



PROJECT IMPACT

IMPROVING AMERICA'S COMMUNITIES TOGETHER

Central Ohio Diabetes Association and County of Santa Barbara Public Health Department Columbus, OH and Santa Barbara, CA

Working with patients who are indigent, homeless, uninsured, or otherwise at a high risk for falling between the cracks of our health care system presents a significant challenge for any pharmacist or health care provider. When those patients have a chronic disease like diabetes, the challenge is intensified and the stakes are even higher.

The dedicated health professionals at the Central Ohio Diabetes Association and the County of Santa Barbara (CA) Public Health Department know full well how important it is to bring patient care to these underserved populations. Through their efforts and participation in Project IMPACT: Diabetes, they are helping improve the health of patients in their own communities.

Ohio: Adding Pharmacists to Education

The Central Ohio Diabetes Association in Columbus is an independent diabetes association that offers detection, prevention, and education services for patients with the disease, as well as social services. Their team is led by Executive Director Jeanne Grothaus, MA; Director of Programs and Services Roy Bobbitt, MSW, MBA; and Patient Navigator Lindsey Matz, MSW. "We really are in the neighborhoods, in the community, serving the people with the fewest resources," Bobbitt told *Pharmacy Today*.

About 70% of the association's 32,000 patients are uninsured, underinsured, or otherwise lacking resources. Many patients are transient or visit irregularly, Grothaus noted, so the staff has to do as much as possible when they visit. "Our population is different in that way, but that's the population we've been created to serve," she said. "We've been serving the community for 49 years ... always with a promise that no one would be turned away for inability to pay."

Patients come to the association in two ways, Bobbitt said. It screens thousands of people each year, following up on patients at risk for diabetes to encourage them to connect with a physician and make use of the association's services. Many patients are also referred, both by physicians and by friends and family. However they get there, the process always starts with Matz. She assesses new patients to determine their level of knowledge, gather information, and place them in the appropriate class.

Classes follow the American Diabetes Association Diabetes Self-Management Education (DSME) standard, and follow-up programs touch on nutrition, prevention, foot and eye care, and more. "We've recently added a cooking class," Bobbitt noted, "because our dietitians discovered that they can talk to people about how to cook, but [the patients] don't have the actual cooking skills."

Project IMPACT allowed the association to add a pharmacist to the DSME classes. The pharmacist first delivered a 20-minute presentation about building a pharmacist-patient relationship. Second, the pharmacist provided individual medication reviews where patients could review their drugs and ask any questions they have.

Even after Project IMPACT comes to an end, the association wants to continue including pharmacists. "Having the opportunity to put together and kick off a pharmacy program, watch how our patients respond to it, and then be able to have the basic data that allows us to go forward with providing it ... has really been a good thing for us [and] for our clients," Grothaus said.



California: Pharmacist Makes a Difference

Carol Millage, PharmD, Pharmacy Director for the County of Santa Barbara Public Health Department, faces a similar challenge. At two diabetes clinics, Millage and her colleagues—physicians, nurses, and medical assistants—provide care to patients on Medicare and Medi-Cal (California’s Medicaid program), those who qualify for the county’s Medically Indigent Adult program, homeless patients, and self-pay patients.

New patients first see the clinic’s medical assistant, who records vital signs and other information. Next, they see a physician. Finally, Millage and a dietitian sit down with the patient, review the treatment plan and lab results, assess medication adherence, and provide education about medications.

“I’m focused on medication [adherence],” Millage explained. “Since our patients are usually indigent, I help get them on medications they can afford or on patient assistance programs. ... If they can’t afford their medications, their [adherence] is not going to be good.”

Millage told **Today** that her ability to help patients with adherence issues has contributed to an effective relationship with physicians at the clinics. “They definitely rely on me,” she said, “because I know all the patient assistance programs that we carry at our pharmacy ... and I usually know which medications are going to be more affordable.”

It turns out, Millage said, that economic or administrative issues—which drugs are most affordable, how to refill a prescription or renew an assistance program—often contribute to non-adherence with underserved patients. “There’s a lot of little barriers to [patient] care that I don’t think we understand in the pharmacy,” she explained. “When you’re sitting there with the patient ... [you] understand that our patients are not the typical pharmacy patients.”

These patients respond well to her interventions, Millage said, noting that non-adherent patients respond much more favorably to a sympathetic ear. “I try not to make them feel guilty ... I try to find out, why aren’t you being [adherent]? ... What are the barriers to getting your medicine?” she explained.

Project IMPACT has allowed Santa Barbara to incorporate Millage into the diabetes clinics, and her colleagues recognize how valuable her participation is, she said. Financial constraints are a challenge, but she believes that her participation has truly made a difference.

Millage recalled some of the clinic’s notable success stories, like the young man whose glycosylated hemoglobin started above 15% but got below 7% within 10 months. “He was very motivated; he started running an hour every night,” she said. “It was very rewarding for me to see that type of improvement.”

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