

Welcome!

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Teaching Self-Management of Diabetes

Colin Reeve, BSP, CDE

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Teaching Self-Management of Diabetes

Colin Reeve, BSP, CDE
Pharmacy Manager/Certified Diabetes Educator
Taché Pharmacy at Seven Oaks Hospital
Winnipeg, Manitoba

Disclosures:

- Lifescan Canada
- Sanofi
- Bayer
- Abbott Labs
- Pfizer
- Canadian Pharmacists Association

Objectives

Discuss diabetes self-management education with patients in a community pharmacy setting.

Patient assessment

- ▶ Identify patient's perceived goals of therapy/identify perceived barriers to behaviour change
- ▶ Collaboration and referral to key healthcare providers
- ▶ Importance of periodic reassessment

Guideline based treatment options for patients with diabetes (CDA CPG '13 guidelines)

- ▶ Nutrition and diet recommendations
- ▶ Safe and proper use of medication therapy
- ▶ SMBG recommendations

Acute and Chronic complication management and self care

- ▶ Hypoglycemia management and prevention
- ▶ Chronic complication prevention and management (microvascular/macrovascular)

Postscript: Marketing a diabetes education service in a community pharmacy setting

Preface - How are patients with diabetes receiving care in the community? (...and are they at target?)

DICE study:

- Nearly half (49%) of patients were not at target blood sugar levels (A1C \leq 7%)
- Intensive treatment plans were considered for only half (56%) of people not at target
- More than 50% of the total group was either managed by lifestyle alone or by taking no or only one oral anti-diabetes medication
- When asked about their treatment plans for patients not at target, physicians identify lifestyle intervention as their plan for 79% of patients
 - Patient non-compliance with diet (72%) and exercise (71%) were the principle barriers to achieving optimal control identified by family physicians

Harris SB, Ekoé JM, Zdanowicz Y, Webster-Bogaert S, Glycemic control and morbidity in the Canadian primary care setting (results of the diabetes in Canada evaluation study), *Diabetes Research and Clinical Practice*, 2005;70:90-97

Preface - How are patients with diabetes receiving care in the community? (...and are they at target?)

Monitoring:

A 2009 study conducted by the Canadian Institute of Health Information found that in the previous year:

- 81% of all Canadians with diabetes received an HbA1c test
- 74% received a urine protein test to measure kidney function and
- 51% had their feet checked for sores or irritations.

- 66% received a dilated eye exam in the last 2 years

Canadian Institute for Health Information. Diabetes Care Gaps and Disparities in Canada, 2009.
https://secure.cihi.ca/free_products/Diabetes_care_gaps_disparities_aib_e.pdf accessed September 10,2013

Patient-centred Diabetes Self-Management Education and Support

- Diabetes is a chronic, progressive disease (UKPDS)
- The chronic and multifactorial nature of the disease requires team-based management of care (collaboration is key!)
- Focus on prevention of sequelae
- Patient-centric disease management (Chronic Care Model)

Patient: MN

- 47 years old
- Type 2 diabetes for 5 years
- New client to your pharmacy
- Recently accepted as a patient at a local primary care clinic in your area
- Would like to speak with a pharmacist about his diabetes – feels he needs a “refresher” on his self-management skills
- His daughter was just diagnosed with gestational diabetes and he is worried she will have diabetes in the future
- Your pharmacy offers diabetes education services by appointment

Patient Assessment

- Where do we start with this patient?
- Need to assess:
 - Patient's current health status (A1C, blood lipids, etc.)
 - Medication review
 - Lifestyle (diet, exercise)
 - Psychosocial issues/support systems
 - Patient goals and perceived barriers to change

Patient Assessment

Sample Diabetes Patient Care Flow Sheet for Adults

Part A:

