



PROJECT IMPACT

IMPROVING AMERICA'S COMMUNITIES TOGETHER

Appalachian College of Pharmacy and University of Kentucky College of Pharmacy Oakwood, VA and Lexington, KY

The summer months are often quiet on college campuses. Most students and faculty members have gone home, and many of the busy classrooms and lecture halls are empty. For the five schools participating in the APhA Foundation's Project IMPACT: Diabetes, however, there's no vacation from bringing diabetes care to patients in need in their communities.

Two of these schools, Virginia's Appalachian College of Pharmacy and the University of Kentucky College of Pharmacy, face similar challenges in their patient outreach efforts. Located about 4 hours apart in central Appalachia, the schools are both very close to rural, underserved patients. Faculty members at the two schools are dedicated to caring for these patients, both through Project IMPACT and other efforts.

These two sites' Community Champions, Shamy Abdelfattah, PharmD, Associate Professor of Pharmacy Practice at Appalachian College of Pharmacy, and Holly Divine, PharmD, CDE, FAPhA, Clinical Associate Professor at the University of Kentucky, are not only improving patient outreach through Project IMPACT, they and their colleagues are also coming up with new programs aimed at keeping the momentum for pharmacist-provided patient care going.

Appalachian College of Pharmacy: Removing Barriers

"We have so many barriers to patient care," Abdelfattah told *Pharmacy Today*. Patients in Buchanan County, where the college is located, have to deal with high unemployment, health professional shortages, and even the geography of the region, he explained. "For patients to get the right care, they have to travel an hour or an hour and a half away to see a specialist."

Because the patients in this rural area are so widely distributed, Appalachian's Project IMPACT program isn't limited to one site. "We identified one clinic that had 30 patients about an hour and a half away from the pharmacist, so we sent the pharmacist to that clinic. If patients are in another community, we have them meet with the pharmacist in a church or in a grocery store near where they live," Abdelfattah explained. Appalachian has established seven locations where its 126 Project IMPACT patients can meet with a pharmacist.

After patients complete the Patient Self-Management Credential knowledge assessment test and their initial diabetes assessment, Abdelfattah and his colleagues can schedule them for regular visits. The focus of Appalachian's program is the American Association of Diabetes Educators' framework of seven self-care behaviors: healthy eating, physical activity, daily self-monitoring, medication adherence, problem solving, reducing risks, and healthy coping. "As patients adapt to these goals and work on them, they ... eventually improve their blood glucose and blood pressure and cholesterol level, as well as their diabetes," Abdelfattah said.

The biggest change in working with patients, Abdelfattah told Today, is in their attitude. "The patients now have the knowledge and they show that knowledge," he said. "When we talk to patients now, they tell us what they're doing, that they're watching what they eat and exercising. They can actually count carbs, and they can tell you the relationship between what they eat and their blood glucose. ... We see a lot of patients more actively taking control of their diabetes."



Serving on the faculty of a college of pharmacy made training community pharmacists in patient care much easier, Abdelfattah noted. “The resources we got from the college allowed us to provide online courses and live courses, and to educate and to train the pharmacists to provide diabetes care,” he explained. “That makes a great partnership between academia and the community pharmacist.

“I’m not here in a silo,” Abdelfattah continued. “I am actually a part of the community because I’m in touch with the community. If a community pharmacist wants to get involved with Project IMPACT: Diabetes or a similar project in their community, all the resources and all of the know-how from the college could be easily transferred to [them]. ... We really took that barrier away from the community pharmacist.”

For Shamly, diabetes care is truly a family passion. His son Samir Abdelfattah, PharmD, and daughter Bridgett Vencill, PharmD, both Appalachian College of Pharmacy graduates, are participating in Project IMPACT alongside their father.

University of Kentucky: Replicating Success

At the University of Kentucky, Divine and her colleague Trish Freeman, BSPHarm, PhD, Clinical Associate Professor, saw Project IMPACT: Diabetes as the perfect opportunity to replicate the success of their popular PharmacistCARE program in an underserved, rural site. Through PharmacistCARE, University of Kentucky College of Pharmacy faculty provides comprehensive medication therapy management services to patients with diabetes, hypertension, and other conditions. The program won the APhA Foundation’s Pinnacle Award in 2005.

