

NDEP PPOD Webinar #1

Transcript – Working Together to Manage Diabetes:

Tools and Strategies for Pharmacy, Podiatry, Optometry and Dentistry

Slides 1- Title Slide – no audio, no transcript text

Slide 2 – Welcome, Meet Today's Presenters slide - no audio, no transcript text

Slide 3 – Speaker Bio Slide – Moderator – Dennis Frisch, DPM – no audio, no transcript text

Slide 4 – Speaker Bio Slide – CDC PPOD Program Director – Pamela Allweiss, MD, MPH, no audio, no transcript text

Slide 5 – Speaker Bio Slide – Pharmacy – Sandra Leal, PharmD, MPH, FAPhA, CDE - no audio, no transcript text

Slide 6 - Speaker Bio Slide - Podiatry - Javier La Fontaine, DPM, MS, no audio, no transcript text

Slide 7 - Speaker Bio Slide - Optometry - Paul Chous, MA, OD, FAAO, no audio, no transcript text

Slide 8 - Speaker Bio Slide - Dentistry - Winnie Furnari, RDH, MS, FAADH, no audio, no transcript text

Slide 9 – Today's Agenda

Dr. Allweiss: Good morning everyone. I am Dr. Pam Allweiss, an endocrinologist with the CDC Division of Diabetes Translation. I would like to welcome you to this webinar. Today PPOD is not a vegetable; it's a wonderful team of passionate providers who have come together to develop materials and a webinar to illustrate how team care for people with diabetes can become a reality. They energize all of us, and we are trying to walk the walk when it comes to team care. You can see all of their bios on the screen.

PPOD providers may be the first person who sees somebody with diabetes. Our goal is to have team care on your radar screen. We are not trying to make optometrists into podiatrists.

Some general points, the materials are in the public domain, no copyright so please copy as you wish or download them in your office. There are materials for providers and for patients, which have been pilot tested in many of our provider's offices. For instance, we have a patient checklist that has been developed and evaluated by our PPOD providers, as well as by primary care providers such as family practice docs, nurse practitioners, etc. Everything will be available on the website, including the slides and the recording of this webinar. At the end, we will answer general questions and, eventually, all questions that you submit to us will be answered.

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I have two requests: please stay connected at the end and fill out the quick survey about today's webinar, and then please, please fill out the survey that will arrive in your box in a few weeks to evaluate if there has been any change in how you practice team care. We really need the information to help us evaluate what we are doing and how to improve. Now I would like to turn it over to the Dr. Dennis Frisch. Thank you, Dennis.

Slides 10 – Exploring Team Care – no audio or transcript text

Slide 11 - National Diabetes Education Program

Dr. Frisch: Thank you, and thank you everybody for taking some time out of your day to learn about team care. In this section we are going to learn about the NDEP, which is the National Diabetes Education Program, the scope of diabetes in the US, and the PPOD team care approach, what it is and why it's important.

So what is the NDEP? The NDEP was established in 1997 as an initiative of the US Department of Health and Human Services. It was established to promote early diagnosis of diabetes, improve the management of the disease and its outcomes, and prevent and delay the onset of type 2 diabetes. The NDEP is jointly sponsored by the CDC (Centers for Disease Control and Prevention) and the NIH (National Institutes of Health). NDEP brings together more than 200 federal, state, and private sector agency partners. We at the NDEP believe in the importance of the team care approach to diabetes.

A team approach among PPOD providers as well as many other health care professionals is of crucial importance in helping patients to maintain their diabetes care and to take the needed steps to lower the risk for complications, including, in our particular case today, those related to feet, eyes, teeth, and medication management. Working Together to Manage Diabetes is a toolkit for pharmacy, podiatry, optometry and dentistry and offers resources to support providers in this important work.

Slide 12 – What is PPOD?

So what is PPOD? PPOD is a team approach among pharmacy, podiatry, optometry and dental providers, as well as other health care professionals and is of critical importance in helping patients to manage their diabetes and take the needed steps to lower the risk for complications, including those related to our particular fields of feet, eyes, teeth and medication management. PPOD providers are well positioned to deliver key diabetes management and prevention messages, to communicate the need for metabolic control, and encourage patients with diabetes to see their optometrist, podiatrist and dentist at least once a year and to review their medication therapy with a pharmacist at least annually.

Slide 13 – What can PPOD Providers Do?

Our PPOD message emphasizes the importance of all health care providers treating patients with diabetes. PPOD providers have the opportunity to educate patients with diabetes about their disease, to encourage them to practice self-management and to provide appropriate treatment. As we have discussed, diabetes is a serious problem that affects many people each day in the US and its territories.

Slide 14- Why do we need PPOD?

Why is PPOD important? PPOD makes a difference for patients with diabetes, not only can it improve treatment outcomes, but it can also greatly enhance a patient's treatment experience. A team approach to diabetes care reduces risk factors, it improves management of the disease and it lowers the risk for complications that can result from the disease.

