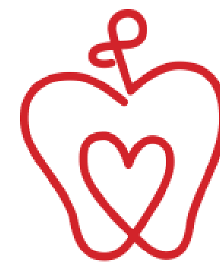
Improving Patient Outcomes Through Data

Optimizing Pharmacist Use of CPCI/DRVS for Chronic Disease Management

May 18, 2021



COMMUNITY HEALTH CARE ASSOCIATION of New York State

chcanys.org

Introductions

azara healthcare

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Maximize Your Experience!

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Ask questions using the Q&A box.

You will remain muted throughout.

Don't try to multitask.

Participate in the polls!

Goals for Today

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- **Tools for screening and early identification of patients** appropriate for pharmacist supported chronic condition management, specific to Diabetes, High Blood Cholesterol, HTN management and ASCVD
- **Managing the population** – Tracking the care of patients for follow up and intervention
- **Program management** – Explore team-based care and operational issues associated with co-located management
- **Care effectiveness** – Explore impact and effectiveness of interventions at patient level
- **Quality Improvement and Reporting** – Explore impact and effectiveness of interventions at program level
- **Peer Perspective**

Chronic Conditions are Challenging!

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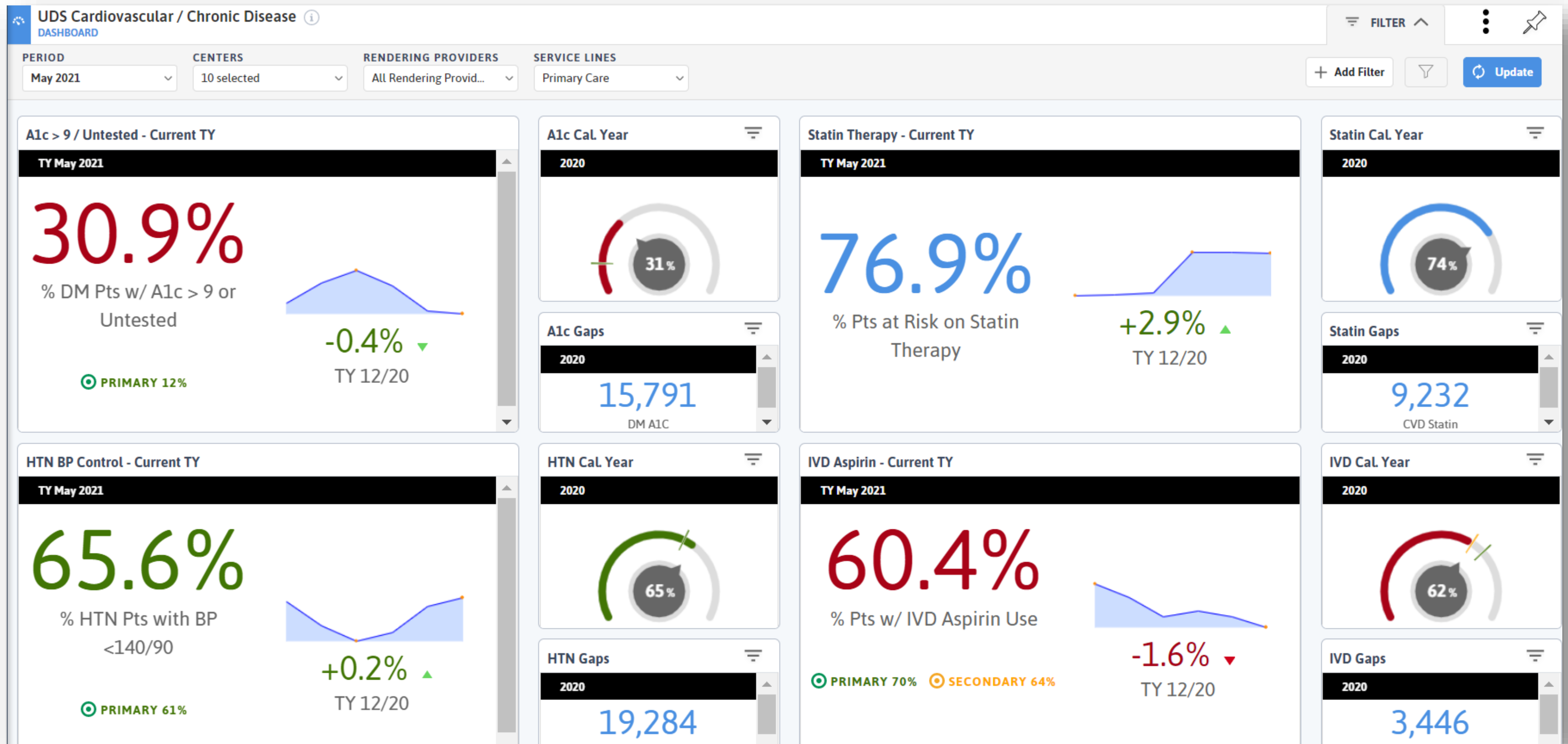
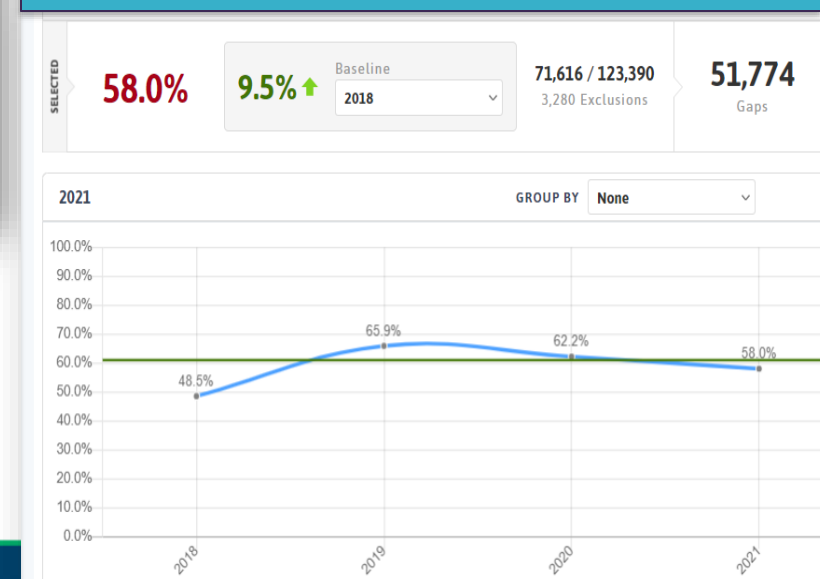


DM A1c >9 or Untested (122v8)

Statin Tx for Prev & Tx of CVD (347v3)

HTN Controlling HBP (165v8)



2018 to 2021

10 DCPC CHCs

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Go to **www.menti.com** and use the code **2755 4848**

What are you doing or planning to do that is different to manage your DM, HTN and Elevated Cholesterol populations?

Medication Therapy Management (MTM)

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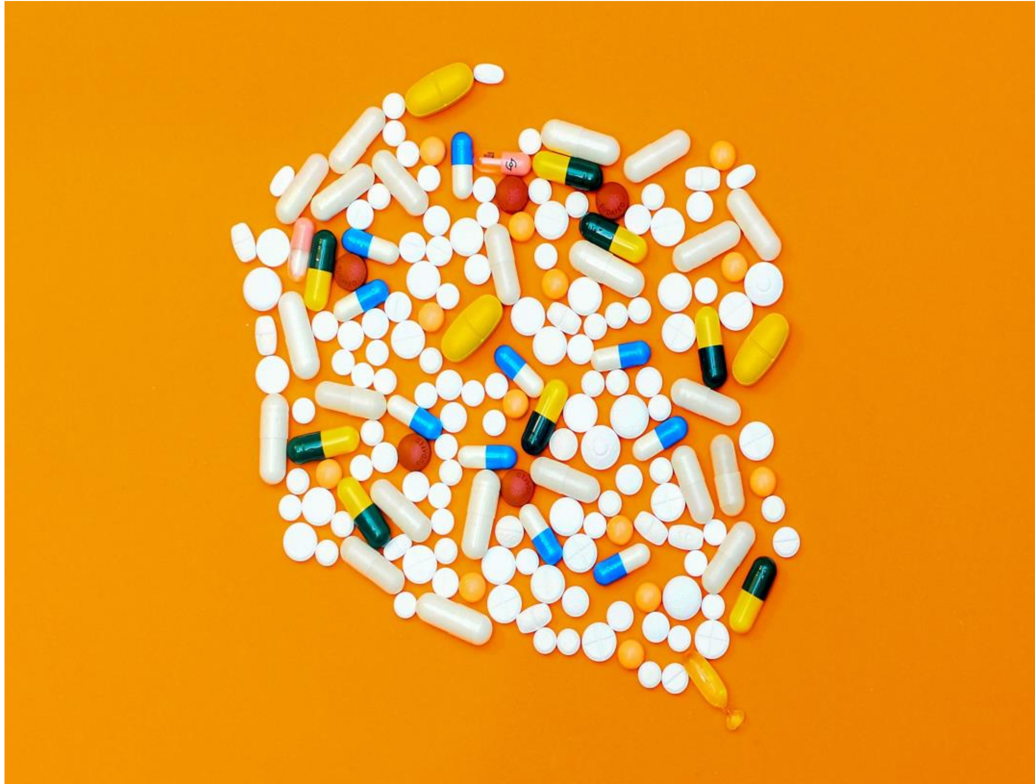
A multifaceted approach with a Clinical Pharmacist reviewing medications:



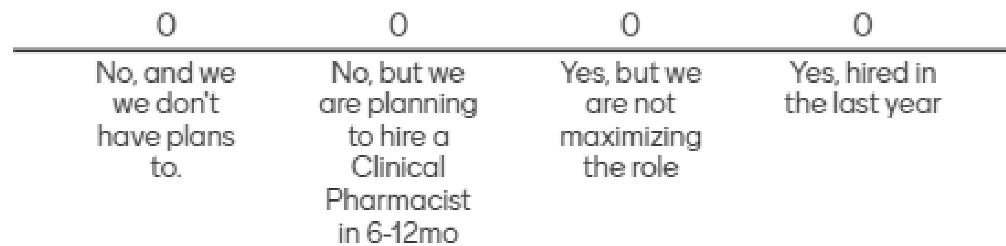
- identifying and remedying medication-related problems
- providing disease state management and self-management education
- addressing medication adherence issues
- considering preventive health strategies to optimize medication-related health

Result: Comprehensive medication review (CMR) assessment and shared care plan on completion.

Rodis JL, Capesius TR, Rainey JT, Awad MH, Fox CH. Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease. Prev Chronic Dis 2019;16:190163. DOI: http://dx.doi.org/10.5888/pcd16.190163

Go to **www.menti.com** and use the code **2755 4848**

Do you have a Clincal Pharmacist at your center?



Conversation with Pharmacists….

- Thank you to those who met with Client Success:
  - Shelby Frisa, Borieken
  - Esra Mustafa, CHC Buffalo
  - See-Won Seo, Hometown Health
  - Ryan Armstrong, Hudson Headwaters
  - Regina Ginzberg, Institute for Family Health
  - Shajaunna Day, PA CDE, Jericho Road
  - Megan Reynolds, The Chautauqua Center
  - Alex Danforth, Trillium

Pharmacists in CPCI Today

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Current Role of Clinical Pharmacist

- MTM for targeted populations
- Chronic Care Mgmt – Asthma, Diabetes, HTN
- Joining rounds

Patients Identification

- PVP / Transition of care episodes in DRVS (pilot)
- EHR generated reports/registries based on specific patient criteria
- Provider driven referrals
- Payer driven compliance reports i.e., dose compliance letters to providers, fill rates
- SureScripts Fill rates

- Clinical Pharmacist are doing similar work, but processes and specifics are varied.
- No groups reported being able to assess the impact of clinical pharmacist interventions i.e., the ROI

Wishlist:

- Ability to tag pts based on interventions to compare to control
- App showing information on patient progress

Barriers to Use of Pharmacists in FQHCs

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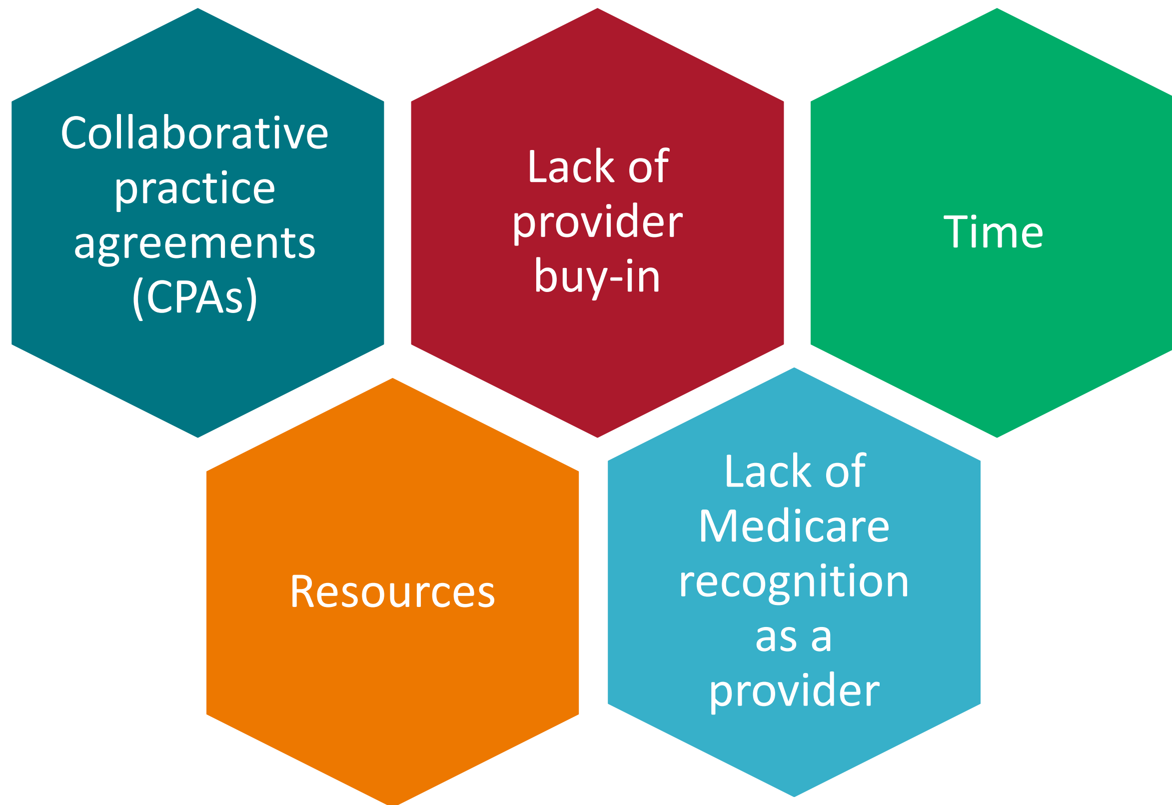

- 2 Studies with FQHCs
  - Focus on Quality
    - Pharmacist in FQHCs: Models of Care to Improve Chronic Disease, Preventing Chronic Disease. 2019:16
    - Multi-site, prospective project with 7 CHCs in Ohio
  - Focus on Reimbursement
    - Outcomes of a Pharmacist-Physician co-visit model in a FQHC, Journal of the American College of Clinical Pharmacy. 2021:1-7 (Indiana)
    - Retrospective observational cohort study with a large FQ system

Key Contributors to Successful Pharmacy Integration

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- Identify or cultivate a champion in administration, quality improvement and/or C-suite
- Align the potential benefits of MTM with FQHC quality care goals
  - Patient and experience
  - Health outcomes
  - Clinical Quality Measures
- Create a data plan
  - Physician perspectives
  - Patient perspectives
  - Health outcomes – A1c, blood pressure and LDL cholesterol
- Share data and build relationships

Peer Discussion

Megan Reynolds, Director of Pharmacy

The Chautauqua Center

Discussion with Megan Reynolds

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- What does your pharmacy program look like now?
  - How do you track performance?
  - What patients do you see?
  - What barriers do you face in optimizing care?
- What does the future of your pharmacy program look like?
- How do you plan on using Azara DRVS/CPCI to track patients? To track performance on quality measures?