Name:	Type of diabetes: Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Other <input type="checkbox"/>	Date of birth:	Date of diagnosis:			
Risk factors, co-morbidities		Self-Management (discuss with patient; add date and location in chart)				
<input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> Peripheral Artery Disease <input type="checkbox"/> Chronic Kidney Disease <input type="checkbox"/> Mental health diagnosis <input type="checkbox"/> Polycystic Ovary Syndrome <input type="checkbox"/> Foot disease <input type="checkbox"/> Erectile Dysfunction <input type="checkbox"/> Smoking _____ (Date stopped) <input type="checkbox"/> Alcohol: _____ (Assess/discussed)		Patient Goals: _____ Possible Barriers to Self-Management: _____ Diabetes Self-Management Education: _____ <input type="checkbox"/> Weight Management: Ht: _____ Target Wt: _____ Target BMI: _____ <input type="checkbox"/> Physical Activity (aerobic 150 min/week; resistance 2-3 times/week) _____ <input type="checkbox"/> Glucose Meter/lab comparison <input type="checkbox"/> Patient Care Plan (Pregnancy Planning/Driving License): _____ _____ Date discussed _____				
Vaccinations						
Flu (annual) Date: _____		Date: _____				
Pneumococcus Date: _____						
Visits (Every 3 to 6 months)						
Date	BP	Weight	A1C Target ≤7% or	Notes (Goals, clinical status)	Hypo-glycemia	Antihyper-glycemic Agents / CV protection

Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada

2013

Patient: MN

- A1C 7.6% (PCP provided)
- BMI 31.3 (calculated)
- Tests blood glucose once daily but does not have log book with him.
- Comorbid diseases: hypertension, peripheral neuropathy (feet)
- MN has attended group diabetes education classes including dietetic counselling (5 years ago).
- Sedentary lifestyle
 - Walks 1-2 times a week (20 min). Would exercise more if he had someone to exercise with.
 - Admits to drinking a bottle of pop everyday. Knows he needs to eat healthier. Does not want to follow a strict "diet".

Medication

Name: M,N (m)		Allergies: No known allergies <input checked="" type="checkbox"/>		Primary Physician (name, phone & CPSO number) S.Hyatt, NP		Date of MedsCheck: (DD/MM/YY)			
OHIP #: [REDACTED]		Product		Reaction					
D.O.B: 01/01/1972 (DD/MM/YY)		Telephone: [REDACTED]							
Current Smoking Status <input type="checkbox"/> Yes, currently smoke <input checked="" type="checkbox"/> No, former smoker <input type="checkbox"/> No, never smoked									
Date Dispensed (DD/MM/YY)	Quantity dispensed	Purpose for Use	Medication, Dosage & Form (Brand or generic / manufacturer as known by the patient)	Direction of Use	Am	Noon	Supper	Bedtime	Pharmacist comments (Special instructions such as no action, record discrepancy, medication to continue, referred to another HCP, etc.)
Prescriptions (including nasal sprays and eye drops)									
[REDACTED]	5x3 ml	T2DM	Humulin 30/70	24U Subcut bid	X	[REDACTED]	X	[REDACTED]	[REDACTED]
[REDACTED]	112	T2DM	Metformin 500 mg	1000mg bid	X	[REDACTED]	X	[REDACTED]	[REDACTED]
[REDACTED]	28	Hypertension	Ramipril 5 mg	5mg od	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	28	Peripheral Neuropathy	Gabapentin 100mg	100 mg tid	X	X	[REDACTED]	X	[REDACTED]
[REDACTED]	28	Insomnia	Mirtazipine 15 mg	15 mg hs	[REDACTED]	[REDACTED]	[REDACTED]	X	[REDACTED]
OTC/Herbal									
[REDACTED]	100	inadequate diet	Centrum Forte	1 od	X	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Pharmacist recommendations & comments for patient: To be determined...									

Patient: MN

Where to start?

