



IMPACT – COLLABORATE – ENACT!

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PROJECT
IMPACT
IMPROVING AMERICA'S
COMMUNITIES TOGETHER

Disclosures

- Dr. Applegate & Dr. Prohaska have no disclosures to report

Learning Objectives

PHARMACIST

1. State the purpose of Project: IMPACT Diabetes.
2. Describe the results collected from Project: IMPACT Diabetes communities.
3. Discuss the impact of Kansas House Bill 2146 and collaborative practice regulations on providing disease state management (DSM) programs.
4. Evaluate resources needed to establish a DSM program in your pharmacy.

TECHNICIAN

1. State the purpose of Project: IMPACT Diabetes.
2. Describe the results collected from Project: IMPACT Diabetes communities.
3. Identify potential roles for a pharmacy technician in a disease state management (DSM) program.

Self-Assessment Question #1

- Which of the following disease state outcomes showed improvement in Project: IMPACT Diabetes patients?
 - a) Hemoglobin A1c
 - b) Low-density lipoprotein (LDL) cholesterol
 - c) Body mass index (BMI)
 - d) All of the above

Self-Assessment Question #2

- Among U.S. adults with diabetes, approximately what percentage has never been diagnosed or is unaware they have the disease?
 - a) < 1%
 - b) 10%
 - c) 30%
 - d) 50%

Self-Assessment Question #3

- What tasks can a pharmacy technician perform in the daily operations of a disease state management program?
 - a) Scheduling patient appointments
 - b) Requesting laboratory data from providers
 - c) Entering laboratory data into patient charts
 - d) All of the above

Diabetes Epidemic

■ Fast Facts

- 29.1 million people in United States with diabetes
 - 9.3% of U.S. population
 - 21 million diagnosed with diabetes
 - 8.1 million undiagnosed
- Estimated 86 million adults aged 20 years or older have pre-diabetes

Diabetes Epidemic – Another Look

Figure 2. Annual Number of U.S. Adults Aged 18–79 Years with Diagnosed Diabetes, 1980–2010



Source: National Diabetes Surveillance System, National Health Interview Survey data.

Estimated Annual Diabetes Costs in the U.S.

- Total: \$245 billion
 - Direct costs: \$176 billion
 - Indirect costs: \$69 billion
- Compare to State of Kansas 2013 budget: ~\$14.4 billion



Diabetes Medication Use

Treatment of diabetes among people aged 18 years or older with diagnosed diabetes, United States, 2010–2012

	Number of adults using diabetes medication* (millions)	Percentage using diabetes medication (unadjusted)
Insulin only	2.9	14.0
Both insulin and oral medication	3.1	14.7
Oral medication only	11.9	56.9
Neither insulin nor oral medication	3.0	14.4

*Does not add to the total number of adults with diagnosed diabetes because of the different data sources and methods used to obtain the estimates.

Source: 2010–2012 National Health Interview Survey.

Recognizing a Significant Need

Diabetes Toll in the U.S.	How Pharmacists Can Help...
200 daily limb amputations	Monofilament Foot Exams
24,000 new cases each year	Eye Exam Referrals
Cardiovascular disease accounts for 67% of mortality from diabetes	A1c, BP & Cholesterol
Leading cause of death – 1 every 10 minutes	Diet, exercise, lifestyle, patient self-management
\$1 out of every \$5 in health care spent on Diabetes (\$176 billion/yr)	Typical >\$1,000+ per patient per year reductions vs. projected

Background

- 2008 – Balls Food Stores (BFS) partners with American Pharmacists Association (APhA) Foundation to implement HealthMapRx disease management program
- 2010 – Start Now program initiated at BFS incorporating the HealthMapRx process of care
- 2011 – BFS partners with APhA Foundation as one of 25 communities in Project: IMPACT Diabetes
 - National diabetes self-management initiative designed to improve the health of underserved populations with limited access to quality care
- 2014 – Kansas House Bill 2146
 - Pharmacists in Kansas may now enter into collaborative practice agreements with physicians to provide team-based patient care

Bristol-Myers Squibb Foundation



Communities Uniting to Meet America's Diabetes Challenge

- Balls Foods Stores is a proud participant in the APhA Foundation's **Project IMPACT: Diabetes**.
- **Project IMPACT: Diabetes** is made possible through the generous support of the BMS Foundation within their *Together on Diabetes* initiative.

