

From Prevention to Pump Training: Opportunities in Diabetes Care

Cardinal RBC | San Diego, CA
June 27, 2018

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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®

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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



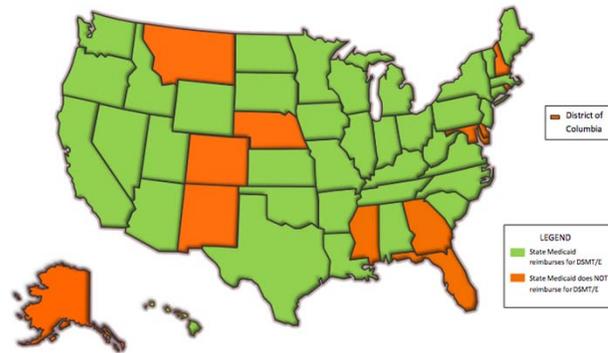
Patient Care Services: Diabetes Education

- 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

State-by-State Medicaid Reimbursement for DSMT



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)



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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





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Diabetes Prevention Program

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



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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%

Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin.
Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM, Diabetes Prevention Program Research Group. N Engl J Med. 2002 Feb 7; 346(6):393-403



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;



The Diabetes Prevention Program (DPP)

- 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

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 DPRP on the National DPP'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.

Meet the following requirements:

- Submit a completed application.
- Use a CDC-approved curriculum.
- Offer a 12-month lifestyle change program that includes a minimum of 16 weekly sessions in months 1 to 6 and 6 monthly sessions in months 7 to 12.
- Agree to start the first session within 6 months of effective date.
- Agree to start at least 1 session every 12 months.
- Agree to submit required participant data to DPRP every 6 months.



4 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 DPRP 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.

5 Full Recognition

If an organization does not meet the requirements for full recognition 24 months after last meeting 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.^a
- **Physical activity documentation:** Physical activity minutes must have been documented for participants during at least 60% of sessions.^a
- **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.^a
- **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.^{a,b}



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Focus on Wellness: Weight Loss and Functional Medicine

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

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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?

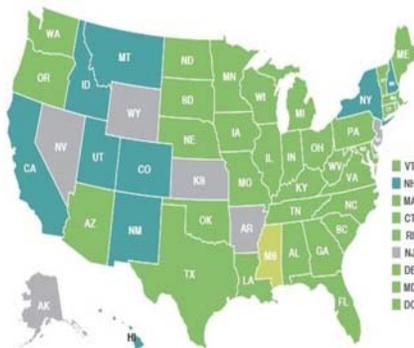


- Temperature?
- Pressure?
- Convection?
- Humidity?

When conditions
are right.



1990



2016



Percent of obese adults (Body Mass Index of 30+)



Just think...

**In 1990, 1 out of 10 family members
was considered obese.**

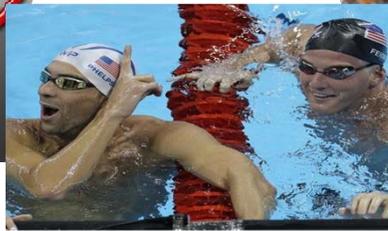
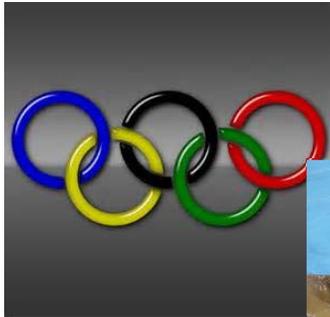
**Today, 1 out of 3 family members
is considered obese.**



WHAT IS GOING ON?



CULTURE PRODUCES HEALTH



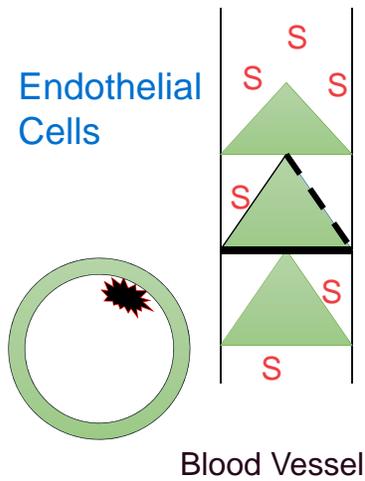
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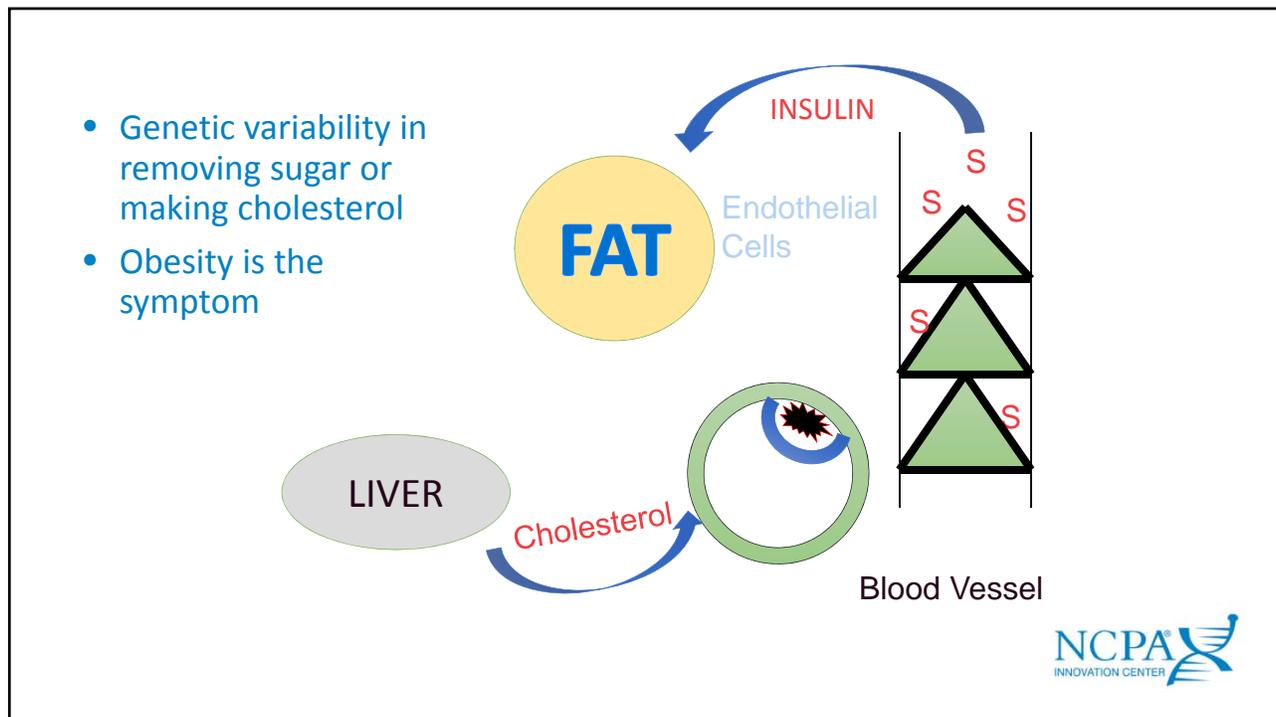
Culture is the characteristics and knowledge of a particular group of people, defined by everything from language, religion, cuisine, social habits, music and arts.