Population Identification

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Common Elements to MTM Models (Table 1)

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Element	7 FQHCs	4–6 FQHCs
Clinic and pharmacy structure		
MTM services provided onsite at FQHC	•	
Pharmacy has at least partial clinical access to EHR	•	
Collaborative Practice Agreement used		•
On-site pharmacy		•
FQHC owns pharmacy		•
Care team members		
Medical provider (MD, NP, PA)	•	
Pharmacist	•	
Pharmacy resident(s)		•
Pharmacy student(s)		•
Patient identification		
Medical provider referral	•	
Referral through EHR		•
EHR data mining		•
Eligibility criteria		
Uncontrolled chronic condition[a]	•	
Multiple medications (ie, polypharmacy)		•
Visit structure and content		
Separate visit with a pharmacist[b]	•	
MTM platform documentation and billing[c]	•	
Communication (verbal or via EHR) with clinician	•	
Medication assistance (ie, cost)		•

Abbreviations: EHR, electronic health record; MD, doctor of medicine; MTM, medication therapy management; NP, nurse practitioner; PA, physician assistant.
[a] Inclusion criteria required patients to have either uncontrolled hypertension (blood pressure >140/90 mm Hg) or uncontrolled type 2 diabetes (hemoglobin A_{1c} >9%).
[b] Two sites also conducted joint visits with a medical provider.
[c] Mirixa (Mirixa Corporation, Reston, Virginia) and/or OutcomesMTM (Cardinal Health, Dublin, Ohio).

Patient Identification

Eligibility Criteria

Patients: Who?

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Patient Identification

- Medical provider referral
  - Less objective
- Referral through EHR
  - Allows for tracking
- EHR data mining

Eligibility Criteria

- Uncontrolled condition
  - Measure detail
- Multiple medications (poly pharmacy)

CPCI

- Measure patient details
- Filters
- Risk
- Registries
- Cohorts

Patients: How?

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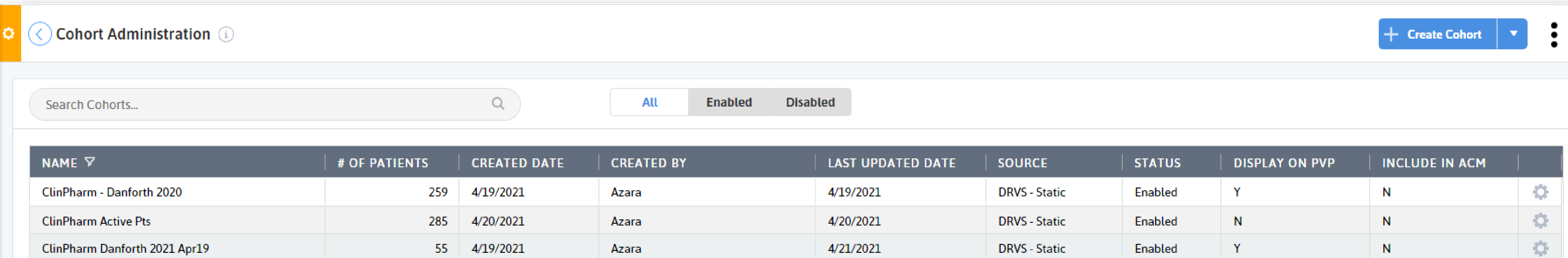
- Use cohorts
  - Patients seen by pharmacist
  - Patients not in control
    - Gaps in care – specific to one condition or combo e.g., HTN and DM
    - Gaps in care and lack of treatment or clinical inertia
  - Patients classified as high risk (Azara Risk) or ASCVD Risk
- Use Rendering provider – if pharmacist books appointments



NAME	# OF PATIENTS	CREATED DATE	CREATED BY	LAST UPDATED DATE	SOURCE	STATUS	DISPLAY ON PVP	INCLUDE IN ACM
ClinPharm - Danforth 2020	259	4/19/2021	Azara	4/19/2021	DRVS - Static	Enabled	Y	N
ClinPharm Active Pts	285	4/20/2021	Azara	4/20/2021	DRVS - Static	Enabled	N	N
ClinPharm Danforth 2021 Apr19	55	4/19/2021	Azara	4/21/2021	DRVS - Static	Enabled	Y	N

Create Static Cohort

NAME*
Name of Cohort

CENTER
Trillium Health

DESCRIPTION
Description of Cohort

STATUS: Enabled | Disabled
DISPLAY ON PVP: Yes | No
INCLUDE IN FILTER: Yes | No
INCLUDE IN ACM: Yes | No

ADD PATIENTS TO COHORT
Upload a text file of MRNs into this box. Each MRN should have its own line.
Download Sample File
Choose File

Cancel | Confirm

Cohort Administration - ClinPharm - Danforth 2020
Add Patients
Patients seen in 2020 by A. Danforth

Search Patients...

MRN	PATIENT NAME	DOB	PHONE	USUAL PROVIDER	CARE MANAGER	NEXT APPOINTMENT	DEATH DATE	REASON	END DATE
		2/6/1997		Unassigned Provider	Unassigned				
		6/11/1977		Unassigned Provider	Unassigned	6/8/2021			
		1/30/1964		Unassigned Provider	Unassigned	6/4/2021			
		4/7/1998		Unassigned Provider	Unassigned	6/2/2021			

1 to 16 of 259
Page 1 of 17

Add Patients

ADD BY MANUAL UPLOAD Each MRN should have its own line
0123456
7890123
0987654

ADD FILE BY UPLOAD
Upload a text file of MRNs into this box. Each MRN should have its own line
Download Sample File
Choose File

Cancel | Confirm

The Beauty of Cohorts

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- Identify specific patients to manage care
  - Uncontrolled BP
  - High Risk ASCVD and no treatment
  - Patients with clinical inertia
- Apply to registries to see key information on MTM patients
- Monitor improvement over time based on interventions

Managing the Population

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Alerts

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Alert Administration

Search Alerts...

All | Enabled | Disabled

All | In POC Measure | Not In POC Measure

CATEGO...	NAME	PVP NAME	ENABLED	DESCRIPTION	CRE...	MOD...
Lab	Diabetes A1c	A1c	Y	Alert will trigger if A1c has not occurred in the last 1 years, or if the A1c value is >= 8. Alert only applies to patients <= 85 yrs old. Patient must have Diabetes.	02/09/20...	04/02/20...
Lab	Diabetes/HTN LDL	LDL	Y	Alert will trigger if LDL has not occurred in the last 1 years, or if the LDL value is >= 100. Alert only applies to patients <= 85 yrs old. Patient must have Hypertension or Diabetes.	02/09/20...	05/21/20...
Medication	Aspirin	Aspirin	Y	Alert will trigger if Aspirin or another Anti-Platelet has not occurred in the last 1 years. Alert only applies to patients >= 19 yrs old. Patient must have Ischemic Vascular Disease or AMI or CABG or PCI. Patient must not have Anticoagulant Medications.	02/09/20...	05/21/20...
Medication	Asthma Control Therapy	Asthma Rx	Y	Alert will trigger if patient age 5-64 has been identified as having persistent asthma but has not been prescribed asthma control medication. Will not trigger if patient has an active diagnosis of Emphysema, COPD, Obstructive Chronic Bronchitis, Cystic Fibrosis, or Acute Respiratory Failure. This alert is not configurable. This alert is not configurable	02/09/20...	04/02/20...
Medication	Lipid Lowering Therapy	Lipid Lower Rx	Y	Alert will trigger if patient has been diagnosed with cardiac disease and has not been prescribed lipid therapy. Excludes patients whose most recent LDL was < 130. This alert is not configurable	02/09/20...	05/21/20...
Medication	Statin Therapy	Statin Rx	Y	Alert will trigger for patients age >= 22 that have not been prescribed statin medication AND that have any of the following conditions: ASCVD, LDL>190, pure or Familial Hypercholesterolemia, OR diabetes with an LDL of >=70. This alert is not configurable	02/09/20...	05/21/20...
Other	ASCVD Risk Calculator Data Missing	ASCVD Risk Calculator Data Missing	Y	Alert will trigger for patients age >= 40 and age <80 that do not have clinical atherosclerotic cardiovascular disease (ASCVD) who are missing data for the required components of the ASCVD Risk Calculator. This alert is not configurable	07/01/20...	08/21/20...
Other	Elevated ASCVD Risk Statin Rx	Elevated ASCVD Risk & Statin Rx	Y	Alert will trigger for patients age >= 40 and age <80 that have not been prescribed statin medication with an elevated risk of atherosclerotic cardiovascular disease (ASCVD) as determined by a risk score >= 7.5%. This alert is not configurable	07/01/20...	08/21/20...
Vitals	BP	BP	Y	Alert will trigger if Blood Pressure has not occurred in the last 1 years, or if numeric_1 value is >= 140 and numeric_2 value is >= 90. Alert only applies to patients <= 85 yrs old. Patient must have IVD or AMI or CABG or PCI or Hypertension or Diabetes.	02/09/20...	12/03/20...

Patient Visit Planning Report

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Patient Visit Planning (PVP)
PVP 🔒 PVPVIEW

DATE RANGE	RENDERING PROVIDERS	MRN LIST	COHORTS
05/18/2021-05/18/2021	Clinical Pharmacist		All Cohorts

Search

Clear Filters

- ClinPharm Active Pts
- A.D. ClinPharm 2021 Apr19
- covid Vaccine TY Jan2021
- Diabetic Patients with Hypertension
- HIV Positive Patients with Hypertension

10:40 AM Thursday, April 22, 2021

9:00 AM Friday, April 30, 2021 — Visit Reason: PharmD 20

Doe, John
MRN: 12345
DOB: 2/23/1968 (53)

Sex at Birth: M
GI: Male
SO: Lesbian, gay, or homosexual

Phone: (123)-456-7890
Language: English

Last Well Visit:
Portal Access: 08/14/2017
Cohorts: HIV Positive Patients with Hypertension

PCP: Augustine, Greg
Payer: Aetna: Aetna
Care Manager: Unassigned

DIAGNOSES (3)
DM HIV HTN-E

RISK FACTORS (1)
Pre-DM

SDOH (0)

ALERT	MESSAGE	MOST RECENT DATE	MOST RECENT RESULT
Colon CA	Missing		
A1c	Out of Range	4/22/2021	12.8
LDL	Out of Range	4/13/2021	136
Depr Screen	Overdue	4/30/2020	0
BMI & FU	Missing Follow-up	4/13/2021	28.50
Diabetic Foot Exam	Missing		
Eye	Missing		
Dental exam in PLWHIV	Overdue	5/30/2018	

Care Management Passport

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Assessments (Last 10 of 15)

CODE	DESCRIPTION	LAST ASSESSED	#
I10	ESSENTIAL (PRIMARY) HYPERTENSION	4/30/21	3
E11.65	TYPE 2 DIABETES MELLITUS WITH HYPERGLYCEMIA	4/30/21	1
D23.5	Other benign neoplasm of skin of trunk	4/13/21	1
M10.9	Gout, unspecified	4/13/21	2
E29.1	Testicular hypofunction	4/13/21	2
B20	HUMAN IMMUNODEFICIENCY VIRUS [HIV] DISEASE	4/13/21	1
R73.03	PREDIABETES	10/21/20	1
Z21	ASYMPTOMATIC HUMAN IMMUNODEFICIENCY VIRUS [HIV] INFECTION STATUS	10/21/20	1
K62.82	Dysplasia of anus	10/21/20	1
Z12.11	Encounter for screening for malignant neoplasm of colon	10/21/20	1

Encounters

DATE
4/30/21
4/13/21
10/21/2
4/30/20
10/23/1

Appoint

DATE
5/28/21
8/23/21

Social D

Allergies (1)

START	DESCRIPTION	REACTION	SEVERITY
1/15/19	Sulfonamides		

Medications (7)

ACTIVE AS OF	NAME
4/30/21	Janumet XR 50/1000 24 HR Extended Release Oral Tablet
4/30/21	Losartan K+ 25 MG Oral Tablet
4/30/21	Rosuvastatin calcium 10 MG Oral Tablet
5/1/20	FIN5C 5 MG Oral Tablet
6/12/19	Colchicine 0.6 MG Oral Tablet
11/27/18	60 ACTUAT Testosterone 30 MG/ACTUAT Topical Solution
3/6/17	Genvoya 150 MG / 150 MG / 200 MG / 10 MG Oral Tablet