Slide 15 - A PPOD Provider May be the First to see a Person Having a Problem

PPOD providers are in a unique position to make a difference in their patients' lives as they may often be the first health care provider to see a patient experiencing a new problem. For example, a patient may complain of blurred vision at a visit with his or her optometrist. The patient may not realize that this can be a sign of diabetes, allowing the optometrist an opportunity to ask other questions about the patient's condition. As part of the PPOD team, the optometrist will be aware of the signs and symptoms of diabetes and can refer the patient to his or her primary care provider to seek further tests and/or treatment.

Slide 16 – A PPOD Provider May be the First to See a Person Having a Problem

PPOD providers are in a unique position to identify signs and symptoms that could otherwise be missed and they may continue to monitor a patient's condition at routine check ups, such as dental cleanings, dilated eye exams and annual podiatric exams. Many patients turn to these professionals before consulting primary care providers with common diabetes questions about self-care medications. NDEP encourages all health care professionals to understand the unique contributions to diabetes team care so their advice to patients is consistent. There are tremendous opportunities for getting messages out about diabetes control and prevention.

Slide 17 – Benefits to Patients

The team care approach has a number of benefits for patients. A team approach among PPOD providers, as well as other health care professionals, allows access to integrated diabetes care across specialty and primary care areas. A team care approach encourages regular communication among a patient's team of health care providers and emphasizes the importance of professional prevention. At this point, I am going to turn it over to Sandra Leal who is going to speak to us about the role of pharmacists in PPOD.

Slide 18 – Role of Pharmacists

Dr. Leal: Thank you very much for the introduction Dr. Frisch. This is a pleasure to be here representing the pharmacist's role in diabetes management because of the importance that pharmacists can have in really assisting patients to be advocates for their own condition. And so a couple of really key points about the role of the pharmacists. They are a unique member of the health team and often times, because patients are taking multiple medications for diabetes and comorbidity, such as blood pressure issues or cholesterol issues, they might be seeing their pharmacist up to seven times more often than other providers, so this offers a unique opportunity for the pharmacists to be able to intervene several times during the year, several times during the month even, if the patient is coming to the pharmacy on those occasions.

So the pharmacist is often the most accessible health care provider since there is no appointment required to see the pharmacist and pharmacists are also available at all hours of the day. There are 24 hours pharmacies and they are also available on the weekends, and again, because there is no appointment needed, the pharmacists can play a unique role in being able to help the patient navigate through this condition.

Slide 19 – Role of Pharmacists, Cont.

Some of the roles that the pharmacists have really taken—and the American Diabetes Association has promoted—is the role of pharmacists in monitoring the drug medication regiment. This is really, really key because of all the opportunities to help the patient work through their plan and to be able to better and more effectively use their medications. The pharmacist may work with the patient and develop a plan that reduces the side effects and drug interactions and really advise a patient on how to take the medication properly.

The pharmacists may also help the patient with other things that are very important to control and one of the things that is very key are things around medication affordability. With all the medications that a patient takes, sometimes this is a key intervention that the pharmacist really takes a lead on and trying to help assist the patient in being able to afford not only medications, but things like testing supplies that they might need to better control their medication regiment.

Another big key role that the pharmacists can play is communicating with the health care team. Sometimes the pharmacist is the one that contacts the provider on behalf of the patient or encourages a patient to schedule other appointments that might be necessary, like follow up for an eye exam or a foot exam, if the patient is communicating some of these issues with the pharmacist.

Slide 20 – Key Questions to Ask Your Patients About Medication Therapy Management

Some of the key questions to ask your patients about medication therapy management, as you are seeing a patient, is really an opportunity to refer to the pharmacist and are related to these questions that are listed below. So the patient should be referred to a pharmacist if the answer to any of these questions is “no” or “unsure”. *Do you have a list of all the medications, vitamins and supplements? If you are seeing a patient and they don't have a good knowledge of what the medications are or the indications for the medications, the pharmacist can really work to help develop a medication list with the patient that makes sense for them and is current and is updated on regular basis.*

Do you know the reasons why you take each medication? Again, the indication is very key. Sometimes you will see a patient bringing bottles to their appointments and you will find that when you ask them “What are you taking this medication for?” And they say, “Well I'm not sure, the doctor prescribed that for me and I don't really know what that's for.” So that would be another key trigger to say, “You know, this might be an opportunity to work with your pharmacist to get more information about why are you taking medication”. Have you reported any side effects from your medications to your pharmacist? Sometimes patients would report that they stopped taking a medication or that it makes them have bad side effects from it. It's another key to find alternatives for the patient that are necessary, or to work through some of the concerns that they are having.

Do you have any difficulty affording your medications and testing supplies? This is very key with the population that we are serving, especially because there are so many medications that the patient might be taking and (problems getting) those testing supplies might be something that is actually preventing them from really obtaining good control.

