Learning Objectives

- Review recent developments in diabetes treatment, including new medications available and new research.
- Discuss new technology trends impacting ideal care for patients with diabetes.
- Outline the potential opportunity for pharmacy involvement in Diabetes Prevention Programs.
- Describe ways for pharmacy teams to impact patients’ wellness through lifestyle modifications and weight loss programs.
- Detail steps for a pharmacy to provide DSME/T.
- Evaluate opportunities in over-the-counter sales of diabetes-related products.
- List vitamin and supplement recommendations for patients with diabetes.
- Detail steps for a pharmacy to provide diabetic shoe and sock fitting.
- Detail steps for a pharmacy to provide point-of-care testing for A1c and blood glucose.
- Outline the potential opportunity for pharmacy involvement in insulin pump training.
- Describe marketing pearls for targeting patients with diabetes.
- Calculate potential return on investment for development of a variety of diabetes related services.
- Outline implementation timelines for launching a comprehensive diabetes care program.
- Describe collaboration opportunities for pharmacists to manage patients’ diabetes medications.
Continuing Education Accreditation

• ACPE UAN: 0207-9999-18-100-L04-P
• ACPE UAN: 0207-9999-18-100-L04-T
• 7.5 contact hours (0.75 CEUs)
• Activity Type: Application-Based

Speaker Disclosures

• **David Pope** is the Chief of Innovation and Co-Founder of STRAND. The conflict of interest was resolved by peer review of the content.
• **Kathy Campbell** is the owner of Medicap Pharmacy. The conflict of interest was resolved by peer review of the content.
• **Gabe Trahan** is the Senior Director of Store Operations and Marketing with NCPA. The conflict of interest was resolved by peer review of the slide content.
• **Kelly Pope** is the Director of Clinical Practice at Creative Pharmacist. The conflict of interest was resolved by peer review of the content.
• **Ryan Lindenau** is a clinical coordinator at Middleport Family Health Center. The conflict of interest was resolved by peer review of the content.
• **Theresa Tolle** declares no conflict of interest or financial interest in any product or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.
Defining the Opportunity
David Pope, PharmD, CDE
Chief of Innovation, STRAND®

The Landscape is Changing

• Laws are changing
  • Washington = Provider Status
  • California, Tennessee

• Payers are noticing
  • Risk reduction

• Pharmacists are organizing
  • Community Pharmacy Enhanced Services Networks (CPESN) building throughout the country
The Opportunity

- 1 in 3 US adults have diabetes or pre-diabetes
  - Approximately 25% of seniors <65 years old have diabetes
  - 84 million Americans have pre-diabetes

Financial Impact

- $327 billion: Total costs of diagnosed diabetes in the United States in 2017
- $237 billion for direct medical costs
- $90 billion in reduced productivity

Source: diabetes.org

Patient Care Services: Diabetes Education

- Most major insurances pay for Diabetes Self-Management Education/Training (DSME/T) services
  - Medicare Part B
  - Most private insurances
  - Majority of state Medicaid

- Common Questions Regarding DSME
  - Do I need a Certified Diabetes Educator (CDE) on staff?
  - Is the accreditation for a specific pharmacist or for the pharmacy?
  - Do I have to bill for Durable Medical Equipment (DME) supplies in order to bill for DSME?
Patient Care Services: Diabetes Education

• In order to complete DSME, you must be accredited
  • Accreditation is NOT DME accreditation
  • Accreditation is through the American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA)

• Common Questions Regarding DSME
  • Do I need a Certified Diabetes Educator (CDE) on staff?
  • Is the accreditation for a specific pharmacist or for the pharmacy?
  • Do I have to bill for DME supplies in order to bill for DSME?
Patient Care Services: Diabetes Education

• Consider implementing diabetes education into the Appointment-Based Model

• Example:
  • Initial Meeting - 1 hour
  • ABM Meeting x 12 months (25 minutes each)
  • During the course of the year, offer 2 group classes of 2 hours at a time
  • Maximizes total billing amount (10 hours)
  • Average reimbursement ($350-450 per patient)
Clinical Updates
David Pope, PharmD, CDE
Chief of Innovation, STRAND®

Learning Objectives

• Review recent developments in diabetes treatment, including new medications available and new research.
• Discuss new technology trends impacting ideal care for patients with diabetes.
Rapid Development

- **1942**: Development of the first sulfonylurea
  - Originally developed to treat typhoid
- **1950’s**: Development of metformin
- **1990’s**: Development of TZD’s
- **2000’s**: Development of DPP-4 Inhibitors, GLP-1
- **2010’s**: Development of SGLT2 Inhibitors

What’s next?

