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PHARMACIST COLLABORATIVE PRACTICE MODEL CONTINUES TO IMPROVE DIABETIC HEALTH MARKERS. (B1) Nancy Nguyen, Desert Regional Medical Center, Palm Springs, CA (nancy.tram.nguyen@gmail.com). IRB approval not needed.

According to the ADA \$58.3 billion was spent on inpatient hospital care and \$9.9 billion on physician office visits directly attributed to diabetes in 2007. In the October 2008 issue of AJHP, Anaya et. al concluded that pharmacist interventions under a collaborative drug therapy agreement resulted in significant improvements in surrogate markers of diabetic disease control and metabolic syndrome; glucose levels, HbA1c, lipid profile and blood pressure in diabetic patients. The objective of this project is to expand a recently established collaborative care model for diabetes with primary care physicians in an IPA, to improve diabetic health markers, ensure compliance with HEDIS measures, reduce preventable healthcare utilization, and ultimately engender improved patient satisfaction. Diabetic patients assigned to the clinic are screened for eye and foot health, with pertinent laboratory screening. Patients are seen by pharmacists who provide extensive disease education. Thorough medication histories and disease state evaluations are completed for patients, adjusting medications as clinically necessary under protocol. Pharmacists further collaborate with dietitians, podiatrists and other healthcare team members to coordinate optimal patient care and to adjust a comprehensive treatment plan. The DAWN-AC™ platform has been adapted to automate laboratory and office visit appointments, data management, patient communication letters and decision support in a manner and format similar to our anticoagulation patients. Results of this program will be presented representing a 150 patient cohort enrolled 12 months prior as our pilot from which interim results

were presented by Hernandez et al at ASHP Midyear 2008
via residency poster RP 59.