



Supporting Community Health: A Spectrum of Population Health Efforts

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DISCLOSURES

- ▶ The speakers for this program have no disclosures to report.

Learning Objectives

1. Define population health and social determinants of health
2. Review population health projects in Wisconsin involving pharmacy professionals
3. Describe how pharmacy professionals can be involved in population health projects



Opening Remarks

Tim Bartholow, MD
WEA Trust
Madison

WHAT IS PUBLIC HEALTH?

CDC Foundation:

- ▶ Public health is the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention and detection and control of infectious diseases.

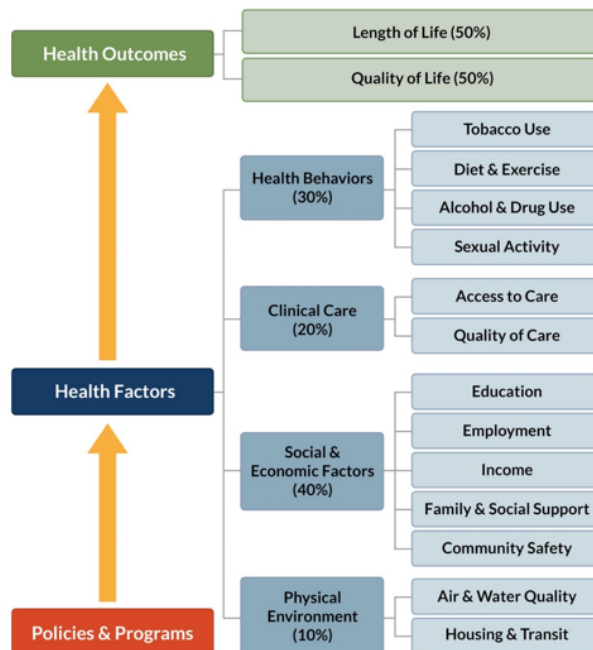
American Public Health Association:

- ▶ Public health promotes and protects the health of people and the communities where they live, learn, work and play.

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program



County Health Rankings model © 2016 UWPHI





COMMUNITY COLLABORATORS

CDC Foundation:

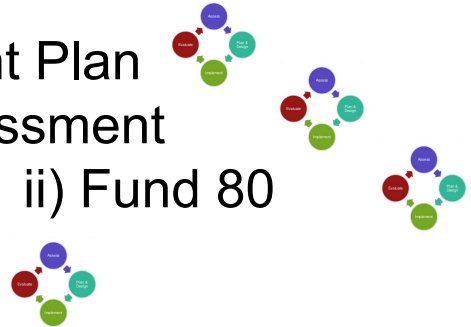
1. Public Health
2. Hospitals
3. Schools
4. Banks

Community Health Improvement Plan

Community Health Needs Assessment

i) Physical Activity & Nutrition

Community Reinvestment Act



ii) Fund 80

Schools: Child Nutrition and WIC Reauthorization Act of 2004
<https://dpi.wi.gov/sfs/finances/fund-info/community-service/fund-80>

CAN COMMUNITIES DO BETTER?



OUR PANELISTS

Wisconsin Community Health Fund

- ▶ Rebecca Thompson, CPA, CFRE, MPH

Fort HealthCare, Fort Atkinson

- ▶ Chris Barron, RPh

Hayat Pharmacies

- ▶ Hashim Zaibak, PharmD
- ▶ Dimmy Sokhal, PharmD



Wisconsin Community Health Fund

Rebecca Thompson, CPA, CFRE, MPH
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New Glarus



WISCONSIN COMMUNITY HEALTH FUND

Bolstering Infrastructure for Health Improvement
Aiding Shared Statewide Health Priorities
Growing Resources for Healthy Communities

3/30/2017

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Wisconsin
Community
Health Fund

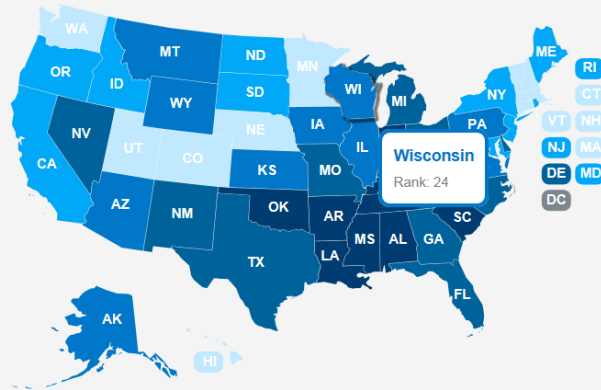
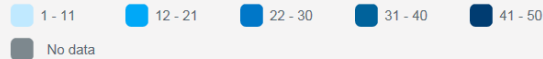
*Growing and Focusing Resources
for Healthy Communities*



WISCONSIN HEALTH AND PUBLIC HEALTH LANDSCAPE

Overall State Rankings

See how states stack up on overall health. Click on states or use dropdown menu to get more information on each state.