And another key question is: *do you understand the importance of timing your medication in relation to your meals?* And I think this is even more important when a person is on insulin. Sometimes, they may be taking the insulin after they eat or several minutes to hours before they eat, which might be actually causing adverse events for them. And a pharmacist can really be key in helping them understand the timing of the meals, the importance of it and really understanding how the medication regimen is working for them.

Slide 21 – Example: PPOD in Action

This is an example of PPOD in action, so if a patient comes in—a 40 year old woman that notices blurry vision and asks the pharmacist about reading glasses, the pharmacist discovers that the patient was diagnosed with diabetes last year, but did not return for follow up visit. The pharmacist advises that changes in vision might be a sign of diabetes and not a need for reading glasses. And we see this quite a bit in practice where patients are looking for some readers, they might be complaining of needing to go to the ophthalmologist when in reality the cause is high blood sugar and, with better control, they could actually avoid that tremendous cost of obtaining glasses that might not work for them once their blood sugar is in better control. But this is an opportunity for the pharmacist to step in, arrange a primary care

visit or a visit with the ophthalmologist or both, and really help the patient be an advocate for themselves and have better control.

So pharmacists can also refer her to the NDEP website, which is listed as www.cdc.gov/diabetes/ndep for more materials. But again, (there are) a lot of ways to intervene on multiple occasions because of the multiple opportunities to see the patient and that would really serve the patient (with a) continuous and a consistent message as they have to continue to navigate this kind of condition. Thank you. I will pass it down to Dr. Javier La Fontaine, who is a podiatrist. Thank you.

Slide 22 – Foot Health and Diabetes

Dr. La Fontaine: Alright, well good afternoon to everybody. One of the key members of the team is obviously the podiatrist. Diabetes leads to 60 percent of the non-traumatic lower limb amputations, and diabetes per se increases the chance of amputation, as I just mentioned. But fortunately, those patients with diabetes who are involved in routine foot care will have treatable foot problems and there we could essentially increase prevention this way.

Slide 23 - Diabetic Foot Ulceration

Ulcerations are very common, they lead to amputation. Unfortunately, once we get these ulcers healed, they often re-ulcerate. Up to 80 percent of them would re-ulcerate in 12 months. So this is an ongoing problem that we need to treat. And we need to do aggressive prevention and the patient needs to be aware of this. (Inaudible) If (a patient) is involved in a routine foot care program, over 80 percent of these ulcers can be preventable and therefore, we can decrease ulceration and amputations.

Slide 24 –Diabetic Foot Ulcer

This is how an ulcer is going to look and usually these ulcers do come up in the bottom of the foot, ...

Slide 25 – Causal Pathways for Foot Ulceration

... because the main problem (is) that people with diabetes get what we call the “critical triad”, which is neuropathy, deformity, and trauma.

Slide 26 – Identify Patients With ...

So trying to identify these patients at risk will decrease ulceration.

Slide 27 – Neuropathy

Neuropathy is the most important component that leads to ulceration, so therefore that is the number one target that we are actually trying to accomplish on prevention. And obviously, blood flow is also an important component, because once you get a wound, you do essentially need good blood flow to get it healed up. So we are going to identify those patients with neuropathy. That is what we can (do) as a PPOD member. Podiatrists, we can help you identify these patients with neuropathy, vascular disease and deformity. You know neuropathy, like you probably all know, is essentially the nerve damage that occurs in diabetes, but often this patient is going to come into your office and they are just simply going to tell you “My feet are numb.”

Slide 28 – Diagnosing Neuropathy

They are going to have other symptoms that may lead you (to know) that they do have neuropathy: like tingling in the feet, pins and needles in their feet, either burning, shooting pains. Sometimes, their feet get really sensitive to anything—to touch, heat, cold—sometimes they do come up and tell you “I do have numbness”. You obviously don’t need to learn this, but once you refer the patient to us and we are going to identify this patient with neuropathy, this is what we are going to do for the patient. Just simply do tests. We are going to feel for vibration, which is the fastest sensation that disappears on patients with diabetes. We do that with a tuning fork and we do touch with a (mono) filament which will help us identify those patients that are lacking the touch sensation.

Slide 29 – Peripheral Vascular Disease

We are also going to screen for vascular disease. So essentially, just like in this picture, it is going to essentially show you how we palpate for the pulses, you know the dorsal [inaudible] and the posterior pulse, and if we notice that these are absent, then we do the appropriate referral to a vascular surgeon.

Slide 30- Recognizing Deformities

And last but not least, these are some of the deformities (that) we are going to be able to identify for the patient, so: bunion, thicken toenails, ingrown toenails, history of amputation, toe deformities, etc. Essentially, we can identify this and educate the patient as well and provide them appropriate shoes. You can see here, the picture at the top, identifies someone with a bunion on the right foot like this, and is unable to perceive a tight shoe, (so) it is going to lead to an ulcer. But, you know, obviously, it is not that simple for the patients.

