THE QUARTERLY COMPASS

Fall 2023

SAINT ALPHONSUS
HEALTH ALLIANCE

2023 FALL NEWSLETTER

Welcome Stacy Meyr, D.C.
President of the Saint Alphonsus Health Alliance

We are pleased to announce that we have found an exceptional leader, Stacy Meyr, DC, to accept the reigns of President of the Saint Alphonsus Health Alliance (SAHA) following the retirement of Dr. Charles Chodroff. Stacy joined SAHA at the end of August and will be relocating to the Treasure Valley with her husband.

Stacy Meyr, DC, is a value-based and healthcare administration leader with more than 20 years of experience in operations management for Health Plans, Accountable Care Organizations, and Value-Based Care Programs including client implementation, population health management, and program outcomes. She brings expertise in population health strategy development and deployment, rollout of new health plan products or market expansion, and has worked extensively across matrixed organizations, leveraging resources and leading national initiatives.

Prior to joining Saint Alphonsus, Stacy served for nearly three years as Vice President, Payer Relations and Value-Based Strategy for Athletico, Chicago, Illinois. In this role, she led the payer relations strategy and execution of specialty musculoskeletal value-based programs across 24 states, including the District of Columbia. She was accountable for all activities to transition the organization from fee-for-service to value-based care programs and improving patient outcomes.

Prior work roles included serving as National Director, Provider Engagement and Population Health for Lumeris, National Director Under Population Health and Medicaid Innovations for Aetna; and Program Operations for Practice iQ, an Aetna Company.

Stacy holds a Doctor of Chiropractic (DC) degree from Logan University, Chesterfield, Missouri, and a Bachelor of Science from Southeast Missouri State University, Cape Girardeau, Missouri.

Please join us in welcoming Stacy to Saint Alphonsus and the Treasure Valley.

Perfecting Transitions of Care

The Alliance hosted a breakfast meeting for network providers in July that featured talks and table discussions focused on ways we can assure well designed, error-free episodes of care as patients transition from a facility to their home setting. Saint Alphonsus Health System currently has very low readmission rates and very low rates of preventable hospitalizations. Even so, the Alliance staff and our primary care practices are often frustrated by lack of information, errors in pharmaceutical management, and confusion among our patients and their families following a transition of care.

Our speakers focused on pharmaceutical management, how providers can obtain enhanced reimbursement for office visits for transitional care management services, and how practices can obtain the latest information from hospitals and area skilled nursing facilities to assure proper continuation of care.

Following these presentations the audience participated in table discussions to share their experiences, both positive and negative, with managing patients who transition from hospitals and other facilities.

Here are some of the ideas generated during these discussions that the Alliance staff will address in the coming months:

- Hospice care has not been well integrated into the operations of our area skilled nursing facilities (SNFs).
- Lack of clear expectations for coordinated education that takes place prior to leaving a hospital or SNF and what happens in the primary care provider's office during a transition management encounter.
- How do we meaningfully engage family members and other significant others in the educational process as recently hospitalized patients may not be in a proper mental state for complex instructions.
- Our primary care practices still face hurdles in getting records from certain facilities. The Alliance post-acute care management team has been working closely with area SNFs to have their summaries of care available in EPIC within 1 day following transition.
- We need to better educate patients and families on the use of EPIC's MyChart as a communication and education tool.
- Additional education for primary care practices on how to perform and properly bill for transitional care management services.

The Alliance's care management team will continue to work with our network hospitals and area SNFs to clarify responsibilities, improve documentation, and assure optimum hand-offs to primary care practices.

Quality Healthcare: The Impact of Patient Portals

The landscape of healthcare is changing rapidly. Technology is playing a large role in reshaping what patient-provider interactions look like. Patient portals are an example of healthcare innovation and may prove to be one of the most pivotal when it comes to improving patient engagement, care coordination, patient outcomes and data driven processes.

These portals can eliminate barriers patients may have when communicating with their care team. It empowers patient engagement by allowing access to their lab results, treatment plans, prescriptions, and upcoming appointments. This access encourages patients to participate in their care and generates better adherence to treatment plans.

These portal applications stimulate collaboration and serve as a hub for care coordination, enabling different healthcare providers to access and share patient information securely. Patient portals provide facilitation needed by healthcare's multidisciplinary environment.

Portal utilization can impact health outcomes in various ways. Portals offer educational resources; help monitor chronic conditions and provide timely reminders for preventative care and follow up appointments. This is proactive health management, resulting in early detection of potential issues and better disease management.

Data integrity in these portals are strengthened with self-reported data as well as content from the patient's care team. This can greatly assist in health equity efforts, identifying healthcare trends, treatment efficacy, and patient preferences. Access to this information can assist greatly with population health management.

Patient engagement is the cornerstone of quality healthcare. By encouraging registrations for these portals, quality health care can be provided at higher levels more frequently.

MSSP 3 Day SNF Waiver

At Saint Alphonsus, we have the ability for our Medicare Shared Savings Program (MSSP) patients to be admitted to a skilled nursing facility (SNF) under the MSSP 3 D W program – which means, the patient does not need the usual 3 midnight inpatient stay to qualify for skilled nursing.

Under this waiver, a patient who has a verified, documented skilled need, like skilled therapy, or wound care – NOT Custodial Care – can be directly admitted to a participating SNF with a specified Post-Acute Care Management plan after being seen by a Trinity Health Integrated Care (THIC) provider.