Key Health Data About Wisconsin

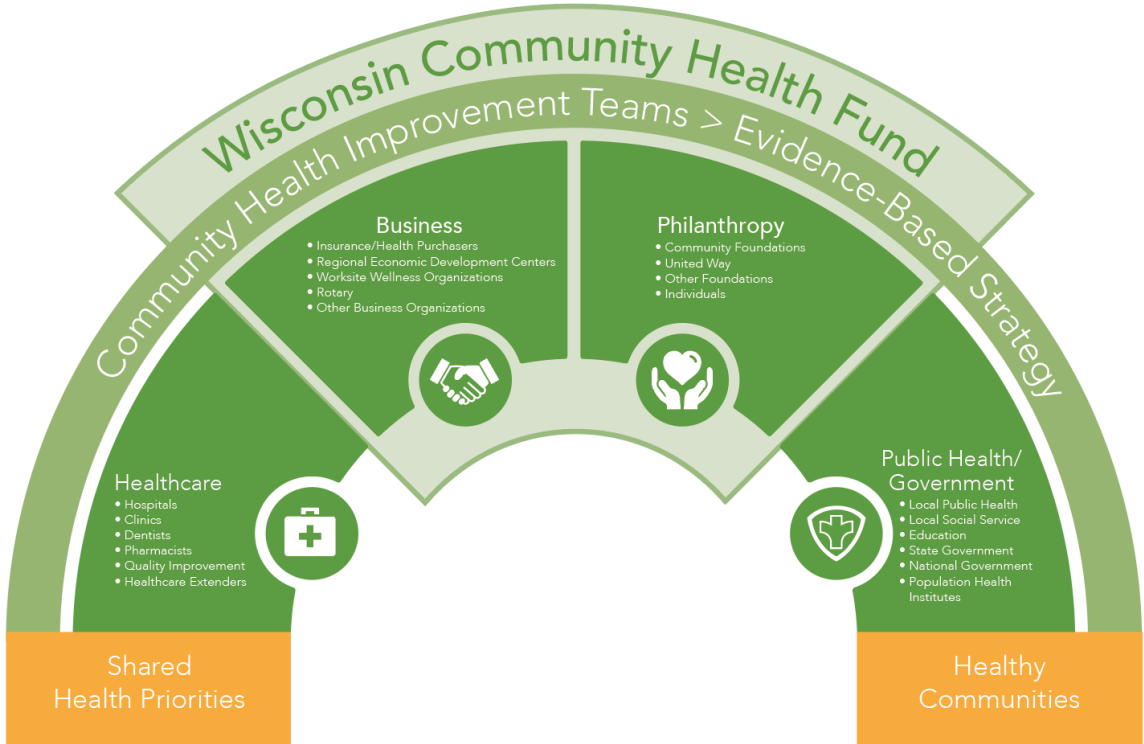
To return to the full U.S. Map and other state data, click [here](#).
 Print all indicators

Key Health Indicators		Public Health Preparedness		Public Health Funding Indicators		State Stories and Examples	
2016	2015	2014	2013	2012	2011	2010	
2009 The date above indicates when the data became available.							
Indicator							Rank
Public Health Funding Indicator sources							
ASPR Hospital Preparedness Program Funding by State 2014							\$3,641,719
State Public Health Budget FY 2013-2014							\$74,823,300
State Public Health Budget Funding Per Capita FY 2013-2014							45 \$13.03
Federal Funding for Public Health from U.S. Centers for Disease Control (CDC) FY 2014							\$92,136,100.39
CDC Per Capita FY 2014							45 \$16
Federal Funding for Public Health from Health Resources and Services Administration (HRSA) FY 2014							\$85,225,434
HRSA Funding Per Capita FY 2014							49 \$14.80
CDC Programs sources							
Agency for Toxic Substances and Disease Registry (ATSDR)							\$445,246
Birth Defects, Developmental Disabilities, Disability and Health							\$1,046,092
CDC-Wide Activities and Program Support							\$3,021,064
Chronic Disease Prevention and Health Promotion							\$11,158,694
Emerging and Zoonotic Infectious Diseases							\$2,273,553
Environmental Health							\$2,327,783
Health Reform - Chronic Disease Prevention and Health Promotion							\$0
Health Reform - Toxic Substances & Environmental Public Health							\$0
HIV/AIDS, Viral Hepatitis, STI and TB Prevention							\$5,232,970
Immunization and Respiratory Diseases							\$9,978,578
Injury Prevention and Control							\$919,432
National Institute for Occupational Safety and Health							\$1,995,984
Public Health Preparedness and Response							\$11,440,453
Public Health Scientific Services (PHSS)							\$685,515
Vaccines for Children							\$41,610,736
World Trade Center Health Programs (WTC)							\$0
HRSA Programs sources							
Primary Health Care							\$30,900,969
Health Professions							\$13,463,832
Maternal & Child Health							\$22,860,706
HIV/AIDS							\$13,812,641

WCHF COMMUNITY HEALTH VALUE EXCHANGE



WCHF RESOURCE BRIDGE



WCHF IMPROVEMENT MODEL



WISCONSIN

HEART HEALTH FACTS



Approximately 1.3 million adults in WI have hypertension and less than half of them are in control.



Coronary heart disease is the no. 1 killer of women age 25 and over in WI.



Of those who are uncontrolled, 40% are unaware that they even have hypertension.



CVD is the leading cause of death and disability in Wisconsin.



1 out of every 3 adults in WI dies from a heart attack or a stroke.



If over 45 years of age, 36% of men and 47% of women will die within 5 years after their first heart attack.

