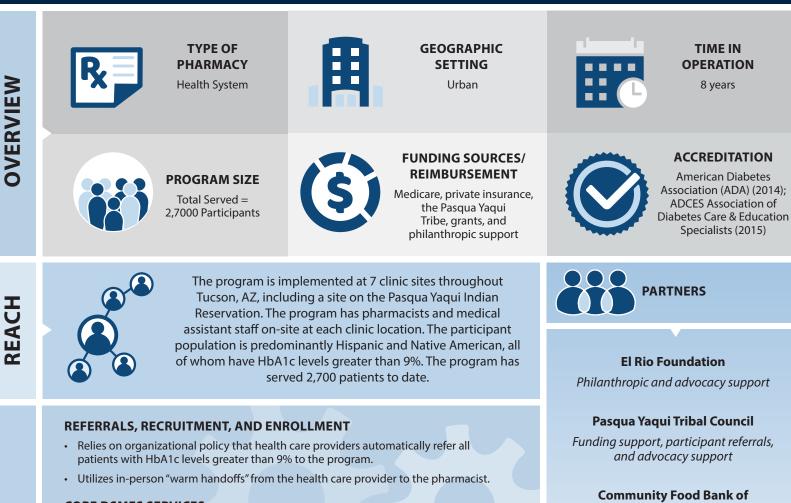
El Rio Health Center Pharmacy



CORE DSMES SERVICES

- Aims to provide all participants with at least 3 individual DSMES sessions with a clinical pharmacist.
- Connects patients to other clinic resources, such as behavioral health consultants, group wellness programs, and diabetes empowerment classes.

CULTURAL TAILORING

- Develops a personalized care plan using motivational interviewing by a pharmacist and a registered dietitian.
- Adapts recommendations for self-management behaviors to cultural practices of participants (food preferences) and the community/socioeconomic context (such as access to healthy foods).
- Hires clinical staff with the expectation that they are Spanish-language learners and provides certified translators as support until Spanish proficiency is achieved.
- Ensures participant materials are written at an appropriate literacy level.

RETENTION

- Involves interprofessional patient care teams that follow up with no-shows and provide nonclinical support, such as food and housing.
- Revises participant care plans through collaborative practice agreements between clinical pharmacists and primary care providers.

Community Food Bank of Southern Arizona

Community resource

University of Arizona (UA) School of Pharmacy Residency Program

Assistance from pharmacy students

Pima Council on Aging (PCOA)

Community resource



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STAKEHOLDER ENGAGEMENT



The program has strong support from a diverse group of stakeholders in the form of program referrals, funding, and ancillary activities. Stakeholders view the program as innovative and critical to meeting community needs. LEADERSHIP COMMITMENT



Senior clinic leadership is engaged in the program, is open to stakeholder feedback, and has played a key role in institutionalizing the program across the clinic to ensure the program continues to grow.





The program's innovative collaborative practice approach uses interprofessional patient care teams to assist participants in managing their diabetes and remaining engaged in the DSMES program.

METRICS TRACKED				EVALUABILITY ASSESSMENT	
HbA1c	GLUC	OSE	BODY MASS	OVERVIEW	
HDATC	LEVELS		INDEX (BMI)	In 2019, the Centers for Disease Control and Prevention (CDC)	
KIDNEY FUNCTION	KNOWLEDGE		MEDICATION USE	and RTI International conducted a systematic screening and assessment (SSA) of pharmacy-based DSMES programs to identify a small number of programs suitable for in-depth evaluation. SSA identifies innovative practice-based programs to help decide if a more rigorous evaluation would be valuable.	
PHYSICAL ACTIVITY		REFERRAL RATES		Evaluability assessments are considered a pre-evaluation activity to identify which initiatives may work best and which programs and evaluations are in need of strengthening, often	
PROGRAM OUTCOMES TO DATE				reducing costs and saving time.	
In 2018, the average HbA1c value for DSMES program participants dropped by 0.5%.				Scan public information about DSMES programs based on relevant criteria.	
Average blood pressure for DSMES program participants dropped from 132/78 to 130/74 mmHg.				Expert panel identifies a subset of programs for further consideration EXPERT PANEL REVIEW	
Retinopathy screenin indicating improved program participants.		ed care fo		Conduct evaluability assessment for four selected DSMES programs Evaluability ASSESSMENT	
		nts.		Expert panel reconvenes to review evaluability assessment results and make recommendations on programs ready for rigorous evaluation	
FOR MORE INFORMATION:					
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				Distribute results through briefs on lessons learned and presentation of findings USE INFORMATION	