

## **The Role of Team Based Care in the Treatment of Diabetes: Pharmacist**

Produced by the Alabama Department of Public Health  
Distance Learning and Telehealth Division

## **Faculty**

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### **Pharmacist Role in Team Based Care**

- Medication experts
- Adherence analysts
  - Solve reasons for non-adherence
- Problem solvers
  - Finding gaps in care
  - Create solutions to complex regimens

### **Pharmacist Role in Team Based Care**

- Medication therapy management (MTM) services
- Synchronization of Medications
- Medication Packaging Services
- Immunizations
- DME Services
- Compounding

### **Pharmacist Role in Team Based Care**

- Delivery
- Wellness Screenings
- Diabetes Education Classes
- Diabetes Prevention Classes

### **MTM Services**

- Educate patient on disease states and medications
- Drug utilization reviews and gaps in care
- Situation/Background/Assessment/Recommendation (SBAR) communication with MD

### **Synchronization**

- Taking a patient's medication list and organizing them so that they all fall on the same day each month
- Helps to improve adherence and decrease forgotten refills

### **Prescription Packaging**

- Syncing, organizing and enclosing a patient's medications into calendar packs based on time of day
- Helps to improve adherence, keep a patients independence and prevent hospital visits due to non-adherence or accidental overdose

### **Immunizations**

- Pharmacists can provide and administer any immunization except for yellow fever
- Increase access to care for millions of patients in helping to prevent many illnesses
  - On site
  - Off site

### **DME Supplies**

- Pharmacy can be DME certified to help obtain insurance payment on many devices to decrease fall risk (canes, walkers, rollators, etc.)
- Diabetic shoes is another great option to help patients decrease inflammation and blister risk for patients' feet
  - \*\*some payers have specific partners in network – check with insurance to be sure where a patient can go to get these supplies

### **Compounding**

- Pharmacists can help create a medicine that is specifically tailored to exact dose and dosage form that is needed for a patient that is not available commercially
  - Solutions, suspensions, creams, gels, capsules, lollipops, suppositories etc.

### **Delivery of Medications**

- Physical transport of prescription from pharmacy to patient outside of pharmacy walls
- Solution for transportation barrier for patients
  - Residential
  - Facilities

### **Wellness Screenings**

- State Employees' Insurance Board (SEIB) and Local Government Health Insurance Board (LGHIB)
- Schedule appointments to check:
  - Blood pressure
  - Lipid Profile/Glucose
  - Body Composition Analyzer
    - BMI, Total Body Water, Fat Free Mass, Basic Metabolic Rate
- If measurement or blood test is shown to be too high (state specific level) → refer to physician for follow-up

### **DSMES classes**

- Diabetes education given to patients who are newly diagnosed or have uncontrolled diabetes type 1 or 2
- American Association of Diabetes Educators (AADE) or American Diabetes Association (ADA) Accredited
- Pharmacist able to help educate patients for up to 10 hours of initial training – 2 hours of follow up can be performed after that year

### **Facilitate Team Based Care**

- Respect among all healthcare professionals
  - Recognize we are not the enemy to each other
  - We are all on the same team trying to accomplish the same goal

### **Facilitate Team Based Care**

- Communication – build trust among healthcare professionals in your area
  - Face to face
  - Phone
  - Electronic

### **Facilitate Team Based Care**

- Don't be afraid to ask
  - See what what problems can be simplified through collaboration
- Software development
  - EMR integration technology

### **Facilitate Team Based Care**

- Example (Transition of Care)
  - Call to obtain discharge summary from hospital
  - Help to ensure patient goes to next physician visit
  - If coming from another physician, call and get current med list if patient unsure of what to take

### **What is the Diabetes Prevention Program (DPP)?**

- DPP is evidenced based research published in 2002
  - How to prevent or delay Type II diabetes
    - Pre-diabetics and overweight - population of study
    - Interventions compared metformin and lifestyle changes
    - Multicenter clinical research study

### **What is the problem?**

- The latest data from the Centers for Disease Control (CDC) shows that 84 million people in the US have pre-diabetes
  - Increased risk of developing type 2 diabetes

### **By the Numbers...**

- Research shows that the National DPP results in weight loss of 5-7% of body weight, achieved by reducing calories and increasing physical activity
  - Reduced risk of developing type 2 diabetes by 58% overall
  - People over 60 years of age, the program reduced risk by 71%
  - Metformin was 31% effective

### **Pre-Diabetes Screening Check**

- Are you a woman who has had a baby weighing more than 9 pounds at birth?
- Do you have a sister or brother with diabetes?
- Do you have a parent with diabetes?
- Find your height on the chart. Do you weigh as much as or more than the weight listed for your height?