Green County – Bridges to Health

Public Health, Community Clinic, Monroe Clinic Parish Nurse, Monroe Clinic



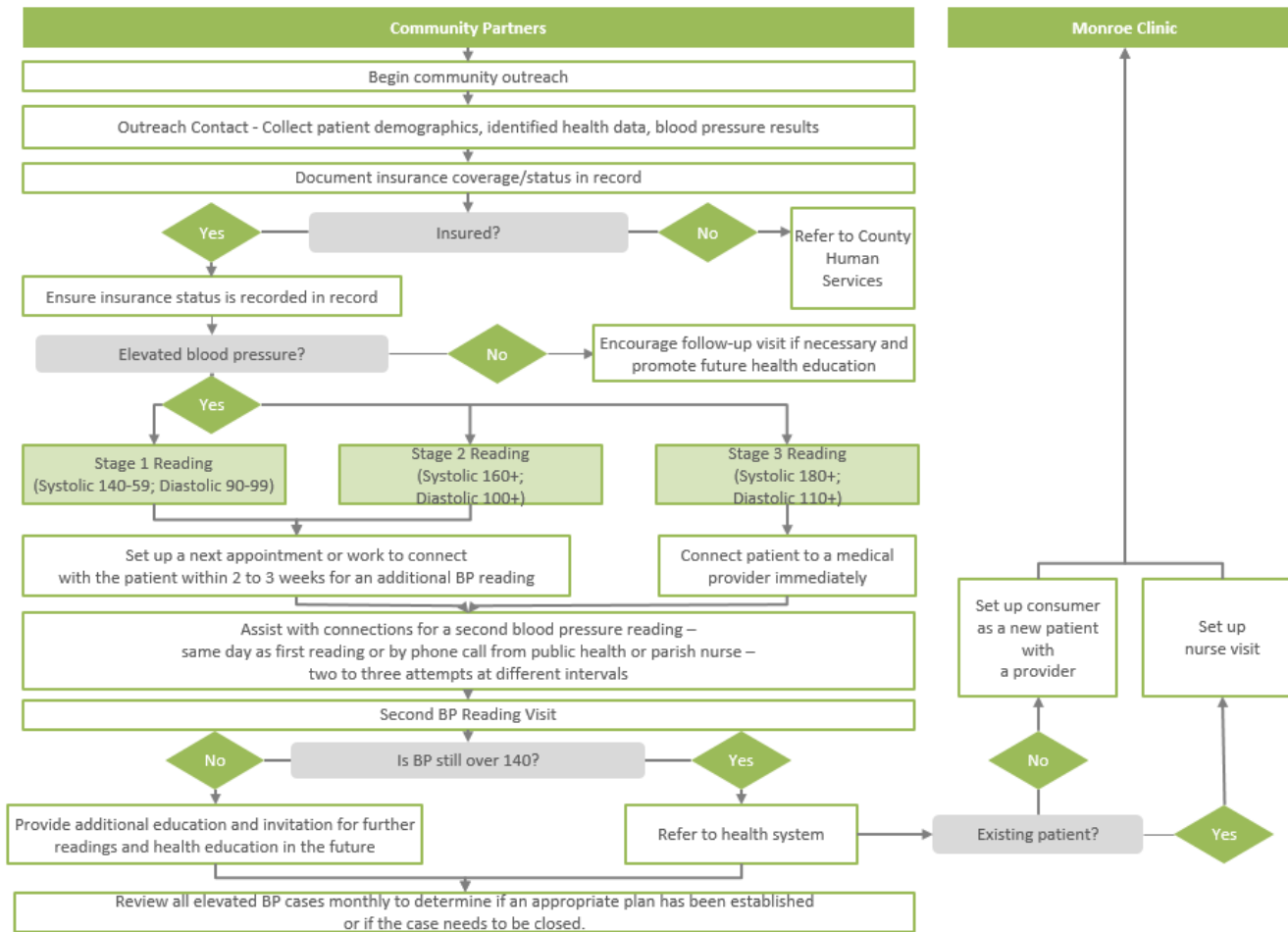
Wisconsin
Community
Health Fund
*Creating & Focusing Resources
For Healthy Communities*



SWCAP
Southwestern Wisconsin Community Action Program, Inc.



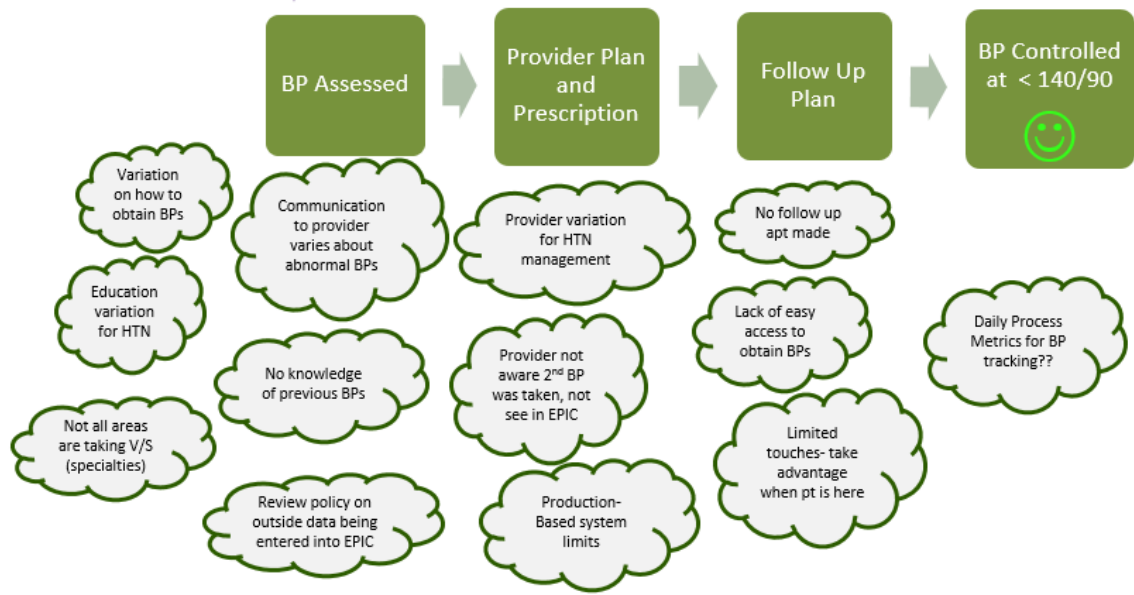
Green County Hypertension Community Care Protocol Flow Chart [Updated 6.3.16]





