

# Flexcare Pharmacy

Washington, DC

OVERVIEW



**TYPE OF PHARMACY**

Independent pharmacy



**GEOGRAPHIC SETTING**

Urban



**TIME IN OPERATION**

3 years



**PROGRAM SIZE**

Total served = 70 participants



**FUNDING SOURCES/ REIMBURSEMENT**

Fully self-funded through participant fees and pharmacy income



**ACCREDITATION**

Association of Diabetes Care & Education Specialists (ADCES) (2015)

REACH



The program is located in a medically underserved area and targets African Americans and African immigrants in Washington, DC's 7<sup>th</sup> and 8<sup>th</sup> wards (south and east of the Anacostia River). The pharmacy's patient population is 96% African American. Most program participants are women, are African American, are of lower socioeconomic status, and range in age from late 30s to senior citizens. The program has served 70 patients to date.

**PARTNERS**



**Accent on Health**

*Referring provider*

**MetroHealth**

*Referring provider*

**DC Department of Health (DC Health)**

*Public health resource and stakeholder*

**Howard University and Notre Dame University Schools of Pharmacy**

*Assistance from pharmacy students (e.g., data entry)*

**Frances A. Gregory Library**

*Community resource*

**Hillcrest Recreation Center**

*Community resource*



COMPONENTS

**REFERRALS, RECRUITMENT, AND ENROLLMENT**

- Recruits primarily via health care provider referrals and also from current pharmacy customers.
- Distributes materials at community settings such as clinics, libraries, churches, and senior centers.
- Conducts one-on-one assessment and development of a care plan focusing on personal goals.

**CORE DSMES SERVICES**

- Aims to provide all participants with an individual initial assessment with a pharmacist and 6 to 7 DSMES group sessions over 3 months.
- Conducts follow-up with program participants at 3, 9, and 12 months after program completion to capture clinical and physiological outcomes.

**CULTURAL TAILORING**

- Occurs mostly in a personalized manner based on individual needs.
- Adapts recommendations for self-management behaviors to cultural practices of participants (such as food preferences) and community/socioeconomic context (such as finding safe places to exercise and access to healthy foods).
- Ensures educational materials are at an appropriate literacy level.
- Involves family members as sources of social support.

**RETENTION**

- Provides individual classes to newly diagnosed participants and others on an as-needed basis.
- Builds camaraderie among participants through group sessions.

# Flexcare Pharmacy

LESSONS

**STAKEHOLDER ENGAGEMENT**



The program is the only pharmacy-based program in Washington, DC that is embedded in the community. The pharmacist has earned community trust, ensuring buy-in and support of community leaders and champions.

**LEADERSHIP COMMITMENT**



The hands-on approach of the pharmacy owner as lead DSMES educator has made patients and other health care providers invested in achieving health outcomes. Partner organizations are committed to providing necessary resources to ensure the program's success.

**RETENTION AND ENGAGEMENT**



The program uses innovative approaches such as BlueStar Diabetes, a medical app with tools and real-time coaching, and involvement of pharmacy residents from local universities to keep patients engaged in the program curriculum.

EVIDENCE OF EFFECTIVENESS

**METRICS TRACKED**

<b>HbA1c</b>	<b>GLUCOSE LEVELS</b>	<b>BLOOD PRESSURE</b>
<b>KNOWLEDGE</b>	<b>MEDICATION ADHERENCE</b>	<b>PHYSICAL ACTIVITY</b>
<b>EYE/FOOT EXAM COMPLETION</b>	<b>HEALTH CARE PROVIDER PERCEPTIONS</b>	

**PROGRAM OUTCOMES TO DATE**

- More than 70%** of participants **lowered their A1c level by 1% or more.**
- Staff report that **visits, immunizations, and communication** with referring providers **have improved.**
- Providers report that their **patients are more engaged** and their **overall health has improved.**

## EVALUABILITY ASSESSMENT OVERVIEW

In 2019, the Centers for Disease Control and Prevention (CDC) 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.

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 reducing costs and saving time.

Scan public information about DSMES programs based on relevant criteria.

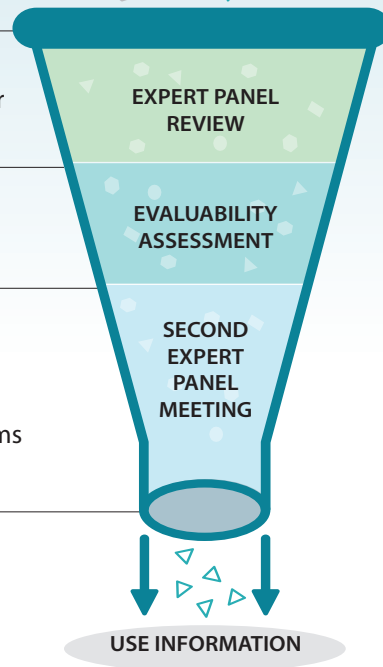


Expert panel identifies a subset of programs for further consideration

Conduct evaluability assessment for four selected DSMES programs

Expert panel reconvenes to review evaluability assessment results and make recommendations on programs ready for rigorous evaluation

Distribute results through briefs on lessons learned and presentation of findings



**FOR MORE INFORMATION:**

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