A PHARMACIST'S ROLE IN DIABETES MANAGEMENT

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Agenda

- Pharmacy History
- Evolution of Pharmacist Roles
- Pharmacy Practice Today
- Diabetes Medication Management
- Pharmacist Interventions for People with Diabetes
- Opportunities for Collaboration

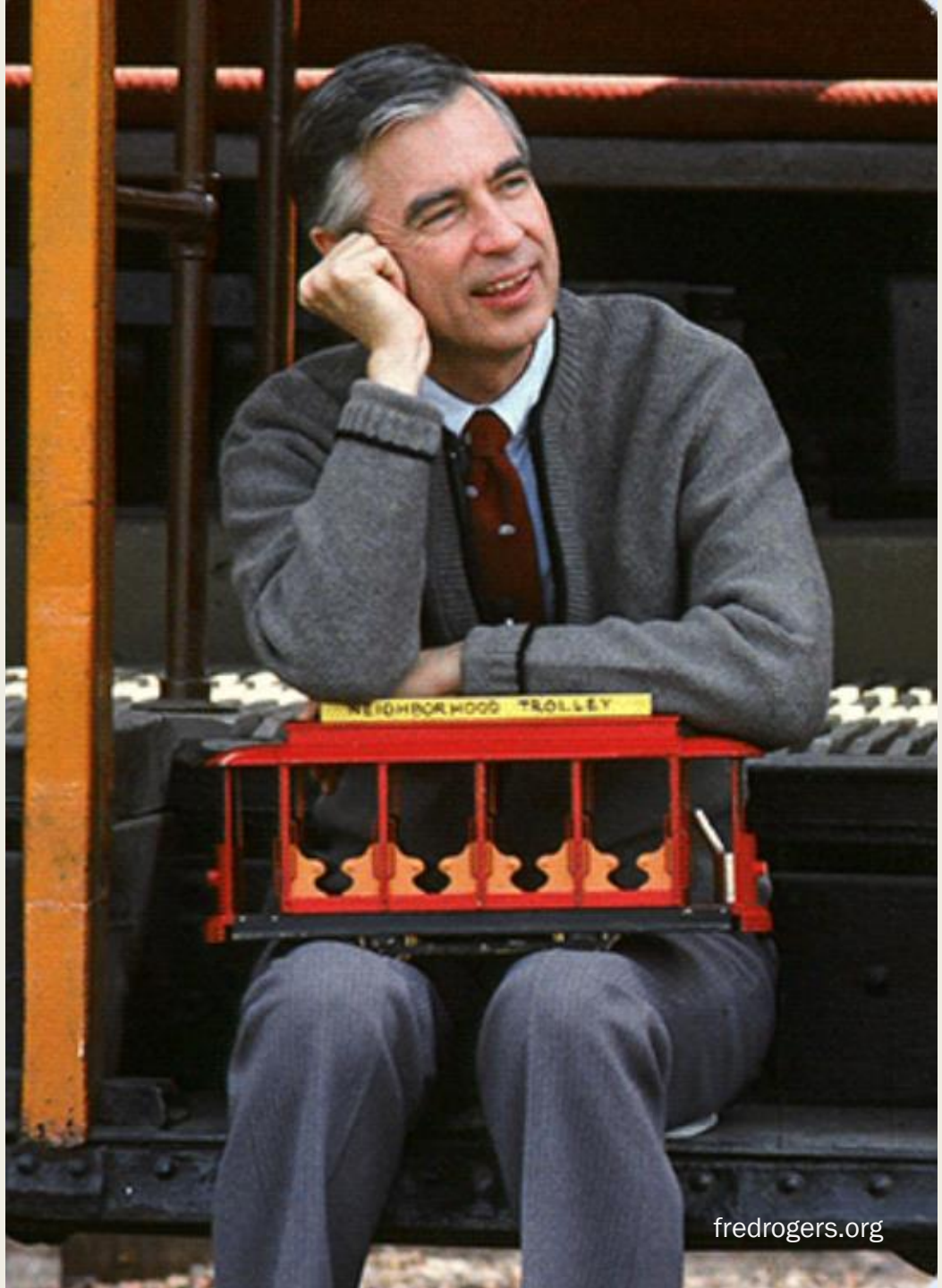
Learning Objectives

- Recognize the scope of pharmacy services currently provided in various care settings for individuals with diabetes.
- Describe the role(s) of pharmacists in diabetes management.
- Demonstrate understanding of medication management programs and services available to individuals with diabetes.
- Identify opportunities for collaboration with pharmacists in delivery of diabetes care.

