



### Working Across Professional Boundaries in the Management of Diabetes: The PPOD Project

Pam Allweiss MD, MPH CDC Division of Diabetes Translation

# Working Across Professional Boundaries in the Management of Diabetes: The PPOD (Pharmacy, Podiatry, Optometry, Dentistry) Project

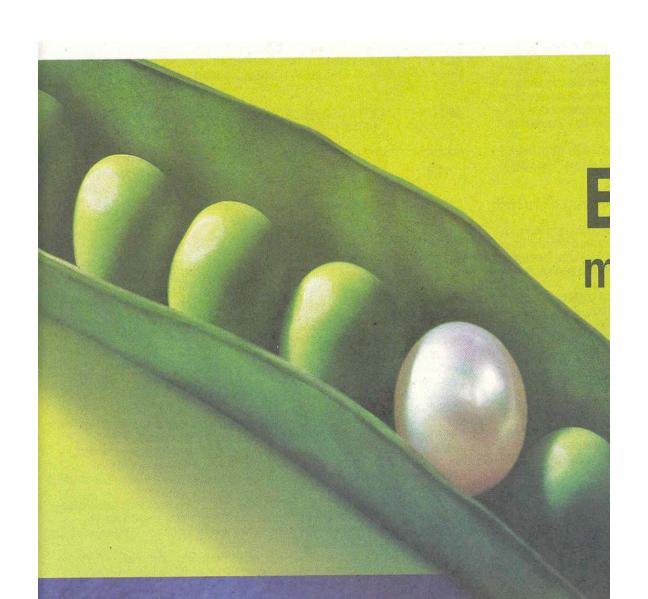
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The findings and conclusions of this presentation are those of the presenter and do not necessarily represent views of the Centers for Disease Control and Prevention.

## **Objectives**

- Team care is important for the overall health of people with diabetes.
- Learn why it's important for vision practitioners to be included in the team of people who care for folks with diabetes.
- Learn about CDC resources that can help you and your patients.

## **PPOD** is **NOT** a Vegetable: A CDC Resource



## What is a PPOD?

- Something healthy that goes with beef or chicken
- Endamame
- Something that promotes health like a workgroup of NDEP
- Pharmacists, Podiatrists, Optometrists, Dental Professionals



### **EXPLORING TEAM CARE**

## What Is the National Diabetes Education Program(NDEP)?

- Established in 1997 as an initiative of the U.S. Department of Health and Human Services to:
  - Promote early diagnosis.
  - Improve diabetes management and outcomes.
  - Prevent/delay the onset of type 2 diabetes in the United States and its territories.
- Jointly sponsored by Centers for Disease Control and Prevention (CDC) and National Institutes of Health (NIH).
- Involves 200+ federal, state, and private sector agency partners.

## What Is PPOD?

- PPOD is a collaborative team approach that:
- Engages many health care providers who treat patients with diabetes.
  - Reinforces consistent diabetes messages across four disciplines:
    - Pharmacy
    - Podiatry
    - Optometry
    - Dentistry

## What Can PPOD Providers Do?

- PPOD providers can:
  - Embrace a team approach to diabetes care.
  - Recognize signs of diabetes and systemic concerns across all PPOD areas.
  - Reinforce the importance of annual screenings and healthy habits.
  - Educate patients about diabetes.
  - Encourage self-management.
  - Provide treatment.



## Why Do We Need PPOD?

- PPOD makes a difference for patients with diabetes.
- A team approach to diabetes care:
  - Reduces risk factors.
  - Improves diabetes management.
  - Lowers the risk for chronic disease complications.

## A PPOD Provider May Be the First to See a Person Having a Problem

- Patients may consult a PPOD provider about new symptoms that may be diabetes-related before consulting with a primary care provider.
- Regular communication provides an opportunity to keep diabetes on the patient's radar screen.
- PPOD providers are well positioned to advise and educate their patients about diabetes control and prevention.
- All providers need to give consistent messages, recognize early danger signs, and promote the team approach.