Slide 31 – Key Questions to Ask Your Patients About Foot Health

So, (here are) some of the questions (that) you can ask the patients. If they tell you “no” or they are “not sure”, they are very simple. *Did you get a full exam by a podiatrist at least once a year? Do you know how diabetes is going to affect your feet and do you know how to check your feet every day?*

If you ask these three questions and they answered to you “no” or “unsure”, we can just make a simple referral to the podiatrist and we can take it from there and educate the patient and categorize it and put it on their risk level and therefore continue the appropriate referral for these patients.

Slide 32 – Additional Questions to Discuss with Patients

Now this is a laundry list, you obviously don’t need to memorize this. But if you want to further ask these patients a little bit more about their degree of neuropathy or vascular disease, then we can ask them these questions like you know: *Are your feet numb? Do you have burning pain sensation? Are you sensitive to touch?* A lot of the patients think that is normal for them since it has been happening for two, three years, so just triggering them to think about some of these questions. Then you will be able to further identify these patients at risk and then do the proper referral. Again this is a laundry list, this is going to be in the materials that you can download from the NDEP website and the PPOD link, so this should be easy for you to keep in your office.

Slide 33 – Questions From Patients

Now, some of the questions you are going to get from patients are, you know, “Why are my feet numb?” And I just essentially gave you the answer and they are essentially having some symptoms of neuropathy. “My legs hurt when I wake. What could cause that?” Or “My legs get tired very easily.” Those are usually signs of neuropathy or it can be a sign of vascular disease, so again, these questions are key to making the proper referral for the patient. “You know (that) I have (a) callus on my foot, what should I do?” Obviously, we don’t want the patient messing with it, so maybe making the proper referral to the podiatrist would be also an important referral to do. And last but not least, “I have an ingrown toenail, should I see a podiatrist?” The answer is yes. “Why are my legs swollen?” Obviously leg swelling can be due to neuropathy, can be due to vascular disease, but it can be many other problems like kidney disease, liver disease, heart disease.

So you know again, these are some of the questions that you are going to get from the patient. These are probably the most common ones I see in my practice, so any of these questions should trigger a proper referral to a PPOD or podiatrist. Thank you and I think I am going to leave you with Paul Chous, which is the optometry part of the PPOD team.

Slide 34 – Eye Health

Dr. Chous: I'm going to talk a little bit about eye health and optometry's role in that. It remains a fact that diabetes is still the leading cause of new blindness amongst working age Americans less than 74 years old. The estimates are (that) somewhere between 15,000 and 25,000 Americans become blind, principally from diabetic retinopathy, each year. In addition, about 11 percent of adults with diabetes have some form of vision impairment, which ranges from mild to severe. Now, it can be something as simple as an improper glasses prescription, and in fact, the majority of patients with vision that is subnormal in the diabetes population can be corrected by having an updated refraction done. Many of the eye complications of diabetes, especially diabetic retinopathy and glaucoma as well, are painless conditions and may cause few or no symptoms until the eye disease has progressed to a stage where treatment may be far less effective. And this is really a key message for all of us PPOD providers: good vision on an eye chart does not mean that patients don't have serious eye disease.

Patient surveys suggest that fear of losing vision concerns people more than any other diabetes complication. Healthcare providers need to be aware of the increased risk of depression amongst those with vision loss. Depression among those with diabetes and vision loss is readily apparent to those of us who provide their eye care. Adults with loss of vision function are about 90 percent more likely to have clinical depression than those without vision loss. In addition, these patients are at increased risk for falls that result in fracture that may at some point, require nursing home care.

Healthcare providers need to be aware that patients with loss of vision (from) diabetes can often be helped by seeing eye care providers who specialize in the prescription and dispensing of low vision aids specifically designed and customized for various degrees of visual impairment. This is a whole separate sub-specialty within my profession, called low vision, helping people with significant vision loss.

Slide 35 - Eye Exams

Let's talk about annual eye exams for a moment. People with diabetes can maintain optimal vision and healthy eyes by having an annual comprehensive vision examination that includes a dilated retinal examination. Early intervention can detect retinopathy and other serious ocular complications of diabetes, such as glaucoma. Doctors of optometry routinely perform these tests and many others, including sophisticated imaging of the retina on our patients with diabetes and other health conditions.

We have a couple of images here, just depicting diabetic retinopathy on the left with dot and blot hemorrhages throughout the retina and to the right is an optical coherent tomography scan, kind of an optical cross-section of the retina, showing fluid edemas. So this is a patient with diabetic macular edema. Often these patients have good visual acuity.

More than 90 percent of vision loss caused by diabetes can be avoided with good diabetes management, including the ABCs of good diabetes care: good A1c, good blood pressure, control of blood lipids, and avoidance of smoking, and early detection and timely treatment. It is really important to realize that eye disease caused by diabetes is often associated with other

complications, including cardio-vascular, podiatric, and periodontal disease. This fact really underscores the importance of a collaborative team care approach.