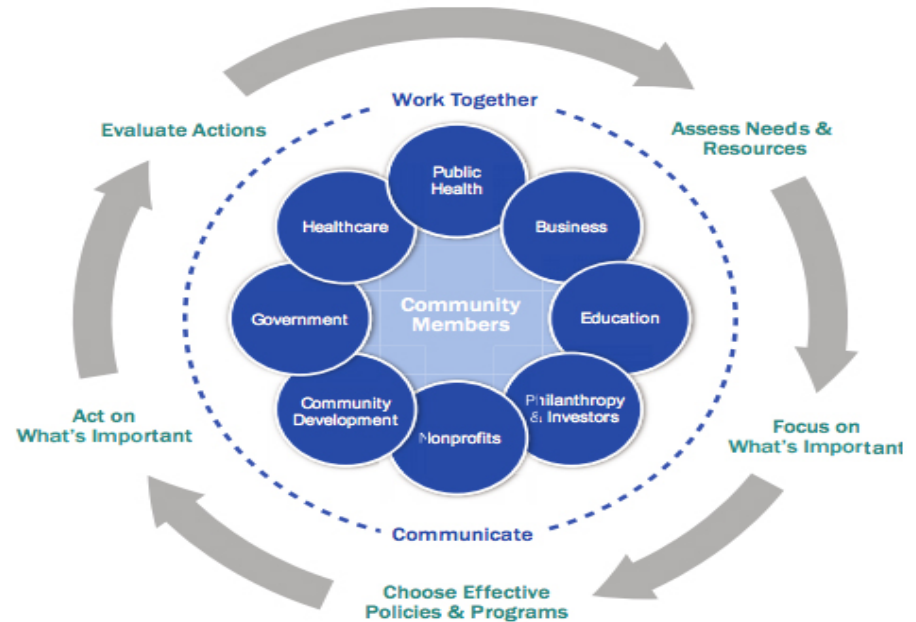
Awareness of initiative throughout organization

HTN Value Stream Map



GREEN COUNTY HEALTHY COMMUNITY COALITION POPULATION HEALTH IMPROVEMENT OPPORTUNITIES

- ▶ Creation of a website for community health care protocols
- ▶ Green County Hypertension Community Care Agreement – drawing a variety of multi-sector partners
- ▶ Coalition = link to the area's community health improvement plan



© 2014 County Health Rankings and Roadmaps

GREEN COUNTY HEALTHY COMMUNITY COALITION POPULATION HEALTH IMPROVEMENT OPPORTUNITIES



- ▶ Personal Care Agencies (Staff)
- ▶ Dementia Summit (Family Caregivers)
- ▶ Health & Human Service Employees
- ▶ Senior Fun Fest (Seniors)
- ▶ YMCA (Younger Adults)
- ▶ Walk in's
- ▶ Churches
- ▶ Schools
- ▶ Community Clinic
- ▶ Wal-Mart Parking Lot Event

DIGITAL ANNOUNCEMENTS COMMUNITY EVENTS



— FREE HEALTH CLASS —

**HEART HEALTH:
KNOW YOUR NUMBERS**

MON, APR 10 | 5:30PM
FOUNDER'S HALL, MONROE CLINIC

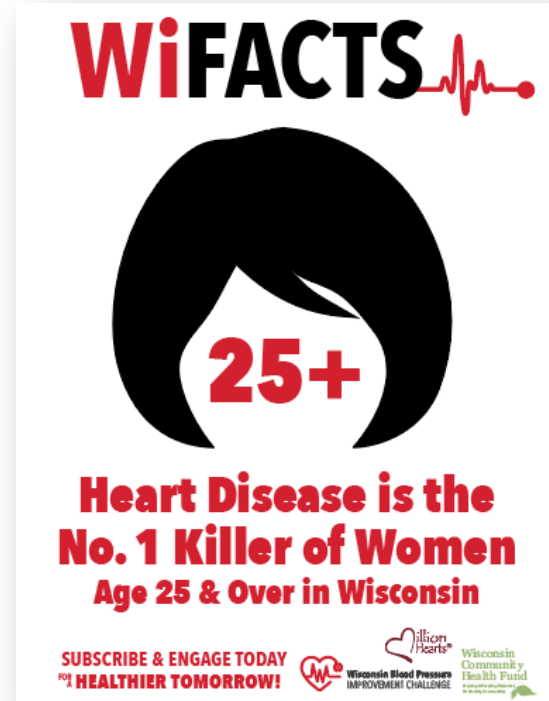
 Wisconsin
Institute for Health
FOR HEALTH

 Wisconsin
Community
Health Fund
Wisconsin's leading organization
for family communication



SOCIAL MEDIA EFFORTS

- ▶ Weekly graphic posts to build audience and reinforce messages





NGSD GO RED DAY!