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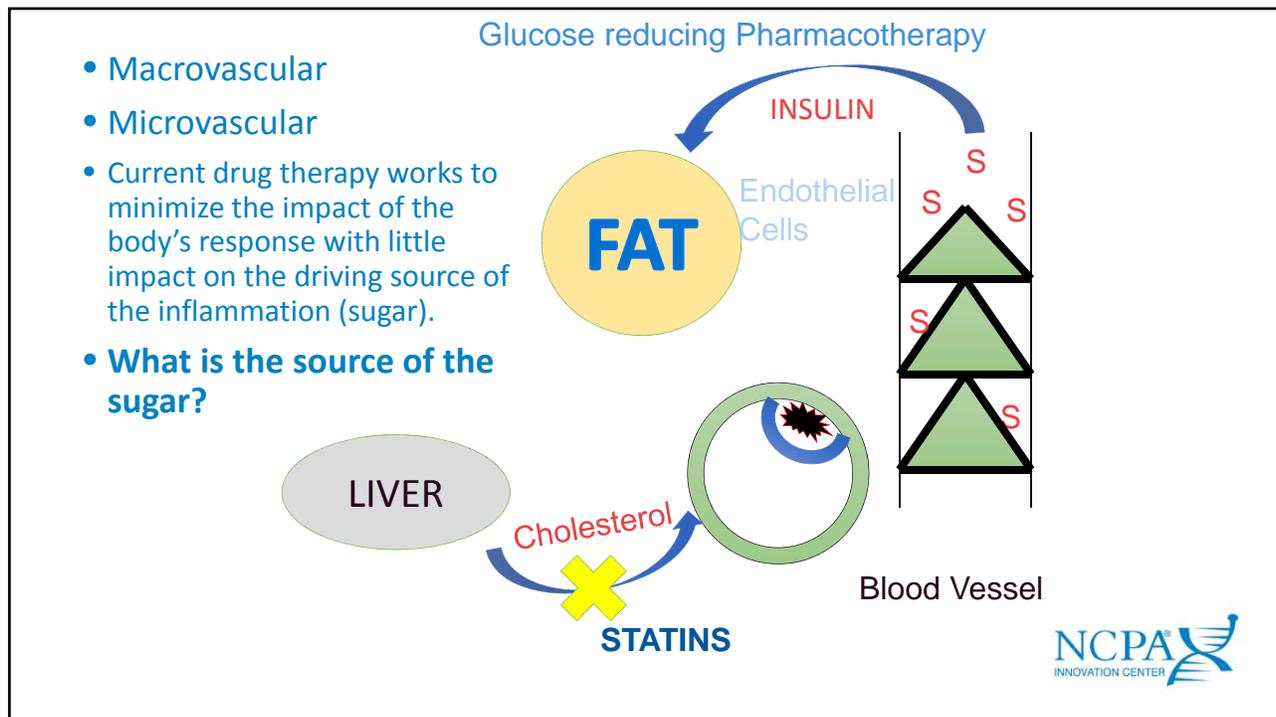
- **Optimal** Fasting Blood Glucose = 75
- FBG>100=Glycation of Proteins
- Stimulates **appropriate** Inflammatory process and repair.





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

Obesity is the Symptom



prediabetes (prē'dī-ə-bē'tīs, -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



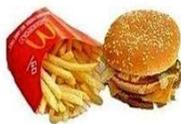
Cultural Shifts in Dietary Habits

- World War II-Prior and Post
- Low-Fat (High Sugar) Approach
- 1980's Minivan
- Loss of food knowledge and basic cooking skills



Nutrient Deficiency CELLULAR MALNOURISHMENT

WHY HAVE THIS..



MEDIUM FRENCH FRIES & BIG MAC

930 CALORIES
48G FAT
29G PROTEIN
94G CARBS
8G FIBER
1270MG SODIUM

1

“Eat less” is **WRONG...**

..WHEN YOU CAN HAVE ALL THIS?



ALL THIS HEALTHY FOOD

930 CALORIES
13G FAT
64G PROTEIN
115G CARBS
23G FIBER
340MG SODIUM

2

**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



NUTRIENT REPLETION

Mediterranean Low-Glycemic Eating Plan

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



NUTRIENT REPLETION

Supplementation to food

- Vitamin D
- Omega 3 fatty acids
- Magnesium
- Alpha Lipoic Acid
- Protein
- Berberine





Low C.R.A.P. Diet



How do we create a culture that produces health??



Blue Zone Project



AHA SCIENTIFIC STATEMENT

Medical Training to Achieve Competency in Lifestyle Counseling: An Essential Foundation for Prevention and Treatment of Cardiovascular Diseases and Other Chronic Medical Conditions A Scientific Statement From the American Heart Association

A healthy lifestyle is fundamental for the prevention and treatment of cardiovascular disease and other noncommunicable diseases (NCDs). Investment in primary prevention, including modification of health risk behaviors, could result in a 4-fold improvement in health outcomes compared with secondary prevention based on pharmacological treatment.

The American Heart Association (AHA) emphasized the importance of lifestyle in its 2020 goals for cardiovascular health promotion and disease reduction. In addition to defining “cardiovascular health” based on criteria for blood pressure and biochemical markers (lipids and glycemia), the AHA Strategic Planning Committee further identified lifestyle characteristics of central importance: nutrition, physical activity, smoking, and maintenance of a healthy body weight.¹ The World Health Organization estimated that ~80% of NCDs could be prevented if 4 key lifestyle practices were followed: a healthy diet, being physically active, avoidance of tobacco, and alcohol *moderation*.² To support healthy lifestyle practices, major changes are necessary at the societal level to promote appropriate health. Numerous strategies might help to create a culture that promotes and facilitates healthy behaviors, encourage healthy laws and regulations, promote brand-wide public awareness and education campaigns, improve local community programs, and provide individual counseling.³ Physicians are uniquely positioned to encourage individuals to adopt healthy lifestyle behaviors. Approximately 80% of Americans visit their primary care physician at least once a year. Physicians directly communicate with their patients during clinical encounters across numerous settings, and research indicates that patients highly value recommendations provided by their physicians.⁴

However, data further indicate that lifestyle counseling does not routinely occur in physicians’ offices, thereby representing a lost opportunity. Physicians report that they perform lifestyle counseling during ~34% of clinic visits.⁵ Patients, in turn, report an even lower frequency of physician lifestyle counseling. For example, obese patients reported receiving physical activity and dietary counseling from their primary care providers during ~20% and 23% of clinic visits, respectively,⁶ despite clear evidence and clinical guidelines.⁷ Even more worrisome is the downward trend in this type of counseling, as reported by Healthy People 2010 analyses that indicated a 10% decrease in frequency of preventive counseling between 1996 to 1997 and 2007 to 2008.⁸

Many factors contribute to this situation. Physicians report they lack the necessary knowledge about how various diet and physical activity regimens affect specific medical conditions. Many doctors also say they lack the competencies needed to perform lifestyle counseling effectively.⁹ Although a large and convincing body of scientific evidence supports the benefits of a healthy diet, physical activity, and nonuse of NCD prevention and management, dissemination of this knowledge during medical training and continuing medical education is marginal compared with the time and

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On behalf of the American Heart Association Physical Activity Committee of the Council on Lifestyle and Secondary Prevention, the Council on Cardiovascular and Cardiorespiratory Health, the Behavior Change Committee, a joint committee of the Council on Lifestyle and Cardiorespiratory Health and the Council on Epidemiology and Prevention; the Executive, Cardiac Rehabilitation, and Secondary Prevention Committee of the Council on Clinical Cardiology; and the Council on Cardiovascular and Stroke Nursing

