

A stylized illustration of a city skyline with three buildings in shades of blue, green, and red. A thick red ribbon-like line starts from the base of the buildings and curves across the bottom of the graphic area.

The Diabetes

# TEN CITY

## *CHALLENGE*



# APhA Foundation: Who We Are

- The APhA Foundation is a non-profit organization affiliated with the American Pharmacists Association (APhA)
- The APhA is the national professional society of pharmacists in the United States established in 1852 with over 50,000 members
- The mission of the APhA Foundation is “To improve the quality of consumer health outcomes.”



# Opportunity for City of Milwaukee



# The Asheville Project



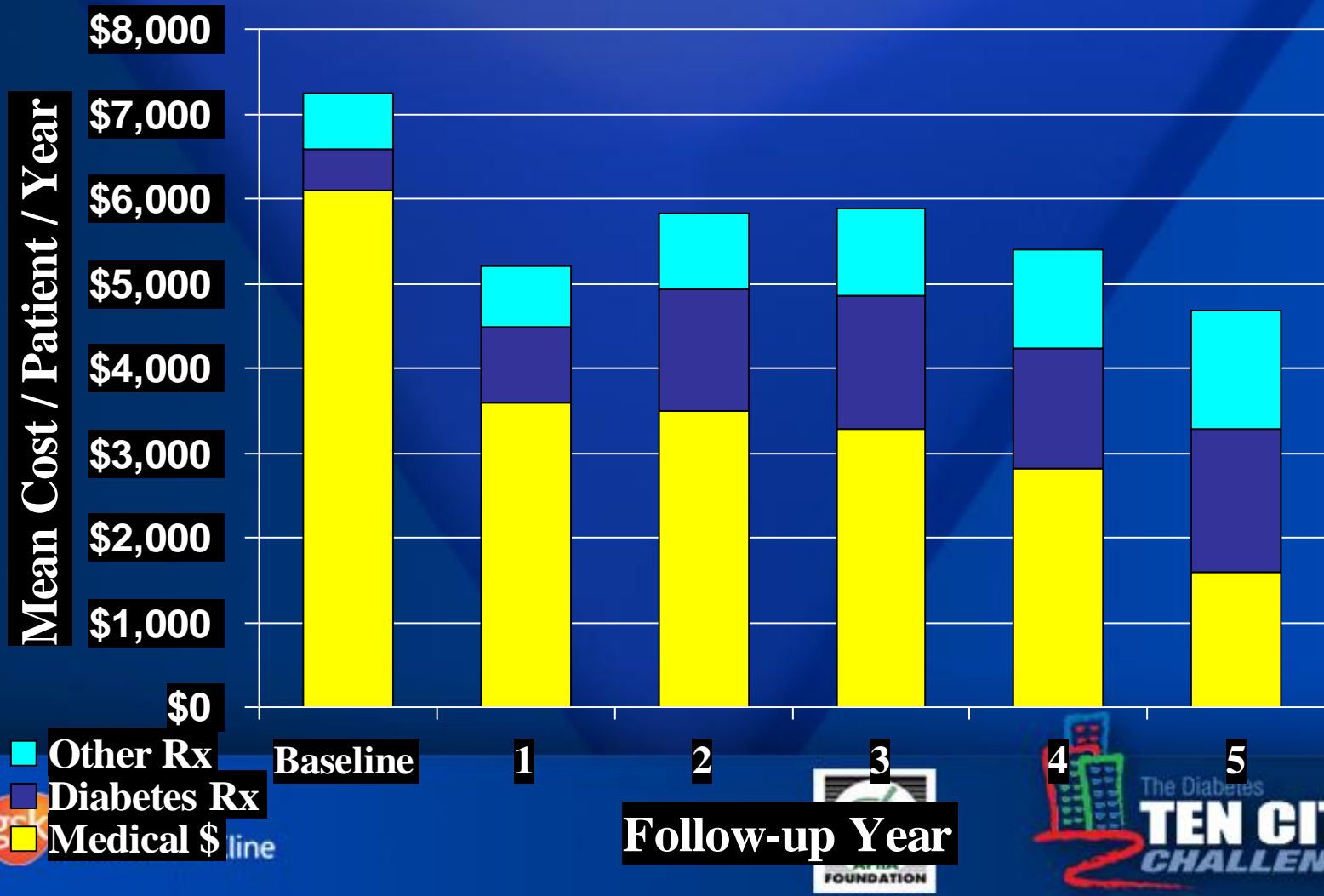
# How They Do It



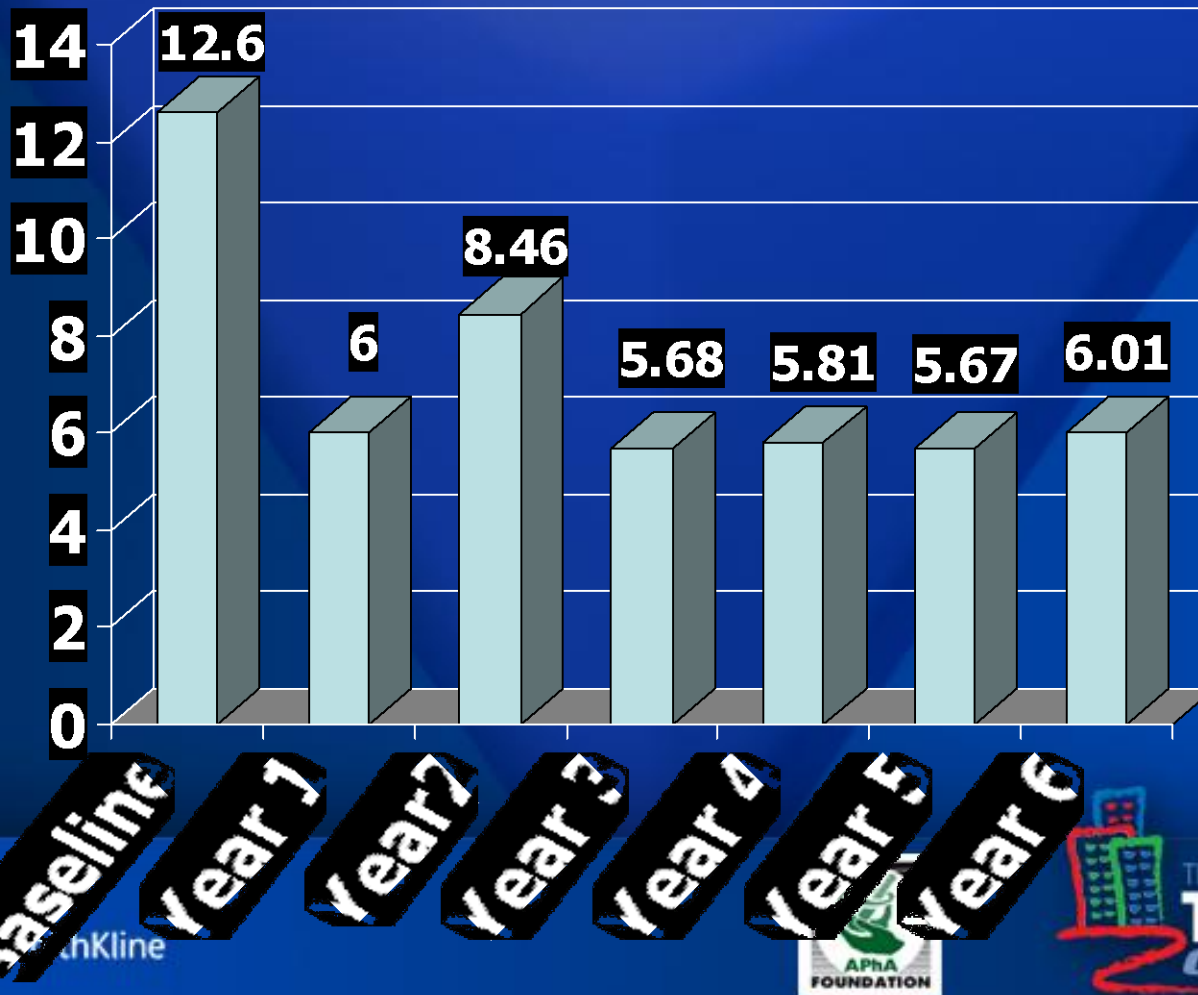
“Patient making better food choice. Blood glucose much improved. 2 x 1.5c cm wound RLE. Referred to physician for evaluation and therapy.”

