Making an Impact: Advancing Pharmacy Services

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Making an Impact: Advancing Pharmacy Services

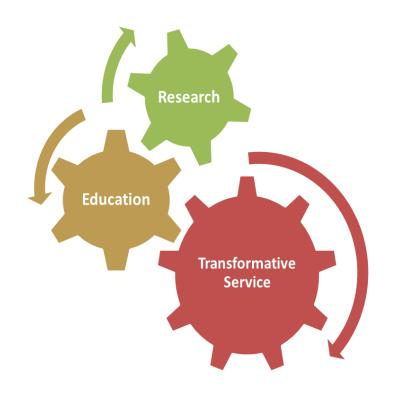
Objectives

- Discuss the School of Pharmacy Community-Based Research Program
- 2. Identify a model of care for pharmacist involvement in clinical services
- 3. Examine results from Project IMPACT: Diabetes
- Facilitate an interactive discussion on advancing pharmacy services



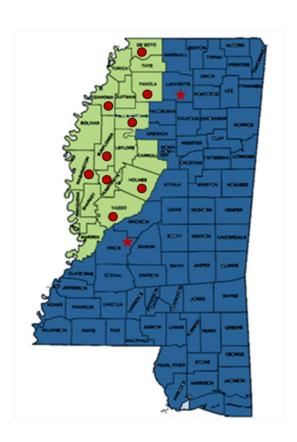
University of Mississippi School of Pharmacy Community-Based Research Program

- Increase access to care
- Improve patient outcomes
- Evaluate impact of services





- 18 county region
- Rural area
- High levels of poverty
- Large African American population
- Vulnerable to health disparities
- Lack of access to services
- Poor health outcomes





Completed Projects

- Delta Pharmacy Patient Care Management Project HRSA/DHA
- Delta Pharmacy Obesity Management Project HRSA/DHA
- Active Surveillance Attitudes and Perceptions in Prostate Cancer NRHA/Emory
- Million Hearts Initiative: Team Up, Pressure Down CDC/NACDS Foundation
- Project IMPACT: Diabetes APhA Foundation
- Beacon Community Cooperative Agreement DHHS/ONC/DHA
- Million Hearts Initiative: Team Up, Pressure Down Pioneer Challenge AACP/Pharmacy Network Foundation
- Rapid HIV Testing in Pharmacies and Retail Clinics Demonstration Project CDC

Ongoing Projects

- Pharmacy Cardiovascular Risk Reduction/Delta Health Collaborative CDC/MSDH
- Patient Safety and Clinical Pharmacy Services Collaborative HRSA/PSPC
- Community Pharmacy Residency Expansion Project (PREP) NACDS Foundation
- Southern U.S. Diabetes Coalition Project CMS Innovation Award/MSPHI

New Projects

- Pharmacist Linkage in Care Transitions with UMMC/Walgreens NACDS Foundation
- Diabetes Rural Telehealth Network UMMC/GE Healthcare



Medication Therapy Management Model Implementation

- Community Pharmacies, Provider Clinics, Employer Settings
- Generalized (2 or more medications, 2 or more disease states)
- Specialized (Diabetes, hypertension, dyslipidemia, asthma)
- Evaluation of Clinical, Humanistic, and Economic Outcomes

Health Care Assessments

- Disease-specific
- Health Literacy
- Medication Adherence, Patient Safety

Education

Patient, Provider, Student and Resident Training

Transitions of Care

- Institutional to Community Setting
- Readmission Rates, Clinical Outcomes



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Project IMPACT: Diabetes <u>IMP</u>roving <u>America's Communities Together</u>

- National diabetes self-management program
- Conducted by the American Pharmacists Association (APhA) Foundation in partnership with the Bristol-Myers Squibb Foundation's Together on Diabetes initiative

