



About the Patient Diabetes DSM Program

Program Development, Design, and Patient Care Process

Jayne Steig, PharmD, RPh
Frontier Pharmacy Services, Inc
Clinical Coordinator Provider
1-877-364-3932
jsteig@frontierpharmacyservices.com

Michael D. Schwab
Executive Vice President
North Dakota Pharmacy Service Corp
North Dakota Pharmacists Assoc.
701-258-4922
mschwab@nodakpharmacy.net

Program Overview

- Passage of House Bill 1433 - 2007
- Asheville Project – Asheville, NC
- Diabetes care services will be provided by a network of pharmacists and other providers who have completed an accredited diabetes certification program
- Providers will “coach” eligible participants on how to self-manage their diabetes

Program Overview Continued...

- ❑ Providers will provide an assessment, develop a care plan and provide follow-up services and referrals
- ❑ Clinical, humanistic, and economic measures will be recorded for analysis
- ❑ Foster Collaboration with health care providers

Pharmacist - Provider Network

- Over 80 provider sites in North Dakota
- Over 200 hundred individual providers
- Urban & Rural Providers
- Creation of NDPSC Provider Data Base
- Clinical Coordinator – network oversight
- Provider Network Agreements – roles & responsibilities
- Medication Management Systems (MMS)
- Communication Hub/Network



Provider Training/Accreditation

- NIPCO and NDSU co-licensing agreement
 - Home study version (16 hours)
- Additional training requirements
- MMS Data software training
- Blood Glucose Monitors training/demo
- Peer Review Board
 - Continued Competency

Data Collection System

- Medication Management Systems – Assurance™ System
 - Secure web access
 - Windows based program
 - HIPPA compliant
 - Allows for CMS 1500 billing
 - Fully auditable and transparent
 - Patient and Physician therapeutic records

Patient Enrollment

- Patients can enroll:
 - Via Internet website
 - Via providers at their practice location
 - Via Clinical Coordinator by telephone or direct mail
- Current Enrollment
 - 320 patients
 - All ages, types, time diagnosed, geography

Patient Incentives

- Health Education
- No expense for the visits
- Co-pay reimbursements
 - Receive quarterly reimbursements for the co-pay portion of out of pocket expenses on formulary brand and generic diabetes medications, ACEIs, and ARBs

Patient Visits

- Initial (baseline) visit
 - Estimated to take 1 hr
 - Providers are encouraged to use support staff to assist in data collection
- Follow-Up Visits – ~ 30 minutes
 - Month 1, 3, 6, 9, 12

Patient Visits

- Visits follow ADA guidelines
 - Asheville program and our own experiences are also incorporated
- Patient education materials are available on the website to print and provide to patient
- Visit checklist and Provider Manual are available for reference

Assessments to be made

- Look at entire health of patient – not just diabetes
- Look at medication therapy
- Set defined, achievable goals with timelines for patient & provide positive reinforcement
 - Provide in writing
- Make referrals if necessary
 - Dietician, physician, podiatrist, optometrist, etc

Documentation Requirements

- All data must be entered into Assurance™ system to receive reimbursement
- Need to include all information collected during visit: labs, meds, med problems, goals, etc
- The more accurate and detailed info we have, the better we can identify outcomes

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- Hub of the program
- Contains patient and provider areas
 - Listserve and eventual e-newsletter
- Patient area –
 - Program enrollment
 - Educational materials
 - Patient blog
- Provider area – password protected
 - Provider manual and all forms
 - Patient educational materials
 - Continuing education/training materials
 - Provider blog