

DIABETES
EDUCATION


Need : BECOMES :



AN

Opportunity





Alabamians without diabetes education options now have a clinical pharmacy destination

by Chris Linville

Practicing pharmacy in a state with a notoriously high rate of diabetes, Patrick Devereux, PharmD, saw both a need and an opportunity. The need was because of a dearth of health care providers offering any sort of diabetes education. The opportunity was to help fill that void, part of his goal of building a clinical pharmacy destination.

Devereux is pharmacist-in-charge and co-owner of FMS Pharmacy (www.fms-pharmacy.com) in Bessemer, Ala. FMS is part of a three-store chain in the Birmingham area that also includes Montevallo Drug in Montevallo, Ala., and English Plaza Pharmacy in Jasper, Ala.

Devereux joined FMS in 2006 as a staff pharmacist and manager, with the intention of starting innovative services.

"When I came on board we weren't doing any immunizations, any durable medical equipment, anything remotely clinical, such as medication therapy management or diabetes education," he says. "We've been able to do all that since 2006. There's been a lot of blood, sweat, and tears getting those things started, and elevating our brand to one of a clinical destination. That's basically how it came about."

It was while a student at Samford University's McWhorter School of Pharmacy in Birmingham, Ala., that Devereux became focused on diabetes education.

"I had a professor there [Condit Steil, now at Belmont University] who owned a community pharmacy for a number of years, and did diabetes education in the pharmacy," he says. "Before I thought it wasn't feasible to do that, so he sparked my interest. Something like that is especially important in a state like Alabama, where the diabetes rates are ridiculous. (According to the Centers for Disease Control and Prevention, Alabama's diabetes rate was 12.7 per 100 adults in 2013, the highest rate in the United States. More information can be found at www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html.)



Patrick Devereux wanted to brand FMS Pharmacy as a clinical destination.

Upon graduating in 2005, Devereux, seeking a community residency with a site that was actively doing diabetes education, went to East Marietta Drug Co., in suburban Atlanta. The pharmacy is owned by Jonathan and Pam Marquess, and is part of Mercer University's community residency program. "I learned a lot there," Devereux says.

RECOGNIZING A NEED

After a year at East Marietta Drug, Devereux came back to Alabama and joined FMS. Bessemer (hometown of sports legend Bo Jackson) is a city of

27,000 residents eight miles southwest of Birmingham. It has an industrial heritage as a steelmaking center, located in an area that had abundant deposits of iron ore, coal, and limestone. Although the steel mills are gone, some coal mining is still done in the area. A mostly working class community, a significant bulk of the city's population is elderly, and in particular retired mining employees.

When Devereux started pursuing diabetes education as a pharmacy service, he discovered that there were

few recognized diabetes education programs not only in the county (Jefferson) but also the state. FMS is about five miles from a hospital, but he learned that it does not have an accredited diabetes education program.

"They have a monthly support group but no comprehensive education, and for some reason not a single endocrinologist either," he says. "There are patients in that hospital setting that don't have an easy way to get diabetes education services without traveling. So when I came to Bessemer I kind of figured that out first. There was nobody else doing this. There was a real need for it in our area. Once I got to know the population, I figured out that this was something we needed, so I got to work getting our AADE [American Association of Diabetes Educators: www.diabeteseducator.org] accreditation done and getting recognized for the program."

Devereux says the pharmacy became accredited in 2011, but it had already been working on developing a curriculum and testing it out with patients informally for several years prior to that.

"We wanted to make sure things worked well before we actually pursued accreditation," he says. "Plus I was sort of doing it in my spare time, so I had limited time to do it myself. Once we became accredited and once the business grew, and we had additional staff, it was a bit easier for me to devote time to get the program accredited and up and running."

FMS, which opened in 1986, has two full-time pharmacists (Devereux and Zach Wood, PharmD). Another pharmacist, Anthony Bolis, rotates between the three stores, performing clinical services, MTM, and diabetes education, along with wellness and health screenings that the pharmacy does for Alabama state employees. The pharmacy also has two full-time tech-

FMS Diabetes Education Class Focus

- Diabetes 101
- Healthy Eating
- Staying Healthy
- Monitoring
- Taking Medications
- Problem Solving
- Healthy Coping
- Reducing Risks

nicians, and another technician who serves at various times as a delivery driver, clerk, and “jack of all trades.” On an average day FMS dispenses roughly 220 prescriptions. The business also does DME, adherence prescription packaging, compounding, and a thriving business in diabetic shoes (it sells about 200 pairs a year). The staff is also supplemented each month with student pharmacists from nearby Samford.