Bristol-Myers Squibb Foundation

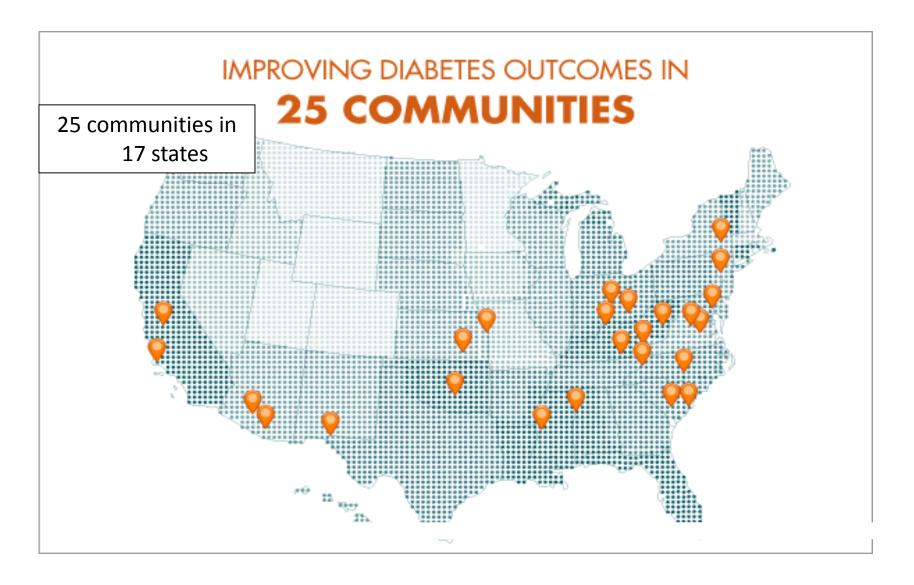


Communities Uniting to Meet America's Diabetes Challenge

Objectives

- Scale successful efforts from the Asheville Project and Diabetes Ten City Challenge
- Place pharmacists on diabetes care teams in communities across the U.S.
- Establish a nationwide program utilizing the APhA Foundation's structure and process model in communities most affected by diabetes





Participating Organizations

- Community pharmacies
- University-affiliated clinics
- Self-insured employers
- Federally Qualified Health Centers
- Free Clinics



Community Resources

- Knowledge Base (online database)
 - Rich, role-based source of sample forms and tools
 - Patient education resources
- IMPACT Care Database
 - Microsoft® Access Database → SQL Server Database
 - Collects/reports minimum and maximum IMPACT datasets
- IMPACT Technical Advisory Services
 - Community Coordinator providing mentorship
 - 800 number and e-mail address with 24/7 access



Methods

- Recruitment September 2011-January 2012
- Inclusion Criteria
 - Diagnosis of diabetes, Hemoglobin A1c (HbA1c) >7%, and able to present to clinic site for visits
- Exclusion Criteria
 - Age <18 y/o, institutionalized, unable to give written consent, pregnant
- A minimum of three documented meetings with pharmacist with at least 3 months between visits over a 12-month period of time



Project IMPACT: Diabetes Clinical and Process Measure Reporting

- Demographic Information
 Visit Information
 - Age
 - Ethnicity
 - Gender
 - IMPACT Start Date
 - Local HIPAA Consent Date
 - Withdrawal Date & Reason (as applicable)

- Visit Number
- Visit Date/Time
- Length of Visit (in minutes)
- ACE/ARB Therapy
- Aspirin Therapy
- Hypertension Therapy
- Cholesterol Therapy
- MTM Core Elements



Clinical and Process Measure Reporting

- Assessment Information (including dates)
 - A1C
 - BMI
 - Systolic Blood Pressure
 - Diastolic Blood Pressure
 - LDL Cholesterol
 - HDL Cholesterol
 - Triglycerides

- Total Cholesterol
- Smoking Status
- Eye Exam
- Foot Exam
- Influenza Vaccine

Demographic data collected at baseline only. Visit & assessment data collected at baseline and subsequent visits.



National Interim Results

| Outcome Measure | N = | Baseline | Most Recent | Change to Date | P Value |
|-------------------|------|----------|----------------|-------------------|------------|
| A1C | 1580 | 9.0 | 8.3 | -0.7 | 0.000 |
| ВМІ | 1699 | 35.1 | 34.9 | -0.2 | 0.000 |
| Systolic BP | 1702 | 131.8 | 129.9 | -1.9 | 0.000 |
| Diastolic BP | 1702 | 78.7 | 78.0 | -0.7 | 0.004 |
| LDL-C | 966 | 99.5 | 92.2 | -7.3 | 0.000 |
| HDL-C | 1026 | 43.5 | 44.3 | +0.7 | 0.012 |
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University of Mississippi Site

Site: Diabetes Care Group, Jackson, MS

Pharmacists: Courtney Davis, PharmD, BCACP

Community Pharmacy Residents

Study Duration: September, 2011- January, 2013



University of Mississippi Site - Workflow

- Pharmacist-Patient visit
 - Comprehensive medication review
 - Lab/blood glucose assessment
 - Disease state education
- Pharmacist-Provider consultation
 - Therapeutic recommendations
 - Collaborative plan
- Provider physical assessment
- Pharmacist-Patient follow-up



University of Mississippi Site – Pharmacist Role

- MTM services
 - Disease state education
 - Medication review
 - Therapeutic recommendations
 - Collaborative Plan
 - Therapy changes
- Patient consults
- Drug information source

- Telephonic MTM
 - Blood glucose review
 - Therapeutic recommendations
 - Collaborative Plan
 - Therapy changes
- Preceptor
 - Students
 - Residents



- Study concluded January 31, 2013
- 64 patients met minimum study requirements
- Demographics
 - Male (48%), Female (52%)
 - Caucasian (64.1%), African American
 (32.8%), Native American (1.6%), Hispanic
 (1.6%)



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| LDL-C | 32 | 99.2 | 82.6 | -16.6 | 0.006 |
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Breakout Session

