

DeAnn Mullins

DeAnn Mullins is US National Community Pharmacists Association (NCPA) President and owner of Mullins Pharmacy, WeCare Wellness, and the WeCare Diabetes Education Program.

Pharmacy Connect is a national conference and trade show hosted by the Pharmacy Guild of Australia. It will be held on September 1-3 at the Hilton Sydney. The conference will feature workshops beforehand, a two-day education program and a 60-stand trade exhibition.



Can you tell us a little about your professional background? What brought you to pharmacy?

DM: I have always had a desire to make the world a better place and an interest in health and wellness.

In 1988, I changed majors from marketing to pharmacy. My fiancé's recommendation to look into pharmacy eventually led to our buying his father's independent practice in 1998.

Twenty-nine years of marriage, 19 years of independent practice and two daughters later, I'm serving as the President of the National Community Pharmacists Association and dedicated to advancing and protecting this wonderful profession.

You are a leader and innovator in diabetes care and very passionate about the topic. Describe your motivation.

DM: My passion is personal. When I was 16, my nine-year-old brother was diagnosed with type-1 diabetes. The day he was diagnosed, we were told that he would go blind, lose a limb, never have children and not live past the age of 30. My family and I spent many years with feelings of fear, frustration and guilt because we had no idea how to help this little guy. We basically received a bag of brochures and a pat on the back as we left the hospital.

The happy ending to that story is that, 35 years later, none of those predictions were accurate and those early years have led to a career dedicated to helping others.

What influenced your decision to take the financial risk necessary to innovate?

DM: Innovation is doing something new and different, implementing new ideas to improve care. My experience with innovation is that it takes time and it's hard. Old systems are established and understood and comfortable. And you know what they say about the early bird – in open season, it's the early bird that gets shot. Innovation is a risk, but we don't often take risks without a perceived benefit. In 1999, I envisioned the benefits from innovation: improved patient care, improved job



"I believe in a world where prescribers, pharmacists, nurses and payers stop competing and start collaborating to design a value-based system of care that benefits everyone."

satisfaction, improved business viability, and decided it was a risk worth taking.

How did you get started when there were no clear payment models for diabetes education?

DM: My 'program' started after-hours with my first patient. I simply sat down with him and began the conversation about improving his blood glucose. That led to requesting a copy of this patient's labs, which blossomed into a collaboration with his primary-care physician to deliver a formalised diabetes self-management training program in the physician's office and, eventually, the opening of my own diabetes centre.

Sometimes you have to take a leap of faith and begin it. Our WeCare Diabetes Education Program became the first pharmacy-based diabetes-training program to be paid by Medicare in the state of Florida.

Since then, I have provided practical diabetes education that focuses on real-world solutions to improve care and quality of life to more than 1,000 patients, and I have trained and facilitated more than 500 insulin-pump starts.

As Mark Zuckerberg, co-founder of Facebook, once said: 'If you just work on stuff that you like and you're passionate about, you don't have to have a master plan with how things will play out.'

How did you get paid?

DM: Our models of delivery have changed over the years, but my favourite and most clinically successful has been the small-group model.

In this model, 'program recognition' from the American Diabetes Association was our path to insurance reimbursement.

Program at-a-glance:

- Participants are referred by their primary-care provider or endocrinologist.
- Classes meet once a week for two hours for a total of four weeks.
- Classes consist of seven to 10 participants and their spouses or care partners.
- Classes are taught by a Certified Diabetes Educator.
- Referring practitioners receive updates on program progress.
- Covered by Medicare and many third-party payers.

Other services that contributed to this model's economic success include:

- Insulin-pump training – paid under a contract with the insulin-pump company.
- Therapeutic shoe fitting – covered by Medicare.
- Blood-glucose monitoring: supplies and training – Medicare and other third-party payers.
- Medication-therapy management – Medicare and others.
- New patients for our full-service pharmacy.

Words cannot express the personal and professional satisfaction that comes from the lives we have touched. Unfortunately, the delivery model for healthcare in the US is not kind to education and prevention, and has required that we change our model as reimbursements continually change.

Armed with a firm belief (based on real-world execution) that pharmacists can make a difference, I am currently taking time to redesign our program offerings better to thrive in the changing healthcare ecosystem of tomorrow.

What are the key initiatives you will be pursuing under your stewardship of NCPA?

DM: I believe in a world where prescribers, pharmacists, nurses and payers stop competing and start collaborating to design a value-based system of care that benefits everyone.

Aggregation within the pharmacy community and aggregation of pharmacy with the broader healthcare community is necessary to fulfil this vision.

To that end, I am focusing on the following:

1. Strengthening and advancing Community Pharmacy Enhanced Services Networks.
2. Building relationships with like-minded prescribers, nurses and plan sponsors.
3. Advancing the untapped potential of female pharmacy ownership.

We must aggregate to be an integral part of healthcare in the future. 'Aggregation' means to unite people, and people unite when they share a belief. And a shared belief – well, I think it can change the world. ^{RP}