

Together 2 Goal[®]

AMGA Foundation
National Diabetes Campaign

Monthly Campaign Webinar

August 17, 2017

TODAY'S WEBINAR

- **Together 2 Goal® Updates**
 - Webinar Reminders
 - September 2017 Monthly Webinar
 - Goal Post August Newsletter Highlights
- **Role of Community Pharmacists in Diabetes Care**
 - Jennifer Humeniuk and Dalga Surofchy of Ralphs Grocery Company
- **Q&A**
 - Use Q&A or chat feature



WEBINAR REMINDERS

- Webinar will be recorded today and available the week of August 21st
 - Together2Goal.org Website (Improve Patient Outcomes → Webinars)
 - Email distribution
- Participants are encouraged to ask questions using the “Chat” and “Q&A” functions on the right side of your screen



SEPTEMBER 2017 MONTHLY WEBINAR

- **Date/Time:** Thursday, September 21, 2-3pm Eastern
- **Topic:** Patient Involvement in Together 2 Goal®
- **Presenters:** Roberta Eis, R.N., B.S.N., M.B.A.; Heather Olden, M.P.H.; and Nicole Crosato of Henry Ford Health System



GOAL POST NEWSLETTER: AUGUST HIGHLIGHTS

T2G GOAL POST
A monthly newsletter of the national Together 2 Goal® campaign.



August 2017 Edition

Welcome to Goal Post, our monthly newsletter highlighting Together 2 Goal® and the latest campaign news and updates.

Have you registered yet for the Together 2 Goal® Diabetes Symposium in Indianapolis? AMGA, in collaboration with the American Diabetes Association, is hosting a 3-day meeting on September 12 focusing on best practices for implementing three of our campaign planks.

Don't miss the chance to hear from and network with fellow attendees from organizations like:

- Advocate Medical Group
- Adantic Medical Group
- Aurora Health Care Medical Group
- Billings Clinic
- Care Physician Group
- Coastal Health Medical Group
- Geisinger Health System
- Hennepin Clinic, PA
- Henry Ford Health System
- Indiana University School of Medicine
- Kaiser Permanente
- Mercy
- Mercy Clinic - East
- Communitas
- Norton Healthcare
- Palo Alto Medical Foundation
- Park Nicolai HealthPartners Care Group
- Premier Medical Associates, PC
- The Physicians
- PRIME Physicians
- Sencore Medical Group, PA
- Sunbelt Medical Group, PA
- Sun Health
- UnityPoint Health
- University of Arizona Health Sciences Center
- USMD Health System
- Wake Forest Clinic
- Valley Medical Group
- Wake Forest Baptist Health
- Wellmont Medical Associates

For meeting and registration details, visit our [website](#). Register by [August 25](#) for a reduced rate.

Curious about Together 2 Goal®? Please reach out to your Regional Lead or contact [Together2Goal@AMGA.org](#).

Best,

The Together 2 Goal® Team



Upcoming Dates

August 17: Monthly campaign webinar on Innovative Technologies in Diabetes Care ([register here](#))

August 25: Deadline for the reduced rate at the Together 2 Goal® Diabetes Symposium ([register here](#))

September 12-13: Together 2 Goal® Diabetes Symposium in Indianapolis, IN ([register here](#))



Campaign Spotlight

Do you follow Together 2 Goal® on social media? We recently refocused our Facebook and Twitter accounts to feature content more relevant to you—our providers. Check out our [Twitter](#) and [Facebook](#) pages and follow us today. [Read more](#)



Resource of the Month

Due to several requests following last month's webinar, we are sharing the Behavioral Diabetes Institute's [Diabetes Scale \(TDS\)](#). The TDS is a 10-item scale that captures four critical dimensions of diabetes: emotional burden, regimen diabetes, interpersonal diabetes, and physician diabetes. [Read more](#)

Together 2 Goal® Diabetes Symposium



in collaboration with:



GOAL POST NEWSLETTER: AUGUST UPCOMING DATES

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A monthly newsletter of the national Together 2 Goal® campaign.



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GOAL POST NEWSLETTER: AUGUST CAMPAIGN SPOTLIGHT



Campaign Spotlight

@AMGAFhealth



GOAL POST NEWSLETTER: AUGUST RESOURCE OF THE MONTH



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- Care Physician Group
- Escalante Health Medical Group
- Geisinger Health System
- Hennepin County, MN
- Henry Ford Health System
- Indiana University School of Medicine
- Kaiser Permanente
- Mercy
- Mercy Clinic - East
- Communities
- Nantux Healthcare
- Palo Alto Medical Foundation
- Park Nicollet HealthPartners Care Group
- Premier Medical Associates, PC
- The Polygenic
- PrifMed Physicians
- Sentara Medical Group
- Summit Medical Group, P.A.
- Suber Health
- UMass Lowell Health
- University of Arizona Health Sciences Center
- USMD Health System
- UMass Lowell Health
- Valley Medical Group
- Wake Forest Baptist Health
- Vermont Medical Associates

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Get it!
The Together 2 Goal® Team

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Resource of the Month

Due to several requests following last month's webinar, we are sharing the Behavioral Diabetes Institute's [Diabetes Goals for 2017](#). The DDGI is a 17-item scale that captures our critical dimensions of stress, emotional health, regimen adherence, medication use, and other diabetes-related data. [Read more](#)



TODAY'S SPEAKERS

Jennifer Humeniuk, Pharm.D.



