

Multiple Partnerships and The Emerging Role of Pharmacists and Pharmacies

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Diabetes Management Innovations
Hyatt Regency McCormick Place
May 13-14, 2014 • Chicago, IL

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Presentation Overview

- Project IMPACT: Diabetes and the other pharmacy cases profiled in this session have transformed health care delivery in local communities and improved patient outcomes
- Patients became better informed and learned how to self-manage their condition, which results in an improvement in overall health and risk reduction for major complications associated with diabetes, including kidney disease, amputations and blindness

- Project IMPACT: Diabetes
 - National Perspectives and Background
- Diabetes Care at Kroger
 - Kroger Mid South Division Services and Experience
- Central Ohio Diabetes Association
 - Integrating Pharmacists into Patient Care
- Reactor Panel

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Project IMPACT: Diabetes Objectives

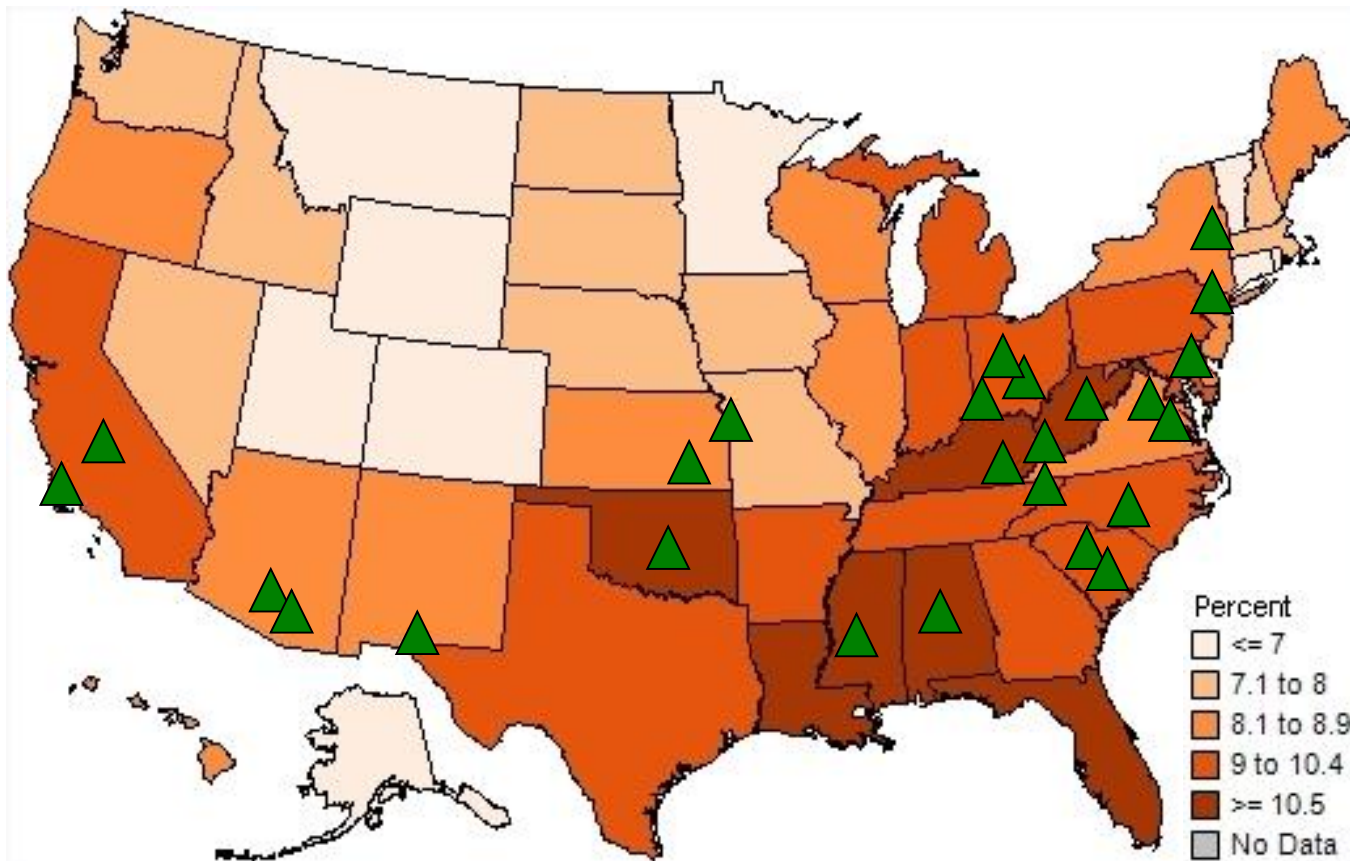
- Scale successful efforts from the Asheville Project, Patient Self-Management Program for Diabetes, and Diabetes Ten City Challenge in communities across the United States
- Establish a nationwide program utilizing the APhA Foundation's structure and process model in an effort to reach communities that are the most affected by diabetes
- Project IMPACT: Diabetes Principles:
 - Disproportionate share populations
 - Collaborative care with pharmacists
 - Continuous quality improvement
 - Patient self-management credentialing
 - Minimum dataset reporting



IMProving America's Communities Together

- ✓ 25 communities
- ✓ 17 states
- ✓ 2,000+ patients
- ✓ 80+ pharmacists

Participating Communities



Getting quality diabetes care to patients who need it most...