# Asheville total Health Care Costs<sup>1</sup>

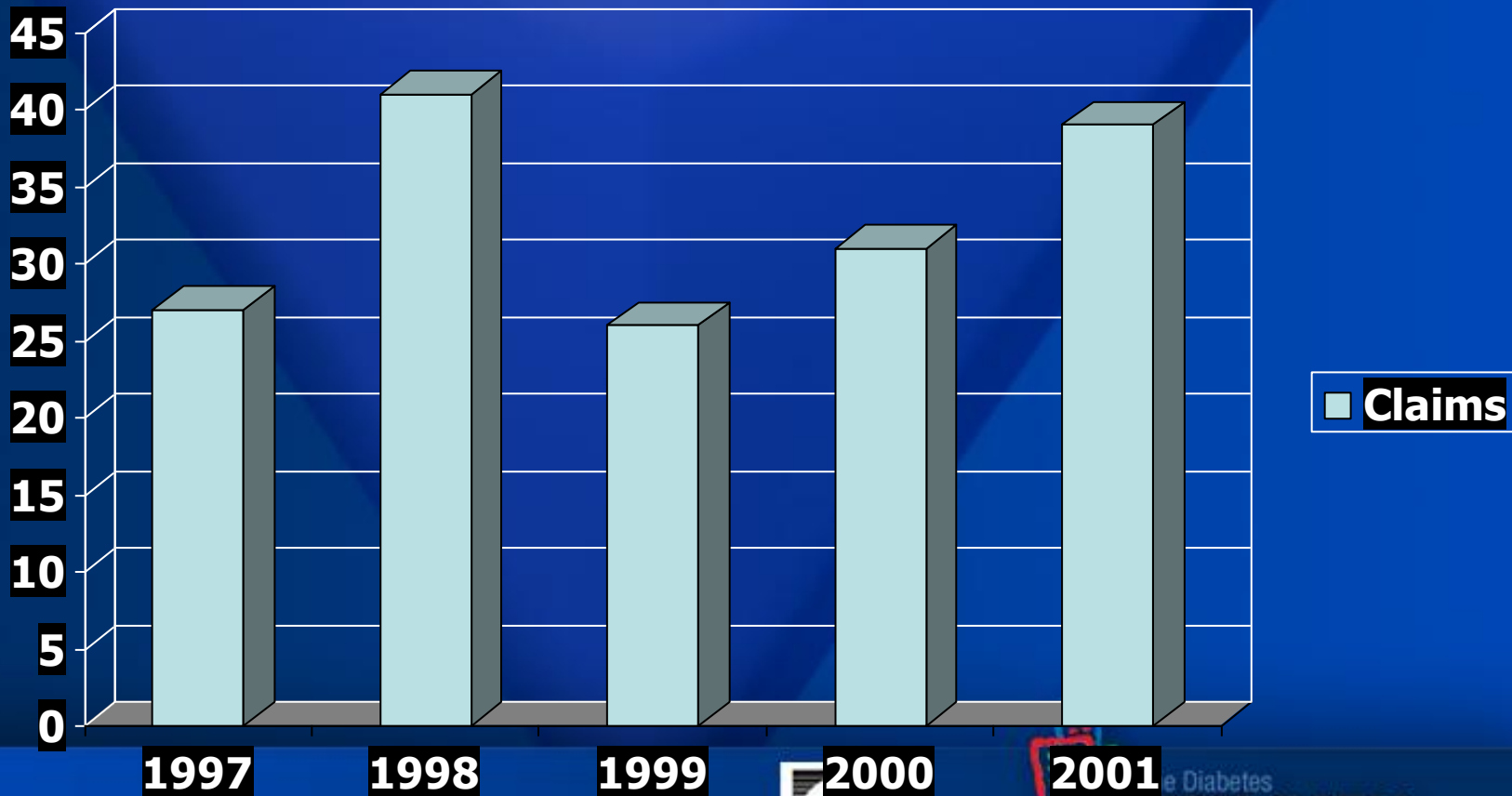
<sup>1</sup>Cranor CW, Bunting BA, Christensen DB. The Asheville Project: Long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc.* 2003;43:173-84.



