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www.reachmd.com  
info@reachmd.com  
(866) 423-7849

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### Managing Diabetes at the Pharmacy Counter

Each month ReachMD XM 157 presents a special series. This month is focussed on diabetes. Listen each hour at this time as we explore with American's top medical thought leaders the latest information on diabetes.

The annual cost of diabetes here in the United States is rapidly approaching to \$200 billion a year, but it does not have to be that way if patients with this potentially deadly disease had their care better managed. Welcome to Inside Healthcare on ReachMD XM channel 157, The Channel for Medical Professionals.

I am Bruce Japsen, the healthcare reporter for the Chicago Tribune and with me today is Dr. Jan Berger. She is the Senior Vice President and Chief Clinical Officer of the CVS Caremark, one of the largest drugstore chains and pharmacy benefit companies in the nation. Dr. Berger holds a doctor of medicine degree and a masters degree in jurisprudence from Loyola University, Chicago, and is an assistant professor of medicine at Northwestern University and joins us today from Chicago.

#### MR. BRUCE JAPSEN:

Dr. Berger, welcome to ReachMD.

#### DR. JAN BERGER:

Thank you Bruce, how are you today?

#### MR. BRUCE JAPSEN:

I'm good, I'm good, and it's such a pleasure to have you here. So, tell us Dr. Berger exactly how big is this problem with diabetes in this country and can this be improved between the doctor and the patient relationship because it just seems that everywhere you turn, you are hearing more and more about diabetes, problems with diabetes, which comes from obesity, which leads to this and that and the other thing, and I don't know generally if people realize what a big problem it is.

**DR. JAN BERGER:**

Well, first of all, it is a huge problem and it is increasing at freighting, freighting rates. We know that today over a million people each year are diagnosed with diabetes, and as you said, the costs are in excess of \$170 billion in 2007, annually for diabetes costs. Interestingly as recently as 2002, it was only at about \$130 billion; can you believe I am saying 'only', and in 2000, it was 99 billion. So you can see how rapidly the costs implications really are hitting the United States.

**MR. BRUCE JAPSEN:**

Well, and the interesting thing is that diabetes is it coming from a certain segment of the population, I mean, is it directly related to obesity or is it because of the aging baby boomers, all of the above or is it in one route that is contributing to it more than another?

**DR. JAN BERGER:**

It's actually coming from us at all angles. We know that obesity does have a correlation with diabetes and we are seeing a significant rise in obesity in this country, and in fact depending on the statistics, if you are from the state of Mississippi, one out of three to one out of four people in Mississippi are obese, so that's a huge problem, no pun intended. It is the aging of America is another reason. So we have growing obesity, you have an aging population that is remaining alive, and in most cases, otherwise healthy that really are increasing the incidents of diabetes.

**MR. BRUCE JAPSEN:**

You know when it comes to management of diabetes, there are a lot of innovative employer programs that I've written about at The Tribune, and if you will, considering you have so many employer clients out there and just generally the programs that you offer, what is a company like CVS Caremark, what are they doing to help manage diabetes better and working with patients, consumers, doctors, and even the pharmacists?

**DR. JAN BERGER:**

Well, there are a variety of things we offer and I am going to start for moment on our PBM side, but I am also going to talk about our retail side as well. On our PBM side, we work with a number of Fortune 500 companies as well as health plans to look at innovative ways of getting patients and their physicians to be more conscious about their diabetes and it really starts with awareness. As I said, there were a 100 million people this last year, who were diagnosed with diabetes. What people don't understand, including physicians, is that there are somewhere about 30% more of that, so another 300,000, who have the disease and don't even know it. We call them the unaware. Both of the programs that CVS Caremark, the PBM as well as CVS retail stores offer is awareness campaign. So screening of people, who may be at high risk for diabetes in order to let them know they have the condition if they do and to start working with their physicians in partnership in order to control what can be devastating complications.

**MR. BRUCE JAPSEN:**

And how do patients find out about these programs? I mean is that often can they find out at the pharmacy counter, do they have to have employer based health insurance to gain access to these things?

**DR. JAN BERGER:**

They can find out both ways. If it is a retail based program, then just walking into your CVS Pharmacy or one of the other local pharmacies that may be in your area and either going up and asking the pharmacist do they have a screening program or may be advertised within the retail pharmacy. If you do have benefits through your employer, then reaching out to your benefits team and asking them if they are doing healthcare screening to look for abnormal blood sugars or abnormal blood pressures.

**MR. BRUCE JAPSEN:**

And the interesting thing on a lot of these employer programs when you are talking about managing diabetes is that they are a lot more innovative than they were and we are seeing a lot of employers out there that are actually giving free medications to their workers, and I think that generally a lot of physicians don't know about these programs, and correct me if I am right or wrong, and so they don't know to tell their patients about them, is this what you find?