Disclosures

I have had no financial relationship over the past 12 months with any commercial sponsor with a vested interest in this presentation.

Your Friendly Neighbor

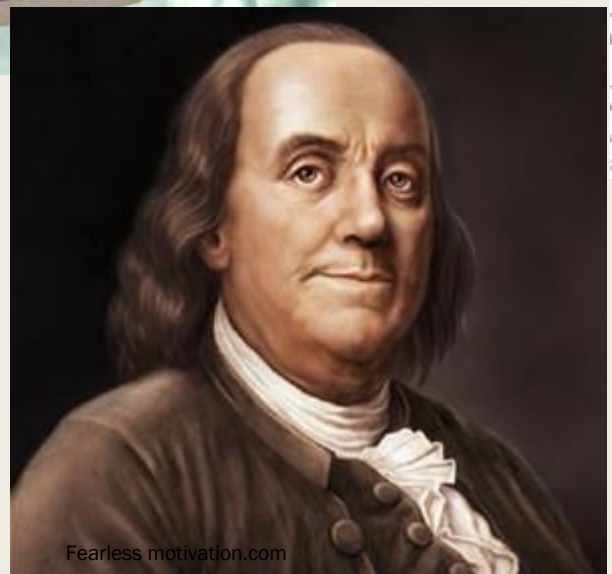


EVOLUTION OF PHARMACY

Pharmacists throughout History

Wikipedia.com

Pinterest.com


Fearless motivation.com

Mysticstamp.com

Sources: s-media; shorpy.com; rtmassociates.com

Pharmacy Education and Professional Development

- Accreditation Council for Pharmacy Education (ACPE) Standards
- From RPh to PharmD
- Residencies
- Specialization
- Certifications

