
Diabetes Ten City Challenge

Women in Government 2011

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<http://www.APhAFoundation.org/>



The APhA Foundation Mission



- *“To optimize the role of the pharmacist in improving people’s health.”*
- Designing innovative solutions for health care delivery...
 - *Research*
 - *Recognition*
 - *Resources*



APhA Foundation Activities



- National Demonstration Projects
 - Health promotion / disease prevention
 - Disease state management
- Public Education
 - Responsible medication use
 - Privacy, confidentiality, security
- Quality Improvement
 - Pharmacy service benchmarking
 - Advanced Practice Institutes
- Research
 - Practice-based research
 - Original scientific research
 - Incentive Grant Programs



Where we're going...



- Empowered patients
- Increased collaboration
- Enhanced safety
- Improved outcomes
- Reduced costs

***“The best way to predict the future
is to invent it.” - Alan Kay***

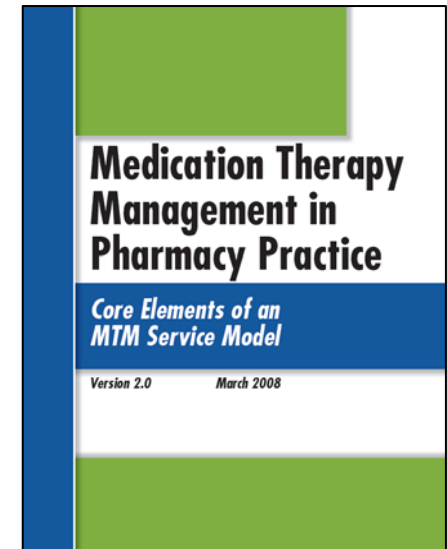
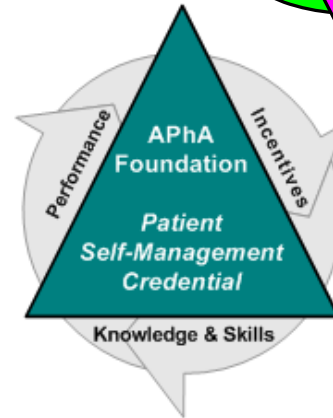
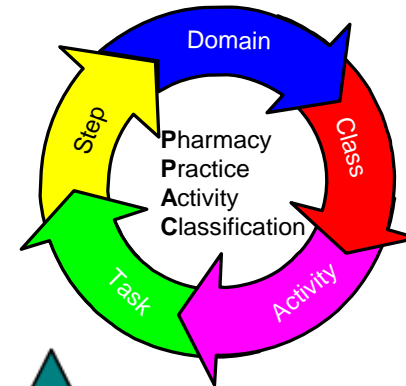
What's the best way to get there?



- Put patients first
- Optimize medication use
- Improve communication
- Manage information
- Increase collaboration

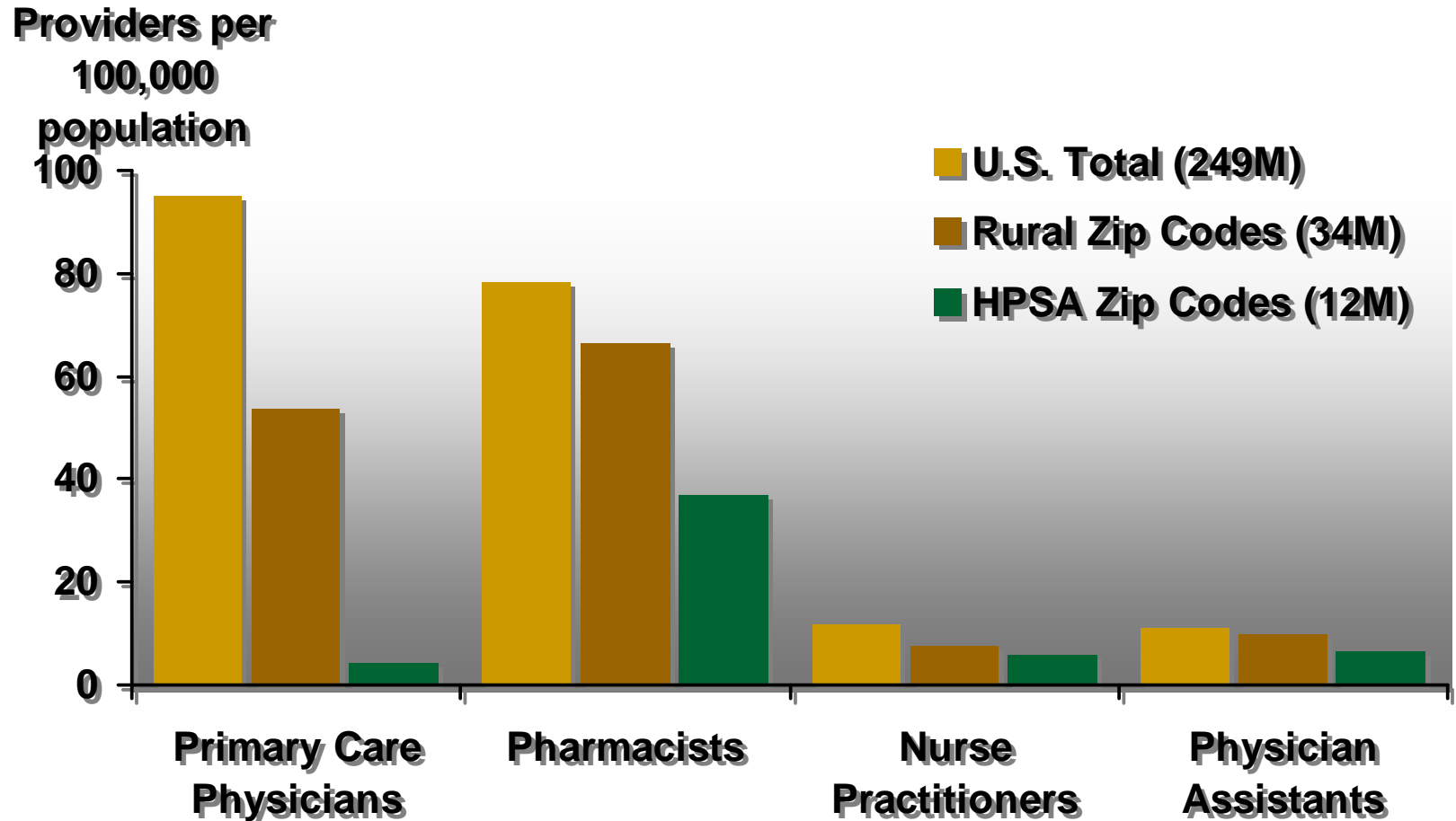
“Interdisciplinary care is the best way to invent a preferred future for health care.”
- Benjamin Bluml, RPh

Creating the Basis for a Preferred Future...



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National Distribution of Provider Groups



Source: JAPhA 1999; 39:127-35.

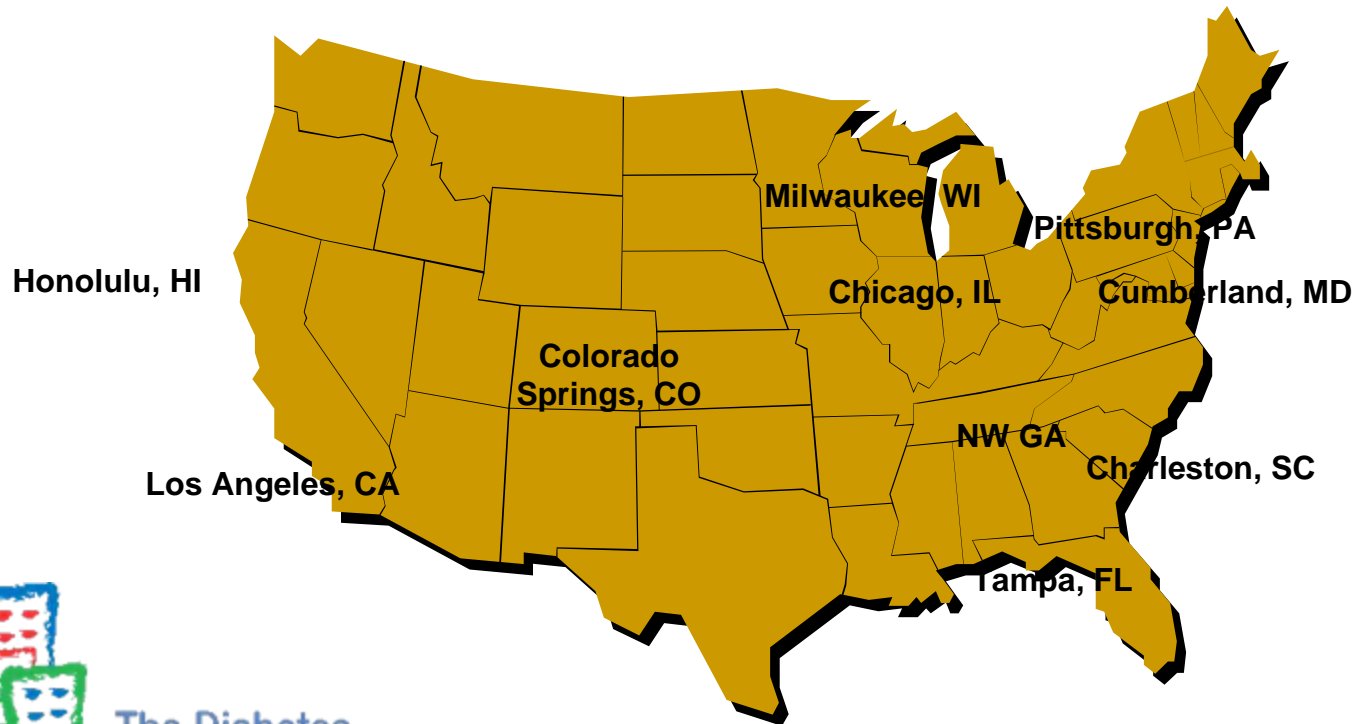
* HPSA: Health Provider Shortage Area

Diabetes Toll in the U.S.