## Visits to Pharmacy, Podiatry, Optometry and Dentistry Providers

- Nearly 84 million adults use prescription medicines
- Approximately 50% of adults have a personal pharmacist
- About 5% of the population visits a podiatrist each year
- More than half the US population wears corrective lenses
- Approximately 2/3 of Americans see a dentist at least once a year

## Eye Health

- 11% of U.S. adults with diabetes have a form of visual impairment.
- Adults with visual function loss are at least 90% more likely to have depression than those without visual function loss.
- The majority of severe vision loss from diabetes is preventable with timely diagnosis and therapy.



Zhang, X, Bullard, KM, Cotch, MF, et al. Association between depression and functional vision loss in persons 20 years of age or older in the United States, NHANES 2005–2008. *JAMA Ophthalmol*. 2013; 131(5): 573–81. Doi: 10.1001/jama ophthalmol.2013.2597. Available at

Centers for Disease Control and Prevention. *National Diabetes Statistics Report: Estimates of Diabetes and Its Burden in the United States, 2014*. Atlanta, GA: U.S. Department of Health and Human Services; 2014.

## **Eye Exams**



- People with diabetes should have an annual comprehensive dilated eye exam at least once a year.
  - Help determine risk of developing eye complications.
  - Educate high-risk patients on how to care for and monitor their eye health.
  - Prevent low-risk patients from becoming high-risk.

## Key Questions to Ask Your Patient About Eye Health



- Patients should be referred to an optometrist (or other eye care professional) if the answer to these questions is "no" or "unsure":
  - Have you had a full eye exam with dilated pupils at least once a year?
  - Do you know how diabetes can affect your eyes?
  - Do you know what to do if you have vision changes?

## Example: PPOD in Action



- A 45-year-old African American woman brings her mother for her annual comprehensive diabetes eye exam.
- The eye care provider asks if she has ever considered that she, too, is at risk for developing type 2 diabetes.
- The provider gives the woman NDEP's Am I At Risk? brochure and points out the NDEP website and toll-free number for more information and resources.
- The provider suggests the woman make a follow-up appointment with her own primary care provider.
- The provider recommends the woman schedule a dilated eye examination to check for signs of diabetic retinopathy, which occurs in 20% of patients at diagnosis, as well as glaucoma, which is 4X more common in African Americans and a leading cause of blindness.

### What Is Included in the PPOD Toolkit?

- Working Together to Manage Diabetes:
   A Guide for Pharmacy, Podiatry, Optometry, and Dentistry
- Patient education sheet and patient care checklist
- Patient fact sheet series:
  - Diabetes and You: Your Eyes Matter!
  - Diabetes and You: Your Teeth Matter!
  - Diabetes and You: Your Feet Matter!
  - Diabetes and You: All Medicines Matter!
- PPOD PowerPoint presentation
- PPOD promotional materials
- Working Together Medications Supplement

## Working Together to Manage Diabetes: The PPOD Guide

- Offers an overview of team approach to care.
- Includes details for each PPOD specialty area on:
  - Current data and trends
  - Common diabetes-related complications
  - Assessment techniques
  - Key warning signs
  - Patient education information
- Serves as a "cross-education" resource, not a comprehensive guide to subspecialty care.

## Working Together to Manage Diabetes: Considerations

- Guide provides a "quick course" on each specialty and its relation to diabetes.
- Each section is written by content specialists for providers OUTSIDE of the specialty to read.
- Your own specialty section may seem "simplistic."
- The goal of the PPOD Guide is to relay consistent messages across the disciplines.

## PPOD Multidisciplinary Patient Care Checklist

- Promotes increased collaboration among all members of the health care team.
- Documents key exam measures for sharing with providers and patients.

During pilot test of checklist, 74.3% of providers stated they were likely to change their practice to more of a team approach.

