

FROM THE COMFORT OF YOUR OWN HOME

CLINICAL PHARMACISTS IMPROVING DIABETES CONTROL USING TELEHEALTH.

Christopher P Parker Pharm D, BCACP, AHS-CHS
Executive Director Operations/Centralized Healthcare Solutions
11/12/2020

IOWA | PHARMACY

NO CONFLICTS OF INTEREST

IOWA
PHARMACY

LEARNING OBJECTIVES

- Discuss the roll of team-based care in the management of chronic conditions.
- Define Chronic Care Management (CCM) and its use in a telehealth model.
- Illustrate the implementation of CCM as a team-based approach for improving A1c control.

IOWA
PHARMACY

A LITTLE ABOUT ME

- 1997 BS University of Nebraska-Lincoln
- 2006 PharmD – University of Iowa College of Pharmacy
- Board Certified Ambulatory Care Pharmacy
- Certified Hypertension Clinician - American Society of Hypertension
- 6 years independent Community Pharmacy
 - Origination of team-based care experience
- 10 years Pharmacy Practice Specialist – Research
 - Led to the creation of CHS
- 3 years Executive Director Operations - CHS



NATIONAL DIABETES STATISTICS REPORT 2020

Fast Facts on Diabetes

Diabetes

- Total: 34.2 million people have diabetes (10.5% of the US population)
- Diagnosed: 26.9 million people, including 26.8 million adults
- Undiagnosed: 7.3 million people (21.4% are undiagnosed)

Prediabetes

- Total: 88 million people aged 18 years or older have prediabetes (34.5% of the adult US population)
- 65 years or older: 24.2 million people aged 65 years or older have prediabetes

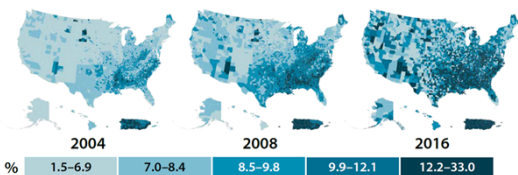


<https://www.cdc.gov/diabetes/data/statistics-report/index.html> (accessed 11/1/2020)



THE "WOW" FACTOR

Figure 3. Age-adjusted, county-level prevalence of diagnosed diabetes among adults aged 20 years or older, United States, 2004, 2008, and 2016



<https://www.cdc.gov/diabetes/data/statistics-report/diagnosed-diabetes.html> (accessed 11/1/2020)



WHAT ABOUT THIS PANDEMIC?

Type 2 Diabetes: Demystifying the Global Epidemic

Ranjit Unnikrishnan,¹ Rajendra Pradeepa,² Shashank R. Joshi,² and Viswanathan Mohan¹
Diabetes 2017;66:1432-1442 | <https://doi.org/10.2337/db16-0766>

Type 2 diabetes (T2D) has attained the status of a global pandemic, spreading from affluent industrialized nations to the emerging economies of Asia, Latin America, and Africa. There is significant global variation in suscepti-



DIABETES MORTALITY

2017

- 7th leading cause of death in US
- **83,564 death certificates - diabetes listed as underlying cause of death**
 - crude rate, 25.7 per 100,000 persons).
- **270,702 death certificates - diabetes listed as underlying or contributing cause of death**
 - crude rate, 83.1 per 100,000 persons).

Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, 2018. Accessed at <http://wonder.cdc.gov/ucd-icd10.html> on Oct 10, 2019.



PCPI

COST OF DIABETES

2017

- \$327 billion - Total direct and indirect estimated costs of diagnosed diabetes in the US
 - \$237 billion direct cost
 - \$90 billion Indirect costs



Slide 9

PCP1

Parker, Christopher P, 11/9/2020

WHAT TO DO?????



shutterstock.com • 1080262367



TEAM-BASED CARE

- Expanded access to care
- Effective and efficient delivery of additional services
 - Patient education, self-management support, behavioral health and care coordination
- Encourages the team to perform work matched to their abilities.
- The belief that, when practices draw on the expertise of a variety of provider team members, patients are more likely to get the care they need.

<https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care>



WHAT DOES THE RESEARCH SAY?

Results: Physician communication is significantly positively correlated with patient adherence; there is a 19% higher risk of non-adherence among patients whose physician communicates poorly than among patients whose physician communicates well.

Zolnierek KBH, DiMatteo MR. Physician communication and patient adherence to treatment: a meta-analysis. Med Care 2009;47(8):826-834.

