

A Southern Illinois Pharmacist-Led Outpatient National Diabetes Prevention Program

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BACKGROUND

- Diabetes, especially Type 2 diabetes (T2D) is an increasingly prevalent and preventable disease, affecting over 34.2 million Americans in 2020.
- In 2016, a total of 7.8 million hospital discharges were reported with diabetes as any listed diagnosis among US adults.
- Harrisburg Medical Center (HMC) conducted a community needs assessment. which reported an average of 13.2% adults had type 2 diabetes in 2010-2014. The assessment additionally reported an average of 28.6% adults who were overweight/obese, compared to an overall 28% in Illinois, in 2018.

OBJECTIVES

- Improve the health of Illinoisans through a pharmacy delivered model for diabetes prevention and management
- Implement national diabetes prevention program through HMC
- Train HMC's pharmacy staff as lifestyle coaches through HabitNu™
- Initiate and complete first participant cohort

PROJECT TIMELINE

Fall 2020

- Grant funding received
- First team meeting
- Program overview and site discussion
- Lifestyle coach training
- Rural health clinic recruitment
- Cohort commencement planning

Winter 2020

- Eligibility quiz created
- COVID-19 vaccine distribution
- Marketing planning and design
- Update meetings
- Referral process created
- Healthcare professionals contract COVID-19

Spring 2021

- Referral process approval
- Advertisement placement
- Patient referral
- Patient acceptance
- Patient enrollment and readiness assessment

METHODS

Interprofessional collaboration between the Illinois Pharmacists Association (IPhA), Harrisburg Medical Center (HMC), and HabitNu™ to develop and implement the pharmacy model-pilot lifestyle modification program.

Description

- Program consists of four teams (IPhA, HMC, HabitNu™, and Rural Health Clinics)
- Four trained lifestyle coaches
- One year cohort comprised of 24-one hour group sessions
- Primary goal of >5% total reduction in body weight

Marketing Competitor Analysis

Enrolling 20-25 participants with prediabetes, type 2 diabetes, or high-risk

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habitnu

- Virtual program with physical presence in the region at HMC
- One identified competitor (Omada; BCBS-IL)

Operations and Processes

- Program implementation and team recruitment
- Lifestyle coach training
- Operational planning
- Advertisement/Marketing development
- Participant recruitment and referral process
- Program group sessions

Quality and Regulatory Issues

- HMC has established regulatory, quality, and
- practice standards
- Participant/Coach feedback during and upon
- completion of cohorts

Marketing Plan

- Virtual/Remotely centered advertisement
- Provider recommendations and referrals

Sustainability

- Pharmacist-Based Services: CMM, MTM, Medication reconciliation, etc.
- Management of other chronic disease states & medication optimization
- Medical Nutrition Therapy

PRE-PROGRAM Preparation MONTHS 1-6 Core Phase Maintenance Phase Months 6-12 Maintenance Phase

RESULTS

Financial Projections

 Return-On-Investment (ROI) & Value on Investment (VOI): Will be calculated upon first cohort completion

Expenses

- Start-Up Costs: Marketing/Printing Charges: \$1,500
- Lifestyle Coach Training: \$250 per person
- Typical Lifestyle Coach Reimbursement: 1st session = \$100/class+0 session; Beyond = \$40-\$50/class
- Other investments: Wages, time, equipment, and general operations