# Average Annual Diabetic Sick-Leave Usage (City of Asheville)

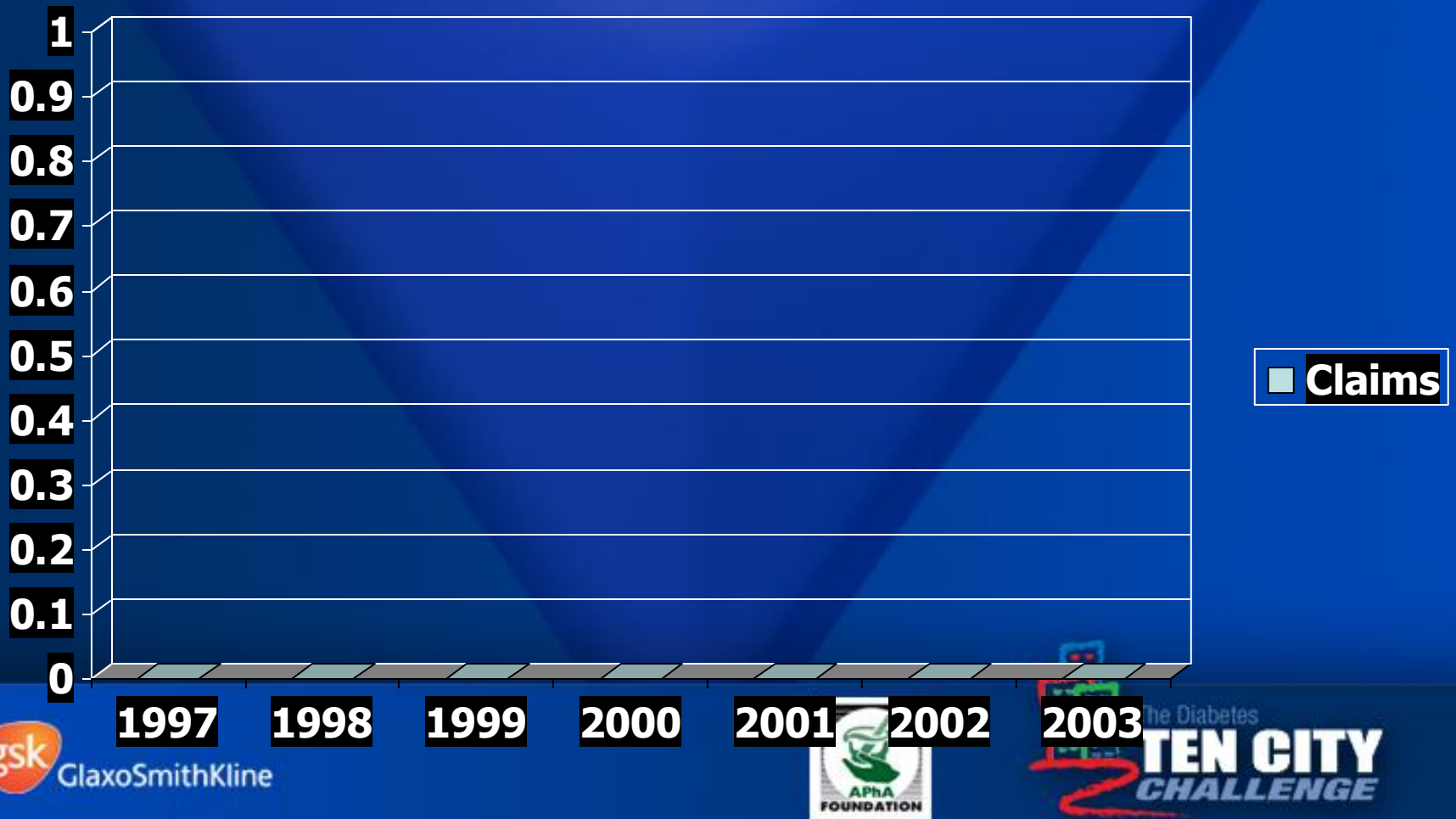


# City Of Asheville All Employees Workers Comp Claims by Year





# City of Asheville Diabetes Participants' Workers Comp Claims



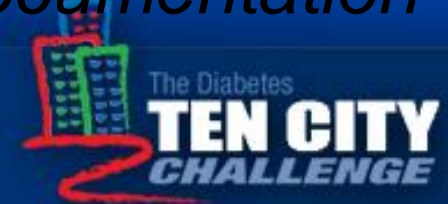
# The Asheville Project Today

- Now over 1000 patients from 5 employers are enrolled for diabetes, asthma, hypertension and lipid therapy management
- Patients continue to have improved outcomes & increased medication adherence
- 50% reduction in sick days
- Zero workers comp claims in the City diabetes group over 6 years
- Average net savings of \$1,600-\$3,200 per person with diabetes each year from year 2 on



# What does it take to replicate the Asheville Project?

1. Employer/Payer that will invest in incentives for patients and providers to improve health and lower costs
2. Local physician and hospital support for community based collaborative care
3. Local networks of pharmacists that have the motivation, training and time to help patients manage their care
4. *Established Processes for Employer Implementation, Patient Care, Documentation and Outcomes Tracking*




# Sites that have replicated Asheville

- VF Corporation - Greensboro, NC
- Mohawk Industries – Dublin, GA
- Manitowoc Health Care Cooperative – WI
