

# Pharmacist's Role on the Interdisciplinary Diabetes Team

# Pharmacy at SCIHP

Dispensing Pharmacy is the preparation and dispensing of medication and patient consultation.

# Pharmacy at SCIHP


Clinical Pharmacy is the ordering and evaluation of labs, and the ordering , modifying, and discontinuation of medications to enhance patient wellness.

# Pharmacy at SCIHP

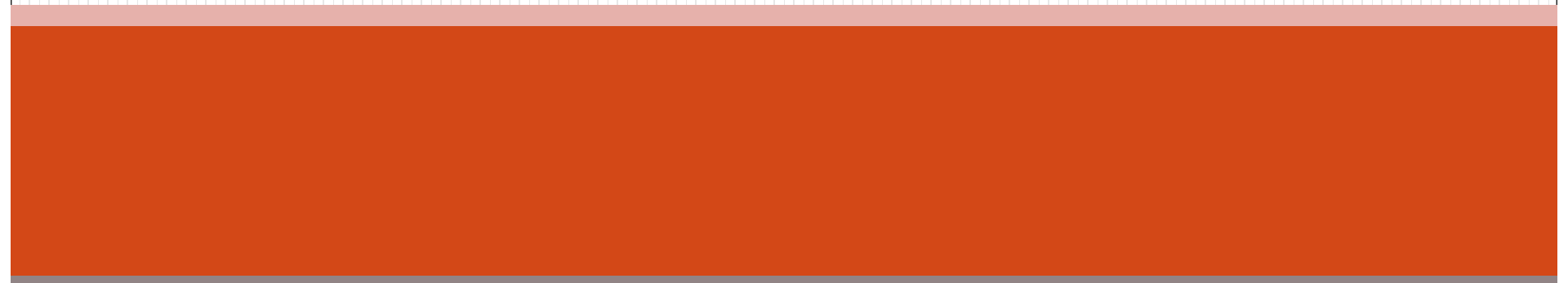
At SCIHP we do both....

# What we know about Diabetes

The standard of Diabetes care in the United States is patient-centered, encouraging personal involvement in the management of the disease.



Diabetes is frequently seen as part of the Metabolic Syndrome, presenting along with dyslipidemia and hypertension

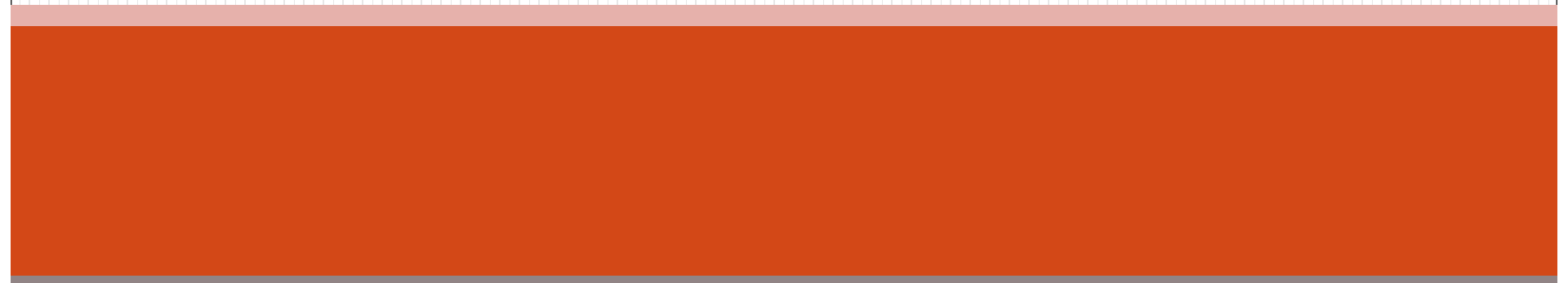


It is accepted that the uncontrolled consequence of any of the three diagnoses is the same – death from Heart Attack or Stroke.