CLASS STRUCTURE

Devereux says that in its diabetes education program, the pharmacy has both group classes and individual teaching. “We adopted a curriculum from AADE that we use in our program,” he says. “We wanted to make sure that the language we were using in our curriculum was easy to understand and was relatable to patients. And we continue to update that, using the same material, but we update it every year. We take a look at it and see what’s working and what’s not.”

Prior to enrolling patients in a class, the pharmacy does pre-screening in terms of communicating with patients and their physicians. The pharmacy has a referral form that it uses, and a referral from the patient’s physician. On the form is information such as lab values and certain learning needs that the physician would like to see covered.

“We try to tailor it to the patient’s needs, but sometimes to what the doctor is wanting for the patient,” Devereux says.

Generally, one class per month is held in the group sessions, Devereux says. (Classes are held at all three locations.) It is set up as a three-month group teaching class, broken into different materials each month.

“We try to keep the groups together,” he says. “We think that’s very important. Typically we have them as long as necessary.” Group classes typically have 6-10 patients and tend to last between 1-1/2 to 2 hours. “We have no problem keeping patients engaged for that amount of time,” he says.

Devereux says that with the group classes, one of the most interesting things he sees is “that they really bond. They play off each other’s energy in terms of learning. It might be, ‘Hey I’m experiencing that same thing,’ and that starts another layer of teaching and conversation when they are experiencing the same thing in relation to their diabetes, so in some ways they are kind of teaching each other, and we are kind of intervening when necessary.”

Getting patients to open up and discuss issues freely is a prime objec-

tive. “We use a lot of motivational interviewing techniques, asking open-ended questions,” Devereux says. “It’s not only about how you teach, but also how you ask questions. It’s an open dialogue environment instead of us teaching in a lecture format. We’re trying not to pass judgment on behaviors, but instead we’re asking patients what some of the barriers are to achieving good outcomes. By doing that it creates more of a dialogue instead of a one-sided lecture. We want to create a conversational atmosphere while at the same time teaching the learning objectives and outcomes for the class. When it comes to diabetes, knowledge is power.”

As far as the frequency of the classes, it depends on the level of demand, Devereux says. “We may have several patients who are needing a class, and if that is the case we can add more classes if necessary. We don’t want to have the class sizes too large.” He says that in the last four years, about 50 patients per year have participated in the classes.

Devereux says that the class results have been encouraging. Average A1c



The diabetes education program has become a cornerstone for FMS Pharmacy.

reductions have been about 0.9 percent, and he says most patients have been able to maintain that number.

Getting the program off the ground went fairly smoothly. "The most labor intensive part for us was developing the actual curriculum, and that's where I really engaged my pharmacy students and my partnership with Samford," Devereux says. "I have a great relationship with them and I have a faculty member on site with me a few days a week. Those types of partnerships have helped me augment what I'm doing, and engaging with the students helps me get this done and gives them valuable learning experience in terms of designing a curriculum."

Last year Devereux says the pharmacy didn't bill class participants, explaining that it was trying to get outcomes data to present to insurance companies for some provider status with them. The state's largest insurer is Blue Cross and Blue Shield of Alabama. It does not pay pharmacies for diabetes education, but Devereux says they are working on that.

"The idea was to open it up to everybody to build our numbers up, to gather some data for them, and say, 'Hey look, these classes are actually making a difference and improving outcomes.' These are the kinds of things that are happening," he says.

This year the pharmacy has been charging for the classes, and billing Medicare and some of the insurance companies in the area. And Devereux says that for the insurance companies that aren't paying for it, patients have been fine with paying out of pocket.

"We are charging both patients and insurance for it," he says. "We talked to our previous patients to find out what they thought was a fair price, and we've charged based on that."

PAYMENT FOR SERVICE

In an ideal world, Devereux would like to see more coverage through insurance and less out of pocket, but says it takes patience and persistence.

"It's a very, very difficult process because Medicare doesn't recognize pharmacists as providers," he says. "You can get paid for Medicare for diabetes education, but just don't expect it to happen on day one of being credentialed. Do the homework and work with your Medicare contractors. It's just like the early struggles of getting paid for immunizations, it just takes some time, and a little bit of banging your head against the wall in terms of getting paid. But usually once you knock down the Medicare wall, and you are able to start getting revenue in for diabetes education, getting other payers involved isn't quite as hard of a process if you are credentialed through Medicare and certified to bill for the services."

"We're trying not to pass judgment on behaviors, but instead we're asking patients what some of the barriers are to achieving good outcomes."

Devereux sees synergy in the sense that the education program helps fuel the rest of the pharmacy, which in turn helps support the program.