About the APhA Foundation's Process Model

- Health Care Services that are:
 - Patient-centered
 - Pharmacist-supported
 - Inter-disciplinary



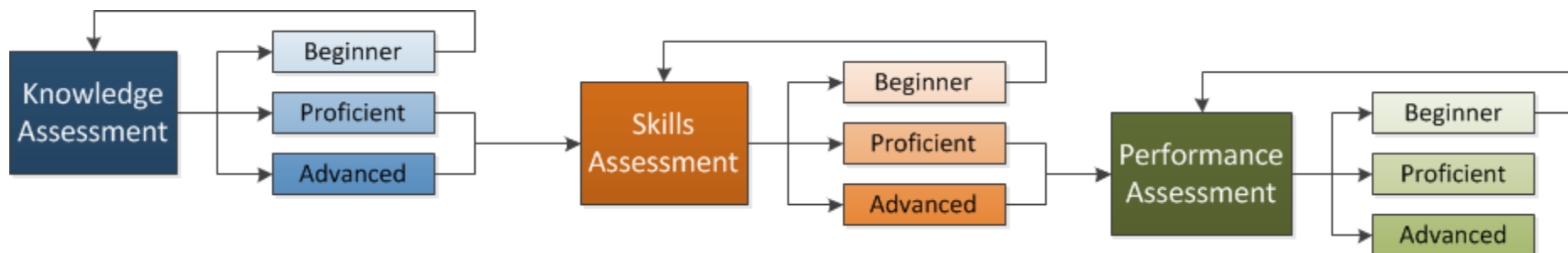
Resources and support provided to patients and pharmacists throughout the care continuum.

Community Resources

- Knowledge Base (online database)
 - Rich, role-based source of sample forms and tools
 - Patient education resources
- Patient Self-Management Credential
 - Hard-copy forms available through knowledge base resources
 - Adobe Flash Application documentation
- IMPACT Care Database
 - Microsoft® Access Database > SQL Server Database
 - Collects/reports minimum and maximum IMPACT datasets
- IMPACT Technical Advisory Services
 - Community Coordinator providing mentorship
 - 800 number and e-mail address with 24/7 access

Patient Self-Management Credential for Diabetes

- Used in APhA Foundation's Patients Self-Management Program for Diabetes and Diabetes Ten City Challenge
- Used in 25 Project IMPACT: Diabetes communities:



- May not reach Skills or Performance with some patients in first year – keep trying to improve on areas of weakness during each visit
- Assessments point to resources in Knowledge Base to supplement the time spent with the patient

Implementation Across 25 Communities

Pharmacist Collaboration

- Physicians
- Nurse Practitioners
- Dietitians
- Students (medical/pharmacy)
- Diabetes Educators
- Medical Assistants
- Community Health Workers
- Promotoras
- Dentistry
- Podiatry
- Ophthalmology

Practice Setting Variety

- Community Pharmacies
- Employer Worksites
- FQHCs
- Free Clinics
- Homeless Clinics
- County Health Departments

Consistent Measurement

- Self-Management Assessments
- Minimum Data Set Reporting
- Qualitative Assessments

Project IMPACT: Diabetes Interim National Results

Selected Clinical Indicators (mid-point measures \pm SD)

Clinical Measure	N =	Starting	Most Recent	Change	P Value	Days
A1C	1064	9.5 \pm 1.9	8.5 \pm 1.79	-1.0 \pm 2.0	< 0.001	188 \pm 90
Systolic BP	978	131.5 \pm 17.6	129.9 \pm 16.7	-1.6 \pm 18.6	0.004	185 \pm 90
Diastolic BP	978	78.8 \pm 10.3	78.5 \pm 9.6	-0.3 \pm 10.3	0.192	185 \pm 90
LDL-Cholesterol	579	102.1 \pm 50.3	92.0 \pm 35.1	-10.1 \pm 47.8	< 0.001	202 \pm 94
BMI	974	34.9 \pm 8.2	34.7 \pm 8.2	-0.1 \pm 2.1	0.021	186 \pm 90

Interim results include patients with 2 or more values reported as of October 1, 2012.

