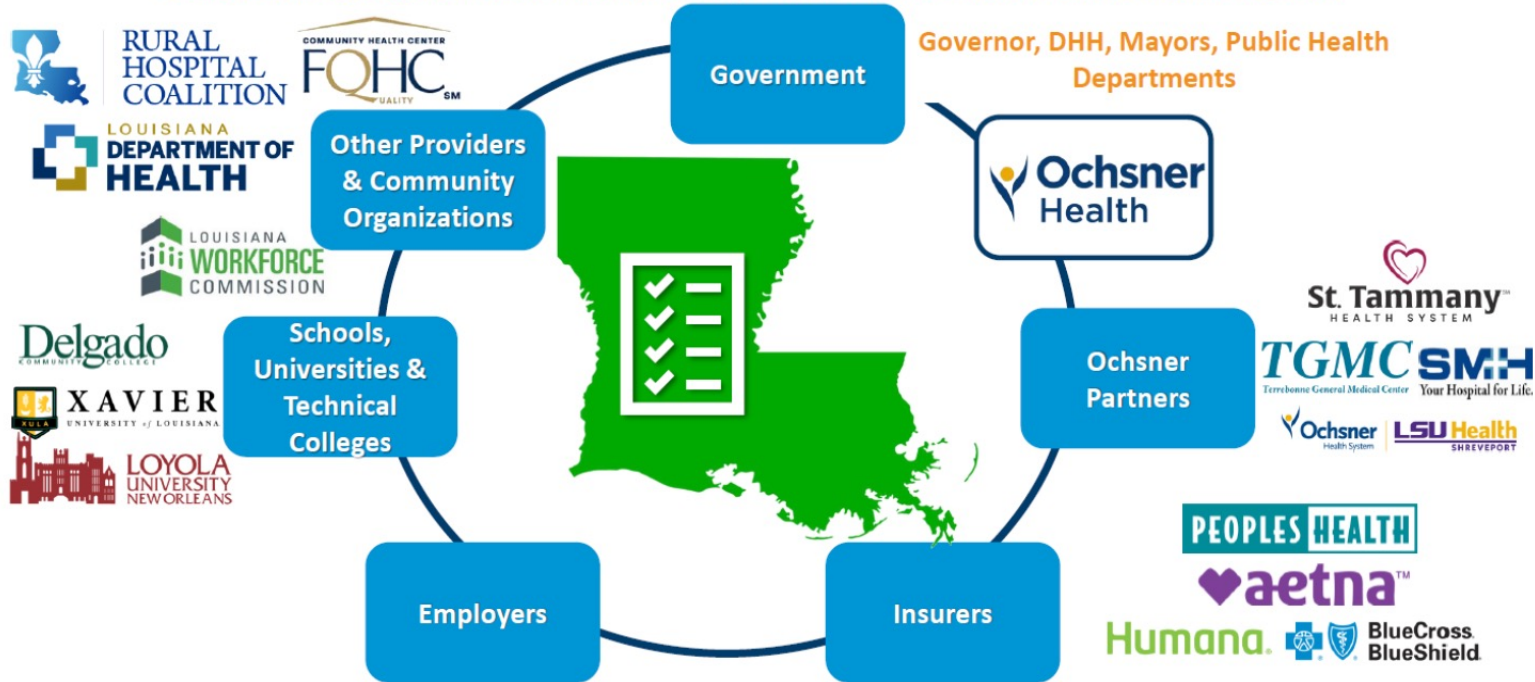
Ochsner and Xavier will combine resources to work across their network of partner health providers, government, insurers, employers, schools, and other community organizations. The Ochsner-Xavier Institute for Health Equity and Research (OXIHER) will inform all aspects of our strategy as a catalyst for moving Louisiana's overall health ranking.

<https://www.ochsner.org/institute-for-health-equity-and-research>

A Catalyst for Change



Coordinate & Align A Public Health Ecosystem With A Shared Public Health Agenda





Thank You!

poravetz@ochsner.org





AMGA Foundation



Richard Bone, M.D.
Senior Medical Director, Population
Health
Advocate Aurora Medical Group

Panelists



Beth Averbeck, M.D.
Senior Medical Director, Primary Care
HealthPartners Care Group



Luis Garcia, M.D., FACS, MBA, FASMBS
Clinic President, Sanford Health System
Sanford Health



Keith A. (Tony) Jones, M.D.
Clinic President, Sanford Health System
Maurice S. Albin, M.D., Professor of Anesthesiology
and Perioperative Medicine
President, University of Alabama Health Services
Foundation
Chief Physician Executive, UAB Health System
Senior Associate Dean, Heersink School of Medicine

A banner image showing a close-up of a fire with bright orange and yellow flames rising from several pieces of charred wood. The text "Fireside Chat" is overlaid in a white, elegant script font.

Fireside Chat

2022 Chronic Care Roundtable Corporate Sponsors



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Johnson & Johnson



THANK
YOU!

