

# Pharmacist oversees diabetes pilot project

*Interdisciplinary approach gets green light in Leader, Sask.* BY MARIE MENDENHALL

**A** Leader, Saskatchewan, pharmacist has received a \$27,000 grant for a six-month pilot project in innovative diabetes care.

The project will initiate an interdisciplinary team approach to diabetes care for some 2,000 diabetes patients in the Cypress Health Region. Leader (population 1,000) was recently designated a Primary Care Site by the region.

"It's so nice to finally have not just the funding, but the recognition that a pharmacist can take a lead role in developing these programs," says pharmacist Charity Evans.

Since graduating two years ago from the college of pharmacy in Saskatoon, Evans has divided her time between Stueck Pharmacy and the health clinic in Leader, where she has developed strong professional relationships that have helped her contribute to the team.

This funding provides salary and administration costs for Evans to build a team including pharmacists, nurse practitioners, physicians, dietitians, social workers, mental health professionals

and others. The goal is to provide continual comprehensive care, through effective treatment, preventing and managing complications, and educating patients for appropriate self-care.

A major benefit of the project will be to overcome such disadvantages as limited access to healthcare professionals and resulting difficulties in communication and collaboration.

"A lack of available time to dedicate to team building—a result of human resource short-

ages—has been identified by several of the potential team members as a major barrier," Evans stated in her proposal. "Healthcare professionals' schedules are already overextended as they attempt to keep up with the everyday patient demand."

The Leader project will emphasize intensive follow-up, including home visits, especially for elderly patients. Education sessions for small-group and one-on-one diabetes care in the pharmacy and clinic will be supple-

mented by on-site tests and screening using a portable Cholestech machine, as well as community outreach in patient homes.

Project goals include measuring clinical outcomes by tracking such variables as blood sugars, blood pressure and lipids. Economic and humanistic outcomes, such as perceptions, attitudes and quality of life will also be tracked. The project was launched at a multidisciplinary health fair in March. 

## OPA brings wish list to province in anticipation of budget

**T**he Ontario Pharmacists' Association (OPA) is in a whirlwind of meetings—60 in the span of a few weeks—with the provincial government in anticipation of the release of its spring budget, and is hoping its "new deal for pharmacy" will resonate with a government looking to tighten its belt.

"I think this government is saying, we need a quick fix on the escalating cost of the ODB [Ontario drug benefit] program," says OPA CEO Marc Kealey. "But they're starting to realize there is

no quick fix, and there's a need to take a holistic approach to dealing with this."

In January, the OPA submitted its proposal to Ontario's Finance and Economic Affairs Committee for a "new deal" for pharmacists, based on four pillars:

- a comprehensive medication management policy and ODB program to "close the loop" between pharmacists, physicians and patients on responsible medication use;
- an investment in information technology infrastructure con-

necting pharmacists, physicians, hospitals and other providers;

- recognition of pharmacists providing enhanced pharmacy and clinical services, separate from the dispensing activity; and
- integration in collaborative efforts with other healthcare providers, such as the Local Health Integration Networks.

"The first message we want to send is that pharmacists need to be consulted around any changes to the drug program," says OPA president Jane Farnham. "We're asking the government to collaborate with us in building a new, sustainable program."

The \$2.5-billion Ontario drug benefit program was "constructed 20-plus years ago, when the

healthcare role looked different than today."

Drug pricing under the publicly funded drug plan also needs to be fixed, Farnham adds; manufacturers have increased their prices, which has had an adverse effect on pharmacists' revenues. The first 10% of the drug price increase comes directly out of the pharmacist's pocket, which on average means that pharmacy reimbursement has been cut by about 50 cents per prescription.

The government is looking for concrete ideas to build a sustainable system while reducing costs, Kealey says, and the OPA is coming to the table with its homework done. 

—Elizabeth Raymer