Pricing

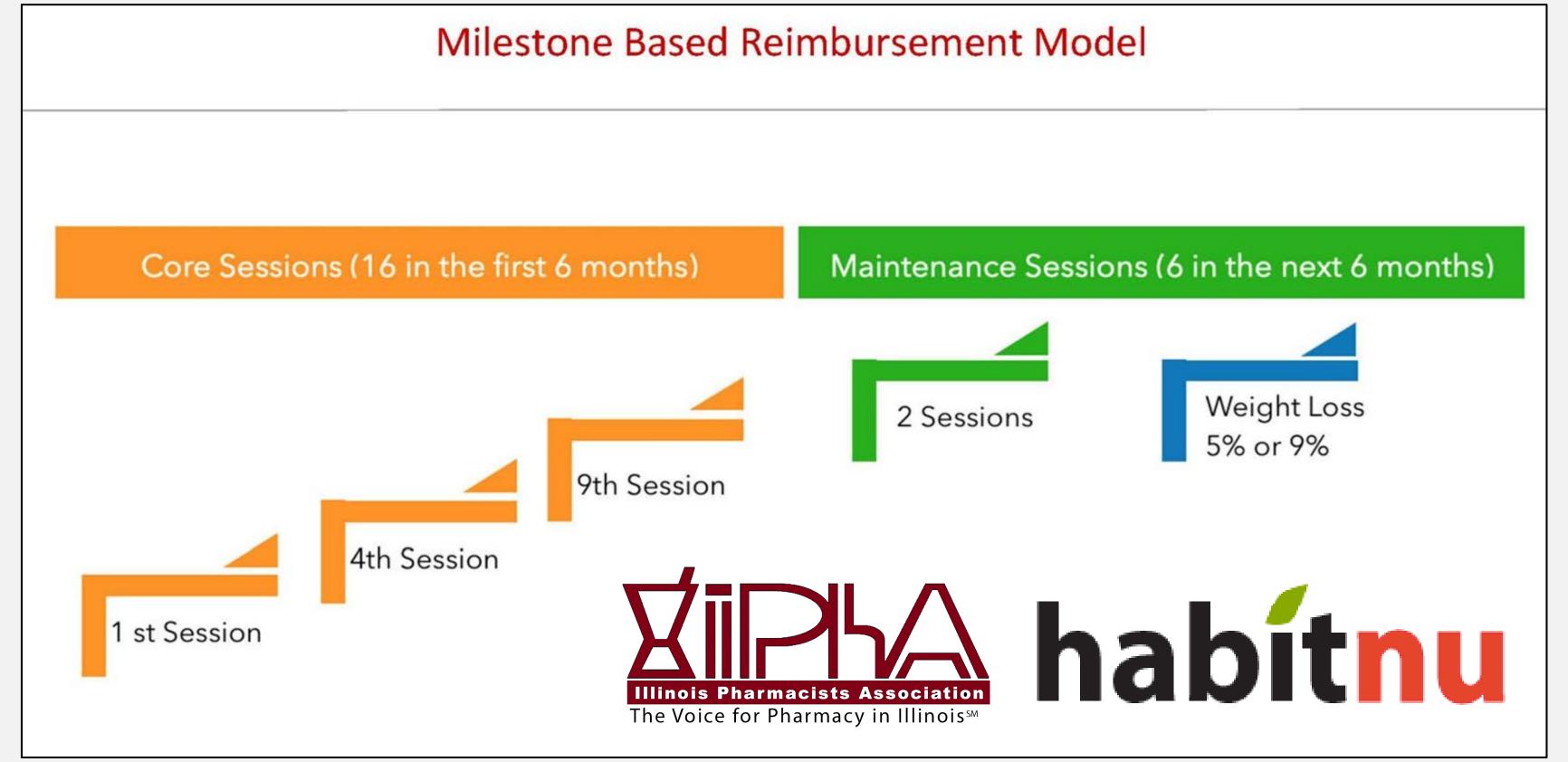
- One year total without >5% body weight reduction: \$203.00
- One year total with >5% body weight reduction: \$468.00
- One year total with >9% body weight reduction: \$494.00

Tasks Completed

 Coaches trained, eligibility/enrollment quiz, rural health clinic recruitment, referral process, and advertisement

Program-To-Date:

Nine patients referred and offered to HMC Employees/dependents



CONCLUSION

The pharmacy DPP model offers a valuable service to Southeastern Illinois by providing an untapped resource and bridging collaborative relationships to expand direct patient care to the region. The program will help by identifying, educating, and coaching patients with prediabetes. Healthy lifestyle change is an essential and underutilized in diabetes prevention. Employing pharmacists and their team to their fullest potential addresses the gaps in care from COVID-19 and underserved areas.

ACKNOWLEDGEMENTS

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