



COMMUNITY FACT SHEET

Paramount Farms and Komoto Pharmacy

Lost Hills, CA

Program Overview

Paramount Farms is one of the largest growers and processors of pistachios and almonds in the world. The company has a large processing plant located in the central valley of California in Lost Hills, CA. As a self-insured employer, Paramount Farms was facing rising health care costs caused by conditions such as diabetes/pre-diabetes and its associated complications. One of the major challenges the employees faced was access to high quality health care and in many cases, the employees did not have adequate transportation. The company was looking for creative ways to manage these critical health issues to improve the health and quality of life of their employees and reduce health care costs. The company partnered with local health care providers who were willing to work together to bring health care onsite to their employees. Ultimately, Paramount Farms developed a sustainable program that was comprehensive and integrated, yet individualized to meet the unique needs of their employee population.

Program Partners

Through Project IMPACT: Diabetes, Paramount Farms initially partnered with the California Health Collaborative, a nonprofit organization that helped lay the groundwork for the health education component of the program. Paramount Farms also coordinated with Avenal Community Health Center to establish a program to provide follow-up care to project participants. Late in 2012, Paramount Farms partnered with Kaiser Permanente to establish an onsite clinic that would provide primary care for employees at the workplace. Kaiser Permanente also provided a health educator to work with employees in one-on-one education sessions and in group classes. Paramount teamed up with independently-owned Komoto Pharmacy, who provided individualized face-to-face pharmacy visits onsite for all patients enrolled in the program and worked in collaboration with the other health care providers to improve patient care. Paramount Farms reached out to local primary care provider networks to establish lines of communication between all the onsite health care providers and the local primary care physicians to facilitate continuity of care.

Community Champion: Roxanne Wolfe

Patient Profile

The patient population is predominately Spanish-speakers who live in remote rural agricultural areas in the Central Valley of California. This population faces high levels of diabetes/pre-diabetes, obesity, high blood pressure, cardiovascular and other related diseases. Many of the patients face barriers that create issues with access to care or adherence to medications and diabetes recommendations (e.g., lack of transportation, language barriers). Additionally, many are not fully aware of how to manage their chronic conditions.

Pharmacists' Role on the Collaborative Care Team

The employer offered free onsite health screenings to identify employees who would benefit from the program. People who were identified with elevated Hemoglobin A1c levels were offered the opportunity to enroll in the program. A promotora was available to educate the employees about the benefits of the program, answer any questions related to engaging in the program, and help the employees complete the enrollment process. Once the patient was engaged in the program, an initial one-on-one visit with the pharmacist was scheduled, and a class schedule was created in correlation with their work shifts. Pharmacists met with employees face-to-face at the worksite to thoroughly review their medications. The

pharmacist assessed the degree to which the patient understood how his or her diabetes medications work and how to take them and identified if there were any adherence issues related to their medications. The one-on-one dialogue between the pharmacist and patient provided the patient with an opportunity to ask questions about their medication regimen and open up about any concerns they had related to their medication therapy. During the one-on-one sessions, the pharmacist provided diabetes-related education and training that complemented the education provided by the health educator, nutritionist, physicians, and nurse practitioners, with the goal of helping the patient learn how to become an effective self-manager of his or her diabetes. Follow up visits with the pharmacists were scheduled based on patient need. Throughout the program, the pharmacists engaged in information exchange with the other health care providers to maximize the care provided to the patients. This collaborative team approach to care has received positive feedback from patients and has shown improvements in key patient outcomes.

Relevant Statistics – Community Level

According to the California Diabetes Program:¹

- ❑ 3.9 million (13.8%) adults in California are estimated to have diabetes
- ❑ 1 in 7 adults in California has diabetes
- ❑ Among U.S. states, California has the greatest number of new cases of diabetes annually, and cases of diabetes have increased 32% over the past decade
- ❑ Diabetes costs in California exceed \$24 billion each year
- ❑ Diagnosed diabetes prevalence was much higher among those with a family income below 100% of the federal poverty level (FPL) (10.2%) compared to those whose income is above 300% of the FPL (6.7%)
- ❑ Diagnosed diabetes prevalence was much higher among those with less than a high school degree (13.1%) compared to those with a college degree or higher (7.5%)

Diabetes Epidemic at the National Level

Impact of Diabetes^{2,3}

- ❑ 25.8 million people, which is 8.3% of the U.S. population, are estimated to have diabetes
 - 18.8 million people have been diagnosed with diabetes
 - 7 million people are undiagnosed; in other words, are unaware they have diabetes
- ❑ 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 Diabetes³

- ❑ 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. California Diabetes Program. 2012 California Diabetes Program Fact Sheet. Available at: <http://caldiabetes.org/content.cfm?contentID=1259&ProfilesID=22>. Accessed June 12, 2013.
2. 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.
3. 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.