Active Problems (4)

CODE	DESCRIPTION	MOST RECENT
111551000	Testicular hypofunction	2/15/18
90560007	Gout	2/15/18
91947003	Asymptomatic human immunodeficiency virus infection (disorder)	2/15/18
86406008	Human immunodeficiency virus infection (disorder)	6/10/14

The Numbers

BMI	4/13/21	**28.5** lb/m2
Systolic	4/13/21	**126** mmHg
Diastolic	4/13/21	**85** mmHg
LDL	4/13/21	**136** mg/dL
A1c	4/22/21	**12.8** %

Open Referrals w/o Result (2)

TYPE	SPECIALIST/LOCATION	ORDER DATE	APPT DATE
COMPREHENSIVE METABOLIC PROF	NULL / NULL	4/15/21	
Hemoglobin A1c	NULL / NULL	4/15/21	

I/P & E/D Utilizations (0)

No utilizations

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HTN Improvement
DASHBOARD

FILTER

PERIOD: TY May 2021 | RENDERING PROVIDERS: All Rendering Provid... | SERVICE LINES: Primary Care

Add Filter Update

Pts w/ HTN
1,246
Pts w/ HTN

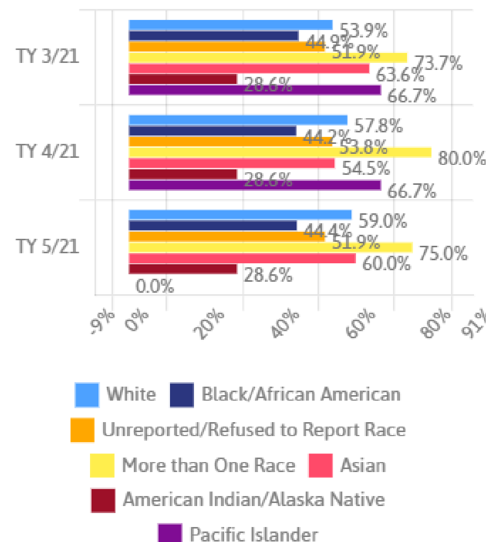
HTN Pts w/ Controlled BP
53.8%
% HTN Pts with BP <140/90
+2.2%
TY 1/21

HTN Control
Selected
54%

Center Average
52%

Network Average
60%

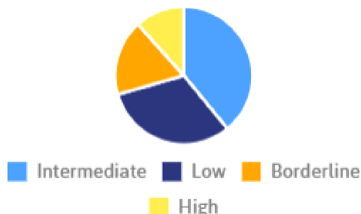
Best Center
81%

Controlling High BP by Race


HTN Target Achievement
TARGET ACHIEVEMENT

2 Total Measures

Undiagnosed HTN
442
Pts w/ one Stage 2 BP or 2 Stage 1 BP
+21
TY 12/20

UnDx HTN Pts by ASCVD Risk

Intermediate | Low | Borderline | High

HTN Metrics

MEASURE		RESULT	CHANGE	NUM	DENOM	EXCL
HTN Prevalence	●	12.5%	-0.6% ↓	1,265	10,127	69
HTN Controlling High BP	●	53.8%	-0.1% ↓	670	1,246	16
MH Undiagnosed HTN		5.0%	-0.1% ↓	442	8,826	57
Statin Therapy CVD		79.1%	+1.8% ↑	330	417	22

HTN and No Anti-HTN Med
60.2%
% of Pts not on HTN therapy
PRIMARY 75%

Uncontrolled HTN - Monotherapy
27.0%
% of Pts on Montherapy

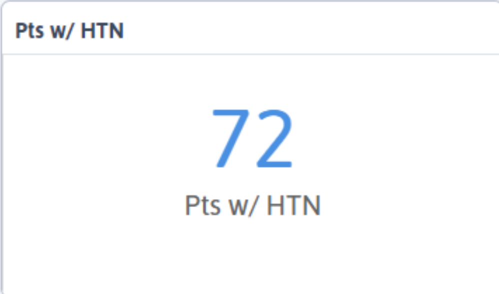
Med Intensification
12%
Result

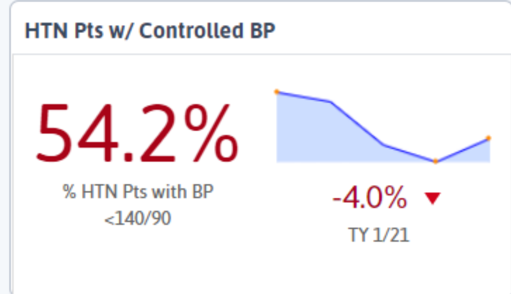
HTN Improvement
DASHBOARD

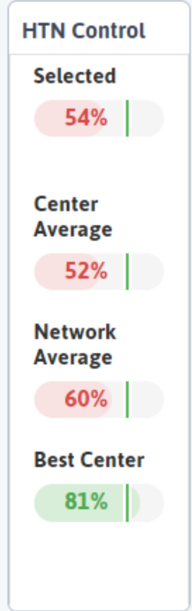
FILTERS: TY May 2021 | Primary Care | ClinPharm - Danforth 2020; Cli... | ClinPharm - Danforth 2020; Cli... | ClinPharm - Danforth 2020; Cli...

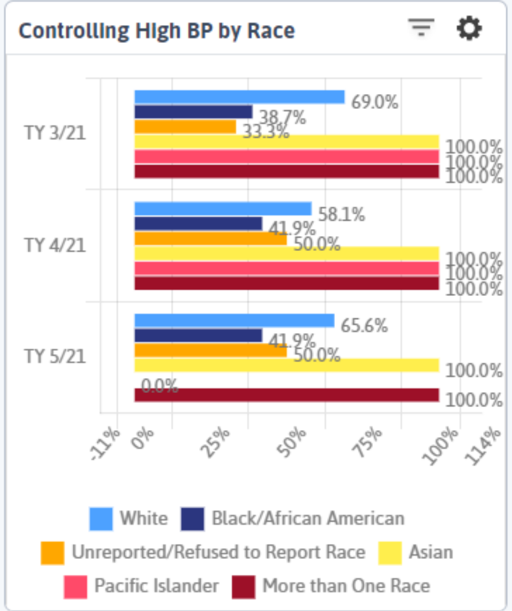
Applied cohort of Clinical Pharmacy patients

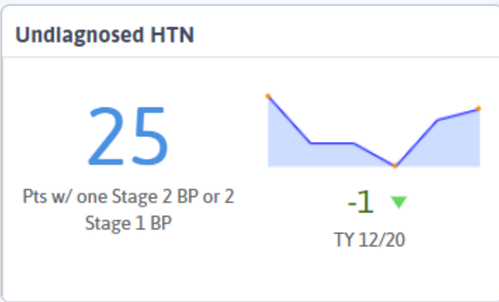
FILTER 5

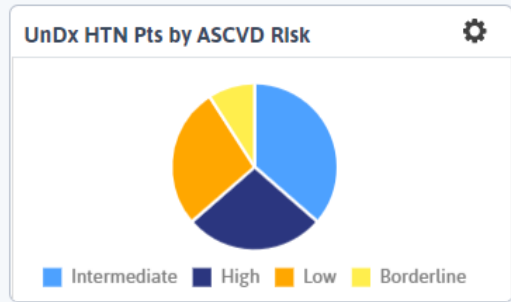






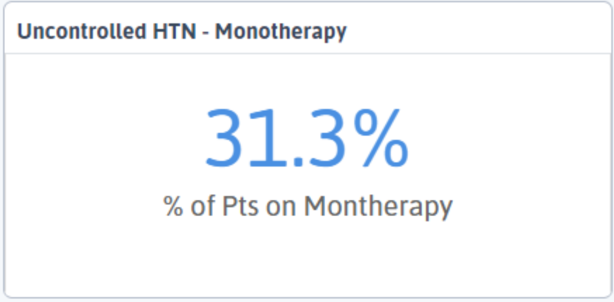


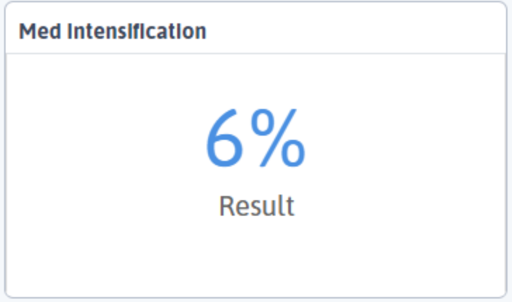




HTN Metrics

MEASURE		RESULT	CHANGE	NUM	DENOM	EXCL
HTN Prevalence	●	28.5%	+3.0% ↑	72	253	0
HTN Controlling High BP	●	54.2%	-7.0% ↓	39	72	0
MH Undiagnosed HTN		13.8%	+0.3% ↑	25	181	0
Statin Therapy CVD		94.4%	+0.3% ↑	51	54	3





HTN and No Anti-HTN Med by Provider

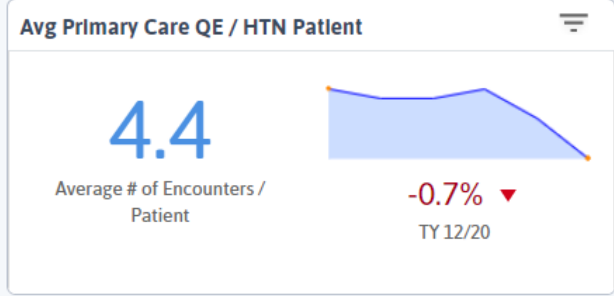
RENDERING PROVIDERS		RESULT	NUM
	●	0.0%	0
	●	0.0%	0
	●	0.0%	0
	●	0.0%	0

Monotherapy by Provider

RENDERING PROVIDERS	NUM
	0
	0
	0
	0

Med Intensification by Provider

RENDERING PROVIDERS	RESULT	GAP
	0%	5
	0%	2
	0%	2
	0%	1



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HTN and No Anti-HTN Med by Provider

RENDERING PROVIDERS		RESULT	NUM
		100.0%	1
		66.7%	2
		42.9%	3
		41.7%	5

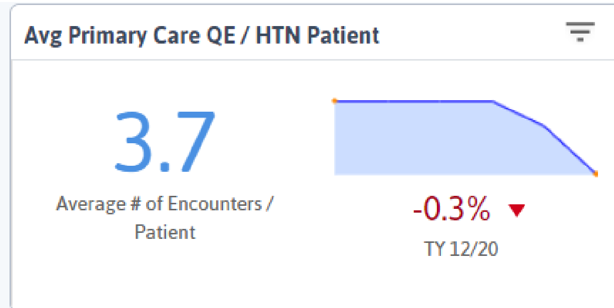
Monotherapy by Provider

RENDERING PROVIDERS	NUM
	0
	0
	0
	4

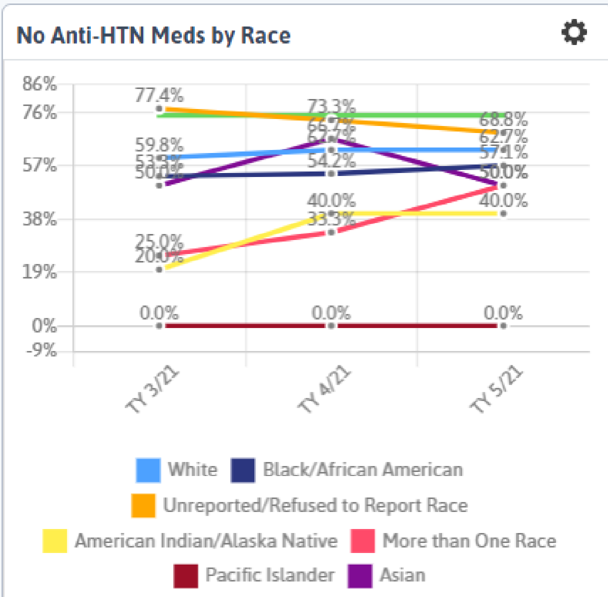
Med Intensification by Provider

RENDERING PROVIDERS	RESULT	GAP
	5%	37
	6%	32
	19%	25
	5%	20

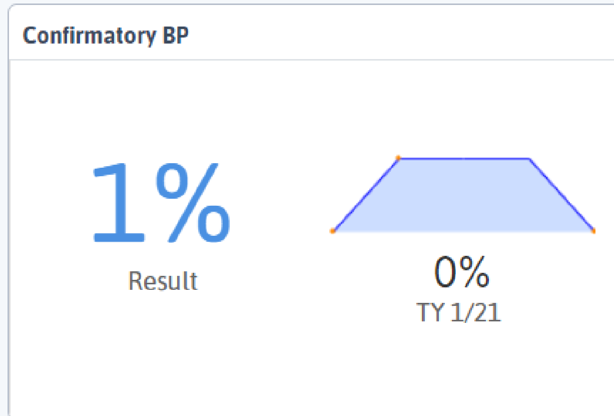
Avg Primary Care QE / HTN Patient



No Anti-HTN Meds by Race



Confirmatory BP



Average SBP reduction (mm Hg)

Error encountered generating widget

Avg Primary Care Enc / HTN Patient by Provider

RENDERING PROVIDERS	RESULT
	3.4
	2.7
	1.6
	2.5
	1.3
	1.2
	1.2

MEASURE	RESULT	CHANGE	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS
HTN Prevalence	12.5%	- 9.5% ▼	28.0%	1,265	10,127	69
Undiagnosed HTN	4.4%	- 6.0% ▼	Not Set	445	10,127	69
Hypertension Controlling High Blood Pressure (CMS 165v9)	51.5%	+ 51.5% ▲	Not Set	945	1,834	20
Uncontrolled HTN on No Anti-HTN Medications	69.0%	+ 69.0% ▲	75.0%	542	785	11
Uncontrolled HTN on Monotherapy	21.3%	+ 21.3% ▲	Not Set	167	785	11
Uncontrolled HTN Prescribed a Guideline Recommended Therapy	23.9%	+ 23.9% ▲	Not Set	188	785	11
Hypertension: Improvement in Blood Pressure	20.8%	- 18.9% ▼	Not Set	80	384	4
Controlling High BP - Hypertension and Diabetes	55.1%	- 7.7% ▼	Not Set	989	1,794	20
Diabetes Prevalence	4.4%	- 4.2% ▼	Not Set	432	9,886	54
Undiagnosed Diabetes Prevalence	1.7%	- 1.8% ▼	Not Set	167	9,886	54
PreDiabetes Prevalence	1.8%	- 1.3% ▼	Not Set	181	9,886	54
PreDiabetes - Undiagnosed	1.7%	- 3.2% ▼	Not Set	173	9,886	54
Diabetes A1c > 9 or Untested (CMS 122v9)	39.1%	+ 39.1% ▲	Not Set	209	535	2
Diabetes A1c >9 (CMS 122v8 Modified)	19.6%	- 0.5% ▼	12.0%	105	535	2
Diabetes A1c does not exist (CMS122v8 Modified)	19.3%	+ 7.1% ▲	Not Set	103	535	2
Diabetes A1c < 8 (CMS 122v8 Modified)	48.8%	- 5.1% ▼	55.0%	261	535	2
Diabetes LDL Management - LDL < 100(NQF 0064)	44.5%	+ 0.3% ▲	Not Set	239	537	0
IVD Aspirin Use (CMS 164v7)	73.9%	+ 14.3% ▲	70.0%	88	119	19
Statin Therapy for the Prevention and Treatment [illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Statin Therapy ASCVD Ages 21+ (CMS 347v3 Br[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Statin Therapy Diabetes Ages 40-75 (CMS 347v[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Statin Therapy - Elevated LDL Ages 21+ (CMS 3[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Use of Appropriate Medications for Asthma	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]

Pharmacy Focus
REPORT
PERIOD
TY May 2021
RENDERING PROVIDERS
All Rendering Provid...
Search
Clear Filters
GROUPING
No Grouping
Clinical Pharmacists

Which measures are most important to track for your Center?
Performance Reporting or Reporting for Action?

