

# Pharmacy Diabetes Care Program

## Project Summary

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The model we propose will use a collaborative approach to address the continuum of care for people with type 2 diabetes and those at risk. The critical elements of the service will include patient education, support and monitoring to facilitate self-management in those with established disease. For those at risk, the focus will be on education and referral. In this way we address the aims of the Diabetes Care program which are

- improve the health of people with diabetes;
- identify and refer as appropriate people with undiagnosed diabetes; and
- support the continuity of care for people with diabetes.

In this pilot program we recommend the service delivery model be one which will allow any pharmacy with current QCPP or undergoing QCPP accreditation to participate in the program to maximize opportunities for long term sustainability of the program.

### **The professional elements of the proposed service delivery model will include:**

i) Early identification and referral of people at risk of diabetes to their GP.

ii) Diabetes Medication Assistance Services (DMAS). An on-going cycle of assessment, management and review will be provided at regular intervals in the pharmacy and in collaboration with GPs and members of the diabetes team. These services will include:

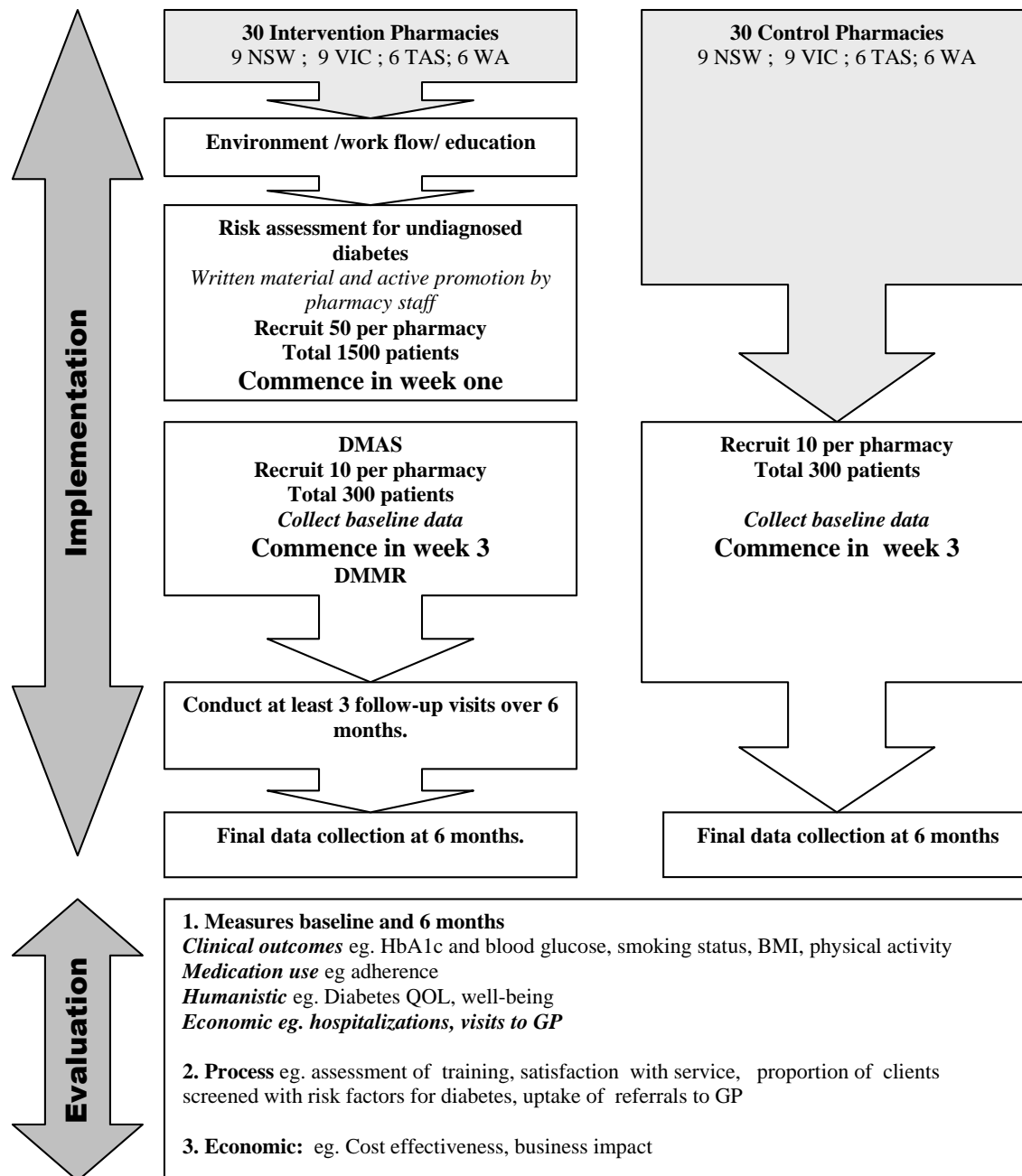
- blood glucose monitoring;
- education on the condition, medication, and lifestyle issues;
- adherence assessment and detection of drug-related problems;
- reminders of follow-up checks for complications related to diabetes; and
- referrals as appropriate to healthcare professionals

Protocols for service delivery and documentation for interventions will be provided to participants.

iii) DMMR – if patient is eligible and on request by the GP.

## Research design

The principal elements of the service delivery and research design which address Tender requirements 3.1-3.3 are presented in the following figure.



### Outcomes of the pilot Diabetes Care Program implementation:

- 1) Increased Identification and referral of people with undiagnosed diabetes.
- 2) Clinical impact of the pharmacist delivered DMAS service in terms of adherence to medication, glycaemic, BP and lipid control in intervention vs control patients.
- 3) Cost effectiveness and evaluation of business impact.
- 4) Satisfaction of pharmacists, patients and GPs and other members of the diabetes care team with the Diabetes Care Program.