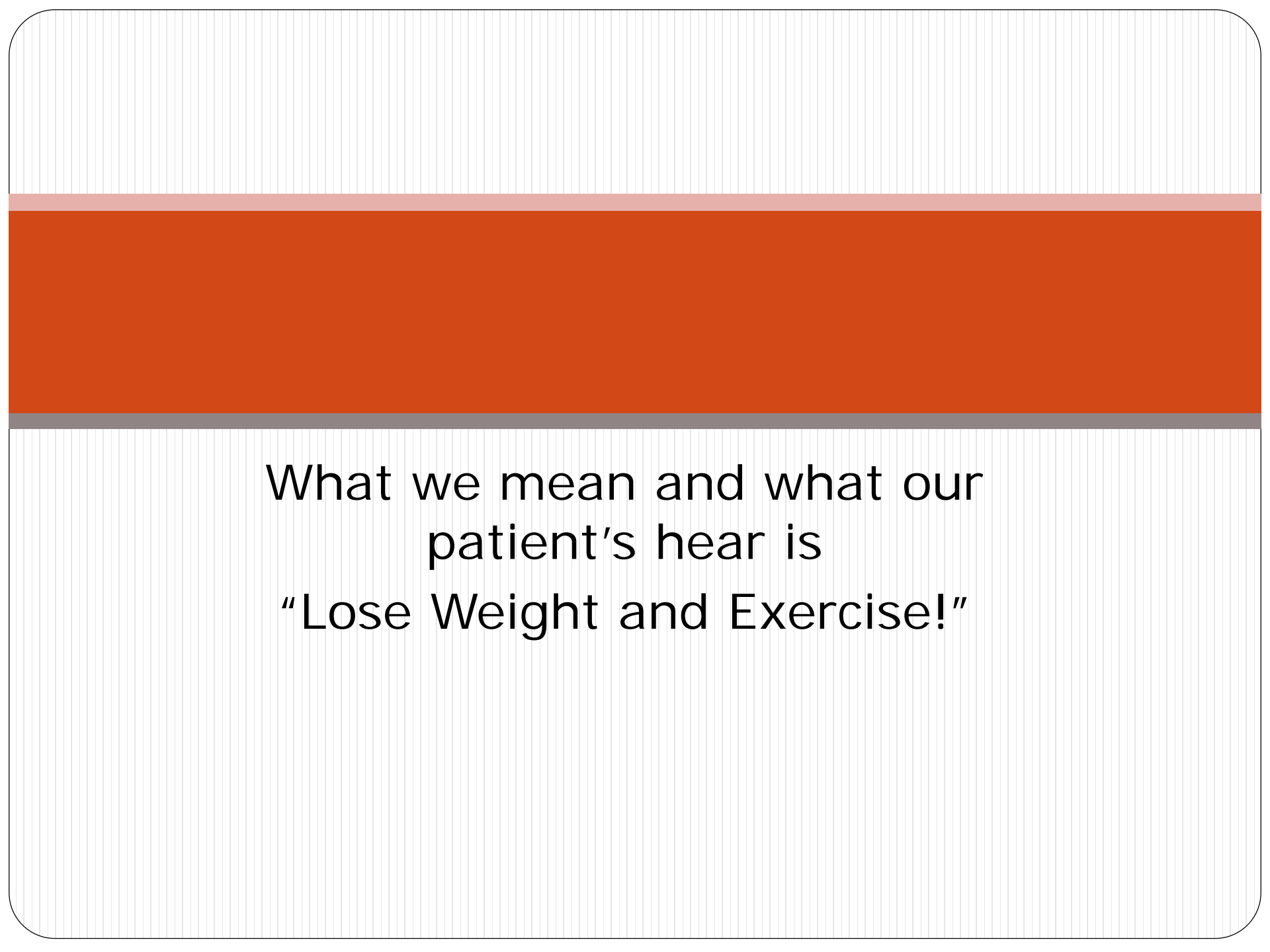


To that end, successfully treating any one positively benefits the others.





When we discuss patient-centered care for Type 2, we usually begin with lifestyle modification.



What we mean and what our  
patient's hear is  
"Lose Weight and Exercise!"



Of course, this is easier said than done

This my focus on the team.

# #1

First, does the patient understand that death is the likely outcome if their condition is uncontrolled.

## #2

Then, I explain that we have learned much and that unlike the previous generation, a young and debilitating death IS NO LONGER A CERTAINTY!

## #3

I make sure that my patient's understand that regardless of the "diagnosis or name" of their condition, the body will continue to degrade if sugar and insulin levels are not managed.

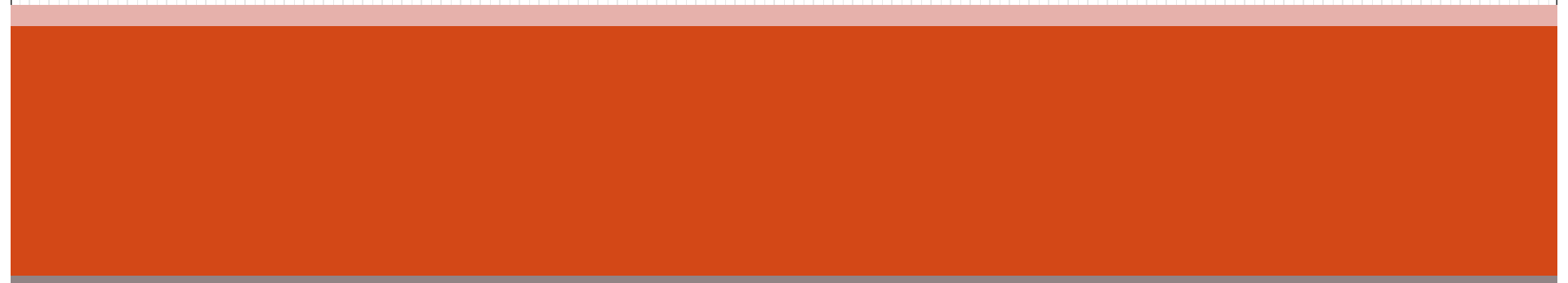
# #4

That the only way to accurately know what is going on in the body is through blood testing: at home and at the lab.