Hypertension Registry

azara healthcare

- Evaluate BP over time and medication treatment or self-management

HTN DX		BP			BP 2ND MOST RECENT		BP 3RD MOST RECENT		STATIN MED			ACE ARB	
DATE ↑	CODE	DATE	SYSTOLIC	DIASTOLIC	DATE	RESULT	DATE	RESULT	START DATE	RXNORM	NAME	START DATE	STOP
11/25/2020	I10	11/25/2020	151	95	10/12/2020	126/85	8/12/2020	131/85	8/16/2020	617311	atorvastatin 40...	11/25/2020	
11/24/2020	I10	11/24/2020	150	92	10/27/2020	145/89	10/15/2020	174/83					
11/22/2020	59621000	11/20/2020	215	119									
11/13/2020	I10	11/13/2020	128	98	10/27/2020	125/90	10/16/2020	125/86					
11/12/2020	I10	11/12/2020	130	84	10/1/2020	127/80	8/27/2020	119/76					
11/9/2020	I10	11/9/2020	148	89	7/9/2020	137/83	1/29/2020	147/83	9/20/2017	617318	atorvastatin 20...	11/9/2020	
10/27/2020	59621000	11/25/2020	140	74	10/27/2020	124/72			9/28/2020	617312	atorvastatin 10...	9/28/2020	10/28
10/27/2020	59621000	10/27/2020	166	90								10/27/2020	
10/20/2020	I10	11/25/2020	137	89	10/20/2020	154/96	1/28/2019	130/87				10/20/2020	
9/16/2020	59621000	9/30/2020	114	85	9/16/2020	202/120						9/16/2020	
9/11/2020	59621000	9/15/2020	105	73	9/11/2020	130/83	2/28/2020	120/86					
9/2/2020	59621000	11/24/2020	133	81	11/3/2020	160/70	10/16/2020	132/54				9/25/2020	

Clinical Inertia | Upcoming Appointments

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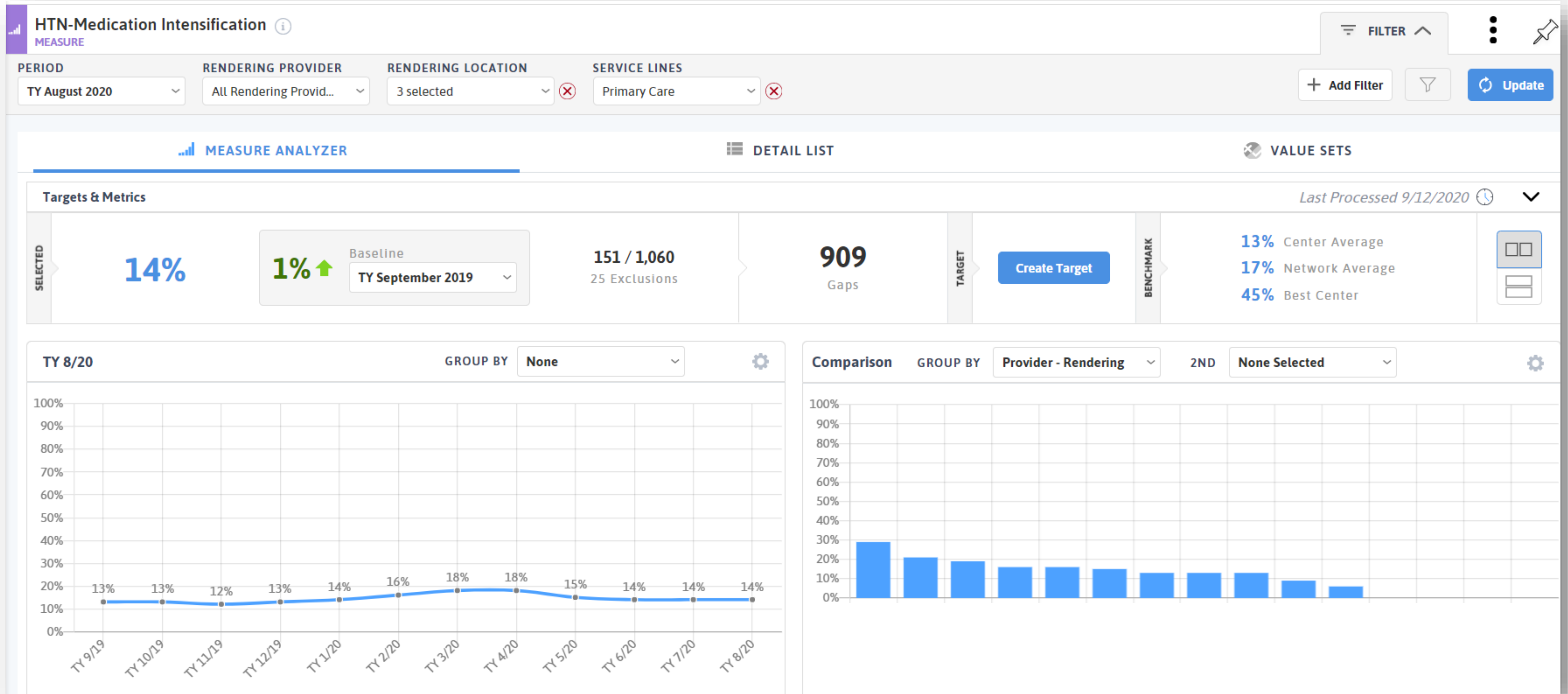

Treatment Opportunities

azara healthcare

HTN-Medication Intensification
MEASURE

FILTER

PERIOD	RENDERING PROVIDER	RENDERING LOCATION	SERVICE LINES
TY August 2020	All Rendering Provid...	3 selected	Primary Care

+ Add Filter | Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ...

All | Gaps | Num | Excl

DE... >		ENCOUNTER				RENDERING	NEXT APPOINTMENT							HTN
NAME	MRN	AGE	DATE	LOCATION	TELEHEALTH	PROVIDER	DATE	PROVIDER	SBP	DBP	INTENS ENC DATE	DRUG CLASS	PRESCRIPTION	DIAGNOSIS DAT
		63	6/25/20 ...	Adult Medicine	N	SHORTER, JA...	10/1/2020	SHORTER,	160	68				1/12/2017
		66	7/29/20 ...	Family Medicine - Pinewo...	N	SAUNDERS, K...	9/29/2020	SAUNDERS	152	62				8/17/2016
		66	6/9/20 1...	Family Medicine - Pinewo...	N	SAUNDERS, K...	9/29/2020	SAUNDERS	232	70				8/17/2016
		63	6/9/20 1...	Adult Medicine	N	SHORTER, JA...	9/14/2020	SHORTER,	142	98				5/11/2018
		63	7/15/20 ...	Family Medicine - Pinewo...	N	SAUNDERS, K...	9/16/2020	SAUNDERS	142	80				3/6/2018
		52	6/16/20 ...	Adult Medicine	N	SHORTER, JA...	9/16/2020	SHORTER,	122	92				7/5/2017
		55	6/18/20 ...	Adult Medicine	N	BRANT, RUSS...	9/18/2020	BRANT, RU	120	90				11/4/2016
		39	6/12/20 ...	Adult Medicine	N	SHORTER, JA...	9/15/2020	SHORTER,	148	90				9/11/2014
		56	6/4/20 1...	Adult Medicine	N	SHORTER, JA...	9/16/2020	SHORTER,	140	80				2019
		53	7/29/20 ...	Adult Medicine	N	ASHLEY, JON...	9/29/2020	ASHLEY, JC	150	90				017
		47	8/6/20 1...	Adult Medicine	N	ASHLEY, JON...	9/25/2020	ASHLEY, JONATHAN	124	90				019

Filter: Primary Care, Gaps, Next Appt

Who Needs to Be Monitored?

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HTN-Medication Intensification
MEASURE

FILTER

PERIOD	RENDERING PROVIDER	RENDERING LOCATION	SERVICE LINES
TY August 2020	All Rendering Provid...	3 selected	Primary Care

+ Add Filter   Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Search Patients ...

All | Gaps | Num | Excl

DE...		ENCOUNTER				RENDERING	NEXT APPOINTMENT							HTN
NAME	MRN	AGE	DATE	LOCATION	TELEHEALTH	PROVIDER	DATE	PROVIDER	SBP	DBP	INTENS ENC DATE	DRUG CLASS	PRESCRIPTION	DIAGNOSIS DATE
		56	6/1/20 1...	Adult Medicine	N	ASHLEY, JON...	10/2/2020	ASHLEY, JON	144	90	6/1/2020	420150	valsartan 80 mg tablet	4/24/2018
		56	7/28/20 ...	Adult Medicine	N	ASHLEY, JON...	9/29/2020	ASHLEY, JON	152	100	7/28/2020	413562	spironolactone 25 mg...	2/23/2017
		65	6/3/20 1...	Family Medicine ...	N	SAUNDERS, K...	9/15/2020	SAUNDERS, K	170	100	6/3/2020	390123	metoprolol succinate ...	5/24/2017
		74	7/2/20 1...	Adult Medicine	N	BRANT, RUSS...	9/28/2020	BRANT, RUSS	120	98	7/2/2020	606974	losartan 50 mg tablet	9/4/2019
						SHORTER, JA...	9/28/2020	SHORTER, JA	178	98	8/19/2020	423389	losartan 50 mg tablet	7/8/2019
						BRANT, RUSS...	9/23/2020	BRANT, RUSS	128	94	6/19/2020	398955	losartan 50 mg tablet	10/3/2016
						ASHLEY, JON...	9/17/2020	ASHLEY, JON	152	80	6/17/2020	404211	losartan 25 mg tablet	4/7/2017
						SHORTER, JA...	9/21/2020	SHORTER, JA	150	92	8/10/2020	399755	losartan 100 mg tablet	8/21/2017
						SHORTER, JA...	9/22/2020	SHORTER, JA	148	80	8/12/2020	423967	lisinopril 5 mg tablet	2/13/2019
		31	7/9/20 1...	Adult Medicine	N	BRANT, RUSS...	9/15/2020	BRANT, RUSS	160	110	7/9/2020	390390	lisinopril 20 mg tablet	8/28/2019
		56	8/17/20 ...	Adult Medicine	N	SHORTER, JA...	9/14/2020	SHORTER, JA	146	88	8/17/2020	409678	lisinopril 10 mg tablet	10/3/2019

Evaluate time from intensification to next appointment

Population Improvement: Diabetes

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Dashboards - DM Improvement

Period: December 2018 | Centers: | Providers: Providers | Update

Patients with Diabetes
TY December 2018

2,332
Pts w/ Diabetes

+81
TY 12/17

Pts in June 2018 Cohort
TY June 2018

830
Pts w/ A1c > 9 or Untested

Pts w/Primary Care Visit - June Cohort
TY December 2018

77 %

Primary Care Visit Past Yr -June Cohort
TY December 2018

190
0 830

A1c <=9% All Pts
TY December 2018

63%
% DM Pts w/ A1c <= 9

-1.0%
TY 6/18

A1c <=9 June 2018 Cohort>9
TY December 2018

28%
% DM Pts w/ A1c <= 9

+100.0%
TY 6/18

A1c in Last 6 mo - June Cohort
December 2018

	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18
A1c in Last 6 mo	71%	73%	72%	76%	74%	80%

A1c Cascade All Pts
TY December 2018

Pts w/ Diabetes	2,332	
Pts w/ A1c < 7	739	32%
Pts w/ A1c >= 7 and A1c <= 8	482	21%
Pts w/ A1c > 8 and A1c <= 9	250	11%
Pts w/ A1c > 9	439	19%
Pts w/ no A1c	422	18%

A1c Cascade June 2018 Cohort
TY December 2018

Pts w/ Diabetes	378	
Pts w/ A1c < 7	32	9%
Pts w/ A1c >= 7 and A1c <= 8	34	9%
Pts w/ A1c > 8 and A1c <= 9	38	10%
Pts w/ A1c > 9	256	68%
Pts w/ no A1c	18	5%

No A1c June 2018 Cohort
TY December 2018

219
Pts w/ A1c > 9 or Untested

-164
TY 6/18

Diabetes Scorecard - June 2018 Cohort
TY December 2018

Measure	Result	Change	Num	Denom	Excl
DM BP < 130/80	30%	0.0%	193	644	0
DM BP < 140/90	68%	+0.2%	436	644	0
DM Eye Exam	18%	-6.4%	114	646	0
DM Foot Exam	38%	-5.4%	242	644	0
DM Tobacco Use Assessment & Cessation	89%	-1.0%	573	644	0

