

American Diabetes Association

Patient-Centered Care: What This Means for PCPs

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Diabetes Care

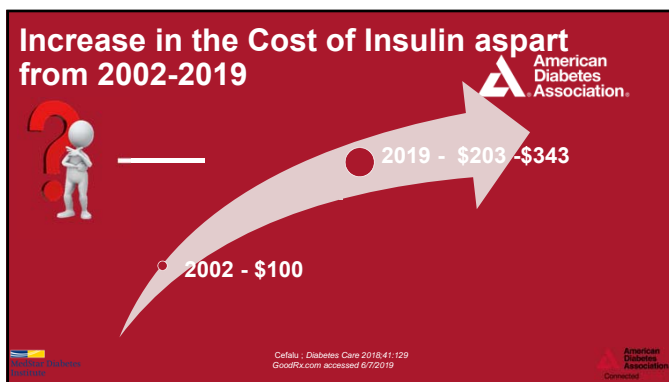
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STANDARDS OF MEDICAL CARE IN DIABETES—2019

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<https://www.diabetes.org/advocacy/platform>

A Clear New Framework to Help People Understand & Engage

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Question One

Does the policy lower the cost of insulin and other drugs to the person living with diabetes?

Question Two

Does the policy eliminate barriers people living with diabetes face to getting insulin and other drugs?

Question Three

Does the policy promote competition and innovation in the parts of the healthcare system that must be sustained?

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Get started now.

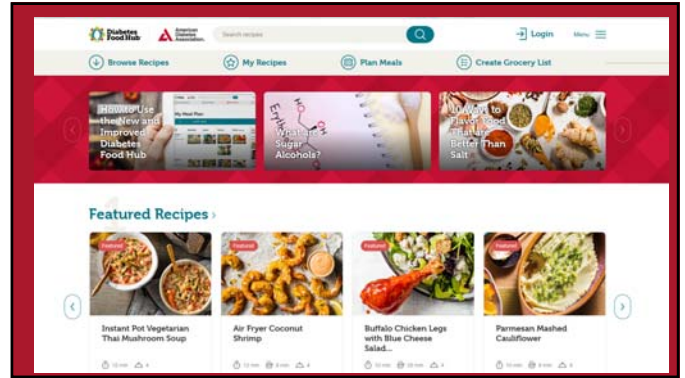
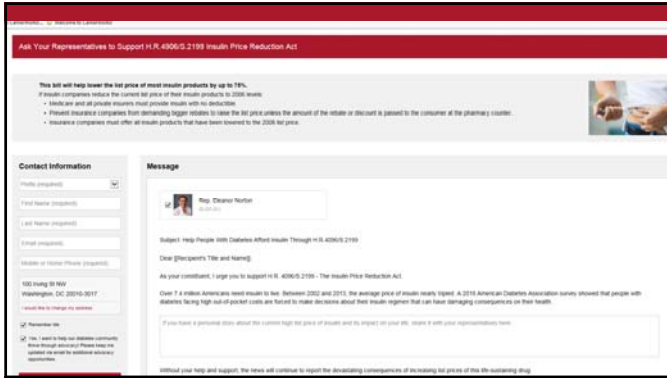
Quickly get insight on each bill and then contact your elected officials.

Insulin Price Reduction Act (S. 2199/H.R.4906)

75% This bill will help to lower the current list price of insulin and remove barriers to access this life-essential drug. If manufacturers lower the price of their insulin products to the 2006 level, that insulin cannot be subject to a deductible, prior authorization, or step therapy in Medicare and insurance plans. Insurance companies cannot deny these reduced list insulin products on their lists of approved drugs.

Affordable Insulin Approvals Now Act (S. 2103)

This bill will create competition and lower insulin list prices. It requires FDA to continue reviewing alternative, branded insulin applications even after a planned March 2020 cut-off date. If this bill doesn't pass, there will be a delay in getting these insulins approved to the U.S. market.



Therapeutic Inertia

- The failure to establish appropriate targets and escalate treatment to achieve treatment goals
- Responsible for substantial, preventable complications of diabetes with the associated excess in direct and indirect health care costs

Presenter Disclosure Information

- I have no disclosures

Learning Objectives

Individualize care based on patient preferences

Respond to barriers of care

Demonstrate shared decision making

Patient-Centered Care

- What is Patient-Centered Care?
- Why is Patient-Centered Care important?
 - What's the data?
- What does Diabetes Patient-Centered Care look like?

“It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”

William Osler July 12, 1849 – December 29, 1919

Six Domains of Health Care Quality



Crossing the quality chiasm: a new health system for the 21st century BMJ 2001;323:1192



Patient-Centered Care
“Providing care that is respectful of and responsive to individual patient preferences, needs and values and ensuring that patient values guide all clinical decisions.”

Crossing the quality chiasm: a new health system for the 21st century BMJ 2001;323:1192



Why is Patient-Centered Care Important? What’s the data?

Persistence and medication adherence



Mean medication adherence rate ≈ 75%, average proportion of patients adherent to medication < 70%.