The Asheville Project

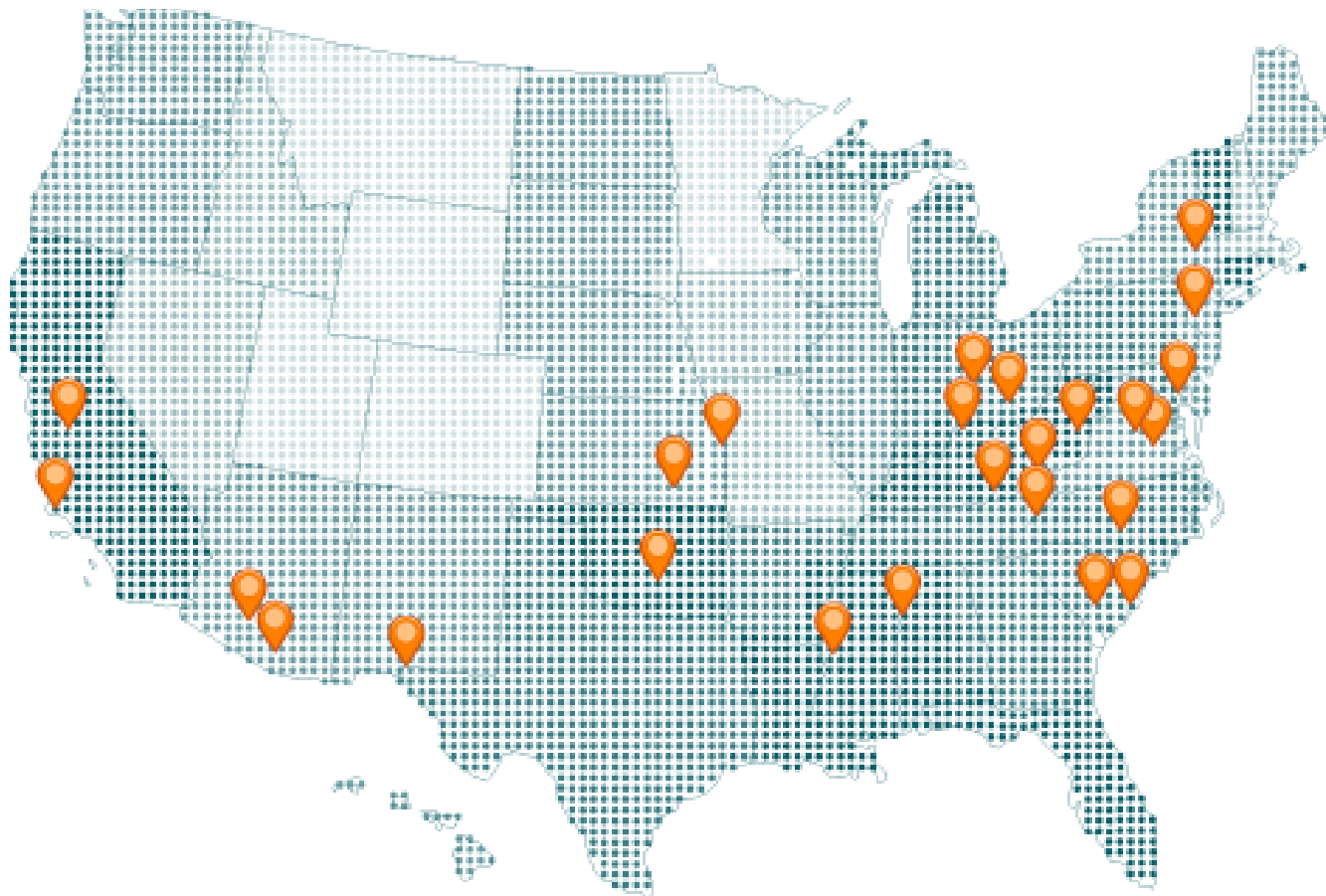
- Pharmacists monitoring medications and clinical indicators for patients with diabetes, asthma, hypertension, and lipid therapy management
- Average net savings of \$1,622 - \$3,356 per person with diabetes each year for 5 years compared to baseline year
- 50% reduction in sick days
- No patient enrolled in the program has filed a worker's compensation claim since the program's inception
- Patients continue to have improved outcomes, increased QOL, & increased medication adherence

