

Item No. 7
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American Pharmacists Association
House of Delegates – March 18-21, 2022

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Kristina Melia, USPHS Delegate
(Name)

Feb. 7, 2022
(Date)

United States Public Health Service Commissioned Corps
(Organization)

Subject: Pharmacist and Pharmacy Technician Roles in Type 2 Diabetes Prevention

Motion: Adopt the following three policy statements:

1. APhA advocates for the recognition and utilization of pharmacists, student pharmacists, and pharmacy technicians to address diabetes prevention, such as through Centers for Disease Control and Prevention's (CDC) National Diabetes Prevention Program's (National DPP) lifestyle change program.
2. APhA advocates for campaigns focused on increased community wellness awareness and health benefits knowledge in areas such as healthy eating and physical exercise for diabetes prevention and diabetes self-management education and support (DSMES). APhA recommends expanding the pharmacist's role and pharmacy services, and building on the competencies noted in "EDUCATION, CURRICULUM AND COMPETENCE FOR PHARMACISTS, Pharmacist Training in Nutrition" to leverage pharmacists and pharmacies as a means of increasing patient education on nutrition and physical exercise in relation to diabetes prevention and DSMES.
3. APhA encourages the development of pharmacy curricula and continuing education on the topics of diabetes prevention and health promotion through improvements in modifiable risk factors.

Background:

We know that more than 30 million people have diabetes, but that's only the tip of the iceberg. An estimated 96 million American adults have prediabetes. This hidden health threat means that approximately 1 in 3 adults in this country have a substantially higher risk of developing type 2 diabetes, heart disease, and stroke. Even worse, 90% of them don't know they have this condition, so they may not be taking the right steps to prevent or delay the onset of type 2 diabetes.

The National Diabetes Prevention Program (National DPP), established and managed by Centers for Diseases Control and Prevention (CDC), is a partnership of public and private organizations working together to build the infrastructure for nationwide delivery of an evidence-based lifestyle change program for adults with prediabetes to prevent or delay onset of type 2 diabetes. Pharmacists can play a key role in this partnership because of their proximity to people with prediabetes and the community's trust in them.

The National DPP lifestyle change program is based on the science of the Diabetes Prevention Program research trial, and subsequent translation studies, which showed that making modest behavior changes helped people with prediabetes lose 5% to 7% of their body weight and reduce their risk of developing type 2 diabetes by 58% (71% for people over 60 years old). The National DPP's lifestyle change program is a proven model that effectively helps those with prediabetes take the steps necessary to prevent their progression to type 2 diabetes. The pharmacy workforce is well-positioned to play a significant role in promoting and delivering the National DPP lifestyle change program in their communities.

The National DPP has four overarching strategic goals:

- 1) Increase the supply of quality programs across the U.S.
- 2) Increase awareness and demand for the program among high-risk adults.
- 3) Increase public and private coverage for the program to ensure long-term sustainability.
- 4) Increase health care provider referrals of people with prediabetes to CDC-recognized organizations offering the program.

The pharmacy community can be a part of all these goals.

At the close of 2021, there were 162 pharmacies across 42 states and Washington D.C. that are CDC-recognized National DPP delivery organizations.

CDC released a resource guide titled: [Rx for the National Diabetes Prevention Program Action Guide for Community Pharmacists \(cdc.gov\)](#) “Rx for the National Diabetes Prevention Program: An Action Guide for Pharmacists.” It outlines the specific ways in which pharmacists, pharmacy residents, students, and technicians can participate in the National DPP.

The pharmacy resource guide came about through collaboration between CDC’s Division of Diabetes Translation and several national pharmacy stakeholders. The stakeholder group consisted of Duquesne University, *NASPA, NACDS, NCPA, CPESN, AACP, ASHP, APhA, and Kroger. During stakeholder meetings, these organizations shared that they needed a resource with information specific to pharmacies on the National DPP; they also detailed various barriers to entry as well as key opportunities for engagement.