### **Pre-Diabetes Screening Check**

- Are you younger than 65 years of age and get little or no exercise in a typical day?
- Are you between 45 and 64 years of age?
- Are you 65 years of age or older?

Depending on answers, if 9 or above is scored, patient is at risk for pre-diabetes

### **Core Curriculum**

- Core Session 1 – Welcome to the National Diabetes Prevention Program
- Core Session 2 – Be a Fat and Calorie Detective
- Core Session 3 – Three Ways to Eat Less Fat and Fewer Calories
- Core Session 4 – Healthy Eating

\*16 Weekly Classes performed within 24 weeks

### Core Curriculum

- Core Session 5 – Move those Muscles
- Core Session 6 – Being Active: A Way of Life
- Core Session 7 – Tip the Calorie Balance
- Core Session 8 – Take Charge of What's Around You

\*16 Weekly Classes performed within 24 weeks

### Core Curriculum

- Core Session 9 – Problem Solving
- Core Session 10 – Four Keys to Healthy Eating Out
- Core Session 11 – Talk Back to Negative Thoughts
- Core Session 12 – The Slippery Slope of Lifestyle Change

\*16 Weekly Classes performed within 24 weeks

### Core Curriculum

- Core Session 13 – Jump Start Your Activity Plan
- Core Session 14 – Make Social Cues Work for You
- Core Session 15 – You Can Manage Stress
- Core Session 16 – Ways to Stay Motivated

\*16 Weekly Classes performed within 24 weeks

### Post-Core Curriculum

- Welcome to Post-Core
- Healthy Eating and Nutrition Classes
- Fats: Saturated, Unsaturated, and Trans-Fats
- Food Preparation and Recipe Modification
- Healthy Eating: Taking it one Meal at a Time

### Post-Core Curriculum

- Healthy Eating with Variety and Balance
- More Volume, Fewer Calories

\*One class chosen every month for 6 months

### Post-Core Curriculum

- Physical Activity Classes
- Staying on Top of Physical Activity
- Stepping Up to Physical Activity
- Chronic Disease Classes
- Heart Health
- A Closer Look at Type 2 Diabetes

\*One class chosen every month for 6 months

### **Post-Core Curriculum**

- **Managing Stress and Preventing Relapse Classes**
- **Balance Your Thoughts for Long-Term Maintenance**
- **Handling Holidays, Vacations, and Special Events**
- **Preventing Relapse**
- **Stress and Time Management**

### **Post-Core Curriculum**

- **Program Conclusion**
- **Looking Back and Looking Forward**

\*One class chosen every month for 6 months

### **Economic costs of Diabetes**

- **In 2012, the total cost of diagnosed diabetes was \$245 billion (an increase of 41% over data collected just 5 years earlier)**
  - **This includes \$176 billion in direct medical expenses**

### **Economic costs of Diabetes**

- **People diagnosed with diabetes incur 2.3 times the medical expenses of people without diabetes**
  - **The largest portion of these expenditures is for treatment of complications**

### **The National DPP is Cost-Effective**

- **Even after 10 years, those who had participated in the lifestyle change program had a 34% lower rate of type 2 diabetes**
  - **The cost per person of offering the lifestyle change program is about \$500, depending on factors such as promotion, recruitment, staff, and logistics costs**

### **The National DPP is Cost-Effective**

- **The cost to prevent diabetes is much less than the cost associated with diabetes**
- **CDC data shows that the program is very cost effective and in many cases, cost saving**

### **DPP Sustainability**

- How is this sustainable?
- CMS released an updated payment model for DPP July 2017
  - Start to bill as soon as April 2018\*
  - Value based payment model for prevention (first time)

Proposed plan\*

### **DPP Sustainability**

- In order to receive, must meet requirements
  - Must have a NPI number (non-physician ok)
  - Must have CDC official recognition status or “preliminary status”
    - Preliminary status - run at least one year of cohorts with data submitted to CDC

### **How DPP relates to team based care for diabetes**

- DPP motivates providers to talk to each other
  - As a patient loses weight, medications need to be changed
  - Follow up visit with physician is advised

### **How DPP relates to team based care for diabetes**

- Communication becomes essential
- Data reporting occurs to track outcomes and yield proof to payers for a reimbursement model of collaboration

### **How DPP relates to team based care for diabetes**

- Accomplishing the goals of the program lead to better better outcomes for our patients and for us
  - Essentially, the patient becomes a member of our team

### **Summary**

- Pharmacists can help in many ways beyond filling prescriptions
- Having respect and earning respect for all disciplines of the healthcare team
- DPP is a new lifestyle change program to help delay or prevent the onset of diabetes
- DPP fits the agenda of team based care in optimizing outcomes for patients using the different strengths of the healthcare team

**Thank You!**

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