Key Words: AHA Scientific Statement • lifestyle • health care • lifestyle • medical education • wellness
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CONTENTS ONLY
SUBJECTS TO CHANGE

“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



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



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Over-the-counter Product Sales & Marketing Tips

Gabe Trahan

Senior Director, Store Operations & Marketing, NCPA

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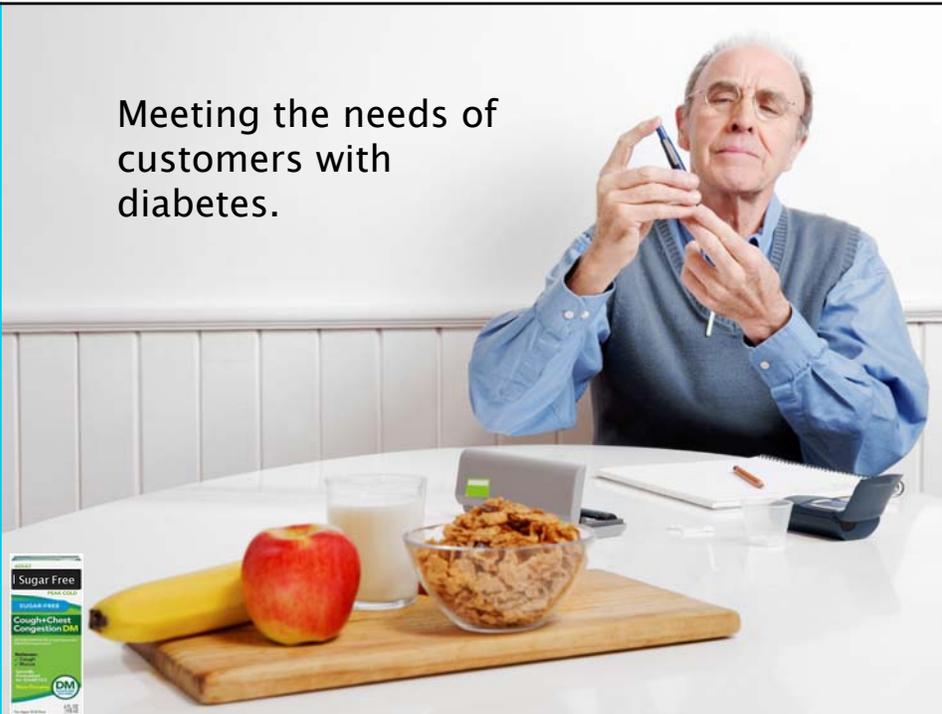


Learning Objectives

- 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.**”

www.thediabetescouncil.com/everything-you-need-to-know-about-diabetic-socks/





Your Complete Diabetic Support Center



SUGAR FREE

Sugar free listing!



dsn DRUG STORE NEWS

LATEST NEWS | TOP RETAILERS | PHARMACY | OTC | BEAUTY | GM/CONSUMABLES

Video/Media | Show Watch | Store Tours | Pain Management

*JAMA: Half of U.S. population either pre-diabetic or diabetic

**Journal of the American Medical Association*

SEPTEMBER 8, 2015 | BY MICHAEL JOHNSEN



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**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!

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Daily Facial Moisturizer
with sunscreen
BROAD SPECTRUM SPF 15

Daily Facial Moisturizer
with sunscreen
BROAD SPECTRUM SPF 15
FOR ALL SKIN TYPES
Gentle, hydrating and protects
skin naturally
Lightweight, non-greasy
fragrance-free
Daily/SPF Protection
6.1 FL OZ (177 mL)

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Diabetes.org

Moisturize your skin to prevent chapping, especially in cold or windy weather. Moisturizing soaps may help.

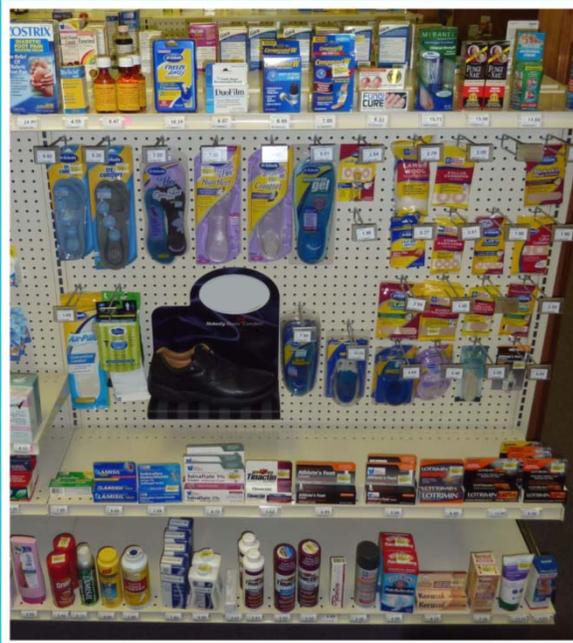
Treat cuts right away. Wash minor cuts with soap and water. Cover minor cuts with sterile gauze.

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.





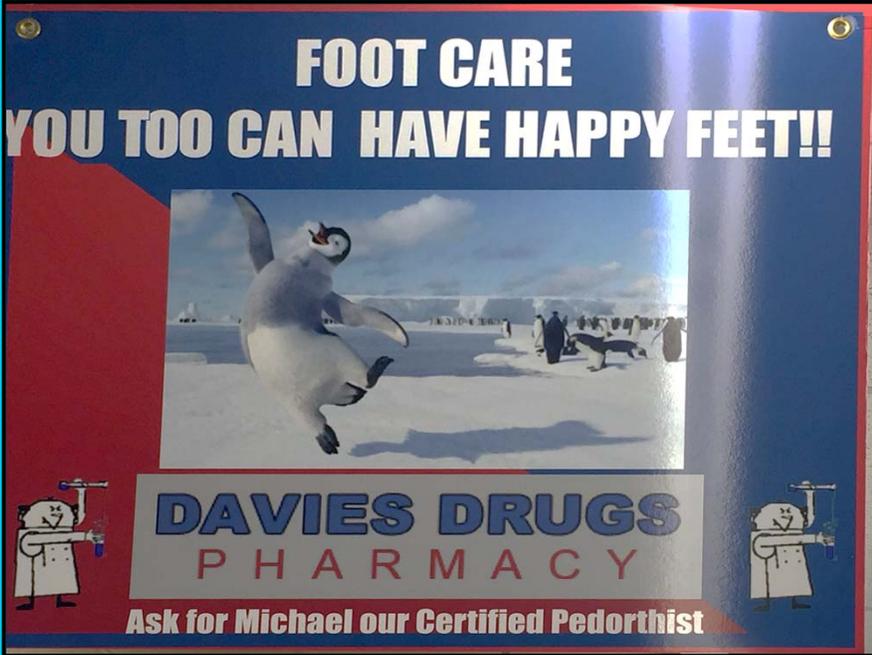


A little slice of Heaven for Your Feet
Shoes designed for diabetics & anyone else who wants to walk in the clouds
(Ask Andrea how to get yours)



The Finest Quality Comfort Footwear Period!

Andrea Springer, Certified Shoe Fitter, Meyer Pharmacy



FOOT CARE
YOU TOO CAN HAVE HAPPY FEET!!



