

PHARMACIST & TECHNICIAN CE:

## For More Than Just Patients: Reducing Staff Burnout Through Enhanced Clinical Services

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In the fast-paced world of pharmacy, where accuracy, efficiency, and patient care are paramount, staff burnout has become a growing concern. Long hours, high workloads, administrative pressures, and emotional demands contribute to physical and mental exhaustion among pharmacists and pharmacy technicians alike. Burnout not only affects individual well-being, but it also impacts workplace morale, patient safety, and overall healthcare outcomes.

This article will explore burnout in the pharmacy setting and will highlight the importance of diversifying pharmacy staff roles to support staff well-being. By promoting staff-driven initiatives and implementing clinical programs that fit staff strengths and interests, pharmacy teams and leaders can help mitigate burnout and support staff to reach clinical goals in an outpatient setting.

### Pharmacy Burnout

Pharmacy burnout refers to a state of physical, emotional, and mental exhaustion caused by prolonged exposure to stressors in the work environment.<sup>1</sup> It often arises from a combination of high work demands, emotional strain, lack of control, and insufficient support. For pharmacy professionals, burnout can manifest as reduced job satisfaction, decreased productivity, and a sense of detachment from both their patients and the work itself. Burnout can negatively impact a person's well-being, ability to perform effectively, and interactions with colleagues and patients. Recognizing and addressing burnout is crucial in ensuring

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#### Learning Objectives

- Describe how the three dimensions of burnout can affect pharmacy staff.
- List the roles for staff in a Diabetes Prevention Program and Diabetes Self-Management Education and Support program and the training necessary for those roles.
- Recall the benefits for participants in a Diabetes Self-Management Education and Support program.
- Recognize how a medication synchronization program can build time within the day to work on enhanced clinical services.

### Abstract

Burnout within the pharmacy profession is common, with more than 50% of pharmacists and pharmacy technicians reporting burnout. This is primarily driven by reduced personal accomplishment but can also include emotional exhaustion and depersonalization. To help pharmacy professionals decrease burnout, through increased personal accomplishment, we can open up new roles, responsibilities, and opportunities for staff to diversify their day-to-day work and allow them to work on tasks that they are interested in.

A common opportunity for pharmacy staff is starting new enhanced clinical services. Two popular services include the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES). DPP is targeted for patients with prediabetes, while DSMES is for patients with diagnosed diabetes. This article discusses program implementation requirements and resources, and common roles and opportunities for staff for these two programs. Providing time for staff to work on these new opportunities is important and may be accomplished through successful implementation of a medication synchronization program.

Through implementation of these programs, or other programs that interest your staff, you can contribute to increased personal accomplishment and decreased burnout for pharmacy staff.



the mental and physical health of pharmacy professionals, improving patient care, and maintaining a sustainable workforce in the healthcare system.

### *The Three Dimensions of Burnout<sup>1</sup>*

**Emotional Exhaustion:** This dimension refers to the overwhelming feeling of being drained and unable to cope with the emotional demands of work. For pharmacy professionals, emotional exhaustion can arise from constant patient interactions, long hours, and the pressure of ensuring accuracy while managing multiple tasks. It leads to a diminished capacity to engage with patients and colleagues effectively, often resulting in a lack of energy and enthusiasm for work.

**Depersonalization (Cynicism):** Depersonalization occurs when individuals develop negative or detached attitudes toward patients, colleagues, or the profession itself. For pharmacy professionals, this can manifest as becoming more cynical, more distant, or less compassionate, leading to a reduced ability to provide empathetic care. This dimension is particularly concerning because it can compromise the quality of patient interactions and the overall patient experience.

**Reduced Personal Accomplishment:** This dimension reflects a feeling of ineffectiveness and a lack of achievement in one's professional life. Pharmacy professionals experiencing burnout may feel that their efforts are unappreciated or that they are not making a meaningful impact, leading to diminished job satisfaction. This sense of failure can undermine motivation and affect the person's confidence in their ability to perform their duties.

