Corner Drug Store Diabetes Practice

by Christine L. Nguyen, 2010 PharmD Candidate and Craig Stern, PharmD, MBA

Pharmacists in the independent community setting have the unique opportunity to provide disease management services for patients who suffer from chronic diseases. Mark Shabashov, RPh, owner of Corner Drug Store in Hemet, California, an independent community pharmacy, offers diabetes management services in addition to traditional pharmacy services.

Description of the practice model

This model is an independent community pharmacy with diabetes management services. The pharmacy operates under the Good Neighbor Pharmacy network and features Diabetes Shoppe. The staff consists of one pharmacist, one technician, three typists, and one delivery driver. Once a week there are two intern pharmacists. The pharmacy also has one automated robot. New participants in the diabetes management program are either referred by physicians or identified when purchasing diabetic supplies. The patients are not required to have their prescriptions filled at the pharmacy.

The core of this model relies a great deal on the effectiveness and education of the staff. Technicians are educated in the disease process and have a good understanding of diabetic products. The pharmacist trains the intern pharmacists to give all patient consultations. Each intern pharmacist manages five patients for a five-week period. The initial consultation requires about thirty minutes and follow-up appointments require about ten minutes. At each weekly follow-up appointment, the intern pharmacist assesses the patient's dietary, exercise, and blood glucose logs. Patients are encouraged to bring their own blood glucose monitor for testing in-house. Patients also have access to the automatic blood pressure machine in the pharmacy.

The model also has a place for community involvement. Every year the pharmacy holds a diabetes clinic that is open to the public. Here, people can be screened for diabetes and learn more about the disease. They can also receive nurse-administered flu shots and vendor-provided health information.

Resource requirements

The most important requirement of this model is a diabetes-educated staff. A technician's ability to assist diabetic patients dramatically improves with a good understanding of the disease. In addition to the guidance and education provided by the pharmacist, the technicians receive diabetes training through the Diabetes Care Certificate Program. This certificate program is accredited by the National Institute for Pharmacist Care Outcomes (NIPCO), an accrediting organization through the National Community Pharmacists Association. The technicians also attended a diabetes certification course held by AmerisourceBergen. An allocation of funds for the purpose of staff education is necessary.

Another important requirement is an affiliation with a school of pharmacy because the consultations are performed by intern pharmacists. Other requirements are: promoting the management services to the community and directly to local physicians, carrying a variety of diabetic supplies, and having a separate consultation area.

Description of successes both anecdotal and measurable

In this business model, success is reputation. Patients are referred to the pharmacy by physicians who trust in the pharmacist's ability to manage their patients. Competing pharmacies send their diabetic patients to this pharmacy because their models cannot support rigorous diabetes management. Success also comes in the form of community involvement where the annual diabetes clinics have identified patients who did not know they had diabetes. The number of new diabetic patients to this model can be measured by how many blood glucose meters are sold. Patients who purchase meters at this pharmacy also tend to utilize its diabetes management services.

Limitations of the model or restrictions that limit its portability

One limitation of the model is that it is more feasible in an independent pharmacy setting where the pharmacist is able to commit sufficient time to the patients and to the training of intern pharmacists. Another limitation is cost. Although the utilization of interns drives down costs, a pharmacy must be filling at least 200 prescriptions per day to support the diabetes management services.

Business case if available

Currently, the model does not bill for diabetes management services. The model acquires income by obtaining new diabetic patients. One new diabetic patient can generate roughly six to eight prescriptions plus over-the-counter products. The model may bill for these services in the future when medication therapy management is more standardized.

Legal, or regulatory issues, or restrictions on the model

Currently there is a restriction of one technician per pharmacist as well as two intern pharmacists per pharmacist. This restriction can limit productivity, but is overcome with the use of an automated robot. Also, in order for a pharmacist to test a patient's blood glucose level in the pharmacy, a CLIA-waiver is required and is difficult to obtain because a physician must be contracted as the medical director for the pharmacy. However, a CLIA-waiver is not required if the patient tests their own blood glucose level in the pharmacy with their personal meter.

Future plans and direction

Future plans may be to expand upon the management services to include other disease states. such as asthma, COPD, and emphysema.

About the Authors

Christine L. Nguyen is a 2010 PharmD Candidate at the USC School of Pharmacy. Craig Stern PharmD, MBA is the President of Pro Pharma Pharmaceutical Consultants Inc. in Northridge, California. Dr. Stern has no bias to disclose.