# #5

I ask my patient's if they understand what an A1C is – and the implications. Frequently, the answer is “No” and opens a conversation about the role of insulin in sugar metabolism.



A diagnosis of Diabetes can be overwhelming when heard for the first time. I strive to reduce their anxiety.

# #6

Diabetes is not a death sentence. When controlled you likely WILL NOT go blind, require dialysis, or need an amputation.

#7

SCIHP is Nationally recognized for our diabetes program, so, you should expect good care and good results.

# #8

We offer and request our patients to participate in education programs to become knowledgeable on how to manage their disease: Food Label Reading, Exercise, Nutritional counseling, individualized insulin management, and an on-going support group.

## #9

If a patient is overweight and we encourage him/her to exercise, I am interested in Vitamin D levels to assure that a low vitamin D level will not put them a greater risk for a fracture by exercising.

# **Our Worksheet**

## Pharmacy Service / Interdisciplinary Clinics

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
MRN

\_\_\_\_\_  
Age

\_\_\_\_\_  
Ins

\_\_\_\_\_  
Drug Allergies

### Pharmacist as a member of the Team

1. Role of Medication
2. Role of Blood tests
3. Medication review: Compare bottles to current list of drugs. Overcoming barriers to proper and routine use: \_\_\_\_\_

### Lipid Management

	<u>Last</u>	<u>Date</u>	<u>Current</u>	<u>Target</u>
<input type="checkbox"/> TC	_____	_____	_____	<200
<input type="checkbox"/> TG	_____	_____	_____	<150
<input type="checkbox"/> HDL	_____	_____	_____	>40/50
<input type="checkbox"/> LDL	_____	_____	_____	<70
<input type="checkbox"/> SGOT	_____	_____	_____	<50
<input type="checkbox"/> SGPT	_____	_____	_____	<50

### Blood Pressure Management

	<u>Last</u>	<u>Date</u>	<u>Current</u>	<u>Target</u>
<input type="checkbox"/> Sys/Dia	_____	_____	_____	130/80
<input type="checkbox"/> BMI	_____	_____	_____	<30
<input type="checkbox"/> Vit D-25	_____	_____	_____	>70

### Blood Sugar Management

	<u>Last</u>	<u>Date</u>	<u>Current</u>	<u>Target</u>
<input type="checkbox"/> A1C	_____	_____	_____	<6.5
<input type="checkbox"/> SCr	_____	_____	_____	<1.5/1.4
<input type="checkbox"/> Glucose	_____	_____	_____	>120

### Recommendations and referrals

- Medical \_\_\_\_\_
- Educational \_\_\_\_\_
- \_\_\_\_\_

### Medication Therapy Management

Medication added, changed, or recommended

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Stanley A. Green R.Ph.** \_\_\_\_\_

\_\_\_\_\_  
Date

**Laura Wong R.Ph.**

**Cristie Pellegrini R.Ph.**

NPI 1568461267



1. Role of Medication

2. Role of Blood tests

3. Medication review: Compare bottles to current list of drugs. Overcoming barriers to proper and routine use: \_\_\_\_\_

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- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Stanley A. Green R.Ph.

Laura Wong R.Ph.

\_\_\_\_\_ Date

# #10

When I see a BMI greater than 35, I request a Vitamin D test as I know that Vitamin D is highly Fat bound.

# #11

If we place a patient on Metformin (the first-line drug), do we have current serum Creatinine level on the patient – to assure that the drug will be safe to take?

# #12

If there is a diagnosis of hypertension, are we following protocols for ACE-I or ARB plus a Beta-Blocker?


# #13

For a diagnosis of Diabetes or Dyslipidemia, are we placing the patient on a Statin immediately? And, do we have current LFT's

# #14

And, once a patient is well established on medications, are we ordering new labs at appropriate intervals?

# Pharmacist's role in a Group Clinic



6-10 Patient's are scheduled for a group clinic. Pharmacy, Dental, Nutrition, Diabetes, and the Medical departments will be present. Sequentially, a provider will address the entire group on an issue of common interest.





At the same visit, participants will talk with each professional for one-on-one consultations.

# Pharmacist's role in a Team Clinic

# #15


At the “huddle”, at the start of each clinic, the scheduled patients will be discussed, identifying LABS required, medication adherence, psychological barriers to self-care, GPRA etc.