Together, these three dimensions—emotional exhaustion, depersonalization, and reduced personal accomplishment—form the core components of burnout and contribute to a decrease in overall professional satisfaction and well-being. Addressing these dimensions through support, better work-life balance, and organizational changes is essential in preventing and managing burnout in the pharmacy profession. Statistics have shown that 51% of pharmacists have experienced burnout, primarily driven by emotional exhaustion and diminished sense of personal accomplishment.<sup>1</sup> Pharmacy technician burnout is higher yet, with 69.1% of staff experiencing burnout throughout their

careers, driven by workload, poor work/life balance, unreasonable metrics, and monotony of tasks.<sup>2</sup> As we continue the discussion on pharmacy burnout, this article will focus on the third domain, reduced personal accomplishment, and how the pharmacy team can improve its staff's sense of accomplishment and job satisfaction through implementation of clinical services.

### *Increasing Personal Accomplishment*

Ways to increase the feeling of personal accomplishment and decrease burnout in pharmacy staff can include opening up new roles, responsibilities, and opportunities for staff to diversify their day-to-day work and allowing them to work on tasks that they are interested in. This can also decrease depersonalization in the workplace. Some examples of new roles, responsibilities, and opportunities for pharmacy technicians might include, but are not limited to, management roles, technician product verification, vaccine administration, compounding, community health worker roles, Medicare plan reviews,<sup>3</sup> and assisting in enhanced clinical services.

Enhanced clinical services can focus on service provision instead of product dispensing. Some examples could include:

- Chronic care management, including established programs such as the Diabetes Prevention Program (DPP) and Diabetes Self-Management Education and Support (DSMES)
- Medication therapy management (MTM), comprehensive medication reviews (CMR), disease state management, and annual wellness visits (AWV)
- Clinical medication synchronization
- Vaccinations, including maternal and travel vaccinations
- Non-vaccine injection administration
- Point-of-care testing
- Wellness programs and lifestyle consulting

Providing these enhanced clinical services requires a team effort. Pharmacists and student pharmacists may be the ones providing the services and working directly with patients. Technicians can play an important role in these services through scheduling, chart preparation, quality assurance, and documentation. Technicians can also serve as program leaders and champions. Since these services may be

out of the normal workflow, there may need to be additional training on internal procedures and clinical topics.

As you continue reading, this article will discuss the implementation of two common diabetes-focused clinical services, DPP and DSMES, and how pharmacy staff can reduce burnout by implementing these services with a small amount of dedicated time.

## **Diabetes Prevention Program**

The National Diabetes Prevention Program (DPP) is a program developed by the Centers for Disease Control and Prevention (CDC) to help individuals who are at high risk of developing type 2 diabetes prevent or delay the onset of the disease. The program focuses on lifestyle changes, including healthy eating, increased physical activity, and decreasing stress over the course of 12 months, with regular meetings to provide support and track progress.<sup>4</sup> The goal for participants at the end of the program is to lose 5-7% of their starting weight and get an average of 150 minutes of moderate-intensity physical activity per week.

Program curriculum is provided through the CDC website, including participant-friendly handouts and lifestyle coach guides to stimulate discussion among participants. DPP sessions are led by trained lifestyle coaches who undergo training through an accredited program. A lifestyle coach can be any member of the pharmacy team; the program does not require a pharmacist to hold sessions. Let's dive deeper into DPP eligibility and structure, and how to implement a program into your pharmacy workflow.

### *Participant Eligibility*

The DPP is for people who are over 18 years old, overweight as determined by a BMI greater than 25, and at risk for type 2 diabetes, which can be determined by one of the following criteria: 1) a blood test in the prediabetes range, 2) previous diagnosis of gestational diabetes, or 3) a score of 5 or greater on the prediabetes risk test. Participants also cannot have a previous diagnosis of type 1 or type 2 diabetes and cannot be pregnant at the time of enrollment.<sup>5,6</sup>

Pharmacies often serve many patients who fit this description. To help identify

potential eligible participants, it can be helpful to screen patients by medication type. Those who are on weight loss medications already have a vested interest in losing weight. For example, semaglutide injection (Wegovy®, Novo Nordisk) is approved by the Food and Drug Administration as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management.<sup>7</sup> The DPP could be an appropriate program to help patients achieve a reduced-calorie diet and increase physical activity. There are also classes of medications that can increase blood glucose levels, such as second-generation antipsychotics, which alone put patients at higher risk for prediabetes. Targeting recruitment efforts towards patients on these medications can be an efficient use of resources, as these patients are more likely to meet program eligibility and to benefit from DPP.

