

Pharmacy-led diabetes program saves big

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- * The Illinois program was part of the nationwide Diabetes Ten City Challenge, coordinated by the APhA Foundation.

- * The program centers on pairing each patient with a personal pharmacist who coordinates care, teaches diabetes management, and coaches lifestyle changes.

- * After one year, patients showed improvement in HbA1c, BP, LDL cholesterol, weight, and BMI.

- * Not only did companies save \$1,467 per patient per annum; they reported lower absenteeism, higher productivity, and higher employee morale.

Chicago-area employers cut healthcare costs by almost \$1,500 per person per year using Taking Control of Your Health (TCYH), a pharmacy-based treatment program for employees with diabetes. The Illinois program was part of the nationwide Diabetes Ten City Challenge (DTCC) project coordinated by the American Pharmacists Association (APhA) Foundation.

"This wasn't an untried program; it was based on the Asheville Project, which works — and works extremely well," said Pamela Hannon, director of benefits and employee health services for Hospira Inc., a maker of medical equipment. "We're not focusing on diabetes, we're focusing on the total person. Diabetes is typically just one of several conditions, along with cardiovascular disease, cholesterol, weight problems, exercise, diet, you name it. It makes absolute sense to treat the person and not the disease."

A dedicated, hands-on provider is key to the program, Hannon said. Every patient has a personal pharmacist who monitors and coordinates care, teaches diabetes management, and coaches lifestyle changes. Participants start with a one-hour pharmacist consultation, then have follow-up visits every other month, with telephone or e-mail consults as needed. The goal is to help patients take control of their lives.

"Pharmacists have the skills and the training to empower patients to take ownership and control of their condition," said participating pharmacist Starlin Haydon-Greatting, who is also clinical program coordinator for the Illinois Pharmacists Association (IPhA). "When you are eye to eye with someone, holding their hand, checking their feet, you can change lives. Personal involvement is how adult education and lifestyle change happen."

Hospira, the City of Naperville, the Jewish Federation of Metropolitan Chicago, and Pactiv Corp., the maker of Hefty garbage bags, enrolled more than 200 diabetic employees in TCYH. The program was coordinated by the Midwest Business Group on

Health (MBGH), based in Chicago. MBGH member companies spend more than \$2.5 billion on healthcare annually year for over two million people.

Employers eliminate or reduce diabetes-related co-pays for employees who join TCYH. The IPhA trained more than 200 pharmacists and created a statewide network to provide diabetes-care services. The program began in 2007 and is still growing.

"We liked the concept of direct contact," said MBGH Executive Director Larry Boress. "Disease management companies focus all of their efforts on 10 to 15 percent of the chronic disease population. This gives everyone personal attention. It was just a matter of convincing our employers to try a new approach. Now that we have hard data, we are reaching out to other companies and public employers."

After one year, participants showed statistically significant improvement in hemoglobin A1c, systolic and diastolic blood pressure, LDL cholesterol, weight, and body mass index. Employers saved \$1,467 in direct healthcare costs per employee during the 12-month trial. Companies also reported lower absenteeism, higher productivity, and higher employee morale.

Chicago-area companies did better than DTCC participants nationwide. Data published in the May/June issue of the Journal of the American Pharmacists Association showed mean annual savings of \$1,079 per employee. In Chicago and in the national sample, clinical improvements were similar.

"You have to get employer buy-in for this to expand," said incoming IPhA President Dennis Bryan. "Saving more than \$1,400 per employee per year is going to get their attention in a hurry."

Each employer negotiated its own network contract, Haydon-Greatting said. In some cases, employees visit nearby chain, independent, or hospital pharmacies for care. Haydon-Greatting works with employees at Pactiv, which provides consulting space at the company work site. Fees paid to pharmacists vary by contract, but hourly rates are comparable to those paid for pharmacy relief work in the same geographic area. Pharmacists are paid directly by participating employers. "We hope that other employers and government sees that paying pharmacists for care services is a direct benefit," she said. "We cut employers' healthcare costs for these employees dramatically."