Objectives of Project IMPACT: Diabetes

- Scale successful efforts from the Asheville Project and subsequent research projects by placing pharmacists on diabetes care teams 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

Project IMPACT: Participating Communities



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

Project IMPACT: Diabetes

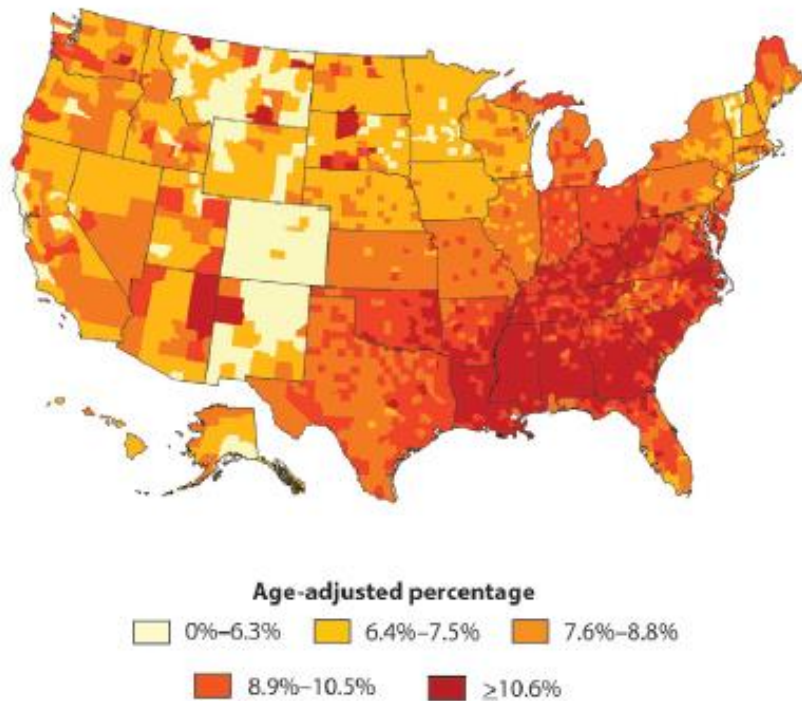
■ Our Community

- Balls Food Stores (BFS) – family owned supermarket chain with 28 stores in Kansas City metro; operate as Price Choppers and Hen House Markets with pharmacies and specially trained pharmacists
- Deffenbaugh Industries – leading trash collection and disposal company in the Midwest
- Reason for partnership – to positively impact rising healthcare costs of Deffenbaugh Industries through a program similar to one already in place for our own employees



Diabetes Report Card

Figure 3. Percentage of U.S. Adults Aged ≥ 20 Years with Diagnosed Diabetes, by County, 2008



Data were age adjusted. See Technical Notes for more details.
Source: National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System data and U.S. Census Bureau (Population Estimates Program) data.