Compared to the PHE waiver which had been used often as it was flexible and easily initiated by the SNF, the MSSP waiver criteria is rigid and is initiated by Saint Alphonsus Post-Acute Management RN staff. We have provided education to our Alliance Clinical Team RNs, Population Health RNs, and Clinical Resource Manager RNs in the event it would benefit your patients.

If you have questions about the MSSP 3 D W program and how it could help your patient, please reach out to Leslie Peterson-Criner RN via Teams or Email leslie.peterson-criner@saintalphonsus.org

SGLT-2 Inhibitors in Chronic Kidney Disease: When to Start Therapy?

Novel medications are revolutionizing care in many industries, none more apparent than in the diabetic space. Not only do we have two new classes of medications, but they have been shown to improve long term cardiac and kidney function. As the evidence changes rapidly, this quarter's article takes a deeper dive into the benefits of an SGLT-2 Inhibitor when it comes to kidney disease.

How They Work:
SGLT2 inhibitors include brand names such as Jardiance, Farxiga, and Invokana. They work by blocking reabsorption of sugar in the kidneys. This results in a reduction of glomerular pressure and a decrease of protein in the urine. It's also thought that SGLT2 inhibitors may decrease inflammatory mediators.

Indications in CKD:
We know about the improvements in blood sugar, but what about in chronic kidney disease (CKD) alone? In patients with CKD 3b or better function, Farxiga shows reduced risks of worsening kidney function, onset of end-stage kidney disease and kidney failure related death by 39% (5% absolute risk reduction). This powerful data is present in patients with or without diabetes[2]. Invokana shows similar efficacy with the added benefit of reducing the incidence of hyperkalemia[1,3]. Jardiance is also indicated for use in CKD alone[1,4]. Currently, it is difficult to know which stages of CKD would benefit the most from therapy. Most patients had Stage 3 CKD which is likely an excellent starting point for therapy[1,2,3,4]. However, there are data that show a slower decline of GFR regardless of disease stage (1.53 ml/min/1.73 m2 reduction per year)1. Recommendations from Kidney Disease - Improving Global Outcomes (KDIGO) suggest initiating SGLT2 inhibitors as early as possible in patients with diabetes and CKD to ensure maximal benefits[7,8]. For the right patient, earlier initiation may be beneficial.

SGLT-2 Inhibitors in Chronic Kidney Disease: When to Start Therapy? (continued)

Doses of SGLT2 Inhibitors for CKD	When to Initiate in CKD
Farxiga 10mg	GFR less than 75 and above 25 Albumin Creatinine ratio: 200 -5000 mg/g
Invokana 100mg	GFR less than 90 and above 25 Albumin Creatinine ratio: > 300 mg/g
Jardiance 10 mg	GFR less than 90 and above 20 Albumin Creatinine ratio: > 300 mg/g

Don't Be Afraid of Initial Decrease in GFR:
These medications work in part by reducing glomerular pressure. This often leads to an acute reduction in eGFR at the start of therapy. The drop is temporary, but it often scares providers into stopping the medication. Interestingly, a greater initial dip in eGFR is correlated to a more pronounced long-term benefit. An increase of serum creatinine of up to 30% is considered acceptable.

Keep in Mind:
The blood sugar lowering effects slow when the eGFR is less than 60 and becomes minimal when it drops below 30. While SGLT2 inhibitors should not be initiated in those with an eGFR < 20-30, they may be continued until the patient is on dialysis as they still show benefit in slowing disease progression. Avoid use in patients with polycystic kidney disease, lupus nephritis, kidney transplant or type 1 DM, as these diagnoses are contraindications or poorly studied.

Results are strongest for those with a GFR above 20-30 and albuminuria above 200 mg/g[1]. Patients should be on the maximum tolerated dose of an ACE/ARB prior to initiating a SGLT2[2,3,4,5].

Evaluation of the urine continues to be vital, as protein in the urine is a necessary indication for the class.

Cost of the medication is also important to consider. Cost effectiveness has been demonstrated for Farxiga with non-diabetic CKD5. Although, it is most compelling for the class in diabetic kidney disease. Many patients with chronic kidney disease are 65 or older9, therefore, most will have Medicare part D or a Medicare advantage plan. The total cost of a SGLT2 inhibitor can range between $600 to $800 per month. This means that patients will fall into the coverage gap in about 6 months on this medication alone! At that point, cost after insurance changes from around $47 per month to $150 – 200 per month. It is important to have a frank discussion with the patient to determine if this cost will be manageable. If not, there are several programs the patient may be eligible for, such as Extra Help, which is a low-income subsidy patients can apply for through Medicare. If the patient does not qualify for the subsidy, each manufacturer also has their own patient assistance program.

Medication	Program Name	Annual Household Income Limit Individual	Annual Household Income Limit Couple
Farxiga	AZ&Me	$43,740	$59,160
Invokana	Janssen CarePath	$40,770	$54,930
Jardiance	BI Cares	$72,900	$98,600

SGLT-2 Inhibitors in Chronic Kidney Disease: When to Start Therapy? (continued)

Potential New Changes on the Horizon:
Jardiance has recently shown to be effective in patients with CKD, without albuminuria. Meta-analysis also shows that regardless of baseline albuminuria, SGLT2 inhibitors delay CKD progression. While the indications for therapy haven't changed yet, this may soon increase the number of patients eligible for therapy.

Links to Extra Help and Patient Assistance:

Help with drug costs | Medicare

BI Cares Patient Assistance Portal | Boehringer Ingelheim US (boehringer-ingelheim.com)

Home (azandmeapp.com)

INVOKANA® (canagliflozin) Affordability | Janssen CarePath for Healthcare Professionals

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