Lifestyle factors:

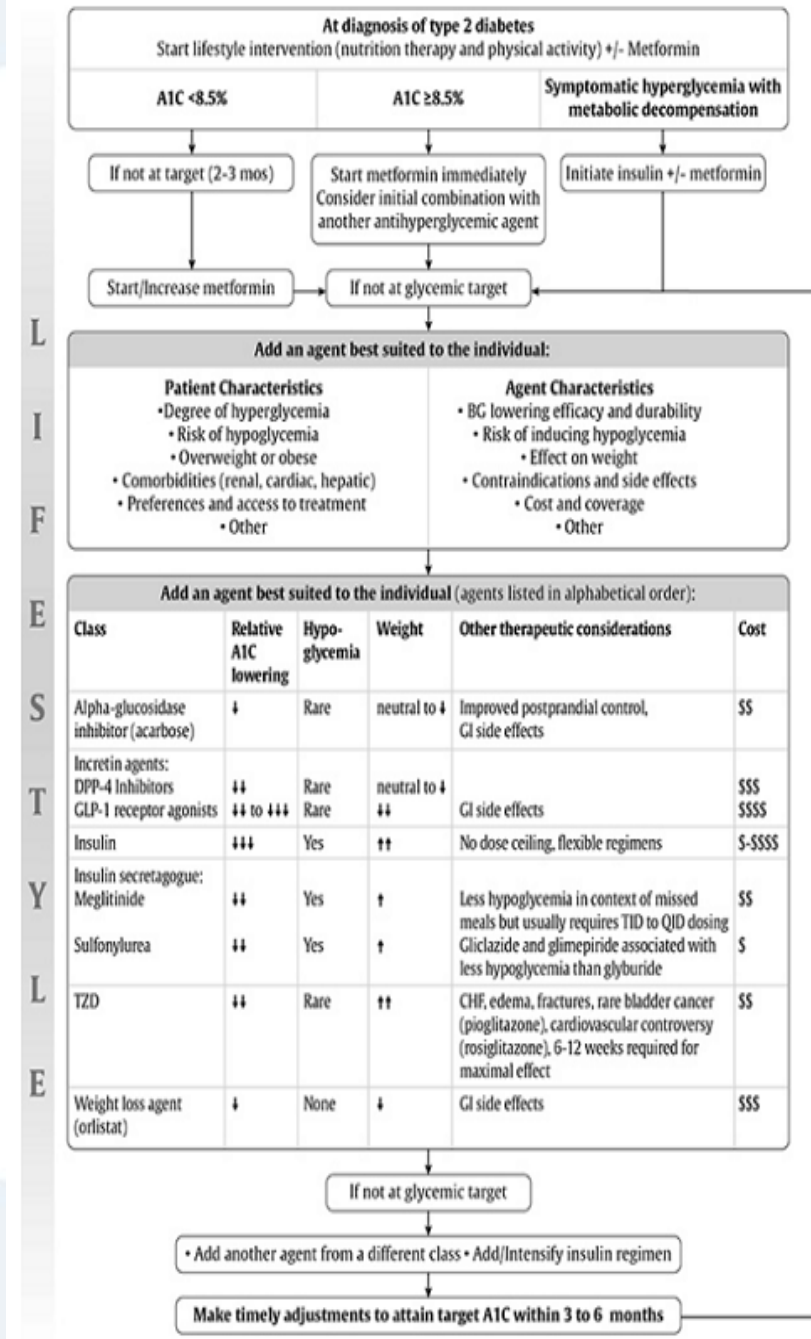
- Large cohort studies^{1,2} have demonstrated regular physical activity are associated with reductions in cardiovascular and overall mortality of 39% to 70% over 15 to 20 years of follow-up.
- Nutrition therapy has demonstrated an A1C lowering effect of 1-2% as evidenced in multiple studies³.

1. Church TS, LaMonte MJ, Barlow CE, Blair SN. Cardiorespiratory fitness and body mass index as predictors of cardiovascular disease mortality among men with diabetes. *Arch Intern Med* 2005;165:2114-210.