- Amputation
 - 200 daily limb amputations
- Blindness
 - 24,000 new cases each year
- Cardiovascular
 - Accounts for 67% of mortality
- Death
 - Leading cause – 1 every 10 minutes
- Economic
 - \$1 out of every \$5 in health care spent on Diabetes (\$174 billion/yr)
- Pharmacists can help...
 - Foot Exams
 - Eye Exam Referrals
 - A1c, BP & Cholesterol
 - Diet, exercise, lifestyle, patient self-management
 - Typical \$1,000+ pppy reductions vs. projected

The Evolution Continues...



J Am Pharm Assoc 2008;48:181-190.

J Am Pharm Assoc 2009;49:383-391.

The Diabetes Ten City Challenge



- *10 Cities, 29 Employers:*
 - ❑ Charleston, South Carolina
 - ❑ Chicago, Illinois
 - ❑ Colorado Springs, Colorado
 - ❑ Cumberland, Maryland
 - ❑ Honolulu, Hawaii
 - ❑ Milwaukee, Wisconsin
 - ❑ Northwest Georgia
 - ❑ Pittsburgh, Pennsylvania
 - ❑ Los Angeles, California
 - ❑ Tampa Bay, Florida



n=573; Baseline & Year 1 claims, 2+ visits (14.8 months)

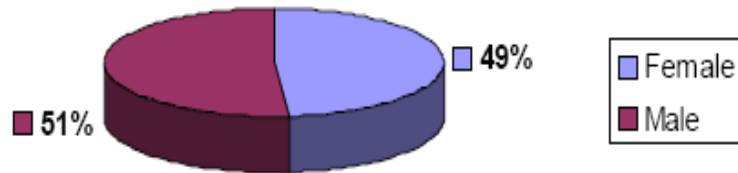
J Am Pharm Assoc 2009;49:383-391.

The Diabetes Ten City Challenge

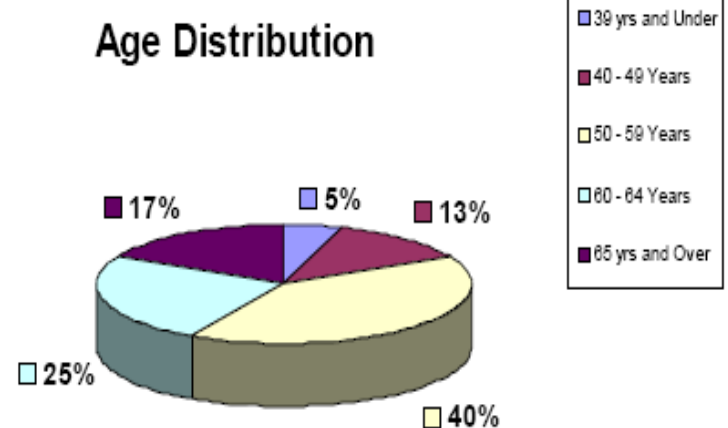
Final Results: $n=573$, ending 31-Dec-07



Gender Distribution



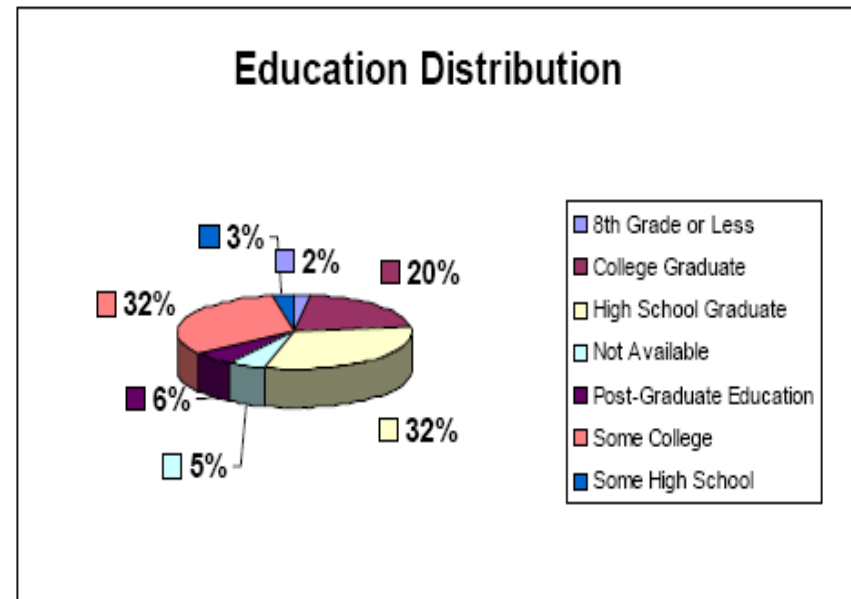
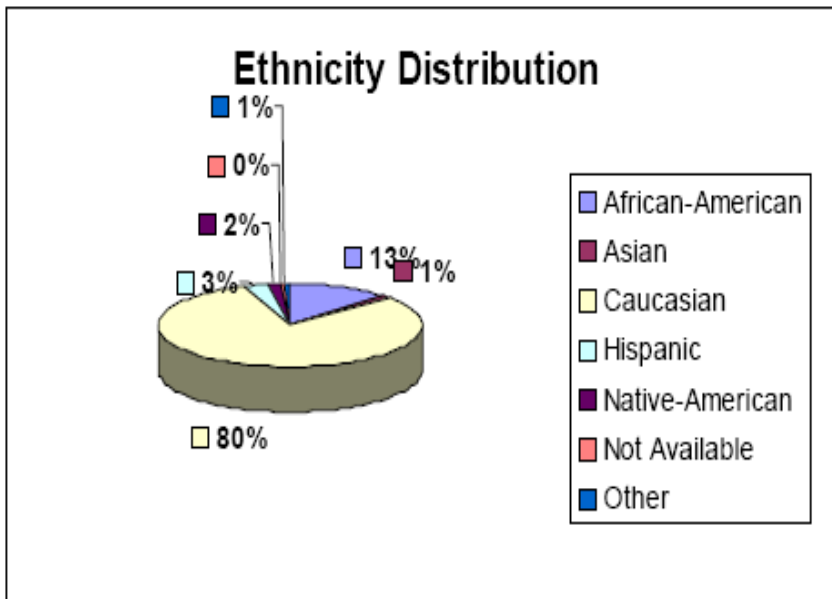
Age Distribution



J Am Pharm Assoc 2009;49:383-391.

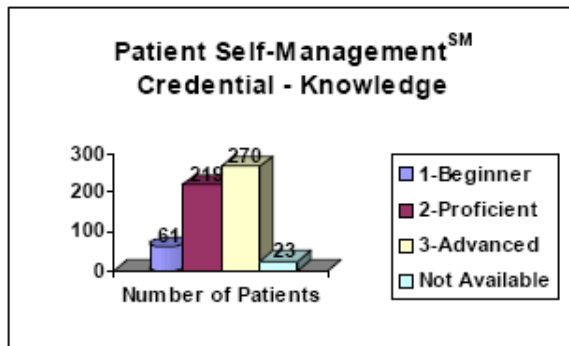
The Diabetes Ten City Challenge

Final Results: $n=573$, ending 31-Dec-07



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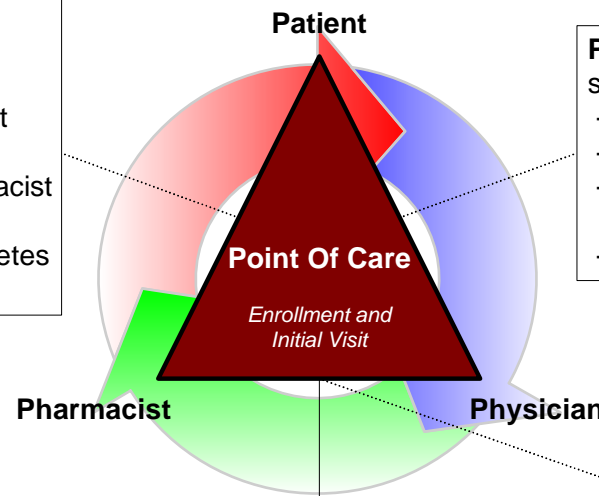
Process of Care – Knowledge