Patient Self-Management Knowledge Assessments

	N =	Baseline	Most Recent	Change to Date	P Value	Days Experience
Beginner A1C	462	9.71 (SD = 1.99)	8.61 (SD = 1.94)	-1.10 (SD = 2.14)	< 0.001	189 (SD = 94)
Proficient A1C	442	9.41 (SD = 1.84)	8.44 (SD = 1.67)	-0.97 (SD = 1.89)	< 0.001	189 (SD = 88)
Advanced A1C	160	9.16 (SD = 1.69)	8.31 (SD = 1.65)	-0.84 (SD = 1.76)	< 0.001	177 (SD = 85)

Physician Perspective

“How am I going to do this for only one year? I want this forever!’ We’re thinking about sustainability... because the patients are excited, the staff members are excited. This is a dream team for diabetes. When I came up, a pharmacist was a pharmacist and a doctor was a doctor. You didn’t work together. Now we’re bringing up a new generation of [*health care*] providers so they can learn to co-manage patients together.”



– Dr. Price-Stevens, MD

Patient Perspective

“And sure enough, I’m cutting my weight. My blood sugar is in control, and I’m feeling more energized. It’s like I’m 18-19 years old again. When I walk out of the office, I come out of there with confidence. I get the confidence that I can do it, and it shows because I’m doing it now. [*better diet, exercise, blood sugar monitoring, medication adherence*]”



– Adrian J.

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Health Matters at Kroger

Our Health and Wellness Focus

■ Pharmacy

- Diabetes Self-Management Education Program (DSME)
- Diabetes Control and Prevention Recognition Program (DPRP)
- Coaching Programs
- Medication Therapy Management
- Immunizations
- Biometric Health Screenings



Pharmacy

■ Dietitians

- “Expert in the Aisle”
- NuVal System
- Pharmacy Programs



■ The Little Clinic (TLC)



Kroger DSME Program and Pearls

- American Diabetes Association (ADA) recognized program
- Individual Visits with pharmacists and dietitians
- Four group classes that consist of:
 - Diabetes Overview
 - Monitoring
 - Sick Day Management
 - Nutrition
 - Physical Activity
 - Medications
 - Diabetes Complications
 - Stress/Coping
 - Goal Setting
- Pearls
 - One of two programs in Lexington
 - Location
 - Accessibility
 - Other services available

Kroger Diabetes Prevention Program

- Established by the Centers for Disease Control (CDC) as part of the National Diabetes Prevention Program
- Designed to deliver type 2 diabetes prevention lifestyle interventions
- 12-month program
 - 16 one-hour core sessions
 - At least 6 post-core sessions

Kroger Coaching Programs

- Patients meet face-to-face with pharmacists and dietitians for an individualized treatment plan.
- Some programs are available in a group setting.
- Programs offered:
 - Fitness, Nutrition, Weight Management
 - Diabetes Management
 - Heart Healthy
 - Smoking Cessation
 - Medication Therapy Management (MTM)



About Our Cincinnati Community and Patients

■ Community

- Self-insured employer group
- Large-chain supermarket community pharmacy
- Health system
- Pharmacy Benefits Manager
 - Partnership focused on overcoming existing challenges and working together to improve the cost-effectiveness of medication therapy and obtain the best possible therapeutic outcomes for patients

■ Patients

- 136 patients enrolled
- Previous barriers:
 - Disinterested or unaware
 - Failing to meet goals

Demographics	Average/Percent
Average Age	60.7 years
Gender	Female: 62.5% Male: 37.5%
Ethnicity	Caucasian: 51.5% African American: 47.1%

Process of Care & Role of Pharmacists

- Patient recruitment
 - Healthy Lifestyles Program- Health fairs, letters, etc.
 - Pharmacist identification at the counter
 - Physician recommendation/referral
 - Peer-referral program
 - Investigated Cues to Action

- Physician Engagement
 - “MD Detailing”
 - Top-down leadership engagement
 - Effective communication
 - Promotion of MyChart

Process of Care & Role of Pharmacists

■ Patient Experience

- Patients schedule via call center/online scheduler/at the pharmacy
- All appointments in private room at the pharmacy
 - Every 1-3 months; POCT available
- Includes dietitian visit(s) and grocery store tours
- Connect to community and employer resources

■ Patient Self-Management Credential

- Incorporated for all patients
- Maintenance Program



Our Project Results



Pharmacy



TriHealth

	N =	Baseline	Most Recent	Change to Date	P Value	Days Experience
A1C	136	8.4	7.8	-0.5	<0.001	373.2
BMI	136	36.2	36.1	-0.1	0.333	369.0
Systolic BP	136	129.8	129.6	-0.2	0.432	370.2
Diastolic BP	136	74.1	74.6	0.5	0.315	370.2
LDL-C	125	91.1	83.4	-7.8	0.005	322.0
HDL-C	124	44.2	44.5	0.3	0.382	322.4
Triglycerides	124	156.7	146.6	-10.1	0.117	322.4
Total Cholesterol	124	164.5	157.3	-7.2	0.018	322.4