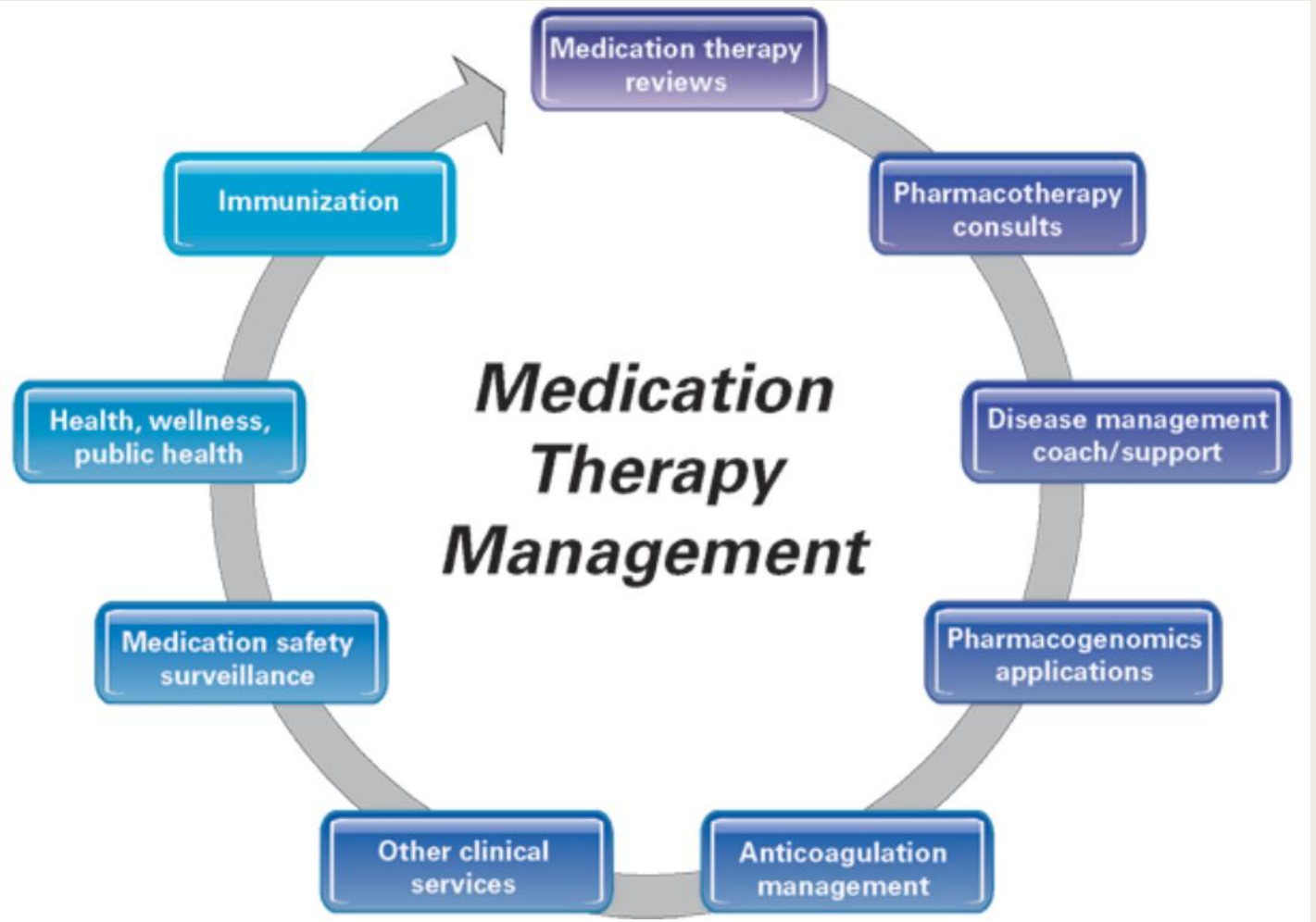
PHARMACY 2017

Pharmacy Practice 2017

- Dispensing and Drug Delivery
  - *Retail or Mail Order*
  - *Hospital Practice*
- Medication Therapy Management (MTM)
  - *Vaccine Services*
  - *Comprehensive Medication Reviews*
  - *Disease-Specific Management*
- Collaborative Practice Agreements (CPA)

Medication Therapy Management

What is MTM?



Retrieved from http://www.pharmacist.com/mtm

Who pays for MTM?

- Individual
- Health Systems
- Employers
- Health Plans
- Government Programs

Medicare MTM Programs

- Ensures optimum therapeutic outcomes for targeted beneficiaries through improved medication use
- Reduces the risk of adverse events
- Is developed in cooperation with licensed and practicing pharmacists and physicians
- Describes the resources and time required to implement the program if using outside personnel and establishes the fees for pharmacists or others
- May be furnished by pharmacists or other qualified providers
- May distinguish between services in ambulatory and institutional settings
- Is coordinated with any care management plan established for a targeted individual under a chronic care improvement program (CCIP)