2. Hu G, Jousilahti P, Barengo NC. Physical activity, cardiovascular risk factors, and mortality among Finnish adults with diabetes. *Diabetes Care* 2005;28:799-805.

3. Pastors JG, Warshaw H, Daly A. The evidence for the effectiveness of medical nutrition therapy in diabetes management. *Diabetes Care* 2002;25:608-13.

Lifestyle



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Canada

Lifestyle factors

Assess readiness to change

Ask MN what he feels he could do to change his lifestyle/What would motivate him to change?

- Positive influence on his daughter
- Healthier/longer life (more time with grandchildren)
- Feeling/looking better
- Diabetes in better control

What are his perceived barriers to change?

- Does not want to follow a “strict” diet
- No one to exercise with
- States that he is nervous about exercising more often: voices concerns about low blood sugars, increased chances of a cardiac event and foot problems (autonomic neuropathy)

2013 CPG Recommendations

Physical activity:

- 150 minutes of moderate- to vigorous-intensity aerobic exercise each week, spread over at least 3 days of the week, with no more than 2 consecutive days without exercise
- resistance exercise at least twice a week and preferably 3 times per week in addition to aerobic exercise

Nutrition:

- People with diabetes should receive nutrition counselling by a registered dietitian to lower A1C levels
- Individuals with diabetes should be encouraged to follow *Eating Well with Canada's Food Guide* in order to meet their nutritional needs¹
- In overweight or obese people with diabetes, a nutritionally balanced, calorie-reduced diet should be followed to achieve and maintain a lower, healthier body weight

¹ <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

Physical Activity Risks: the Facts!

- Risks of inactivity far outweigh risks associated with physical activity
- Risk of a cardiac event during exercise is 6 events per 100,000 persons¹ (middle aged males) vs. risk of obesity/inactivity for CV disease (even with comorbid CV disease present)
- Autonomic neuropathy is not a contraindication for aerobic or resistance exercise; exercise (resistance) may help to prevent foot ulcerations in persons with peripheral diabetic neuropathy²

¹ Thompson PD. The cardiovascular complications of vigorous physical activity. *Arch Intern Med.* 1996;156(20):2297-302

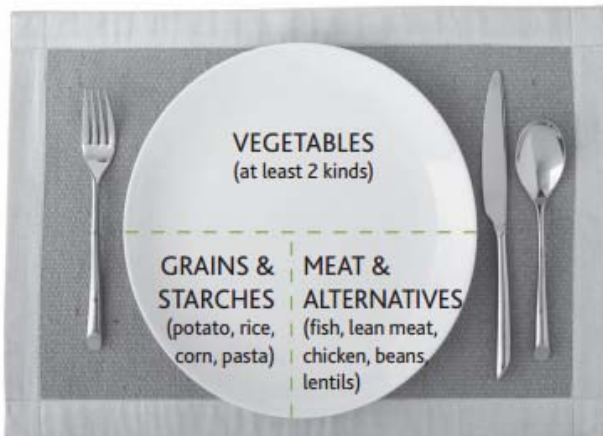
² Lemaster JW, Reiber GE, Smith DG. Daily weight-bearing activity does not increase the risk of diabetic foot ulcers. *Med Sci Sports Exerc* 2003;35:1093-99

MN's goals:

- Attend an 8-week Diabetes exercise program offered at the local YMCA (offered in 1 month)
- Exchange his daily bottle of pop for water Immediately
- Attend group dietetic counselling at a DEC (Diabetes Education Center) in the next 3 months
- Incorporate the plate technique and handy portion guide principles into his daily meal choices (CDA, Just the basics)

Just the Basics

Plan *for* healthy eating



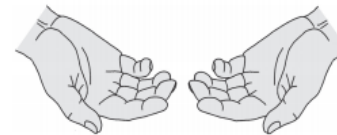
Handy portion guide

Your hands can be very useful in estimating appropriate portions. When planning a meal, use the following portion sizes as a guide:



FRUITS* / GRAINS & STARCHES*:
Choose an amount the size of your fist for each of Grains and Starches, and Fruit.

