

# Improving Value-Based Care for Insomnia Treatment in a Primary Care Medicare Shared Savings Population

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## BACKGROUND

Due to projected growth of the aging population and their associated healthcare costs, the promotion of value-driven, patient centered care is necessary for the sustainability of the Accountable Care Organization (ACO) model and to achieve Medicare financial incentives.

Baylor Scott & White Health (BSWH) in Dallas, TX developed the Innovative Care Team (ICT) model within its ACO in 2015. The ICT is an interdisciplinary team led by clinical pharmacists and includes primary care clinic-based community health workers (CHWs), pharmacy technicians, a Licensed Clinical Social Workers, and a Chaplin; the ICT is dedicated to improving care delivery specifically linked to medication safety for ambulatory MSSP patients.

With a patient population of over 64,000 at 18 primary care clinical sites, the ICT works to improve chronic disease care management through enhanced patient engagement, disease education, and medication appropriateness and adherence activities to decrease the potential for utilization of the emergency department (ED) and hospitalization.

## OBJECTIVE

To reduce fall-related ED events through improved appropriate use of hypnotic medications for MSSP patients by utilizing the ICT to provide a patient-centered insomnia management intervention.

## INTERVENTION

**Title:** Sleep Health Education & Effective Prescribing of Pills (SHEEP)

**Approach:** Through CHW-led peer coaching, shared decision making, de-prescribing, and evidence-based insomnia treatment guidelines, SHEEP promotes the reduction of fall-related emergency department utilization through improved sleep hygiene education and medication use

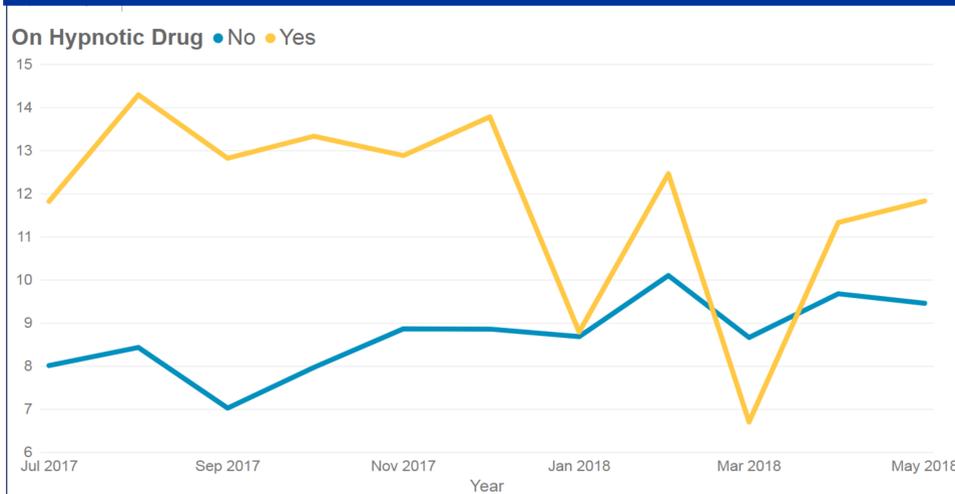
**Initial Aim:** Reduce number of patients taking hypnotic medications by 5% by June 30, 2018

## IMPLEMENTATION STRATEGY

**Key Steps to SHEEP Adoption:**

1. Developing insomnia treatment guidelines and patient education sleep health handout
2. Training ICT staff on SHEEP
3. Creating SHEEP Data Dashboard
4. Socializing to primary care clinic providers