Review of Guidelines

- In 2018, the ADA released new updates for diabetes treatment
  - Focuses heavily on cardiovascular disease risk reduction, integration of technology into disease management
- The ADA recommends including technology-based methods, along with individual and group settings, for the delivery of effective diabetes self-management education and support
- Recommends utilizing social determinants of health when developing treatment plans
Diabetes Prevention Program

David Pope, PharmD, CDE
Chief of Innovation, STRAND®

Kathy M. Campbell, PharmD
DrKathy Health, LLC, Medicap Pharmacy

www.ncpanet.org/ic
Learning Objectives

• Outline the potential opportunity for pharmacy involvement in Diabetes Prevention Programs.

Prediabetes

• Approximately 84 million Americans have pre-diabetes
  • 90% are unaware of their condition
  • Represents more than 1 in 3 US adults
  • Represents 1 in 2 US adults >65 years old
• Patients living with prediabetes have greater health risks
  • 100% more likely to develop hypertension
  • 50% more likely to be hospitalized for stroke
• CDC-led Diabetes Prevention Program designed to make a measurable impact on patients progressing to diabetes

Source: preventdiabetesstat.org
The Diabetes Prevention Program (DPP)

- Metformin-treated group decreased the incidence of type 2 diabetes by 31%

- Lifestyle intervention decreased the incidence of type 2 diabetes by 58%


The Diabetes Prevention Program (DPP)

The two major goals of the Diabetes Prevention Program (DPP):

- Minimum of 5% weight loss/weight maintenance
- Minimum of 150 min of physical activity similar in intensity to brisk walking.
The Diabetes Prevention Program (DPP)

1) individual case managers or “lifestyle” coaches
2) frequent contact with participants
3) a structured, state-of-the-art, 16-session core-curriculum that taught behavioral self-management strategies for weight loss and physical activity;
4) supervised physical activity sessions;

5) tailoring of materials and strategies to address ethnic diversity
6) an extensive network of training, feedback, and clinical support
7) individualization through a “toolbox” of adherence strategies;
8) a more flexible maintenance intervention, combining group and individual approaches, motivational campaigns, and “restarts;”
The Diabetes Prevention Program (DPP)

Where do you go to get healthy?

“PARTNERS IN HEALTH”

“I never thought of coming to a pharmacy for this.”
Requires a profession-wide paradigm shift in how pharmacists perceive, value and brand our skills.

Start by doing what’s necessary; then do what’s possible; and suddenly you are doing the impossible.

Francis of Assisi
Diabetes Prevention Program

- Recognition pathway provides ‘gold standard’ approach to diabetes prevention that is widely accepted by payers, including Medicare
- Separate process from the DSME pathway, which is led by either the ADA or AADE

---

### Diabetes Prevention Recognition Program (DPRP) Process

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1. Pre-Application | - Read and understand the current [DPRP Standards](#)
- Complete CDC's [Organizational Capacity Assessment](#) tool (strongly recommended).
- Address any capacity gaps identified by the assessment.
- Review other materials about the National Diabetes Prevention Program and DPP and CDC's [Implement a Lifestyle Change Program (for Professionals)](#) website. |
| 2. Application Submitted for Recognition | - Complete the online [Diabetes Prevention Recognition Program (DPRP) Application Form](#). |
| 3. Pending Recognition | - Organizations can stay at this level up to 36 months. At any evaluation period during months 12 to 36, they can move to preliminary recognition if they meet DPRP Standards requirement 5 or to full recognition if they meet requirements 5 to 9. |

---

**NCPA INNOVATION CENTER**
Preliminary Recognition

Organizations can stay at this level up to 24 months if they continue to meet the requirements for 12 months after initially achieving preliminary recognition. At any evaluation period during the 24 months, they can move to full recognition if they meet NCPA Standards requirements 5 to 9.

Meet the following requirements:
- Submit required data every 6 months.
- Start at least 1 session every 12 months.
- Continue to meet the pending recognition requirements.
- Submit a full 12 months of data on at least one completed group of participants.
- Have a minimum of 5 participants who attended at least 3 sessions in months 1 to 6 and whose time from first session to last session was at least 9 months.
- Provide evaluated data that show that at least 60% of participants attended at least 9 sessions in months 1 to 6 and at least 60% attended at least 3 sessions in months 7 to 12.

Full Recognition

If an organization does not meet the requirements for full recognition 24 months after last reevaluating them, they will lose recognition and have to wait 6 months before reapplying.

Meet the following requirements:
- Submit required data every 6 months.
- Start at least 1 session every 12 months.
- Continue to meet the requirements for pending and preliminary recognition.
- Body weight documentation: Participants must have had their body weight documented during at least 80% of sessions.2
- Physical activity documentation: Physical activity minutes must have been documented for participants during at least 60% of sessions.3
- Weight loss at 12 months: Average weight loss across all participants in one yearlong program must be a minimum of 5% of starting body weight.1
- Participant eligibility: A minimum of 35% of all participants in one yearlong program must be eligible on the basis of either a blood glucose test indicating prediabetes or a history of gestational diabetes. The rest must be eligible on the basis of a high score on the CDC Prediabetes Screening Test or the American Diabetes Association Type 2 Diabetes Risk Test.13

www.ncpanet.org/ic
Focus on Wellness: Weight Loss and Functional Medicine
Kathy M. Campbell, PharmD
DrKathy Health, LLC, Medicap Pharmacy

Objectives

• Describe ways for pharmacy teams to impact patients’ wellness through lifestyle modifications and weight loss programs
• List vitamin and supplement recommendations for diabetic patients.
Main Street America

- Clinical Community Pharmacist for 26 years
- Independent pharmacy owner for 17 years
- Mom to Emma and Abby for 16 years
- Wife and partner to Royce for 19 years
- Morbidly obese much of 45 years
What causes a hurricane?