The other things that are much more common in our patients with diabetes are things like dry eye. So if the other providers see patients that are complaining that their vision is fluctuating constantly and they have red eyes, the provider should be aware that a lot of patients with diabetes have dry eye disease. Dry eye disease is about twice as common in people with diabetes than the rest of the population. This is something that eye care providers can really help them with and it's also a sign, oftentimes, of autonomic neuropathy. A lot of patients won't have symptoms of dry eye, their eyes will be red, but they're not as symptomatic as their non-diabetic counterparts would be.

Slide 36 – Key Questions to Ask Your Patients About Eye Health

Let's look at some of the key questions (that) we should all be asking our patients about eye health. By asking some of these simple questions, larger issues can be uncovered that could be potential red flags for good management of diabetes. If patients are answering "no" or are "unsure" about the answers to any of these questions, it is recommended that they be referred to their eye health professional to seek further care, counseling, and, if necessary, treatment or referral for treatment.

In my experience, one of the key concepts that we all need to be aware of, is that good vision, as I said, does not mean there are no serious eye complications from diabetes. I got diabetes when I was five years old. I had perfect vision until I was 21. I went in to see my optometrist who saw bleeding in my eyes. I got treatment. I had perfect vision on the eye charts, but vision-threatening eye disease. I see patients all the time with severe, sight-threatening diabetic retinopathy, as well as glaucoma that can rob them of vision, who are able to read 20/20 or better on the eye chart at the time they are diagnosed with their eye disease. This is a reality that underscores the importance of regular eye examinations, even in patients with no visual problems.

Slide 37 - Example: PPOD in Action

This slide is an example of PPOD in action. In this example, there's a situation in which a PPOD provider uses a routine visit as a way to engage in a broader dialogue with the patient, and in this particular case, the patient's daughter. Having knowledge about diabetes and its risk factors, the eye care professional knows (that) the patient's daughter is also at increased risk for developing diabetes and is able to provide the family with an NDEP (National Diabetes Education Program) brochure, and is able to advise the patient's daughter to make a follow-up appointment with her own primary care physician to be screened for diabetes.

Additionally, the optometrist knows that diabetic retinopathy is present in one in five newly diagnosed patients with type 2 diabetes. That's a profound statistic. So if patients with type 1 diabetes don't have retinopathy at diagnosis, they have had the disease for a relatively short period of time. But we all know by the time a patient is diagnosed with type 2 diabetes, they have had the disease oftentimes for between five and eight years, and that's why retinopathy, even severe retinopathy, can be present at diagnosis.

It's so important to refer patients for eye examinations, even if their vision is fluctuating. You might want to wait on prescribing glasses for patients because their hemoglobin A1c is high, however these patients still need to be evaluated for the presence of sight-threatening eye disease. The other factor in this case is (that) the optometrist recommends that the daughter of the patient also get an eye exam because African Americans past the age of 40, in particular, are at a dramatically increased risk for glaucoma, which is another leading cause of blindness, especially among Black Americans.

Slide 38- Oral Health and Diabetes

Oral health and diabetes. Even though, oral health complications are very commonly associated with diabetes, we can find that 85 percent of patients with type 2 diabetes report (that) they have not received any information on the association between diabetes and oral health. In turn, this extends all the way into the health care professional community; many health care providers have little to no training about the oral, systemic health association.

Diabetes and periodontal disease is a two-way relationship. Periodontal disease is a bacterial infection with inflammatory complication. Systemic inflammation signals increases in blood sugar levels. Also, like any other infection, it can impair the body's ability to process or to utilize insulin. On the other hand, diabetes does not cause periodontal disease, but it is a leading complication of diabetes. Diabetes lowers the resistance to infection and greatly increases a person's susceptibility of developing periodontitis. In turn, that periodontal disease makes it more difficult to control blood sugar levels, so it is a two-way relationship. It's certainly associated with the poor glycemic control. In addition, tobacco use and poor nutrition are also risk factors for compromised oral health. PPOD providers can help change this, as they collaborate with other members of this health care team we can reduce the rates of periodontal disease and other oral health conditions.

Slide 39 - Oral Health Exams

Diabetes patients really should be encouraged to adhere to annual oral examinations. The recall interval for oral patients is really determined specifically for each patient according to his or her needs and risk assessment. The management of periodontal disease in people with diabetes can result in significant reduction in A1C numbers, so people with diabetes really should be encouraged to have periodontal disease treated to eliminate infection and (to) aid in metabolic control. Dental visits can also be used as an opportunity to educate patients and to begin a dialog with the low risk patients in order to prevent them from becoming high risk.