DAVIES DRUGS
PHARMACY

Ask for Michael our Certified Pedorthist

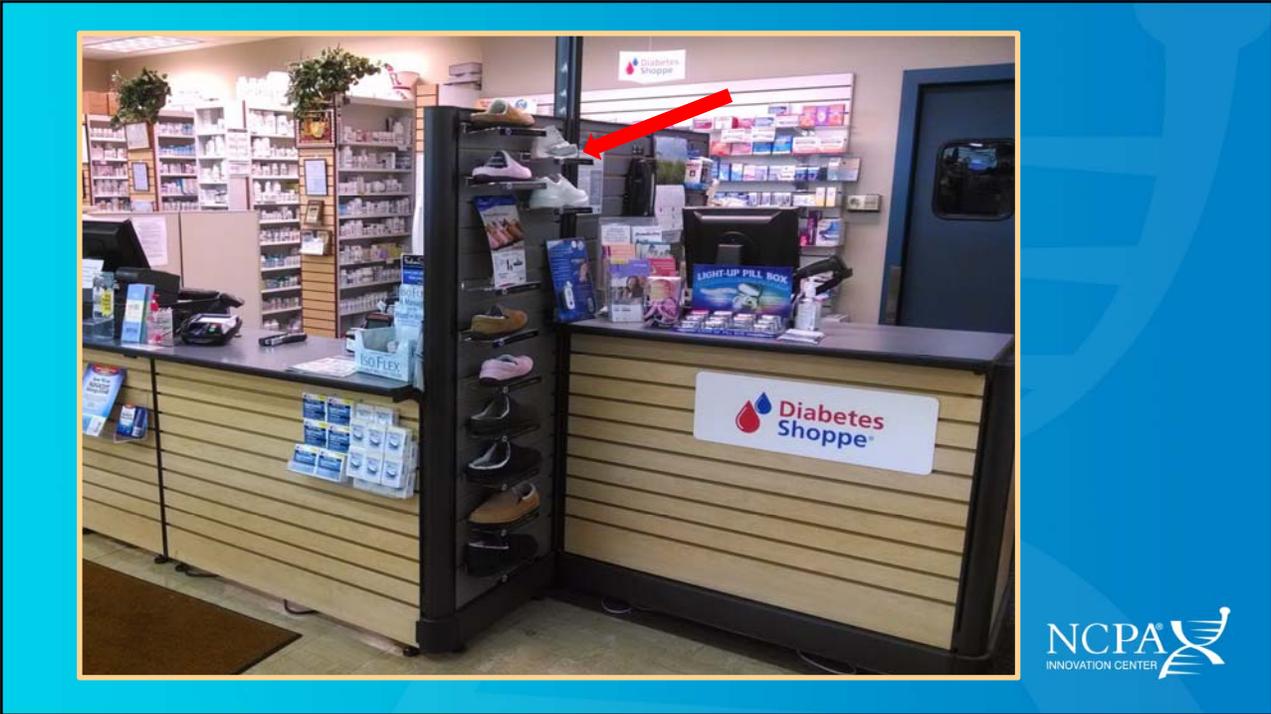


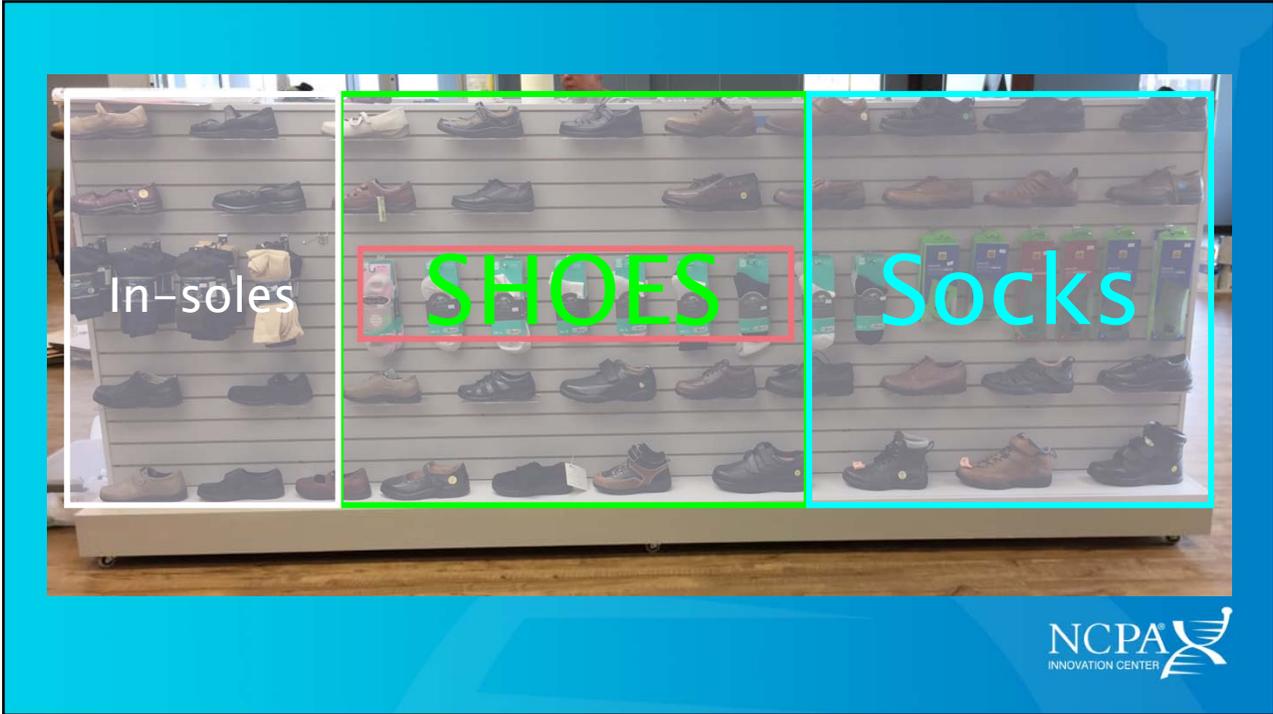


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Diabetic Footwear Solutions



The Medicine Shoppe
PHARMACY
Caring beyond prescriptions.

Customized Medications for your Unique Needs



The Medicine Shoppe
PHARMACY
Caring beyond prescriptions.



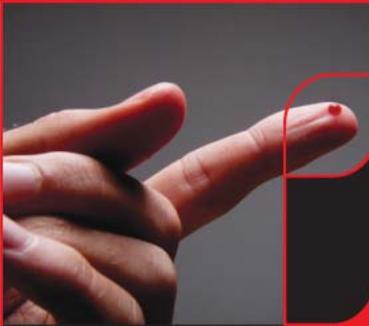






Roxanne Edwards
Renown Photo Editor
Words of wisdom.

... a photo, a chart or an illustration... a must.

Do you have Diabetes?

Did you know that Yourtown Pharmacies carries many items to help with diabetes

- + Shoes to help reduce ulcers and protects your feet from injury.
- + Lotions and creams to help with moisturizing and pain from neuropathy.
- + All brands of testing meters and strips.
- + Medical alert chains and bracelets
- + Vitamins specifically formulated to people with diabetes.

Yourtown Pharmacies, Inc.




