



What Is PPOD and Why Is It Important in Diabetes Care?

With Americans increasingly being diagnosed with diabetes and its related health complications—such as cardiovascular disease, blindness, nontraumatic amputations, and kidney disease¹—PPOD providers and other health care professionals face the challenge of keeping abreast of the latest data, helping patients to manage their diabetes, and monitoring them regularly for associated complications. (See the supplemental section of this Guide for data and trends related to diabetes.) You can make these tasks less daunting by working together with other health care professionals to provide integrated diabetes care to your patients.

Working Together to Manage Diabetes: A Guide for Pharmacy, Podiatry, Optometry, and Dentistry will show you how to reinforce consistent diabetes messages across four disciplines—pharmacy, podiatry, optometry, and dentistry—and to promote a team approach to comprehensive diabetes care that encourages collaboration among all providers.

PPOD and Key Diabetes Messages

As a PPOD provider, you and your staff are well positioned to deliver key diabetes prevention and management messages; communicate the need for metabolic control; and encourage patients with diabetes to see their optometrist (or other eye care professional), foot care specialist such as a podiatrist, and dentist, and review their medication therapy with a pharmacist at least once a year.



The PPOD message emphasizes the importance of **all** health care providers treating patients with diabetes. You and other PPOD providers are often a primary point of care for people with, or at risk for, type 2 diabetes and, as such, have an opportunity to:

- Educate people with diabetes about the disease.
- Encourage them to attend a diabetes self-management education program.
- Support their efforts to practice self-management, set goals, and encourage behavior change to achieve these goals.
- Provide appropriate treatment.
- Direct them to other health care professionals for treatment of conditions you do not normally treat.

All of these key messages, delivered by you and other PPOD providers, can help patients significantly reduce their risk of developing serious diabetes-related complications such as blindness, lower-extremity ulcers and amputations, periodontal disease, tooth loss, heart disease, and adverse reactions from drug interactions or poor drug therapy management.

Patient Case Example

A person requests a foot soak from the pharmacist for an ingrown toenail. Inquiry reveals that he has diabetes and for 3 weeks has had a severely inflamed ingrown toenail that has not responded to topical antibiotic ointment.

The pharmacist discusses the relationship between diabetes and its complications, as well as the need for him to seek immediate attention from a podiatrist.

The pharmacist also emphasizes that people with diabetes should **NOT** routinely soak their feet unless advised to do so by a health care professional. Improper soaking dries the skin and can cause more skin and foot complications.



Today, many people with diabetes, especially those from underserved communities, are not getting annual foot, eye, and oral exams, nor are they discussing their drug therapy with a pharmacist each year, as recommended by diabetes care experts. Greater adoption of the PPOD message by you and other providers will facilitate better care and better outcomes for people with diabetes. The patient care [checklist](#) can help to remind providers and document care.



PPOD and the Health Care Team

A team approach, among PPOD providers as well as other health care professionals, is of crucial importance in helping patients to manage their diabetes and take the needed steps to lower their risk for complications, including those related to their feet, eyes, teeth, and medication management. See the [Team Care Approach for Diabetes Management](#) section of this Guide for more information about the entire diabetes management team.

Reference

1. American Diabetes Association. Standards of medical care in diabetes – 2013. *Diabetes Care* 2013; 36 Suppl 1: S11-66.