Slide 40 - Key Questions to Ask Your Patients About Oral Health

Dental professionals are also comfortable discussing the relationship between oral health and nutrition. These opportunities can also be used to affect the stem of obesity and its relationship to diabetes. Key questions to ask the patients about oral health (since) people with diabetes are often not aware of the significance of diabetes and poor health. As I have stated, the health care provider whole entire network does not seem to be very familiar with the oral-systemic link. By asking patients a few simple questions about their oral health, larger issues may be uncovered that could be potential red flags for the management of their diabetes. If patients answer “no” or “unsure” about the answers to any of these questions, it is recommended to please refer them to their dental provider to seek further direction in care. Ask them if they had visited their dental provider within the last year. Ask them if they know how important the relationship is and how the effects can be in their mouth and if they really do know the early signs of tooth, mouth and gum problems. Healthy teeth do matter.

Slide 41 – Example: PPOD in Action

So an example about PPOD in action. Managing diabetes medications certainly can be complicated and it is also confusing for diabetes patients to understand how to adjust their medication around certain events, such as a dental procedure. For a patient who has to have a dental procedure scheduled, the dental professional might recognize that the patient is really unsure how to manage their insulin injection and because she is told that before the dental procedure she should not eat. So to provide direction for the patient, the dental professional arranges a pharmacy consultation for her to resolve any unanswered questions and insure that the procedure does not interfere with her needed medications. She can call the pharmacist. The pharmacist can help her work around not eating and when her insulin injection should be taken.

I have treated many patients with diabetes and have spoken to other dental professionals who can attest to the fact that many, many people out there need the intervention of dentistry, along with the collaborative effect with other health care providers. Once again, healthy teeth do matter. And I thank you and I take you back to Dr. Frisch.

Content for Slide 42 – Q&A

Thank you everybody and thank you for the presentations. What we are going to do now, you have emailed some questions in on the chat box and also, we got a bunch of questions on the pre-survey questionnaire. What we are going to do is try to parse them out to the different presenters and remind everybody that if we don't get to your question we will answer them over the next month or so. We are going to break these out into the different providers and they will get an email and they are all busy practitioners, so please give them a little bit of leeway, but your questions will all be answered. And some of the questions, again to remind everybody, these slides and mountains of other material in many languages are available at our website.

So I did get a whole bunch of questions regarding billing and I would like to say that that is unfortunately not the focus of our presentation. Unfortunately, the billing works are the individual work of your professional association, so I encourage you all to become members, if you are not already, of your association because that involves a different level of government and CMS (Centers for Medicare and Medicaid Services)..

And so our goal today is to really teach us all to be better practitioners and more caring practitioners within our community. So, am I going to get paid to tell somebody that the right thing for them to do is to call the pharmacists? No, I am not. Could I perhaps document a higher level of visit if I am counseling the patient? That may be a possibility, but I am not going to break down ways to get paid, because frankly for a large part, there are not ways to get paid. It is the satisfaction of knowing that what we are doing is the right thing, of becoming well known and well identified as caring practitioners within our community.

The way we will all benefit from this is we will be identified as those people and we will work with other groups within our community. You will have your own referral network within your community and build your own individual level of experience and care and reputation doing this. Dr. Leal, we did have somebody ask about pharmacies – when patients use mail-away pharmacies – how would they speak with a pharmacist? Would you like to address that please?

Dr. Leal: Yes, thank you very much for the question. So there are a couple of ways. You can definitely call the mail order, but I think even just walking into a pharmacy locally, the pharmacists that I have worked with, (and I historically worked in a retail pharmacy myself), we are very willing to help patients who walk in and even if they are not obtaining their medications at the pharmacy that we work at. So, that is one of the nice things about having an accessible provider that is available to you nights (and) weekends, is that you can walk in and ask your questions and they would be willing to help, despite the fact that you don't go to their particular pharmacy to have your medications (filled). I do want to say though, if the patient were to bring their medications or their medication list, they would probably have a better interaction with the pharmacist, because they would know exactly what they are receiving, so that would be something that I would recommend. But I think any pharmacist in any community setting would probably be willing to speak to the patient.

Dr. Frisch: Thank you. Dr. La Fontaine, we had a question regarding diabetic shoes. Would you like to do a general comment regarding diabetic shoes? And somebody asked here specifically how their foot related conditions are being or not being documented?

Dr. La Fontaine: Yes. So yes, the shoe bills from CMS. You know the requirement has been changing over the years. Obviously it is a cumbersome process, because the podiatrist is a prescribing physician—if you are prescribing to a Medicare patient, the prescription needs to go together with a certification (from) the primary care physician that is handling the diabetes for the patient. So for the patient to essentially get the shoes from Medicare: 1, (the person) has to have certain risk factors. 2, (the person) has to have a certifying physician stating that the patient does have diabetes and does have those risk factors. And 3, may need a prescription to make the shoes. Now, one of the things that we have encountered in our

hospital is that often whenever we said the patient has vascular disease, neuropathy, whatever the risk factor is, it needs to be documented on the patient's chart so that (the) note can accompany the prescription to get the shoes. And yes, that is probably the most difficult one to get because most of us practice in different locations, so you don't have access to the record of another doctor to include (the information) that yes, this patient has vascular disease, or he has a bunion. So yes, in order for the patient to be able to get (shoes), (the patient needs) from the primary care physician, the certification that they have diabetes. (The patient) may also get it either from the certified physician or the podiatrist to (say), yes, this patient has a bunion and all this too and then they get to the orthopedist or whoever is going to be making the shoe. So yes, the process is cumbersome.

