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RURAL ROCKS

Newsletters

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Attention: We are anticipating hosting an Immunization training around the first of the year 2021.

Flu season is around the corner.
As a refresher, the following youtube sites are available:

I: Technique

- **APhA Injection Technique** <https://www.youtube.com/watch?v=1H7LnK0CpOY>
- **Handling Syringe and Needle** <https://www.youtube.com/watch?v=3yjsV4akL8A>
- **Reading Syringes** <https://www.youtube.com/watch?v=b4Y2qE4ZgvE>

II: Safety Syringes and Sharps

- **Vanishing point syringes** <https://www.youtube.com/watch?v=BikjXikTUEw>
- **BD eclipse safety needles** <https://www.youtube.com/watch?v=OgyrAf5dpZc>
- **Terumo SurGuard** <https://www.youtube.com/watch?v=xHOt3MZoLuU>
- **Safely Handling Sharps** <https://www.youtube.com/watch?v=TFevZhMs8PU>

III: Bloodborn Pathogens <https://www.youtube.com/watch?v=wjpbegDKZnE>

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A message from Dr. Randy Curry

Greetings Pharmacists,

As Electronic Health Records are becoming more numerous at the pharmacy level, it is encouraging to see an increase of clinical services at the pharmacy level. From Medication Therapy Management, Diabetes Self-Education Management (DSME), Diabetes Prevention Program (DPP), Point of Care Testing and immunizations are set to change the face of pharmacy. All of these programs are directed at providing value-based care. As you implement clinical services, these improve the patients' outcomes. When their numbers improve, their health improves, and healthcare cost go down.

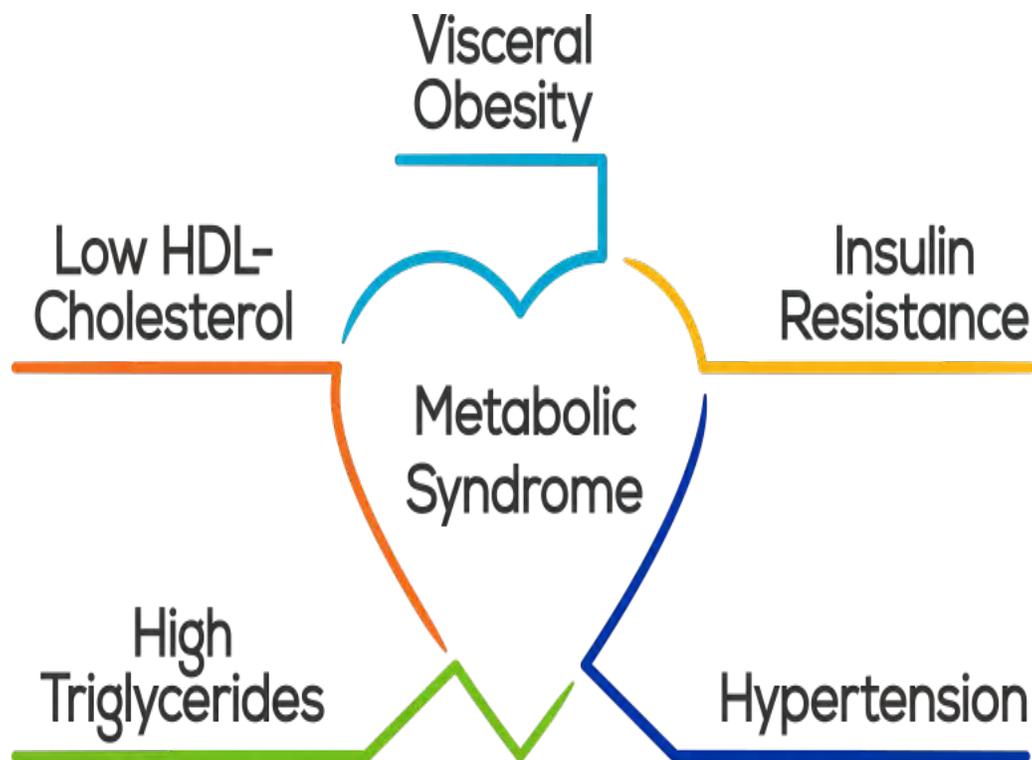
From the pharmacy side, all of these programs have the ability to provide the pharmacy with income and thus making them sustainable.