MILK & ALTERNATIVES*: Drink up to 250 mL (8 oz) of low-fat milk with a meal.



VEGETABLES*:
Choose as much as you can hold in both hands.



MEAT & ALTERNATIVES*:
Choose an amount up to the size of the palm of your hand and the thickness of your little finger.



FATS*:
Limit fat to an amount the size of the tip of your thumb.

Canadian Diabetes Association,
www.diabetes.ca/files/JTB17x_11_CPGO3_1103.pdf

Self-Monitoring of Blood Glucose (SMBG)

- MN testing blood sugars once daily
- Takes mixed insulin twice daily with breakfast and supper
- Admits to treating a low blood sugar at least once a week usually before lunch or bedtime (keeps a chocolate bar with him at all times to treat a reaction)
- Admits to testing only “to show his doctor the readings”; doesn’t see how testing can help him manage his diabetes on a day to day basis

2013 CPG Recommendations: SMBG

If using insulin > once a day (Type 1 or Type 2 Diabetes):

- Test \geq 3 times daily, including pre and post-meal tests

If using once-daily insulin in addition to oral antihyperglycemic agents:

- Test \geq once a day

If not receiving insulin therapy:

- SMBG individualized depending on type of antihyperglycemic agents, level of glycemic control and risk of hypoglycemia
- When glycemic control is not being achieved, SMBG should be instituted and should include periodic pre- and postprandial measurements and training of healthcare providers and patients on methods to modify lifestyle and medications in response to SMBG values
- If achieving glycemic targets or receiving medications not associated with hypoglycemia, infrequent SMBG is appropriate

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SMBG goals for MN

- Test 3 times daily alternating before/after meals, fasting, bed and occasional 3 am readings (nocturnal hypoglycemia) immediately
- Test before any planned physical activity starting immediately
- Identify the impact of exercise/meals/meal timing on blood sugar readings in 3 months (scheduled follow-up)

2013 CPG Recommendations: Self-Treatment of Hypoglycemia

Hypoglycemia definition:

- 1) The development of autonomic or neuroglycopenic symptoms
- 2) A low plasma glucose level (<4.0 mmol/L)
- 3) Symptoms responding to the administration of carbohydrate

Treatment:

○ Severe hypoglycemia:

- 20 g carbohydrate, preferably as glucose tablets or equivalent. BG should be retested in 15 minutes and then re-treated with another 15 g glucose if the BG level remains <4.0 mmol/L

○ Mild to moderate hypoglycemia:

- 15 g carbohydrate, preferably as glucose or sucrose tablets or solution.
- Retest BG in 15 minutes and re-treat with another 15 g carbohydrate if the BG level remains <4.0 mmol/L

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Recommendations for MN:

- Take insulin ½ hour before meals, not with meals
 - May consider recommending PCP switch insulin regimen to MDI insulin to increase meal flexibility
- Test blood glucose before driving (until resolution)
- Stop treating hypoglycemia with a chocolate bar!
 - Sugar + fat lowers glycemic index
 - Overcompensation of treating hypoglycemia can cause rebound hyperglycemia
- Test blood glucose more frequently when starting exercise classes
 - Hypoglycemic response to exercise can last up to 24 hours

Avoiding complications

- Before leaving MN asks about using a pair of insoles in his dress shoes; his feet are sore from breaking in a new pair of shoes.
- After questioning further, you discover that MN is soaking his feet daily in epsom salts each day after work.

Diabetes and Foot Care: A Patient's Checklist

DO...