## MSSP FALL-RELATED ED EVENTS PER 1,000



## QUESTIONS?

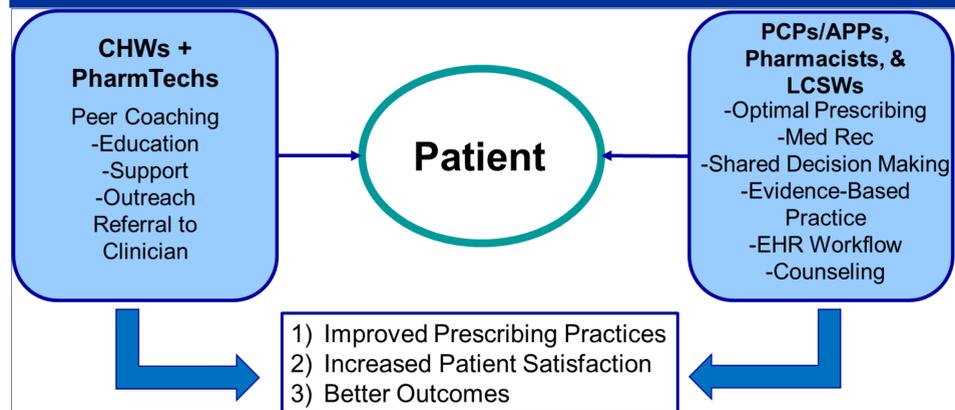
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## PROBLEM

Upon evaluation of the top 25 ICD codes for MSSP ED utilization, it was determined that ICD codes for Syncope, Superficial injury;contusion, Other fractures, and Fracture of upper limb are high cost, high frequency conditions that are potentially avoidable conditions for MSSP patients seeking care in BSWH EDs.

Due to literature that establishes a relationship between the long-term use of hypnotic medications and risk of injury, MSSP fall-related ED utilization and prescription claims data for hypnotic medications were analyzed in December 2017. The fall-related ED visit rate for the 41,861 patients not taking a hypnotic medication was 3.5%. Of the 5,767 patients taking one hypnotic medication, 4.8% had a fall-related ED visit; this rate increased for patients taking two or more hypnotic medications to 7.2%. Preliminary analysis of the differences in fall-related ED visit rates for patients taking hypnotic medications versus no hypnotic medication show statistical significance ( $p < 0.0001$ ).

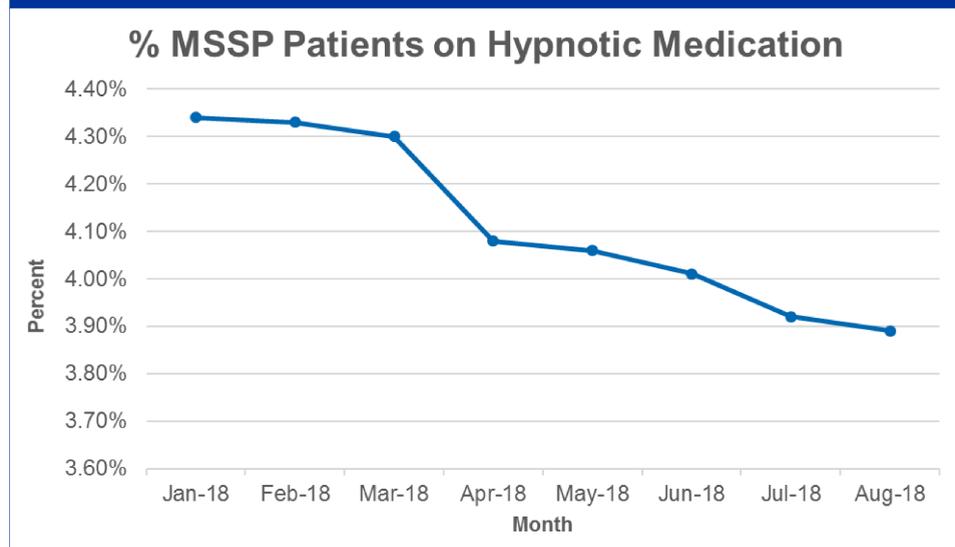
## VALUE APPROACH



## METRICS

1. Percent of Patients with Active Hypnotic Medication
2. Appropriate Hypnotic Prescribing (dose, days supply)
3. MSSP Fall-Related ED Events per 1,000
4. Total Sleep Health Handouts by CHW, by Month
5. ED utilization rate for patients who receive handout

## METRIC: MSSP HYPNOTIC PRESCRIBING



## DISCUSSION

SHEEP adoption activities began in February 2018. As of September 1, 2018, 126 patients have received SHEEP intervention; a 10.3% reduction in MSSP patients taking  $\geq 1$  hypnotic medication has occurred, yet fall-related ED event Medicare claims data, stratified by active hypnotic prescription, show continued opportunity for improvement. As SHEEP provider socialization, data reporting, and CHW-led sleep education continue, the ICT expects continued improvement in SHEEP metrics.