Creating an IMPACT on students and patients
Alex Egerváry

For B. DeeAnn Dugan, PharmD, Project IMPACT: Diabetes Community Champion at the Jefferson County, AL, Department of Health (JCDH) and Associate Professor at Samford University McWhorter School of Pharmacy, helping an underserved population and teaching student pharmacists are two sides of the same coin.

“I don’t think I could be an effective teacher if I didn’t have the practice site that I have with the population I have,” she noted. “The more visits [they] come to, the more it trends down.” Dugan added that she hopes to have a poster describing this data accepted at the 2013 APhA Annual Meeting in March.

The education and direct intervention on the clinic floors are helpful, Dugan said, but perhaps the most essential part of diabetes care is the follow-up. “A day or two later, we call [patients], we follow up and ask how everything is going,” she explained. “It’s those follow-up contacts that really think the patients respond most to. When they talk about the services, those are the things that they would tell you make a difference.”

Helping patients; teaching students

Working with an at-risk population isn’t always easy, Dugan said, but it’s a challenge that she loves. “Those moments when you finally have that breakthrough with the patient ... those are magical, and I really love conveying that to my students, letting them see the passion that drives me and the need that exists,” she told Today. “I want them to see that they can make a difference; every single one of them can make a difference.”

One of those moments that took place recently involved a JCDH patient with type 1 diabetes. Her health literacy was low, Dugan said, and she was having difficulty understanding her medication regimen. Dugan recalled:

“Pharmacy Today” wrote about the medication management challenge. Dugan said that she was able to teach the patient about her medication regimen, and that “the patient now understands their medication.”

Providing essential care

Dugan and her colleagues provide patient care in two main ways. At each of the JCDH clinics, the pharmacists provide diabetes education classes, starting with a general overview of the disease and how it is treated, proceeding through four more specialized sessions, and continuing with follow-up to ensure that patients reach their treatment goals. The pharmacists also work one-on-one with JCDH physicians on the floor of each clinic to provide medication reconciliation and other pharmacy services.

Through Project IMPACT, JCDH was able to expand a third location and increase the number of patients served. Dugan said the county was also able to offer incentives to patients, including free test strips and discounted medications at county hospitals. “Test strips are incredibly expensive,” Dugan noted. “For patients who are making 25% of the poverty level, [they’re] nearly impossible to afford.”

Patients respond well to the pharmacists’ interventions, Dugan said. “We can show that there’s absolutely a direct correlation between coming to see the pharmacist and their A1C [glycosylated hemoglobin] going down,” she said.

At the Jefferson County, AL, Department of Health, DeeAnn Dugan reaches a severely underserved patient population.

As a Samford University professor, Dugan also teaches students how much they can do to help patients.

APhA Foundation making an IMPACT

Project IMPACT (Improving America’s Communities Together): Diabetes is a national initiative of the APhA Foundation that aims to improve care for patients with diabetes through community-based interdisciplinary teams that include pharmacists.

This project scales previous Foundation initiatives such as the Asheville Project, Patient Self-Management Program for Diabetes, and the Diabetes Ten City Challenge into 25 communities across the United States. As part of the program, the Foundation provides communities with tools, resources, guidance, and support to facilitate their success.

Pharmacy Today will continue to profile these Project IMPACT communities over the coming months, bringing you stories of innovative and unique diabetes care programs from coast to coast. Next month’s issue will feature the Central Ohio Diabetes Association and the County of Santa Barbara (CA) Public Health Department.

For more information about Project IMPACT: Diabetes, visit the APhA Foundation’s website at www.aphafoundation.org.
when she should use Humalog (insulin lispro—Eli Lilly) and when she should use Lantus (insulin glargine—Sanofi). “She was having a lot of hypoglycemia,” Dugan explained, “so we did a lot of counseling and interventions to get all that straightened out. But we were still calling to check on her, because we were concerned about her.”

One day, Katy Fisher, a JCDH resident called the patient to see how she was doing and found her agitated, confused, and crying. Dugan, Fisher, and Roger Lander, PharmD, decided to send both JCDH residents to check on the patient. “When they got there, the patient didn’t even remember talking to her,” Dugan said. The residents found that the patient had a blood glucose level of only 40 mg/dL, and immediately started feeding her high sugar/carbohydrate foods and retesting her glucose.

Finally, after three cycles of eating and retesting, “all of a sudden she was fine,” Dugan said. She remembered talking to the resident and explained that she had skipped a meal, leading to her hypoglycemia. Today, the patient has a better understanding of her condition and is much healthier, Dugan said. “I think we prevented a hospitalization—at the very least—that day.”

Planning for the future

These success stories and the overall effectiveness of JCDH’s interventions have convinced the county to continue with the clinics even after Project IMPACT comes to an end, Dugan said. “I think the next step from all that we’ve learned is that we need to address transportation barriers,” she noted. “That seems to be one of the biggest issues for patients.”

One possible way to address this challenge is telephonic interventions, Dugan told Today. “We’re going to … see whether or not we can have the same impact [on patients] talking to them on the phone,” she explained. “Can we get them to come in once every 3 months, but do the telephone interventions more often?”

“Every step we take towards helping one person—just one—get a handle on [diabetes] is worth the effort.”

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