- check your feet every day for cuts, cracks, bruises, blisters, sores, infections or unusual markings.
- use a mirror to see the bottom of your feet if you can't lift them up.
- check the colour of your legs and feet. If there is swelling, warmth or redness or if you have pain, see your doctor or foot specialist right away.
- clean a cut or scratch with a mild soap and water and cover with a dry dressing for sensitive skin.
- trim your nails straight across.
- wash and dry your feet every day, especially between the toes.
- apply a good skin lotion every day on your heels and soles. Wipe off any excess lotion.
- change your socks every day.
- always wear a good supportive shoe.
- always wear professionally fitted shoes from a reputable store. Professionally fitted orthotics may help.
- choose shoes with low heels (under 5 cm high).
- buy shoes in the late afternoon (since your feet swell slightly by then).
- avoid extreme cold and heat (including the sun).
- exercise regularly.
- see a foot care specialist if you need advice or treatment.

DON'T...

- cut your own corns or calluses.
- treat your own in-growing toenails or slivers with a razor or scissors. See your doctor or foot care specialist.
- use over-the-counter medications to treat corns and warts. They are dangerous for people with diabetes.
- apply heat to your feet with a hot water bottle or electric blanket. You could burn your feet without realizing it.
- soak your feet.
- take very hot baths.
- use lotion between your toes.
- walk barefoot inside or outside.
- wear tight socks, garters or elastics, or knee highs.
- wear over-the-counter insoles – they can cause blisters if they are not right for your feet.
- sit for long periods of time.
- smoke.

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*Canadian Diabetes Association
2013 Clinical Practice Guidelines
for the Prevention and
Management of Diabetes in
Canada*

<http://guidelines.diabetes.ca/Browse/Appendices/Appendix9>

Modifiable risk factors

Complications		Risk Factors				
		↑ BG	↑ BP	↑ Blood Lipids	↑BMI	Smoking
Microvascular Complications	Neuropathy	✓	✓	✓(TG)	✓	✓
	Retinopathy	✓	✓	possible		
	Nephropathy	✓	✓	✓		✓
Macrovascular Complications (CVD,PAD)	Cardiovascular disease, Peripheral arterial disease	✓	✓	✓	✓	✓

Avoiding Complications Checklist

Part B:

Care	Objective	Target
Self-monitoring of Blood Glucose	Ensure patient can use glucose meter, interpret results and modify treatment as needed. Develop a blood glucose monitoring schedule with patient and review records.	Premeal (mmol/L) = 4.0-7.0 mmol/L for most patients 2hr Postmeal (mmol/L) = 5.0-10.0 mmol/L for most patients 5.0-8.0 mmol/L if not achieving A1C target
Blood Glucose Control	Measure A1C every three months for most adults. Consider testing at least every 6 months in adults during periods of treatment and lifestyle stability when glycemic targets have been consistently achieved.	A1C ≤7.0% for most patients . Individualized based on life expectancy, functional dependency, extensive coronary artery disease at high risk of ischemia, multiple comorbidities, recurrent severe hypoglycemia, hypoglycemia unawareness, longstanding diabetes unable to achieve A1C $\leq 7\%$ despite best efforts (including intensified insulin).
Hypoglycemia	Enquire about hypoglycemia at each visit. Discuss recognition and treatment of hypoglycemia and risk/ benefit of hypoglycemia and pharmacologic management.	Avoidance of hypoglycemia especially in the elderly, those with hypoglycemia unawareness, and those with criteria for less stringent control.
Blood glucose meter accuracy	Meter results should be compared with laboratory measurements at least annually , and when indicators of glycemic control do not match meter.	Simultaneous fasting glucose/meter lab comparison within 20% .
Hypertension	Measure BP at diagnosis and at every diabetes clinic visit	<130/80
Waist Circumference	Measure as an indicator of abdominal fat	Central obesity defined as: WC M ≥ 102cm W ≥ 88cm (North America) WC M ≥ 94cm W ≥ 80cm (Europeans; Middle-Eastern; Sub-Saharan African; Mediterranean) WC M ≥ 90cm W ≥ 80cm (Asians; Japanese; South and Central Americans)
Body Mass Index	Calculate BMI (mass in kilograms/height in metres ²)	Healthy body weight target: BMI: 18.5-24.9
Nutrition	Encourage nutritional therapy (by a registered dietitian) as an integral part of treatment and self-management.	Meet nutritional needs by following Eating Well with Canada's Food Guide
Physical Activity	Discuss and encourage aerobic and resistance exercise. Evaluate those with possible CAD or microvascular complications undertaking exercise substantially more vigorous than brisk walking.	Aerobic: 2150 minutes/week Resistance: 3 sessions/week
Smoking	Encourage patient to stop at each visit; provide support as needed.	Smoking cessation
Chronic Kidney Disease (CKD)	Identification of CKD requires screening for proteinuria using random urine ACR (2 out of 3 samples over 3 mths) and assessment of renal function using a serum creatinine converted to eGFR . Type 1 diabetes -Screen at 5 years duration and then annually if no CKD. Type 2 diabetes -Screen at diagnosis and then yearly if no CKD.	Normal ACR >2.0 mg/mmol Normal eGFR >60 mL/min
Retinopathy	Type 1 diabetes -Screen 5 years after diagnosis, then rescreen annually Type 2 diabetes -Screen at diagnosis and 1-2 years after initial screening if no retinopathy is present. The interval for follow-up assessment should be tailored to the severity of the retinopathy. Screening should be conducted by an experienced eye care professional.	Early detection and treatment
Neuropathy/Foot Examination	Type 1 diabetes -Screen 5 years duration and annually Type 2 diabetes -Screen at diagnosis, then annually Screen for neuropathy with 10-g monofilament or 128 Hz tuning fork at dorsum of great toe. In foot exam look for: structural abnormalities, neuropathy, vascular disease, ulceration, infection.	Early detection and treatment. If neuropathy present: require foot care education, specialized footwear, smoking cessation. If ulcer present: manage by multidisciplinary team with expertise
Coronary Artery Disease (CAD)	Conduct CAD risk assessment periodically : CV history, lifestyle, duration of DM, sexual function, abdominal obesity, lipid profile, BP, reduced pulses, bruits, glycemic control, retinopathy, eGFR, ACR. Baseline ECG and every 2 years if >40 years, >30 years and duration >15 years, end organ damage, cardiac risk factors.	Vascular Protection : First priority in prevention of diabetes complications is reduction of cardiovascular risk by vascular protection through a comprehensive multifaceted approach All people with DM : optimize: BP, glycemic control and lifestyle Statin if : age ≥ 40 years OR macrovascular disease OR long duration of DM (DM >15 years and age >30 years) ACEi or ARB if : age ≥ 55 years OR macrovascular disease OR microvascular disease
Dyslipidemia	Fasting lipid levels (TC, HDL, TG and calculated LDL) at diagnosis, then yearly if treatment not initiated. More frequent testing if treatment initiated.	Lipid targets for those who need therapy: Primary target: LDL ≤ 2.0 mmol/L or $\geq 50\%$ reduction Alternate Primary target: apo B ≤ 0.8 g/L or non-HDL-C ≤ 2.6 mmol/L
Care Objectives: People with diabetes will have better outcomes if primary care providers 1) identify patients with diabetes in their practices 2) encourage self-management and use interdisciplinary team approach to attain care objectives 3) schedule diabetes-focused visits 4) use diabetes patient care flow sheets and systematic recall.		

Adapted from the Canadian Diabetes Association 2013 Clinical Practice Guidelines for the prevention and management of diabetes in Canada

Marketing a diabetes education service in a community pharmacy setting

If you build it...will they come?



If you build it...will they come?

NO!



- You must make sure they know about it
- You must show them the value
- You must help them see the benefits they can get out of it

... and then they will come!