Patient Care Coordinator, Ralphs
Grocery Company
Adjunct Professor, Western University of
Health Sciences

Dalga Surofchy, Pharm.D.



PGY-1 Community Pharmacy
Resident, UC San Diego and
Ralphs Grocery Company

The Role of the Community Pharmacist in Diabetes Care

Jennifer Humeniuk, PharmD, APP, BCACP, CDE
Patient Care Coordinator

Dalga Surofchy, PharmD
PGY-1 Community Pharmacy Resident



Speakers



- Jennifer Humeniuk, PharmD
 - Patient Care Coordinator, Ralphs Grocery Company (a division of the Kroger Company)
 - Advanced Practice Pharmacist, Certified Diabetes Educator



- Dalga Surofchy, PharmD
 - PGY-1 Community Pharmacy Resident, Ralphs/UC San Diego



Learning Objectives

- Describe pharmacist attributes that make them well-suited to provide diabetes care in the community setting.
- Review examples of successful community pharmacy-based diabetes care initiatives.
- Discuss possibilities for future collaboration between community pharmacists and other health care providers to improve diabetes care.
- Provide resources for medical providers to facilitate collaboration with community pharmacists.



Why a Community Pharmacist?

- Convenience: most accessible health care professional
- Medication experts
 - Help manage, monitor, and in some circumstances, *adjust* complex drug regimens
- Can provide more frequent contact than physicians
- Validated results
 - Asheville project, USC CMM pilot, Missouri Pharmacy-Assisted Collaborative Disease Management, APhA Project Impact, etc.

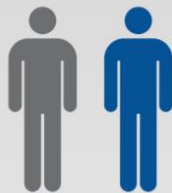


Which of these have you done at a pharmacy...



ONE IN FIVE

HAD BLOOD PRESSURE CHECKED



ONE IN TWO

ASKED QUESTIONS
ON MEDICATIONS



OVER ONE IN FOUR

RECEIVED VACCINATIONS



ONE IN SEVEN

TREATED FOR COLD/ILLNESS



NEARLY NINE OUT OF TEN

FILLED A PRESCRIPTION

...in the past 12 months?



Victory Vision
NACDS Opinion Research

Source: National Opinion Elite Internet Survey, Commissioned by NACDS, August 2015



Ralphs Pharmacy

- First Ralphs Pharmacy opened in 1999
- 79 pharmacies in Southern California
- Part of the Kroger Company's family of 2000+ pharmacies
 - National grocery chain pharmacy
 - 32 divisions across 34 states and DC

THE KROGER CO. FAMILY OF PHARMACIES



Fred Meyer



City Market



Smith's
market fresh. money smart.

Baker's



Owen's

SCOTT'S
FOOD & PHARMACY

Diabetes Care at Ralphs

- Full Service Pharmacy & grocery store
- Personalized counseling
 - Medications and lifestyle
 - APhA Diabetes Care certified pharmacists
- Point-of-Care testing
- Routine immunizations
- Glucometers, supplies, and other diabetes care products



Ralphs Diabetes Coaching Program

- Empowers the patient to better manage DM (and co-morbidities)
- Communicate results and recommendations to primary care provider (PCP) or endocrinologist
 - Can help to overcome clinical inertia by providing monitoring/follow-up between physician visits
- Interventions and education based on ADA guidelines



Patient Assessment

- Point-of-Care Lab Tests
 - A1c (performed every 3-6 months)
 - Fasting Lipid Panel (performed at least yearly)
 - Glucose measurements (as needed)
- Physical assessments
 - Body composition (height, weight, waist circumference, body fat)
 - Blood pressure
 - Comprehensive foot exam



Patient Assessment (cont.)

- Knowledge Assessment
- Quality of Life assessment
- Nutrition and Exercise Assessment
- Injection technique
 - Insulin, GLP-1 agonists, Glucagon (type 1 only)
- Glucose Monitoring technique
- Self-care assessment
 - Are they getting recommended exams to prevent complications?