Medicare Part D

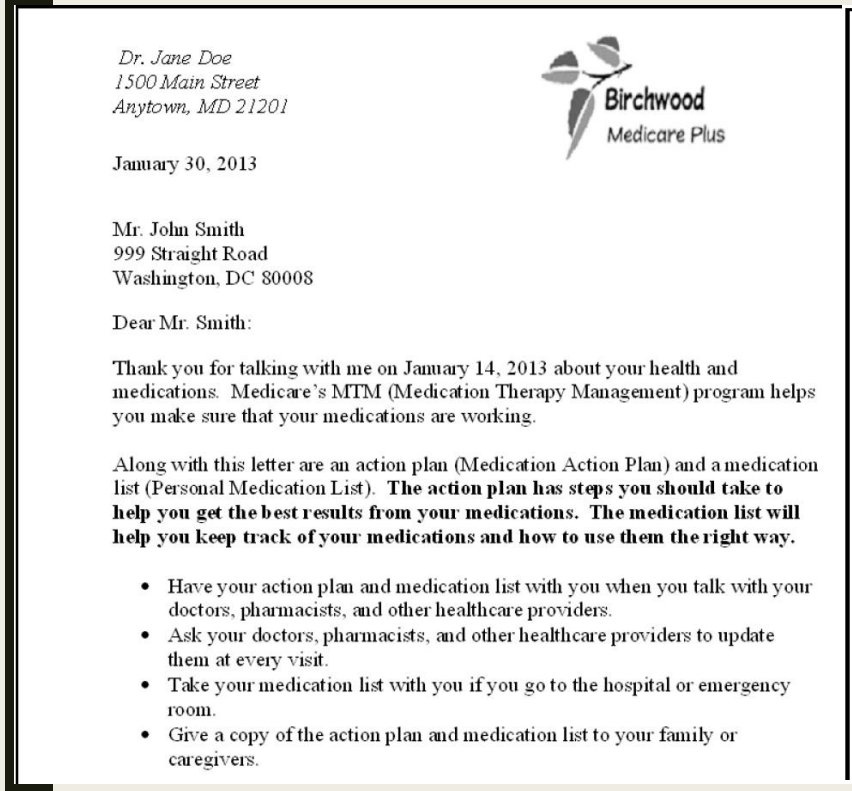
Source: CMS, 2017

Medicare MTM Program Qualifications

- Have multiple chronic diseases, with three chronic diseases being the maximum number a Part D plan sponsor may require for targeted enrollment;
- Are taking multiple Part D drugs, with eight Part D drugs being the maximum number of drugs a Part D plan sponsor may require as the minimum number of Part D drugs that a beneficiary must be taking for targeted enrollment.
- Are likely to incur annual costs for covered Part D drugs greater than or equal to the specified MTM cost threshold.

CMS Required MTM Services

- Interventions for both beneficiaries and prescribers
- An annual Comprehensive Medication Review (CMR) with written summaries in CMS' standardized format.
- Quarterly Targeted Medication Reviews (TMRs) with follow-up interventions when necessary



Dr. Jane Doe
1500 Main Street
Anytown, MD 21201

Birchwood Medicare Plus

January 30, 2013

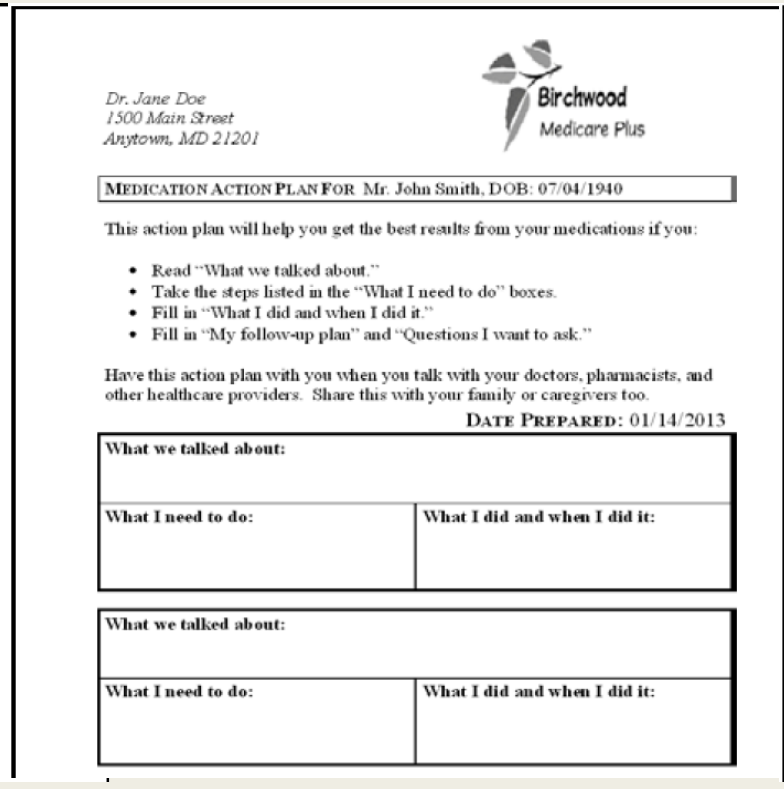
Mr. John Smith
999 Straight Road
Washington, DC 80008

Dear Mr. Smith:

Thank you for talking with me on January 14, 2013 about your health and medications. Medicare's MTM (Medication Therapy Management) program helps you make sure that your medications are working.

Along with this letter are an action plan (Medication Action Plan) and a medication list (Personal Medication List). **The action plan has steps you should take to help you get the best results from your medications. The medication list will help you keep track of your medications and how to use them the right way.**

- Have your action plan and medication list with you when you talk with your doctors, pharmacists, and other healthcare providers.
- Ask your doctors, pharmacists, and other healthcare providers to update them at every visit.
- Take your medication list with you if you go to the hospital or emergency room.
- Give a copy of the action plan and medication list to your family or caregivers.



