Applying Clinical Pharmacy Services in the Care of Patients with Diabetes

March 27, 2014
Established in 1990 in church basement in Dover by Dr. Zufall and volunteer physicians

FQHC since 2004; providing entire range of primary medical, dental and enabling services

Have 6 sites including a mobile medical van

Serving uninsured, underinsured, homeless, residents of public housing, farm workers

Open 7 days a week, extended hours

Bilingual staff and on call services
Facts and Statistics 2013

Served over 21,000 patients with over 68,000 visits

Patients with diabetes under control: 86%

However, there is still room for improvement...

- 65% of adults either overweight or obese
- 13% have diabetes, 16% have hypertension, 85% of patients are taking more than one medication on a regular basis
- Many patients taking duplicate medications/not taking medications as directed

Continue to offer interdisciplinary team care including a pharmacist to high risk patients.
Patient Safety and Pharmacy Services Collaborative (PSPC)

- Joined in 2008, now in our 5th year
- Providing Clinical Pharmacy Services to patients with chronic diseases
- Pharmacist is integrated in primary care/team work/coordinated care
- Have seen over 3,000 patients, the majority with diabetes out of control
- Seeing consistent improvements in all health and safety measures
One of 25 organizations selected due to our success with the PSPC
Used our established process of integrated care
Included diabetes education and self-management curriculum
Collected health measures and reported data on a monthly basis
Enrolled and followed 84 patients for one year
- Visits with the pharmacist, MTM and referrals– average 4 times/patient
- More >50% received action plans

Results
- HbA1c levels significantly reduced by 0.9% (p=.0002).
- Improvements were seen in cholesterol and blood pressure (p=0.164, p=444)
- Adherence to medications improved
- 65.2% had eye exams, 84.2% had foot exams, and 70% received their flu vaccine
- 28.6% of patients that smoked cigarettes quit smoking
What worked?

- Trusting patient–pharmacist relationship
- Patient centered
- Face to Face encounters–30 minutes to an hour
- Frequent follow-up as needed
- Targeted interventions
  - Disease-specific
  - Culturally competent
  - Health literacy conscious
  - Barriers identified
- Collaboration with clinical team for coordination of care
The Patient

Provider Education
Patient Counseling
Preventive Care
Drug Information
Medication Reconciliation
Medication Access–340B
Retrospective Drug Utilization Review
Medication Therapy Management
Disease State Management
Prospective Chart Review & Provider Consultation

CLINICAL PHARMACY SERVICES
PROJECT IMPACT–Diabetes
Coordination of Care – our Delivery Model

10 Elements of Clinical Pharmacy Services
- Interventions consultations
- 340B Risk Reductions
- Self Mgt Education–AADE7

Patient Follow-up
- Outcomes Tracking
- PSPC Project Impact

• Provider Referral
• pADE/ADE Reporting

• Enabling Services
  - BH
  - PCMH Coordinators

• Chief Medical Officer
• QA/PI/PCMH
A pharmacist in care team results in:

- Increased medication adherence
- Increased patient safety
- Improved access to medications
- Enhanced self-management by the patient to accept drug and lifestyle changes regimen
- Increased efficiencies in the health care delivery model
- Improved screening and prevention services
- Added value to care
- Decreased ED visits and hospitalizations
**Value to New Jersey—700,000 People Living with Diabetes**

- Medication misuse—>$200B=8% costs
- CDC—non-adherence costs $2K/pt/physician
- CDC—improved self management cost to savings 1:10
- 2025—costs projected to double

- Represents—>$2B for NJ
- Represents—>$1.4B in visits in NJ
- Represents potential savings of >$14B
- Double all numbers above
Barrier to Access of Clinical Pharmacy Services

- Not a billable service under Primary Care– Ambulatory Practices
- Provider status is necessary for both pharmacists and CDEs– to enhance access to self management training