Visit Structure

- Regular visits with specially trained pharmacist
 - Less-frequent consults with dietitians, in some divisions
- Visits usually occur every 1-3 months
 - Frequency depends on needs of patient
- Last 30-60 minutes
- Occur in the pharmacy



Diabetes Self-Management Education

- Accredited program of standardized education
 - Topics include: Disease process, Medications, Monitoring, Acute Complications, Chronic Complications, Basic/Advanced nutrition, Psychosocial
- Available in some Kroger divisions
 - Ralphs is looking to establish DSME services



DSME versus Coaching Program

DSME

- Usually covered by insurance
- Accredited by national organization (e.g. ADA)
- Limited # of longer class sessions (group/individual)
- May be repeated at intervals depending on patient needs
- Mostly education (little physical assessment)

Diabetes Coaching Program

- Usually paid for by employer groups
- Internal QA (not accredited)
- Shorter, on-going individual sessions
- Education AND continuing care



Diabetes Care in Community Pharmacy


- Cincinnati Pharmacy Coaching Program (CPCP)



- Diabetes Ten Cities Challenge (DTCC)



CPCP (Cincinnati Pharmacy Coaching Program)

- Anthem BCBS Ohio and Kroger Pilot project
- Pharmacy-based educational services and Point-of-Care Testing at Kroger Pharmacies
-  incentives to eligible BCBS members
 - Diabetes Coaching Program (DCP)
 - Heart Healthy Coaching Program (HHCP)



CPCP --Background

- Major cost burden for US Health Care System
 - Per ADA in 2008, DM → \$116 billion annually
- Need innovative cost saving strategies
 - Value-based Insurance Design (VBID)
 - VBID → \$\$ incentives (copay waiver, HSA \$), prevention, education
- Modeled after successful Asheville Project
 - Validated impact of outreach and education on clinical outcomes.



CPCP -- Methods

- Pre-/post longitudinal study
- Intervention group vs. matched control group
- Intervention group: 607 DM/HTN patients
 - Voluntary participation
 - Regular clinical pharmacist visits (1-3 mo.)
 - Continuous pharmacy management
- No formal collaborative practice agreement