Impact of *Project IMPACT: Diabetes*

- IMPACT has changed our community
 - More “COMMUNITY” feel
 - Increased collaboration and understanding
 - Working toward referral trigger and electronic referral
 - Expansion
 - Sites and space
 - Increased Enrollment
 - Pharmacist providers
 - Programs
 - Continued use of the Patient Self-Management Credential
 - Refreshed focus on clinical outcomes and goal achievement

Impact of *Project IMPACT: Diabetes*

- Sustainability of the care model
 - City pleased with clinical results and recent satisfaction surveys
 - 87% feel they need to continue in the program to be successful in managing their condition
 - 85% feel their physician is supportive of their participation
 - 74% discuss the goals they have set with their pharmacist at doctor visits
 - 97% very satisfied with the program
 - 93% would recommend program to others
 - Full ROI analysis planned
 - Building relationship with new PBM

Star Ratings

- CMS rates health and prescription drug plans based on specific safety and quality measures
- Helps the public compare the value between various plans
- The higher the rating, the better the plan

Pharmacy performance measures are large contributors to Star Ratings

- Contribute **more than 40%** to a plan's rating

CMS monitors claim data to know which pharmacies are high-performing

Areas of Focus:

- High-Risk Medications
- Omissions in Care for Patients with Diabetes
- Adherence Issues
 - Cholesterol medications
 - Hypertension medications
 - Diabetes medications

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About the Community and Patients

■ Community

- Independent, local, non-profit that provides Diabetes Self-Management Education and Support (DSMES) to residents of Central Ohio and the surrounding communities
- Funded by United Way of Central Ohio and Franklin County
- Partners with YMCA, Columbus Neighborhood Health Centers, Kroger

■ Patients

- 25 total patient participants
- 15 Caucasians, 8 African Americans, 1 Pacific Islander, and 1 other
- 11 female participants & 14 male participants
- Barriers to care include: uninsured, underinsured, several have unmet needs that demand more immediate attention than diabetes education, transient, lack of resources

Process of Care & Role of Pharmacists

- Patient Recruitment – Engaged once a patient attends a DSMES Assessment with the licensed social worker
 - Referred by their physicians and other community programs
 - Identified through community diabetes screenings
- Use of Patient Self-Management Credential
 - Knowledge assessment was administered in the beginning, when a patient was filling out their registration forms for a Diabetes Educational Assessment
- Patient Experience
 - All new patients were assessed to determine their level of knowledge, to gather information, and place them in the appropriate diabetes class
 - During our DSMES class series, a pharmacist delivers a 20 minute presentation about building a pharmacist-patient relationship, and what the role of the pharmacist is on the diabetes care team
 - Pharmacist provides private, one-on-one consults to individuals for medication reviews
 - 3 month follow-up occurs after a patient has been through the DSMES

Process of Care & Role of Pharmacists

- Pharmacist interactions with patients
 - During the DSMES series:
 - The pharmacist would discuss the role of a pharmacist on the diabetes care team, the training and scope of practice of a pharmacist, and how different diabetes medications work
 - During the one-on-one consultations with the pharmacist:
 - The pharmacist conducts a complete review of the patient's medications
 - Review how their diabetes medications work, what the medications are used for, how to take them, and potential side effects
 - Review all other medications for adherence, duplicate therapy and potential interactions
 - Discuss the importance of glucose logs for monitoring
 - Address any questions the patient had

IMPACT of *Project IMPACT: Diabetes*

Nurse (Medical)	Dietitian (Nutrition)
Social Worker (Emotional)	Pharmacist (Medications)

IMPACT of *Project IMPACT: Diabetes*

- Positive learning opportunity for our patients, reflected in our client surveys
- Has increased our client's awareness of the pharmacist's role in the diabetes care team
- We continue to offer the Registered Pharmacist piece and one-on-one consultations as a part of our DSMES due to how valuable it has been for our patients
- We have an established infrastructure that now includes the pharmacist in our diabetes education team and continue to include them in our overall education for our patients

Sustainability of the Care Model

- The Central Ohio Diabetes Association plans on incorporating the pharmacist piece in our educational efforts as long as funding support exists
- Costs include:
 - Paying the pharmacist for their time working with our agency and participants
 - Marketing efforts
 - Social Worker and Director of Diabetes Education expenses
 - Any indirect expenses associated



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