“The goal of [PharmacistCARE] was always to replicate that service and that model of pharmacist practice and other pharmacy sites across the state,” Divine explained. “So we looked at [Project IMPACT] as a great opportunity to ... replicate the program in another, more rural, underserved site.”

The university chose Morehead, KY, a small town about an hour east of Lexington. Divine and Freeman formed a partnership with St. Claire Regional Medical Center, the largest rural hospital in northeastern Kentucky. Like Abdelfattah’s patient population, the Morehead community—including the 30 patients enrolled in Project IMPACT—is a rural area with a high incidence of type 2 diabetes, Divine said.

The approach Divine and Freeman took at St. Claire was inspired by PharmacistCARE, which was in turn modeled on the Asheville Project—employer group care provided by community pharmacists who focus on self-management and education. Key to their strategy was ensuring the independence of the local Morehead pharmacists. “We didn’t want to be the ones providing the service,” Divine said. “We wanted to take the model that we had and completely integrate it into that community so it would be freestanding. Once we gave them more autonomy, then they could continue that service on their own without relying on our pharmacists or our resources.”

Because of this focus on the eventual independence of the practice site, training a network of community pharmacists in Morehead to support the St. Claire pharmacists was paramount. “We put them through APhA’s diabetes Certificate Training Program, using that as their initial training program for diabetes,” Divine said. “We also trained them on the patient care visit itself.” Patients in Morehead who were health plan members at St. Claire with diabetes were able to choose between pharmacists on St. Claire’s staff or the newly trained community pharmacists, Freeman noted, and there’s “about an even split.”

Managing the program as university faculty offered advantages and challenges, Freeman said. “The advantage that we have ... is that we had [PharmacistCARE] established; we had relationships with folks in the community that we could draw on,” she explained. “That allowed us to have a foot in the door to partner with this community; if we hadn’t had that, I don’t know if it would have happened.” The challenge to their background in academia, however, was their distance from the practice site. “We make regular site visits and we communicate via phone and e-mail regularly, but it’s not the same as actually being there and talking to the patients yourself,” Freeman said. It’s their training that will allow the pharmacists in Morehead and at St. Claire to continue providing services even after Project IMPACT comes to an end, however.

Looking to the Future

The Project IMPACT teams at the Appalachian College of Pharmacy and University of Kentucky are already looking forward to the future of their patient care programs. For Abdelfattah, the next step is Pharmacists Improving Diabetes Outcomes (PIDO), while Divine and Freeman hope to continue working for the profession through the University of Kentucky's Center for the Advancement of Pharmacy Practice (CAPP).

PIDO, Abdelfattah explained, helps pharmacists provide disease state management by first training interested community pharmacists and then matching them with contracts to work with accredited diabetes centers. The program also uses telemedicine to help pharmacists reach patients in rural areas. "This is huge for us," Abdelfattah told **Today**. "It's going to guarantee that any pharmacist who wants to do the same work that started with Project IMPACT: Diabetes will continue doing the same thing and getting paid for it."

Freeman was recently named as the first Director of CAPP. "The mission of the center," she explained, "is to document the value of the pharmacist as patient care provider and help develop novel, innovative practice models that can assist the pharmacist in moving from a more product-associated role to a patient care role; to reach out and engage pharmacists practicing in the state and help them move their practice to more patient care." These objectives relate very closely to Project IMPACT, Freeman noted.

Project IMPACT: Diabetes and the other innovative programs these pharmacists are developing are helping make patient care the standard of practice for pharmacists. "Word's getting out in the community, among the patients," Freeman said. She noted that she's still getting calls from pharmacists asking if they can enroll patients in Project IMPACT. "I said you can go ahead and enroll them in your patient care service ... Patients are starting to hear from other patients who are in the program the benefits of being in it and are saying, 'I want to do this!'"

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