To help you implement, we encourage you to simply start by checking the blood pressure of your high-risk patients and logging it. Many diabetes patients are told to keep a blood glucose log. Patients have said physicians say keep the log, but no one looks at it. This is a great opportunity for pharmacist to step in track and blood glucose. This opens the door for pharmacist to implement Diabetes Self-Management Education for the diabetic or Diabetes Prevention Program for the prediabetic.

Below you will find 2017 ACC/AHA Guidelines for Treating Hypertension in Adults Included in 2019 Update. The first part gives you the diagnostic and treatment algorithm. The second gives you talking points on the Nonpharmacological therapy.

I have included more specific information on Diabetes Self-Management Education Services and Diabetes Prevention Program. We have clinical pharmacist on staff that can help you start up these programs for your patients.

2020 Metabolic Syndrome Webinar Series



- 4- one hour on-demand webinars
- CE approved by the Oklahoma State Board of Pharmacy
- Webinar topics: hypertension, dyslipidemias, obesity/ impaired fasting glucose, and cardiovascular risk reduction

Part 1: Hypertension- <https://attendee.gotowebinar.com/register/25711390768868367>

Part 2: Impaired Fasting Glucose/Obesity- <https://attendee.gotowebinar.com/register/9032421362836901134>

Part 3: Dyslipidemias- <https://attendee.gotowebinar.com/register/7892368542322603277>

Part 4: Cardiovascular Risk Reduction - <https://attendee.gotowebinar.com/register/7678075925157120268>

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2017 ACC/AHA Updated Guidelines for Treating Hypertension in Adults

New guidelines divide blood pressure (BP) levels into 4 categories for diagnosis:

BP Category	Systolic BP (SBP)	and	Diastolic BP (DBP)
Normal	<120 mm Hg		<80 mm Hg
Elevated	120-129 mm Hg		<80 mm Hg
Hypertension			
Stage 1	130-139 mm Hg	or	80-89 mm Hg
Stage 2	≥140 mm Hg	or	≥90 mm Hg

- Individuals with SBP and DBP in 2 categories should be placed in higher BP category
- BP category determined by using an average of ≥2 readings obtained on ≥ 2 occasions

Lifestyle interventions have been shown to be effective in significantly facilitating blood pressure lowering.

	Intervention	Reduction of SBP
Weight loss	1 mm Hg per 1 kg lost	5 mm Hg
DASH diet	Diet rich in vegetables, fruits, whole grains and low- fat dairy	11 mm Hg
Potassium intake	Goal 3500-5000 mg/day	5 mm Hg
Physical activity	150 minutes per week	5-8 mm Hg
Alcohol consumption	Limit to 2 drinks per day for men and 1 drink per day for women	4 mm Hg
Sodium intake	Goal < 1500 mg/day	6 mm Hg
Tobacco use	Cessation	Reduces cardiovascular risk

Treatment Guidelines for Hypertension

Category	Treatment	Follow-up
Elevated BP	Lifestyle interventions	3-6 months
Stage 1 Hypertension- with clinical ASCVD risk <10%	Lifestyle interventions	3-6 months
Stage 1 Hypertension- with clinical ASCVD risk ≥ 10%	Lifestyle interventions and BP-lowering medication	1 month
Stage 2 Hypertension	Lifestyle interventions and BP-lowering medication	1 month

Recommended blood pressure goal for all patients with hypertension is **130/80 mm Hg**.

First-line agents for initial medication use include: **thiazide diuretics, CCBs*, ACE inhibitors, or ARBs***.

*CCB- Calcium channel blockers, ARB- Angiotensin II receptor blocker

All information is referenced by:



What is the SWOSU College of Pharmacy Rural Health Center Diabetes Prevention Program?

We are part of the National Diabetes Prevention Program (NDPP), led by the Centers for Disease Control and Prevention (CDC). This proven program with over ten years of research can help people at risk for type 2 diabetes make achievable and realistic lifestyle changes and reduce their risk of developing type 2 diabetes. It is a 12 month program with 16 initial weekly sessions and six monthly follow-up sessions led by trained lifestyle coaches who empower participants to take charge of their health.

Why provide the Diabetes Prevention Program?

Prediabetes is a growing issue with serious health and cost consequences.