YOUTH-CENTERED INFORMATION



Heart Facts for Kids

- ♥ The heart is about the size of your fist, and you won't believe all of the cool things this important organ can do!
- ♥ The heart has four chambers and is found not on your left side but actually in the middle of your chest between your lungs.
- ♥ The heart weighs between 7 and 15 ounces, which is about the same as a bottle of Heinz Ketchup!
- ♥ The average adult heart beats 72 times a minute, 100,000 times a day and 3,600,000 times a year
- ♥ You have felt your own heart beating and it actually works like electricity. As your heart contracts, or tightens up, it makes all of the chambers smaller and pushes blood back into the blood vessels. When your heart relaxes again, the chambers get bigger and the blood comes back to your heart.
- ♥ All of your blood vessels, arteries, veins and capillaries, things that carry blood, if stretched out would go around the world twice!
- ♥ To keep your heart healthy you need to exercise at least 30 minutes most days of the week
- ♥ Why the heart is associated with love? Greeks believed the heart was the seat of the spirit; the Chinese associated it with the center of happiness and the Egyptians thought the emotions an intellect arose from the heart. Plato confirmed that reasoning comes from the brain but that love comes from the heart.

Disease of the heart is one of our state's and country's top reasons for death. Take care of your body and heart — eat healthy food and exercise — and help to share more love with others!

For more information about healthy hearts visit:

www.heart.org
<https://millionhearts.hhs.gov/>

MEDIA EFFORTS

 **POST MESSENGER
RECORDER** 109 5th Ave., New Glarus, WI
(608) 527-5252
Serving the communities of
Belleville, Monticello, and New Glarus 

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Green County Healthy Hearts

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February 16, 2017 | Vol. 133, No. 7



Photo courtesy of Rebecca Thompson

New Glarus School Nurse Kayla Zimmerman, New Glarus High School Principal Jeff Eichelkraut and Rebecca Thompson, Director of the Wisconsin Community Health Fund. Zimmerman coordinated the event for the district.

In the month of February and beyond, residents of Green County can take advantage of exploring opportunities for healthy hearts. Chances are high that you, or someone in your family, will be affected by Cardiovascular Diseases (CVD). Cardiovascular diseases, including heart disease and stroke, unfortunately kill nearly 1 in 3 people in Wisconsin and represent the leading cause of death in women age 25 or older.

So, what can we do to prevent death and heart disease? The good news is that 80% of cardiovascular diseases are preventable with education and action. Education means understanding the numbers that effect heart health, which are: Total Cholesterol, HDL (good) Cholesterol, Blood Pressure, Blood Sugar, and Body Mass Index (BMI). Clinics, hospitals, pharmacies and self-monitoring tools are available to help you understand your numbers and risks for heart health challenges.

Listed below are some guiding principles and tools for support from the American Heart Association and Centers for Disease Control:

Eat smart - know what is on your plate - eating healthy does not have to mean dieting or giving up all of the foods you love. Learn how to ditch the junk, give your body the nutrient-dense fuel it needs, and love every minute of it!

Add color - to your diet - all the colors of the rainbow - all the time - life is why - color is how!

Move more - a good goal is 150 minutes a week, but if you don't want to sweat the numbers, simply move more! Find forms of exercise you like and stick with, and build more opportunities to be active into your routine.

MOST POPULAR:

COMMENTS VIEWED

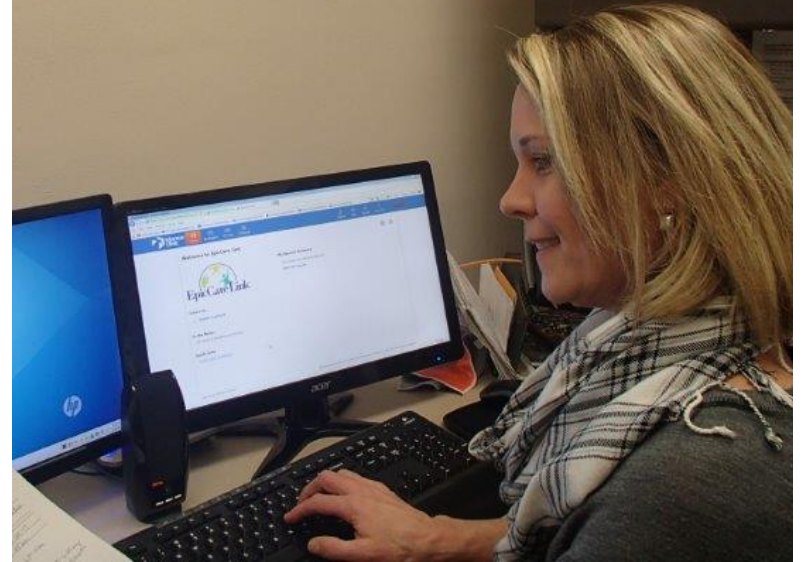
1. Vietnam War Hero Passes Awa...
2. PATRICIA N. MOEN
3. New Glarus Wild Game Feed
4. Music Fest is Changing Its...
5. Chenoweth and Gerner Compet...

