BACKGROUND

- DSME, an education and training program intended to provide patients with decision-making and problem-solving skills necessary to manage diabetes, is recommended for all patients with diabetes; however, data suggests that only a small percentage of eligible patients receive it.\(^2,3\)
- Current practice guidelines invite practitioners to “explore and evaluate alternative and innovative models”\(^1\) for delivery of the under-utilized program.\(^3\) Additionally, requests have been made to improve reimbursement policies.\(^3\)
- Barney’s Pharmacy, an independent community pharmacy known for providing innovative patient-care services in low-income suburban Augusta, Georgia, was recently accredited by the American Association of Diabetes Educators (AADE) to deliver DSME in a classroom conveniently located within the pharmacy.
- Given the positive impact of DSME on various outcomes, including health care utilization and costs, as well as the demand for alternative service delivery and reimbursement policies, a challenge for financially-sustainable, pharmacist-led DSME services in community pharmacy practice exists.

OBJECTIVES

- The primary objectives of this project is to describe a model for pharmacist-led DSME classes in an independent community pharmacy as well as evaluate the financial impact of maintaining this enhanced clinical service.

METHODS

Participants, Service, and Study Design:

- **Participants**: Patients diagnosed with diabetes living in the Central Savannah River Area
  - **Required**: physician order or referral (requested by pharmacy staff or initiated by a provider)
  - **Service**: Five-session program consisting of a preliminary one-hour individual assessment followed by four 2-hour group facilitations
  - **Study period**: Fall 2018 through Spring 2019
  - **Data collected**: Service development and implementation details, retrospective costs of implementing and prospective costs of maintaining the program, average time to obtain referral, average administrative and preparation time, and average reimbursement rates
  - **Statistics**: Descriptive

RESULTS

- It took an independent pharmacy 36 hours over a 5 month period (Figure 1) to achieve accreditation and credentialing privileges as a DSME provider.
- A third of this time was spent on credentialing and contracting activities (Figure 2).

Figure 1: Timeline of service development and implementation

- 8/17/17 Barney’s receives 1st DSME referral
- 11/11/17-1/15/18 Barney’s completes pilot patient
- 2/1/18 Barney’s begins 855b Medicare Part B application
- 2/26/18 AADE receives GPhA grant funds for DEAP accreditation fees
- 3/27/18 Barney’s submits AADE DEAP application
- 4/4/18 Barney’s receives AADE DEAP certification
- 12/1/18 Barney’s begins credentialing and contracting applications
- 01/16/19 Barney’s receives MAC approval to bill Medicare Part B
- 01/23/19 Barney’s successfully bills Medicare Part B for initial one hour assessment

CONCLUSIONS

- Pharmacists implementing DSME should expect to spend more time obtaining referrals, determining patient eligibility, and obtaining contracts with commercial plans.
- With administrative duties demanding more time initially, financial viability is difficult to determine early in DSME development process.

REFERENCES


Figure 2: Time spent performing development activities

- Referrals: 8%
- Marketing & Recruitment: 8%
- Eligibility Inquiries: 6%
- Billing & Platform Training: 14%
- Credentialing & Contracting: 34%
- Claim Rejections: 22%
- Preparation for & Delivery of Service: 6%