Adherence slightly varies between orals vs injectable therapy and individual classes



Discontinuation rates range from 10% to 60% (both in observational studies and in clinical trials)

McGovern A, et al. Comparison of medication adherence and persistence in type 2 diabetes: a systematic review and meta-analysis. *Diabetes Care Metab* 2018;20:1040-1043
 Lasalvia P, et al. Pen devices for insulin self-administration compared with needle and vial: systematic review of the literature and meta-analysis. *J Diabetes Sci Technol* 2016;10: 959-966



Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care/Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
Air Force (2011) ²⁶	<ul style="list-style-type: none"> • 14% fewer emergency department (ED) and urgent care visits • HAI Air Force Base (Utah) saved \$300,000 annually through improved diabetes care management 	<ul style="list-style-type: none"> • 17% of diabetic patients had improved glycemic control at HAI Air Force Base 	2009-2011	Agency Congressional testimony
AIAB&A: Alaska Native Medical Center (2012) ²⁸	<ul style="list-style-type: none"> • 20% reduction in urgent care and ER utilization • 25% reduction in hospital admissions • 45% reduction in specialist utilization 		10-year span (years not specified)	Industry report via public presentation



Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
north Carolina: Blue Quality Physician's Program (BCBSNC) 2011(54)	<ul style="list-style-type: none"> 52% fewer visits to specialists 70% fewer visits to the ER 		2011	BCBS industry report, press release
north Carolina: Community Care of North Carolina (Medicaid)(55)	<ul style="list-style-type: none"> 22% lower ED utilization and costs 25% lower outpatient care costs 11% lower pharmacy costs Estimated cost savings of: <ul style="list-style-type: none"> \$80 million in 2003 \$161 million in 2006 \$103 million in 2007 \$204 million in 2008 \$266 million in 2009 \$362 million 2010(56) 	<ul style="list-style-type: none"> Improvements in asthma care 21% increase in asthma staging 112% increase in influenza inoculations 	2003-2010	Peer reviewed journals: <i>Health Affairs; Annals of Family Medicine</i> ; agency report



Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
California: BCBS of California ACO Pilot (2012) (49)	<ul style="list-style-type: none"> 15% fewer hospital readmissions 15% fewer inpatient hospital stays 50% fewer inpatient stays of 20 days or more Overall health care cost savings of \$15.5 million 		2010	BCBS industry report
Colorado: Colorado Medicaid and SCHIP (41)	<ul style="list-style-type: none"> \$210 lower per member per year for children 	<ul style="list-style-type: none"> Increased provider participation in QHP program from 20% to 96% Increased well-care visits for children from 54% in 2007 to 73% in 2009 	2007-2009	Peer-reviewed article: <i>Health Affairs</i>



Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
Pennsylvania: UPMC(68) (Pittsburgh, PA) 2011	<ul style="list-style-type: none"> 13% fewer hospitalizations by 2009 Medical costs nearly 4% lower 	<ul style="list-style-type: none"> Improved patient outcomes for diabetics <ul style="list-style-type: none"> Increases in eye exams from 50% to 90% 20% long-term improvement in control of blood sugar 37% long-term improvement of cholesterol control 	2009	Press interview
Pennsylvania: Independence Blue Cross—Pennsylvania Chronic Care Initiative (Southeast Pennsylvania) 2012(61)	<ul style="list-style-type: none"> \$215 lower per member per year for children 	<ul style="list-style-type: none"> Better diabetes care: <ul style="list-style-type: none"> Increased diabetes screenings from 40% to 92% 49% improvement in HbA1c levels 25% increase in blood pressure control 27% increase in cholesterol control 56% increase in patients with self-management goals 	2008-2011	BCBS industry report



Results of Patient-Centered Medical Home Initiatives, by State or Agency

Initiative	Health Care Cost & Acute Care Service Outcomes	Health Outcomes & Quality of Care Results	Years of Data Review	Report Type
Texas: WellMed Inc.(70) (San Antonio, Tex.)		<ul style="list-style-type: none"> Improved disease management: <ul style="list-style-type: none"> Increased control of HbA1c levels from 81% to 93% of diabetes patients Increased LDL levels under control from 51% to 95%, for heart disease patients Increased control of BP levels from 67% to 90% improved preventive care Increased screening rates for mammography from 19% to 40% Increased screening rates for colon cancer from 11% to 50% Improved diabetes HbA1c testing from 55% to 71% LDL screenings for all patients increased from 47% to 70% LDL screenings for diabetic patients increased from 53% to 78% LDL screenings for ischemic heart disease patients increased from 53 to 70% BP screening rates for all patients increased from 38 to 70% BP screenings for high BP patients increased from 45 to 88% 	2000-2008	Peer review journal: <i>Journal of Ambulatory Care Management</i>



What Does Diabetes Patient-Centered Care Look Like?