- Temperature?
- Pressure?
- Convection?
- Humidity?

When conditions are right.
In 1990, 1 out of 10 family members was considered obese.

Today, 1 out of 3 family members is considered obese.

WHAT IS GOING ON?
CULTURE PRODUCES HEALTH

*Culture* is the characteristics and knowledge of a particular group of people, defined by everything from language, religion, cuisine, social habits, music and arts.
• **Optimal** Fasting Blood Glucose  
  = 75
• FBG>100=Glycation of Proteins
• Stimulates **appropriate**  
  Inflammatory process and repair.
Genetic variability in removing sugar or making cholesterol

Obesity is the symptom

Obesity is the appropriate biochemical and physiologic consequence of many cultural, hormonal, environmental, psychological, and nutritional influences.

Obesity is the Symptom
• Macrovascular
• Microvascular
• Current drug therapy works to minimize the impact of the body’s response with little impact on the driving source of the inflammation (sugar).
• What is the source of the sugar?

prediabetes (prē′dī-a-bē′tēz, -tēz) n.

A latent condition preceding the development of diabetes mellitus, often marked by impaired glucose metabolism without clinical confirmation of the presence of the disease.
It is commonly associated and thought that obesity causes diabetes.

It may be helpful to consider that maybe it is the other way around.

Maybe, early regulation and dysregulation of excess sugar is causing obesity.

Consider the removal of sugar from the vascular system and into fat storage is biologically advantageous to cardiovascular inflammation and damage.
What conditions contribute to Obesity? 
(And where can pharmacists help)

- Nutrient Deficiencies/Cellular Malnourishment
  (Vitamin D, B, iron, protein, etc.)
- Culture
- Genetics
- Drug/chemical Toxicity (insulin, cortisol, etc.)
- Gut Imbalance/Microbiome Disruption (PPI’s, antibiotics, etc.)

FOOD IS THE CHEMISTRY OF LIFE
WE ARE A PROFOUNDLY “MIS-NOURISHED,” IF NOT MALNOURISHED, SOCIETY

Nutrient Deficiency CELLULAR MALNOURISHMENT

• VITAMIN D
• IRON
• OMEGA 3 FATS
• B-VITAMINS
• PROTEIN
• CO-Q 10
• MAGNESIUM, ZINC

HOW CAN THE MOST OBESE BE THE MOST MALNOURISHED?
Nutrient Deficiency
CELLULAR MALNOURISHMENT

Cultural Shifts in Dietary Habits
- World War II-Prior and Post
- Low-Fat (High Sugar) Approach
- 1980’s Minivan
- Loss of food knowledge and basic cooking skills

“Eat less” is WRONG...
Must eat a heck of a lot of the right stuff!!!
Nutrient Deficiency
CELLULAR MALNOURISHMENT

• Drug-induced
  • **Opiates**-Folate, Vitamin C, Iron, Potassium
  • **NSAIDS**-Folate, Vitamin C, Iron
  • **PPI’s**-Beta-carotene, B12, Folate, Calcium, Zinc, Iron, PROTEIN

Nutrient Deficiency
CELLULAR MALNOURISHMENT

• Drug-induced
  • **Statins**-Coenzyme Q10
  • **Metformin**-Magnesium, B12, Folate
  • **Antibiotics**-Probiotics, Magnesium, B-vitamins, Vitamin K, Potassium
  • **Estrogen**-B-vitamins, Vitamin D, Calcium, Magnesium, Zinc, Folate
Mediterranean Low-Glycemic Eating Plan

- Large amounts of plant-based nutrition to feed gut bacteria and run biochemical processes (glycolysis, Kreb’s cycle, oxidative phosphorylation, etc.)

Supplementation to food

- Vitamin D
- Omega 3 fatty acids
- Magnesium
- Alpha Lipoic Acid
- Protein
- Berberine
How do we create a culture that produces health??
Blue Zone Project

“Prevention and Treatment of Cardiovascular Diseases and Other Chronic Medical Conditions”
HEALTH COACHING

• **Health coaching** is a process that **facilitates healthy, sustainable behavior change** by challenging a client to develop their inner wisdom, identify their values, and transform their goals into action.