Dr. Jane Doe
1500 Main Street
Anytown, MD 21201

Birchwood Medicare Plus

MEDICATION ACTION PLAN FOR Mr. John Smith, DOB: 07/04/1940

This action plan will help you get the best results from your medications if you:

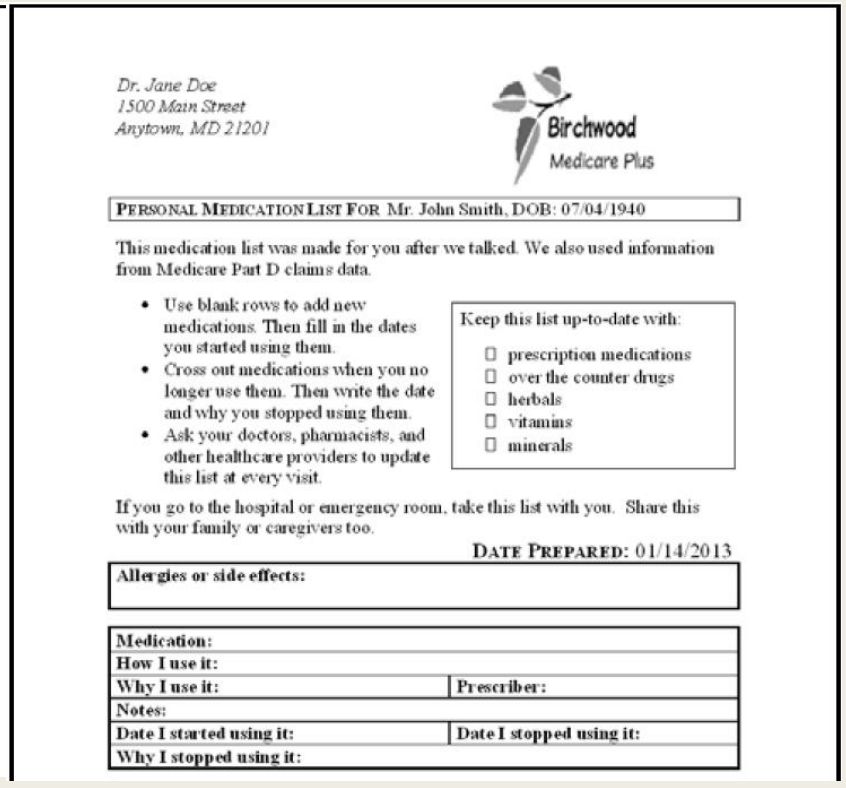
- Read "What we talked about."
- Take the steps listed in the "What I need to do" boxes.
- Fill in "What I did and when I did it."
- Fill in "My follow-up plan" and "Questions I want to ask."

Have this action plan with you when you talk with your doctors, pharmacists, and other healthcare providers. Share this with your family or caregivers too.

DATE PREPARED: 01/14/2013

What we talked about:	
What I need to do:	**What I did and when I did it:**

What we talked about:	
What I need to do:	**What I did and when I did it:**



Dr. Jane Doe
1500 Main Street
Anytown, MD 21201

Birchwood Medicare Plus

PERSONAL MEDICATION LIST FOR Mr. John Smith, DOB: 07/04/1940

This medication list was made for you after we talked. We also used information from Medicare Part D claims data.

- Use blank rows to add new medications. Then fill in the dates you started using them.
- Cross out medications when you no longer use them. Then write the date and why you stopped using them.
- Ask your doctors, pharmacists, and other healthcare providers to update this list at every visit.

Keep this list up-to-date with:

- ☐ prescription medications
- ☐ over the counter drugs
- ☐ herbals
- ☐ vitamins
- ☐ minerals

If you go to the hospital or emergency room, take this list with you. Share this with your family or caregivers too.

DATE PREPARED: 01/14/2013

Allergies or side effects:	

Medication:	
How I use it:	
Why I use it:	**Prescriber:**
Notes:	
Date I started using it:	**Date I stopped using it:**
Why I stopped using it:	

CMR Professional Service Definition:

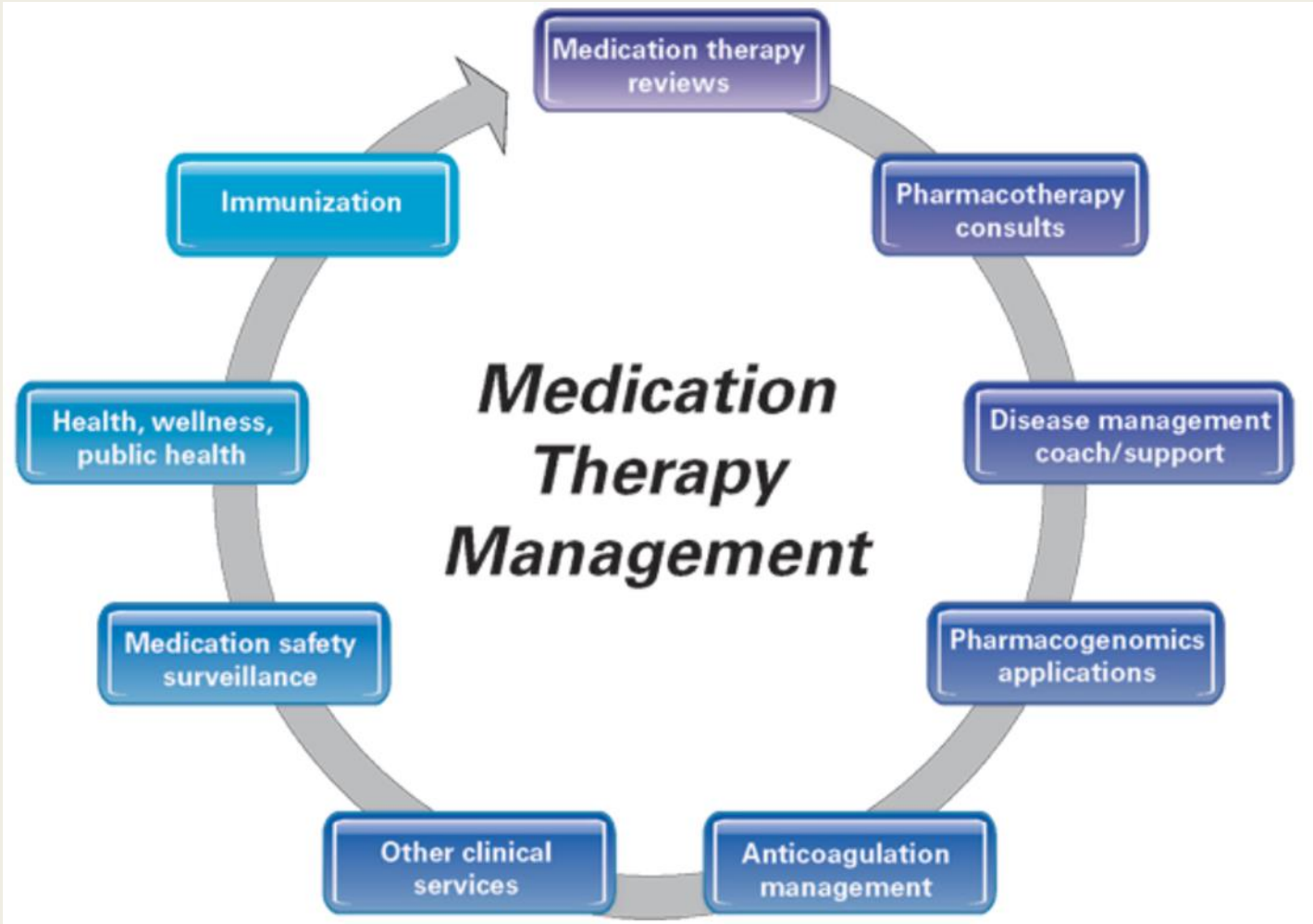
A CMR is a systematic process of collecting patient-specific information, assessing medication therapies to identify medication-related problems, developing a prioritized list of medication-related problems, and creating a plan to resolve them with the patient, caregiver and/or prescriber.

A CMR is an interactive person-to-person or telehealth medication review and consultation conducted in real-time between the patient and/or other authorized individual, such as prescriber or caregiver, and the pharmacist or other qualified provider and is designed to ***improve patients' knowledge of their prescriptions, over-the-counter (OTC) medications, herbal therapies and dietary supplements, identify and address problems or concerns that patients may have, and empower patients to self manage their medications and their health conditions.***

Source: CMS, 2017

Additional MTM Services

- Vaccines
- Anticoagulation
- Medication Safety
- Disease Management



Retrieved from http://www.pharmacist.com/mtm

Collaborative Practice Agreements

- Formal agreement between a licensed provider and pharmacist
  - *Provider diagnoses, supervises and refers*
  - *Pharmacist under protocol performs patient care functions*

Demonstrated Outcomes with Pharmacist Services

- Asheville Project
- Patient Self-Management Program for Diabetes (PSMP)
- Diabetes Ten City Challenge (DTCC)

PHARMACISTS IN DIABETES CARE

Pharmacist Certifications for Diabetes

- Board Certified – Advanced Diabetes Management
- Certified Diabetes Educators
- American Pharmacists Association’s Pharmacist & Patient-Centered Diabetes Care

Diabetes Therapy Management

- Insulin Dosing and Administration
- Blood Glucose Testing and Supplies
- Treatment and Side Effect profiles of medications

Start with Monotherapy unless:

A1C is greater than or equal to 9%, **consider Dual Therapy.**

A1C is greater than or equal to 10%, blood glucose is greater than or equal to 300 mg/dL, or patient is markedly symptomatic, **consider Combination Injectable Therapy** (See Figure 8.2).