### **Staffing for DPP Services**

The DPP services require three roles:<sup>6</sup>

1. Lifestyle Coach: Facilitates the program session and offers support and encouragement to participants
2. Program Coordinator: Oversees daily operations of the program, supports lifestyle coaches, and ensures the program is meeting quality performance outcomes
3. Data Preparer: Collects and submits data to the CDC

All three roles can be done by the same person, but as the program grows, it is typical to see these roles filled by different people based on strengths or interests. The CDC Recognition Program Standards and Operating Procedures outlines skills and qualifications for each position that can be used to recruit or identify staff that would fit these roles.<sup>6</sup> Additionally, none of these roles is required to be a pharmacist or hold any other credential outside of being trained as a lifestyle coach. Pharmacy technicians or support staff and pharmacy residents may be good options for any of these roles.

The DPP requires that the program is facilitated by trained lifestyle coaches who show understanding of the use of a CDC-approved curriculum, provide guidance, support participants, and help groups work together effectively.<sup>8</sup> There are currently 11 different training entities approved by the CDC that can help train staff to become

lifestyle coaches. Training centers and dates can be accessed through the [CDC website here](#). There are many states that offer support for lifestyle coach training. Contact your National Diabetes Prevention Program State Quality Specialist for more information.

Since lifestyle coaches work closely with the participants, it is essential to find staff who embody the traits of a successful coach. A cross-sectional qualitative study performed in 2020 to 2022 found that being positive was reported as the most important quality of a successful lifestyle coach.<sup>9</sup> This included having an encouraging and optimistic attitude; being warm, welcoming, and enthusiastic; demonstrating empathy or compassion for the participants when facing challenges; and listening with respect and kindness. It was also reported that lifestyle coaches who were accessible, collaborative, culturally competent, and able to deliver a patient-oriented program have been most influential. If you have a staff member with these traits, having them serve as a lifestyle coach could be a good fit for the program and their personal interests.

### **Becoming a DPP Supplier**

The CDC Diabetes Prevention Recognition Program (DPRP) is a voluntary program for organizations interested in establishing local, evidence-based lifestyle change programs for people at high risk for type 2 diabetes. While it is not required, it is highly encouraged and common practice to become a CDC-recognized Diabetes Prevention Program. This allows your program to receive support from the CDC (including your National Diabetes Prevention Program State Quality Specialist), be listed in the CDC registry, and have the external recognition of delivering a high-quality, evidence-based program. Organizations interested in applying to become a CDC-recognized Diabetes Prevention Program are strongly advised to read the CDC DPRP Standards and Operating Procedures and complete the Capacity Assessment prior to applying for recognition.<sup>10</sup> Use of a CDC-approved curriculum is required for CDC recognition. Curriculum developed by the CDC can be used; you can develop your own or use that of another organization with permission and CDC approval. The full DPRP application process can be [found](#)

[here](#).

The DPRP has four categories of recognition: Pending, Preliminary, Full, and Full-Plus.<sup>6,11</sup> The progression through these categories is evaluated through a semi-annual data submission as outlined in the standards. Once you've completed your application, your staff can start offering the program to patients under a Pending status. The organization will move into Preliminary recognition status once data submission records indicate that at least 5 eligible participants have attended at least 8 sessions. To be evaluated for Full recognition, organizations must have submitted a full 12 months of data on at least one completed cohort. An organization may remain in Full recognition indefinitely if it continues to submit the required data every 6 months. Full-Plus recognition is the highest level of recognition that can be achieved by a CDC-recognized organization. It means that all DPRP standards requirements have been met and continue to be met with each data submission.

