

2016 Pharmacist Role in Team-based Care for Diabetes and Hypertension

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Pharmacist-Led Diabetes Self-Management Education and Training

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Disclosure

- I, Frances Cohenour, PharmD, have a financial interest or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation
 - Received grant funding from ADPH for the DSME/T program

Objectives

- Describe pharmacist-led Diabetes Self-Management Education (DSME)
- Describe the accreditation process for pharmacist-led DSME

About Me

- Samford University McWhorter School of Pharmacy 2010 Graduate
- PGY1 Community Pharmacy Residency at Moose Pharmacy with UNC
- Chad's Payless Pharmacy in Florence, AL
 - Director of Clinical Services
 - Residency and Student Preceptor



- Established in 2000
- Located in Florence, Alabama
- Services:
 - Medication Therapy Management (MTM)
 - Biometric health screenings



- Travel immunizations and routine immunizations
- Medicare Part D plan comparisons
- Medication synchronization
- Diabetes Self-Management Education and Training (DSME/T)

Diabetes

- 22 million people diagnosed in the United States
 - Approximately 90% Type 2
- Long-term micro - and macrovascular complications
 - 2-4x increased risk of cardiovascular events
 - 2-3x higher annual mortality rate

Diabetes

- Education about disease and self-management behaviors necessary to reduce risks

Pharmacists and DSME

- Most accessible healthcare professionals in most communities
- Patients with diabetes see their pharmacist seven times more often than their primary care provider

Pharmacists and DSME

- Studies have shown that pharmacist involvement improves:
 - Medication adherence
 - Treatment outcomes
 - Quality of life

Self-Care Behaviors

- According to the American Association of Diabetes Educators (AADE), there are seven key self-care behaviors necessary for self-management:

#1: Assessment

- Identifies current medications, lifestyle, diet and exercise, concurrent medical conditions, financial constraints that may impact drug therapy
- Identifies whether appropriate laboratory tests have been performed

#1: Assessment

- Identifies opportunities for risk reduction with referrals for eye exams, dental exams, foot exam, immunizations, etc.
- Evaluates patient medications to determine appropriateness of therapy

#1: Assessment

- Assesses patient's ability to use testing supplies and adherence to medication regimen

#2: Outcome Identification

- Educates patients to enhance knowledge of diabetes and its complications to help the patient understand the desired outcomes of drug therapy
- Evaluates outcomes and communicates with patient's other healthcare providers

#3: Planning

- In consultation with the patient and other healthcare providers, the pharmacist:
 - Prioritizes identified problems
 - Proposes alternative treatment strategies
 - Establishes good working relationship with other providers

#3: Planning

- Determines the most appropriate education plan and medication regimen
- Explains the plan to the patient

#4: Implementation

- **Communicates essential information to patients about medications and diabetes devices**
- **Determines patient's commitment to taking all medications and performing testing**

#4: Implementation

- **Provides motivational interviewing to help the patient take steps to change behaviors in order to improve diabetes management**
- **Collaborates with other healthcare providers and/or refers patients to additional providers such as dietitians, exercise physiologists, or other behavior interventionists**

#5: Evaluation

- **Identifies important signs and symptoms and laboratory measurements**
- **Identifies appropriate self-monitoring techniques**
- **Establishes effective plan which includes the onset, frequency and duration of monitoring**

#5: Evaluation

- **Assesses patient's ability to recognize and resolve adverse events (e.g. hypoglycemia)**

#6: Documentation

- **Either develops or contributes to a database containing relevant information about the patient's health and education plan**
- **Ideally, this information is shared with all members of the healthcare team**

Accreditation

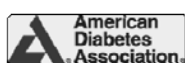
Accreditation

- Accreditation = Recognition
- CMS-approved accrediting bodies
 - American Diabetes Association (ADA)
 - American Association of Diabetes Educators (AADE)
 - Indian Health Services (IHS) – Closed system



Accreditation

- National Standards are the same for all organizations



Accreditation

- Education Recognition Program (ERP)
- \$1,100 for 4-year cycle
- Focus on hospital and outpatient setting



- Diabetes Education Accreditation Program (DEAP)
- \$900 for 4-year cycle
- Focus on community-based delivery of education

#1: Internal Structure

- Documentation of organizational structure
- Documentation of program mission and goals
- Letter of support from sponsoring organization

#2: External Input

- Program has documented plan for seeking outside input
- Advisory board consisting of health professionals, patients, community stakeholders, etc.

#3: Access

- Documentation identifying population
 - Demographics
 - Ethnic/cultural background
 - Gender
 - Age
 - Education level
 - Literacy

#3: Access

- Identification of resources needed to meet specific population needs
- Actions taken to overcome access-related problems

#4: Program Coordination

- Program coordinator must have experience managing chronic disease, facilitating behavior change, or have prior experience with program and/or clinical management
- Program Coordinator must receive minimum of 15 hours of CE relating to diabetes education each year

#5: Instructional Staff

- One instructor must be an RN, RD, or pharmacist
- Must have 15 hours of CE relating to diabetes education each year
- Must have policy in place that ensures patient's needs are met if needs are outside of an instructor's scope of practice and expertise

#6: Curriculum

- Curriculum developed by ADA or AADE can be purchased
- Curriculum must adopt principles of the seven self-care behaviors
- Must be reviewed and updated annually to reflect current guidelines and evidence
- Must reflect maximum use of interactive training methods

#7: Individualization

- Education process is a collaborative process that is tailored to meet the needs of individual patients
- Must submit a de-identified patient chart with required elements listed on the ADA or AADE website

#7: Individualization

- Must develop an individualized education plan based on assessment and behavioral goals
- Follow-up must also be documented

#8: Ongoing Support

- On-going self-management support options must be reviewed with the patient
- Must be communicated with the patient's referring provider
- Examples include:
 - Subscribing to diabetes magazine
 - Joining a gym
 - Starting a weight loss program

#9: Patient Progress

- Collaborative development of goals and outcomes evaluated
- Documentation and assessment of at least one clinical outcome (A1c, weight, BMI, lipids, etc.)

#10: Quality Improvement

- Aggregate data must be collected and used for analysis of outcomes and is submitted at the time of application
- Annual report documenting continuous quality improvement (CQI) activities following accreditation must be maintained

Applying for Accreditation

- Accreditation fee and all required documents must be submitted to accrediting organization
 - AADE:
 - http://www.diabeteseducator.org/export/sites/aade/_resources/pdf/accred/Final_Crosswalk_-_3-2013.pdf

Applying for Accreditation

- ADA:
 - <http://professional.diabetes.org/files/media/initial-application-checklist-2016.pdf>
- If all standards are met, a phone interview or a site inspection will be conducted

Our Experience with AADE

- Application Submitted (3/1/16)
- Notification of Missing Items (3/15/16)
- Phone Interview (4/8/16)
- Accreditation Received (4/11/16)

Summary

- **Pharmacists have a unique opportunity to reach patients with diabetes**
- **Collaboration with patients and other healthcare providers is necessary to achieve optimal outcomes for patients**

Summary

- **Accreditation, while requiring a lot of documentation and effort prior to application, is possible for pharmacists in a variety of settings**

Special Thanks

- **Special thanks to my resident, Chelsea Leonard, PharmD, for her assistance with this presentation**

References

- **American Association of Diabetes Educators website.
www.diabeteseducator.org.
Accessed April 1, 2016.**
- **American Diabetes Association. Standards of Medical Care in Diabetes – 2016. Diabetes Care. 2016; 39 (Suppl. 1).**