El Rio Health Center Pharmacy
Tuscon, AZ

<table>
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<th>OVERVIEW</th>
<th>TYPE OF PHARMACY</th>
<th>GEOGRAPHIC SETTING</th>
<th>TIME IN OPERATION</th>
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<td></td>
<td>Health System</td>
<td>Urban</td>
<td>8 years</td>
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<tr>
<th>PROGRAM SIZE</th>
<th>FUNDING SOURCES/ REIMBURSEMENT</th>
<th>ACCREDITATION</th>
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<td>Total Served = 2,7000 Participants</td>
<td>Medicare, private insurance, the Pasqua Yaqui Tribe, grants, and philanthropic support</td>
<td>American Diabetes Association (ADA) (2014); ADCES Association of Diabetes Care &amp; Education Specialists (2015)</td>
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The program is implemented at 7 clinic sites throughout Tucson, AZ, including a site on the Pasqua Yaqui Indian Reservation. The program has pharmacists and medical assistant staff on-site at each clinic location. The participant population is predominantly Hispanic and Native American, all of whom have HbA1c levels greater than 9%. The program has served 2,700 patients to date.

**COMPONENTS**

**REFERRALS, RECRUITMENT, AND ENROLLMENT**
- Relies on organizational policy that health care providers automatically refer all patients with HbA1c levels greater than 9% to the program.
- Utilizes in-person “warm handoffs” from the health care provider to the pharmacist.

**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.

**REACH**

**PARTNERS**

- **El Rio Foundation**
  Philanthropic and advocacy support
- **Pasqua Yaqui Tribal Council**
  Funding support, participant referrals, and advocacy support
- **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
El Rio Health Center Pharmacy

LESSONS FROM THE FIELD

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.

RETENTION AND ENGAGEMENT

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.

EVIDENCE OF EFFECTIVENESS

METRICS TRACKED

- HbA1c
- GLUCOSE LEVELS
- BODY MASS INDEX (BMI)
- KIDNEY FUNCTION
- KNOWLEDGE
- MEDICATION USE
- PHYSICAL ACTIVITY
- REFERRAL RATES

PROGRAM OUTCOMES TO DATE

- In 2018, the average HbA1c value for DSMES program participants dropped by 0.5%.
- Average blood pressure for DSMES program participants dropped from 132/78 to 130/74 mmHg.
- Retinopathy screening rates increased, indicating improved care for DSMES program participants.

FOR MORE INFORMATION:

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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.

Evaluate 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.