Pharmacist reviews the self-management program with the patient:

- Health / economic value of the program
- Responsibilities in diabetes management
- Education / skills training for the patient
- Support services provided by the pharmacist
- Schedule of program activities
- Patient Self-Management Program Diabetes (*PSMP Diabetes Credential*)

Patient identified as being "**at risk**"



Patient understands Employer incentives for self-management and:

- Completes medical history
- Signs informed consent
- Begins *PSMP Diabetes Credential* program
- Knowledge assessment
- Plan for work with health care team

Physician and pharmacist confer to establish collaborative practice:

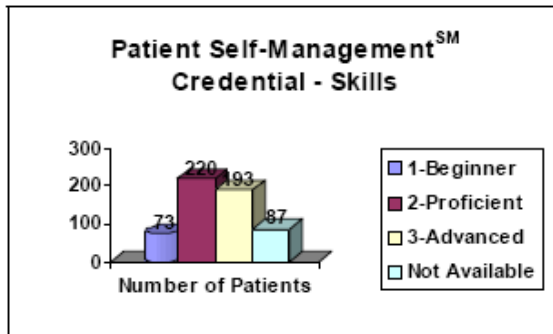
- Individualized patient goals
- Guidelines for treatment / referral
- Receives patient visit summary

Employer provides patient incentives for self-management



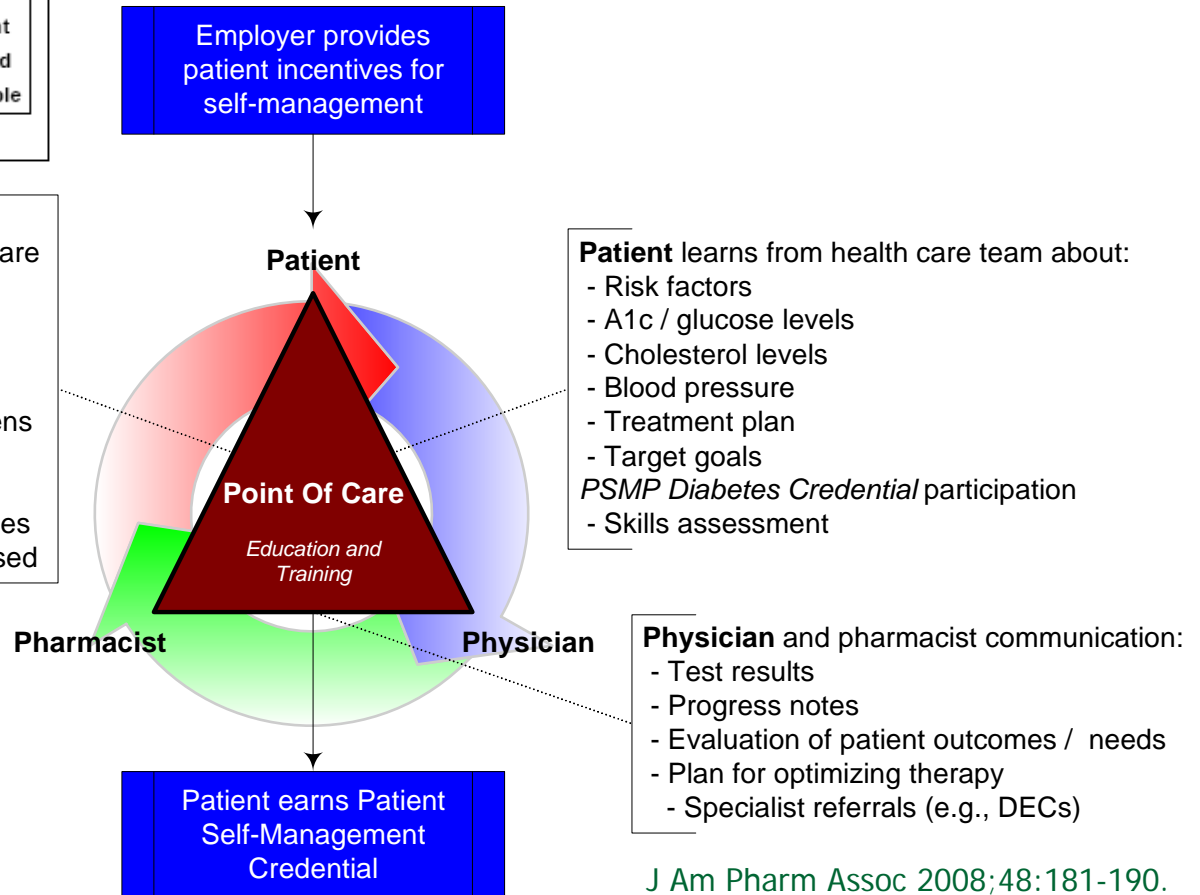
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Process of Care – Skills



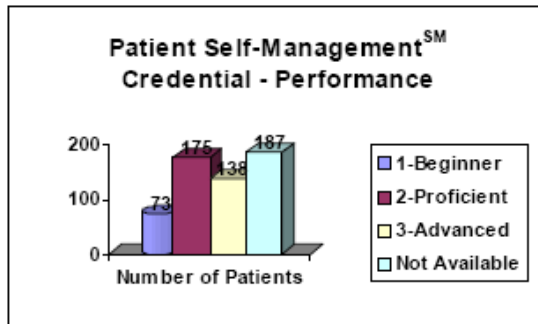
Pharmacist coaches the patient to encourage active involvement in his/her care and discusses:

- Current health status
- A1c and glucose levels
- Lipid profile results and level of risk
- Diet, exercise, and drug therapy regimens
- Treatment plan and target goals
- Responsibilities for adherence
- Opportunities to improve health outcomes
- *PSMP Diabetes Credential* skills assessed



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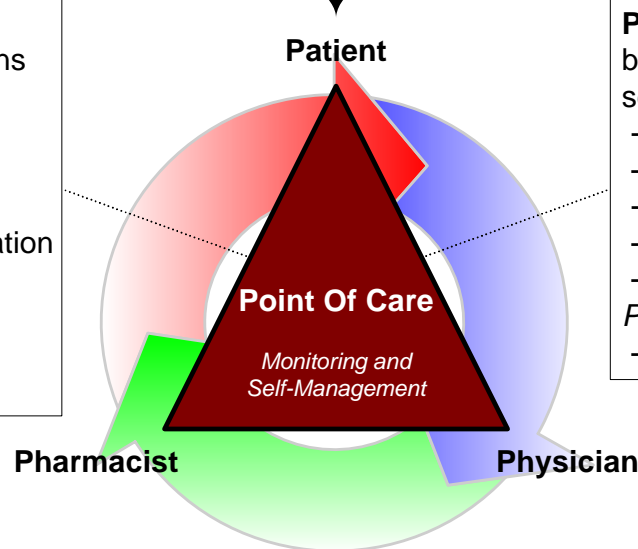
Process of Care – Performance



Pharmacist reinforces patient self-management activities by reviewing:

- Diet, exercise, drug therapy regimens
- A1c testing
- Highest risk glucose level
- Lipid profile results
- Blood pressure measures
- Annual diabetic nephropathy evaluation
- Annual foot evaluation
- Annual eye evaluation
- *PSMP Diabetes Credential* performance assessed

Patient earns Patient Self-Management Credential



Patient maintains A1c, glucose, lipid, and blood pressure control through active self-management of his/her:

- Health care visits
- Needed lifestyle changes
- Scheduled diagnostic testing
- Adherence to medication regimen(s)
- Communication with the health care team
- *PSMP Diabetes Credential* participation
- Performance assessment