Achieving Preliminary or Full CDC recognition allows the organization to then apply to become a Medicare Diabetes Prevention Program (MDPP) supplier and therefore bill Medicare for DPP sessions offered to qualifying beneficiaries. The MDPP does have stricter eligibility requirements for qualifying beneficiaries than the CDC does for DPP participants, which can be found in the DPRP standards. National Government Services Inc. is the Wisconsin Medicare Part B contractor and can be contacted at <http://www.ngsmedicare.com> or by phone at 877-908-8476.

To expedite the process of becoming an MDPP supplier, some organizations choose to join an umbrella hub arrangement (UHA).<sup>10</sup> A UHA consists of one organization that is already CDC- and Medicare-recognized serving as the sponsoring organization (or umbrella hub organization) and subsidiary organizations. The entire UHA then shares one DPRP status and acts as one MDPP supplier. This allows the subsidiaries to receive help with data and claim submission so they can focus on providing a high-quality program without having to do the extra paperwork of bi-annual data submissions and becoming an MDPP supplier. UHAs can also share best practices and work to advance health

equity by recruiting new subsidiaries that serve specific populations, which can increase access to DPP.

During Pending status, you are able to charge a cash price for the program. After achieving Preliminary or Full status, there may be multiple options for reimbursement:

- Cash price
- Medicare for those who qualify and once enrolled as an MDPP supplier
- Some employer and commercial insurance plans are covering DPP services, but patients should check with their specific plans to understand benefits and coverage options. Pharmacies can work with employers to provide DPP services as a covered benefit for their employees. A common way to start is with employers for which you currently provide vaccines or those with which you have a close relationship.
- Grant funding: While most grants through the government support the expansion of DPP services, they usually do not cover the cost of the program itself. However, you could seek out private grant funding to cover the cost.

As of May 2025, Wisconsin Medicaid does not cover DPP. However, there is continued work by the Wisconsin Department of Health Services Chronic Disease Prevention Program (WI CDPP) to work with payers to expand coverage for Medicaid and commercial insurances.<sup>12</sup>

We've looked at patients who are at risk of prediabetes and how staff can get engaged to help reduce their risk of developing diabetes through a Diabetes Prevention Program. Let's switch gears and look at patients who are diagnosed with diabetes and how staff can help improve health outcomes while also reducing staff burnout.

## Diabetes Self-Management Education and Support (DSMES)

DSMES is a Medicare benefit available to all Medicare beneficiaries with a diabetes diagnosis.<sup>13-15</sup> It is an evidence-based service that can help people with diabetes live longer and prevent or delay diabetes-related complications. According to the CDC, patients participating in DSMES have improved diabetes outcomes and

improvement in health outcomes, including:

- Improved hemoglobin A1C levels
- Improved management of blood pressure and cholesterol levels
- Higher rates of medication adherence
- Fewer or less severe diabetes-related complications
- Healthier lifestyle behaviors, such as better nutrition, increased physical activity, and use of primary care and preventive services
- Enhanced self-confidence to manage diabetes
- Decreased health care costs, including fewer hospital admissions and readmissions

Pharmacies are already managing care for patients with diabetes on a daily basis and, with the implementation of DSMES, these encounters can become payable services. Medicare Part B beneficiaries are eligible for 10 hours of diabetes education in the first year of receiving education.<sup>15</sup> A referral from the patient's physician, nurse practitioner, clinical nurse specialist, or physician assistant is required for DSMES enrollment. Each subsequent year, patients are eligible for 2 hours of additional education. Based on a 2020 joint consensus statement, there are four critical times to refer people with type 2 diabetes to DSMES services:<sup>13,16</sup>

1. At diagnosis
2. Annually (or when not meeting treatment targets)
3. When complicating factors develop
4. When a transition in life or care happens

