

Project IMPACT: Diabetes Frequently Asked Questions (FAQs)

What is Project IMPACT: Diabetes?

Launched in 2010, Project IMPACT: Diabetes is the first national diabetes self-management program conducted by the [American Pharmacists Association \(APhA\) Foundation](#) in partnership with the Bristol-Myers Squibb Foundation's [Together on Diabetes](#) initiative that aims to improve care for people with limited access to quality health care in [25 communities](#) disproportionately affected by diabetes.

Who is participating in Project IMPACT: Diabetes?

Community and university-affiliated pharmacies, clinics, health centers, self-insured employers and other organizations have taken unique routes to help more than 2,000 patients who are uninsured, under-insured, homeless and/or living below the poverty line through new programs and/or expansion of existing initiatives.

Where is Project IMPACT: Diabetes being implemented?

Project IMPACT: Diabetes is being implemented in [25 communities](#) in Alabama, Arizona, California, Kansas, Kentucky, Maryland, Mississippi, New Jersey, North Carolina, New York, Ohio, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia.

How do you define a "community"?

Each Project IMPACT community consists of unique local partners who come together with the goal of improving the health of people with diabetes. These partners are typically located in a single geography and care for a defined patient population. The only requirement is that the partners include pharmacists in the care that is delivered.

How does Project IMPACT: Diabetes work?

Community pharmacists "coach" people on how to manage their diabetes, including setting goals; using medications properly; making healthy lifestyle choices; getting routine immunizations, eye and foot exams; and tracking their condition with ongoing attention to A1C, cholesterol and blood pressure levels. Collaborative care teams that include pharmacists are assembled in the community, educated about the program and actively engage people in improving health outcomes. Team members communicate regularly to optimize patient care.

What strategies are being used to ensure the success of Project IMPACT: Diabetes?

- (1) Including pharmacists, the most accessible providers in HPSA and disproportionately affected communities
- (2) Utilizing the extensive research and success of APhA programs to contribute to successful translation implementation efforts; building on successful implementation tactics from the [Diabetes Ten City Challenge](#)
- (3) Embedding successful process of care models, enabling local providers to empower the patients they serve
- (4) Utilizing a psychometrically validated consumer credential to create standardization throughout all implementations while providing recognition and flexibility at a local level
- (5) Integrating with 340B clinic successes in communities with underserved populations

What did the interim data show?

Aggregate data from all 25 participating communities showed statistically significant improvements across key diabetes indicators, including A1C (blood sugar) control, Systolic Blood Pressure, LDL Cholesterol and Body Mass Index (BMI). These improvements demonstrate that care is being delivered in a way that is consistent with national treatment guidelines and that people are improving their health.

What led to Project IMPACT: Diabetes?

Project IMPACT: Diabetes is modeled after several other highly successful APhA Foundation programs including the [Diabetes Ten City Challenge](#) (2005-2009); the Patient Self-Management Program for Diabetes (2003-2005); and Project ImpACT: Hyperlipidemia™ (1996-1999).

What is the potential impact of Project IMPACT: Diabetes?

Project IMPACT: Diabetes provides an opportunity to transform health care delivery in local communities, reduce health care costs and improve patient outcomes. Through the proven collaborative care model developed and used by the APhA Foundation for nearly two decades, people are becoming better informed about and learning how to manage their diabetes which reduces their risk of the major complications associated with diabetes, including kidney disease, amputations and blindness and results in an improvement in overall health.