Dr. Frisch: So a recap of that for everybody on the call, we all know that we have patients come in and they are going to say "My neighbor got free shoes from Medicare, how do I get my free shoes? I have diabetes." It is not as simple as that and they do need to discuss this with their podiatrist or primary care provider or endocrinologist. There was a question for oral health here that says, "could you please explain in additional detail how control(ing) a periodontal disease can lead to improve A1C and glycemic control?"

Ms. Furnari: That seems to be very, very scientific question and I would be happy to refer the person who has asked the question to a study, which I apologize I do not have at hand right now, but when we do answer all the questions, I will be happy to refer the person to the study, with the results of that.

Dr. Frisch: Thank you and I would also just add and I am podiatrist, so not a dental health care professional, but I can tell you that simple dentition changes the diet. So if people are not eating healthy foods because they can't chew them appropriately and they are eating high carb foods, softer foods, more prepared foods, it can be as simple as their dentition and so we prevent periodontal disease and help keep their own teeth, it can be that simple. and that is the paddle in the pond. Ripples will grow and you may reach out as a podiatrist. You know, I have called several of the local optometrists within a geographic range of my office and asked if they have So some questions, other general questions that people asked. Is the toolkit available in Spanish? Yes there tons of language products available. Another question was (are there) low health care literacy materials? The answer is, yes they are available and I will repeat what the opening comments were, none of these are copy right protected; you can reproduce these, you can put your own logo on them.

This, honestly for everybody on the call, is easier than you think. Just be familiar with the materials and take a moment to care and you call a pharmacist and introduce them.

We did have a comment here that was very profound from somebody.

I am trying to scroll to it so forgive me, but the gist of it was (that) it is better to have a list of providers in your community rather than simply saying see a podiatrist or see an optometrist. So, if you are an optometrist and you work with a few pharmacies, it is simply a matter of saying (that) if you need to have some of your patients who come in who have questions regarding their diabetes, I would be happy to see them. It's like starting your practice over,

when you knocked on doors and said I am new in town. Here are some cards, please come see me. Well, now we are starting a new program. We are starting a program to improve diabetes care in our community a desire to see diabetic patients.

One of the other things that is available on the website is a simple check list for patients that they can actually fill in. It is a piece of paper and you hand it to them and it says, “What was the last date I saw provider X?” Or “When is my next appointment?” So they can keep this and put it in their little folder of health care information and move forward.

A question somebody had asked us (is) about the prevalence of depression and anxiety, (is it) common and does the team assess the need for behavioral health services? These materials were all vetted through the behavioral health service and it is mentioned throughout that it is an important factor in it, but the PPOD team was developed simply as we began the program.

Very often we, as providers, are the first line of people to see somebody with diabetes and you all see it every day even more. It just takes, if you asking somebody to sign the keypad (when) they received their prescription and they are pulling out glasses, or saying “I can’t see the box”, you simply say “have you had a recent exam”? You just gave them their medication that you know they are diabetic.

If somebody comes in to have their teeth cleaned and they are wearing slippers, we know that (it) is an inappropriate behavior so all we have to say is “geez Ms. Smith, I see you are in slippers today, is something wrong”? There are hundreds of simple, little moments, care moments, that we can all give and become more excellent providers.

Sandra, we have a question here. “What recommendations do you have to improve coordination of referrals to (a) pharmacist? We have diabetes programs in place, but it can be difficult to get physicians to see the value and refer the patients?”

Dr. Leal: Thank you for the question. Yes, it can be difficult depending on the practice that you are at, but definitely marketing. I think you, Dr. Frisch, mentioned just go out and introduce yourselves. As a pharmacist, I work in a health system and we have built some automatic referral type of mechanisms within our electronic health record where one of the dropouts for the referrals that can trigger a visit to the pharmacist. So there are ways you can create that referral system. I think the other way is definitely marketing to the patients and having the patients ask for referrals to see the pharmacist. There are other opportunities with Medicare [inaudible] to do (a) medication review and you can also even have referrals from other pharmacists to be able to refer to your program, especially if you are finding that patients are having difficulty controlling their diabetes. So really looking at your system and figuring out trigger points where you could be able to remind people about the services you offer, making yourself available and then just going out and like you said you know knocking on doors and introducing your services and then really talking to patients about (these) referrals are key ways to get those appointments filled.

Dr. Frisch: Thank you and folks as there are more questions, please feel free to type some in your chat box and we will continue to address them.