• **Health coaching** draws on the principles from positive psychology and appreciative inquiry, and the practices of motivational interviewing and goal setting. [Wikipedia](https://en.wikipedia.org/wiki/Health_coaching)

Lifestyle Health Coaching

HEALTH EDUCATION

• Basic Nutrition & Cooking Classes
• Stress Management
• Osteoporosis Prevention
• Hormone Balance
• Pre-conception Education
• Diabetes Education and Prevention
• Medicare Diabetes Prevention Program MDPP
Kathy M. Campbell, PharmD
DrKathy Health, LLC
Medicap Pharmacy #8299
Kathy@drkathysays.com
www.drkathyweightloss.com
www.drkathysays.com
918-992-4FIT (348)
Learning Objectives

• Evaluate opportunities in over-the-counter sales of diabetes-related products.
• List vitamin and supplement recommendations for patients with diabetes.
• Detail steps for a pharmacy to provide diabetic shoe and sock fitting.
• Describe marketing pearls for targeting patients with diabetes.
Meeting the needs of customers with diabetes.

Your Complete Diabetic Support Center
“It is generally recommended to wash your diabetic socks in warm water without bleach and tumble dry on warm as you would with your delicate under clothing items. Do not attempt to wash and dry the socks in high heat thinking that you can kill the bacteria easier this way. The heat will cause the fibers such as wool and spandex to lose their elasticity and ruin your socks. If you want to make the most out of your socks, hand wash and air dry the socks.”

Your Complete Diabetic Support Center

Sugar free listing!
JAMA: Half of U.S. population either pre-diabetic or diabetic

*Journal of the American Medical Association

SEPTEMBER 8, 2015 | BY MICHAEL JOHNSEN

We’ve made finding Sugar Free products easier!

MiraLAX 4oz.
888-556

Look for the green stripe on the shelf tag!

Good news! We have over 60 sugar free items!

Do it before the chain does!
Moisturize your skin to prevent chapping, especially in cold or windy weather. Moisturizing soaps may help.

Treat cuts right away. Wash minor cuts with soap and water. Cover minor cuts with sterile gauze.

Use mild shampoos.

Take good care of your feet. Do Not put lotions between toes.
Not so easily found.
Protect Your Feet and Provide Maximum Comfort.

Single
Multi

November is American Diabetes Month®
American Diabetes Association® Alert Day®
Fourth Tuesday of March each year.
Andrea Springer, Certified Shoe Fitter, Meyer Pharmacy
Insoles  SHOES  Socks
Roxanne Edwards
Renown Photo Editor
Words of wisdom.

... a photo, a chart or an illustration... a must.
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NCPA INNOVATION CENTER
Call to Action!

Brad White R.Ph.
Vice President,
Medicine Center Pharmacy
2523 Tuscarawas Street West
Canton, Ohio
44708

We understand the challenges of managing diabetes and the importance of helping our patients make informed decisions. That's why Brad White, R.Ph., our pharmacist, is here to support you. He has completed advanced education for managing diabetes and works closely with healthcare providers to ensure you receive the best care possible.

Brad has successfully completed a program in diabetes management at the American Pharmacist Association.

Call us today at (330) 482-6520 to learn more about our services and how we can help you manage your diabetes.

Special Promotion
3% Off Every Visit (good through Memorial Day)
Regular retail price & S & F. Void on cash sales only.
Not applicable to federal drug/submitted via insurance.)
We understand the challenges of ongoing diabetes care management, and our pharmacists are here to help you make the best decisions when it comes to medication and care. That’s why we are eager to share the news about our Pharmacist Brittiany, who recently completed the Pharmacist and Patient-Centered Diabetes Care Certificate Training Program through the American Pharmacists Association.

Brittiany has completed specialized education for counseling patients with type 1 and type 2 diabetes as well as analyzing and interpreting self-monitoring of blood glucose results and assessing overall health for patients.


Special Promotion

$2 Off Easy Max Test Strips (50 ct) now through Memorial Day. (Regular retail price is $7.99. Valid on cash sales only. Not applicable toward test strips submitted to insurance.)
Roadside Billboard

Northside Pharmacy
Care for all ages

410-398-3784
OPEN DAILY
Except Christmas Day

707 N Bridge St • Elkton • NorthsidePharm.com

MARKETING
Diabetes Self-Management Education (DSME) Training

Kelley Pope, BSN, RNC-NIC
Chief of Innovation, STRAND®
Learning Objectives

• Detail steps for a pharmacy to provide DSME/T.