	<h2>Kick up your Heels!</h2> <p>Is it the shoes? You bet it is!</p> <h3>DIABETIC SHOES</h3> <p>Diabetics and people who just love to treat their feet with the very best comfort and care can now come to Peninsula Pharmacies for a professional fitting.</p> <ul style="list-style-type: none"> • Certified Diabetic Shoe fitters on staff • Shoes to help reduce ulcers and protect your feet from injury • Medicare will cover 1 pair of shoes and 3 pairs of inserts with the proper diagnosis and prescription from your doctor <p>We Provide:</p> <ul style="list-style-type: none"> • Professional Billing • Fast Delivery <p><i>Dr. Comfort makes the shoes, Peninsula Pharmacy makes them affordable.</i></p>	<h2>DIABETIC SHOES</h2> <p>Diabetics and people who just love to treat their feet with the very best comfort and care can now come to Peninsula Pharmacies for a professional fitting.</p> <ul style="list-style-type: none"> • Certified Diabetic shoe fitters on staff • Shoes to help reduce ulcers and protect your feet from injury • Medicare will cover 1 pair of shoes and 3 pairs of inserts with the proper diagnosis and prescription from your doctor <p>We Provide:</p> <ul style="list-style-type: none"> • Professional Billing • Fast Delivery 	<p>Is it the shoes? You bet it is!</p> <p>Zappo makes the shoes, Peninsula Pharmacy makes them affordable.</p>
<p>Peninsula Pharmacies, Inc.</p> <p>www.PenPharmRx.com Long Beach Pharmacy 642-3200 Ocean Park Pharmacy • 665-5181 Ilwaco Pharmacy 642-3133</p>		<p>Peninsula Pharmacies, Inc.</p> <p>www.PenPharmRx.com Long Beach Pharmacy 642-3200 Ocean Park Pharmacy • 665-5181 Ilwaco Pharmacy 642-3133</p>	

*ZAPPO makes the shoes,
Peninsula Pharmacy
makes them affordable.*



TOO SEXY for MY SHOES!

DIABETIC SHOES

Diabetics and people who just love to treat their feet with the very best comfort and care can now come to Peninsula Pharmacies for a professional fitting.

- Certified Diabetic Shoe fitters on staff
- Shoes to help reduce ulcers and protect your feet from injury
- Medicare will cover 1 pair of shoes and 3 pairs of inserts with the proper diagnosis and prescription from your doctor

We Provide:

- Professional Billing
- Fast Delivery

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TOO SEXY @ MY SHOES!

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Call to Action!



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Brad White R.Ph.
Vice President,
Medicine Center
Pharmacy
[2523 Tuscarawas
Street West
Canton, Ohio
44708](#)

MEDICINE CENTER PHARMACY

where wellness begins



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 Brittany Feher, who recently completed the Pharmacist and Patient-Centered Diabetes Care Certificate Training Program through the American Pharmacists Association.

Brittany 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.

Have a question? Let us help. Contact any of our pharmacy locations in Canton (330.455.5422), Louisville (330.875.5525), Minerva (330.868.6200) or New Philadelphia (330.339.4466).

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.)

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Comfort and Safety for the Sole

- Wide heel base for stability
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- Leather upper and lining
- Wide, extra deep toe box
- Latex foam insole provides extra shock absorption
- Perforated scuffed carbon fiber sole, providing superior shock absorption
- Seamless lining reduces the likelihood of foot abrasions
- Plush foam embossing molds to the natural curves of your foot for maximum comfort
- Spaker® sole designed to reduce foot pressure

Dan's Pharmacy

Roadside Billboard





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Diabetes Self-Management Education (DSME) Training

Kelley Pope, BSN, RNC-NIC
Chief of Innovation, STRAND[®]

www.ncpanet.org/ic

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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

Patient Information

Patient's Last Name _____	First Name _____	Middle _____
Date of Birth ____/____/____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address _____	City _____	State _____ Zip Code _____
Home Phone _____	Other Phone _____	E-mail address _____

Diabetes self-management education and training (DSME/T) and medical nutrition therapy (MNT) are individual and complementary services to improve diabetes care. Both services can be ordered in the same year. Research indicates MNT combined with DSME/T improves outcomes.

Diabetes Self-Management Education/Training (DSME/T)

Check type of training services and number of hours requested

Initial group DSME/T: 10 hours or ____no. hrs. requested

Follow-up DSME/T: 2 hours or ____no. hrs. requested

Telehealth

Patients with special needs requiring individual (1 on 1) DSME/T

Check all special needs that apply:

Vision Hearing Physical

Cognitive Impairment Language Limitations

Additional training additional hrs requested _____

Telehealth Other _____

DSME/T Content

Monitoring diabetes Diabetes as disease process

Psychological adjustment Physical activity

Nutritional management Goal setting, problem solving

Medical Nutrition Therapy (MNT)

Check the type of MNT and/or number of additional hours requested

Initial MNT 3 hours or ____no. hrs. requested

Annual follow-up MNT 2 hours or ____no. hrs. requested

Telehealth Additional MNT services in the same calendar year, per RD

Additional hrs. requested _____

Please specify change in medical condition, treatment and/or diagnosis:

Medicare coverage: 3 hrs initial MNT in the first calendar year plus 2





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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



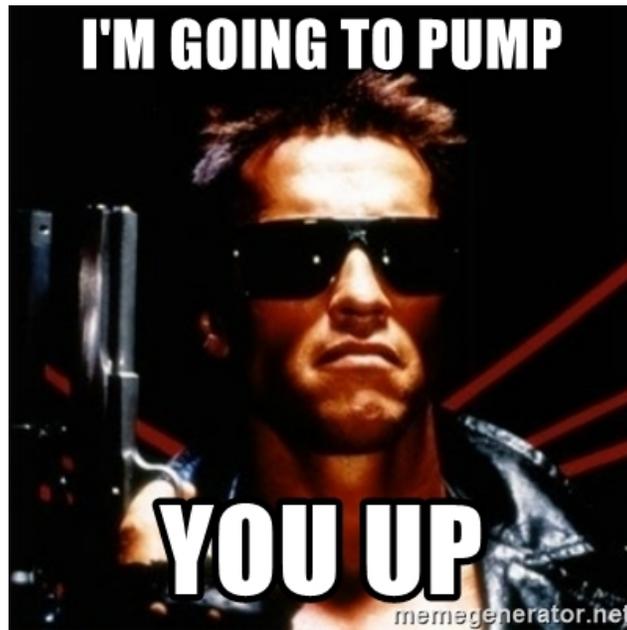
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Learning Objective

- 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

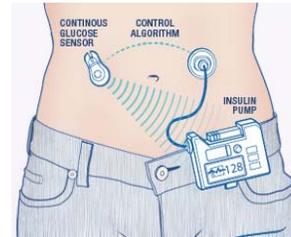


Image: <https://www.thediabetescouncil.com/closed-loop-systems-future-treatment-for-diabetes/> Accessed May 8 2018.



How do insulin pumps work?

Like a healthy pancreas, insulin pumps deliver only one type of insulin. Using your personal settings, the insulin is delivered both continuously (basal) and in larger doses for meals (bolus).



Insulin delivery is personalized using a simple touchscreen.

The insulin flows through thin, flexible tubing, available in a variety of lengths.

The tubing is attached to an adhesive patch, which holds a short, fine tube (cannula) that is placed under the skin. This infusion site is changed every 2 to 3 days.

https://www.tandemdiabetes.com/docs/default-source/product-documents/t-slim-x2-insulin-pump/patient_pack_tslimx2_wq5.pdf?sfvrsn=41a83ed7_20 Accessed May 8 2018.



