

Development and Dissemination of Preventive Health Guidelines and a Preferred Drug List by a Collaborative Non-profit Organization

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ABSTRACT

The North Carolina Alliance for Healthy Communities is a non-profit organization comprised of members from major health plans across North Carolina and other organizations involved in promoting healthcare. The mission of NCAHC is to provide a collaborative venue for promotion, sponsorship and dissemination of healthcare information to providers and members of healthcare organizations, along with streamlining research and education to help improve healthcare delivery within North Carolina communities. The quality improvement teams, pharmacy directors and consulting pharmacists from the respective organizations, developed preventive health guidelines and a preferred drug list. The goal was to consolidate all of the recommendations from each plan for the preventive health guidelines into one document and to provide a side by side comparison of the preferred drug lists for each plan. These will be produced in tri-fold and poster format and distributed to over 6500 primary care and OB-GYN offices as well as placed on an interactive web site.

INTRODUCTION

- ❖ Promotion, sponsorship and dissemination of healthcare information to providers and members of healthcare organizations.
- ❖ Coordination and improvement of data collection.
- ❖ Streamlining of research and education process to improve healthcare delivery within our community.

Current Member Organizations

- ❖ Blue Cross and Blue Shield of North Carolina
- ❖ North Carolina Association for Healthcare Quality
- ❖ PARTNERS National Health Plans of North Carolina, Inc.
- ❖ Pfizer Pharmaceuticals
- ❖ UnitedHealthcare of North Carolina

History

- ❖ Initial Meeting: 12/16/99
- ❖ Attendees: North Carolina Quality Collaboration attendees from 4 largest health plans representing 82% of managed care market, North Carolina Association for Healthcare Quality (NCAHQ) & Pfizer
- ❖ Name established: North Carolina Alliance for Healthy Communities (NCAHC)
- ❖ Follow-up meeting: Monthly 2000 & 2001
- ❖ Discussion with Director of The Foundation for Healthy Communities in New Hampshire, a model organization
- ❖ Mission statement & logo approved
- ❖ Job description for administrative assistance created and individual hired
- ❖ 2001 business plan developed and implemented
- ❖ Executive Board appointed and Committees established
- ❖ Roles & responsibilities of each defined
- ❖ By-Laws developed
- ❖ 501-C-3 and Incorporation status established
- ❖ Website designed
- ❖ Future topics approved
- ❖ Membership criteria developed

INTRODUCTION (continued)

2001 Executive Board

- ❖ President: Stokes Ann Wilkinson, RN, BA, CPHQ (NCAHQ)
- ❖ President-Elect: Kathy Barfoot, RN, CPHQ, PAHM (UnitedHealthcare)
- ❖ Secretary: Cindy Brennenman, RN, COAUR (BCBSNC)
- ❖ Treasurer: Mark Stephens (Pfizer Inc)
- ❖ Members at Large: Julie Ann Gouveia-Pisano, PharmD, BCPS (Pfizer Inc); Stephen E. Kearney, Jr, PharmD (Pfizer Inc); Meg Meador, MPH (BCBSNC); Louis Newsome, RPh (UnitedHealthcare); Adrienne Ray, R.H.Ed (PARTNERS); Mary Snider, RN (UnitedHealthcare); Cheryl Summers, M.A.Ed., CHES (PARTNERS); Howard Swain (Pfizer Inc)
- ❖ Administrative Assistant: Laura Collins

Standing Committees

- ❖ By-Laws
- ❖ Finance
- ❖ Communications
- ❖ Membership
- ❖ Education/Program
- ❖ Nominations

Ad Hoc Committees

- ❖ 2001 Business Planning
- ❖ Confidentiality

Major Projects

- ❖ Diabetes Education Initiative
- ❖ Title: "Diabetes Education in the New Millennium"
- ❖ Educational Sessions: Series of 3 held during September – November 2000
- ❖ Session Locations: Asheville, Charlotte, Greenville, Greensboro, Raleigh/Durham, Wilmington/Fayetteville, and Winston-Salem
- ❖ Educators: CDE
- ❖ Topics: Introduction to Diabetes (compliance, education and documentation) Management Tools (diet, utilizing tools to monitor disease) Pattern Management and Research Activity
- ❖ Sponsored NCCA Conference
- ❖ Focused on accreditation process, preventive health measures and access to care
- ❖ 8 plans/ organizations were represented, 60 participants
- ❖ Standardized Office Tools: Common Review Tool
- ❖ Working with NCAHP to create a uniform document to be utilized across the state for on-site facility and access to care reviews
- ❖ Preventive Health Guidelines (PHG)
- ❖ Preferred Drug List (PDL)