- The Ohio State University
- The Kroger Company – Columbus, OH
- The University of Kentucky
- West Virginia State Employees
- Blue Ridge Paper at sites in 5 states



# APhA Foundation Patient Self-Management Program<sup>sm</sup>

- Baseline A1c = 7.9
  - Visit 1 Percentages
    - Influenza Vaccination
      - 40% current
    - Foot Exam
      - 28% current
    - Eye Exam
      - 34% current
    - Blood Pressure
      - 73% current
    - Lipid Profile
      - 49% current
- 
- A1c @ 10 months = 7.1
  - Visit 6 Percentages
    - Influenza Vaccination
      - 75% current
    - Foot Exam
      - 80% current
    - Eye Exam
      - 80% current
    - Blood Pressure
      - 92% current
    - Lipid Profile
      - 94% current

# Clinical – HEDIS 2003 Indicators

...Averages through 25-Sep-04 (n=256)

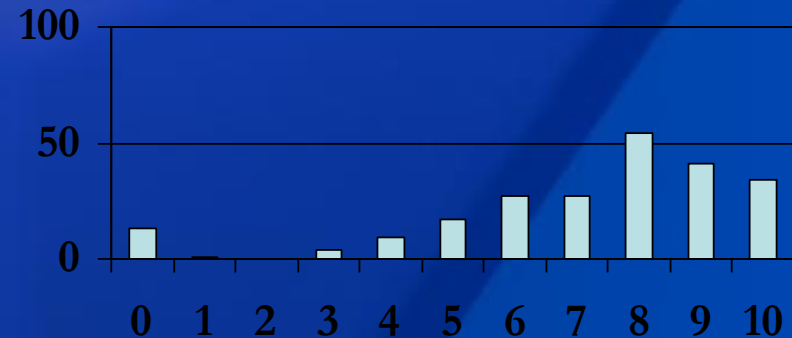
- NCQA Commercial Accredited Plans
  - A1c Testing = 85%
  - A1c Control (< 9) = 68%
  - Lipid Profile = 88%
  - Lipid Control (< 130) = 60%
  - Lipid Control (< 100) = 31%
  - Flu Shots = 48%
  - Eye Exams = 49%
- APhA Foundation PSMP Pilot Sites – Aggregate
  - A1c Testing = 100%
  - A1c Control (< 9) = 94%
  - Lipid Profile = 100%
  - Lipid Control (< 130) = 78%
  - Lipid Control (< 100) = 49%
  - Flu Shots = 77%
  - Eye Exams = 82%