Pumping Basics

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



<https://www.medtronicdiabetes.com/home>. Accessed May 12 2018.

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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)

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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



Pump Infusion Set

<https://www.medtronicdiabetes.com/home>. Accessed May 12 2018.



Pump Reservoirs



CGM

https://www.tandemdiabetes.com/docs/default-source/product-documents/slim-x2-insulin-pump/patient_pack_sl1mx2_w05.pdf?sfvrsn=41a83ed7_20
Accessed May 8 2018.



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 pump¹
 - > 300 steps per 72 hour period for patients on MDI, vs 69-139 steps for patients on a pump (dependent on brand)³
 2. Poor glycemic control despite treatment (**HbA1c >9%**)
 - **Up to 6x** more likely to achieve your target A1C with continuous insulin delivery than with MDI²
 - Opt2mise trial showed 1.1% HbA1c drop with pump vs 0.4% drop in MDI group²
 3. Pregnancy- safe and effective

1. Reznik Y, Cohen O, Aronson R, et al. Insulin pump treatment compared with multiple daily injections for treatment of type 2 diabetes (Opt2mise): a randomized open-label controlled trial. *The Lancet* 2014; published online July 3.
2. Doyle EA, Weinzimer, Staffen AT, et al. A randomized, prospective trial comparing the efficacy of continuous subcutaneous insulin infusion with multiple daily injections using insulin glargine. *Diabetes Care*. 2014;27(5):1554-1558
3. White Paper: How innovation may reduce the complexity of administering insulin therapy. Robert Purkiss and Steve Stone, Argent Global Services published 01/2018.
file:///C:/Users/Pioneer/Downloads/EASE%20Whitepaper_Omnipod%20Comparison%20Study_FINAL_FINAL.pdf



Identifying Pump Candidates

- Type 2 patients with the following:
 - 4. Extreme variability (glucose excursions) or severe hypoglycemia⁴
 - 5. Extreme insulin resistance
 - Continuous insulin infusion- more effective delivery system
 - General 20% reduction in TDD insulin use when switching from MDI to pump therapy²
 - 6. Anyone finding it challenging prescribed insulin regimen for diabetes management

4. Bode BW, Steed RD, Davidson PC. Reduction in severe hypoglycemia with long-term continuous subcutaneous insulin infusion in type 1 diabetes. *Diabetes Care*. 1996;19(4):324-327

2. Reznik Y, Cohen O, Aronson R, et al. Insulin pump treatment compared with multiple daily injections for treatment of type 2 diabetes (OpT2mise): a randomized open-label controlled trial. *The Lancet* 2014; published online July 3.

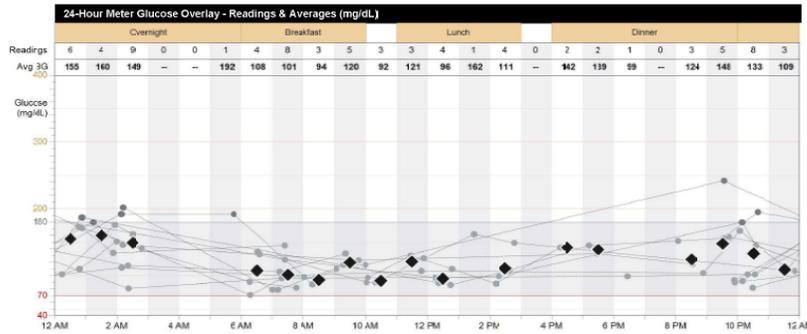


Monitoring and Adjustments



viatronic 04-16-2018 - 04-29-2018

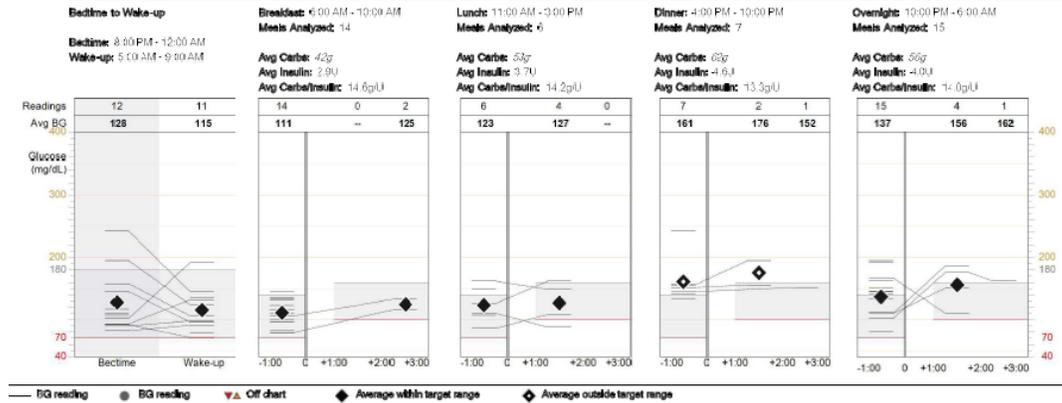
Data Sources: MiniMed 630C, MMT-1716 (NG1155751H)



Statistics		04-16 - 04-29	
Avg BG (mg/dL)	127 ± 37		
BG Readings	79	5.8/day	
Readings Above Target	6	10%	
Readings Below Target	--	0%	
Sensor Avg (mg/dL)	--		
Avg AUC > 180 (mg/dL)	--		
Avg AUC < 70 (mg/dL)	--		
Avg Daily Carbs (g)	171 ± 89		
Carbs/Bolus Insulin (g/U)	14.1		
Avg Total Daily Insulin (U)	26.45 ± 6.3		
Avg Daily Basal (U)	14.37	54%	
Avg Daily Bolus (U)	12.08	46%	

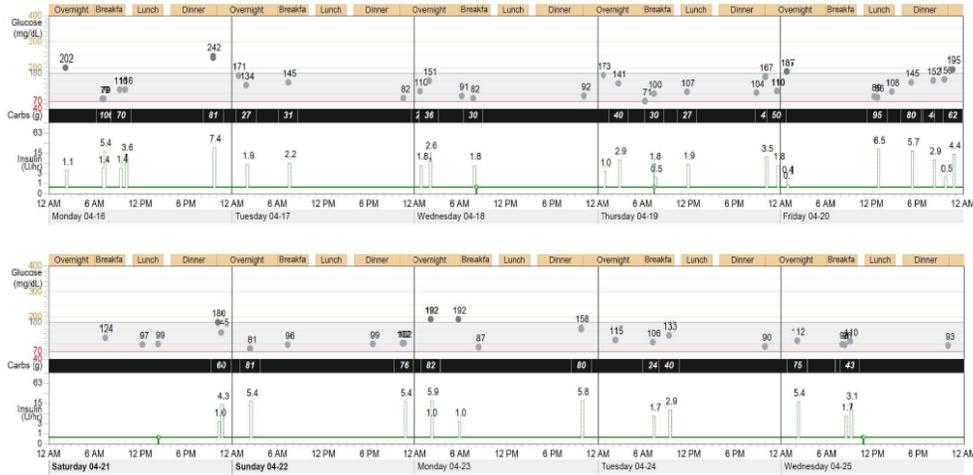


Meter Glucose Overlay Bedtime to Wake-Up and Meal Periods - Readings & Averages (mg/dL)



Medtronic 04-16-2018 - 04-29-2018

Data Sources: MiniMed 630G, MMT-1715 (NG1155751H)