The ADA 2019 Standards of Care

Putting the Patient at the Center of Care




Balancing Risks and Benefits for Personalized A1C Goals

More Stringent A1C Goal
<6.5%

- Low hypoglycemia risk
- Less complexity/polypharmacy
- Lifestyle or metformin only
- Short disease duration
- Long life expectancy
- No CVD

<7%

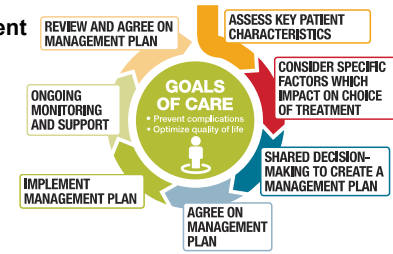


Less Stringent A1C Goals
<8%

- History of severe hypoglycemia
- High burden of therapy
- Longer disease duration
- Limited life expectancy
- Extensive co-morbidity
- CVD

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Decision Cycle for Patient-Centered Glycemic Management

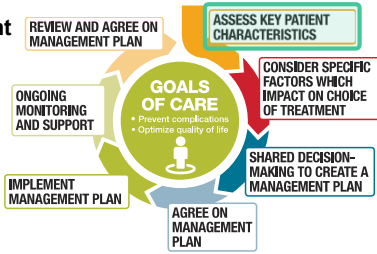


American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34-S45

Decision Cycle for Patient-Centered Glycemic Management

ASSESS KEY PATIENT CHARACTERISTICS

- Current lifestyle
- Comorbidities i.e. ASCVD, CKD, HF
- Clinical characteristics i.e. age, HbA_{1c}, weight
- Issues such as motivation and depression
- Cultural and socio-economic context

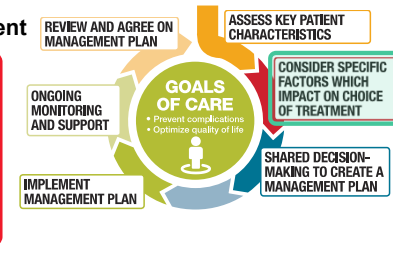


American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34-S45

Decision Cycle for Patient-Centered Glycemic Management

CONSIDER SPECIFIC FACTORS WHICH IMPACT CHOICE OF TREATMENT

- Individualized A1C target
- Impact on weight and hypoglycemia
- Side effect profile of medication
- Complexity of regimen
- Choose regimen to optimize adherence and persistence
- Access, cost and availability of medication

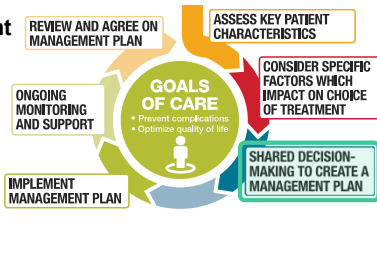


American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34-S45

Decision Cycle for Patient-Centered Glycemic Management

SHARED DECISION-MAKING TO CREATE A MANAGEMENT PLAN

- Involves an educated and informed patient
- Seeks patient preferences
- Effective consultation to empowers the patient




American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34-S45

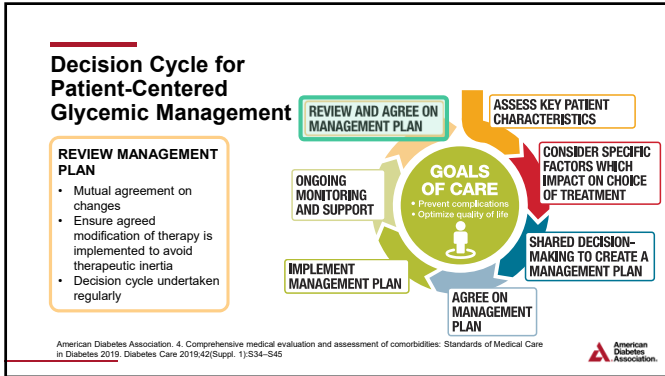
Decision Cycle for Patient-Centered Glycemic Management

ONGOING MONITORING AND SUPPORT

- Emotional well-being
- Check tolerability of medication
- Monitor glycemic status



American Diabetes Association. 4. Comprehensive medical evaluation and assessment of comorbidities: Standards of Medical Care in Diabetes 2019. Diabetes Care 2019;42(Suppl. 1):S34-S45



Use of Empowering Language

Five key consensus recommendations for language use:

1. Use language that is neutral, nonjudgmental, and based on facts, actions, or physiology/biology;
2. Use language that is free from stigma;
3. Use language that is strength based, respectful, and inclusive and that imparts hope;
4. Use language that fosters collaboration between patients and providers;
5. Use language that is person centered (e.g., "person with diabetes" is preferred over "diabetic").

Davies MJ, D'Alessio DA, Fradkin J, et al. Management of hyperglycemia in type 2 diabetes, 2018. A consensus report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care 2018;41:2669-2701

Key Take-Aways

- Treat the patient before treating the disease.
- The best medication for the patient is the one they will take.
- We were born with two ears and one mouth and if we use them in that proportion we would be well served.

American Diabetes Association.