Patient Care Services: Diabetes Education

• In order to complete diabetes self-management education (DSME) education, you must be accredited
  • Accreditation is NOT DME accreditation
  • Accreditation is through the American Association of Diabetes Educators (AADE) or the American Diabetes Association (ADA)

• Common Questions Regarding DSME
  • Do I need a Certified Diabetes Educator (CDE) on staff?
  • Is the accreditation for a specific pharmacist or for the pharmacy?
  • Do I have to bill for DME supplies in order to bill for DSME?
Patient Care Services: Diabetes Education

• Consider implementing diabetes education into the Appointment-Based Model

• Example:
  • Initial Meeting: 1 hour
  • ABM Meeting x 12 months (25 minutes each)
  • During the course of the year, offer 2 group classes of 2 hours at a time
  • Maximizes total billing amount (10 hours)
  • Average reimbursement ($350-450 per patient)

The Accreditation Process

• Follows 10 standards outlining the structure
  • Outlines the program coordinator’s role, corporate structure, education/documentation requirements, etc
  • In order to become accredited, a minimum of one patient must complete your program
  • After completion of your patient, your patient chart, along with supporting materials, is submitted to the ADA or AADE for review
    • Includes telephonic interview
Required Documentation for Patient Chart

- Must document a minimum of 10 hours of education
- Track behavioral goals
- At least 2 physical findings (hopefully improved!)
  - Example: weight loss, A1c
  - Cover at least 8 content topics
    - Example: Healthy eating, exercise, monitoring, medications
  - Must have a ‘Diabetes Services Order Form’ signed by physician

Diabetes Self-Management Education/Training and Medical Nutrition Therapy Services Order Form
Pumping up Pharmacist Opportunities

Ryan Lindenau PharmD
Clinical Coordinator, PGY-1 Community Residency Director - Middleport Family Health Center, University at Buffalo School of Pharmacy and Pharmaceutical Sciences
Learning Objective

• Outline the potential opportunity for pharmacy involvement in insulin pump training
Pumping Basics

• How does an insulin pump work?
  • Contains rapid acting insulin delivered continuously through thin, flexible tubing called an infusion set. The end of this tube sits comfortably under the skin and is replaced every two to three days.

• Typical pump mechanisms
  • Basal Rates
  • Bolus Doses


Pumping Basics

- Pump
- Reservoir
- Infusion Set
- Infusion Set Insertion Device


Pumping Basics

- Basal Rates
  - Pump continuously delivers tiny amounts of insulin throughout the day
  - Helps maintain normal glucose levels between meals and overnight
  - Baseline insulin needs may fluctuate throughout the day
    - Can program multiple rates throughout the day to compensate

- Bolus Doses
  - Additional insulin delivered “on demand” by patient to cover meals and correct high blood glucose (BG) readings
    - Bolus calculator built in pump
      - Use of insulin to carbohydrate ratios (I:C)
      - Use of insulin sensitivity factors (ISF)
Pumping Basics

- Supplies needed by patient (potential revenue)
  - Infusion sets and tubing (if applicable)
  - Reservoirs
  - Continuous glucose monitor (CGM) sensors (if applicable)
  - Alcohol swabs, adhesive tape, glucose tablets, insulin vials, etc

Identifying Pump Candidates

- Type 1 patients
- Type 2 patients with the following:
  1. Patients on multiple daily injections (MDI- at least 3 injections per day) with poor compliance (inconvenience)
     - 90% fewer injections on pump
     - > 300 steps per 72 hour period for patients on MDI, vs 69-139 steps for patients on a pump (dependent on brand)
  2. Poor glycemic control despite treatment (HbA1c >9%)
     - Up to 6x more likely to achieve your target A1C with continuous insulin delivery than with MDI
     - Opt2mise trial showed 1.1% HbA1c drop with pump vs 0.4% drop in MDI group
  3. Pregnancy- safe and effective

Identifying Pump Candidates

- Type 2 patients with the following:
  - 4. Extreme variability (glucose excursions) or severe hypoglycemia
  - 5. Extreme insulin resistance
    - Continuous insulin infusion - more effective delivery system
      - General 20% reduction in TDD insulin use when switching from MDI to pump therapy
  - 6. Anyone finding it challenging prescribed insulin regimen for diabetes management

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Monitoring and Adjustments
Insulin Pump Brands

• 3 most popular insulin pump manufacturers
  • Medtronic®
  • Insulet Corporation- Omnipod®
  • Tandem®

Insulin Pump Brands- Medtronic®

Table 1

<table>
<thead>
<tr>
<th>Models</th>
<th>Minimed™ Paradigm Revel, 530G, 630G, 670G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal CGM option?</td>
<td>Yes</td>
</tr>
<tr>
<td>Pharmacy able to order pumping supplies?</td>
<td>No, direct through manufacturer</td>
</tr>
<tr>
<td>Pharmacy able to order CGM supplies?</td>
<td>No, direct through manufacturer</td>
</tr>
<tr>
<td>Online software for provider to view pump reports?</td>
<td>Yes, CareLink™ software</td>
</tr>
</tbody>
</table>
| Advantages                 | • Automated Suspension of insulin delivery \(670 \text{ G hybrid closed loop (HCL) system, threshold suspend (older models)}\)  
                           | • built in CGM option  
                           | • linking meter (Carelink Next)  
                           | • predictive alerts  
                           | • remote bolusing from meter |