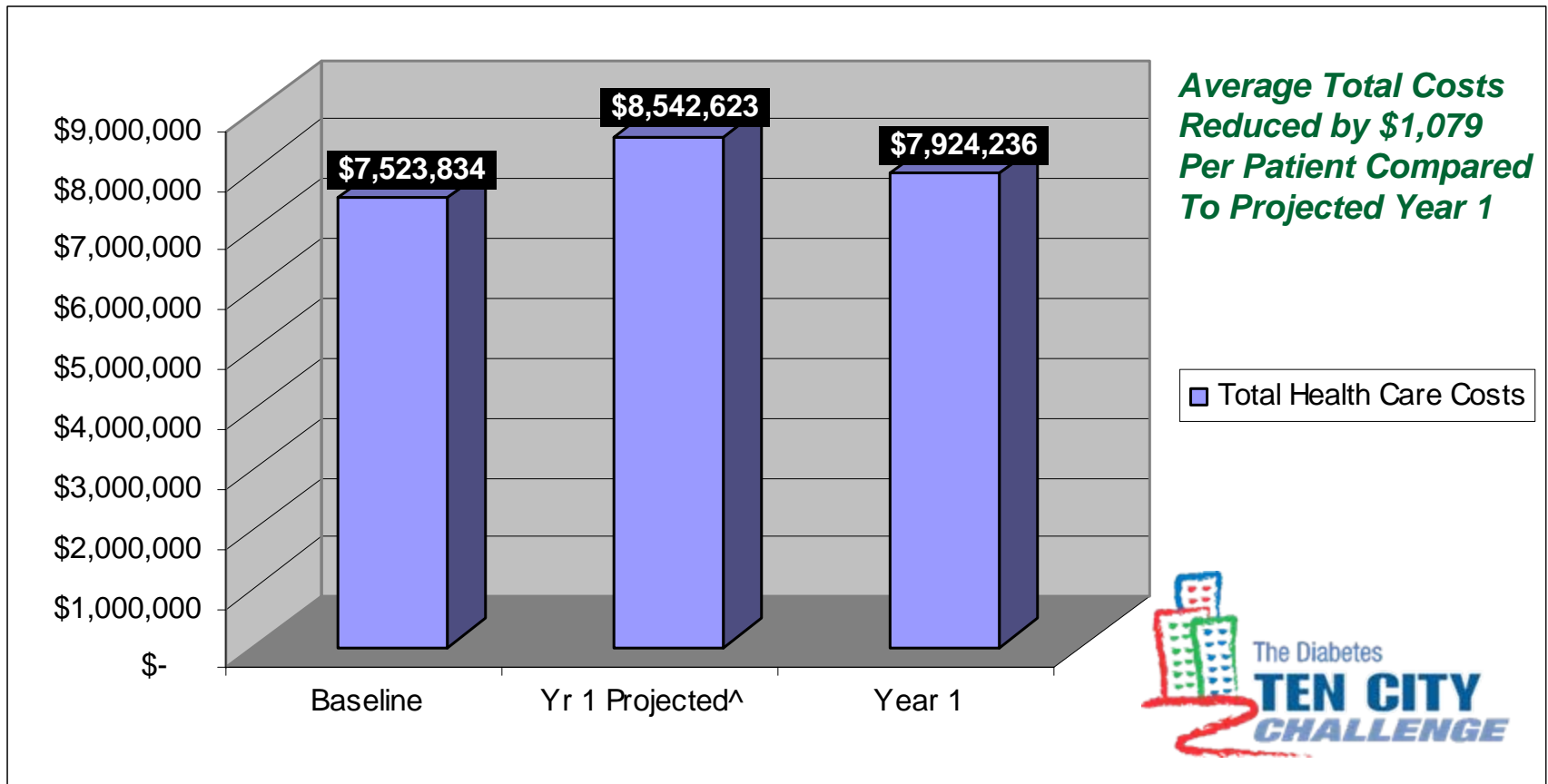
J Am Pharm Assoc 2008;48:181-190.

Economic – Total Costs

...Results through 31-Dec-07 ($n=573$)



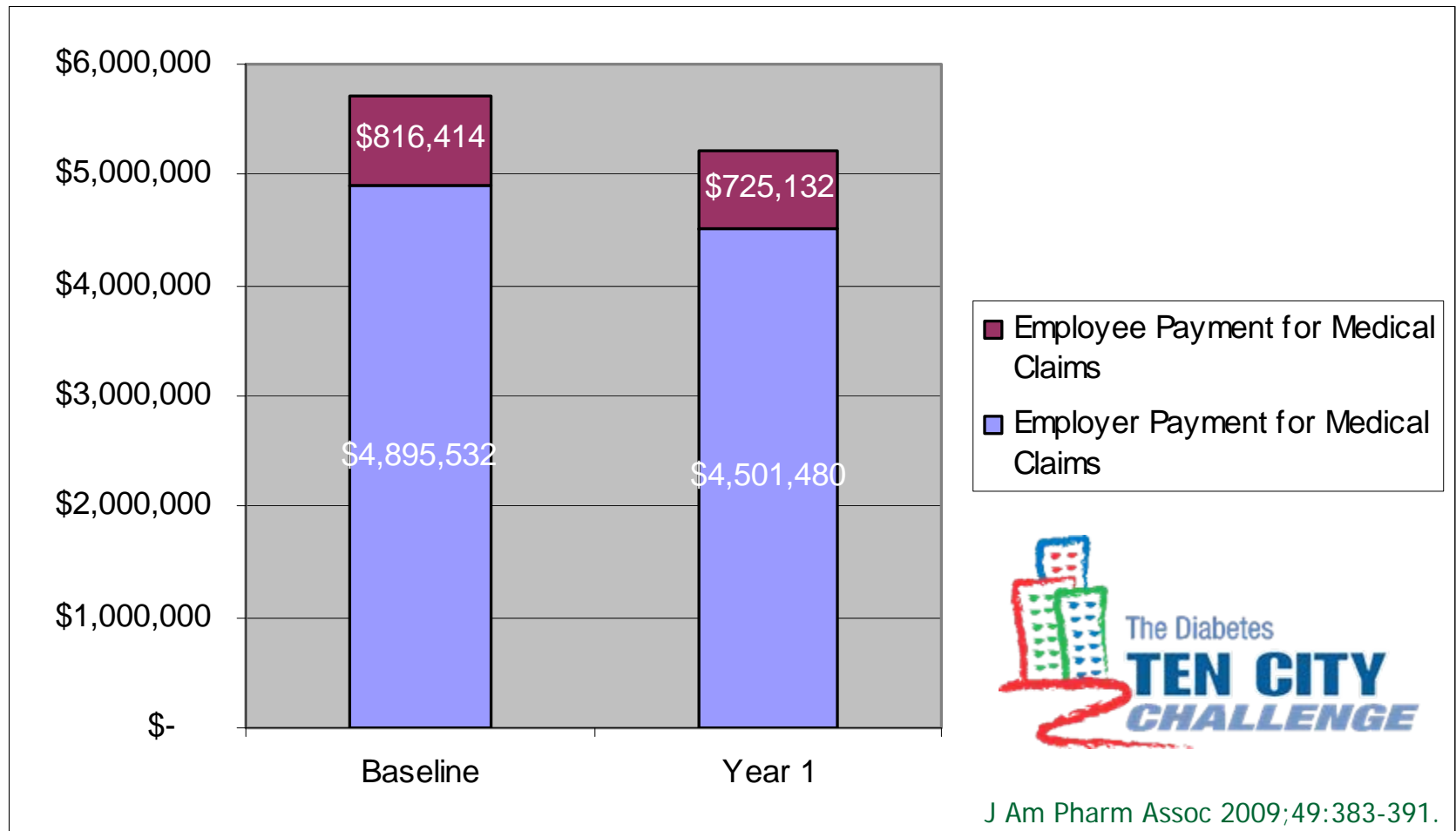
Year 1 Projected vs. Year 1 Overall Savings = \$618,387



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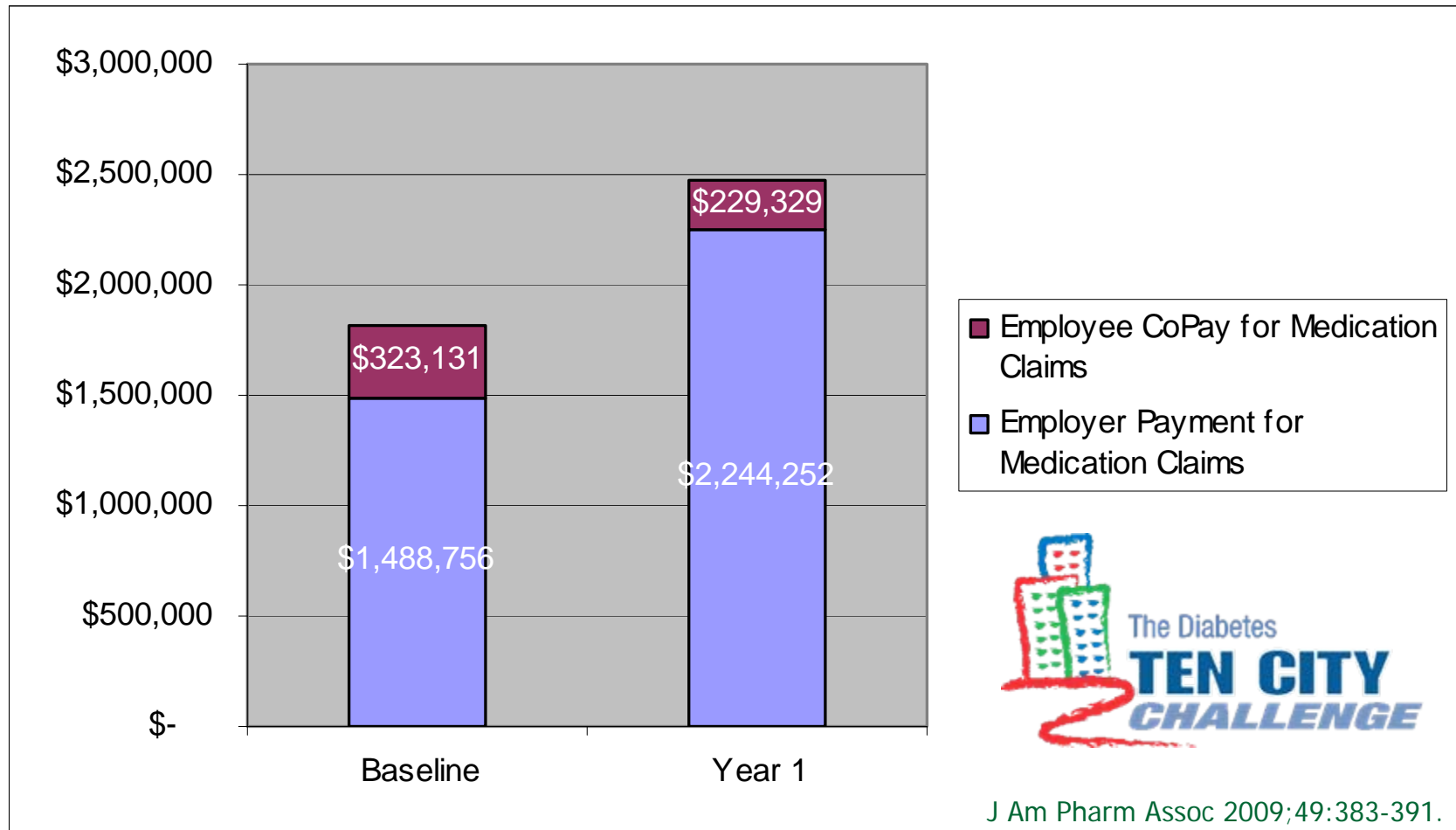
Economic – Medical Claims