Medtronic 04-17-2018

Basal			
Basal Rate (U/hr)			Updates
Max Basal Rate	2.50 U/hr		
Temp Basal Type	Percent of Basal		
Standard (active)			Updates
24-Hour Total	50.000 U	24-Hour Total	
Time	U/hr	Time	U/hr
00:00	2.25		
03:00	2.25		
09:00	1.75		
19:00	2.45		

Bolus			
Carb Ratio (g/U)			Updates
Time	Ratio	Time	Ratio
00:00	6.0		
11:00	4.0		
14:00	5.0		

Insulin Sensitivity (mg/dL/U)			Updates
Time	Sensitivity	Time	Sensitivity
00:00	23		



Insulin Pump Brands

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



Insulin Pump Brands- Medtronic®

Table 1

Models	Minimed™ Paradigm Revel, 530G, 630G, 670G
Personal CGM option?	Yes
Pharmacy able to order pumping supplies?	No, direct through manufacturer
Pharmacy able to order CGM supplies?	No, direct through manufacturer
Online software for provider to view pump reports?	Yes, CareLink™ software
Advantages	<ul style="list-style-type: none"> •Automated Suspension of insulin delivery {670 G hybrid closed loop (HCL) system, threshold suspend (older models)} • built in CGM option • linking meter (Carelink Next) • predictive alerts • remote bolusing from meter



Insulin Pump Brands- Medtronic®



Minimed™ Paradigm Revel/
530G + Enlite Sensor



Minimed™ 630 G



Minimed™
670G +
Guardian®
Sensor 3

<https://www.medtronicdiabetes.com/home>, Accessed May 8 2018.



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

Models	Insulet Omnipod® System
Personal CGM option?	No; but able to connect to Dexcom CGM and gain access to CGM overlay data through Glooko™
Pharmacy able to order pumping supplies?	No, but patients can now utilize pharmacy benefit including PartD; MD's send eRX to mail order PBM's: Potential for near future
Pharmacy able to order CGM supplies?	N/A
Online software for provider to view pump reports?	Yes, Omnipod® System Personal Diabetes Manager data sharing through Insulet Provided Glooko™
Advantages	<ul style="list-style-type: none"> • 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



Personal Diabetes Manager (PDM)



The Pod

<https://www.myomnipod.com/about/how-to-use> Accessed May 8 2018.



Insulin Pump Brands- Tandem®

Table 3

Models	t:flex® Insulin Pump and t:slim X2 Insulin Pump
Personal CGM option?	Yes; Dexcom G5 sensor compatible
Pharmacy able to order pumping supplies?	No, direct through manufacturer
Pharmacy able to order CGM supplies?	Yes; Can order Dexcom G5 sensors and kits through CARDINAL HEALTH!
Online software for provider to view pump reports?	Yes, t:connect® Diabetes Management Application to generate reports with compatible meters
Advantages	<ul style="list-style-type: none"> •T:slim X2 I 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®



t:slim X2™



T:flex™

https://www.tandemdiabetes.com/docs/default-source/product-documents/t-slim-x2-insulin-pump/patient_pack_tslimx2_wq5.pdf?sfvrsn=41a83ed7_20



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.

https://www.tandemdiabetes.com/docs/default-source/product-documents/t-slim-x2-insulin-pump/patient_pack_tslim2_wg5.pdf?sfvrsn=41a83ed7_20 Accessed May 8 2018.



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>
 - Call customer care [1-800-591-3455](tel:1-800-591-3455) to contact local representative



Pharmacists as Certified Pump Trainers (CPT)

- Tandem[®]
 - Training process:
 - Similar to Medtronic and Omnipod's practice
 - Link to Website: <https://www.tandemdiabetes.com/contact-us>
 - Call corporate support [\(858\) 366-6900](tel: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

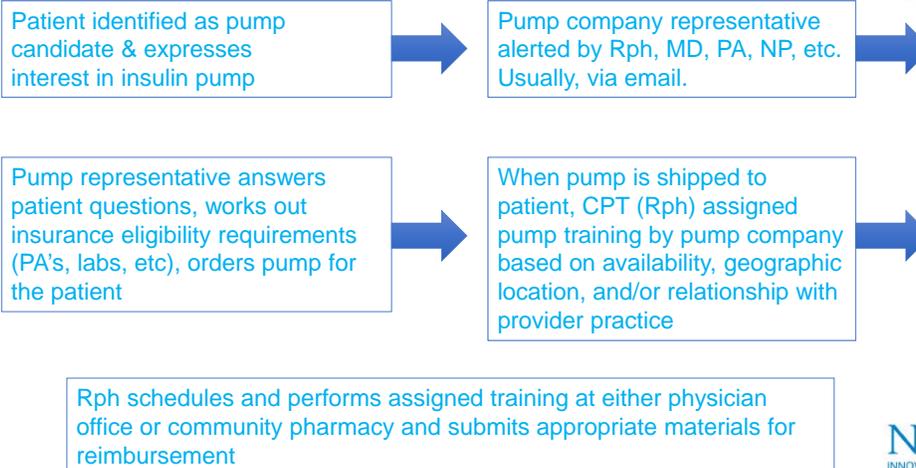


CPT Reimbursement

- 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



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

- Reznik Y, Cohen O, Aronson R, et al. Insulin pump treatment compared with multiple daily injections for treatment of type 2 diabetes (Opt2mise): a randomized open-label controlled trial. The Lancet 2014; published online July 3.
- Doyle EA, Weinzimer, Steffen AT, et al. A randomized, prospective trial comparing the efficacy of continuous subcutaneous insulin infusion with multiple daily injections using insulin glargine. Diabetes Care. 2014;27(5)1554-1558
- 3.White Paper: How innovation may reduce the complexity of administering insulin therapy. Robert Purkiss and Steve Stone, Argent Global Services published 01/2018.
[file:///C:/Users/Pioneer/Downloads/EASE%20Whitepaper Omnipod%20Comparison%20Study_FINAL_FINAL.pdf](file:///C:/Users/Pioneer/Downloads/EASE%20Whitepaper%20Omnipod%20Comparison%20Study_FINAL_FINAL.pdf)
- Bode BW, Steed RD, Davidson PC. Reduction in severe hypoglycemia with long-term continuous subcutaneous insulin infusion in type 1 diabetes. Diabetes Care. 1996;19(4):324-327
- <http://www.medtronicdiabetes.com/products/minimed-670g-insulin-pump-system>
- <https://www.myomnipod.com/about/how-to-use>
- https://www.tandemdiabetes.com/docs/default-source/product-documents/t-slim-x2-insulin-pump/patient_pack_tslimx2_wg5.pdf?sfvrsn=41a83ed7_20
- <https://www.diabeteshealth.com/wp-content/uploads/2018/01/InsulinPumps.pdf>





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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?