Controlling BP | Race and ASCVD

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Hypertension Controlling High Blood Pressure (CMS165v8)
MEASURE

FILTER

PERIOD	RENDERING PROVIDER	SERVICE LINES	RACE
TY August 2020	All Rendering Provid...	Primary Care	4 selected

Add Filter | Update

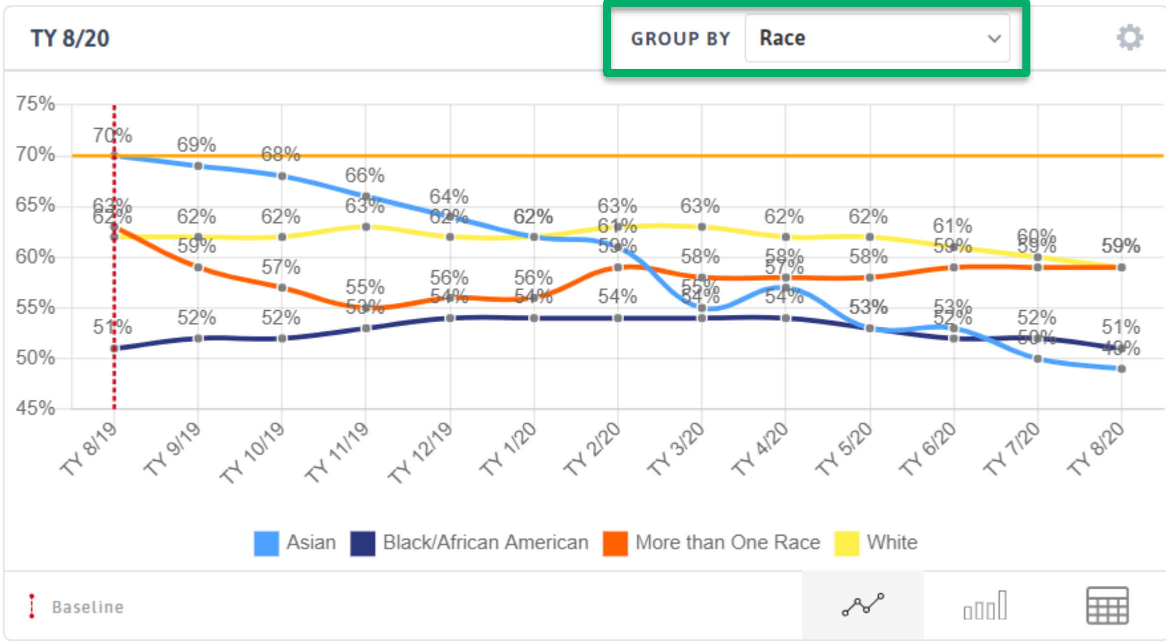
MEASURE ANALYZER | DETAIL LIST | VALUE SETS

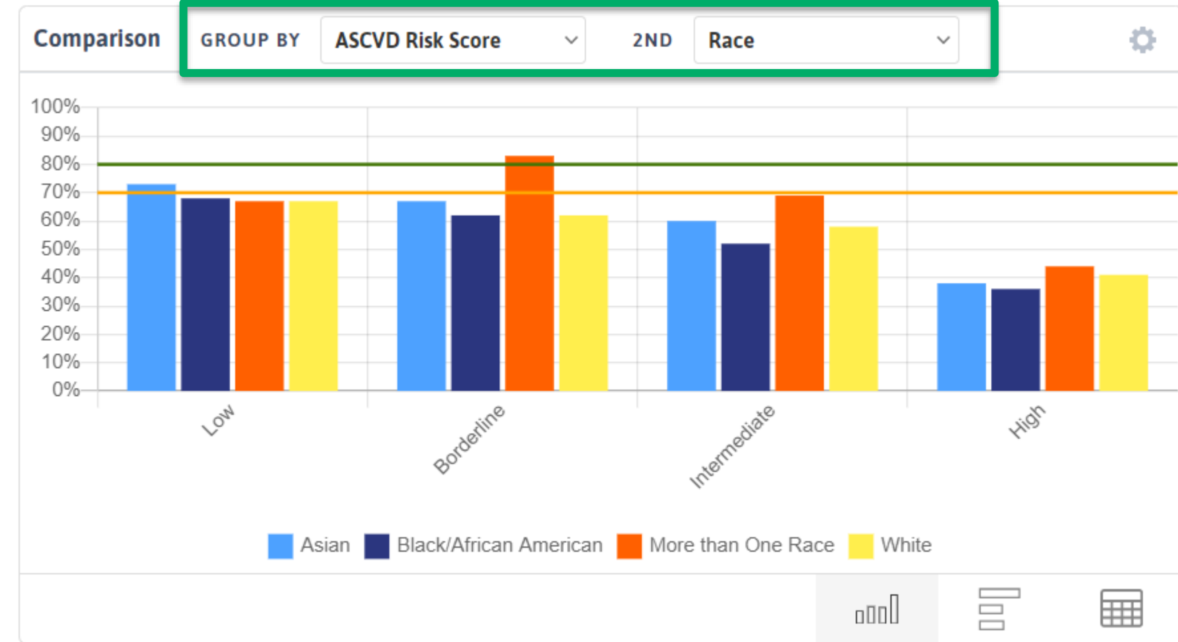
Targets & Metrics — *Last Processed 9/5/2020*

SELECTED: 56% | -2% Baseline: TY August 2019 | 5,341 / 9,589, 133 Exclusions | 4,248 Gaps

TARGET: MAP Metrics — PRIMARY 80%, SECONDARY 70% | 2,331 To Target

BENCHMARK: 56% Center Average; 50% Network Average; 70% Best Center





Track Patient Interactions

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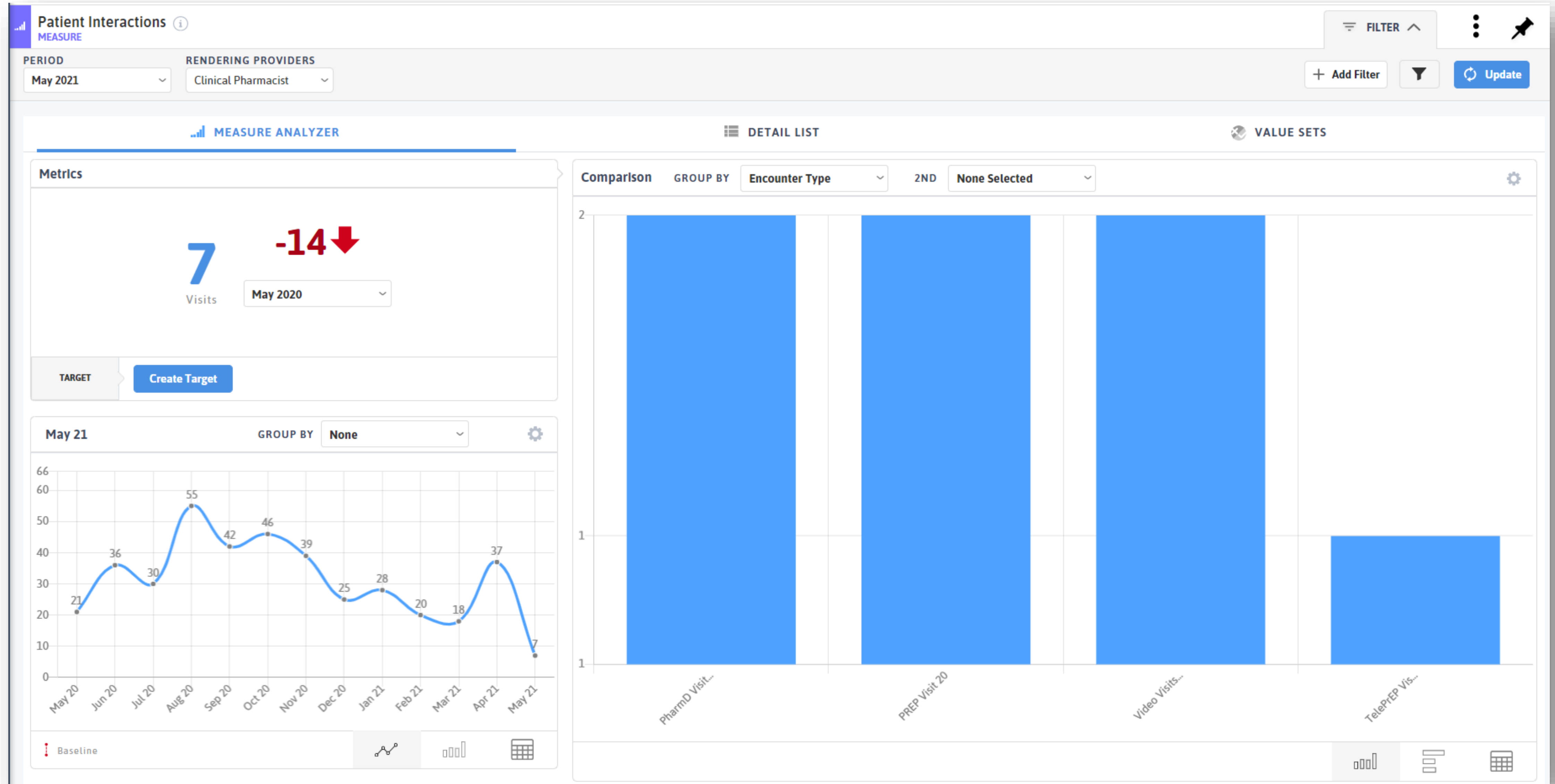
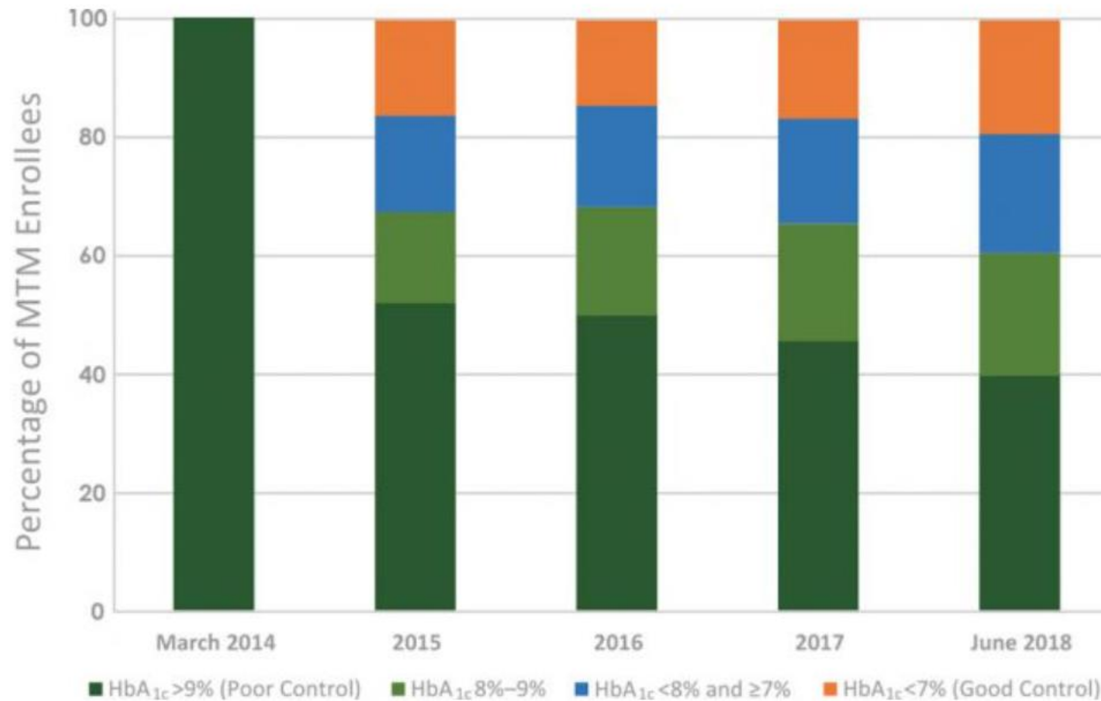


Quality Performance

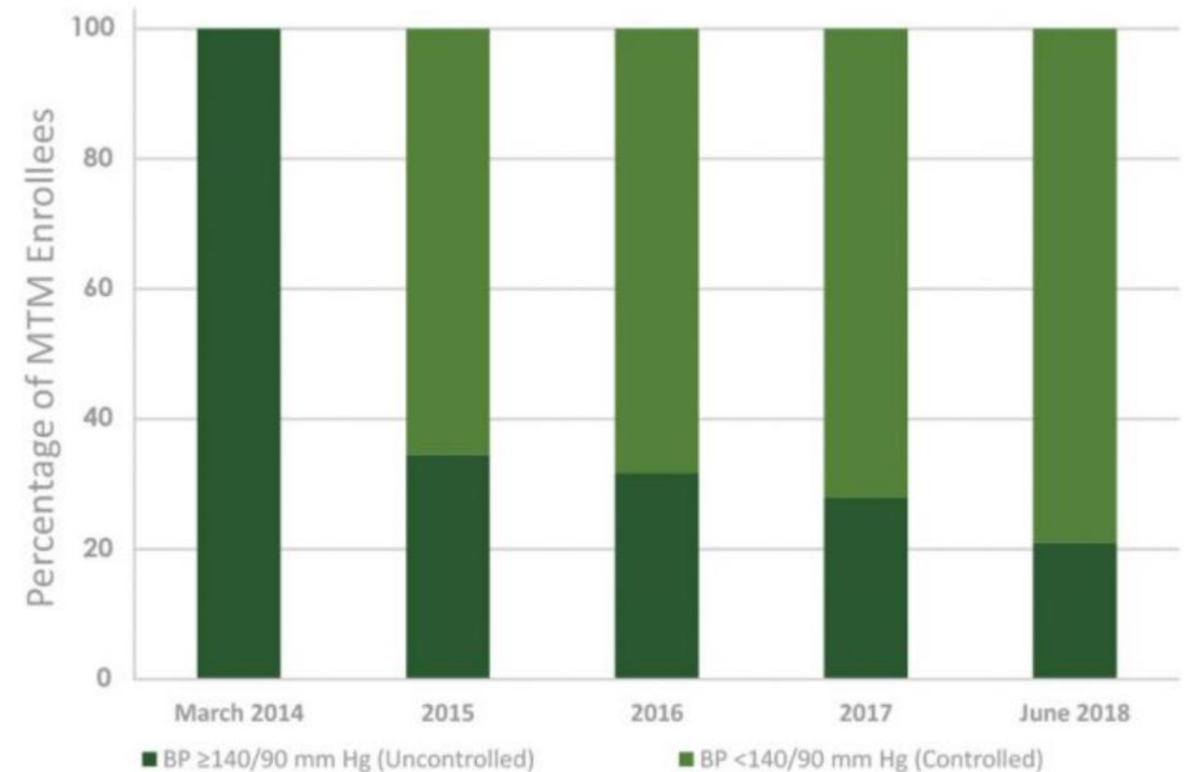
Pharmacists in FQHCs – Sustained Improvement N= 1692

azara healthcare

A1c Control



Blood Pressure Control



Rodis JL, Capesius TR, Rainey JT, Awad MH, Fox CH. Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease. *Prev Chronic Dis.* 2019;16:190163. DOI: http://dx.doi.org/10.5888/pcd16.190163

