

Enhance Your Pharmacy Performance

Performance Tips from a Fellow *Good Neighbor Pharmacy* Owner

Series 5

Diabetes Patients: Impacts and the Opportunities



Presented By
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Today's Speaker



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- Owner – Moundsville Pharmacy, Moundsville, WV
- *Good Neighbor Pharmacy* Member

Diabetes Patients: Impacts and the Opportunities



- Define the Medicare Star Rating quality measures related to diabetes treatment
- Discuss the overall impact of the diabetes patient on Medicare Star Rating quality measures performance
- Identify the opportunities for additional pharmacy-provided patient solutions for the diabetes patients
- Discuss best practices in providing high level care to diabetes patients
- Set achievable goals in optimizing services for the diabetes patient

Facts on Diabetes Patients



29.1 MILLION Americans,
or 9.3% of the population,
had diabetes in 2012

In Americans age 65 and older,
25.9%, or 11.8 million seniors
have diagnosed or undiagnosed
diabetes

2012 Cost Estimates

245 Billion
Total Costs of Diagnosed
Diabetes in the U.S.

176 Billion
Direct Medical Costs

69 Billion
in Reduced Productivity

Diabetes remains the **7th leading cause of death**
in the U.S. in 2010, with 69,071 death certificates listing it as the
underlying cause of death, and a total of 234,051 death certificates listing
diabetes as an underlying or contributing cause of death

Diabetes Treatment Quality Measure



- Using the kind of blood pressure medication that is recommended for people with diabetes!
- Percentage of Medicare Part D beneficiaries 18 years or older who were dispensed a medication for diabetes and a medication for hypertension whose treatment included a renin angiotensin system (RAS) antagonist (an angiotensin converting enzyme inhibitor (ACEI), angiotensin receptor blocker (ARB), or direct renin inhibitor) medication which are recommended for people with diabetes.

■ **2015 Star Ratings**
MA-PD Average **86%**

2015 Cut Points

MA-PD

1 Star	<79%
2 Star	79-83%
3 Star	83-86%
4 Star	86-90%
5 Star	> 90%

JNC 8 Guidelines



- In the general non-black population, including those with diabetes, initial antihypertensive treatment should include a **thiazide-type diuretic, calcium channel blocker (CCB), angiotensin-converting enzyme inhibitor (ACEI), or angiotensin receptor blocker (ARB)**.
 - Moderate Recommendation – Grade B
- In the population aged 18 years or older with CKD and hypertension, initial (or add-on) antihypertensive treatment should include an ACEI or ARB to improve kidney outcomes. **This applies to all CKD patients with hypertension regardless of race or diabetes status.**
 - Moderate Recommendation – Grade B

Pharmacy Quality Alliance (PQA)



- **Springfield, VA – January 12, 2015 - The Pharmacy Quality Alliance announces the retirement of the performance measure, Diabetes: Appropriate Treatment of Hypertension.** PQA member organizations had the opportunity to comment on this measure prior to the official vote. Eighty-three percent (83%) of member respondents voted to retire the performance measure.
- Recommendations from the Eighth Joint National Committee (JNC 8) (2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults) **indicate that first line antihypertensive treatment can include other medications (i.e., calcium channel blockers or thiazide diuretics) as well as ACEIs or ARBs.**

A New Diabetes Treatment Measure



- Based on the American College of Cardiology/American Heart Association guidelines which recommend moderate to high-intensity statin therapy for primary prevention for persons aged 40-75 years of age with diabetes
 - Class I Recommendation
- Calculation: The percentage of patients ages 40-75 years who were dispensed a medication for diabetes that receive a statin medication
- **Current National Average: 68.7%**
- **Current EQuIPP Goal: >78%**
- Quality measure will be a Display Measure for 2017 and 2018
 - Plans to add as a Star Ratings measure 2019 (*based on 2017 data*)

Medicare Star Ratings System

D11 High Risk Medications

D12 Medication Adherence for Diabetes

D13 Medication Adherence for Hypertension

D14 Medication Adherence for Cholesterol

D15 MTM Program Completion Rate for CMR



D12 Medication Adherence for DIABETES



Diabetes patients are prescribed diabetes medications

Medications Monitored

- Biguanides, sulfonylureas, thiazolidinediones, DPP-IV inhibitors, incretin mimetics, meglitinides, or SGLT2 inhibitors
- Patients on INSULIN are excluded