# Humanistic – Pharmacist Care

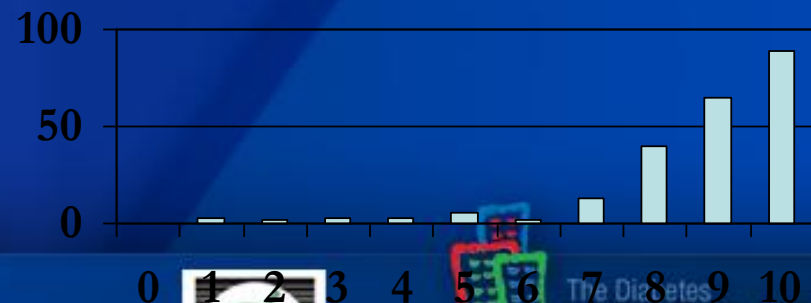
## ...APhA Foundation Aggregate data

- Overall Satisfaction with Diabetes care
  - Baseline survey (prior to enrollment)
    - 227 patients
    - 57% of responses 8 - 10
  - 6-month follow-up
    - 223 patients
    - 87% of responses 8 - 10
- 10-point scale

Overall Satisfaction with Care at Baseline



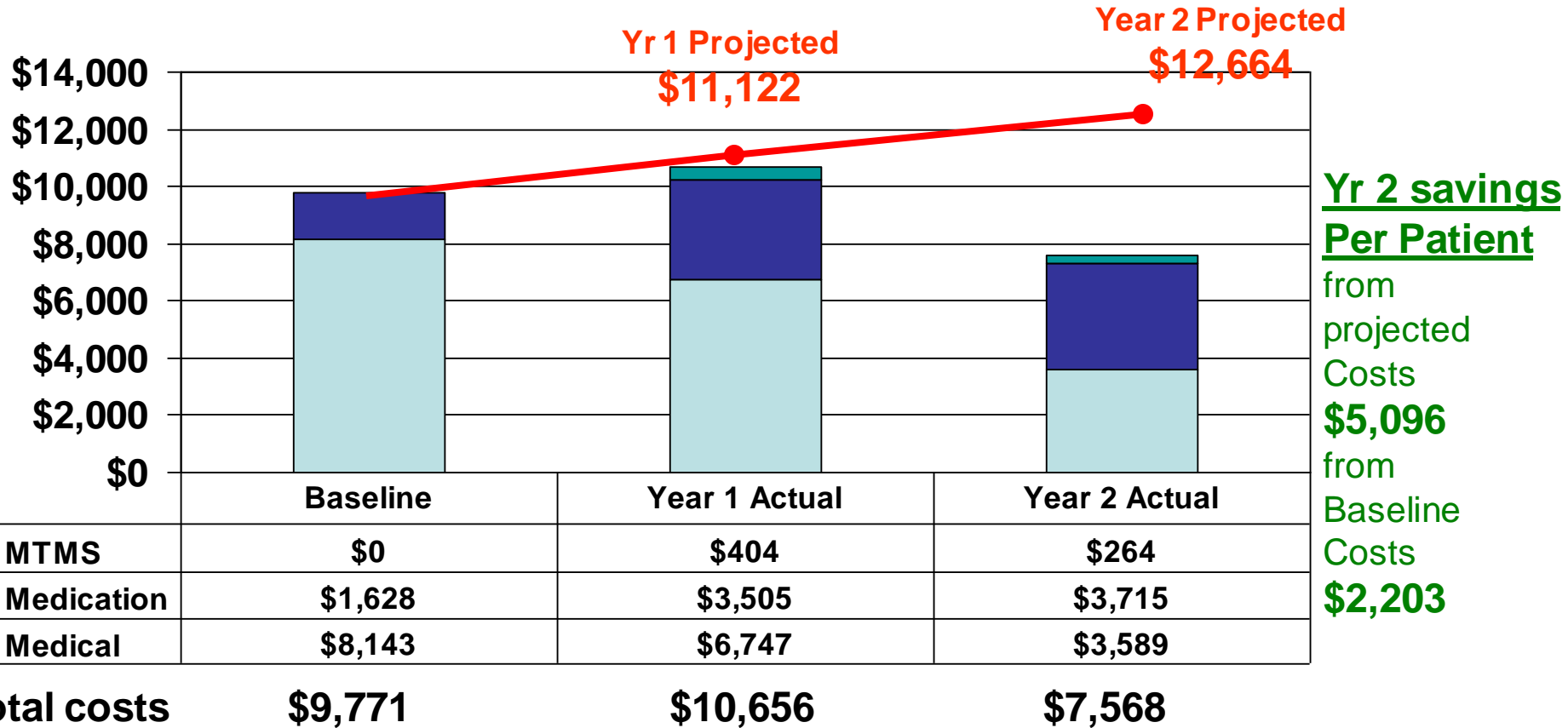
Overall Satisfaction with Care at 6 Months