...Baseline vs. Actual through 31-Dec-07 ($n=573$)



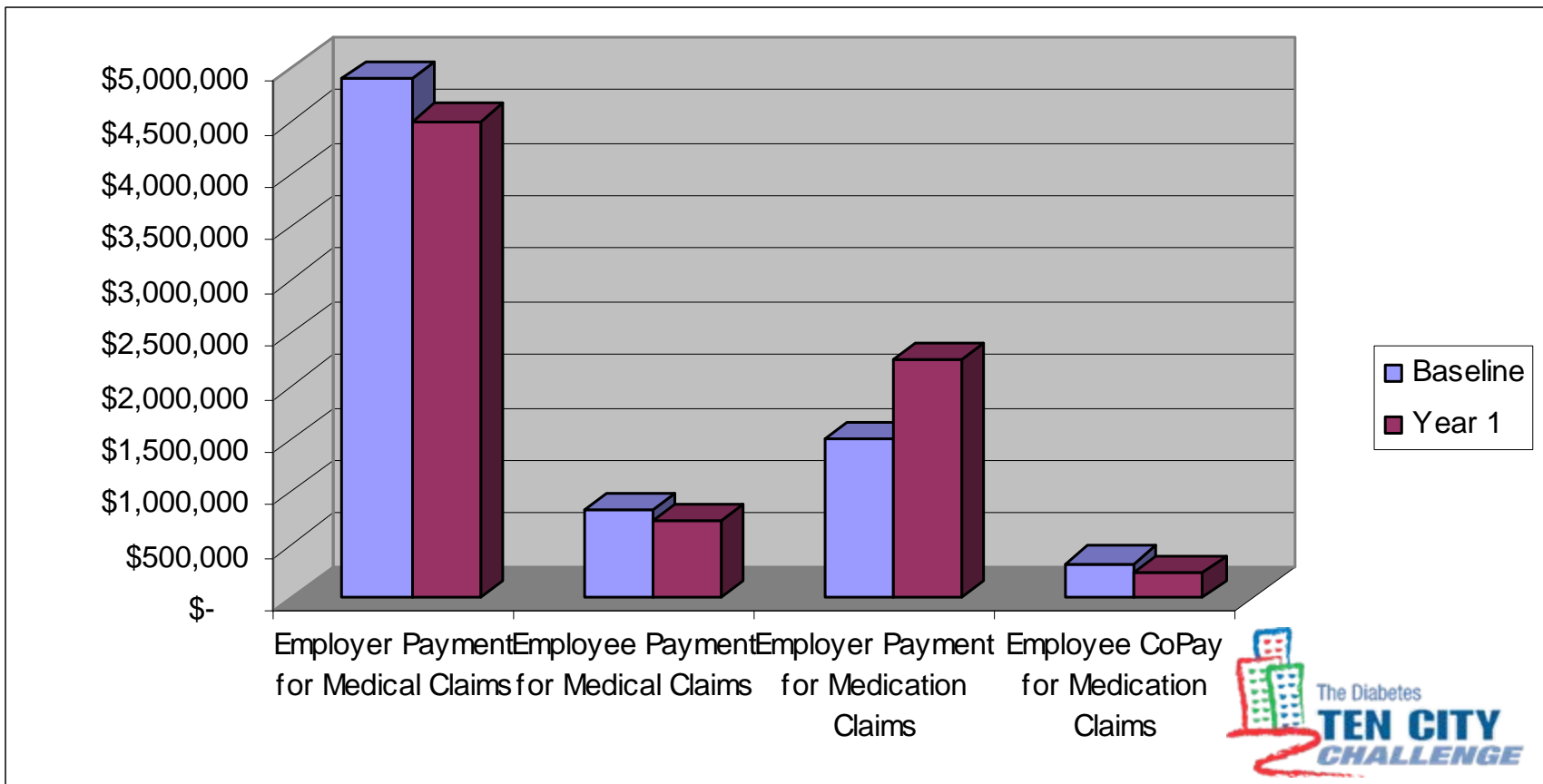
Economic – Pharmacy Claims

...Baseline vs. Actual through 31-Dec-07 ($n=573$)



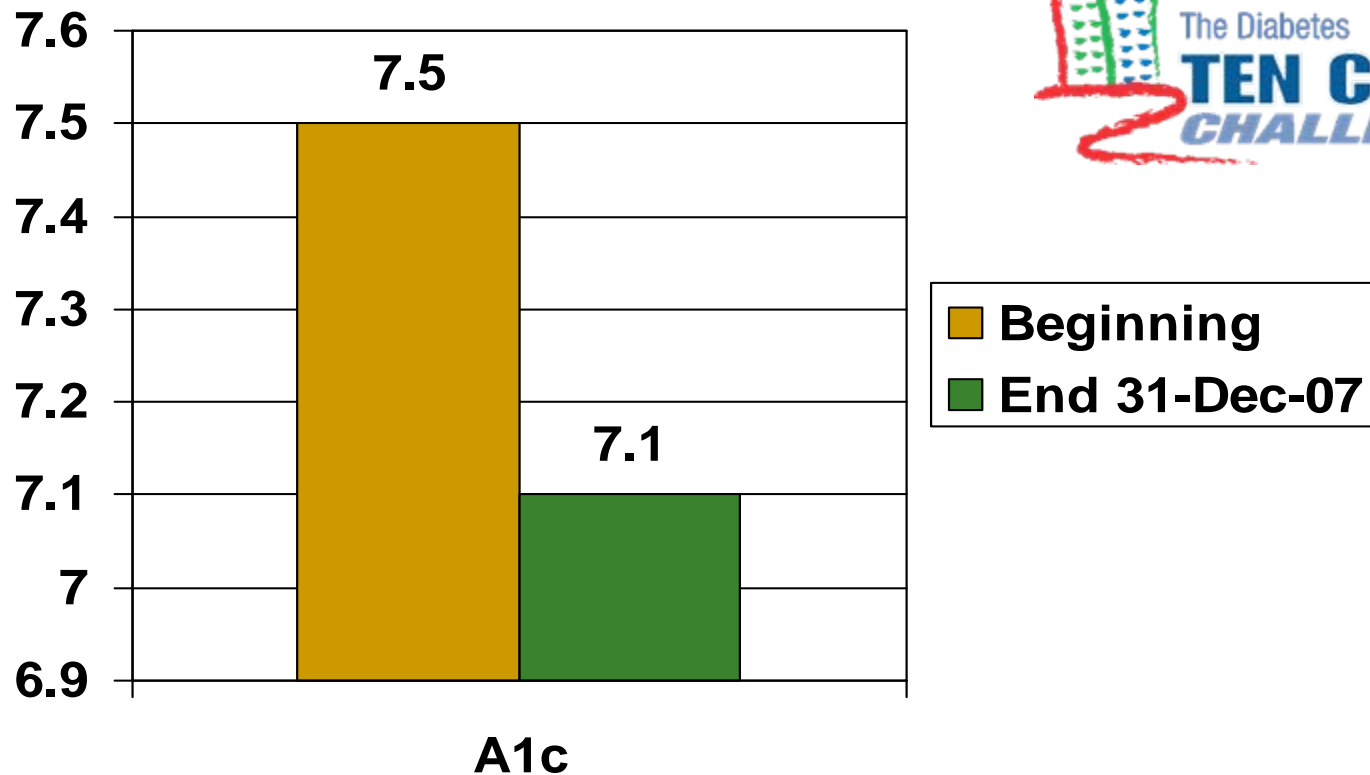
Economic – Cost Distribution

...Baseline vs. Actual through 31-Dec-07 ($n=573$)