Conclusions: Patient-centered communication influences patients' health through perceptions that their visit was patient centered, and especially through perceptions that common ground was achieved with the physician. Patient-centered practice improved health status and increased the efficiency of care by reducing diagnostic tests and referrals.

Stewart M, Brown JB, Donner A, et al. The impact of patient-centered care on outcomes. J Fam Pract 2000;49(9):796-804.



WHAT DOES THE RESEARCH SAY?

Conclusions: Initial results suggest that a pharmacist-led telehealth intervention has potential to decrease A1c levels in patients with diabetes, assist in identification of medication discrepancies, provide a positive return on investment for rural clinics, and potentially increase reimbursement for providers and clinics tasked with managing patients with uncontrolled diabetes.

Murry, L.T., Parker, C.P., Finkelstein, R.J. et al. Evaluation of a clinical pharmacist team-based telehealth intervention in a rural clinic setting: a pilot study of feasibility, organizational perceptions, and return on investment. Pilot Feasibility Stud 6, 127 (2020).



CULTURE CHANGE



TELEHEALTH

The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.

Technologies include:

- videoconferencing
- the internet
- store-and-forward imaging,
- streaming media
- terrestrial and wireless communications.

The Health Resources Services Administration (HealthIT.gov)



TELEHEALTH OR TELEMEDICINE


Introduction to Telehealth

WHAT IS TELEHEALTH?

Telemedicine includes a variety of tools and platforms allowing clinicians to connect with one another as well as to connect with patients. Telehealth between patients and clinicians is most commonly seen as:

1. Asynchronous text and photo exchanges through patient portals, health system apps, or website chat features or
2. Synchronous audio and video appointments through telehealth platforms, apps, or in-clinic technologies.

AMA Digital Health Implementation Playbook 2020




MEDICARE DEFINITION OF TELEHEALTH

Services include:

- Office visits,
- Psychotherapy
- Consultations
- Certain other medical or health services that are provided by an eligible provider
 - who isn't at your location using an interactive 2-way telecommunications system (like real-time audio and video).

Due to the Coronavirus (COVID-19) Public Health Emergency, doctors and other health care providers can use telehealth services to treat COVID-19 (and for other medically reasonable purposes) from offices, hospitals, and places of residence (like homes, nursing homes, and assisted living facilities) as of March 6, 2020


<https://www.medicare.gov/coverage/telehealth>



COVID-19 PUBLIC HEALTH EMERGENCY (PHE) IMPACT

	Pre-PHE (Feb 2020)	Post-PHE (April 2020)
Weekly virtual visits	≈ 14,000	≈ 1.7 million
Primary care telehealth visits	≤ 0.1%	43.5%

<https://www.whitehouse.gov/presidential-actions/executive-order-improving-rural-health-telehealth-access/>



STRAIGHT FROM CMS:

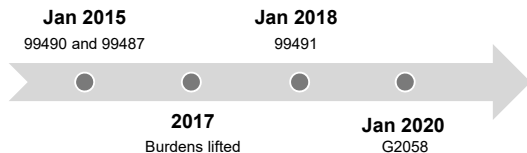
"The Centers for Medicare & Medicaid Services (CMS) recognizes Chronic Care Management (CCM) as a critical component of primary care that contributes to better health and care for individuals."

"Patients with multiple (**two or more**) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, are eligible for CCM services."

CMS Medicare Learning Network Chronic Care Management services workbook. July 2019



HISTORY OF CCM



PRACTITIONER ELIGIBILITY

- Physicians
- Certified Nurse Midwives
- Clinical Nurse Specialists
- Nurse Practitioners
- Physician Assistants



HOW DOES A CLINICAL PHARMACIST DO THIS???

GENERAL SUPERVISION

The service is:

- Not personally performed by the billing practitioner
- Performed under his or her overall direction and control
- His or her physical presence is not required.



IMPLEMENTING CCM THROUGH A TEAM-BASED APPROACH



IOWA
PHARMACY



- Entrepreneurial start-up at the University of Iowa College of Pharmacy
- Grown from a decades long research-based program
- Full-fledged business with clients – big and small – in several states across the US
- Our pharmacists are Doctors of Pharmacy (PharmD),
 - Have obtained additional post-graduate training
 - Are vetted for their clinical expertise and ability to deliver excellent patient care

IOWA
PHARMACY

USING CCM TO LOWER A1C



IOWA
PHARMACY



IOWA
PHARMACY

TARGET PATIENTS



IOWA
PHARMACY

FINAL THOUGHTS ROADMAP



QUESTIONS?