Post Messenger Recorder PMR New Glarus Monticello Belleville News Publishing

HISTORY MADE!

First Public Health Department with access to EPIC

(Electronic Community Clinical Linkage
System – opportunities for expanded
electronic data systems within
pharmacies)



PHARMACISTS – BRIDGES TO COMMUNITY HEALTH!

- ▶ Usage of onsite blood pressure equipment for further community screening
- ▶ Continued expansion of MTM (medication management therapy)
- ▶ Continued expansion of medication management therapy
- ▶ Leaders in community health education!





Population Health in Jefferson County

Chris Barron, RPh
Fort HealthCare
Fort Atkinson



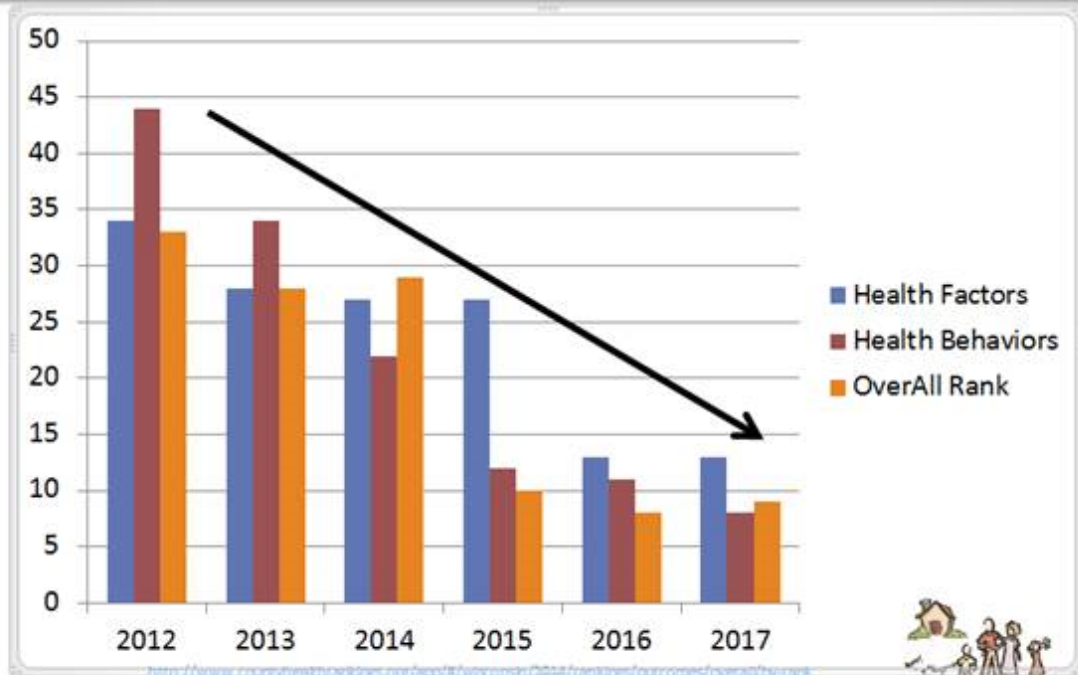


Independent hospital, health system serving primarily Jefferson County, WI

- 72 bed acute care hospital
- 14 outpatient clinics
- 44 employed outpatient providers
- Cerner ITWorks, Solution Partner, Reference Site.



Ultimate Evaluation



Fort HealthCare

OUR MEASURES

- ▶ Adult & Senior Wellness
 - ▶ Breast Cancer Screening
 - ▶ Cervical Cancer Screening
 - ▶ Colorectal Cancer Screening
- ▶ Diabetes
 - ▶ A1C Monitoring
 - ▶ Lipid Monitoring
 - ▶ Eye Exam
 - ▶ Foot Exam

Registries

Organizations

 Search Organizations

Sort by: Quality Score

Population

[Fort HealthCare Pediatrics](#)
[Fort HealthCare Internal Medicine and Pediatrics](#)
[Fort HealthCare Center For Womens Health](#)
[Fort HealthCare Cambridge Clinic](#)
[Fort HealthCare Lake Mills Medical Clinic](#)
[Fort HealthCare Internal Medicine Fort](#)
[Fort HealthCare Internal Medicine Whitewater](#)
[Fort HealthCare Integrated Family Care](#)
[Fort HealthCare Jefferson Clinic](#)
[Fort HealthCare Johnson Creek Clinic](#)

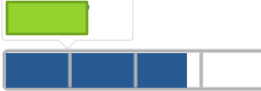
Fort HealthCare Johnson Creek Clinic

Provider List

1,082 Persons

71% Complete

Quality Score



Diabetes

Met %

Zoom out

 37% Met
LDL < 70 mg/dL

 37% Met
Comprehensive Care

38% Met

Body Mass Index Follow-Up Plan

 168 Persons Qualified
103 Persons Not Met
38% Completed

 50% Met
HbA1c < 7%

 62% Met
Lipid Control

 64 Persons Qualified
24 Persons Not Met
71% Completed

 74% Met
HbA1c < 8%

 79% Met
Antiplatelet Therapy

 81% Met
Blood Pressure < 140/90 mm Hg

 81% Met
Foot Exam

 85% Met
Semiannual Office Visit

 203 Persons Qu...
30 Persons Not...
85% Completed

 54% Met
LDL < 100 mg/dL

 77% Met
Lipid Panel

 82% Met
HbA1c ≤ 9.0%

 91% Met
HbA1c Screening

 91% Met
Nephropathy Monitoring

Tobacco Use Screening and Cessation

Body Mass Index

Blood Pressure Measurement



Met

[View Filtered Persons](#)

