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Diabetes Leadership Edge

Presenter
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Disclosures
• Julie has nothing to disclose.

Educational Objectives
Upon completion of this session, you should be able to:

1. Find and integrate national diabetes resources into your practice as part of a national quality improvement diabetes initiative led by physician assistants.
2. Define the role physician assistants can assume in leading a diabetes care team.
4. Coordinate care of diabetes patients among multidisciplinary providers.
5. Engage in AAPA’s 12-week multimedia diabetes education opportunity.
Q1: What proportion of diabetic patients does your practice refer out for medical management?
A. 0% (all treated in practice)
B. Less than 10%
C. Between 10 – 30%
D. More than 30%

Q2: How confident are you that you could treat an adult with long standing uncontrolled diabetes and multiple complex comorbidites?
A. Extremely confident
B. Very confident
C. Somewhat confident
D. Not confident

Q3. How prepared is your practice to handle more diabetic patients when the ACA expands insurance to 34 million previously untreated and undertreated Americans?
A. Very prepared
B. Moderately prepared
C. A little prepared
D. Not prepared

Q4. How well do you feel your co-workers function together as a team to treat and manage diabetic patients? (i.e. team coordination, communication)
A. Very well
B. Moderately well
C. Somewhat badly
D. Very badly
Topics to Cover

- Four factors creating the Perfect Storm contributing to diabetes epidemic crisis
- Recognition of PAs’ Role in Primary Care
- A New Model for Primary Care
- Effective Team Management of Diabetes

The Perfect Storm

1. The Epidemic
2. The Uninsured
3. The Affordable Care Act
4. The Primary Care Physicians Shortage

The Perfect Storm

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Diabetes Epidemic in the U.S.

- 90–95% people with diabetes have T2D
- Affects 25.8 million in the U.S. (8.3%)
- At least 79 million Americans have prediabetes
- Prediabetics are at increased risk for T2D within 10 years

Projected Prevalence of T2D in the U.S.

Prevalence of T2D in Adults

1995

2000

Less than 4% 4.5–9% 9–10% Greater than 10%

Centers for Disease Control and Prevention. MMWR. Nov. 2012
Prevalence of T2D in Adults

Centers for Disease Control and Prevention. MMWR. Nov. 2012

Prevalence of T2D in Adults

Centers for Disease Control and Prevention. MMWR. Nov. 2012

Diabetes Epidemic in the U.S.

- Increased disability
- Work days lost
- School days lost
- Unemployment
- Increased use of healthcare services

The Cost of Diabetes

- Total estimated cost of diagnosed diabetes in 2012 is $245 billion
- $176 billion in direct medical cost
- $69 billion in reduced productivity
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- Total estimated cost of diagnosed diabetes in 2012 is $245 billion
  - $176 billion in direct medical cost
  - $69 billion in reduced productivity
- Patients with diabetes:
  - Spend $7,900 on diabetes care annually (total expenditure $13,700)
  - Have medical expenditures about 2.3 times higher than people without diabetes

Patients With Diabetes Are Not At Goal

- Only 12% reach goals for A1C, blood pressure, and LDL cholesterol

Pediatric Diabetes Epidemic

- Between 2001–2009 prevalence of T2D increased 21% in youth < 20 years of age
- >75% youth with T2D have a first- or second-degree relative with T2D

Pediatric Diabetes Epidemic

- Progression of insulin resistance to T2D faster in youth than adults
- Associated with increased risk of:
  - Morbidity and mortality
  - Secondary obesity-related complications: metabolic syndrome, hypertension, nonalcoholic fatty liver disease, microvascular complications

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Uninsured Patients With Diabetes

Compared to insured patients with diabetes, uninsured diabetes patients are more likely to:
- Have no medical or dental care (50%)
- Go without prescriptions (50%)
- Have no centralized care (32%)
  - Only 64% with diabetes saw their provider
  - Have no regular management (32%)
- Be unscreened for comorbidities
  - No foot exam (78%)
  - No eye exam (68%)

Robert Wood Foundation. Uninsured Americans with chronic health conditions. 2005
Impact of the Affordable Care Act

50 Million Uninsured Americans

2.1 Million Newly Insured Diabetics

Robert Wood Foundation. Uninsured Americans with chronic health conditions. 2005

Impact of the Affordable Care Act

34 Million Newly Insured

20 million additional primary care visits annually

✓ Untreated and undertreated diabetes
✓ Complex comorbidities
✓ Overweight or obese
✓ Elderly

Robert Wood Foundation. Uninsured Americans with chronic health conditions. 2005

The Perfect Storm

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American Academy of Family Physicians. Advancing Primary Care Report. 2010

Shortage of Primary Care Physicians

52,000 PCPs Needed in 2025
Aging & Retiring PCPs
34 mil. Newly Insured in 2014
16,000 PCPs Needed Now
The Perfect Storm

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What’s the solution?

Increasing Recognition of PAs

- Training rooted in team-based care
- PAs recognized in
  - Emerging health policy
  - Major national associations
    - American College of Physicians
    - American Academy of Family Physicians
    - American Medical Association

“...a proven model for delivering high-quality, cost-effective patient care.”