Defined as 80% PDC

2016 Star Ratings

MA-PD Average 77%

PDP Average 80%

2016 Cut Points

	<u>MA-PD</u>	<u>PDP</u>
1 Star	< 60%	< 75%
2 Star	60-69%	75-80%
3 Star	69-75%	80-83%
4 Star	75-82%	83-95%
5 Star	> 82%	> 95%

Nov 2015 – April 2016

National Average: 86.3%

Top 20%: 92.7%

D13 Medication Adherence for HYPERTENSION



*Diabetes patients are **LIKELY** prescribed an ACEI, ARB, or RASA*

- Medications Monitored

 - ACEI, ARBs, RASA

- Defined as 80% PDC

- 2016 Star Ratings**

MA-PD Average 79%

PDP Average 82%

2016 Cut Points

	<u>MA-PD</u>	<u>PDP</u>
1 Star	< 58%	< 76%
2 Star	58-73%	76-78%
3 Star	73-77%	78-82%
4 Star	77-81%	82-85%
5 Star	> 81%	> 85%

Nov 2015 – April 2016

National Average: 88%

Top 20%: 92.8%

D13 Medication Adherence for CHOLESTEROL



Diabetes patients are RECOMMENDED a STATIN

- Medications Monitored

- Statins

- Defined as 80% PDC

- 2016 Star Ratings**

MA-PD Average **75%**

PDP Average **78%**

2016 Cut Points

	<u>MA-PD</u>	<u>PDP</u>
1 Star	< 50%	< 68%
2 Star	50-61%	68-73%
3 Star	61-73%	73-78%
4 Star	73-79%	78-83%
5 Star	> 79%	> 83%

Nov 2015 – April 2016

National Average: 87%

Top 20%: 92%

Medicare Star Ratings System

D11 High Risk Medications

D12 Medication Adherence for Diabetes

D13 Medication Adherence for Hypertension

D14 Medication Adherence for Cholesterol

D15 MTM Program Completion Rate for CMR



D15 MTM CMR Completion Rate



- Percent of Medication Therapy Management (MTM) program eligible enrollees who received a **Comprehensive Medication Review (CMR)** during the reporting period

Diabetes is TOP Targeted Condition

▪ 2016 Star Ratings

MA-PD Average 30.9%
PDP Average 15.4%

2016 Cut Points

	<u>MA-PD</u>	<u>PDP</u>
1 Star	<13.6%	<8.5%
2 Star	13.6-36.2%	8.5-16.6%
3 Star	36.2-48.6%	16.6-27.2%
4 Star	48.6-76%	27.2-36.7%
5 Star	> 76%	> 36.7%

MTM Eligibility Minimum Requirements

3 Chronic Diseases

8 Part D Medications

2016 Annual Cost > \$3,057

CMS encourages health plans to expand eligibility criteria as necessary for their members

Diabetes Patients: Identify Opportunities



Synchronization & MTM



▪ Medication Synchronization

Diabetes Adherence

Hypertension Adherence (likely)

Statin Adherence (recommended)

NCPA reported an overall lift of 20 prescriptions per patient enrolled in a synchronization program

▪ MTM Comprehensive Medication Review

Diabetes is the TOP targeted condition

Completed once annually

Vaccinations



- **Influenza Vaccine - Annually**
- **Pneumonia Vaccine**

MULTIPLE
Vaccine Opportunities

Pneumovax® 23 (PPSV-23)

- Protects against 23 different strains of pneumococcal bacteria
- Indicated for ALL adults who are 65 years or older
- Indicated for people 2 through 64 years old who are at high risk for pneumococcal disease, such as patients with diabetes, chronic liver disease, cardiovascular disease, asthma, COPD, or those who smoke

Prevnar 13® (PCV-13)

- Protects against 13 strains of pneumococcal bacteria, including 6 strains not included in the PPSV-23
- Indicated for ALL adults 65 years or older

Adults who are 65 years or older and who have not previously received PCV-13, should receive a dose of PCV-13 FIRST, followed by a dose of PPSV-23 one year later (as long as you have not received a dose of PPSV-23 in the last 5 years)