Pharmacies are well equipped to identify these critical times and where treatment gaps may be. Not only are pharmacies accessible to patients, but they also offer more frequent touchpoints to improve continuity of care and education. There are 8 core content areas that need to be included in DSMES curriculum. These should be used to tailor sessions to individual patient needs and goals.<sup>13</sup> These content areas include:

- Pathophysiology of diabetes and treatment options
- Healthy coping
- Healthy eating
- Being active
- Taking medication
- Monitoring
- Reducing risk (treating acute and chronic complications)

- Problem solving and behavior change strategies

### Utilizing Pharmacy Staff for DSMES

DSMES is a multifaceted program that requires specialized staff to help run a successful program. This is another great opportunity to identify pharmacy staff looking to expand their pharmacy roles into clinical services and medical billing. A pharmacist must provide the diabetes education to individual and group classes, but enrollment, referrals, intake, and billing can be done by other pharmacy support staff. Pharmacists wishing to provide education to patients must complete 15 hours of diabetes-focused continuing education each year or show evidence of current/unexpired Certified Diabetes Care and Education Specialist (CDCES) or Board Certified - Advanced Diabetes Management (BC-ADM) credential.<sup>17</sup> These education credits can be diverse credits, from education on mental health to supporting healthy coping to blood pressure monitoring and treatment to help reduce risk of complications from diabetes. Technician staff assisting in scheduling and intake for patients are not required to hold additional training. However, a technician certified in taking blood pressures and immunizations would be beneficial, as they will be assisting with monitoring and potential patient risk reduction through vaccinations. Once staff is identified to implement and run a DSMES program, the next step is identifying and enrolling patients for the program.

Utilizing automation can be a great tool to identify patients in need of DSMES. Many pharmacy software systems offer automation to help identify clinical service opportunities. For example, patients with Medicare getting a new diabetes medication or a dose change can trigger a care plan for pharmacists to review, or trigger staff at the register to get a member of the DSMES team to set up an appointment. DPP and DSMES staff may have similar qualities in that they are positive, empathetic, good listeners, and detail oriented.

DSMES staff may include additional qualities: wanting to learn more clinical services, including measuring blood pressure, blood sugar, and weight checks; ability to work with provider offices to get referrals and provide follow-

up; documentation and typing skills to help pharmacists complete medical documentation; and medical billing knowledge, which can be learned through CDC, American Diabetes Association (ADA), or Association of Diabetes Care Specialists (ADCES) websites and webinars. Staff can also utilize a med sync program to help with scheduling appointments. As patient medication pickups are more predictable, appointment times can be confirmed during a med sync call, and staff can prepare for appointments and address staffing needs.

### ***Becoming a DSMES Supplier***

DSMES billing through the Medicare Part B benefit provides an alternative revenue stream from typical pharmacy payment through the Part D benefit. In order to bill Medicare Part B, a DSMES pharmacy must become accredited or recognized by an accrediting body through either the ADCES or the ADA. The CDC provides a DSMES toolkit to better guide pharmacies and providers that want to enroll as DSMES suppliers, which can be [found here](#).

Both the ADA and ADCES have step-by-step processes on their websites to ensure providers submit all appropriate documents for accreditation. DSMES must meet 6 standards in order to be reimbursable.<sup>13,18</sup>

1. Support for DSMES services
2. Population and service assessment
3. DSMES team
4. Delivery and design of DSMES services
5. Person-centered DSMES
6. Measuring and demonstrating outcomes

Each accrediting body has specific requirements to meet and uphold these standards. The accreditation process can take between 3 and 9 weeks once the application is submitted.

In addition to achieving accreditation with either the ADA or ADCES, the DSMES organization must also obtain a National Provider Identifier (NPI) number and be enrolled as a Medicare supplier for at least one service other than DSMES. Pharmacies bill DSMES under the pharmacy NPI (Type II NPI) for Medicare reimbursement. Pharmacy providers must enroll as Medicare Part B providers to bill for the DSMES benefit even though they

are enrolled as Medicare suppliers.

