

“We’re All in This Together”

Including the Community CDE Pharmacist as a site for
Diabetes Education

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Faculty/Presenter Disclosure

Wendy Graham

I have received the Novo Nordisk scholarship to attend this conference

Angela Puim

Nothing to disclose in the development of the presentation.

Program Disclosure of Commercial Support

Wendy Graham

Angela Puim

No commercial support for this project or the
development of this presentation

Mitigating Potential Bias

Wendy Graham

Angela Puim

Not applicable

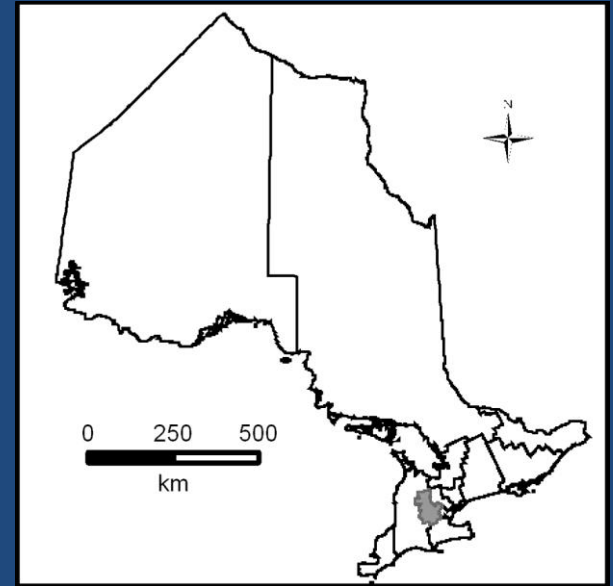
Objectives

- To describe the planning and implementation processes of including community pharmacists as a site for diabetes education
- To share learnings of a pilot project
- To share the experiences from the perspective of both the pharmacist and the central intake staff
- To describe where we are at now and next steps



Background

- Ontario is divided into 14 regions
- Our region—Waterloo Wellington
- Our population 775,000 (mix of urban and rural, Mennonites)
- Diabetes prevalence rate (2012): 8.7%
 - Prevalence count: 52,636 people
- 12 publicly-funded Diabetes Education Programs in a variety of host organizations (community and hospital)
- # CDE's in region: 95
 - 30 pharmacists**
- # endocrinologists in region: 11



Central Intake for Diabetes Referrals

- Centralized process for referrals within region (Central Intake)
- Referrals triaged by CDE nurse based on urgency, complexity and home address
- Sent to appropriate Diabetes Education Program and/or specialist
- Wait times monitored quarterly
- Measured against standardized wait times for region

Urgent (within 48 hours)	Semi-Urgent (7 to 14 days)	Non-Urgent (14 to 28 days)
Uncontrolled diabetes Newly diagnosed Type 1 diabetes Pregnancy with pre-existing diabetes Recent treatment for DKA Crisis that drastically affects individuals' ability to manage their diabetes ER discharge follow-up	Gestational Diabetes Inpatient discharge follow-up Steroid Induced Diabetes Hypoglycemia	Pre-diabetes Type 2 Diabetes Established Diagnosis Type 1 Diabetes Insulin pump therapy Type 2 insulin initiation

Gaps and Barriers Identified

- Limited evening hours for diabetes education
- No weekends
- Referrals identified as urgent not meeting standard
- Endocrinologists sending referrals directly to pharmacists
 - Duplication of services
 - Communication breakdown



Opportunities for Collaboration

- CDE pharmacists approached Central Intake with proposal
 - Outlined benefits
 - Suggested criteria
- Meeting with Central Intake, pharmacists and local community diabetes educators
- Developed plan to do pilot project



Benefits

Patient-Centred Benefits	System Benefits
Increased number of locations	Medication expert involved in the multidisciplinary team
Quick turn around time	Increased network of providers
Easy accessibility after hours	Reduced wait times
Medication education	Statistical management
Less duplication of service	
Consistency in education	

Pharmacy Criteria

Criteria of Eligibility



- Provide a minimum of 10 hours a week of diabetes education
- Offer a private counselling room
- Have a CDE on site
- Ensure separation of dispensing services from disease management services
- Offer home visit option
- Offer after hours access
- Hold liability and malpractice insurance
- Meet the CDA Standards for Diabetes Education in Canada
- Agree to having a review/support of regional mentor