METHODS

Preventive Health Guidelines (PHG)

- ❖ Website and literature search conducted to obtain most current preventive health guidelines
- ❖ PHG Task Force was charged with compilation of specific preventive health screening and immunization guidelines
- ❖ PHG poster designed
- ❖ Approval by current members of NCAHC and each member organization

Preferred Drug List (PDL)

- ❖ Preferred formulary list obtained from each member organization
- ❖ Generic agents covered by all plans placed in separate column by class
- ❖ Preferred branded agents for each plan separated by member organization and class
- ❖ Approval by current members of NCAHC and each member organization

RESULTS

North Carolina Alliance for Healthy Communities
Working Together to Improve Healthcare in Our Communities

Preventive Health Guidelines

Person Health Assessment	Recommendation Schedule
Adult 0-18 Months	Start 1, 2, 4, 6, 9, 12, 15 months
Adult 2-4 Years	Annually
Adult 7-14 Years	Annually
Adult 15-19 Years	Annually
Adult 20-24 Years	Every 2 years or more frequently at clinical discretion
Adult 25-34 Years	Annually
Adult 35-44 Years	Annually
Adult 45-54 Years	Annually
Adult 55-64 Years	Annually
Adult 65+ Years	Annually

COMMON DIAGNOSTIC SCREENINGS

Over 60 years of age or more at high risk for osteoporosis
Over 65 years of age or more at high risk for glaucoma
Over 50 years of age or more at high risk for hearing loss
Over 50 years of age or more at high risk for depression
Over 50 years of age or more at high risk for dental disease
Over 50 years of age or more at high risk for skin cancer
Over 50 years of age or more at high risk for prostate cancer
Over 50 years of age or more at high risk for colorectal cancer
Over 50 years of age or more at high risk for cervical cancer
Over 50 years of age or more at high risk for breast cancer
Over 50 years of age or more at high risk for HIV/AIDS
Over 50 years of age or more at high risk for hepatitis B
Over 50 years of age or more at high risk for hepatitis C
Over 50 years of age or more at high risk for syphilis
Over 50 years of age or more at high risk for tuberculosis
Over 50 years of age or more at high risk for toxoplasmosis
Over 50 years of age or more at high risk for varicella
Over 50 years of age or more at high risk for measles
Over 50 years of age or more at high risk for mumps
Over 50 years of age or more at high risk for pertussis
Over 50 years of age or more at high risk for tetanus
Over 50 years of age or more at high risk for diphtheria
Over 50 years of age or more at high risk for polio
Over 50 years of age or more at high risk for pneumococcal pneumonia
Over 50 years of age or more at high risk for meningococcal meningitis
Over 50 years of age or more at high risk for influenza
Over 50 years of age or more at high risk for seasonal influenza
Over 50 years of age or more at high risk for COVID-19

North Carolina Alliance for Healthy Communities

Making A Difference in North Carolina Communities

METHODS

- ❖ Primary Care and OB-GYN practice sites associated with each plan were downloaded into an ACCESS database
- ❖ Duplicate practice sites were eliminated
- ❖ 6,500 practice sites identified for distribution
- ❖ Practice site list was sorted by zip code for easy distribution by Pfizer healthcare representatives
- ❖ PHG & PDL placed on NCAHC website
- ❖ www.ncahc.org

RECOMMENDED IMMUNIZATION SCHEDULE

This schedule includes the recommended dates for the administration of currently licensed vaccines. Recommended dates were based on a review of current state and national immunization guidelines.

Age	1	2	4	6	12	15	18	21	4-6	11-12	14-18	50	65
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MM1													
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Working Together to Improve Healthcare in Our Communities

HEALTH PLAN PREFERRED SECOND TIER BRAND DRUGS

Category	Generic - NDC 5-DIGIT	HEALTH PLAN PREFERRED SECOND TIER BRAND DRUGS (USE GENERIC WHEN AVAILABLE APPROPRIATE)
ACE Inhibitors		