6/22/2018
Insulin Pump Brands- Medtronic®

Minimed™ Paradigm Revel/530G + Enlite Sensor
Minimed™ 630 G
Minimed™ 670G + Guardian® Sensor 3


Insulin Pump Brand- Medtronic®

• A word on the 670G...
  • Must use CGM sensor together with the pump
  • Only indicated for type 1 diabetics > 14 years old
  • Revolutionary Smartguard™ technology
    • Mimics some aspects of a healthy pancreas ("closed loop"/ "artificial pancreas") to deliver variable amount of insulin based on patient needs in 3 ways
      • Auto Mode- Automatically adjusts basal insulin every 5 minutes based on CGM readings
      • Suspend on low- stops insulin for up to 2 hours when glucose reaches a pre-set low limit
      • Suspend before low- Stops insulin up to 30 minutes before reaching preset low limit. Automatically restarts insulin when levels recover

http://www.medtronicdiabetes.com/products/minimed-670g-insulin-pump-system
### Insulin Pump Brands-Omnipod®

**Table 2**

<table>
<thead>
<tr>
<th>Models</th>
<th>Insulet Omnipod® System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal CGM option?</td>
<td>No; but able to connect to Dexcom CGM and gain access to CGM overlay data through Glooko™</td>
</tr>
<tr>
<td>Pharmacy able to order pumping supplies?</td>
<td>No, but patients can now utilize pharmacy benefit including PartD; MD's send eRX to mail order PBM's: Potential for near future</td>
</tr>
<tr>
<td>Pharmacy able to order CGM supplies?</td>
<td>N/A</td>
</tr>
<tr>
<td>Online software for provider to view pump reports?</td>
<td>Yes, Omnipod® System Personal Diabetes Manager data sharing through Insulet Provided Glooko™</td>
</tr>
</tbody>
</table>

**Advantages**

- **No tubing**, no need to disconnect
- **Flexible pod placement** promotes frequent site rotation
- **Built in blood glucose meter** may increase testing
- **EASE OF USE/most simple** Hands-free auto cannula/infusion set insertion requires minimal dexterity

---

**Insulin Pump Brands-Omnipod®**

- **Two Part System**

- **PDM**
  - Wireless insulin management based on programmed settings
  - Has built in Freestyle Blood Glucose Meter

- **Pod**
  - Fill with insulin (built in 200U reservoir for up to 72 hrs of delivery)
  - Built-in angled infusion set, automatic inserter delivery mechanism
  - Includes small, flexible cannula that inserts with push of button

Table 3

<table>
<thead>
<tr>
<th>Models</th>
<th>t:flex® Insulin Pump and t:slim X2 Insulin Pump</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal CGM option?</td>
<td>Yes; Dexcom G5 sensor compatible</td>
</tr>
<tr>
<td>Pharmacy able to order pumping supplies?</td>
<td>No, direct through manufacturer</td>
</tr>
<tr>
<td>Pharmacy able to order CGM supplies?</td>
<td>Yes; Can order Dexcom G5 sensors and kits through CARDINAL HEALTH!</td>
</tr>
<tr>
<td>Online software for provider to view pump reports?</td>
<td>Yes, t:connect® Diabetes Management Application to generate reports with compatible meters</td>
</tr>
</tbody>
</table>
| Advantages                    | • t:slim X2™ is the smallest pump available and only one capable of remote feature updates  
                                  • t:slim X2™ is the only CGM-enabled pump approved to let patients make treatment decisions w/o fingersticks  
                                  • Utilizes the #1 preferred CGM Brand (Dexcom)  
                                  • t:flex™ has largest insulin capacity of any pump |

Insulin Pump Brands- Tandem®

• Dexcom CGM advantages over Medtronic®
  • Only 2 finger sticks required per day vs. 3-4 for Medtronic sensors
  • 7-day sensor wear vs. 5 day for older Medtronic sensor (newest sensor up to 7 day wear)
  • Can transmit real-time glucose data to compatible mobile devices and be shared with loved ones and caregivers
  • Glucose data sent wirelessly to t:slim X2 Pump and compatible smart device via Bluetooth technology.

Pharmacists as Certified Pump Trainers (CPT)

• Medtronic®
  • Training process:
    • Online and in clinic instruction
    • Observe 2 trainings with Medtronic and then train 2 patients independently with Medtronic
    • Pass written certification exam
    • Cannot start patients on a pump until completion of Certification exam
  • Link to website to get started:
    http://professional.medtronicdiabetes.com/
  • Call 1-800 Medtronic to find a local representative
Pharmacists as Certified Pump Trainers (CPT)

- Omnipod®
  - Training process:
    - Online slide deck to review
    - Pass written certification exam before trainings
    - Observe at least 1 training with Omnipod® and then train at least 1 patient independently with Omnipod®
  - Policy that 85% of all pump trainings done “in house” by an Omnipod® employed clinician is prohibitive for individual pharmacist contracting
  - Link to website: [https://na.myomnipod.com/become-a-podder-get-started](https://na.myomnipod.com/become-a-podder-get-started)
  - Call customer care 1-800-591-3455 to contact local representative

- Tandem®
  - Training process:
    - Similar to Medtronic and Omnipod’s practice
  - Link to Website: [https://www.tandemdiabetes.com/contact-us](https://www.tandemdiabetes.com/contact-us)
  - Call corporate support (858) 366-6900 to contact local representative
CPT Reimbursement – How does the Pharmacist get paid?