The 4 C's and 7 P's of Service Marketing



The 4 C's and 7 P's of Service Marketing

Promotion
Physical
evidence

- Raise awareness of the existence of the service
 - Consider who you are marketing to: PCP? Patient?
 - Health Fairs/Speaking Engagements
 - Visit local clinics/DEC's
 - Network!
- Promotional materials and advertising
 - Pamphlets, print media
- Physical evidence
 - Let people know there is something different happening in your pharmacy
- Personal selling
 - How you "sell" your service to clients (show them the value)
 - Network!

Promotion



Caring for others as we would want to be cared for...

All patient education services are provided by Colin Rowe, BSc, CDE. Colin has been providing Diabetes Education Services as a Pharmacist since 1995. He is currently the Manitoba representative for the Canadian Pharmacists Association Diabetes Strategy for Pharmacists. Colin is a regular speaker for diabetes patient groups as well as professional groups.

All Diabetes Services are offered by appointment only.



2300 McPhillips St.
Winnipeg, Manitoba
Phone: (204) 633-2233
Fax: (204) 633-2244



Diabetes Education Services



Caring for others as we would want to be cared for



Our Diabetes Service Offerings Include:

Diabetes Survival Skills

Newly diagnosed patients with diabetes don't always have access to timely care. Our services help to demystify diabetes for patients eager to learn more about their condition.

We work in concert with physicians, nurses and dietitians to ensure a continuum of care for each patient with diabetes.

Along with medication counseling, we can work with each patient to ensure full understanding of "survival skills" such as hypoglycaemia management, basic food portion management, and lifestyle modification. These skills are important in helping to lay a solid foundation of knowledge for each patient with diabetes to build upon.

Diabetes Products & Services

Diabetes is a multi-faceted disease requiring the care of a complement of health professionals. Physicians, nurses, dietitians and pharmacists all play an important role in the delivery of care.

Managing patients with diabetes can be complicated. The DICE study (Diabetes in Canada Evaluation) highlighted a growing need for more intensive therapies in the Canadian diabetic population.

Our services are designed to complement and replace existing diabetes programs available to patients. At Taché Pharmacy, we strive to serve patients within our specialisation of medical management and self monitoring of blood glucose (SMBG), while consulting and referring to other health care professionals when required.



Insulin Start/Pattern Management Skills

Basal/insulin therapy starts for persons with Type 2 diabetes. Patients starting basal insulin are instructed dose management skills following INSIGHT trial (Denison, et al) guidelines.

Dual Basal SMBG (self monitoring blood glucose) training

Going beyond basic blood glucose meter training, identifying best practice goal based monitoring to enhance blood glucose target achievement and lowering diabetes supply costs.

The 4 C's and 7 P's of Service Marketing



Price

- Estimate demand
 - Economy of scale
- Calculate costs
 - Promotion costs, material costs
- Determine net desired income and set an initial price
 - What is an acceptable ROI for your service?
- Adjust price if needed
- Test your price with potential patients
 - May consider a pilot testing of your service
- Launch your service (adjusted price)

The 4 C's and 7 P's of Service Marketing



- Free is not a price!
- Subjective price is a reflection of value
- \$0 = 0 value

Conclusion

- Diabetes is a multifaceted disease requiring a teamwork, patient-centric approach to care
- Pharmacists play an integral role as part of a diabetes care team
- Guideline -based management and coordinated (communicated) care is essential for effective diabetic care management
- Lifestyle changes are fundamental to controlling blood glucose, reducing complications and quality of life measures for persons with diabetes
- As we shift from a product-based to a consultative-based delivery of service, it is essential that we market our services in kind

Questions?

Thanks for joining us!

- Please direct questions, feedback and suggestions to diabetes@pharmacists.ca
- Join the [CPhA Continuing Professional Development Mailing List](#) to be informed of future webinars and educational programs delivered by CPhA.
- Join [MyCPhA](#) and become a member of the Diabetes Community.