Scorecards

[Scorecard Details](#)

Organizations

 Search Organizations

Sort by: Composite Score

Fort

Fort HealthCare Internal Medicine Fort

Fort HealthCare Integrated Family Care

Fort HealthCare Internal Medicine and Pediatrics

Fort HealthCare Internal Medicine Whitewater

Fort HealthCare Lake Mills Medical Clinic

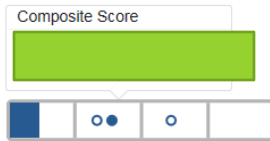
Fort HealthCare Johnson Creek Clinic

Fort HealthCare Cambridge Clinic

Fort HealthCare Jefferson Clinic

Family Medicine

Fort HealthCare Internal Medicine Fort

 Fort
 3 Scorable Providers
 2,910 Scorable Persons
 2,910 Persons


Top Opportunities All Categories All Registries Opportunity Rank

1st Ranked Opportunity Eye Exam 7 more needed to reach target		4th Ranked Opportunity Diabetes : HbA1c Screening 79% Met ≥85.0% Target +11.11% Composite Score Impact 35 more needed to reach target	
2nd Ranked Opportunity Breast Cancer Screening 20 more needed to reach target	3rd Ranked Opportunity Foot Exam 30 more needed to reach target	4th Ranked Opportunity HbA1c Screening	5th Ranked Opportunity Breast Cancer Screening 43 more needed to reach target
		6th Ranked Opportunity Cervical Cancer Screening	7th Ranked Opportunity Colorectal Cancer Screening 59 more needed to reach target
		8th Ranked Opportunity Lipid Panel 187 more needed to reach target	


[View Persons](#) [View Providers](#)

OUR PROJECT

- ▶ Establish Four Primary Workflows
 - ▶ Pre-visit chart prep (Population Health one patient at a time, 'bottom up')
 - ▶ Outcomes Surveillance (Population Health 'top down')
 - ▶ Capture of external knowledge
 - ▶ Patient Outreach

RESULTS

▶ Diabetes

- ▶ 1.8% increase in A1C Monitoring rates
- ▶ 2.2% increase in Diabetic Lipid Monitoring rates
- ▶ 42% increase in Diabetic Eye Exam capture rates
- ▶ 37% increase in documented Diabetic Foot Exams

▶ Adult & Senior Wellness

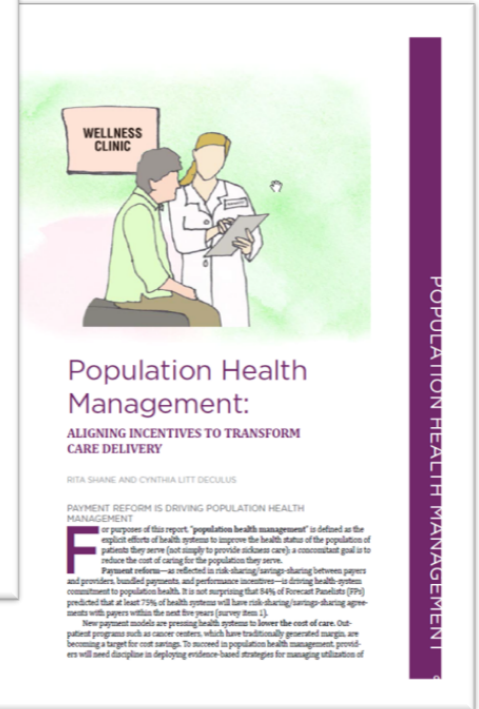
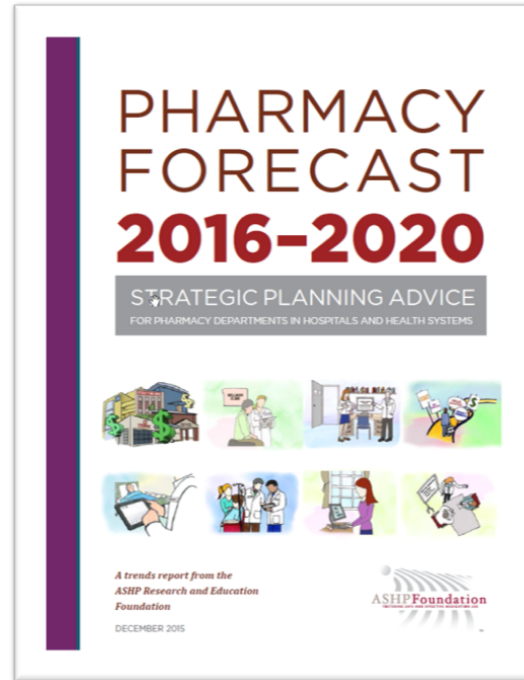
- ▶ 6.8% increase in Breast Cancer Screening
- ▶ 7.3% increase in Cervical Cancer Screening
- ▶ 13% increase in Colorectal Cancer Screening

ONGOING QI AS A RESULT

- ▶ Clean up of data/processes
- ▶ Better, more consistent data capture (internal & external)
- ▶ New roles created
 - ▶ Health Outcomes Specialists
 - ▶ Ambulatory Quality Improvement Specialists
- ▶ Motivational Interviewing training
- ▶ Ambulatory Pharmacists?