Incidence of Diabetes in Adults

Kansas: 8%

-Wyandotte Co: 11.7%

Missouri: 8%

Incidence of Pre-Diabetes in Adults

Kansas: 6.1%

Missouri: No data

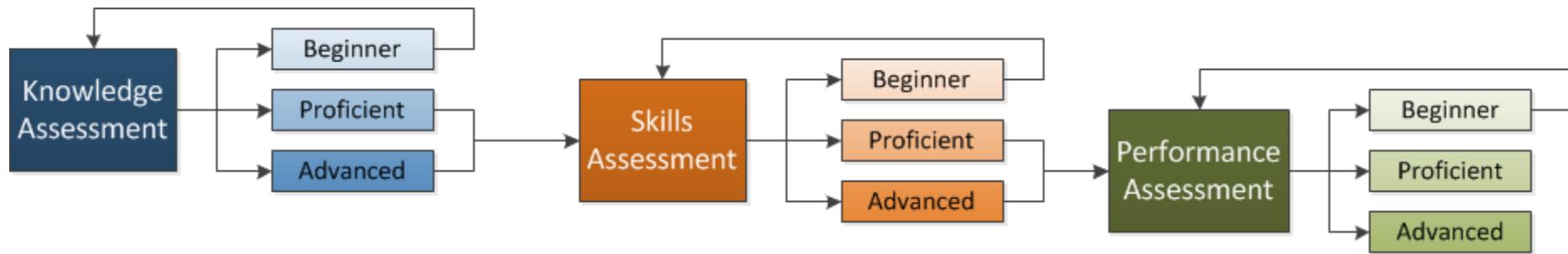
Process of Care & Role of Pharmacists

- Patient experience
 - PCP visits – encouraged minimum 2 visits in 12 months
 - Pharmacist visits – average 6.1 visits in 12 months
 - Additionally referred participants to free dietician led Nutrition Education Store Tours offered at BFS
 - Laboratory data – minimal collection baseline and one follow-up
- Pharmacist provided one-on-one education consultation to participants, 30 minutes per visit
- Pharmacist communicated with other health care providers via progress notes and telephonic communication



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



Clinical and Process Measure Reporting

- Demographic Information
 - Age
 - Ethnicity
 - Gender
 - IMPACT Start Date
 - Local HIPAA Consent Date
 - Withdrawal Date & Reason (as applicable)
- Visit Information
 - Visit Number
 - Visit Date/Time
 - Length of Visit (in minutes)
 - ACE/ARB Therapy
 - Aspirin Therapy
 - Hypertension Therapy
 - Cholesterol Therapy
 - MTM Core Elements
- Assessment Information
 - Assessment Date/Time
 - A1C
 - BMI
 - Systolic Blood Pressure
 - Diastolic Blood Pressure
 - LDL Cholesterol
 - HDL Cholesterol
 - Triglycerides
 - Total Cholesterol
 - Smoking Status
 - Eye Exam
 - Foot Exam
 - Influenza Vaccine



About Our Project: IMPACT Patients

■ Patients

- 40 study patients cared for within Project IMPACT: Diabetes
- All were covered beneficiaries of a waste management company
- Participants came from various social and financial backgrounds
- Same pharmacist team provides similar process of care to over 300 other patients with diabetes and cardiovascular disease
- Barriers to Care
 - Participant schedules
 - Participant re-engagement in health care system
 - Lower level of education and health literacy



Project IMPACT: Diabetes— Interim National Results

A1C
 **↓0.7%**
LOWER BLOOD SUGAR

BODY MASS INDEX
 **↓0.2**
HEALTHIER DIET AND EXERCISE

1 580
PATIENTS

STATISTICALLY SIGNIFICANT
IMPROVEMENT

LDL CHOLESTEROL
 **↓7.3**mg/dL
FEWER RISK FACTORS

SYSTOLIC BLOOD PRESSURE
 **↓1.9**mmHg
BETTER HEART HEALTH

* Interim Data



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[HTTP://WWW.APHAFoundation.ORG/PROJECT-IMPACT-DIABETES/RESULTS](http://www.aphafoundation.org/project-impact-diabetes/results)