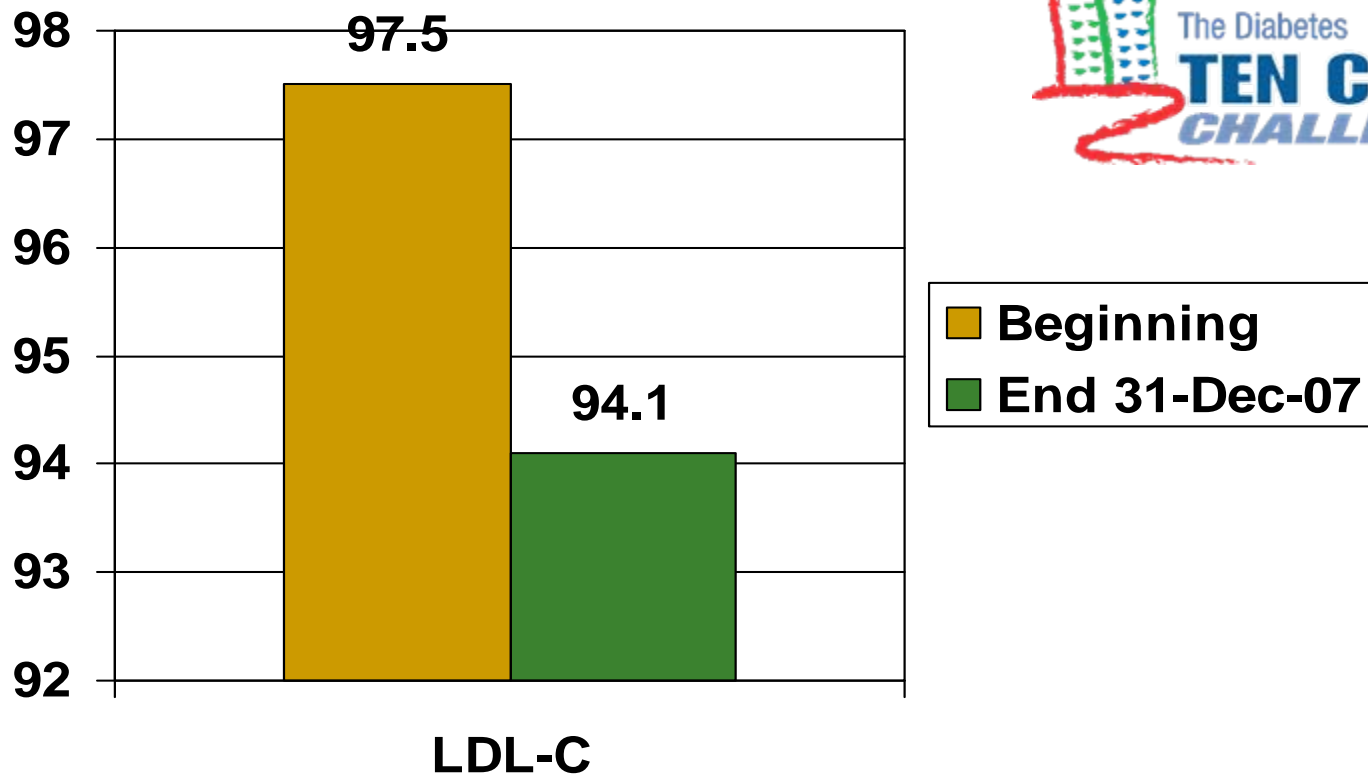
J Am Pharm Assoc 2009;49:383-391.

Diabetes Ten City Challenge: Average A1C Improvement ($n=554$)



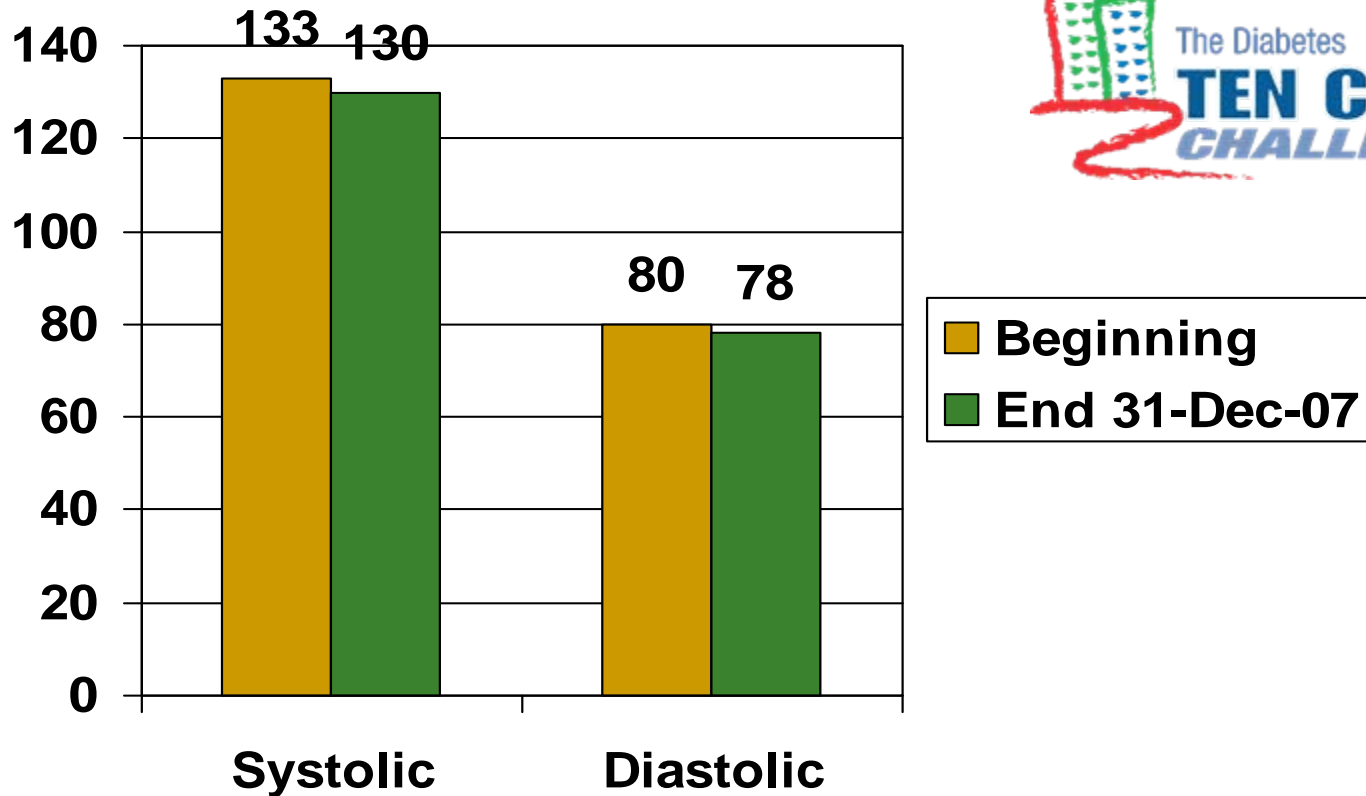
Align the Incentives, Empower the Patient, Control the CostsSM

Diabetes Ten City Challenge: Average LDL Improvement ($n=528$)



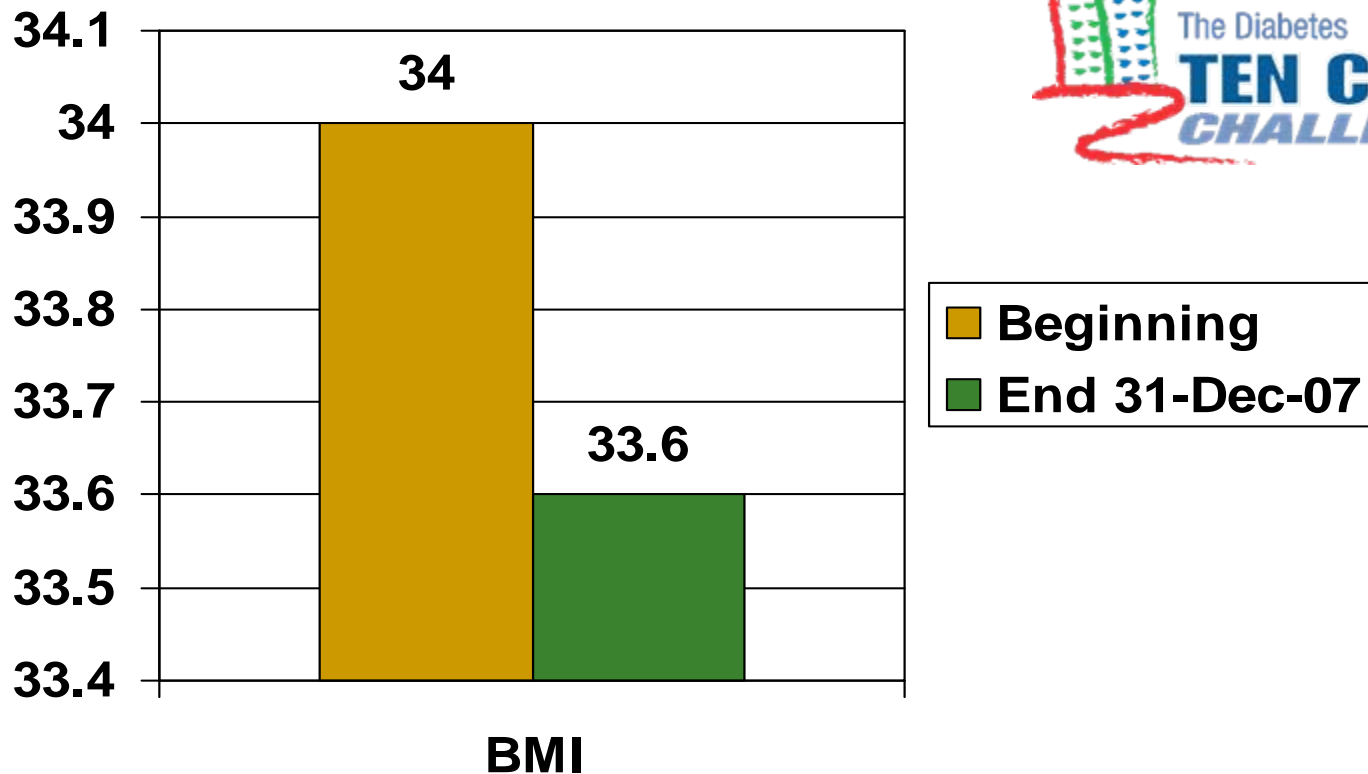
Align the Incentives, Empower the Patient, Control the CostsSM