Glucometer Supplies and OTCs



▪ Glucometer Supplies

Glucometer
Test Strips & Lancets
Alcohol Swabs
Batteries

TRAIN EXPERTS
in
Glucometer Training
and
OTC Recommendations

▪ Over-the-counter Therapies

Glucose Tablets/Gels
Foot Creams
Vitamin Supplements
Ketone Strips

Fiber Supplements
Sugar-Free Cough/Cold
Alert Bracelets
Blood Pressure Monitors

Diabetes Socks



- **We know that diabetes increases the risk for serious complications like foot infections. Practicing good foot care, such as appropriate socks, is essential for preventing complications.**

SEAMLESS: Reducing the seams in shoes or socks can help to reduce rubbing against your skin causing blisters or ulcers

MOISTURE-WICKING and BREATHABLE: Keeping feet dry is important for preventing skin infections

WARM: Diabetes can cause blood vessels to constrict, decreasing circulation to the feet. Fabrics that keep your feet warm help to improve blood circulation

SQUARE TOE BOX: Socks that are too narrow can squeeze the toes, causing discomfort and allowing for moisture buildup between toes

FITTED: Many diabetic socks conform to the foot and leg. This prevents loose fabric from rubbing against the skin and causing injuries

PADDED: Padding in the sock cushions the foot and protects it from injury

A Recommendation that Will Create REPEAT Sales

Compression Stockings



- **Compression stockings are used to prevent or control edema, or swelling, by gently squeezing the leg muscles and vein walls. Compression helps to move fluid up the leg to prevent it from collecting in the ankles – improving blood flow and decreasing pain**

Research as shown that MILD compression therapy (18–25 mmHg) decreased swelling in diabetes patients with lower extremity edema without compromising vascularity. Mild compression stockings fit comfortably, while working to prevent mild edema in the legs and ankles.

Depending on the level of edema, diabetic patients are recommended to begin with 10-15 mmHg or 15-20 mmHg compression.

A Recommendation that Will Create REPEAT Sales

Therapeutic Shoes and Inserts



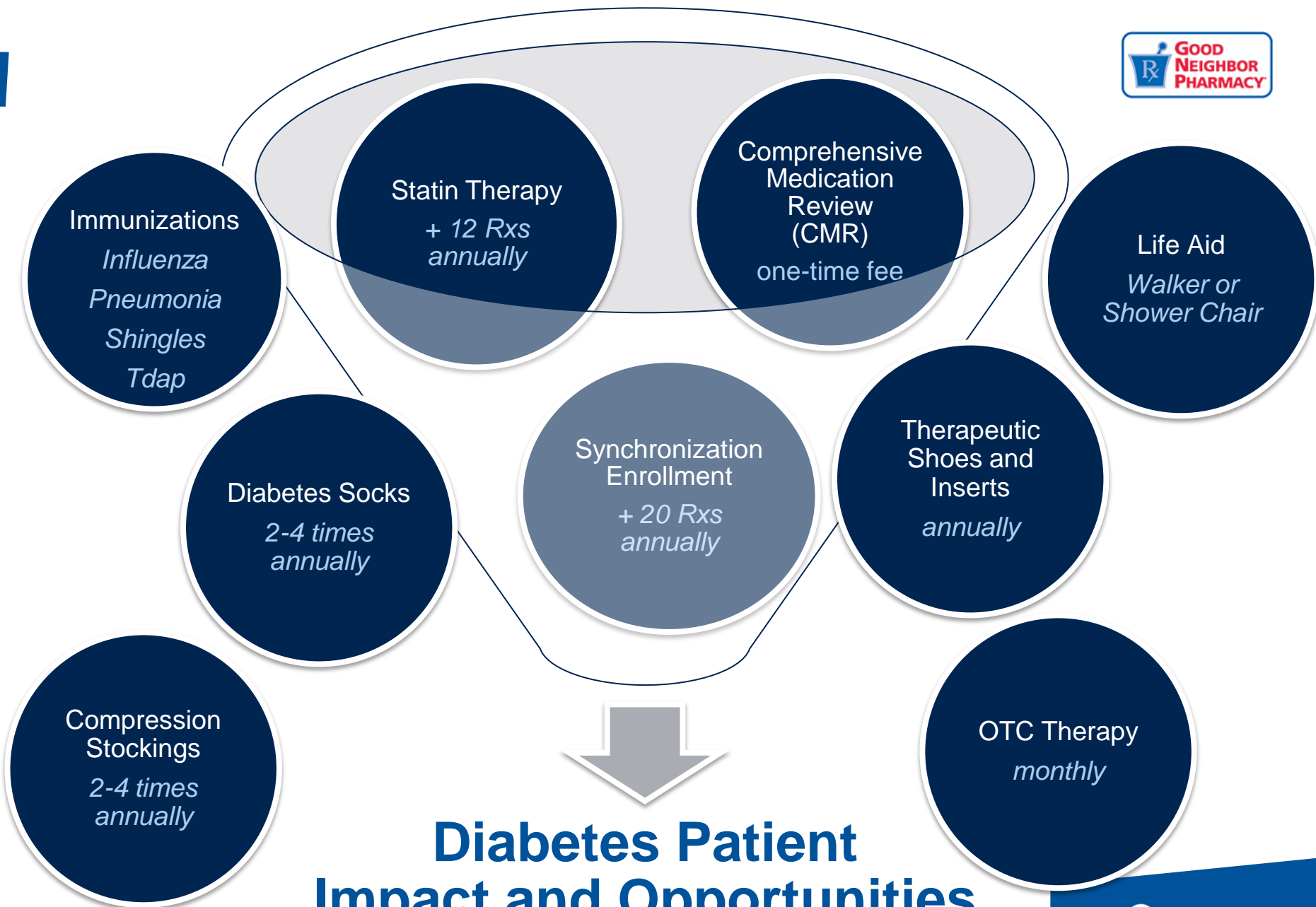
- Patients with Medicare may be eligible for (1) pair of therapeutic shoes and (3) pairs of multi-density orthotic inserts per calendar year as a preventative service for patients who have been diagnosed with diabetes and who meet any of the qualifying foot criteria