- Medtronic® - individual or clinic contracting
  - **New pump start - Pump training only** (3-5 hrs/ patient)
    - Flat Rate (one-time $ amount per contract)
  - **New CGM training only** (3-5 hrs/ patient)
    - Flat Rate (one time $ amount per contract)
  - **Pump upgrade** (new platform) (2-3 hrs/ patient)
    - Flat Rate (one time $ per contract, approx $100 less)
  - **Pump upgrade (existing platform)** (up to 2 hrs/ patient)
    - $75/hr ( $ amount may vary per contract)
  - **CGM upgrade training** (2-3 hours/ patient)
    - Flat Rate (one time $ per contract, approx $200 less)
  - **Additional Support** (up to 2 hrs/ patient)
    - $75/hr ( $ amount may vary per contract)
  - **Mileage reimbursed**

CPT Reimbursement

- **Omnipod®**
  - **New Pump Training Reimbursement Only**
    - Flat Rate (one time-$400/training)
    - Simplistic nature reduces time to 1-2 hours per patient
    - Mileage reimbursed
    - No payment for additional support
    - Clinic based contracting more likely scenario vs individual contracts
CPT Reimbursement

- Tandem®
  - New Pump Training Reimbursement
    - New pump start only (one-time $ amount per contract)
    - No payment for additional support
    - No payment for pump upgrades due to software upgrades available to patients on the web
    - Mileage reimbursed

Pump Training Referral Process

Patient identified as pump candidate & expresses interest in insulin pump

Pump company representative alerted by Rph, MD, PA, NP, etc. Usually, via email.

Pump representative answers patient questions, works out insurance eligibility requirements (PA’s, labs, etc), orders pump for the patient

When pump is shipped to patient, CPT (Rph) assigned pump training by pump company based on availability, geographic location, and/or relationship with provider practice

Rph schedules and performs assigned training at either physician office or community pharmacy and submits appropriate materials for reimbursement
Tips for CPT Referrals

• How do I drive referrals for new pump starts as a community Pharmacist?
  • Keep good relationship with your local insulin pump company representatives and territory managers
  • Marketing
    • Direct to physician practice or endocrinology groups
    • Advertise in the community
    • Educate and identify potential pump candidates in your community pharmacy!
      • Always keep pumping brochures and information to supply to potential pump patients in your pharmacy
      • Use your software company to run reports of patients on MDI who may be good candidates

Review Question

• Which pumping platforms match with the corresponding opportunities for pharmacist involvement?
  A. Pharmacists can be a CPT and sell Tandem® pump supplies in community pharmacy
  B. Omnipod allows for reimbursement for new pump training and additional support
  C. Medtronic allows for reimbursement for new pump trainings, platform upgrades, continuous glucose monitoring training and additional support
  D. None of the above
Review Question

• Which one of the following patients would be a good candidate for an insulin pump?

A. Newly diagnosed type 2 diabetic taking oral hypoglycemics only

B. A 48 year old overweight type 2 diabetic with an HbA1c of 12.2% who is non-compliant with basal/bolus regimen and complains of “sugars being all over the place”

C. A 55 year old patient with an HbA1c of 9.8% despite being prescribed 100U of Lantus BID, Humalog 25 units +SS, metformin, and Victoza

D. Both B and C are correct

References


• [https://www.myomnipod.com/about/how-to-use](https://www.myomnipod.com/about/how-to-use)


Billing to Build Your Business
David Pope, PharmD, CDE
Chief of Innovation, STRAND®

Learning Objectives

• Describe marketing pearls for targeting patients with diabetes.
• Calculate potential return on investment for development of a variety of diabetes related services.
• Outline implementation timelines for launching a comprehensive diabetes care program.
Payers are Noticing

• Pharmacists have new opportunities for direct billing and reimbursement
  • Diabetes Self-Management Education (DSME)
  • Pre-Diabetes Counseling
  • CLIA-waived tests
    • Cholesterol
    • A1c
• Michigan: MTM Reimbursement
• Virginia: Opioid abuse prevention education
• California: Oral Contraceptive Therapy and more
• Almost every state has additional opportunities

You can’t bill without documenting...
And you’d rather not document without billing
Credentialing and Contracting

- Pharmacy contracts with payers are normally not sufficient when billing for enhanced clinical services, such as DSME or DPP
- You must become credentialed and contracted with a payer, such as Medicare, before billing for enhanced services
- What is credentialing?
- What is contracting?
- What is the timeline?

