



## **COMMUNITY FACT SHEET**

### **Kroger, City of Cincinnati, & TriHealth**

#### ***Cincinnati, OH***

#### **Program Overview**

The Kroger Pharmacy Cincinnati-Dayton KMA has been a leading division in the provision of clinical care for the company for a number of years. In addition, Kroger pharmacies have been a forerunner in their local community at making pharmaceutical care a reality in community pharmacy. Clinical services provided by Kroger Pharmacy include point of care testing; medication therapy management; smoking cessation; immunizations, fitness, nutrition and weight management; diabetes and hypertension coaching; and diabetes self management education, including five sites recognized by the American Diabetes Association.

The Cincinnati-Dayton division also partners with the University of Cincinnati College of Pharmacy to administer an ASHP/APhA accredited PGY1 residency program with an emphasis in community care. The program has graduated twelve residents to date and has helped to expand the depth and breadth of clinical services offered, as well as to increase focus on quality improvement.

For Project IMPACT: Diabetes, Kroger partners with Anthem Blue Cross and Blue Shield and the City of Cincinnati to improve the health of city employees and reduce costs to the City health plan. The City of Cincinnati provides incentives to employees with diabetes to obtain pharmacist counseling for better self management of their conditions.

#### **Program Partners**

Kroger Pharmacy Cincinnati-Dayton Division partners with TriHealth, Medco, and various dietitians through Project IMPACT: Diabetes. TriHealth is a full-service, not-for-profit health system that provides a wide range of clinical, educational, preventive and social programs and administers the City of Cincinnati's wellness program. Together, the organizations drive referrals through physicians' offices and employee benefits programs.

***Community Champion: James Kirby, PharmD, BCPS, CDE***

#### **Patient Profile**

Patients that participate in the diabetes program are either one of the 8,000 active employees of the City of Cincinnati, or retired employees of the City. Patients may also be active management (non-union) employees of Kroger. The City waives co-pays for active employees with diabetes as long as employees remain in the program, and participants receive \$100 into their health reimbursement accounts as an extra incentive to participate in the program.

#### **Pharmacists' Role on the Collaborative Care Team**

Patients are engaged through their employer's health and wellness coordinators, physician's office, human resources/benefits office, health fairs, etc. They then schedule an appointment via a centralized appointment line. Patients meet with a pharmacist during their first appointment in order to be enrolled in the service. This visit is classified as an enrollment visit at which consents are signed, initial assessments are conducted, and surveys are taken. A comprehensive medication review is also performed to optimize the patient's therapeutic regimen and identify/resolve any drug-related problems. The pharmacist then forms an education plan and health improvement strategy based on the information gathered in this initial visit. During the second visit, the pharmacist conducts a nutrition and exercise assessment and provides

education according to the customized plan. The patient also sets personal short-term goals with the pharmacist. Patients also have access to a dietitian for assistance with reading labels, choosing healthy foods, and meal planning. Paper and electronic charts are maintained to facilitate communication between providers. Follow-up visits are usually scheduled every 1-3 months based on the patient's clinical status and ability to self-manage and entail additional education, accountability, and further goal-setting.

### **Relevant Statistics – Community Level**<sup>1,2</sup>

- ❑ In 2010, Ohio ranked as having the 12<sup>th</sup> highest age-adjusted prevalence of diabetes among adults in the U.S. (estimated at 9.3%, alongside Indiana and Kentucky)
- ❑ According to 2011 data from the Ohio Department of Health, it is estimated that nearly 200,000 Ohio adults have either been diagnosed with gestational diabetes or prediabetes, increasing their risk of progressing to Type 2 diabetes later in life
- ❑ In Hamilton County, 11.7% of white adults and 14.3% of black adults have been diagnosed with diabetes (as of 2011). Prevalence of diabetes in those who have a yearly income less than \$15,000 or those with a high school degree only is 12.4% and 18.6%, respectively

### **Diabetes Epidemic at the National Level**

#### **Impact of Diabetes**<sup>3,4</sup>

- ❑ 25.8 million people, which is 8.3% of the U.S. population, have diabetes
  - 18.8 million people have been diagnosed with diabetes
  - 7 million people are undiagnosed
- ❑ 1.9 million people aged 20 years and older are newly diagnosed with diabetes each year
- ❑ The prevalence of diabetes in the United States increased by 128% from 1988 to 2008
- ❑ If present trends continue, 1 in 3 adults in America will have diabetes in 2050
- ❑ 79 million adults have prediabetes, which increases their risk of developing Type 2 diabetes later in life
- ❑ Diabetes is a major cause of heart disease and stroke
- ❑ Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States
- ❑ Diabetes contributes to the death of 231,404 Americans each year

#### **Cost of Diabetes**<sup>4</sup>

- ❑ Total cost of diagnosed diabetes in the United States = \$245 billion per year
  - Direct medical costs = \$176 billion per year
  - Indirect costs (e.g., disability, reduced productivity) = \$69 billion per year
- ❑ Health care costs for a person with diabetes are 2.3 times higher than a person without diabetes
- ❑ 1 out of every 10 health care dollars is spent treating diabetes and its complications

### **References**

1. Centers for Disease Control and Prevention. Morbidity and Mortality Weekly Report. Increasing prevalence of diagnosed diabetes - United States and Puerto Rico, 1995-2010. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6145a4.htm>. Accessed July 2, 2013.
2. Ohio Department of Health. Diabetes fact sheet 2012. Available at: [http://www.healthyohioprogram.org/~media/HealthyOhio/ASSETS/Files/diabetes/FactSheet\\_2012\\_Final.ashx](http://www.healthyohioprogram.org/~media/HealthyOhio/ASSETS/Files/diabetes/FactSheet_2012_Final.ashx). Accessed on July 2, 2013.
3. Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
4. American Diabetes Association. Fast Facts Data and Statistics About Diabetes. Available at: <http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/FastFacts%20March%202013.pdf>. Accessed June 12, 2013.