CPCP -- Outcomes

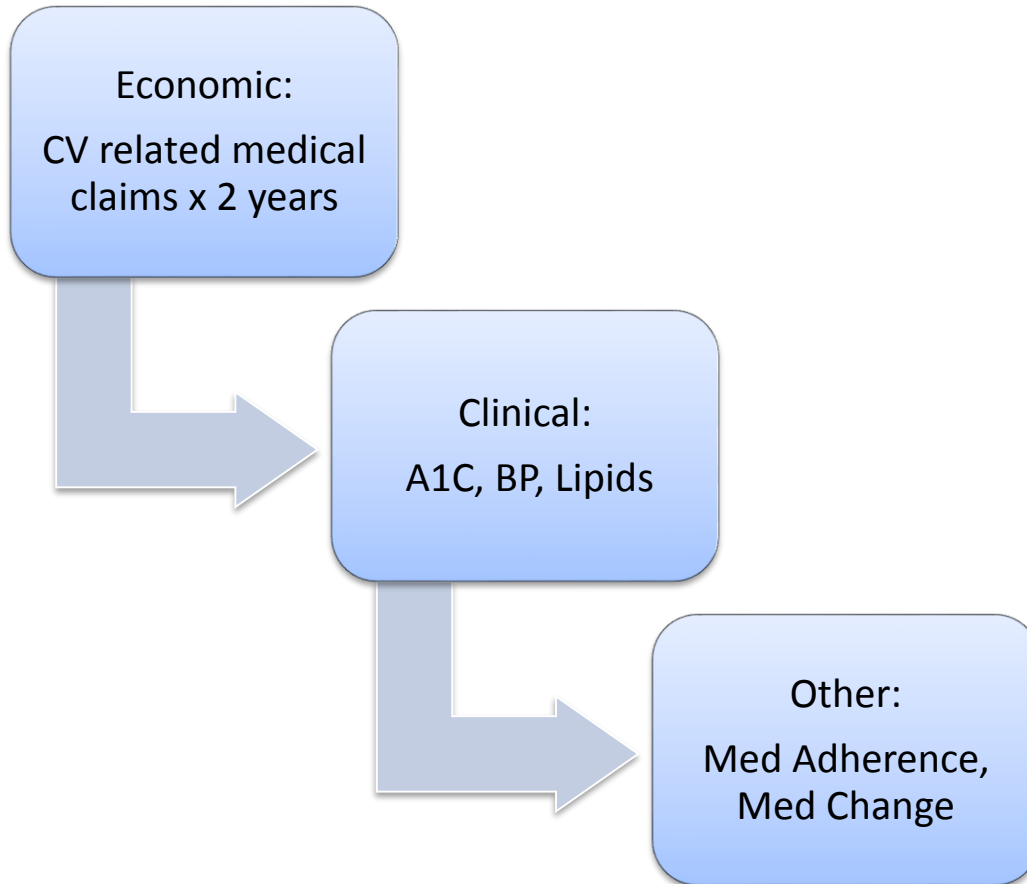
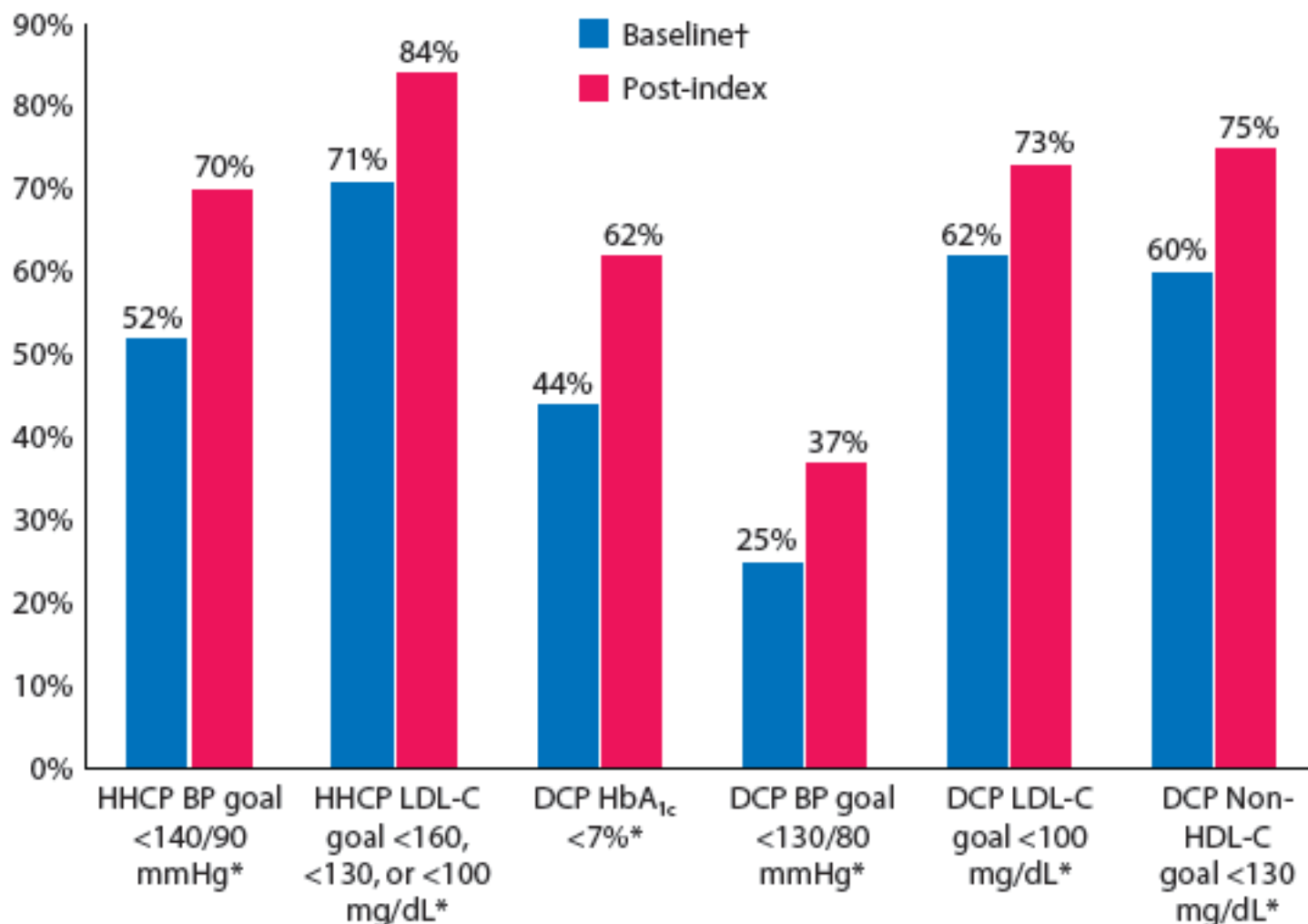


FIGURE 2**HHCP and DCP clinical goal attainment**

*P<0.05 for all comparisons shown

†Baseline was defined as clinical value obtained on index date or up to 183 days before index date. The latest value of the clinical measure within each time interval, if available, was captured for the analysis.

CPCP--Results

ER costs decreased by 89%

Total medical costs increased 11% vs 300%, tx vs control group (p<0.05)

