

KENNEDY

PHARMACY INNOVATION CENTER

Development and financial impact of pharmacist-led diabetes self-management education (DSME) enhanced services in a community pharmacy practice setting

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BACKGROUND

- DSME, an education and training program intended to provide patients with decision-making and problem-solving skills necessary to manage diabetes, is recommended for all patients with diabetes; however, data suggests that only a small percentage of eligible patients receive it^{1,2,3}
- Current practice guidelines invite practitioners to “*explore and evaluate alternative and innovative models*”¹ for delivery of the under-utilized program. Additionally, requests have been made to improve reimbursement policies.³
- Barney's Pharmacy, an independent community pharmacy known for providing innovative patient-care services in low-income suburban Augusta, Georgia, was recently accredited by the American Association of Diabetes Educators (AADE) to deliver DSME in a classroom conveniently located within the pharmacy
- Given the positive impact of DSME on various outcomes, including health care utilization and costs, as well as the demand for alternative service delivery and reimbursement policies, a challenge for financially-sustainable, pharmacist-led DSME services in community pharmacy practice exists.

OBJECTIVES

- The primary objectives of this project is to describe a model for pharmacist-led DSME classes in an independent community pharmacy as well as evaluate the financial impact of maintaining this enhanced clinical service.

METHODS

Participants, Service, and Study Design:

- **Participants:** Patients diagnosed with diabetes living in the Central Savannah River Area
 - **Required:** physician order or referral (requested by pharmacy staff or initiated by a provider)
- **Service:** Five-session program consisting of a preliminary one-hour individual assessment followed by four 2-hour group facilitations
- **Study period:** Fall 2018 through Spring 2019
- **Data collected:** Service development and implementation details, retrospective costs of implementing and prospective costs of maintaining the program, average time to obtain referral, average administrative and preparation time, and average reimbursement rates
- **Statistics:** Descriptive



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RESULTS

- It took an independent pharmacy 36 hours over a 5 month period (Figure 1) to achieve accreditation and credentialing privileges as a DSME provider.
- A third of this time was spent on credentialing and contracting activities (Figure 2).