Diabetes Ten City Challenge: Average BP Improvement (n=550)



Align the Incentives, Empower the Patient, Control the CostsSM

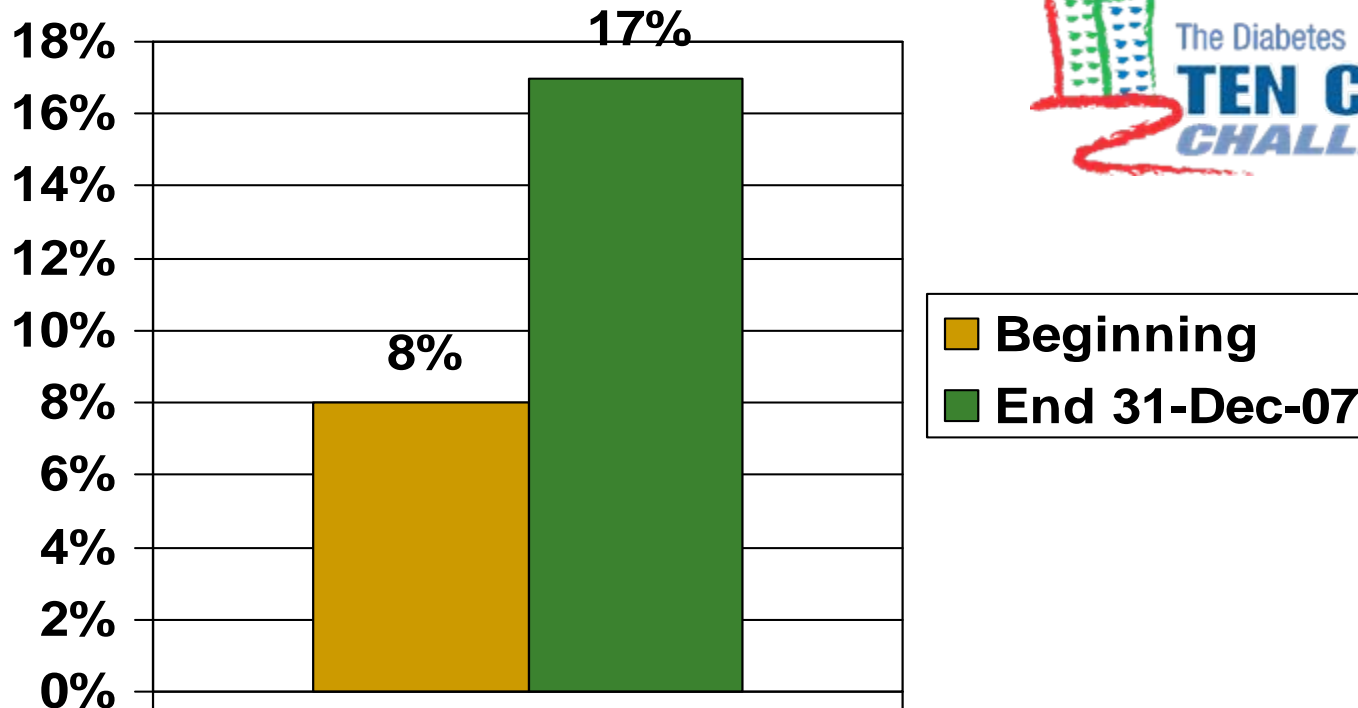
Diabetes Ten City Challenge: Average BMI Improvement ($n=533$)



Align the Incentives, Empower the Patient, Control the CostsSM

Diabetes Triad Clinical Control:

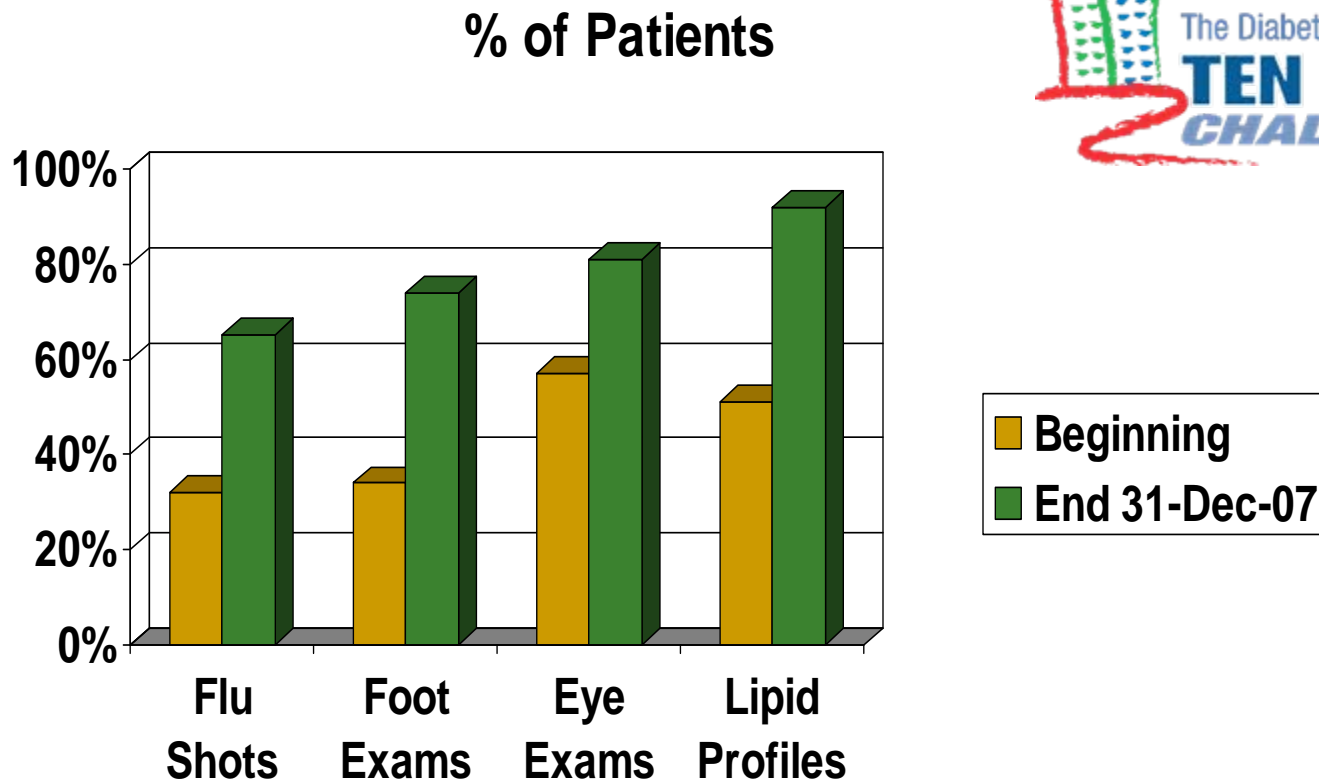
A1C < 7%, BP < 130/80, LDL < 100 mg/dL (n = 573)



DTCC Achievement

Align the Incentives, Empower the Patient, Control the CostsSM

Diabetes Ten City Challenge: Patient Care Improvements ($n=573$)



