



COMMUNITY FACT SHEET

**University of Kentucky College of Pharmacy, *Lexington, KY*
Saint Claire Regional Medical Center, *Morehead, KY***

Program Overview

The University of Kentucky PharmacistCARE program is a pharmacist-administered patient care service of the University of Kentucky (UK) College of Pharmacy, which has received two national awards for outstanding patient care and best practices since establishment in 2003.

For Project IMPACT: Diabetes, the University of Kentucky College of Pharmacy partnered with St. Claire Regional Medical Center in Morehead to serve as a rural setting for implementation of PharmacistCARE to include diabetes education, medication therapy management (MTM), and individual follow-up appointments for medical center employees with diabetes. The goals of the project were to improve glucose control, medication use, and self-care practices. St. Claire has established a network of primary care clinics and pharmacies within Morehead and the surrounding counties that were utilized for this collaborative program. UK clinical pharmacists provided training to local pharmacists in Morehead to support delivery of these patient care services.

Program Partners

The University of Kentucky College of Pharmacy Center for the Advancement of Pharmacy Practice has partnered with Saint Claire Regional Medical Center, Total Care Pharmacy, Cave Run Clinic Pharmacy, and Saint Claire Regional Medical Center Diabetes Education Program through Project IMPACT: Diabetes.

Community Champion: Holly Divine, PharmD, BCACP, CGP, CDE, FAPhA

Patient Profile

Patients are adult health plan members of Saint Claire Regional Medical Center (employees and dependents) who have type 2 diabetes.

Pharmacists' Role on the Collaborative Care Team

Patients are initially engaged through open enrollment in their employer's benefits department. After patients submit their information and select their pharmacist provider, the pharmacist contacts them to set up the initial visit. The initial visit consists of a comprehensive medication review with the pharmacist, who also addresses any deficiencies from patients' initial knowledge assessment completed at the benefits fair upon enrollment. Patients are also referred to the St. Claire Regional Diabetes Education Program for comprehensive self-management education, if applicable. During each subsequent visit with the pharmacist, approximately 3 months apart, drug therapy and diabetes-related problems are addressed. Diabetes, nutritional, and lifestyle education is provided, and other components of the patient self-management credential are completed based on patient need. Additionally, patients receive basic assessments at the visits including weight, blood pressure, A1C test, and sensory foot exam. As an incentive to participation, health plan members were provided discounts on test strips for glucose self-monitoring. Pharmacists and local providers collaborate and openly communicate to help patients with diabetes improve their care and communicate.

Relevant Statistics – Community Level^{1,2}

- In 2010, Kentucky ranked as having the 12th highest age-adjusted prevalence of diabetes among adults in the U.S. (estimated at 9.3%, alongside Indiana and Ohio)

- From 1995 to 2012, the prevalence of diabetes increased from 3.5% to 10.0%
- Men and Women experience similar rates of diabetes; however, African Americans have a higher prevalence at 13.1% than do Whites at 10.0%.
- Emergency Department visits for diabetes resulted in charges of \$23,709,718 in 2011

Diabetes Epidemic at the National Level

Impact of Diabetes^{1,2}

- 25.8 million people, 8.3% of the U.S. population, are estimated to have diabetes
 - 18.8 million people have been diagnosed with diabetes
 - 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 Diabetes²

- Total cost of diagnosed diabetes in the United States = \$245 billion per year
 - Direct medical costs = \$176 billion per year
 - 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. Morbidity and Mortality Weekly Report. Increasing prevalence of diagnosed diabetes - United States and Puerto Rico, 1995-2010. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6145a4.htm>. Accessed July 2, 2013.
2. Kentucky Department for Public Health. Kentucky Diabetes Report 2013. Available at: <http://chfs.ky.gov/NR/ronlyres/03F86F3B-93E2-4BEA-89C0-25DD9C1FB1FC/0/ReporttotheLRCFINAL1172013totheSecretary.pdf>. Accessed on July 2, 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.