Role of Mentor

- Experienced CDE in region
- Provides support, education to clinicians in own clinical setting
- Pharmacy Pilot
 - Site Visit-
 - Observation of 2-3 counseling sessions
 - Reviewed teaching tools
 - Reviewed documentation and communication to referring physician
 - Discussed several case studies
- Review based on Standards for Diabetes Education in Canada
- Mentor available for ongoing discussion



Plan for Pilot Project

- 3 month pilot project with 4 pharmacists
- Evaluate from perspective of pharmacists, Central Intake, DEPs, patients and referring physicians



Objectives

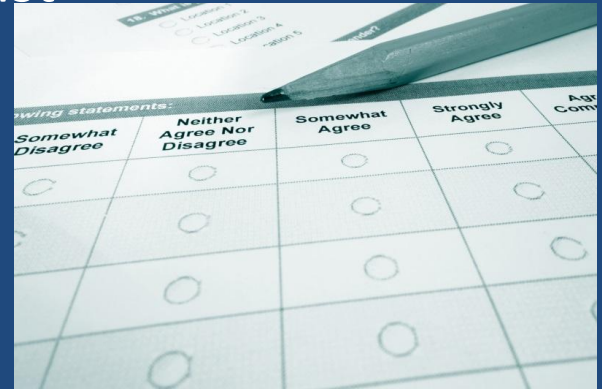
- To develop criteria for referral to community pharmacists
- To refine and evaluate the process for referral to community pharmacists
- To provide consistent approaches to education, care and management
- To develop common documentation and communication forms and processes
- To provide a streamlined transition from community pharmacists to Diabetes Education Programs as required

Results

- Total of 46 referrals faxed to the 4 Pharmacists
- Patients offered further teaching by DEP team
 - the pharmacist could complete a referral form and fax to CI for referral to DEP
 - original documentation was included
 - 23 referrals from pharmacists to DEP
 - 2 home visits

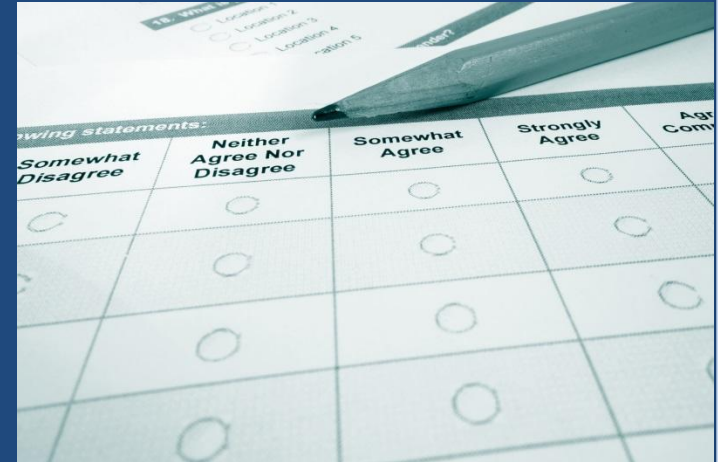
Evaluation

- Satisfaction surveys sent by paper, fax and survey monkey
- Patient surveys done by phone
- Educators asked to complete only if they had seen a patient who was referred after being seen by pharmacist