DSMES is a once-in-a-lifetime Medicare benefit. Once the initial benefit is started, the 10 hours must be completed within 12 consecutive months from the first date of service. If the beneficiary has received DSMES paid by another health insurance company, they are still eligible to receive the 10 hours as a Medicare benefit. Patients are eligible for one hour of individual education, typically followed by 9 hours of group classes; however, the subsequent 9 hours can be done individually if there is not a group available or group classes are not appropriate or relevant. More information on DSMES billing can be found through the CDC reimbursement toolkit.<sup>19</sup>

While Medicare is the most common payer for DSMES, there are other ways that pharmacies can provide diabetes education services for those without Medicare. Some employer and commercial insurance plans may cover DSMES. Patients should check with their specific plans to understand benefits and coverage options, and pharmacies would need to contract with those payors. Pharmacies can also work with employers to offer DPP, DSMES, or similar diabetes education services for their employees. As of May 2025, Wisconsin Medicaid does not cover DSMES. However, pharmacists can bill the medical benefit of Wisconsin Medicaid for allowed Current Procedural Terminology® (CPT) codes. CPT codes may include 99401 for individual preventive medicine counseling, 99202-99205 and 99212-99215 for evaluation and management services, and 95249-95251 for continuous glucose monitor services.<sup>20-22</sup>

### **Medication Synchronization**

While there is ample opportunity for pharmacies to participate in enhanced clinical services, including but not limited to DPP and DSMES, the implementation needs to be done strategically and with staff input. Staff should be empowered with the tools they need to make programs successful and sustainable.

One of the crucial tools for staff is time. In the outpatient setting, time and staffing is often the rate-limiting step for implementation of services and a large contributor to burnout. Medication synchronization (med sync) is an effective tool in the community pharmacy setting to provide more time to staff to streamline

workflow, better assess workloads throughout the week, and dedicate time to enhanced clinical services.<sup>23</sup> A med sync program is a service offered by pharmacies to help patients manage their medications more efficiently by aligning refill dates so all prescriptions can be picked up on the same day each month. Along with prescription refill alignment, the med sync program also includes proactive communication between pharmacy staff and patients to confirm medications that need to be filled or discontinued, or whether any as-needed medications are needed. This program is particularly beneficial for individuals who take multiple medications for chronic conditions. Studies have found that patients with multiple chronic medications who were enrolled in a med sync program were 2 to 6 times more adherent and achieved better clinical outcomes than those not enrolled in a med sync program.<sup>24-27</sup>

Implementing a med sync program also benefits pharmacies by decreasing phone calls, improving inventory management, increasing revenue per patient if the patient improves adherence, and improving patient care as the pharmacy team can have a more in-depth discussion during a med sync interaction, either on the phone before filling medications or when the patient comes to pick up medications. Knowing when a patient intends to come to the pharmacy also allows for scheduling of clinical services through an appointment-based model. For example, you could schedule a CMR, a vaccine, and/or a blood pressure check at the same time the patient comes to pick up their medication. This allows the pharmacy to provide improved patient care and increase bottom line through non-PBM revenue. Since there are alternate sources of revenue, this allows the company to pivot their focus from solely dispensing to incorporating clinical services in their day-to-day workflow, which allows staff to have variety in their day-to-day tasks.

The higher the volume of patients who are on med sync, the more time will become available for additional services and the easier it will become to schedule and implement enhanced clinical services. One step to take as the med sync program grows is to do a system analysis of workflow needs during a given day. Things to consider during the analysis may include heaviest

prescription data entry times, wholesaler medication delivery times, staff breaks, staff meetings, staffing levels, and appointment schedules. This analysis may need to be done at multiple points throughout the year, as pharmacy workload can change greatly from summer to winter months, as patients have higher demand for vaccinations and prescription volumes can be higher with sicker patient populations during cold and flu season. The goal of this analysis is to find time throughout the week to repurpose a staff member to clinical services. This may look different in each pharmacy, from a few hours a week to one or more full-time staff dedicated to enhanced clinical services. Once analysis is complete, the next step is to identify staff who would have strengths and interest in clinical services. This can be identified by leadership through staff surveys of potential services, staff annual reviews, or by asking staff directly about their professional interests. Perhaps the pharmacy team has an individual with previous insurance billing experience, a family history of diabetes, health and wellness interests, or who exudes positivity and is a team motivator. Each staff member brings different qualities and strengths that can transition them easily into a clinical role if the right program is initiated.