Patient must be documented with at least one of the following:

- Previous amputation of the other foot, or part of other foot
- History of previous foot ulceration of either foot
- History of pre-ulcerative calluses of either foot
- Peripheral neuropathy with evident callus formation of either foot
- Foot deformity of either foot
- Poor circulation in either foot

Multiple documentation requirements must be met...

Provided to the patient annually with prescription



Diabetes Patient Impact and Opportunities

Set Achievable Goals

To Enhance Pharmacy Performance



Develop a Strategy



Identify
Products and
Services

Train Your
Team to be
EXPERTS

Create
Opportunities
with Patients

Develop a mindset for identifying opportunities for pharmacy products and unique services!

Best Practices



▪ Checklists

Utilize a checklist of the services you offer so that when you have a meaningful intervention with the patient, you discuss multiple opportunities for better health

Examples:

when you give an immunization

when you complete an MTM

when you counsel on a new medication

▪ Patient Education Materials

Patients will not absorb everything you explain in your discussion, providing your recommendation in writing gives them the ability to review the services or products you have suggested

▪ Target a Service or Product Each Month!!!

Focus on developing materials and training your staff on a new product or service each month

Best Practices



- **Be an Active Communicator Between the Patient and Prescriber**

Contact the prescriber regarding recommendations in therapy and follow-up with the patient regarding the outcomes

Examples:

changes in doses

new medication therapy

- **Be Prepared to Offer Solutions and Immunizations**

Examples:

standing orders for immunizations

new patient packets for therapeutics shoes

inventory of common sizes of socks and stockings

- **Make Progress Each Week!!!**

Track accepted recommendations and recognize successes!

Questions?

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Thank You



- Please complete our survey:
<https://www.surveymonkey.com/r/DiabetesPatients0617>
- **Series 6 – July 12th & 14th**
Workflow: Remodeling Pharmacy Workflow and Setting Priorities
- Check your email for upcoming dates and times
- Goodneighborpharmacyevents.com
- ThoughtSpot 2016
 - July 27-30
 - MGM Grand, Las Vegas
 - Thoughtspot2016.com



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reach and partnership
shape healthcare delivery.