Understanding the Impact – Real $$$

azara healthcare

Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes

TABLE 2 Clinical Targets and Improvement Scenarios

	ADA Clinical Targets		Improvement Amount		
			Scenario 1	Scenario 2	Scenario 3
A1c (%)	< 7%		↓1% A1c	↓1.25% A1c	↓1.5% A1c
Systolic BP/diastolic BP (mm Hg)	< 130/80 mm Hg		↓10 mm Hg	↓20 mm Hg	↓30 mm Hg
High-density lipoprotein (mg/dL)	> 40 mg/dL (M)	> 50 mg/dL (F)	↑20%	↑35%	↑50%
Total cholesterol (mg/dL)	< 200 mg/dL		↓20%	↓35%	↓50%

A1c = hemoglobin A1c; ADA = American Diabetes Association; BP = blood pressure; F = female; M = male; mg/dL = milligrams per deciliter; mm Hg = millimeter of mercury.

Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes, J Manag Care Pharm. 2013;19(8):609-20

Understanding the Impact – Real $$$

azara healthcare

- Reduce A1c by 1.25% for a potential of $4,600 savings per patient over 3yrs.

TABLE 5 Cost Impact of Better Diabetes Control

	Target: All Diabetes Patients with Any Uncontrolled Metric[a]			Target: Uncontrolled A1c Diabetes Patients		
Commercial Population	**Scenario 1**	**Scenario 2**	**Scenario 3**	**Scenario 1**	**Scenario 2**	**Scenario 3**
Reduction in complication rate	43%	55%	67%	43%	55%	68%
Savings PPPM	$66.73	$86.06	$105.47	$99.44	$128.71	$158.17
Savings PMPM	$2.97	$3.83	$4.70	$2.06	$2.67	$3.28
Savings per target patient over 3 years	$2,400	$3,100	$3,800	$3,600	$4,600	$5,700
	Target: All Diabetes Patients with Any Uncontrolled Metric[a]			Target: Uncontrolled A1c Diabetes Patients		
Medicare	**Scenario 1**	**Scenario 2**	**Scenario 3**	**Scenario 1**	**Scenario 2**	**Scenario 3**
Reduction in complication rate	28%	38%	49%	32%	43%	54%
Savings PPPM	$58.85	$82.33	$106.04	$74.55	$100.38	$126.49
Savings PMPM	$8.98	$12.56	$16.18	$4.35	$5.86	$7.38
Savings per target patient over 3 years	$2,100	$3,000	$3,800	$2,700	$3,600	$4,600

Source: Authors' modeling using NHANES 2005-2008, MarketScan 2006-2009, Medicare 5% sample 2008, Milliman Health Cost Guidelines 2011,[52] commercial and Medicare.

[a]Uncontrolled A1c or blood pressure or lipids.

NHANES = National Health and Nutrition Examination Survey; PMPM = per member per month; PPPM = per patient per month.

Medical Claim Cost Impact of Improved Diabetes Control for Medicare and Commercially Insured Patients with Type 2 Diabetes, J Manag Care Pharm. 2013;19(8):609-20

$$$ It adds up $$$

Care Effectiveness

It’s not just about measure performance

So Let's Talk Improvement!

- How is the program doing?
- How are the patients doing?
  - Are they getting appropriate follow-up?
  - Are their clinical indicators or screening scores improving? And at what level?
  - What did it take to get there?
  - Who do we still need to follow up with?

Care Effectiveness Reporting (CER) in DRVS

azara healthcare

- Reporting designed for a specific identified population.
- Patient and program level data
- Evaluate clinical improvement
  - any improvement
  - clinically significant improvement
  - remission
- Evaluate operations
  - Are patients getting a re-evaluation?
  - Appropriate access / encounters
- Identify patients who need action taken / interventions

CER – Patient Level Report

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Care Effectiveness Behavioral Health
REPORT

FILTER

DATE RANGE: 04/29/2021-05/06/2021
USUAL PROVIDER: Brandes, Jeff

Add Filter
Update

Search Patients ...

DEMOGRAPHICS >		PROGRAM		BHA		BH VISITS			PHQ9 INITIAL		FIRST PHQ9 IN LA	
NAME	MRN	START DATE	END DATE	MOST RECENT	NEXT DUE	MOST RECENT	SINCE ENROLLED	LAST 12 MTHS	RESULT	DATE	FIRST	DAT
Scrib, Rachelle	295730	1/17/2020		1/22/2021	1/22/2022	4/22/2021	29	25	19	1/17/2020	6	5/15/
Barney, Mark	987654	10/27/2020		10/27/2020	10/27/2021	5/3/2021	16	16	8	10/27/2020	8	10/2
Pasti, Lisa	937532	3/9/2021		3/9/2021	3/9/2022	4/29/2021	5	5	13	3/9/2021	13	3/9/2
Zule, Ruth	246801	7/24/2015		9/17/2020	9/17/2021	4/2/2021	49	12	15	7/24/2015	0	8/17/
Pfafer, Thomas	123456	11/26/2019		11/25/2020	11/25/2021	4/27/2021	130	101	12	11/19/2019	5	7/13/

CER – Aggregate Level Report

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Care Effectiveness Behavioral Health Aggregate
REPORT

FILTER

DATE RANGE: 04/29/2021-05/06/2021
AGGREGATE BY: Usual Provider
USUAL PROVIDER: 5 selected

Add Filter | Update

Search Patients ...

	PATIENTS				PHQ9 AVG LAST 12 MTHS		PHQ9 PATIENTS WITH A	
USUAL PROVIDER	ACTIVE	ENROLLE...	DISCHARG...	READMITTED	RESULT	CHANGE	5 OR MORE DROP	3 OR MORE INCREASE
Lovelace, Monica	64	0	3	0	9.7	-2.3	12	7
Watson, Greg	11	0	2	0	6.7	-0.7	0	0
Rios, Minori	23	0	1	0	7.1	-1	5	4
Fairley, Kevin	40	0	0	0	10	-2.4	6	2
Budd, Heather	15	0	0	0	5.9	-3.8	7	2

Starting Simple | Two Pre-Defined Cohorts

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Diabetes

- A1c >9
- Encounter in the last year
- Clinical Criteria
  - A1c
  - SBP
  - PHQ9
- Administrative Detail

Behavioral Health

- Depression or Anxiety
- Exclude – bipolar, personality, schizophrenic/psychotic and pervasive developmental disorders
- Encounter in last year (12 months)
- Clinical Criteria
  - PHQ9
  - GAD7
- Administrative Detail

Patient Level Insights

azara healthcare

Search | All Centers | ? | SS

Diabetes Care Effectiveness Patients ⓘ
REPORT

RENDERING PROVIDERS: All Rendering Providers
SERVICE LINE: All Service Lines
Add Filter +
Update

PVP
CMP
Dashboards
Reports
Measures
Registeries
Admin

Overview

801 PATIENTS

GLUCOSE CONTROL

- Poor (>9) . . . 300
- Fair (8 - 9) . . . 100
- Good (6.5 - 8) . . . 100
- Prediabetes (5.7 - 6.4) . . . 101
- No score (< 5.7) . . . 101

7.9
AVG A1C SCORE
▼ -1.8 *Last 12 mths.*

129
AVG SYSTOLIC BLOOD PRESSURE
▼ -15.3 *Last 12 mths.*

8
>1.5% DROP IN A1C COUNT PATIENTS
▼ -1.8 *Last 12 mths.*

11
%TBD HTN - SYSTOLIC DROP
▼ -1.8 *Last 12 mths.*

801 PATIENTS

BLOOD PRESSURE CONTROL

- Stage 2 Severe (>160 and/or >100) . . 300
- Stage 2 HTN (140-159 or 90-99) . . . 200
- Stage 1 HTN (130-139 or 80-89) . . . 100
- Elevated BP (120-129 and <80) . . . 72
- Normal (<120/80) . . . 72
- No Score . . . 38

Search Patients ...
NEXT APPT: All | No Appt | Upcoming Appt
ACTION: All | Required | Not Required

DEMOGRAPHICS >		FIRST A1C IN LAST 12 MTHS		A1C LAST 12 MTHS				FIRST SYS BP IN LAST 12 MTHS		SYSTOLIC BP LAST 12 MTHS			FIRST DIASTOLIC BP IN LAST 12 MTHS		SYSTO
NAME	MRN	FIRST	DATE	STATUS	MOST RECENT	DATE	CHANGE	FIRST	DATE	MOST RECENT	DATE	CHANGE	FIRST	DATE	MOST
Silvia, Sarah	0123456789	8.8	7/29/2020	●	6.1	7/29/2020	▼ 2.7	159	7/29/2020	130	11/19/2020	▲ 29	00	11/19/2020	00
Rapawy, Michael	0123456789	9.0	2/4/2021	●	7.5	8/11/2020	▼ 1.5	100	11/19/2020	90	11/19/2020	▲ 10	00	3/30/2021	00
Ariel, Veronica	0123456789	12.1	6/22/2021	●	10.2	4/16/2020	▼ 1.9	120	6/22/2020	140	4/16/2020	▼ 20	00	3/30/2021	00
Kondrat, Chris	0123456789	9.9	1/7/021	●	8.0	6/2/2020	▼ 1.9	140	1/7/2021	132	1/7/2021	▲ 8	00	5/21/2021	00
Augustine, Greg	0123456789	7.7	3/16/2021	●	4.9	3/2/2020	▼ 2.8	155	3/16/2021	172	3/2/2020	▼ 17	00	6/5/2021	00
Doe, Jane	0123456789	8.5	7/29/2020	●	7.1	7/29/2020	▼ 1.4	129	11/19/2020	99	11/19/2020	▲ 32	00	11/19/2020	00
Crowley, Patrick	0123456789	9.2	2/4/2021	●	13.9	8/11/2020	▼ 4.7	102	11/19/2020	100	11/19/2020	▲ 2	00	3/30/2020	00
Gunther, Eric	0123456789	6.4	6/22/2021								4/16/2020	▼ 7	00	3/30/2021	00
Smith, John	0123456789	8.8	1/7/2021								1/7/2021	▼ 1	00	5/12/2021	00
Rogers, Uma	0123456789	10.2	3/16/2021	●	7.2	3/2/2020	▼ 3.0	160	3/16/2021	170	4/2/2020	▼ 1	00	6/5/2021	00

Action oriented patient level reporting

Population Insights

azara healthcare

Search

All Centers

SS

PVP

CMP

Dashboards

Reports

Measures

Registeries

Admin

Diabetes Care Effectiveness Patients

REPORT

AGGREGATE BY: Usual Provider

RENDERING PROVIDERS: All Rendering Providers

SERVICE LINE: All Service Lines

Add Filter +

Update

Overview

801 PATIENTS

GLUCOSE CONTROL

- Poor (>9) . . . 300
- Fair (8 - 9) . . . 100
- Good (6.5 - 8) . . . 100
- Prediabetes (5.7 - 6.4) . . . 101
- Normal (< 5.7) . . . 101

7.9
AVG A1C SCORE
▼ -1.8 *Last 12 mths.*

8
>1.5% DROP IN A1C COUNT PATIENTS
▼ -1.8 *Last 12 mths.*

129
AVG SYSTOLIC BLOOD PRESSURE
▼ -15.3 *Last 12 mths.*

11
%TBD HTN - SYSTOLIC DROP
▼ -1.8 *Last 12 mths.*

801 PATIENTS

BLOOD PRESSURE CONTROL

- Stage 2 Severe (>160 and/or >100) . . 300
- Stage 2 HTN (140-159 or 90-99) . . . 200
- Stage 1 HTN (130-139 or 80-89) . . . 100
- Elevated BP (120-129 and <80) . . . 72
- Normal (<120/80) . . . 72