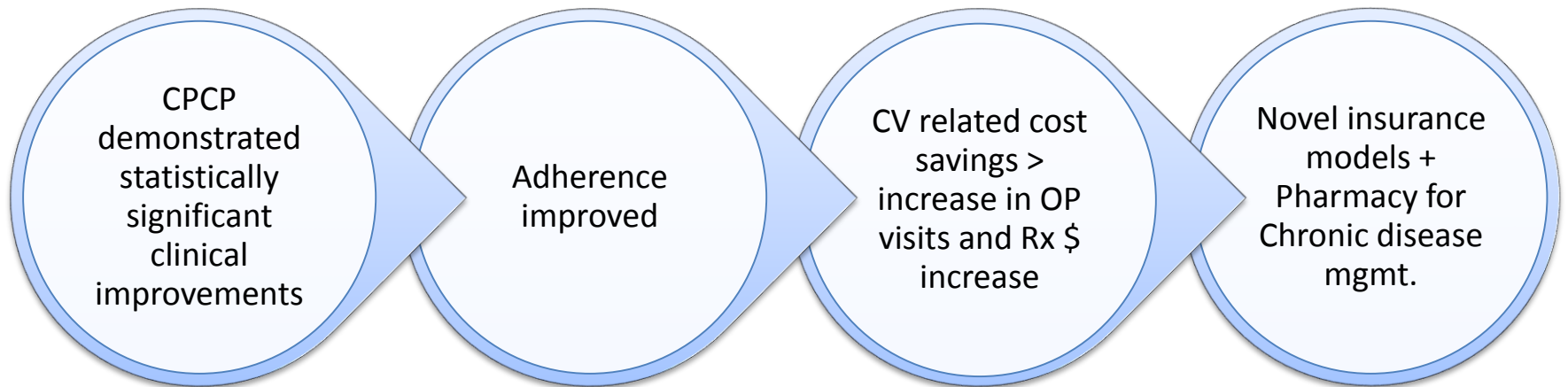
Economic Outcomes

HTN-related cost reduction 39.2% vs 16%, tx vs control (p<0.05)

Increased rx and outpatient costs in the tx group, offset by CV prevention



Discussion



Limitations

- Follow-up only 2 years
 - Longer term may be needed for more robust economic outcomes
- Retrospective claims analysis → associations but not causality
- Volunteer Bias

DTCC (Diabetes Ten City Challenge)

- Multistate community pharmacy health management program for patients with DM.
 - Ten distinct employers and community pharmacists
 - Took place between 2006 and 2007
 - 573 volunteer patients with DM
 - Professional clinical pharmacists w/specialized DM training



DTCC Main Objectives

IMPLEMENT:

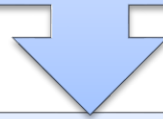
Employer-funded, collaborative health management program using community-based pharmacist coaching



UTILIZE:

Evidenced-based diabetes care guidelines

Self-management strategies designed to keep patients with diabetes healthy and productive



IMPLEMENT:

Patient self-management assessment and training

Equips patients with the knowledge, skills, and performance-monitoring to manage their own care

Fera T, Bluml BM, Ellis WM.

J Am Pharm Assoc (2003). 2009 May-Jun;49(3):383-91. doi: 10.1331/JAPhA.2009.09015.

PMID: 19357068



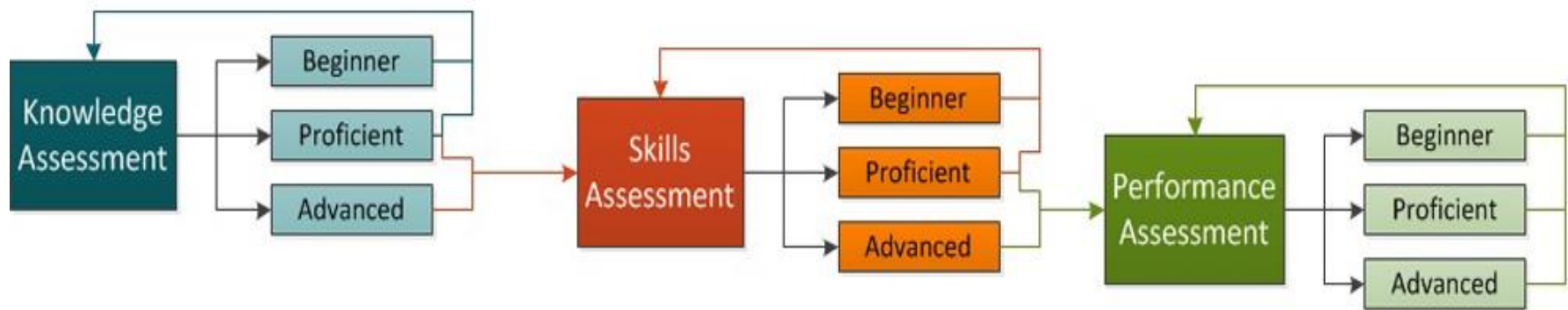
DTCC--Methods

- Employers responsible for:
 - insurance cost
 - incentives for patients and pharmacist providers
 - E.g. waived copayments
 - recruiting participants
- Pharmacists:
 - Perform assessments and point-of-care tests
 - Provide personalized self-management education
 - Collaborate with physicians for further work up, medication adjustment, or labs as needed
- Assessed one year of medical and Rx claims



DTCC: Patient Assessment Tool

- The APhA Foundation’s “Patient Self-Management Credential (PSMC) for Diabetes”
 - Validated tool
 - Patient centered and focused
- Measures patient’s ability to manage their diabetes
 - Personalized education/interventions



