

AMGA 2015
Diabetes Care at the
University of Utah

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SUGAR
DISPLAY ILLNESS HEALTHY
ANALYSIS GLUCOMETER SURVEILLANCE CHECK
HYPERGLYCEMIA
GLOUCOSE CARE STICK BLEED NURSE EMERGENCY
HEALTHCARE HYPOGLYCEMIA
DIABETES
EXAMINING CLINIC VIAL PAIR SAMPLE BLOOD METER EXAM
ANALYZING DOSE TEST DEVICE
MELLITUS INSULIN MEASUREMENT EQUIPMENT HORIZONTAL WORD INSTRUMENT PRICK
HUMAN CHRONIC HOSPITAL
PENSON HEALTH TREATMENT FINGER WHITE
DISEASE PREVENTION GLUCOSE LANCET
INJECT MEDICAL SYRINGE







Clinical Pharmacists



Diabetic Educators



Clinic Based
Care Managers

Frontline Pharmacist

Implementation of a pharmacist-managed diabetes program

When pharmacists are included as part of the health care team, clinical outcomes often improve.¹⁻³ Despite this, many community pharmacists do not participate in clinical pharmacy services because of a lack of time, a perceived lack of ability, a lack of comfort in performing such services, or a lack of resources.^{4,5}

In order to overcome these barriers, the Redwood Center Pharmacy created a team of clinical pharmacists whose job responsibilities are split between dispensing and providing clinical services. The team approach has created an environment conducive to helping pharmacists overcome any perceived lack of ability and raise their comfort level.

This article describes how the team approach is being applied in a pharmacist-managed diabetes care program and reports data on patient-centered outcomes of that program.

Background. The Redwood Center Pharmacy is a high-volume (approximately 175,000 prescriptions per year) community pharmacy that primarily serves the patients and employees of the University of Utah Health Care (UUHC) system. The pharmacy is located within the Redwood Health Center, a community clinic associated with UUHC. The primary care and specialty practices within the health center account for nearly 85,000 patient visits per year. In addition to standard

services, including "previsit planning" (in preparation for patient visits to UUHC clinics), disease state education and training, and disease state management under collaborative practice agreements. This site serves as the practice site for a clinical faculty member at the University of Utah's college of pharmacy.



Using health care providers' schedules, patients are identified for previsit planning two weeks before a clinic ap-

pointment. The target population is patients with five or more current medications and at least one chronic disease state. The pharmacy contacts the patient and schedules a previsit planning session three days to one week before the clinic visit; this allows the patient to obtain any necessary laboratory tests and meet with a pharmacist for reconciliation of his or her medications with the electronic medical record (EMR). If testing is accomplished before the clinic

appointment, the responsible provider has the laboratory results to review during the visit with the patient, in addition to any recommendations from the pharmacist to optimize the patient's current drug therapy regimen. Patients also have a better understanding of their medications after the face-to-face visit with the pharmacist.

The development of the previsit planning service helped the clinical pharmacists to develop a rapport with other health care providers at Redwood Health Center. This has led to a collaborative approach to treating patients with chronic disease states. The primary care providers often use collaborative practice agreements giving the clinical pharmacists legal authority to manage and prescribe medications for a specific disease state based on the pharmacist's clinical judgment. Per applicable state laws and

The Frontline Pharmacist column gives staff pharmacists an opportunity to share their experiences and pertinent lessons related to day-to-day practice. Topics include workplace





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