

COMMUNITY FACT SHEET El Rio Community Health Center Tucson, AZ

Program Overview

The mission of the El Rio Community Health Center is to improve the health of the community by providing comprehensive, quality health care that is affordable and accessible to all who need it. Dedicated to serving all populations, including the underrepresented and uninsured, El Rio has become one of the largest non-profit, community health centers in the United States. Currently, over 76,000 people in the Tucson community depend on El Rio as their primary source of medical and dental care.

Program Partners

The El Rio Community Health Center has a comprehensive team including physicians, pharmacists, dentists, nurse practitioners, physician assistants, nurses, midwifes, medical assistants, and other important support staff. This comprehensive team works together to coordinate care for all patients to improve clinical outcomes.

El Rio Community Health System partners with the Health Services Advisory Group, the quality improvement organization for Arizona and the Patient Safety and Clinical Pharmacy Services Collaborative. Both of these organizations are committed to improving the quality of care provided to the diabetes population of focus in Project IMPACT: Diabetes. They also partner with the University of Arizona and offer a training site for pharmacy students and residents.

Community Champion: Sandra Leal, PharmD, MPH, FAPhA, CDE

Patient Profile

El Rio Community Health Center provides accessible and affordable health care primarily to underserved populations in the greater Tucson area and southern Arizona. The El Rio Community Health Centers serve over 900 patients a day and the patients are primarily underserved Hispanics and American Indians. More than 76% of patients who utilize services at El Rio fall at or below the federal poverty line.

Pharmacists' Role on the Collaborative Care Team

The vision of the El Rio Community Health Center is to be a national model of excellent health care. The Pharmacy-Based Diabetes Management Program at El Rio is an innovative program that was established in August 2001 and it has become a national model for treating patients with diabetes. Patients are referred to the pharmacist by their physicians when they have newly diagnosed or uncontrolled diabetes. Pharmacists have collaborative practice agreements with the physicians that allow them to manage the patient's medication therapy. The pharmacists use their comprehensive understanding of medication therapy, including formulary guidelines and drug protocols, to make recommendations and changes in therapy regimens as needed. The pharmacist is responsible for monitoring a patient's medication therapy and making modifications when needed, continuous monitoring for improvement in patient outcomes, education of patients, identification/resolution of adherence and therapy related concerns, as well as monitoring for actual or potential adverse drug reactions. The pharmacist can also identify if referrals to other providers in the areas of ophthalmology, podiatry, nutrition or behavioral health may be needed based on what was identified during the pharmacy visits. The integration of pharmacists in the healthcare team at El Rio has helped to improve patient outcomes, including the patient's quality of life, improve medication adherence, and avoid medication-related complications.

Relevant Statistics - Community Level

- According to the CDC:
 - 8.1% of adults in Arizona were diagnosed with diabetes in 2010¹
- According to the Arizona Health Department of Health Services Bureau of Tobacco and Chronic Diseases:
 - There has been an 80% increase in people diagnosed with diabetes from 1995 to 2010²
 - Considering that a third of the population with diabetes is undiagnosed, it is estimated that there are nearly 600,000 adults with diabetes in Arizona²

Diabetes Epidemic at the National Level

Impact of Diabetes^{3,4}

- □ 25.8 million people, which is 8.3% of the U.S. population, are estimated to have diabetes
 - 18.8 million people have been diagnosed with diabetes
 - o 7 million people are undiagnosed; in other words, are unaware they have diabetes
- □ 1.9 million people aged 20 years and older are newly diagnosed with diabetes each year
- □ The prevalence of diabetes in the United States increased by 128% from 1988 to 2008
- □ If present trends continue, 1 in 3 adults in America will have diabetes in 2050
- □ 79 million adults have prediabetes, which increases their risk of developing Type 2 diabetes later in life
- □ Diabetes is a major cause of heart disease and stroke
- Diabetes is the leading cause of kidney failure, nontraumatic lower-limb amputations, and new cases of blindness among adults in the United States
- □ Diabetes contributes to the death of 231,404 Americans each year

Cost of Diabetes⁴

- □ Total cost of diagnosed diabetes in the United States = \$245 billion per year
 - Direct medical costs = \$176 billion per year
 - o Indirect costs (e.g., disability, reduced productivity) = \$69 billion per year
- □ Health care costs for a person with diabetes are 2.3 times higher than a person without diabetes
- □ 1 out of every 10 health care dollars is spent treating diabetes and its complications

References

- 1. Centers for Disease Control and Prevention: National Diabetes Surveillance System. Available at: http://www.cdc.gov/diabetes/statistics. Accessed June 16, 2013.
- 2. Arizona Health Department of Health Services Bureau of Tobacco and Chronic Diseases. Arizona Diabetes Burden Report: 2011. Available at: http://azdhs.gov/azdiabetes/documents/pdf/AZ-Diabetes-Burden-Report 2011.pdf. Accessed June 16, 2013.
- 3. Centers for Disease Control and Prevention. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011.
- 4. American Diabetes Association. Fast Facts Data and Statistics About Diabetes. Available at: http://professional.diabetes.org/admin/UserFiles/0%20-%20Sean/FastFacts%20March%202013.pdf. Accessed June 12, 2013.