

Development of a Pharmacist Managed Protocol in Uncontrolled Diabetic Patients

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Disclosure Statement

- ◉ No financial compensation was given for the development of this Collaborative Practice Agreement and implementation into Community Physician Groups clinic

Learning Objectives

- ◉ Describe challenges in developing a diabetes protocol
- ◉ Describe the types of patients the diabetes protocol is focused

Collaborative Practice Agreement

- Formal practice relationship between a pharmacist and another health care provider
- Specifies what patient care services may be provided by the pharmacist

Collaborative Practice Agreement

PURPOSE

To establish guidelines for managing and monitoring of diabetes therapy in adult patients and to define the roles/responsibilities of the primary care providers and collaborating pharmacists. The purpose of the service is to provide continuity of care to patients with optimal medication therapy, enhance patient care through education, monitoring, and close follow-up, improve therapeutic outcomes, and reduce adverse events associated with diabetes therapy.

POLICY

The service will be staffed by clinical pharmacists, pharmacy residents, and supervised pharmacy students. The clinical pharmacists, acting as agents of the providers and within written guidelines and protocol, may educate patients regarding drug therapy, initiate/adjust medication therapy, order/perform/interpret appropriate laboratory tests, authorize new or refill prescriptions for medications, and schedule appointments for patients.

PROCEDURE

Roles and Responsibilities:

1. Primary Care Provider
 - Refer patient to the Clinical Pharmacy Service for disease state management and inform patient of the referral.

Collaborative Practice Agreement

- Pharmacist Services
 - > Schedule appointments and order laboratory tests as appropriate
 - > Provide timely and appropriately schedule follow-up visits
 - > Provide disease state and drug therapy education including applicable side effects
 - > Monitor lab results and adjust/initiate medication therapy as appropriate
 - > Communicate with referring provider regarding: patient response to therapy, intolerance or adverse effects of treatment, and other medical questions or concerns outside the scope of the protocol

Eligible Patients

- ◉ Established patient of Community Physicians Group (CPG)
- ◉ Type 1 or Type 2 diabetic patients 18 years of age or older
- ◉ Uncontrolled diabetes
 - > Classified as a Hemoglobin A1c of $\geq 8\%$

Recruitment of Patients

- ◉ Medical providers of CPG may refer patients to the organization's pharmacist to be managed under the CPA
- ◉ Phone contact to patients eligible to be managed under the CPA

Challenges

- ◉ Recruitment Process
- ◉ Physician referral
- ◉ Ability of patients to understand the pharmacist's role in diabetes management

Recruitment Process

- ◉ Utilizing database to find patients with uncontrolled diabetes
- ◉ Chart review patients
- ◉ Call each uncontrolled diabetes patient individually

Physician Referral

- ◉ Productivity model for CPG
- ◉ Establishing a relationship

Patient Understanding

- ◉ Meet with a pharmacist?
- ◉ Will I have to make appointments with both the pharmacist and my PCP?
- ◉ How much will this cost?

Patient Diabetes Visit

CPG Clinical Pharmacy Diabetes Visit

ASSESSMENT/PLAN:

Patient's current diabetes is under (over) his (good) control.

Per CPG Diabetes protocol and using ADA/AACE guidelines, in regards to medication management:

- 1) Diabetic Regimen (Changes, no changes etc)
- 2) A1A/AACE/ASB therapy
- 3) Medication therapy recommendations
- 4) Hypertension management
- 5) Foot Exam, Eye Exam, MMR/flu/other Vaccines

Patient education provided around the following:

Patient understands and agrees with the plan of care:

Follow up:

Lab work needed ***

Additional med management follow up ***

Additional patient education needed ***

Time spent with patient including education and coordination with PCMH team/vascular = *** minutes

SUBJECTIVE:

Results

- 18 year old, type 1 diabetic
 - > HbA1c 12.1% in August 2016
 - > HbA1c 8.3% in November 2016
- 67 year old, type 2 diabetic
 - > Medication adherence
 - > Diet education
- 73 year old, type 2 diabetic
 - > Carb counting for carb:insulin ratio
 - > Insulin sliding scale

Future Goals for CPA

- Education is key!!
- Ways to implement more physician referrals
- Expand CPA to other clinics

Question

- ◉ Which of the following are challenges when implementing a new Diabetes Collaborative Practice Agreement in a clinic?
 - › Recruiting patients with uncontrolled diabetes
 - › Physician referral for patients with uncontrolled diabetes
 - › Ability of patients to understand the pharmacist's role in diabetes management
 - › All of the above

References

- ◉ American Diabetes Association. Standards of medical care in diabetes—2015. *Diabetes Care* 2015
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- ◉ PL Detail-Document: How to Switch Insulin Products, *Pharmacist's Letter* 2014; 30(6):300606
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