Current Model for Primary Care

- Designed to manage acute problems
- Does not address chronic conditions
- Periodic face-to-face visits

A New Model for Primary Care

- Chronic Care Model
- Medical Home Model
- Healthy Learner Model

Team Care is vital.
Effective Team Care of Diabetes

- 2006 meta-analysis of 66 studies
- 11 strategies for quality improvement
- Only 2 strategies were associated with reduction of A1C of at least 5%

**Teamwork and Case Management**


Effective Team Care of Diabetes

- Use of multidisciplinary teams
- Shared care between PCP and team members who were specialists in diabetes treatment and management
  - Adding new members with expanded professional role – team coordination

Impact of Team-based Care

- Glycemic control
- Lipid control
- Blood pressure control
- Lower risk for diabetes complications
- Physician adherence to ADA recommendations
- Timely patient follow-up

CDC. Preventing Chronic Disease. 2013

Impact of Team-based Care

- Improved patient satisfaction
- Improved patient knowledge
- Improved patient empowerment
- Improved patient readiness to change
- Increased self-monitoring of blood glucose
- Improved patient quality of life
- Lower health care costs

How to Build an Effective Team

STEP 1: Ensure Commitment Of Decision-makers
• Generate interest and mobilize colleagues, PCPs, payment specialists, office managers
  • Clinical benefits
  • Reimbursement benefits
• Involve all team members early in clinical and organizational decision-making
• Demonstrate team care on small scale, to assess feasibility, effectiveness, impact

STEP 2: Identify Team Members
• Invite all team members to commit
• Clarify roles to resolve issues related to leadership, role overlap/redundancy
• Determine structure, scope of program, services
  • Risk-reduction counseling, self-management education
  • Lipid and hypertension management
  • Medical nutrition therapy
• Coordination of follow-ups, referrals, resources

STEP 3: Identify Your Patient Population
• Demographic characteristics, proportion of patients with type 2, gestational diabetes and geriatric onset
• Risk factors, severity of complications, extent of comorbidities, use of health services, and delivery of preventive care
• Stratify patients into groups according to intensity of services required
  • Limited diabetes vs. moderate to high complications or comorbidities

STEP 4: Assess and Assemble Resources
• Assemble current, user-friendly, culturally sensitive diabetes prevention and management tools, protocols, education materials
  • Standards of care and treatment guidelines
  • Protocols, algorithms, flowcharts
  • Patient education materials
• Standing orders, chart stickers
• Recording and reminder tools and systems
How to Build an Effective Team

STEP 5: Develop a System for Coordinated and Continuous Care

- Develop clear procedures to facilitate timely coordination of all required services
- Use standard treatment algorithms
- Reassess team functioning periodically to ensure continuity of care and patient satisfaction
- Develop communication methods between team members
- Set clinical targets; blood glucose, lipid values, A1C, blood pressure, body weight, behavioral targets for food intake and physical activity
- Develop and maintain consistent messages to patients from team members
- Communicate and document information from team members
- Use the same codes for reimbursement

How to Build an Effective Team

STEP 6: Evaluate Patient Status, make adjustments

- Perform process and outcome evaluations to determine patients’ status
- Determine success in meeting quality measures
- Administer patient satisfaction and quality-of-life interviews or questionnaires to patients to get feedback
- Document clinical, financial, and behavioral outcomes to show payers and other stakeholders the value of the services and return on investment

How to Build an Effective Team

STEP 7: Become a Diabetes Specialist and Leader

Free, self-paced, accredited by AAPA
Register online:
http://www.aapa.org/diabetes
Three Online Modules

- Each module contains:
  - Prerecorded didactic webinar
  - Prerecorded case-based webinar
  - Print monograph
  - Didactic - Enriches your knowledge base
  - Case-based - Applies what you’ve learned to interactive patient cases
  - Monograph – Pulls it all together

Three Online Modules

- Each module also contains:
  - Downloadable checklists
  - Action steps reminders
  - Information on coding for reimbursement
  - Strategies to implement team-based care

Module 1: Medical Treatment and Management of Diabetes

- Screening for diabetes and pre-diabetes
- Efficacy of available therapeutics
- Selecting the right treatment
- Proper dosing
- Contraindications
- Adverse effects
- Patient education and self-management
- Management of polypharmacy

Module 2: Managing Complications and Comorbidities of Diabetes

- Common comorbidities and complications
  - Who gets them
  - How to screen for and diagnose them
- Impact on diabetes care
- When to refer
- Identifying who should have aggressive vs. conservative treatment for glycemic control
Module 3: Patient-centered Diabetes Care and Prevention

- Treatment goals
- Healthy lifestyles
- Diet and exercise recommendations
- Strategies to motivate patients
- Assessing patients' readiness to change
- Culturally sensitive care
- How to create patient support groups

AAPA Learning Central

- Online education system for continuing education, quality improvement, and certification maintenance
- On demand multi-media content
- Track your learning; compare to colleagues
- Social communities of practice
- HIPAA compliant patient database

www.aapa.org ‘LEARNING CENTRAL’ tab

Q5: In your opinion, which of these factors will significantly affect your practice in the next 12 months?

A. The growing diabetes epidemic
B. 34 mil. previously uninsured will enter the healthcare system
C. Shortage of primary care physicians
D. All of the above

Q6: Which of the following are you most likely to do when you get back to your practice?

A. Discuss improving diabetes team care with your co-workers
B. More closely identify health status characteristics of your T2D patients
C. Clarify roles to resolve issues role overlap and redundancy in T2D care
Q7: How likely are you to enroll in Diabetes Leadership Edge?

A. Very likely
B. Somewhat likely
C. Not likely