## Conclusion

While burnout is common within the pharmacy profession, implementing enhanced clinical services can let staff work on projects they are passionate about to increase their sense of personal accomplishment and decrease burnout. Two examples of enhanced clinical services are the Diabetes Prevention Program and the Diabetes Self-Management Education and Support. Both require an application and quality assurance process through accrediting bodies, have specific program structures and participant eligibility, and can include roles for non-pharmacist staff. It's important to do further research into a specific program before starting at your workplace and ensure it is the right fit for your workplace. Implementation of DPP and DSMES services allows for non-dispensing revenue streams, staff engagement outside of dispensing roles, and increased rapport with patients as staff work closely with participants to reach their health goals. Staff who hold a role within

the program may feel a sense of pride and excitement as patients reach their health goals, and may be able to expand their workday into tasks that don't hold the same monotony as dispensing roles. In order to allow staff to have time to work on these enhanced clinical services, implementing med sync should be a first step to streamline operations, which allows the team to build more time within the day for this diversified work. These improvements in work outlook directly impact dimensions of burnout, including depersonalization and reduced personal accomplishments. As staff are able to diversify their work and enjoy their time at work, your entire pharmacy team can grow to be successful.

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## Assessment Questions

- Which of the following is not a dimension of burnout?
  - Emotional exhaustion
  - Efficiency
  - Depersonalization
  - Reduced personal accomplishment
- Which of the following is not part of med sync workflow?
  - Autofill prescriptions without speaking with patient
  - Working with the patient to align medication refills on a schedule that fits the patient's schedule
  - Improved inventory management and ability to order when patients are due for refills
  - Schedule clinical service consultations for date of pick up
- What type of work can pharmacy technicians be involved in outside of dispensing?
  - DPP Lifestyle Coach
  - DSMES patient scheduling
  - Immunizer
  - All of the above
- Which of the following is not a way that the DPP can be paid for in Wisconsin?
  - Medicare
  - Medicaid
  - Commercial Insurance
  - Cash
- Which of the following are benefits to your staff of running a DPP or DSMES program?
  - Expanded career ladder
  - Build patient relationships
  - Focus on health & wellness
  - Build and maintain clinical skills
  - All of the above
- Which of the following are traits to look for when assigning a Lifestyle Coach at your pharmacy?
  - Culturally competent
  - Empathetic
  - Patient-focused
  - Positive
  - All of the above
- How many hours of DSMES does Medicare cover?
  - 10 hours in the first year and 2 hours each of the following years
  - 10 hours every year
  - 2 hours every year
  - 20 hours in the first year and 2 hours each of the following years
- According to the CDC, which of the following is not a benefit a participant may get after participating in DSMES?
  - Increased healthcare costs
  - Improved A1c, blood pressure, and cholesterol levels
  - Healthier lifestyle behaviors
  - Enhanced self-confidence to manage diabetes

## CE FOR PHARMACISTS & TECHNICIANS

### Continuing Education Credit Information



The Pharmacy Society of Wisconsin is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Continuing education credit can be earned by completing the self assessment questions. Questions may be completed online. Participants receiving a score of 70% or better will be granted 1 hour (0.1 CEU) credit through CPE Monitor. Accurate birth date (MMDD) and CPE Monitor ID must be provided in order to receive this credit as required by ACPE. This CE offering is offered free-of-charge to all PSW members. Nonmembers are charged \$25.

November/December 2025

For More Than Just Patients: Reducing Staff Burnout Through Enhanced Clinical Services

ACPE Universal Activity Number:  
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Target Audience: Pharmacists

Activity Type: Knowledge-based

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