- An estimated 84.1 million Americans and over *one million Oklahomans* have prediabetes (1 out of 3 American adults), making them at greater risk for developing type 2 diabetes, heart disease, and stroke^{1, 6}.
- In 2012, medical costs and productivity loss due to diabetes were estimated to be \$245 billion, an increase of 41 percent from data collected just five years earlier².

The program works and is cost-effective.

- Research examining the results of a structured lifestyle change program found that individuals with prediabetes reduced their risk of developing type 2 diabetes by 58 percent through proper diet, exercise, weight loss and behavior modification. Metformin proved to be less effective by only reducing the risk by 31 percent³.
- After 10 years, those who had participated in the lifestyle change program had a 34 percent lower rate of type 2 diabetes compared to 18 percent with Metformin intervention⁴.
- In 2013, health care spending per person with diabetes was found to be \$14,999 while spending per individual without diabetes was \$4,305⁵.
- Effective April 1, 2018, Medicare adopted the Diabetes Prevention Program and made the Medicare Diabetes Prevention Program (MDPP) available to all eligible Medicare beneficiaries. MDPP suppliers receive performance based payments through the CMS claims system.

Diabetes Self-Management Education Services

What is Diabetes Self-Management Education?

It is a collaborative process that helps people with diabetes learn how to successfully manage their disease. The goal of the sessions is to facilitate knowledge and skill for diabetes self-care. This evidence-based program provides an individualized curriculum for each participant's needs, goals, and life experiences to improve health outcomes. It is an ongoing program consisting of core sessions that include but are not limited to:

- diabetes disease and process, nutritional management, safe medication use, monitoring blood glucose, preventing, identifying, and treating complications, developing strategies to address psychosocial issues and promote behavior change, and incorporating physical activity into lifestyle

Why start this service at your pharmacy?

- It has been shown to reduce complications, lower hemoglobin A1c, and lower hospitalizations
- It is reimbursable by Medicare and private insurance companies upon recognition/accreditation
- Expand clinical services in your community
- Collaborate with local health care providers
- Empower your patients to manage their diabetes and improve health outcomes

What you can do

Become recognized or accredited through the American Association of Diabetes Educators (AADE) www.diabeteseducator.org or the American Diabetes Association (ADA) www.professional.diabetes.org/diabetes-education .

Continuing Education Webinar: “ Implementing Diabetes Self-Management Education and Support Services in a Community Pharmacy”

When: Please register for Implementing Diabetes Self-management Education Services in a Community Pharmacy – on-demand webinar

<https://attendee.gotowebinar.com/register/6825901631280943371>

After registering, you will receive a confirmation email containing information about joining the webinar.

Offered by: Aimee Henderson, PharmD, BC-ADM, CDE and Travis Wolff, PharmD, BCACP

To learn more, contact:

Aimee Henderson, Pharm. D., BC-ADM, CDE

Office: 580-774-6727

aimee.henderson@swosu.edu

Medicare payments to suppliers will vary, and can be up to \$670 per beneficiary over 2 years, depending on beneficiaries' attendance and weight loss.

What You Can Do

- Talk to your health insurance carrier(s) about covering the **SWOSU College of Pharmacy Rural Health Center Diabetes Prevention Program** as a health benefit or wellness incentive and offer this life-changing program to your employees.
- Third-party administrators can help you determine potential ROI specific to your organization, as well as help implement the program, process claims, recruit participants, and collect data.

Example calculator: <https://ama-roi-calculator.appspot.com/>

- Promote the **SWOSU College of Pharmacy Rural Health Center Diabetes Prevention Program** to your employees. We are available 8:00 am to 4:30 pm for questions; we can give out additional resources about the program, and provide various forms of testing to determine risk for diabetes.

To learn more, visit www.cdc.gov/diabetes/prevention or contact:

SWOSU College of Pharmacy Rural Health Center

Diabetes Prevention Program

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sarah.yount@swosu.edu

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- ⁵ Issue Brief: Per Capita Health Care Spending on Diabetes: 2009-2013 | HCCI. <http://www.healthcostinstitute.org/issue-brief-capita-health-care-spending-diabetes-2009-2013>
- ⁶ <http://main.diabetes.org/dorg/PDFs/Advocacy/burden-of-diabetes/oklahoma.pdf>. Accessed 5/1/2017.