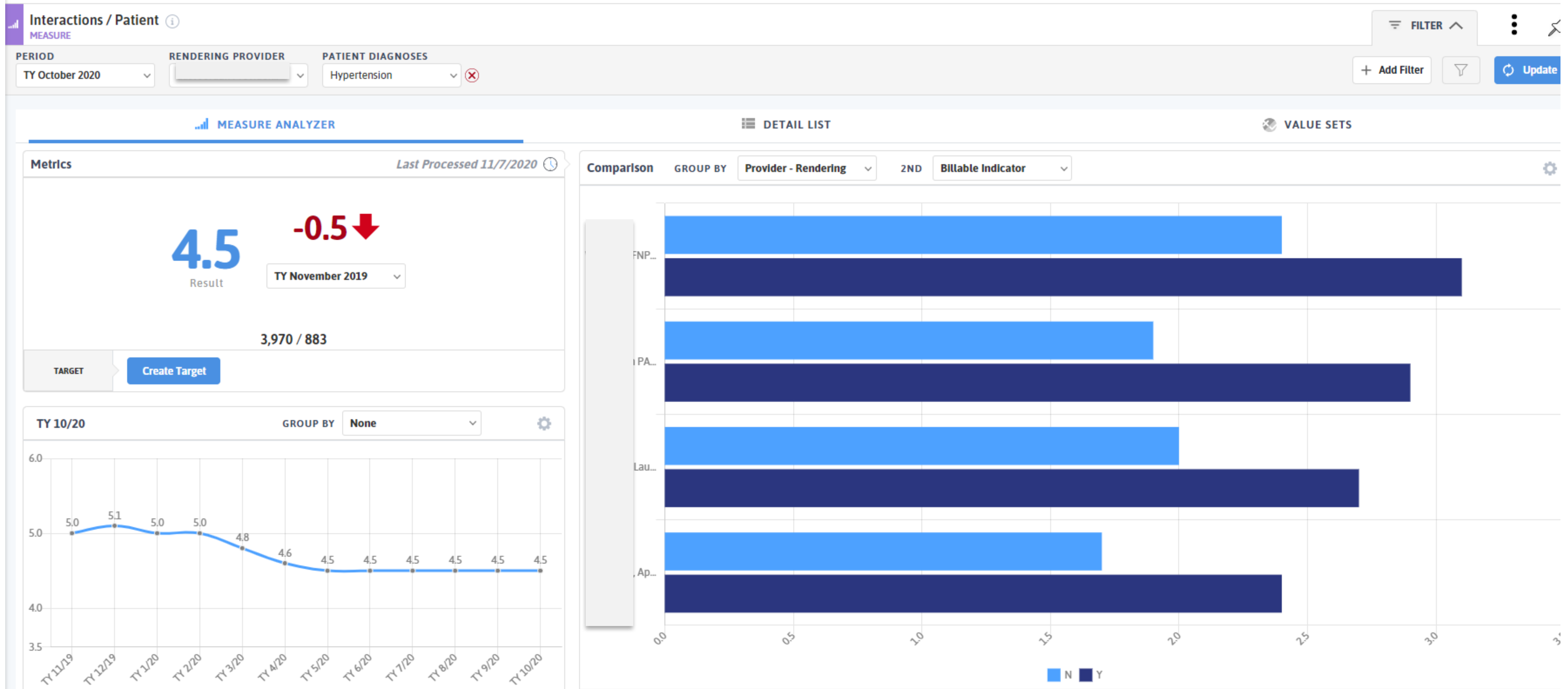
Search Patients ...

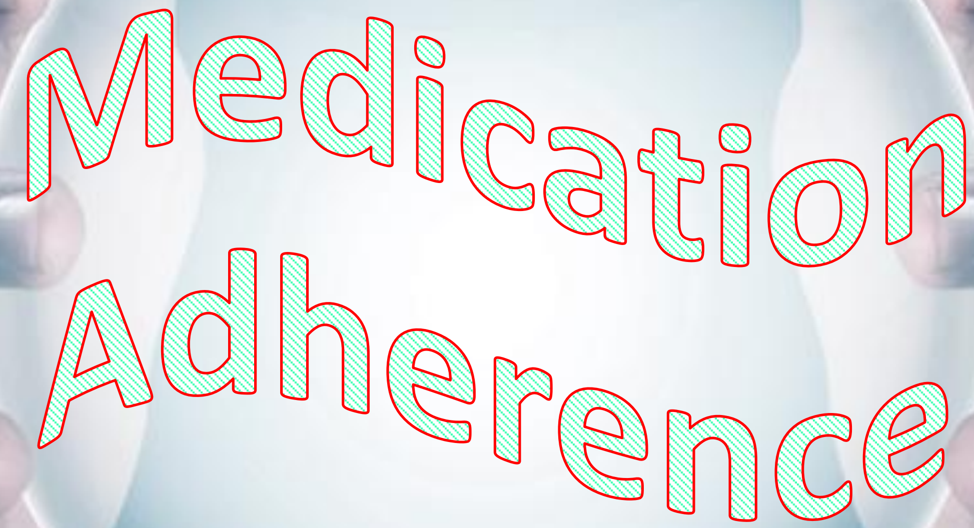
PROVIDER	PATIENTS ACTIVE	AVG A1C LAST 12 MTHS RESULT	AVG A1C LAST 12 MTHS CHANGE	A1C1 PTS WITH A 1.5% POINT DROP	BP AVG LAST 12 MTHS RESULT	BP AVG LAST 12 MTHS CHANGE	BP PTS WITH A TBD	TBD
Sarah Silvia	9,713	13.3	▲ 2.8	600	11.8	▼ 2	101	120
Mike Rapawy	10,888	10.6	▼ 0.6	857	10.3	▼ 0.4	600	505
Shannon Gallant	8,123	12.8	▼ 1.1	506	14.1	▲ 1.9	121	321

1 to 3 of 3

Page 1 of 1

Level of Care




Medication
Adherence

Med Adherence: Problem & Solutions

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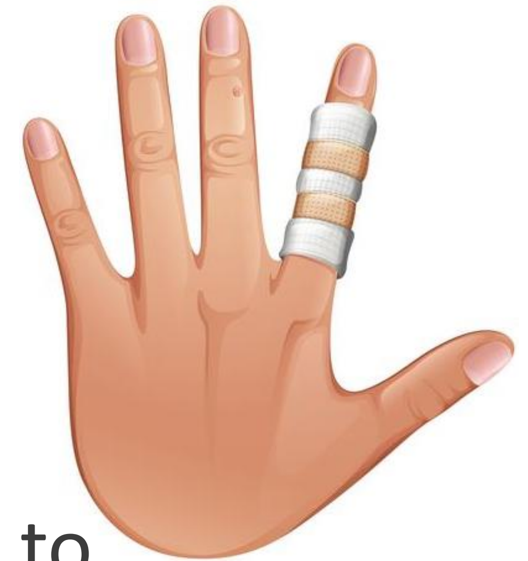
- **Problem:** Providers write Prescriptions for their patients, but often get no data back on utilization of that prescription
  - Was it filled at all?
  - Was it filled in a timely manner
  - Were all the refills used?
  - Were all the refills filled on time?



- **Solution:** Marry Prescription data pulled from EHRs to Prescription Fill Claims from Healthfirst to allow reporting

Is Rx filled at all?

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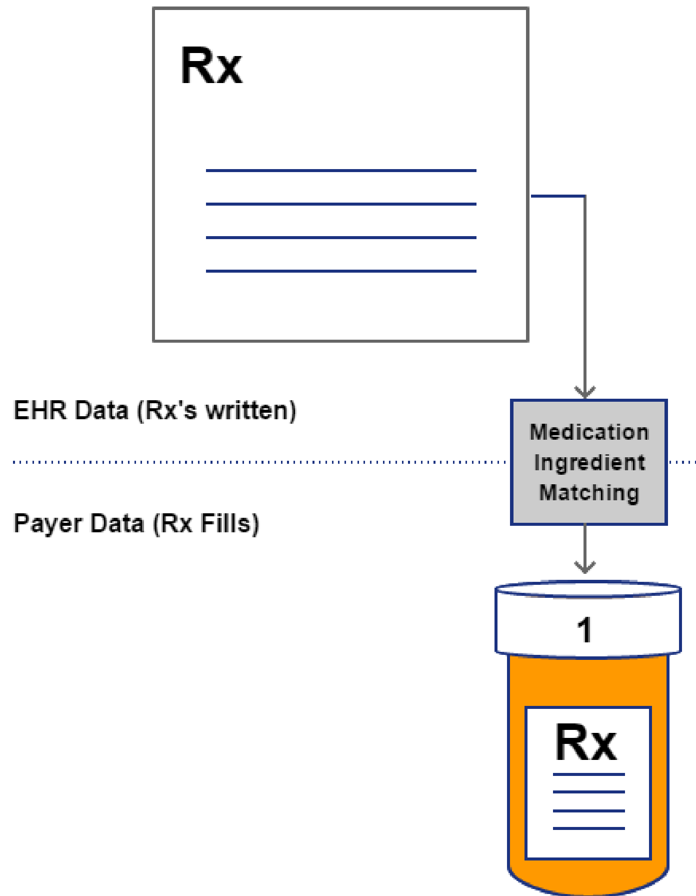
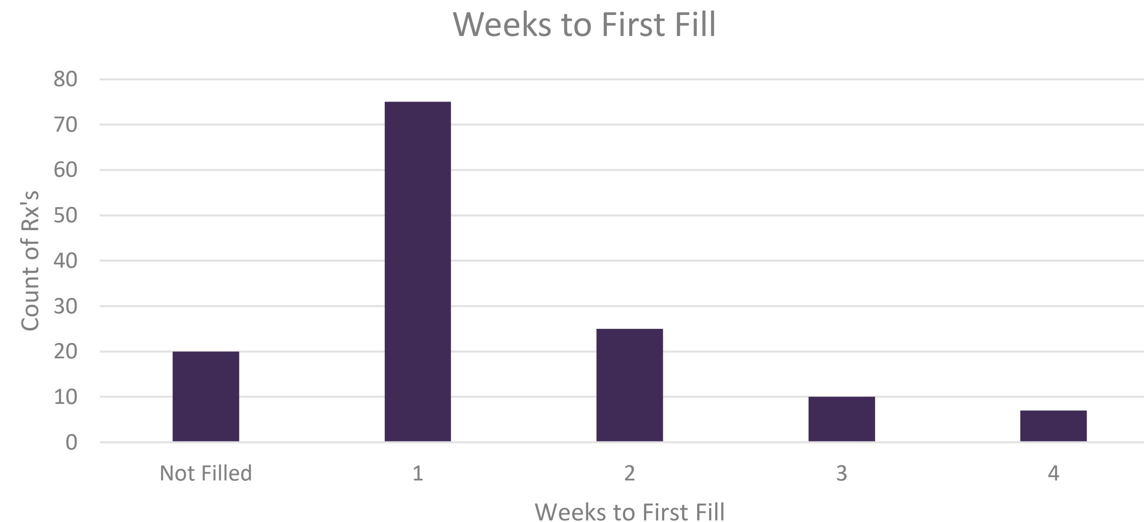


Unfilled Rx Measure - % of Rx's written that were not filled within X days.

Chart: Weeks to first fill.



Are Expected Refills Occurring?

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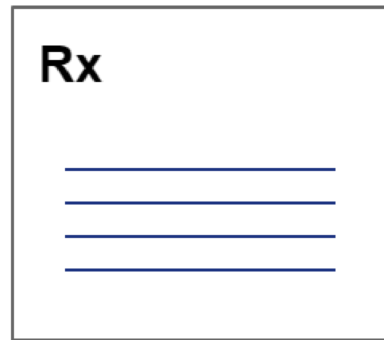
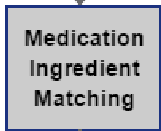
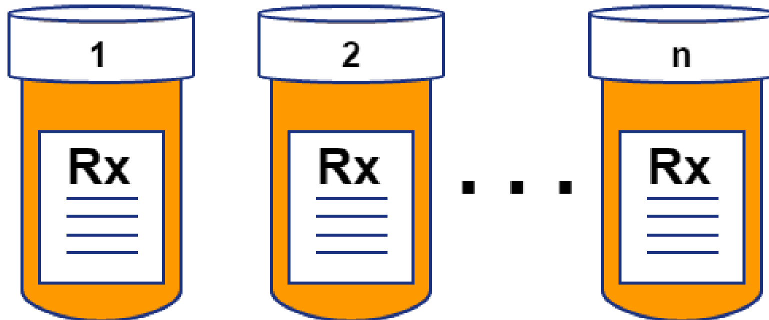


EHR Data (Rx's written)



Payer Data (Rx Fills)



Rx's Due for Refill Measure - % of Rx's written that were filled within X days.

Rx's Due for Refill Report: A list of Rx's due for refills

After refills finished, new Rx written?

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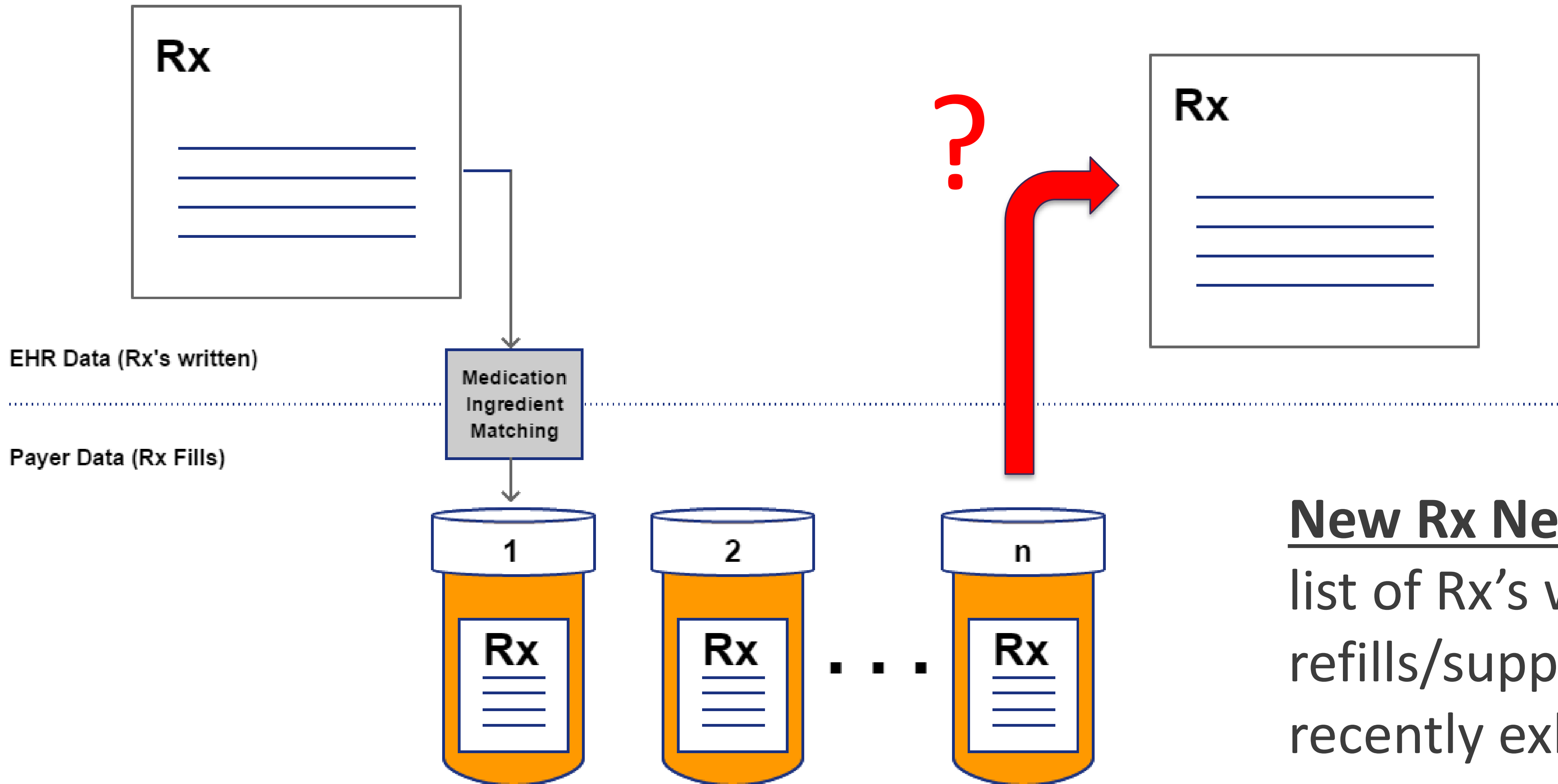
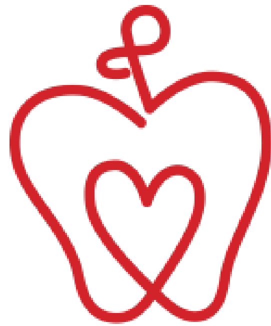


New Rx Needed Report: A list of Rx's where the refills/supply days were recently exhausted.

