

IMPLEMENTATION OF A DIABETES RISK REDUCTION PROGRAM IN A COMMUNITY HEALTH CENTER Managing High-Risk, High-Cost Patients Using Clinical Pharmacy Services Molly Howard, PharmD Candidate^{1,2}; Rachel Selinger, PharmD, BCACP¹; Jeana Partington, MS, BSN, RN, CPHQ³ Charles Drew Community Health Center, Burlington, NC¹, Creighton University, Omaha, NE², The Carolinas Center for Medical Excellence, Cary, NC³

Abstract

Purpose: The purpose of this project was to target atrisk patients with diabetes at a community health center in North Carolina in order to decrease their risk for future complications. The project was part of the Health Resources and Services Administration's Patient Safety and Clinical Pharmacy Services Collaborative. An intensive interdisciplinary teambased model was utilized, which focused on the individualized needs of each patient. The objective of this project was to embed the concept of regular contact in the patient's routine in order to reinforce diabetic education and sustain the patient's engagement in his or her own care.

Methods: The population of focus was those patients with Type II diabetes whose last HgbA1c was > 9% and who had not been seen at the center for ≥ 6 months. The initial telephonic patient contact was conducted by the care manager who provided education and scheduled a patient visit. The encounter included clinical pharmacy time to conduct medication therapy management, medication adherence counseling, and insulin titration where appropriate.

Results: Data were collected from September 2010 through August 2011. Thirty two patients from one physician's panel were identified for inclusion in this care model. The percentage of patients with HgbA1c > 9% decreased by 40.6% over the course of the year, from 100% to 59.4%.

Conclusion: The improved outcomes evidenced through the use of an intensive interdisciplinary care management model, including clinical pharmacy services for high-risk patients with diabetes in this community health center, has been sustained and has the potential for individualized spread to the other five centers within the system. These results indicate the significance of clinical pharmacy services in the management of those who are at high risk for complications resulting from uncontrolled diabetes.

Background

•The project was initiated as part of the Heath Resources and Services Administration's Patient Safety and Clinical Pharmacy Services Collaborative.⁴

•The staff of the Charles Drew Community Health Center in Burlington, North Carolina, conducted the project.

•Charles Drew is part of Piedmont Health Services, Inc., which operates 6 federally qualified community health centers in 4 North Carolina counties, all of which contain full service pharmacies.¹

Teambased model

Pharmacist interventior

Monitoring

Reporting



Conclusion

An interdisciplinary team-based model with clinical pharmacy services at its core can be effective at decreasing the possibility of adverse diabetic outcomes in high-risk patients. This model has potential for implementation within the other five federally qualified community health centers within Piedmont Health Services.

Future Goals

•Broaden program to all PHS centers, while individualizing the program to meet individual center and patient needs.

•Foster new partnership with the North Carolina Quality Improvement Organization, The Carolinas Center for Medical Excellence, which aims to help in developing more efficient reporting capabilities, spreading our success story, and assisting with logistical and implementation issues.

•Streamline data reporting from all centers at scheduled intervals directly from EMR.

•Developing increased sustainability by: \succ Continuing to provide exemplary interdisciplinary

- care.
- Improving efficiency of data collection and integration with EMR.
- Moving toward population data instead of continuing cohort data collection.
- Considering additional services, such as nutrition and behavioral health, or additional monitoring parameters such as blood pressure or lipid measurements.

References

- 1. Piedmont Health Services website. http://www.piedmonthealth.org/. Accessed January 15, 2012.
- 2. Creighton University website. http://www.creighton.edu. Accessed January 15, 2012.
- 3. Carolinas Center for Medical Excellence website. http://www.thecarolinascenter.org/. Accessed January 15, 2012.
- 4. Health Resources and Services Administration website. http://www.hrsa.gov/publichealth/clinical/patients afety/index.html. Accessed January 15, 2012.



School of Pharmacy and Health Professio