OPPORTUNITIES FOR PHARMACY

- ▶ Optimal Medication Adherence
- ▶ Preventative Care
- ▶ Improving Post-Acute Care
- ▶ Engagement in Community Health
- ▶ Impact the opioid crisis
- ▶ Share data (PDMP, WIR, DUA's)
- ▶ Prove your quality
- ▶ Policy statements that shape health





Hayat Pharmacy: Role in Patient's Care Coordination

Hashim Zaibak, PharmD
Hayat Pharmacies
Milwaukee

Dimmy Sokhal, PharmD
Hayat Pharmacies
Milwaukee

OVERVIEW

- ▶ Referral program with Community Health Workers
- ▶ Home visits for MTM services
- ▶ Home visits for Diabetes education
- ▶ Referral program with local HMOs
- ▶ Referral program with Milwaukee Fire Dept.
- ▶ Immunizations
- ▶ Offering to administer long acting Antipsychotics
- ▶ Dispensing Naloxone



REFERRAL PROGRAM WITH COMMUNITY HEALTH WORKERS

Objective

- ▶ Improve accessibility to medications
- ▶ Improve adherence
- ▶ Patient education
- ▶ Improved clinical outcomes

Community health workers (CHW) work with refugee population to assist with housing, medical services, transportation and other social services



REFERRAL PROGRAM WITH COMMUNITY HEALTH WORKERS

- ▶ CHWs perform medication reconciliation with the help of translation services
- ▶ CHW send a referral for pharmacy services
- ▶ Pharmacist reaches out to the patient
 - ▶ Introduce the Synchronization of medications
 - ▶ Introduce the tools to simplify and improve adherence
- ▶ Contact the patient's prescriber for clarification if necessary
- ▶ Dispense the medications
- ▶ Arrange delivery for the patient's medications
- ▶ Coordinate in-home visit with pharmacist to perform CMR if needed
- ▶ Communicate patient's status back to the CHW



HOME VISITS FOR MTM SERVICES

- ▶ Comprehensive medication review at patient's home
 - ▶ Educate on importance of adherence
 - ▶ Assist with tools for improving adherence
 - ▶ Lifestyle education
 - ▶ Training on appropriate administration of devices
- ▶ Medication reconciliation
- ▶ Working with patient's caregiver and home health workers
- ▶ Coordinating with patient's care coordinators
- ▶ Document the visit and communicate to patient's health care team



HOME VISITS FOR MTM SERVICES

- ▶ Intent is to work collaboratively with other health care providers
- ▶ Enhance therapeutic outcomes
- ▶ Aligning with evidence-based guidelines
- ▶ No therapeutic changes are made without healthcare prescriber approval



HOME VISITS FOR DIABETES EDUCATION

Referrals from Prescribers

- ▶ 5 weeks program for diabetics
- ▶ Educating patients about taking charge
- ▶ Educating on how to make office visits better
- ▶ Understanding patient's goals and numbers
- ▶ Carb counting
- ▶ Lifestyle changes



HOME VISITS FOR DIABETES EDUCATION

Best candidates

- ▶ Diabetics with other co-morbid conditions
- ▶ Patients with uncontrolled diabetes
- ▶ Patients with adherence and compliance
- ▶ Patients on multiple medications
- ▶ Newly diagnosed diabetics
- ▶ Recently discharged from the hospital



REFERRALS FROM LOCAL MEDICARE ADVANTAGE PLANS AND HMOS

- ▶ Post hospital discharge visits
- ▶ Non adherent members
- ▶ Members frequently hospitalized
- ▶ Members who need training on devices
- ▶ Members who have limited mobility/transportation issues
- ▶ Members with complex medication regimen



REFERRALS FROM LOCAL MEDICARE ADVANTAGE PLANS AND HMOS

Goal

- ▶ Improve adherence
- ▶ Enroll patients in synchronization program
- ▶ In-home MTMs
- ▶ Working with the care coordinator
- ▶ Provide follow ups
- ▶ Documentation and communication with prescribers



REFERRAL PROGRAM WITH MILWAUKEE FIRE DEPARTMENT-COMMUNITY PARAMEDIC PROGRAM

Five week Community Paramedic program for “frequent flyers”

Pharmacist co-visit with paramedics

- ▶ Perform medication reconciliation
- ▶ Provide education on adherence
- ▶ Offer adherence packaging to the patients
- ▶ Work with patient’ s health care team to ensure that patient’ s medications are up to date
- ▶ Document and update paramedics and patient’ s PCP



IMMUNIZATIONS

- ▶ Flu clinics
- ▶ Referrals for patients who need flu shots administered at home
- ▶ Documenting on WIR
- ▶ Administering Shingles and Pneumonia vaccines at patient' s home



OFFERING INJECTABLE MEDICATIONS

Long acting antipsychotics

- ▶ Improved adherence
- ▶ Easy accessibility to pharmacist

Training and assisting in administering newer diabetes medications like Tanzeum, Bydureon, Trulicity



EDUCATION ON NALOXONE

- ▶ Standing order passed in August 2016
- ▶ Dispensing naloxone to chronic pain patients
- ▶ Educating patients on administration technique
- ▶ Following up with the prescriber
- ▶ Documenting and updating quarterly reports to the Dept. of Health Services





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