# PSMP Total Employer A Spend

Baseline, Year 1 & Year 2 compared to **Projected Costs**

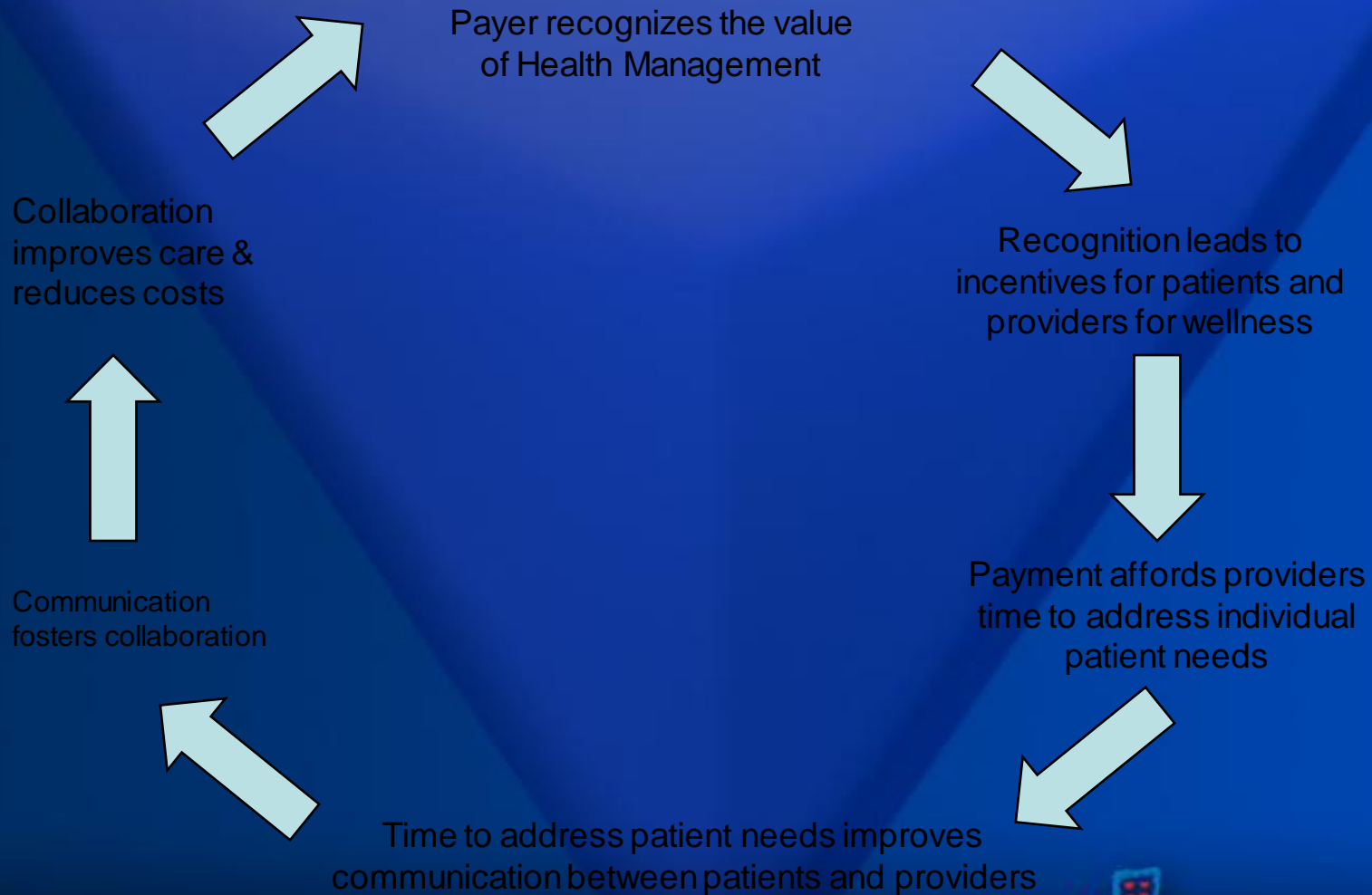
Total Employer A Health Benefit average annual cost/patient