"It feeds into our DME and diabetic shoes, which is a big part of our business," he says. "We also talk about the other value offerings that we have, such as adherence services and packaging, that's been a very big draw

to our place, and does make the education services sustainable. Once the patients see these are value offerings that we have, a lot of them who utilize us for education may decide they need to use us for our pharmacy and some of the other services we provide."

Devereux certainly thinks it's important to look at the big picture when evaluating cost/benefit ratios.

"I don't think enough people do that, and I've been guilty of that myself," he says. "I have tunnel vision, and I'm looking at the sustainability of one clinical service and I'm saying we're not generating enough revenue to maintain that, or we're not generating enough to pay a pharmacist to do that. When you step back and look at a global view of your brand, and the other services that are augmenting that revenue that's coming in, that really becomes a much easier question to answer. When determining if the program is sustainable, we have to look at the overall view of the store, and even if they aren't utilizing us for services like that, we're still viewed in that light because there's value in what we provide, so that's an important question for a lot of owners."

Also, whenever new programs or initiatives are announced, it's important that the staff buys into them to help drive success. Fortunately, there hasn't been any pushback.

"It's been no issue at all," Devereux says. "In fact our staff are some of our most effective marketers. They hear a lot from patients about certain difficulties they might be having. They'll hear somebody saying, 'I'm having trouble with such and such.' Maybe they can benefit from some services that we have. The staff understands what the mission and the overall vision is of what we are trying to do here. I think that's critical. Everybody is on the same page when it comes to that."

Marketing a Clinical Destination

For Patrick Devereux, pharmacist-in-charge and co-owner of FMS Pharmacy in Bessemer, Ala., his overall goal in marketing is branding his business as a different kind of pharmacy.

"That's really what we are looking for," he says. "We try to determine what makes us different, and our key parts of that are education, adherence packaging, and the appointment-based model. There are a lot of pharmacies in this area, and we try to highlight what makes us different. We want to be branded for being a clinical destination as opposed to another pharmacy doing traditional dispensing services."

A focus for FMS are several videos it has created for in-clinic television marketing. They are shown on a network at the local hospital as a way to promote its services. Devereux says the pharmacy worked with a digital marketing company that has televisions in hospital clinics and the hospital emergency room area.

"We worked with that provider to get on their network as part of their programming, so when people are in a doctor's office waiting, they see our videos playing in a loop," he says. "That's actually the bulk of the advertising that we are doing. That helps generate referrals for us. People say they saw our video for diabetes education, or they saw the one for medication adherence packaging, and they ask how they can get more information." Several of the videos can be seen on the FMS website (www.fms-pharmacy.com).

Devereux says that when he talks to physicians and the pharmacy creates videos, "I think diabetes education is a critical part of that, especially in our area where there is such a void of accredited pharmacies and a lack of resources for patients in terms of diabetes, and the confusion out there in terms of what we are supposed to do and not do is pretty staggering. We're trying to highlight why coming to FMS we'll make you healthier and improve outcomes."

ROI FOR THE BOTTOM LINE

Devereux says that FMS's clinical push has definitely made an impact on the bottom line.

"I can tell you that with all the services we have added over the last nine years, we've had growth every year," he says. "If you want to look at it from a very simple perspective, in terms of prescription count, it's about as basic as we can get in terms of the numbers. That kind of speaks for itself about the overall value we are providing when more patients are coming in, and our patient volume is increasing year after year consistently. We've seen overall growth for nine years by continuously introducing products and services."

Looking down the road, Devereux says his primary goal in terms of elevating the pharmacy's clinical profile is to get more payer recognition for diabetes education. He also mentioned that his clinical pharmacist is in the planning stages for insulin pump training certification, noting that it's another avenue to generate a new revenue stream and possibly more patients

for the pharmacy. Another long-term goal is taking the services that the pharmacy provides, such as the diabetes classes, and doing a road show, marketing them to employers as a stand-alone service.

"The idea is to charge them per patient and show them a return on investment and overall savings for their health insurance," Devereux says.

When asked to give advice to others who may want to position their pharmacies as more of a clinically-oriented, innovative health care destination, Devereux didn't hesitate in responding, saying, "Rome wasn't built in a day. Any time you are starting a new service, a lot of people will come back from meetings such as NCPA and think, 'I'll do all of this tomorrow.' But it takes some planning and delegation and designating time to do certain things. So that's my first piece of advice – mapping out your plan, setting goals, and focusing on those things. And then after that, engaging your staff and letting them know why we are starting this new service, what the value is with it, what are the outcomes

we are trying to get from this service, those sorts of things. Once they buy in, then they become your best advocates and best marketers."

For Devereux, the key message he tries to convey to patients is, "When you have questions about your medications, we are here to help you every step of the way. We find solutions." ■

Chris Linville is managing editor of *America's Pharmacist*.