Project IMPACT: Diabetes Interim National Results

	N =	Baseline	After 7mo	Change	P Value	Days Experience
A1C	1580	9.0	8.3	-0.7	0.000	206.5
BMI	1699	35.1	34.9	-0.2	0.000	186.8
Systolic BP	1702	131.8	129.9	-1.9	0.000	187.8
Diastolic BP	1702	78.7	78.0	-0.7	0.004	187.8
LDL-C	966	99.5	92.2	-7.3	0.000	199.4
HDL-C	1026	43.5	44.3	+0.7	0.012	199.4
Triglycerides	1029	215.2	187.3	-27.9	0.000	199.4
Total Cholesterol	1026	181.3	171.9	-9.3	0.000	199.4



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Project: IMPACT Interim Results – Balls Food Stores

	N	Baseline	After 7mo	Change	P Value	Days Experience	Comparison to National Data
A1C	38	8.2	7.8	-0.4	0.045	301.9	Less impact
BMI	40	37.9	37.7	-0.2	0.248	328.4	NSS
Systolic BP	40	132.1	129.2	-2.9	0.104	329.1	NSS
Diastolic BP	40	84.0	80.2	-3.8	.0003	329.1	More impact
LDL-C	35	103.8	90.9	-12.9	0.003	260.6	More impact
HDL-C	36	43.7	42.8	-0.9	0.298	265.3	NSS
Triglycerides	36	180.9	167.3	-13.7	0.153	265.3	NSS
Total Cholesterol	36	181.1	164.2	-16.9	0.002	265.3	More impact

NSS: Not statistically significant



Start Now Participant Outcomes

- Over 12 months of follow-up, the average Start Now diabetes patient:
 - Decreased A1c by 0.7%
 - Decreased LDL-C by 11.9 mg/dL
 - Decreased mean arterial pressure (MAP) by 3.8 mmHg



Reflection / Discussion

- Identify at least one partner in your community that would be willing to implement a disease state management program with your pharmacy.
- What resources would you need to begin implementing a disease state management program at your practice site?
- How could you utilize your support staff to assist in implementing a disease state management program?

Kansas House Bill 2146



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Current Collaborative Practice Laws

- Kansas House Bill 2146 legally allows collaborative practice agreements between physicians and pharmacists
 - Written agreement
 - Protocol-driven
- Missouri also has similar legislation in place

Evaluating Resources Needed

- Clinically-minded pharmacists
 - Ongoing education to stay current with changes in guidelines
 - Dedication to providing a high level of care
- Wellness focused employer, PBM, or community
- Private areas to meet with patients
- Medical records/ patient charts
 - Electronic platform or paper charts
 - Physical space to store paper charts

Balls Food Stores' Resources

- Support from corporate leadership
- Pharmacists
 - Community residents
- Schools of Pharmacy
 - Administration
 - Faculty
 - Students
- Care Coordinator & Pharmacy Benefit



Manager (PBM)



Roles for Technicians

- Enrollment processing
- Scheduling
- Patient engagement – outbound calls
- Data entry – labs, paperwork
- Data requests – lab requests
- Printing, faxing

Lessons Learned

WINS

High satisfaction with care from patients participating in the Start Now program

Expansion of relationship with Deffenbaugh Industries after completion of initial project

OPPORTUNITIES

Use of ancillary staff, pharmacy residents, and store staff decreases cost of providing service

Reaching out to employers in the community to expand services provided

Making an IMPACT in Your Community

- Include pharmacists on the health care team
- Align the incentives for patients, providers, and payers
 - Patient transportation or copay incentives
 - Payment for clinical services for all providers
 - Savings in overall health care costs for payers
- Use the Patient Self-Management Credential

Summary

- Results of Project: IMPACT Diabetes continue to demonstrate the benefits of pharmacist involvement in the patient care process
- Kansas HB 2146 empowers pharmacists to establish and provide DSM programs
- Resources needed to establish a DSM program will vary by site, but include several common elements
- Technicians can play a key role in establishing and maintaining an efficient patient care process for a DSM program

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References

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