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So here is one that somebody asked. “What have been the biggest challenges in the transformation?” And honestly, the biggest challenge is inertia. It’s us taking a moment in a busy day to do one extra step. It’s nice to have the plug and play and have our own electronic records do some of the work and it’s nice to hand out materials, but it does take a little extra step. But it doesn’t always have to be you as a provider. Sometime it can be your staff, sometimes it can be “please see the receptionist on check out and she will print something out”. On our office website, my own personal office website, I simply have a referral page and the referral page in the back tells patients how to access NDEP. It also tells them how to go to smoking cessation classes and what have you. And I can simply tell them, “please access the website, the information (that) you need to go and get things is right there”.

And this toolkit right now that we are all talking about, addresses us as providers. There are other patient directed materials there as well. So that website is a very vast and you can get lost sometimes within it. If you have an hour some day, spend some time because there are incredible things in there, even recipes and cookbook referrals, so please review it.

Somebody asked the question about DSME program, and if you would clarify what you are specifically wanting from that, I would be happy to refer you (for an) appropriate answer.

So let’s see what else do I have on my questions list...? “How does a solo practitioner in practice over 25 years implement this?” I think I addressed some of that - it is just simply talking to the sources that you already use. At 25 years, you are the person we want, because you already have your network, you already know who your key pharmacists are in your area and your key optometrists and you key dentists. If any of you are so inclined, your local county dental society or optometry society, go and attend as an outside practitioner and say, “hey, I would like to do this with some people in my area, who is game?”

These slides are available for you to download and take and present. Remember if you do that, as a podiatrist today, Dr. La Fontaine’s job was not to educate podiatrists about podiatry care; it was to teach the other providers a little bit about what we do and that is what each of our jobs here is today. So let me see if I have any other questions. I see none pop up, so I will turn to Dr. Allweiss for a wrap up.

Slide 43 – Wrap Up - Transition Slide – no audio, no transcript text

Content for Slide 44 – PPOD How to Get Started

Dr. Allweiss: Thank you Dennis and everybody for participating and the good questions. I am on a slide that says PPOD, how to get started, and that has a link to the materials. You would find Power Point presentations that you can send to providers, eventually this would be there as well.

We have also have things for consumers. As Dennis mentioned, we have the one page check list on one side and on the other side, we have what kind of questions for all of the PPOD

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providers, so it's like a one stop. It's a one pager that you can just download for your patients. We have that in English and in Spanish.

We also have one pagers on each of the PPOD specialties for consumers. These have been checked for health literacy, simple language and they are called "Healthy Eyes Matter", "Healthy Feet Matter", "Healthy Teeth Matter", "Know Your Medications". Basically, they are one page educational tools that you can download and get to your patient and it will tell them about why it is important to take care of your eyes, your feet, your teeth and also how to talk to the pharmacist. So all of the tools are there, just go to that link, and you can find many of them as well as other NDEP products.

We want people to share consistent messages and we want people to know that folks should control their A1C, their blood pressure, their cholesterol, and they should not use tobacco products. These are all consistent messages that we feel the primary care folks as well as PPOD providers can give to their patients. Team care involves a lot of folks, PPOD just happens to be one more organized group.

Somebody had sent us in a chat box, "are there any other examples"? And indeed in Massachusetts, there was a Massachusetts PPOD group and we even have some slides from presentations from them in the past.

Content for Slide 45 – Practice True Multidisciplinary Team Care

Be sure you pay attention to the problems in your other PPOD areas. As Dennis said, if somebody comes in to your office and you are a dentist, and they are wearing slippers, that is a sign. Just notice it and be sure that you ask the patient and the patient's family, "has this person had any other problems with their feet or with whatever?"

So it is a team approach and it is important to call. If you have a question, call the primary care provider, because they want to hear from you. And so we want you to collaborate with everybody: with the podiatrist, the pharmacist, the optometrist, the dentist, but also don't forget about the primary care folks and nurse practitioners, the nutritionist as well, also community health workers. These folks can really help you bring your message to your patients.

And talk to your local associations as Dr. Frisch said, and the local chapter of the national associations, so the optometry association, the podiatrist specialty organization. They are all in the community. Tailor and use your PPOD materials. So certainly, if you are in your office, put your logo on it. These materials are evidence based. They have been pilot tested. They are credible. We are trying to make your job easier. So if you need any more information, please go to the NDEP website.

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Content for Slide 46 – National Diabetes Education Program

I would like to thank our presenters, Dr. Frisch, for being the moderator, and all of the participants. You can see the general NDEP website and if you do have any questions, please email me and I will be forwarding the email to the specific specialist who will be able to help you and then we will email you back an answer. So thank you so much for participating. Everything will be posted on the website (I think it was slide 43). It might take a couple of weeks while we process everything, but everything will be on the website. So thank you so much for participating in this team care webinar.

Content for Slide 47 – Thank You

Dr. Frisch: Thank you everybody and have a wonderful day and please take an extra moment to care and help stem the tide of diabetes. Thank you.

Ladies and gentleman that does conclude the webinar for today. We thank you for your participation and ask that you please disconnect your line.

[End of webinar.]