I will bring recent patient medication fill records to identify when medications were filled and picked-up.

# #16

Also, after a Medication Therapy Management (MTM) interview with the patient, barriers to therapy will be presented and alternatives recommended.



Patient's have been informed that an appointment with the Diabetes Clinic will be a 45 -60 minute visit. Sequentially, providers will discuss specific issues with the patient.

#17

I will focus on medication side effects and barriers to adherence. I will discuss recent LABS and reinforce positive outcomes.

#18

If my patient is non-adherent on a TID dosage, I look for an alternative that can be successful at BID.



#19

If a patient is not ready to inject insulin, I will consider Onglyza or Januvia.

#20

If a patient is injecting insulin and not yet controlled, I'll ask them if they would be interested in trying Victoza.

# #21

If they are unable to remember to take their medications, I will offer to set-up a 28-slot Pill box.

#22

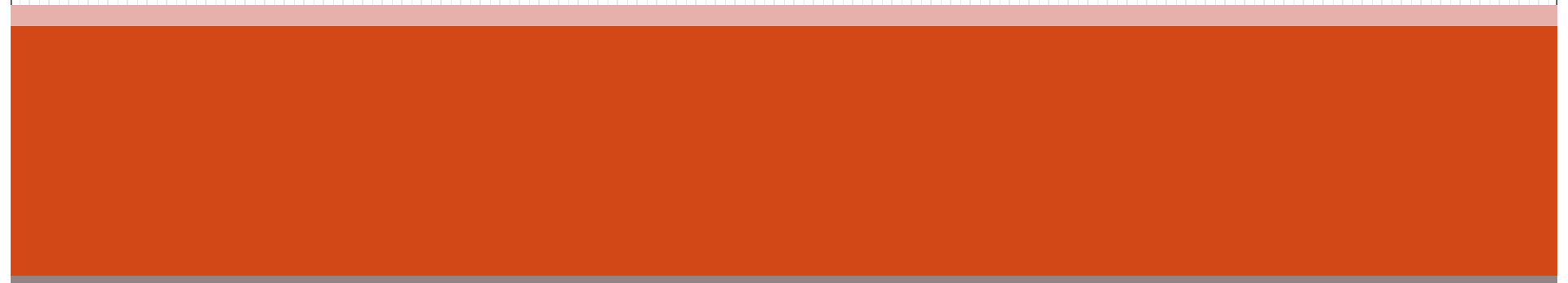
If they are unable to remember to reorder their medication, I will toggle their drugs to be on our auto-refill system.

## #23


If my patient has been referred to a specialist, I make sure that there are no therapeutic conflicts between prescriptions written by our SCIHP providers and the outside specialists.

#24

If a prescription is written for a drug not covered by a patient's insurance, I will use protocol interchange to provide a therapeutic alternative.

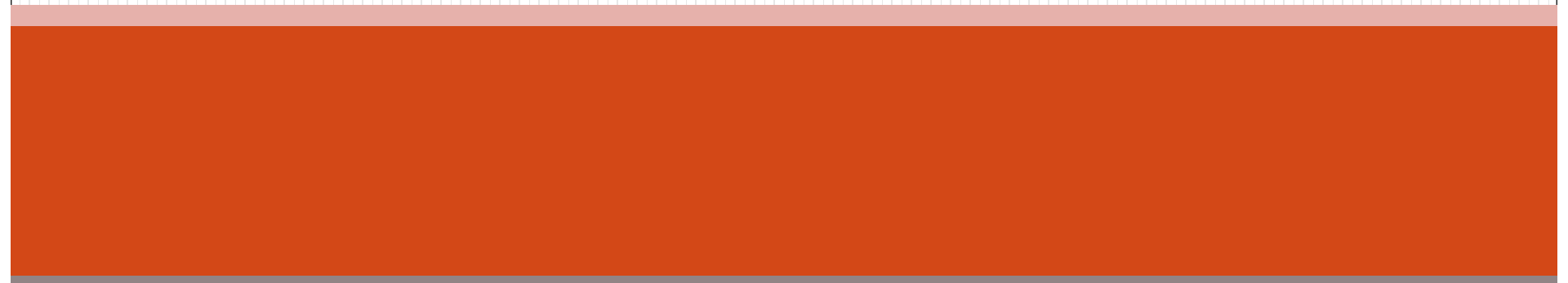


Pharmacy is in a unique position to make a significant contribution to a patient's diabetes management efforts. Without an appointment needed, patients feel free to chat with me between prescriptions.



I am fortunate to practice in a “closed” pharmacy. I see the same faces repeatedly, and fill prescriptions for them and their relatives regularly. I become a trusted and respected professional friend.





This enhances my ability to talk with patients in a way that they really understand that I care about them and want the best for them.