*Align the Incentives, Empower the Patient, Control the Costs<sup>SM</sup>*



# Cycle of Incentive Alignment for Collaboration



# Diabetes Ten City Challenge

## OBJECTIVES

- Align incentives for Patient Self-Management - Improved health outcomes for people with diabetes
- Better diabetes care pays for itself
  - Demonstrate that employer investment in pharmacy services and reduced co-pays improves diabetes control and cuts overall costs
- “If it works here, here and here it will work anywhere!”
  - Perform Challenges in multiple geographies to prove generalizability of “Asheville Project” model

# Ten City Challenge

## Criteria for Participation

- Self-insured city, county or municipal government or private employer
- Minimum of 5,000 covered lives, may be in combination with other local self-insured employers
- Strong internal champion with decision making authority within employer administration
- ***Ability to start the program between October 1, 2005 and March 31, 2006***
- Willingness to adopt and implement Asheville Project Model
- Willingness to speak about the program with local and national media.



# Selected Locations Under Discussion



# STEERING COMMITTEE

- Andy Webber, Nat'l Business Coalition on Health
- Dr. Greg Pawlson, NCQA
- Bob Burgin, formerly Mission Hospitals, Asheville
- John Miall, formerly with City of Asheville
- Marsha Henderson, FDA Office of Women's Health
- Stuart Haines, PharmD, U of Maryland, NDEP
- Dr. Nathaniel Clark, ADA
- Dr. Rose Marie Robertson, AHA
- Dr. Lawrence Blonde, Ochsner Clinic
- Honorary -The Honorable Tommy Thompson, Akin Gump

# Process for Participation

- Make commitment to meet program criteria
- Work with APhA Foundation to customize participant enrollment tools
- APhA Foundation will work with local provider resources to establish care network
- Have PBM and TPA provide baseline data to the APhA Foundation
- Conduct orientation and enrollment meetings
- Participate in Ten City Challenge PR Activities



# *Final Thoughts*

***“Align the Incentives,  
Improve the Outcomes,  
Control the Costs”<sup>sm</sup>***