

Leadership lessons from Project IMPACT: Diabetes

Project IMPACT: Diabetes is the first national initiative to improve the health of high-risk patients with diabetes by integrating pharmacists into diabetes care teams in underserved communities or communities highly affected by diabetes. The program's interim clinical results, released in October 2013, indicate statistically significant decreases in patients' A1C or blood sugar levels, LDL cholesterol, systolic blood pressure, and body mass index. Several pharmacists who led local care teams recently shared their successes with *Student Pharmacist*.

Balls Food Stores

As a student pharmacist, I did not recognize in myself leadership traits that I saw in others such as initiative, resourcefulness, and enthusiasm for "the cause." It took experience and the wisdom of great mentors to develop my own leadership abilities. Once I found my passion for direct patient care in the community, I dove head-first into the tasks of implementing an innovative disease management program with Balls Food Stores, a family-owned grocery chain in Kansas City, KS, with 20 pharmacies, including three PGY1 community pharmacy residency sites.

Since 2008, our company has offered disease self-management education programs to its employees and dependents to combat rising health care costs. After 3 years of this program, we were confident in our ability to improve health outcomes and lower our company's health care expenditures. My new mission was to take this innovative service into the community through Project IMPACT: Diabetes.

By providing one-on-one patient education, I am responsible for leading patients to better health, so I identified three key areas of focus for successful patient visits.



Schwartz

First, develop a strong rapport and trust with patients. Make good eye contact, call patients by name, and remember to follow up on personal things shared. This rapport deepens as you provide new education and make interventions that improve the patient's health. To maintain the relationship, show you respect their individual feelings and health-related decisions, whatever they are. At each visit, the patient should participate in developing an action plan, including long- and short-term health-related goals.

Second, hold patients accountable. It is important to give praise for goals met and reinforce how achieving goals contributes to improved health. You should also explore why goals were not achieved. Was it finances, lack of time, or lack of perceived importance? If patients lack motivation, we use motivational interviewing techniques to help the patient prepare for long-term behavioral changes.

The third focus is providing incentives. Financial incentives may be provided by a patient's pharmacy, benefit plan, or employer, such as copayment or insurance premium discounts. Pharmacists may incentivize patients by scheduling less frequent one-on-one visits when patients achieve goals and meet health outcomes. Patients who are not actively working toward better health will be held accountable more often until they are ready to make healthy changes.

When leading patients to better health you must rely on your leadership traits. It takes initiative to move beyond the usual standard of care. It's up to you to share your enthusiasm for each patient's health and motivate them to make changes that improve their health. —By Nikki Schwartz, PharmD

University of Mississippi

Our school of pharmacy has a history of providing innovative models of medication therapy management (MTM) in underserved areas. Over the



Courtney Davis reviews medication changes with a patient during an MTM follow-up visit.

past 2 years, through Project IMPACT: Diabetes, I have integrated pharmacy services into a collaborative team that provides care in a private diabetes specialty clinic in Jackson, MS.

Previously, this clinic had implemented a patient care model that used diabetes educators, nurses, nurse practitioners, and physicians. In a typical visit, the patient saw both a diabetes educator and provider. This multidisciplinary approach was beneficial, but the one element missing was a pharmacist. In order to incorporate the pharmacist in the model, I served in a modified educator role where I provided MTM services prior to the portion of the visit conducted by the provider. During the MTM portion of the visit, I provided comprehensive medication reviews, developed individualized self-management plans, provided disease state education, and made drug therapy

recommendations to the primary provider.

In the initial stages of establishing any type of pharmacy service, it is imperative to build trust with providers and other health care professionals. I built relationships with team members, delivered evidence-based recommendations, and served as a drug information resource. Trust was established, which resulted in acceptance of therapeutic recommendations and the opportunity to assist with drug therapy consults for challenging patients.

With the great burden of diabetes and resulting complications, it is challenging to lead patients to better health. Just as it is imperative to build relationships and establish trust with fellow health care professionals, it is vital to establish trust with patients. Having a good relationship with a patient is key to empowering them to manage their own health. Respect is crucial in first impressions and remains important throughout the relationship. Patients often have many medication questions and the comprehensive medication review provides an opportunity to address these. Patients may not have previously interacted with a pharmacist in a clinic setting, so this is an opportunity to demonstrate how pharmacists can contribute to improving their care. By keeping these elements in mind, you can establish good rapport with patients and empower them with the knowledge and skills to better manage their health.

Since we completed the project, I continue to provide MTM services in the clinic. I also serve as a medication information resource and the clinic regularly asks me to help with medication therapy recommendations for treating hypertension in patients with multiple co-morbidities. The practice also serves as a valuable learning experience for the student pharmacists and residents. I am

excited about the future opportunities to expand and create innovative pharmacy services at this practice site.]

—By Courtney S. Davis, PharmD

El Rio Community Health Center

One of the most rewarding experiences of my career has been spending time with the El Rio



Marisa Rowen counsels a patient during a Pascua Yaqui community-based health screening.

Community Health Center and the Pascua Yaqui tribe while also participating within a state-approved collaborative practice agreement with prescriptive authority.

As an ambulatory care pharmacist, I built relationships and trust with a community that welcomed me into their culture. I found new ways of delivering health care that is comfortable and effective for the patients we serve. I work directly with family medicine physicians, a physician assistant, a nurse practitioner, and an entire staff of tribal health department providers, including dental, alternative medicine, diabetes prevention staff, behavioral health workers, and community health nursing staff. As a transdisciplinary team, we have been able to significantly improve the care we provide and be more consistent with our message.

Some of the early lessons I learned were to embrace and be sensitive to the needs of the community. I also learned that my agenda cannot and will not always be the patient's agenda; you need to be flexible and realistic. Because I was the first pharmacist located on the Pascua Yaqui reservation to establish these services, I worked closely with tribal administration, tribal government, and the patients to determine how I could best serve their needs. The El Rio provider staff and I met as a team to determine what was possible with our resources. I focused on strengthening the services between the two organizations and the community with the goal of decreasing complications associated with diabetes and its comorbidities.

As our services grew, there was increased demand. We incorporated pharmacy, medical, and nursing students into our practice to meet these needs and train future practitioners in a model that has worked well for our community. We also established agreements with residency training programs within the city and received American Society of Health-System Pharmacists accreditation for our own program to introduce future pharmacists to our model. Through this growth, it has been necessary to welcome change and strengthen leadership skills in areas we had not explored.

Project IMPACT: Diabetes was an excellent opportunity for our staff and myself to readdress a process we have built and practiced for the last 10 years. The grant provided support as well as an outside objective eye to evaluate our outcomes. It also provided tools that were beneficial in assessing patient knowledge and taking a step back to critically evaluate if we needed to change our approach when working with patients.

—By Marisa Rowen, PharmD