The pharmacy guide was framed around the concept of “three tiers of engagement,” and pharmacies can pick and choose which tiers to engage in based on their own resources and capacity. The three tiers are:

- 1) Promoting awareness of prediabetes and the National DPP.
- 2) Screening, testing, and referring eligible patients to a local or online CDC-recognized lifestyle change program.
- 3) Becoming a CDC-recognized organization and delivering the 12-month lifestyle change program in the pharmacy practice site.

Millions of Americans have the National DPP lifestyle change program as a covered benefit. In March 2016, the Centers for Medicare & Medicaid Services (CMS) certified the expansion of the National DPP lifestyle change program into Medicare on the basis of results from a model test conducted by the Center for Medicare & Medicaid Innovation (CMMI) with the Y-USA. Beginning in April 2018, the National DPP lifestyle change program became a covered preventive service for eligible Medicare beneficiaries through the Medicare Diabetes Prevention Program (MDPP)—the first preventive service model tested by CMMI to be expanded into Medicare and a landmark for public health. Program delivery organizations with CDC preliminary or full recognition are eligible to apply as

MDPP suppliers. Additionally, 17 states have approved Medicaid coverage for the National DPP lifestyle change program and many employers and commercial health plans also include the program as a covered health benefit (see [Participating Payers and Employers - National DPP](#)).

APhA and NCPA are currently partnering directly with CDC on activities that are expanding the pharmacy infrastructure and actively promoting the National DPP lifestyle change program in pharmacies nationwide.

So, why should pharmacists get involved in the National DPP? Pharmacists can be valuable partners in the effort to expand the National DPP for the following reasons:

- 1) Pharmacists know preventive care:** Pharmacists deliver preventive health care services (administering vaccinations, assisting with smoking cessation and blood pressure control, delivering diabetes self-management education and support, etc.). The National DPP lifestyle change program aligns well with this service delivery model.
- 2) Pharmacists have frequent patient encounters:** Pharmacists are likely to have daily encounters with patients who have prediabetes and are unaware of their condition or the risks involved. They also may be key in reaching populations who are underserved or providing services in areas where gaps exist due to a lack of clinical or community resources.
- 3) Pharmacies are an essential part of today's health care system.** Pharmacies are expanding their portfolio of patient care services and ultimately seek to achieve better health outcomes for their patients.
- 4) Pharmacists can play a significant role in addressing social determinants of health (SDOH):** Pharmacies are a hub for trusted community resources. Pharmacists can identify the social factors that affect a patient's ability to achieve and maintain wellness to impact individuals across the health care continuum.

* National Alliance of State Pharmacy Associations (NASPA), National Association of Chain Drug Stores (NACDS), National Community Pharmacists Association (NCPA), Community Pharmacy Enhanced Services Network (CPESN), American Association of Colleges of Pharmacy, American Society of Health-System Pharmacists (ASHP), American Pharmacists Association (APhA).

Citation:

Centers for Disease Control and Prevention. (2022, January 18). *National Diabetes Statistics Report*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/diabetes/data/statistics-report/index.html>

Current APhA Policy & Bylaws:

2012, 1981

Pharmacist Training in Nutrition

1. APhA advocates that all pharmacists become knowledgeable about the subject of nutrition.
2. APhA encourages schools and colleges of pharmacy as well as providers of continuing pharmacy education to offer education and training on the subject of nutrition.

(Am Pharm. NS21(5):40; May 1981) (Reviewed 2003) (Reviewed 2006) (Reviewed 2007) (JAPhA. NS52(4):458; July/August 2012) (Reviewed 2017)

2020

Community-Based Pharmacists as Providers of Care

1. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up, and referral for medical conditions treated by community-based pharmacists.
2. APhA advocates for laws and regulations that allow pharmacists to identify and manage medical conditions treated by community-based pharmacists.
3. APhA advocates for appropriate remuneration for the assessment and treatment of medical conditions treated by community-based pharmacists from government and private payers to ensure sustainability and access for patients.
4. APhA supports research to examine the outcomes of services that focus on medical conditions treated by community-based pharmacists.

(JAPhA. 60(5):e10; September/October 2020)

2013

Pharmacists Providing Primary Care Services

APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.

JAPhA. 53(4):365; July/August 2013) (Reviewing 2018) (Reviewed 2019) (Reviewed 2020)

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **February 16, 2022** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.