Evaluation

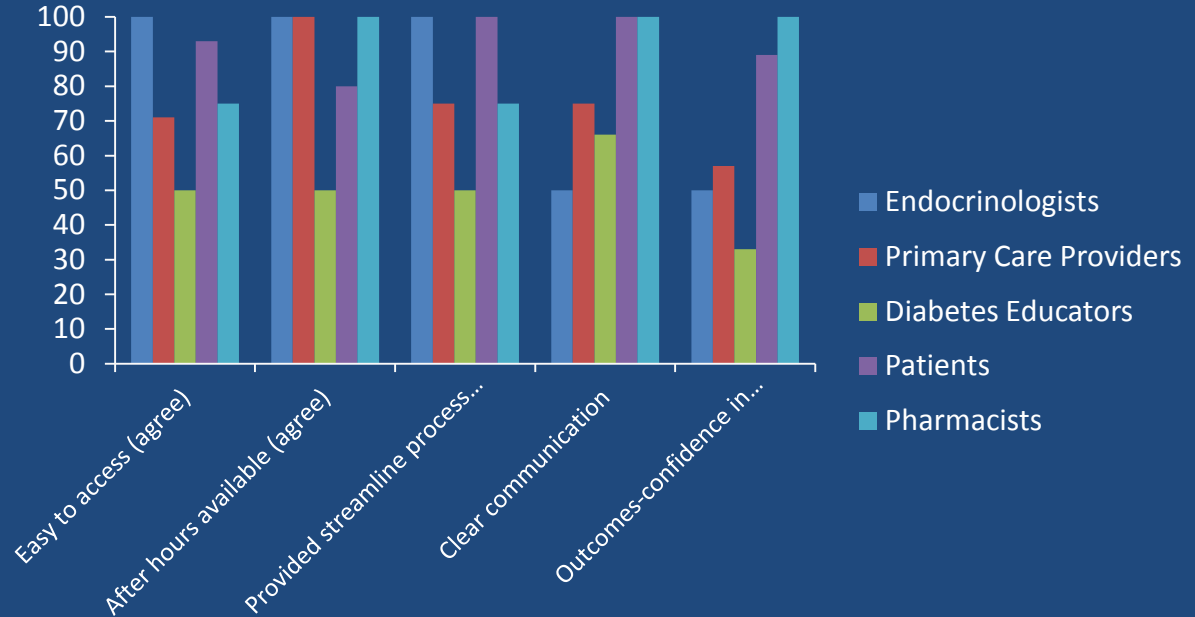
- Each evaluation set up around domains of:
 - Access to service
 - Process
 - Communication
 - Outcomes—confidence



Survey said...

Response rate:

- 100% pharmacists
- 71% patients
- 50% endocrinologist
- 38% primary care*
- ~ 30% educators*



*Interpretation of this data is difficult as the number of responses are limited

Lessons Learned From Central Intake Perspective

- Recognize change management principles
 - Communicate
 - process
 - why?
 - provide contact #s to both pharmacies and DEPs
 - Obtain buy-in from DEP managers
 - Allow time to build reputation/credibility
- Bias from educator perspective due to territorial issues
- Competition for referrals due to funding targets
- Coverage for pharmacist: vacation, illness
- Limited time frame of 3 months is difficult to change referral patterns



Lessons Learned From the Pharmacist Perspective

Importance of Communication

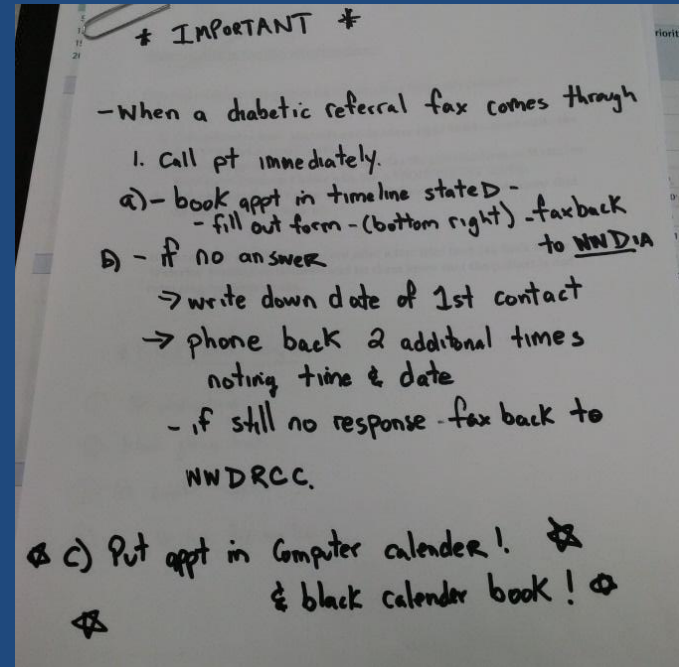
- Pharmacy employees
- Patient contact
- Other diabetes educators
- Prescribers

Consistency with process

- Working as part of a team
- Change management
- New paperwork

Collaboration

- Building relationships and trust
- Picking up the phone



Next Steps—Where are we now?

- More pharmacists wanting to participate
- Currently capacity in the system
- Encourage educators to utilize expertise of pharmacist for polypharmacy



Summary

- Successful project
 - Increased access (additional sites; home visits; urgent appointments; after-hours)
- Important to recognize and implement change management strategies
- Utilization of mentor was instrumental in supporting pharmacists



Acknowledgement of Participants:

Pharmacists:

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Johanne Fortier (Independent, Kitchener)
Nick Beamish (Sunrise Shoppers Drug Mart, Kitchener)
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Thank you!



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