Clinical and Economic Results Overview

Table 3. Clinical outcomes for participants in the Diabetes Ten City Challenge

Parameter	n	Baseline values	Year 1 values	Change from baseline to year 1	P
		Mean (95% CI)	Mean (95% CI)	Mean (95% CI)	
A1C (%)	554	7.5 (7.36, 7.64)	7.1 (7.03, 7.26)	-0.4 (-0.47, -0.24)	0.002
LDL-C (mg/dL)	528	97.5 (94.76, 100.18)	94.1 (91.36, 96.77)	-3.4 (-5.53, -1.28)	<0.001
SBP (mm Hg)	551	132.5 (131.12, 133.84)	130.1 (128.67, 131.47)	-2.4 (-3.79, -1.03)	<0.001
DBP (mm Hg)	550	80.8 (79.21, 80.85)	77.6 (76.78, 78.41)	-2.4 (-3.34, -1.53)	<0.001
BMI (kg/m ²)	533	34 (33.33, 34.63)	33.6 (32.96, 34.20)	-0.4 (-0.61, -0.19)	<0.001

Abbreviations used: 95% CI, lower and upper limits of the 95% confidence interval; A1C, glycosylated hemoglobin; BMI, body mass index; DBP, diastolic blood pressure; LDL-C, low-density lipoprotein cholesterol; SBP, systolic blood pressure.

*Pvalue determined by applying a two-tailed ttest for paired data to the mean change data.

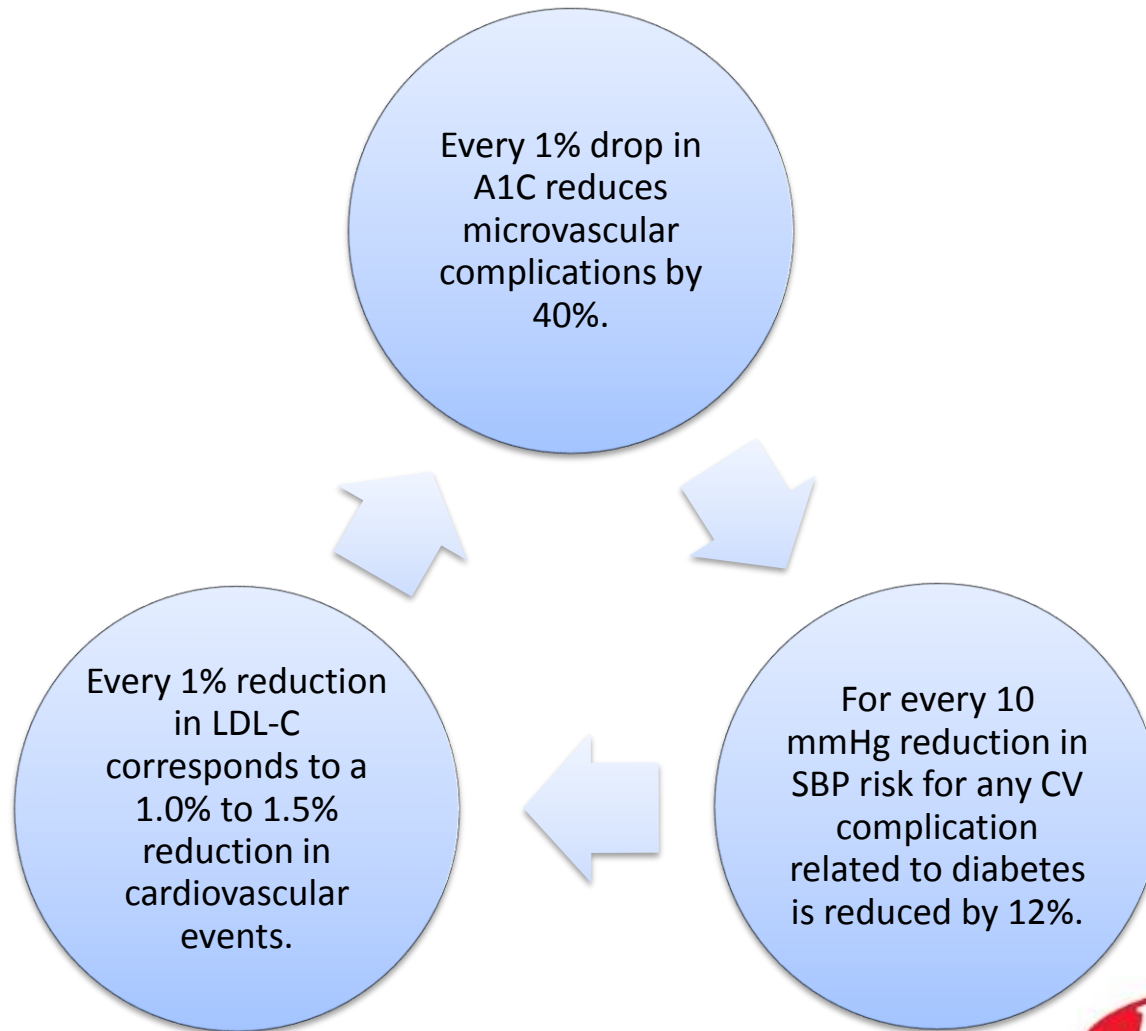
	Baseline	Year 1 projected ^b	Year 1 actual	Year 1 change from baseline	Year 1 change from projected
	\$	\$	\$	%	%
Total health care costs	7,523,834	8,542,623	7,924,236	5.32	-7.24
Employer total costs per patient	11,142	12,650	12,164	9.17	-3.84
Mean total health care cost per patient	13,131	14,909	13,829	5.32	-7.24

Fera T, Bluml BM, Ellis WM.