Monotherapy — Metformin — Lifestyle Management

EFFICACY*	high
HYPO RISK	low risk
WEIGHT	neutral/loss
SIDE EFFECTS	GI/lactic acidosis
COSTS*	low

If A1C target not achieved after approximately 3 months of monotherapy, proceed to 2-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Dual Therapy — Metformin + — Lifestyle Management

	Sulfonylurea	Thiazolidinedione	DPP-4 inhibitor	SGLT2 inhibitor	GLP-1 receptor agonist	Insulin (basal)
EFFICACY*	high	high	intermediate	intermediate	high	highest
HYPO RISK	moderate risk	low risk	low risk	low risk	low risk	high risk
WEIGHT	gain	gain	neutral	loss	loss	gain
SIDE EFFECTS	hypoglycemia	edema, HF, fxs	rare	GU, dehydration, fxs	GI	hypoglycemia
COSTS*	low	low	high	high	high	high

If A1C target not achieved after approximately 3 months of dual therapy, proceed to 3-drug combination (order not meant to denote any specific preference — choice dependent on a variety of patient- & disease-specific factors):

Triple Therapy — Metformin + — Lifestyle Management

Sulfonylurea +	Thiazolidinedione +	DPP-4 inhibitor +	SGLT2 inhibitor +	GLP-1 receptor agonist +	Insulin (basal) +
TZD	SU	SU	SU	SU	TZD
or DPP-4-i	or DPP-4-i	or TZD	or TZD	or TZD	or DPP-4-i
or SGLT2-i	or SGLT2-i	or SGLT2-i	or DPP-4-i	or SGLT2-i	or SGLT2-i
or GLP-1-RA	or GLP-1-RA	or Insulin[§]	or GLP-1-RA	or Insulin[§]	or GLP-1-RA
or Insulin[§]	or Insulin[§]		or Insulin[§]		

If A1C target not achieved after approximately 3 months of triple therapy and patient (1) on oral combination, move to basal insulin or GLP-1 RA, (2) on GLP-1 RA, add basal insulin, or (3) on optimally titrated basal insulin, add GLP-1 RA or mealtime insulin. Metformin therapy should be maintained, while other oral agents may be discontinued on an individual basis to avoid unnecessarily complex or costly regimens (i.e., adding a fourth antihyperglycemic agent).

Combination Injectable Therapy (See Figure 8.2)

