

## Forum for Sharing Ideas And DTCC Experiences

**M**ore than 80 people who are driving healthy change in communities from coast to coast came together at the first Diabetes Ten City Challenge Employer Summit in Orlando in February. The event gathered employer and coalition representatives and pharmacist network coordinators from all ten cities where the innovative, employer-sponsored diabetes self-management program is in progress. The two-day event, planned by the APhA Foundation staff with support from GlaxoSmithKline, provided an opportunity for critical stakeholders in the program to meet and share best practices, key learnings and progress with program implementation. Group discussions led to development of action steps that all 31 participating employers can look to adopt to achieve program goals.

### Inspiring Stories

The Diabetes Ten City Challenge (DTCC) is modeled after the Asheville Project in North Carolina, now in its tenth year. City of Asheville employee Brenda Mills spoke at the opening dinner. "When I found out I had diabetes, I was devastated," Mills said. "Since enrolling in this program, I've made major changes in my life, including losing weight and exercising every day. My pharmacist coach has become one of my closest friends and she continues to inspire me at every visit. This program has taken away so much of my fear and truly saved my life," she added.

### Enrollment Strategies that Work

The Summit's first session addressed employee recruitment for the program. While enrollment has exceeded the DTCC goal, estimates indicate that the potential to increase the number of enrollees is strong. Presentations from this session discussed innovative program announcements, solutions to increasing employee enrollment and maintaining momentum during the early phase of DTCC.



**Joleen Deames**

Joleen Deames, Assistant Chief Financial Officer for the City of Charleston, one of five participating employers in her area, shared the City's robust communication strategy to inform City employees about the DTCC. Consistent communication to employees included a letter from the mayor, an announcement in the employee newsletter and classroom presentations. Multiple communication channels were used to announce the program, which led to a very successful initial enrollment, she said.

*"We are committed to an ongoing enrollment period, so employees can join the program at any point in the year," Deames explained. "This means that reminders about the program and its benefits need to be a constant in employee communications throughout the year."*



**Nancy Kennedy**

The Northwest Georgia Healthcare Partnership, based in Dalton, Ga., has four employer members participating in the DTCC, more than 130 people enrolled, and supports efficient use of resources to improve health care in its community. The Partnership was one of the first employer groups selected to participate in the DTCC when it was announced in October of 2005, and pharmacists began meeting with participants in early 2006. NGHP Executive Director Nancy Kennedy stressed that it was helpful to have DTCC enrollment coincide with employers' annual open enrollment for benefits.

"Our efforts were strengthened by crafting and delivering the message about the Diabetes Ten City Challenge not once, not twice, but over and over again to be sure employees heard about the program," Kennedy said.

After the session, Summit attendees discussed best practices and other issues related to enrollment. These discussions produced a number of ideas related to continuing the program momentum after initial enrollment.

## EARLY CLINICAL RESULTS SHOW PROMISE

*Initial clinical data from early participants in the DTCC show program results are trending in a positive direction. Toni Fera, PharmD, Director of the APhA Foundation Patient Self-Management Programs presented these highlights at the Employer Summit:*

- A small group of patients with three or more pharmacist visits and with high initial Hemoglobin A1C (HgA1C) readings of >9 (average 10.94%) have already experienced a 15% decrease.
- LDL cholesterol measurements for patients with an initial LDL of >130 who have had three or more pharmacist visits have decreased by 32%.
- Over half of participants have the opportunity to improve their blood pressure and are not currently meeting the target reading of <130/80.
- The initial results also show that nutrition, exercise and weight loss goals are now being established for each participant.
- Documentation of eye and foot exams and influenza vaccine administration has also shown notable improvements.

*Dr. Fera also discussed areas for improvement in the program processes, which included providing timely and meaningful performance feedback to pharmacy network coordinators, offering health behavior training education for providers, and reinforcing the importance of timely documentation.*

# Reports Document Measurable Results

Dan Garrett, RPh, Senior Director of Medication Adherence Programs for the APhA Foundation, gave Summit attendees an overview of the types of reports they will receive through their participation in the DTCC. These project management tools, which document the progress of the program and track outcomes while maintaining patient confidentiality, include:

- **Enrollment reports for the employer (demographics, documentation of initial visit)**
- **Pharmacy network coordinator reports (data entry per provider, visits per participant, length of visit)**
- **Clinical outcomes reports (A1C, LDL, blood pressure)**
- **Diabetes care behavior (documentation of nutrition, exercise and weight goals, flu, foot and eye exams)**
- **Economic outcomes (comparison to historic medical and prescription claims)**
- **Patient satisfaction surveys**

Employers see only aggregated data without patient identification to maintain confidentiality. Patient and pharmacist provider surveys are an integral part of the data collection process. Patients complete a baseline survey at the beginning of the program, then another at six months and annually thereafter. The intent of the survey process is to provide timely feedback of pertinent data, provide a consistent process to measure the program, and allow for additional goal setting by the Foundation, pharmacist networks and pharmacist coaches. Survey reports compare current data to the initial data and provide a comparison of achieved results against the norm.

## Engaging the Physician Community in the DTCC

**A**n important success factor in DTCC implementation is collaborating with the local medical community and explaining the program to physicians and other health care providers. Paul Martin, MD, medical director for the City of Asheville and Asheville Project pioneer, spoke at the Summit about working most effectively with the medical community.

“Early engagement of the medical community in the planning process is critical, and cultivating physician champions can really strengthen the program,” Martin said. He explained that it is common for physicians to be initially apprehensive about new initiatives, especially if they appear to be promoted by a pharmacy benefits management company. “Once physicians recognize that this is not driven by a third party provider, and it is really benefiting their patients, then they begin to



Paul Martin, M.D.

embrace the concept of utilizing the program as a resource.”

Martin recommended that physician communication emphasize the skills of the pharmacist coach and the collaborative model where the role of each health care provider is critical to helping the patient achieve better self-management of their chronic condition.

“Because physicians’ time is so short, communication needs to be concise, simple to understand and based on best practices,” Martin said. He recommended emphasizing collaboration with other health care providers and making sure that any communication processes are time efficient and not disruptive to the work flow of the physician’s practice.

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*“The key to success of the program is to make sure that additional burden isn’t placed on the physician for managing these patients,” Martin explained. “Physician engagement is driven by the patients, and they will respond best when they hear from their patients why this is a huge benefit.”*

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## Action Steps for Program Success

**Best practices and discussions presented at the DTCC Summit identified these key steps to implementing a program that meets its enrollment goals.**

### Increasing Enrollment

- Use multiple approaches
- Have the message come from the company president (senior leadership)
- Hold on-site meetings and enrollment orientation
- Use multiple communication sources (e.g., announcement letters, targeted letters to eligible employees, tent cards, e-mail notices, etc.)
- Provide direct assistance with enrollment forms at the meetings
- Coordinate timing to coincide with open enrollment
- Issue reminders at annual physicals
- Repeat the message OVER and OVER
- Include information about the program in benefits orientation for new employees
- Utilize network pharmacists to explain the program at enrollment meetings

### Sustaining Momentum

- Remove barriers to participation (e.g. on-site pharmacist, patients attend visits during work hours or breaks)
- Showcase the program at employer events, such as health fairs and employee picnics
- Identify local participant “champions” and provide opportunities for them to tell their stories
- Offer additional incentives to keep momentum
- Celebrate successes
- Provide consistent data feedback
- Identify committed pharmacists
- Build on current successes and share stories with the community