Figure 1: Timeline of service development and implementation

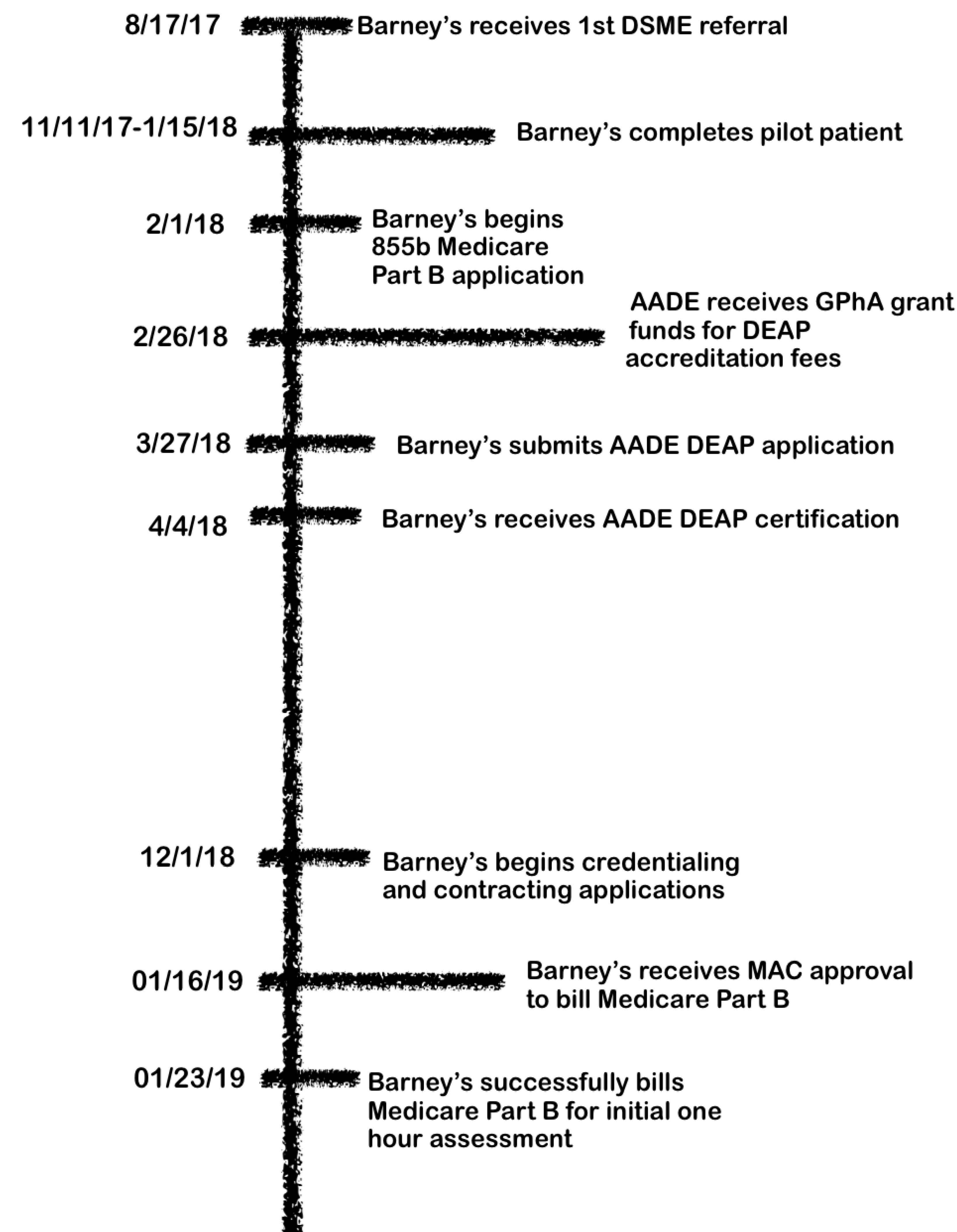
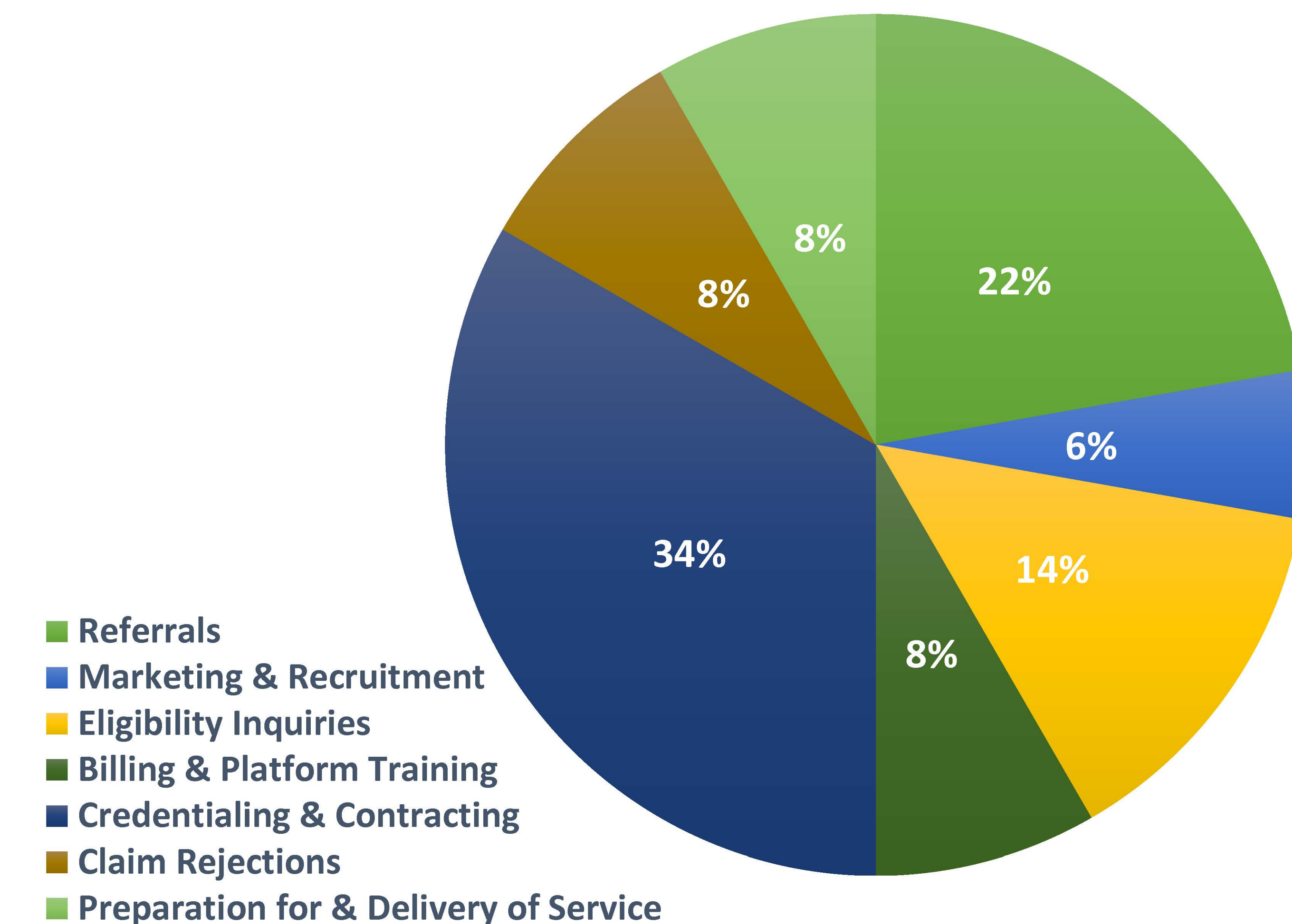


Figure 2: Time spent performing development activities



CONCLUSIONS

- Pharmacists implementing DSME should expect to spend more time obtaining referrals, determining patient eligibility, and obtaining contracts with commercial plans.
- With administrative duties demanding more time initially, financial viability is difficult to determine early in DSME development process.

REFERENCES

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Disclosures
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