Type 2 Medication Management

Source: http://care.diabetesjournals.org/content/40/Supplement_1/S64

Pharmacist Interventions for People with Diabetes

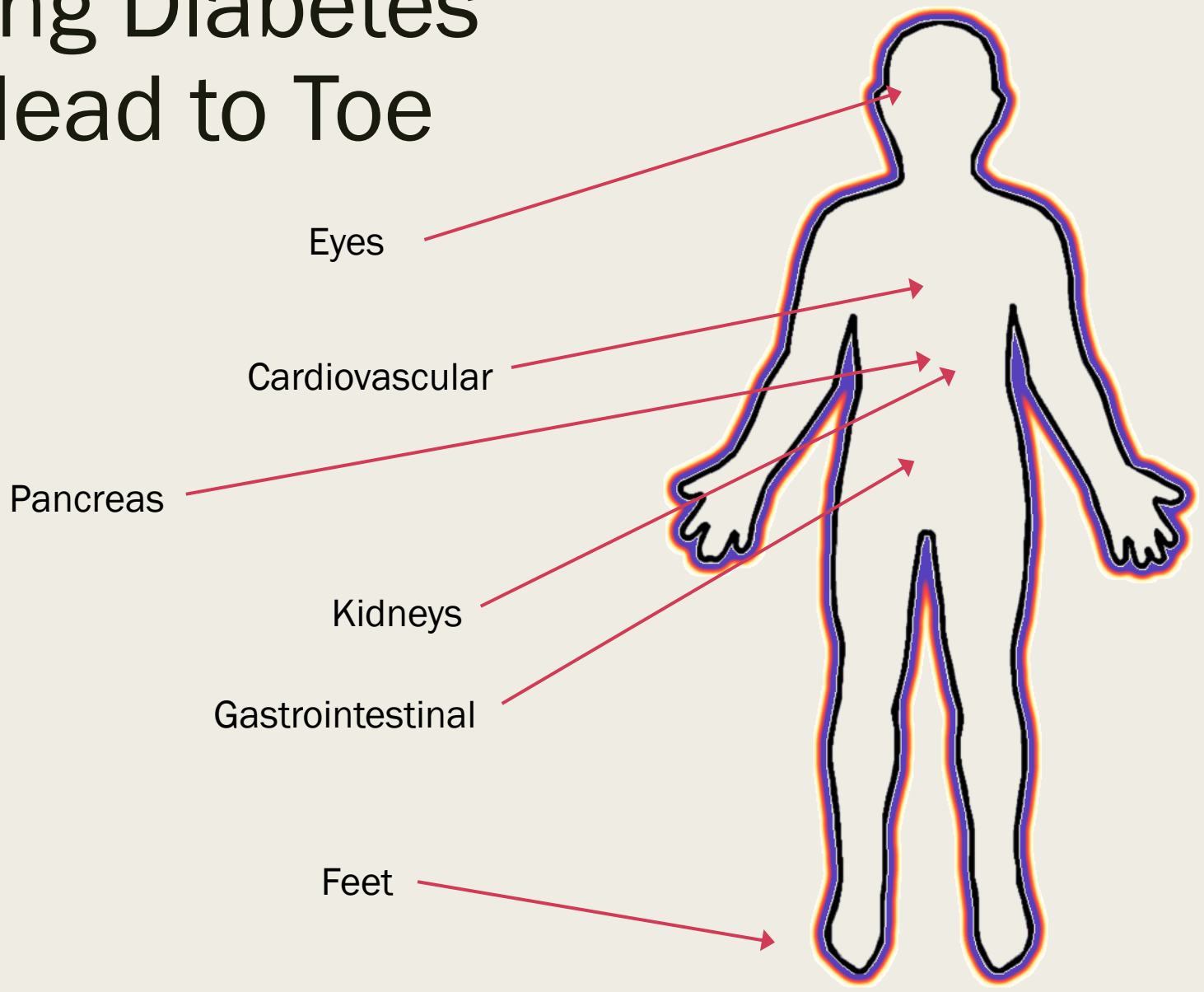
With Providers:

- Promote Evidence Based Medicine
- Product Selection
- Drug Monitoring

With Individuals:

- Identify Education Needs
- Educate on Medication Delivery
- Side Effect Management

Managing Diabetes from Head to Toe



Source: clipartkid.com

PHARMACIST COLLABORATION IN DIABETES CARE

Opportunities to Coordinate with Pharmacists

- Drug Delivery Education
- Medication Management
- Immunizations
- Disease Management

A Case of Pharmacist and Provider Coordination

- Prescribing Provider
- Dispensing Pharmacist
- Health Plan Pharmacist
- MTM Pharmacist

Source: www.pharmacy-tech-resources.com and ADA

Pharmacists Collaborating in Diabetes Management

- Rural Pharmacist Care Experience

Source: Drug Topics

Pharmacists Collaborating in Diabetes Management

- Thrifty White

Source: Drug Topics

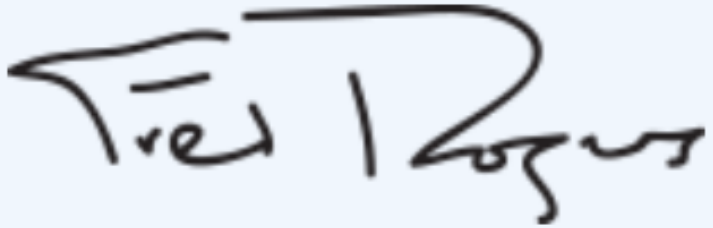
Pharmacists Collaborating in Diabetes Management

- Diabetes Intensive Medical Management (DIMM) clinic

Source: Drug Topics


Source: pinterest.com

"When I was a boy and I would see scary things in the news, my mother would say to me, "Look for the helpers. You will always find people who are helping." To this day, especially in times of "disaster," I remember my mother's words and I am always comforted by realizing that there are still so many helpers - so many caring people in this world."



fredrogers.org

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