### Diabetes Head to Toe Checklist Examination Report Your organization's name here Diabetes: ☐ Type 1 ☐ Type 2 ☐ Gestational ☐ Prediabetes HbA1c Goal: Current Diabetes Therapy: ☐ Insulin ☐ Oral Hypoglycemic ☐ Diet Control ☐ None Results of Last Finger-stick blood glucose reading (per patient): Patient reports under control Yes No Dietary Counseling Yes No Type of Diet Reports Side Effects to Meds ☐ Yes ☐ No Home Glucose Monitoring Frequency Patient has a written med list □ Yes □ No. If ves. describe: □ once daily OTC Meds Used: (if none: ) ☐ twice daily Reports hyporalycemia events? ☐ Yes ☐ No. Herbal Meds Used: (if none: □) If yes, describe: ☐ 3-4 times daily Pharmacist reviewed meds on (date) Patient has Rx for: (provide reason if "no") Does patient know their current: If on insulin, list current dose: Aspirin ☐ Yes ☐ No A1c? ☐ Yes ☐ No Goal A1c?: ☐ Yes ☐ No Cholesterol med □ Yes □ No: List dosing times: LDL? ☐ Yes ☐ No Goal LDL? ☐ Yes ☐ No BP? ACF inh or ARR □ Yes □ No: ☐ Yes ☐ No Goal RP? ☐ Yes ☐ No Smoking status: (circle all that apply) History of myocardial infarction, Risk factors in addition to diabetes: Never Former Current Willing To Quit heart failure or stroke (give dates for all) Assessments: (give dates for all) Heart or brain testing (e.g. stress test, Blood Pressure: Goal: Urine albumin-to-creatinine ratio echo, angiogram, CT scan, ultrasound Total, LDL and HDL cholesterol. Serum creatinine and estimated GFR: riglycerides: (LDL goal and measured values for all Kidney tests (ultrasound, CT Scan, Hemoglobin: Pedal Pulses - "P" for present or "A" for absent Current ulcer or history of a foot ulcer? ☐ Yes ☐ No Posterior tibial Left\_\_Right\_\_ Dorsalis pedis Left\_\_Right\_ Foot Exam: Skin, Hair, and Nail Condition Risk Categorization check appropriate box. Is the skin thin, fragile, shiny and hairless? Yes No □ Low Risk Patient ☐ High Risk Patient Are the nails thick, too long, ingrown, or infected All of the following: One or more of the following with fungal disease? Yes No ☐ Intact protective sensation ☐ Loss of protective sensation Pedal pulses present □ Absent pedal pulses **Note Musculoskeletal Deformities** ■ No deformity ☐ Foot deformity □ Toe deformities □ Bunions (Hallus Valgus) □ Charcot foot ☐ No prior foot ulcer ☐ History of foot ulcer ☐ Foot drop ☐ Prominent Metatarsal Heads ■ No amputation ☐ Prior amputation Visual Acuity (best corrected) Right Intraocular Pressure Right: ■ Monitor Only ■ Repeat Dilated Exam In ☐ Dilated Fundus Exam Performed ☐ Additional Testing/Treatment Recommended: No Diabetic Retinopathy ☐ Yes ☐ No Proliferative Diabetic Retinopathy ☐ Yes ☐ No Non-Proliferative Diabetic Retinopathy ☐ Yes ☐ No Clinically Significant Macular Edema Yes No Examination Findings Intraoral/Extraoral: **Xerostomia** Carios Fungal infection Periodontal (health, abscesses, gingivitis, periodontitis): Parotid gland changes: Functional (eating, swallowing, etc) concerns: Additional Testing/Treatment Recommended Refer to Specialist Management: ☐ Follow-up: ☐ Patient education/discussion ☐ Information pamphlet giver

## **Key Message to Prevent Diabetes Complications: Control the ABCs**

- A1c: Blood glucose control
- B: Blood pressure control
- C: Cholesterol (Blood lipid) control
- **S**: Smoking (and use of other tobacco products) cessation (and don't start)
- Preventive care practices for eyes, kidneys, feet, teeth, and gums

### **PPOD Tool Kit Consumer Resources**

- General PPOD Fact Sheet
- Piloted tested
- Content reviewed for

### health literacy issues





### I Can Control My Diabetes By Working With My Health Care Team







### To team up with my pharmacist, I will-

- · Make a list of all my medicines, the exact doses, and include over-the-counter medicines, vitamins, and herbal supplements.
- · Update and review the list with my pharmacist every time there is a change.
- . Ask how to take my medicine and use supplies to get the best results at
- · Ask about new medicines that I can talk about with my doctor.



### To team up with my podiatrist, I will—

- · Get a full foot exam by a podiatrist at least once each year.
- · Learn how to check my feet myself every day.
- . See my podiatrist right away if I develop any foot pain, redness, or sores.
- · Ask about the right shoes for me.
- · Make sure my feet are checked at every health care visit.



