Diabetes Ten City Challenge

Women in Government 2011

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Vice President, Research

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…

www.APhAFoundation.org
National Distribution of Provider Groups

* 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…

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)

The Diabetes Ten City Challenge
Final Results: $n=573$, ending 31-Dec-07

Gender Distribution

Age Distribution

The Diabetes Ten City Challenge
Final Results: \( n=573 \), ending 31-Dec-07

**Ethnicity Distribution**
- African-American: 1%
- Asian: 0%
- Caucasian: 2%
- Hispanic: 13%
- Native-American: 1%
- Not Available: 3%
- Other: 80%

**Education Distribution**
- 8th Grade or Less: 3%
- College Graduate: 2%
- High School Graduate: 20%
- Not Available: 5%
- Post-Graduate Education: 6%
- Some College: 32%
- Some High School: 32%

Process of Care – Knowledge

**Patient Self-Management™ Credential - Knowledge**

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-Beginner</td>
<td>64</td>
</tr>
<tr>
<td>2-Proficient</td>
<td>245</td>
</tr>
<tr>
<td>3-Advanced</td>
<td>27</td>
</tr>
<tr>
<td>Not Available</td>
<td></td>
</tr>
</tbody>
</table>

**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"

- 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

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

**Employer provides patient incentives for self-management**

**Patient** learns from health care team about:
- Risk factors
- A1c / glucose levels
- Cholesterol levels
- Blood pressure
- Treatment plan
- Target goals

**PSMP Diabetes Credential** participation
- Skills assessment

**Physician** and pharmacist communication:
- Test results
- Progress notes
- Evaluation of patient outcomes / needs
- Plan for optimizing therapy
- Specialist referrals (e.g., DECs)

**Patient earns Patient Self-Management Credential**

**Process of Care – Performance**

**Patient Self-Management**

Patient earns Patient Self-Management Credential

- 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

**Pharmacist** reinforces patient self-management activities by reviewing:

- 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

**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

Economic – Total Costs

…Results through 31-Dec-07 (n=573)

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

Average Total Costs Reduced by $1,079 Per Patient Compared To Projected Year 1

Economic – Medical Claims

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

Economic – Pharmacy Claims

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

$1,488,756
$2,244,252
$323,131
$229,329

Baseline Year 1

$3,000,000
$2,500,000
$2,000,000
$1,500,000
$1,000,000
$500,000
$-

$323,131

$1,488,756

$229,329

$2,244,252

Employee CoPay for Medication Claims

Employer Payment for Medication Claims

Economic – Cost Distribution

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

Employer Payment for Medical Claims
Employee Payment for Medical Claims
Employer Payment for Medication Claims
Employee CoPay for Medication Claims

Baseline  
Year 1

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

Align the Incentives, Empower the Patient, Control the Costs™
Diabetes Ten City Challenge: Average LDL Improvement ($n=528$)

**Beginning**

**End 31-Dec-07**

**LDL-C**

*Align the Incentives, Empower the Patient, Control the Costs℠*
Diabetes Ten City Challenge: Average BP Improvement (n=550)

Align the Incentives, Empower the Patient, Control the Costs℠
Diabetes Ten City Challenge: Average BMI Improvement ($n=533$)

Align the Incentives, Empower the Patient, Control the Costs$^{SM}$
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 Costs℠
Diabetes Ten City Challenge: Patient Care Improvements \((n=573)\)

% of Patients

Align the Incentives, Empower the Patient, Control the Costs\(^{SM}\)
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

10-point Likert Scale

Satisfaction with Overall Diabetes Care
Initial compared to 6 Months

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

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%

What’s Next?

Bristol-Myers Squibb Foundation
Together ON Diabetes

Communities Uniting to Meet America’s Diabetes Challenge

APhA Foundation

March 6, 2011  APhA Foundation
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

Health Management

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

...all with MTM

Selection Criteria:
- High prevalence
- High risk
- High cost
- Problem prone
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 Costs℠