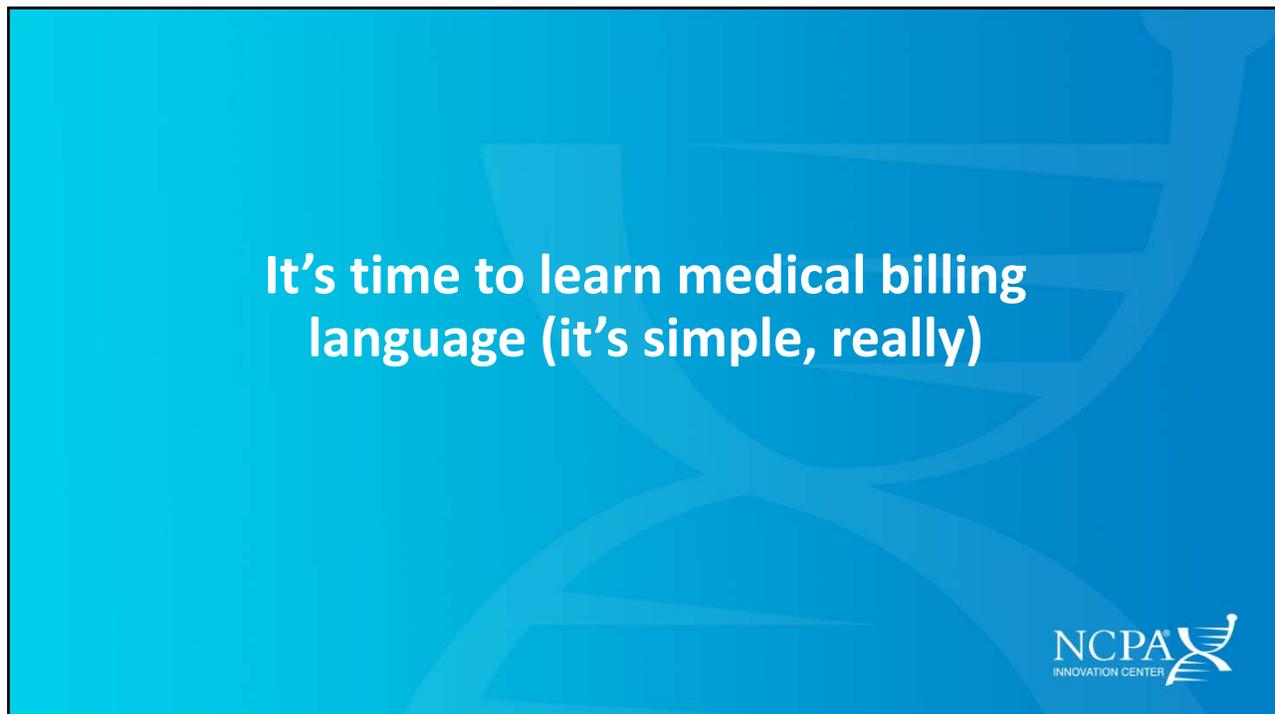
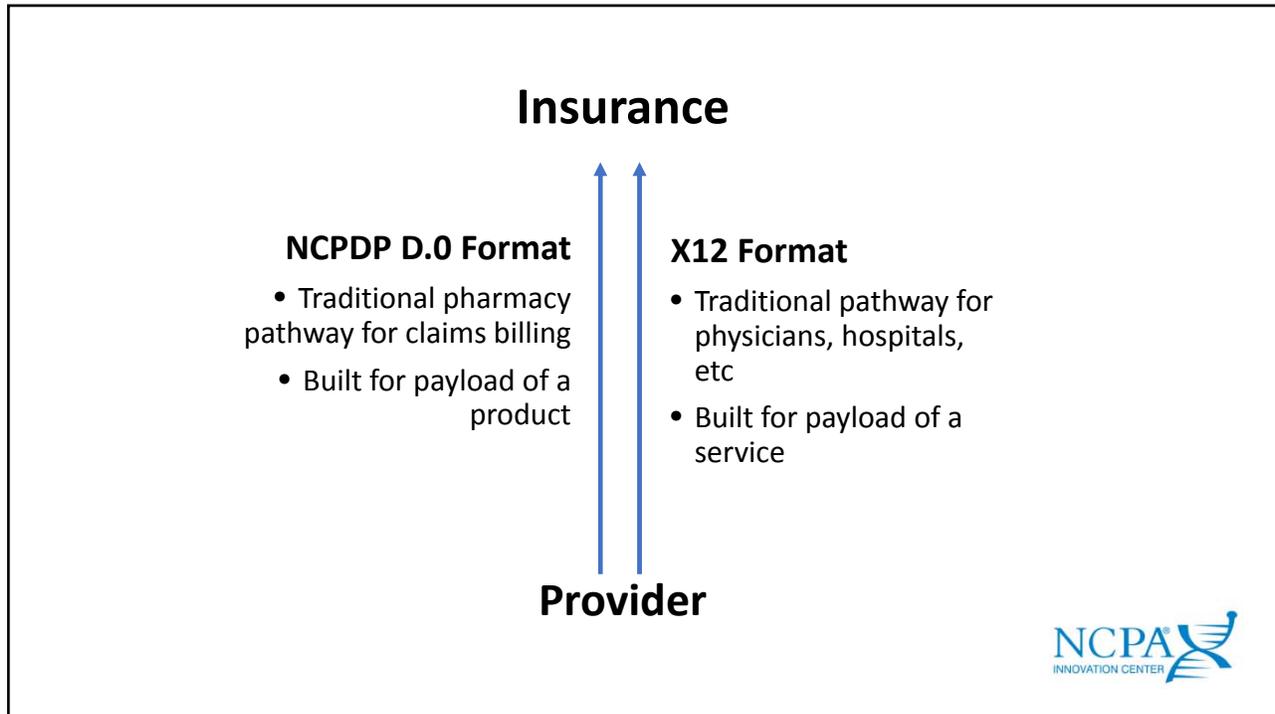
The overwhelming majority of contracts for enhanced services are held by the pharmacist, not the pharmacy.



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





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

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. PAYER HUMANA HUMANA City State Zip		Address Line 1 Address Line 2 Zip		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 999999999
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Last Name First Name Middle Initial		3. PATIENT'S BIRTH DATE Date Of Birth - YYYY-MM-DD SEX M F		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Shope David Middle Initial
5. PATIENT'S ADDRESS (No., Street) Address Line 1 Address Line 2		6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child <input checked="" type="radio"/> Other		7. INSURED'S ADDRESS (No., Street) 223 1st St Address Line 2
CITY STATE City State		8. Other Paper COB (Chain control number, amount paid, non covered amount, remaining amount, adjudication date) Claim Control No. Paid \$\$ Non covered Remaining Adjud. Date		CITY STATE Evans GA
ZIP CODE TELEPHONE (Include Area Code) ZIP CODE Extension - telephone	Adjustment/Reason code, Amount, Quantity Reason Code Amount Quantity		ZIP CODE TELEPHONE (Include Area Code) 30309 Extension - telephone	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) Last Name First Name Middle Initial		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) YES NO STATE		11. INSURED'S POLICY GROUP OR FECA INSURED'S INSURANCE NUMBER POLICY OR GROUP NUMBER a. INSURED'S DATE OF BIRTH 1980-08-11 SEX M F b. OTHER CLAIM ID (Designated by NUCC) Small & Code
c. RESERVED FOR NUCC USE RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES NO		c. INSURANCE PLAN NAME OR PROGRAM NAME Plan Name
d. INSURANCE PLAN NAME OR PROGRAM NAME PLAN NAME OR PROGRAM NAME		d. CLAIM CODES (Designated by NUCC)		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a, and 9d.
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize



Overwhelmed



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 for determining patient insurance eligibility?
 - a) 837
 - b) 835
 - c) 270
 - d) 90210
 - e) 8675309



Active Learning

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



Active Learning

- Which X12 Form is used when filing a medical claim?
 - a) 837p
 - b) 835
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 - 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



1

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



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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

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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.



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