J Am Pharm Assoc (2003). 2009 May-Jun;49(3):383-91. doi: 10.1331/JAPhA.2009.09015.

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DTCC--Discussion



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DTCC--Limitations

- No control group
- Observational review → limiting conclusions and generalizability
- Volunteer bias
 - Participant health status
- Claims data reporting formats
 - Challenging to interpret



Community pharmacist-provided Patient Care Services

- Summary:
 - Community pharmacy-based interventions showed improvements in clinical outcomes as well as economic outcomes.
 - Improved accessibility to care
 - Most studies to date are short-term
 - long term benefits are still unclear
- Communication and collaboration between pharmacist, patient, and physician is vital for success.



What will the future hold for physician-pharmacist collaboration?



Medication Nonadherence

- America's "other drug problem"
 - 3 out of 4 Americans report that they don't always take medication as directed*
 - \$290 billion in avoidable costs to the health care system annually.*
- Adherence measures included in CMS "Star Ratings"
- Nonadherence could be:
 - Missed doses or excessive doses
 - Inappropriate administration technique
 - Never pick-up a new medication



Pharmacists' Role In Medication Adherence

- Monitor patterns of use using dispensing software and commercial MTM platforms (e.g. Mirixa, Outcomes).
- Enroll at-risk patients in automatic refill or medication synchronization program
- EQuIPP tool:
 - Monitor rates of adherence for targeted drug classes
 - Track adherence trends over time
 - Identify opportunities for intervention (e.g. gaps in therapy)



Ralphs Physician Detailing Pilot

- Pilot program in select Ralphs Pharmacy locations in southern California
- Collaboration with *84.51°*
 - Consumer research and customer engagement firm.
- Objectives:
 - To establish and enhance relationships with community Physician partners
 - Use *aggregated patient data* to drive more personalized conversations between pharmacists and physicians to drive better health outcomes
 - To enhance relationships with physicians that ultimately help drive script growth and patient outcomes (adherence)



Ralphs Physician Detailing Pilot

- Identify community physicians whose patients currently use Ralphs Pharmacy and have DM
- Pharmacy managers visit each physician to:
 - Outline the types of services offered by the pharmacy
 - Establish relationship
 - Provide a customized “scorecard” to help the physician identify areas of opportunity



Physician Detailing Scorecard

- Leverage the 84.51° scorecard to have a conversation “personalized” to the physician and our shared patients
- Scorecard contains aggregated patient data ONLY (no PHI), such as:
 - Demographics
 - e.g. # of the physician’s patients that use a Ralphs pharmacy, # of physician’s patients with DM that use a Ralphs pharmacy.
 - Quality metrics
 - e.g. % of DM patients on a statin, % of patients filling 90-days for maintenance meds, % of patients with PDC <80% (low medication adherence)
 - Aggregated grocery shopping behaviors
 - e.g. % of patients with a below average nutrition score



Expanded Pharmacist Roles

- SB493: established provider status for pharmacists in California
- Allows pharmacist to
 - independently furnish certain classes of medications
 - Order/interpret laboratory tests
 - Monitor/manage efficacy and toxicity of drug therapies, in coordination with the patient's primary care provider/diagnosing prescriber.
- Established “Advanced Practice Pharmacist designation.



Expanded Scope of Practice: Advanced Practice Pharmacist (APP)

- Authorized to:

Perform patient
assessments

Order/interpret lab
tests**

Refer patients to other
providers

Initiate, adjust or d/c
drug therapy**

Participate in
evaluation/management
of diseases**

**in collaboration with other healthcare providers



Collaborative Drug Therapy Agreements (CDTA)

- AKA “Collaborative Drug Therapy Management (CDTM)” or “Collaborative Practice Agreement (CPA)”
- Formal Agreement between pharmacist(s) and healthcare provider(s)
 - A formal practice relationship
 - Specify what patient care services can be provided by the pharmacist
 - Modification of current drug therapy
 - Initiation of new therapy
 - Ordering labs
 - Performing physical assessment of the patient



Benefits of CDTAs

- Makes drug therapy changes easier and more efficient for the patient, pharmacist and physician
- Helps physicians satisfy unmet needs or unsolved problems of patients
 - Helps overcome “clinical inertia”**
- Extends access to underserved populations where physician access is limited.
- Increases rates of preventive care