Align the Incentives, Empower the Patient, Control the CostsSM

Humanistic – Pharmacist Care

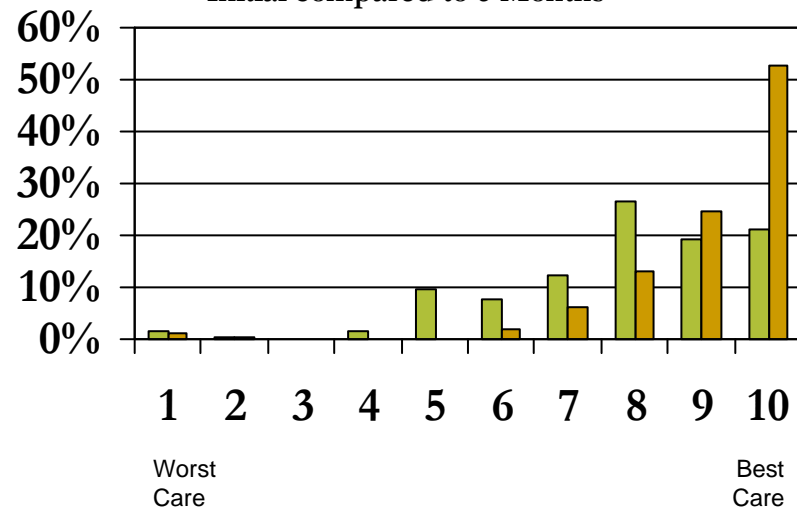
...Aggregate through 30-Sep-07



■ Patient Satisfaction with Overall Diabetes Care

- Initial ($n=764$)
 - 67.1% responses 8 to 10
- 6-month follow-up ($n=241$)
 - 90.2% of responses 8 to 10

Satisfaction with Overall Diabetes Care
Initial compared to 6 Months



■ 10-point Likert Scale



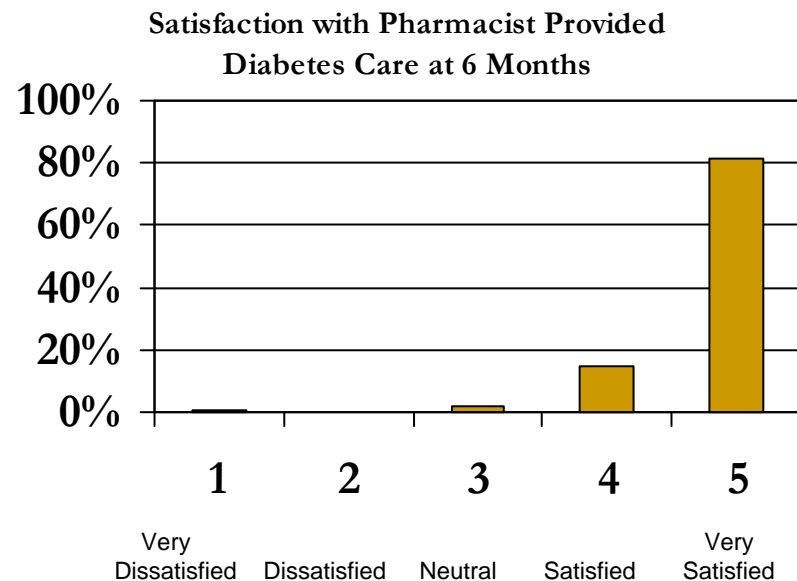
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Humanistic – Pharmacist Care

...Aggregate through 30-Sep-07



- Patient Satisfaction with Pharmacist Provided Diabetes Care
 - 6-month follow-up ($n=241$)
 - 98% of responses either very satisfied or satisfied
- 5-point Likert Scale



J Am Pharm Assoc 2008;48:181-190.

Clinical – HEDIS 2007 Indicators

...Averages through 31-Dec-07 ($n=573$)



■ NCQA Commercial Accredited Plans

- A1c Testing = 88%
- A1c Control (< 9) = 71%
- Lipid Profile = 84%
- Lipid Control = 44%
- Eye Exams = 55%
- Flu Shots = 49%

■ Diabetes TCC Sites – Aggregate

- A1c Testing = 97%
- A1c Control (< 9) = 91%
- Lipid Profile = 92%
- Lipid Control = 63%
- Eye Exams = 81%
- Flu Shots = 65%

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What's Next?



Bristol-Myers Squibb Foundation

Together  Diabetes

Communities Uniting to Meet America's Diabetes Challenge



Health Care Delivery

Common Goals to...



- Improve patient care
- Increase communication between and among patients / providers
- Increase availability of objective measures
- Reduce total cost for care over time

Quality Health Care



- Empowers patients
- Includes the environment
- Has multiple components:
 - Clinical
 - Cost
 - Functional
 - Satisfaction
- Encompasses the entire experience
- Provides a continuum of care

Advancing Service Delivery in Pharmacy Practice...



Health Promotion

- Health Risk Assessment
- Immunizations
- Wellness Programs

Selection Criteria:

- *High prevalence*
- *High risk*
- *High cost*
- *Problem prone*

Health Management

- Asthma
- Cardiovascular Disease (Dyslipidemia, Hypertension)
- Coagulation Disorders
- Congestive Heart Failure
- Diabetes
- Osteoporosis

...all with MTM

Medication Therapy Management

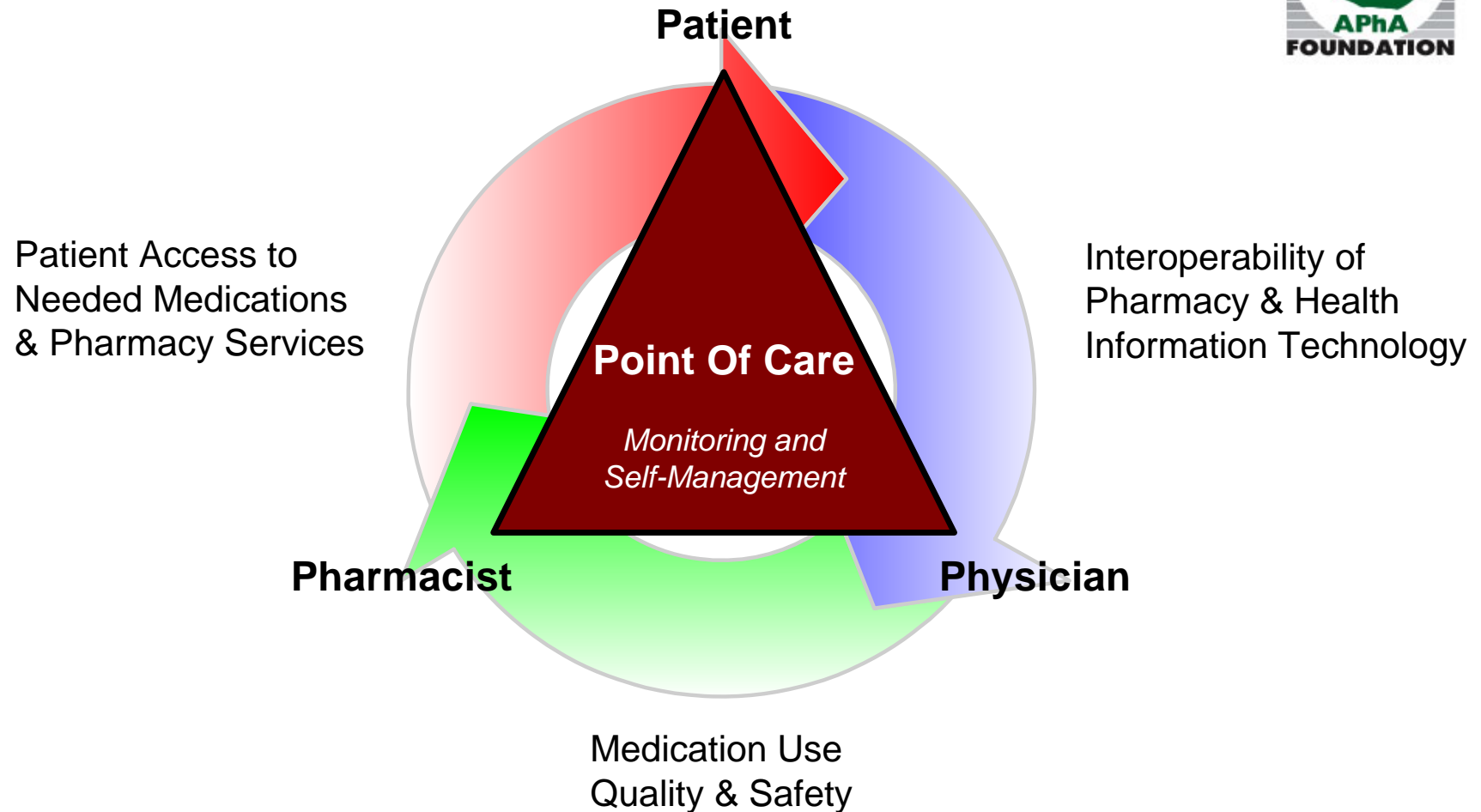


- **MTM Definition**
 - A distinct service or group of services that optimize therapeutic outcomes for individual patients

- **MTM Core Elements**
 - Medication Therapy Review (MTR)
 - Personal Medication Record (PMR)
 - Medication-related Action Plan (MAP)
 - Intervention and/or referral
 - Documentation and follow-up

- **Payment for MTM Services**
 - CPT Codes: 99605, 99606, 99607

Inventing a Preferred Future...



Align the Incentives, Empower the Patient, Control the CostsSM