### To team up with my eye care provider, I will-

- · Ask for a full eye exam with dilated pupils each year.
- · Ask how to prevent diabetic eve disease.
- · Ask what to do if I have vision changes.



### To team up with my dental provider, I will-

- · Visit my dental provider at least once a year for a full mouth exam.
- · Learn the best way to brush my teeth and use dental floss.
- · Ask about the early signs of tooth, mouth, and gum problems.
- Ask about the link between diabetes and gum disease.

### To control my diabetes every day, I will-

- . Be more active-walk, play, dance, swim, and turn off the TV.
- · Eat a healthy diet-choose smaller portions, more vegetables, and less salt, fat, and sugar
- · Quit if I smoke or use other tobacco products—tobacco use increases the risk of health problems from diabetes. To quit, call: 1-800-QUIT-NOW (1-800-784-8669).
- · Ask all my providers to share my exam results with my other health care providers.
- · Learn about managing my diabetes by visiting www.yourdiabetesinfo.org.
- · Control my ABCs of diabetes:
  - ▶ A1c. This test measures average blood sugar levels over the last 3 months. The goal is less than 7% for many people but your health care provider might set different goals for you
  - ▶ Blood Pressure. High blood pressure causes heart disease. The goal is less than 130/80mm Hg for most people.
  - ▶ Cholesterol. Bad cholesterol or LDL (Low Density Lipoprotein) builds up and clogs your arteries. The goal is an LDL less than 100 mg/dl.

For more FREE information on how to prevent and control diabetes call the National Diabetes Education Program (NDEP) at 1-888-693-NDEP (6337), TTY 1-866-569-1162, or visit www.yourdiabetesinfo.org.





NDEP is a partnership of the Centers for Disease Control and Prevention, the National Institutes of Health. and more than 200 public and private organizations





## 4 New Fact Sheets— One for Each Specialty

- Healthy Eyes Matter
- Healthy Teeth Matter
- Healthy Feet Matter
- All Medicines Matter









### **Example: PPOD in Action**

- A 40-year-old woman notices blurry vision, and asks her pharmacist about reading glasses
- The pharmacist uncovers a history of diabetes, diagnosed the previous year, but discovers that the patient never returned for her follow-up appointment
- He advises the woman that vision changes may be a sign of diabetes and not a need for reading glasses and arranges primary care and eye care visits for follow-up
- He also refers her to the NDEP website at <a href="http://ndep.nih.gov">http://ndep.nih.gov</a> for more helpful materials

## Practice True Multidisciplinary Team Care!

- Collaborate with other health care providers, including podiatrists, pharmacists, optometrists, and dentists, primary care physicians, nurse practitioners, diabetes educators, physician assistants, community health workers and other health care professionals (ophthalmologists, dermatologists, etc.) as needed.
- Network with local associations and local chapters of national associations.
- Consider creating a local PPOD coalition in your state or community.
- Tailor and use PPOD materials for patients in your practice and providers in your coalition.
- Make new friends

## **PPOD: How to Get Started**

- Review and download the PPOD Guide and other Toolkit materials including these slides at <a href="http://www.cdc.gov/diabetes/ndep/ppod.htm">http://www.cdc.gov/diabetes/ndep/ppod.htm</a>
- Review and identify best strategies to implement PPOD in your practice.
- Share a consistent message with your patients about controlling their ABCs.
- Pay attention to signs of problems in other PPOD areas and make referrals.

## What Have We Done and Where Have We Been?

- Presentations at national specialty meetings: World Dental Federation, National Dental Association, American Dental Association, New York Academy of Sciences/ Columbia Medical and Dental Schools, Prevent Blindness Summit coming up
- Webinars: lots of them: APHA Vision and Oral Health Sections during Public Health Week. NDEP cross cutting webinars (3 times, multiple specialists)
- Walking the walk: a powerful message when multiple specialties are presenting together

## Other NDEP Resources Available Online: www.cdc.gov/diabetes/ndep

### Resources available for many audiences:

- Individuals with all types of diabetes
- Individuals at risk for type 2 diabetes
- Health care professionals