**<http://www.ahrq.gov/downloads/pub/advances/vol2/oconnor.pdf>



Opportunities for Collaboration

- Without a formal CDTA
 - Refer a patient to an existing pharmacy-based coaching program.
 - Refer a patient to a community pharmacy for Medication Therapy Management (if offered)
 - Refer a patient to an accredited DSME program
 - Limitations: Communication barriers, delay in making therapeutic changes, no formally established expectations



Opportunities for Collaboration

- Establish a CDTA (or CPA)
 - Pharmacist able to make drug therapy changes in real-time.
 - Allowable services and expectations outlined in a formal agreement.
 - Communication requirements established in formal agreement
 - Limitations:
 - lack of understanding of how to enter into CPA, finding willing/qualified community pharmacists with whom to collaborate



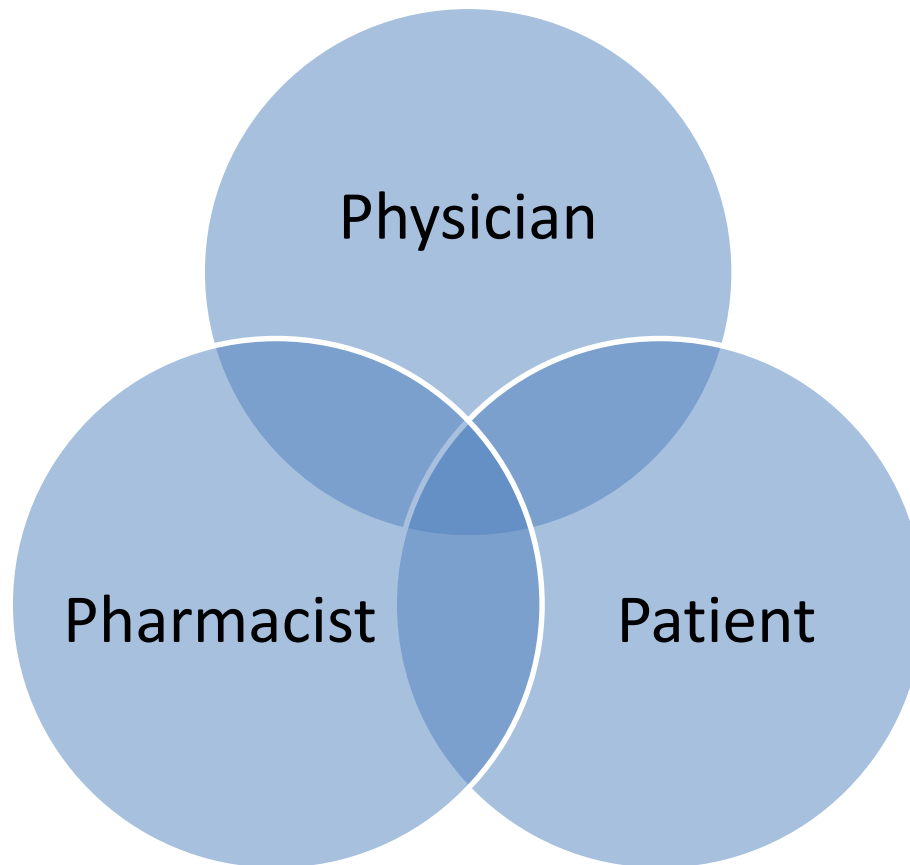
Barriers to Collaboration

- Communication
 - Pharmacist preference vs. physician preference
 - Phone, fax, e-mail, face-to-face
- Reimbursement
 - Pharmacists are not recognized by Medicare as providers *yet*
 - Billing for services can be a challenge
- Liability concerns
- Lack of infrastructure



Final thoughts

- It's all about relationships...



Final Thoughts

- Community pharmacists are well-positioned to provide *high-quality* diabetes care through a variety of payment models.
- Communication between the community pharmacist and the patient's primary care team is *critical*, with or without a formal collaborative practice agreement.
- Innovation is needed to establish the systems and processes to allow for greater collaboration between physicians and community pharmacists



Resources

- Baskin, L. “Opportunities for Collaboration in Clinical Pharmacy Services”. *Pharmacy Times*. 12/20/15. Available online at: <http://www.pharmacytimes.com/publications/directions-in-pharmacy/2015/december2015/opportunities-for-collaboration-in-clinical-pharmacy-services>
- Collaborative Practice Agreements
 - AMCP Practice Advisory on Collaborative Drug Therapy Management: <http://www.amcp.org/WorkArea/DownloadAsset.aspx?id=14710>
- “Collaborative Practice Agreements and Pharmacists’ Patient Care Services: A resource for doctors, nurses, physician assistants, and other providers.”
 - https://www.cdc.gov/dhdsp/pubs/docs/Translational_Tools_Providers.pdf
- National Alliance of State Pharmacy Associations (NASPA) Toolkit. <https://naspa.us/resource/cpa/>



Questions?



Contact me at:

jennifer.humeniuk@ralphs.com