**DR. JAN BERGER:**

Absolutely. There are programs that either will give generic medications free, will lower the cost, will give blood sugar meters for free or lower the cost, and the truth is we as physicians need to start educating ourselves around the cost of these medications or equipment, but we also need to just open up the conversation and say to the patient acknowledging that it could be costly and that they need to reach out to their employers and better understand what their benefits are. I know that I get very overwhelmed even as a healthcare worker every year when my benefits package comes in, and I tend to glaze over and not really understand what is and is not covered.

**MR. BRUCE JAPSEN:**

And you bring up an interesting point on the whole issue of what people should be looking for in diabetes care management. I am reminded there was Asheville, North Carolina, who did this. They found through a study that they did, they basically gave drugs to the patients for free and improved outcomes and I know a lot of people might be stunned to hear that, but what happened is that usually people, who are always constantly complaining about the rising cost of drugs, but a lot of times, and Dr. Berger correct me if I am wrong, when generic drugs are offered to patients for free, they take them and that can do things to not only help their care, but costs in the long run.

**DR. JAN BERGER:**

That is correct, the Asheville Project was a very interesting project because what they did besides decreasing the cost of the medication is they really worked side by side with the patient's physician to educate support and actually cheer lead the patients on. We as physicians are very busy in our offices and often don't have the time to really go into depth with each individual on educating them around their diabetes, around the day to day impact that diabetes may have and how they eat, how they exercise, how they live. In Asheville as well as many areas in this country today there are programs and they are called disease management programs, health management programs that really offer this kind of support to the patient. Now, we as physicians sometimes get our nose out of joint and say isn't that our job, and yes, it is our job, but these people are not trying to usurp what we do, what they are doing is going along with the care plans we give our patients and helping support, what we say, and day to day educating them when the patients can't be calling us 3, 4, 5 times a day or week when they have questions.

**MR. BRUCE JAPSEN:**

And so, do you find, you bring up an excellent point on this diabetes medication management, do you find that the doctor would be less likely to tell their patient, well be sure you are in touch with your pharmacist, they will explain this and that and the other thing to you, and if that is the case, what can be done, I mean are there programs or certain relationship building things going on within CVS Caremark arena that could spur more of these relationships between pharmacies and doctors?

**DR. JAN BERGER:**

Absolutely. I will tell you until 9 years ago when I joined CVS Caremark, at that point it was Caremark, I did not understand what a great impact a pharmacist can have for the patient and on the relationship I should be having with the local pharmacist because they really are trained not only on medication, but on the conditions that many of these medications treat. They are not my competitor, they are my peers, and so I think that as physicians (1) we need to do a better job at partnering with pharmacists on behalf of our patients. (2) I think it is important again to open up the conversation and ask patients do their employers or their health plans offer a disease management program in many of the common conditions that we are treating, heart disease, asthma, depression, and diabetes because if those things are available to the patient, in most cases they are available at no cost, and if they are <\_\_\_\_\_> as in the Asheville Project because the patients were given this by their employer, which was the City of Asheville, North Carolina, at that time, if they remained active in the program, they received their medications at a reduced or no cost to themselves.

**MR. BRUCE JAPSEN:**

And this situation in Asheville, which is a very good success story has been rolled out across the country in several cities including, I believe, Chicago, Pittsburgh, among others, is that the case, and I think patients can actually find out about ways if their employers and their doctors, for that matter, can find out whether such programs are available.

**DR. JAN BERGER:**

That is correct, and it's not just large cities, we worked in Polk County, Florida, to do a program very similar to Asheville and it was very, very successful and it continues today and it's in its second or third year, I think actually it's third year now.

**MR. BRUCE JAPSEN:**

I would like to thank Dr. Jan Burger, the Senior Vice President and Chief Clinical Officer of CVS Caremark, who has been our guest today. CVS is one of the nation's largest pharmacy chains and pharmacy benefit companies. I am Bruce Japsen with the Chicago Tribune and I've been your host today on Inside Healthcare on ReachMD XM 157, The Channel for Medical Professionals.

We welcome your comments today about our show with Dr. Berger of CVS Caremark and your questions through our website at [www.reachmd.com](http://www.reachmd.com), which now features our entire medical show library including this program in on-demand podcasts, and I would like to thank you today for listening.

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You're listening to ReachMD XM 157, The Channel for Medical Professionals. Here is a sample of the great shows airing this week.

I am Dr. Bill Rutenberg. Join me this week and my guest Dr. William Hagopian, senior scientist at the Pacific Northwest Research Institute, as we discussed cutting-edge diabetes research programs.

Thank you for listening to ReachMD XM 157 where we change topics every 15 minutes. For our complete weekly guests and program guide, visit us at [www.reachmd.com](http://www.reachmd.com).