DCPC Project:
Recruiting for 3rd Cohort



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References

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- Gonzalvo JD, Kenneally AM, Pence L, et al. Reimbursement outcomes of a pharmacist-physician co-visit model in a Federally Qualified Health Center. *J Am Coll Clin Pharm*. 2021:1-7. Feb 26 2021. https://doi/abs/10.1002/jac5.1416.
- Rodis JL, Capesius TR, Rainey JT, Awad MH, Fox CH. Pharmacists in Federally Qualified Health Centers: Models of Care to Improve Chronic Disease. *Prev Chronic Dis.* 2019;16:190163. DOI: http://dx.doi.org/10.5888/pcd16.190163

DRVS Resources

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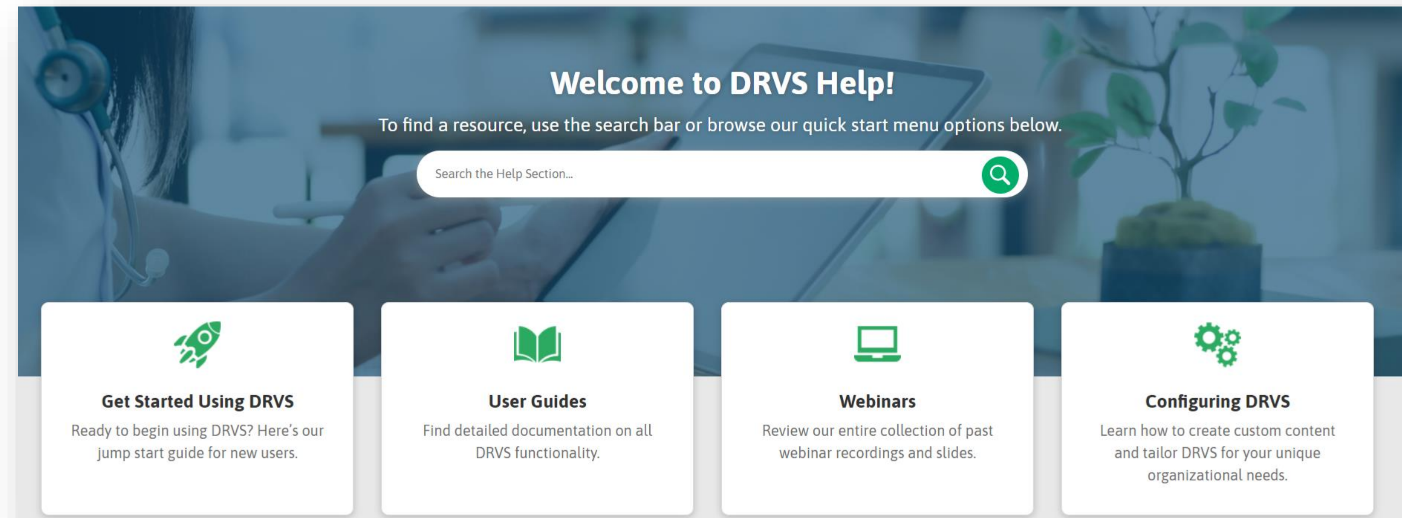
- ASCVD User Guide
- ASCVD 10-Year Risk Calculator Overview Video
- Quick Tip Clips
  - Alert Admin
  - Cohorts
  - PVP / CMP
- DRVS Dashboards User Guide
- For more information on
  - Access to the MAP measures, contact Azara Support
  - Access to AMA's program, contact LuAnn Kimker



Upcoming Webinars

Conference Highlights

Thursday, May 20th
2:00 – 3:00 PM ET

https://bit.ly/3oD1nWx

Infectious Disease Spotlight: HIV and Hep C

Thursday, June 10th
2:00 – 3:00 PM ET

https://bit.ly/3hyT5NG

UGH! It's Never Too Early for UDS: 2021 UDS Updates

Thursday, May 27th
2:00 – 3:00 PM ET

https://bit.ly/3uZRQLd

Care Effectiveness: Tools for Patient and Population Management

Thursday, June 17th
2:00 – 3:00 PM ET

https://bit.ly/33UhEwA

* Because of the rapidly changing health environment, these webinars may be subject to change to better meet the needs of our users.

Questions?

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Reference Slides

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Medication Intensification | Provider Variation

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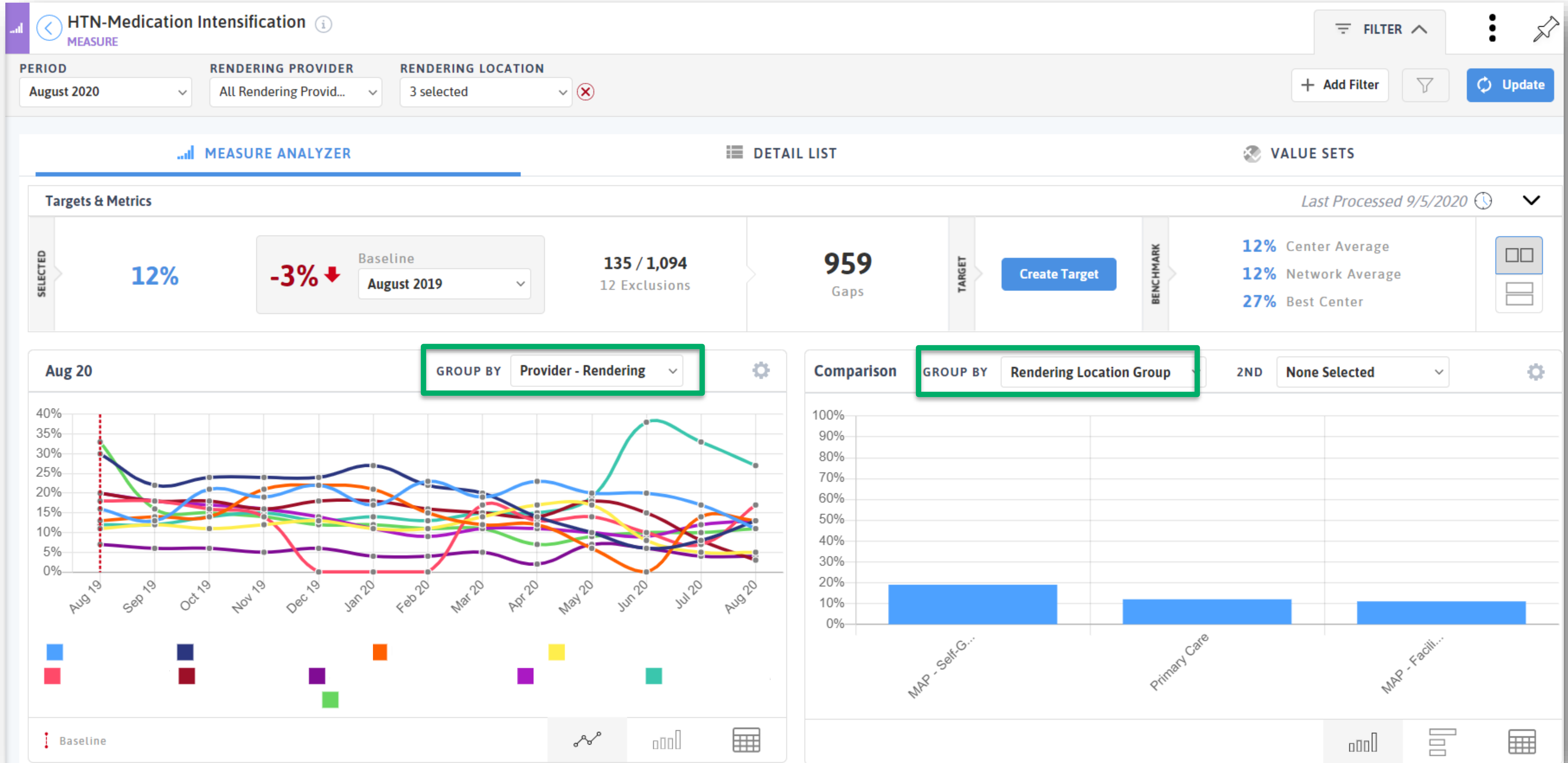

Reduction in Systolic BP

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HTN-Average Systolic BP Reduction After Medication Intensification
MEASURE

FILTER

PERIOD: TY October 2020
CENTERS: All Centers
RENDERING PROVIDER: All Rendering Provid...

Add Filter
Update

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Metrics — *Last Processed 11/7/2020*

-15.16
Result

-15.16
TY October 2019

-17,808 / 1,175
25 Exclusions

TARGET: Create Target

TY 10/20 — GROUP BY: None

-15.16 (TY 10/20)

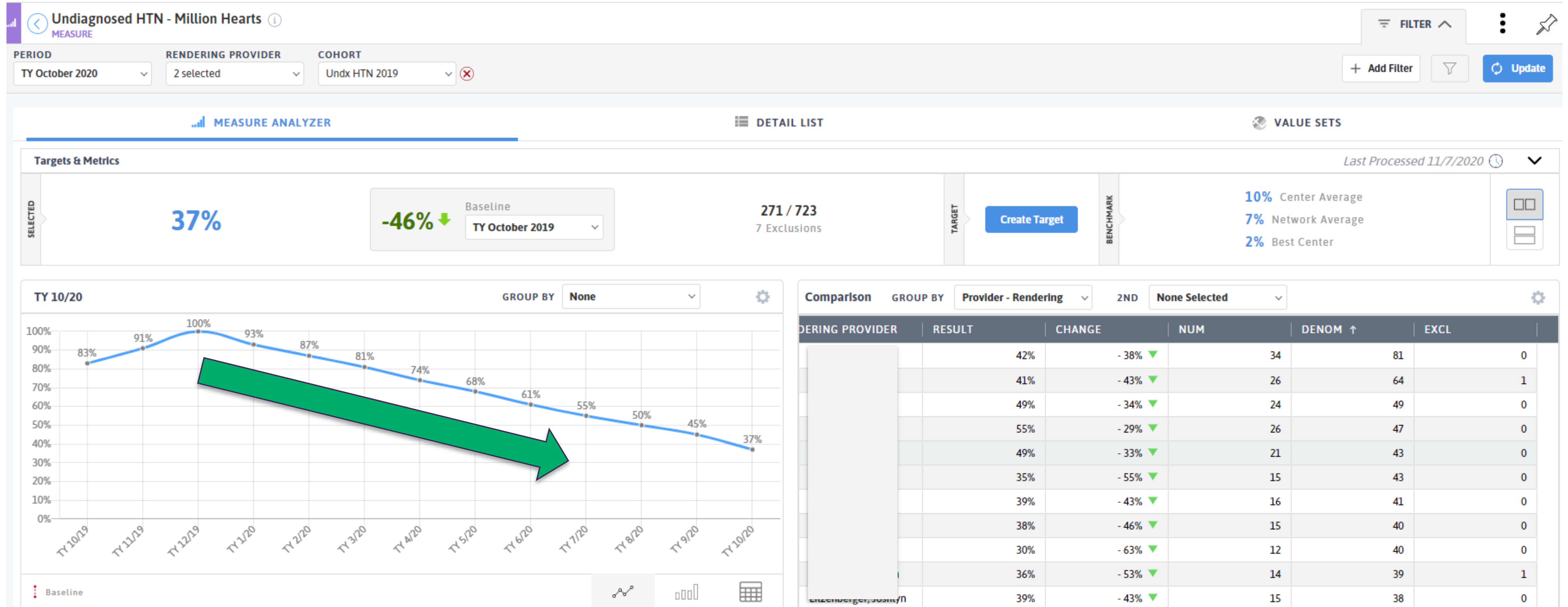
Comparison — GROUP BY: Center — 2ND: Patient Risk

Centers: Wayne County..., Covered Brid..., Genesee Comm..., Traverse Hea..., Western Wayn..., Upper Great..., Packard Health, Family Medic..., Grace Health, Hackley Comm..., Detroit Heal..., Covenant Com..., Northwest Mi..., InterCare Co..., Isabella Cit..., Hamilton Com..., The Wellness..., Detroit Comm...

Legend: Low, Moderate, High

Improvement in Undiagnosed HTN

- Investigate those not diagnosed. How quickly do pts convert?



DERING PROVIDER	RESULT	CHANGE	NUM	DENOM ↑	EXCL
	42%	- 38%	34	81	0
	41%	- 43%	26	64	1
	49%	- 34%	24	49	0
	55%	- 29%	26	47	0
	49%	- 33%	21	43	0
	35%	- 55%	15	43	0
	39%	- 43%	16	41	0
	38%	- 46%	15	40	0
	30%	- 63%	12	40	0
	36%	- 53%	14	39	1
	39%	- 43%	15	38	0