*The overwhelming majority of contracts for enhanced services are held by the pharmacist, not the pharmacy.*

Sending the Claim

- Medical claims are sent differently than prescription claims
- Requires separate connections, called EDI connections, in order to bill electronically
- Many payers have phased out paper billing
It’s time to learn medical billing language (it’s simple, really)
### ASC X12 Billing

- Title II of HIPAA requires all providers and billers covered by HIPAA to submit claims electronically using the approved format.
- This format is known as ASC X12
- Shorthand for this form is HIPAA 5010

- **Why is this important?**
  - This is the pathway that clinical claims are mandated to be billed

### X12 Claim Numbers You Need to Know

- **Form 270/271**
  - Eligibility check for the service. Plain and simple.

- **Form 837p**
  - ‘P’ stands for ‘professional’
  - This is the actual claim itself

- **Form 997**
  - Acknowledgement of receipt of the claim by insurance

- **Form 835**
  - This is the actual payment/denial of the claim by insurance
Form 837p
It isn’t as foreign as it may sound...

- Form 837p (the actual claim form) is an electronic version of the HCFA 1500 Universal Claim form.
Leverage Technology

• Good news! You don’t have to be able to write in X12
• Technologies exist today to bill via X12 within your workflow
• Today’s clinical practice requires documentation needs and the need for X12 billing

Additional Considerations

• You may need an accounts receivable and/or claims review department
  • Estimations may not be exact
  • Technicians are in a prime position to assume this role
  • Technologies may offer this ability
• Having the ability to bill doesn’t mean you’re eligible for payments
  • Your pharmacy may need to become ‘credentialed’, or accepted, into the insurance
• You may need additional certifications to bill for certain services
  • Diabetes Self-Management Education (DSME)
Billing for DSME and DPP Services

• For any enhanced service, you’ll need a CPT code in order to bill
  • G0108: Initial visit, one-on-one, for DSME services
    • Billed in 30 minute increments
  • G0109: Follow up visits, usually group setting, for DSME services

• DPP Billing
  • https://innovation.cms.gov/Files/x/mdpp-billingpayment-refguide.pdf

What’s Your First Step?

• Begin accredited/recognized for DSME or DPP
  • Approximately 12 weeks for DSME, 12 months for DPP

• Get prepared for Medicare first
  • Approximately 6-12 weeks

• Choose 3 primary insurances to focus on. Begin the credentialing/contracting process
  • This can take 3 months or longer
Active Learning

• Which X12 Form is used for determining patient insurance eligibility?
  a) 837
  b) 835
  c) 270
  d) 99210
  e) 8675309
Active Learning

• Which X12 Form is used when filing a medical claim?
  a) 837p
  b) 835
  c) 270
  d) 99210
  e) 8675309
Identify Patients

• Choose patients that are synced to explore opportunities
  • DSME
  • Immunizations
  • Service-based opportunities
  • MTM (TMR’s, CMR’s)

• Use technology to drive your list
  • Identify patients ready to sync through your pharmacy software system

First Steps Towards Implementing the ABM

• Add (significantly) to your med sync patient base
• Identify your patient services
  • If you’re ready to offer diabetes education, begin the accreditation process
• Start with 10 patients
  • Choose patients that have multiple disease states
  • You may (or may not) be able to bill for disease management services yet
• Make the intervention
Maximize Your Impact

- The cards are actually stacked *in your favor*
  - You have the ability to reach the smallest arteries of America
  - Implementing patient care services through the appointment-based model improves quality and develops new revenue streams

Billing Timelines

- The timelines for clinical billing is different from NCPDP D.0 claims (hint: it can be slower)
- Sending an Eligibility Request (Form 270) only gives an estimate
- Medical claims may not be reviewed for 2 weeks

Have you ever paid your copay at the physician's office only to receive a bill weeks later for an additional fee?
Documenting Clinical Claims

- Documentation must ‘fit the bill’
  - Specifics of documentation are based on:
    - Standards of practice
    - Specific insurance requirements
  - Some services you provide are ‘time-based,’ while others are ‘service-based’
    - Time-based: DSME Services, Office Visit (E/M codes)
    - Service-based: A1c test, Cholesterol test
- Documentation should fit in your workflow
  - Utilize the med sync appointment to leverage your clinical workflow
Monitoring And Collaboration To Help Achieve Patient Goals

**Moderator: David Pope, Strand Clinical Technologies**  
**Panelists: Ryan Lindenau, Middleport Family Health Center**  
**Theresa Tolle, Bay Street Pharmacy**

www.ncpanet.org/ic

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**Learning Objectives**

- Outline implementation timelines for launching a comprehensive diabetes care program.
- Describe collaboration opportunities for pharmacists to manage patients’ diabetes medications.
Monitoring And Collaboration To Help Achieve Patient Goals

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