SHIELDS HEALTH SOLUTIONS | Baystate Health

Pharmacy liaison-managed care model in diabetes

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SCAN ME

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Background

- The impact of pharmacist-managed services on diabetes outcomes is well documented, however limited evidence supports the effect of pharmacy liaisons on the challenges faced by patients with diabetes.[1]

- Patients with diabetes face numerous challenges, including medication affordability issues, barriers to adherence, and the complexity of managing their disease.

- Systematic reviews show widely variable adherence rates to both insulin and oral antidiabetic drugs, ranging from 36% to 93%.[2,3]

- Objective: To describe an observational analysis of a pharmacy liaison-managed care model for patients with diabetes and its impact on medication access, adherence, and changes in HbA1c.

Methods

- An integrated model for the medication management of patients with diabetes was designed and implemented within target adult and pediatric endocrinology clinics in March 2019 and September 2019, respectively, at Baystate Health.

- A liaison-managed diabetes pharmacy care model involves:
  - ✓ Investigation of pharmacy and medical benefits, completion of prior authorizations, and identification of financial assistance
  - ✓ Monthly coordination of medication and durable medical equipment refills

- Observed outcomes data of the diabetes pharmacy model are from September 2020 through November 2021.

- Changes in HbA1c were measured starting up to 60 days prior to the patient's onboarding date, through the following six months after enrollment. Data account for patients on service through November 2020.

Results

Figure 1. Investigation of average HbA1c reduction for a sample of n=82 patients on service for a minimum of 6 months was evaluated, demonstrating a 1% average reduction. **Figure 2.** Illustration of the Liaison Care Model workflow and resulting outcomes, including total patients on service, average prior authorization turnaround time (days), average proportion of days covered (PDC), and per script copay (85th percentile).
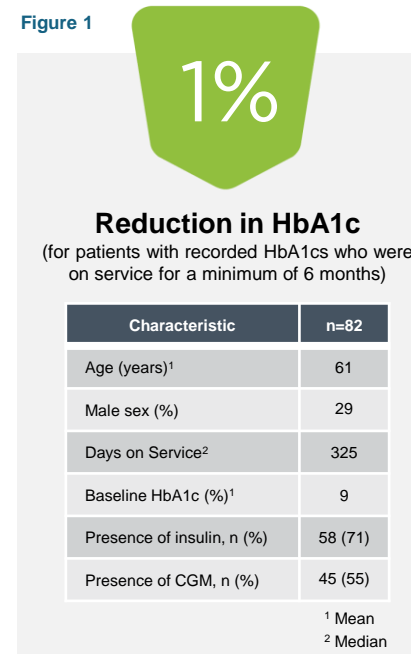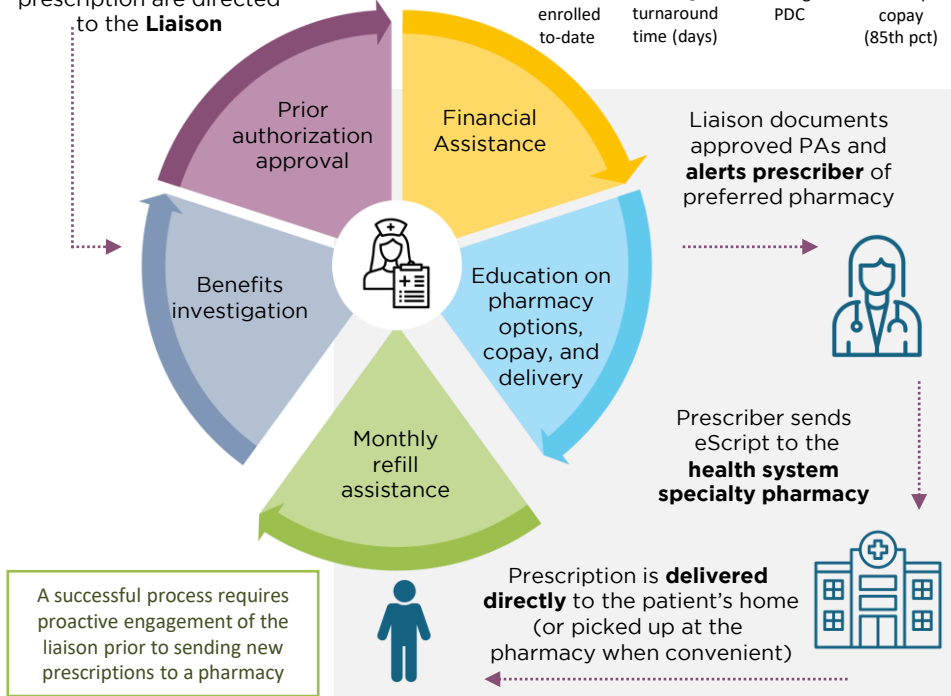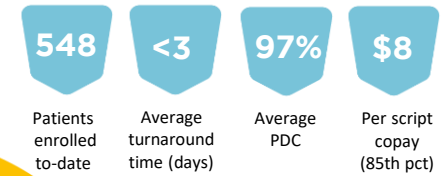
Figure 1

1%

Reduction in HbA1c
(for patients with recorded HbA1cs who were on service for a minimum of 6 months)

Characteristic	n=82
Age (years)[1]	61
Male sex (%)	29
Days on Service[2]	325
Baseline HbA1c (%)[1]	9
Presence of insulin, n (%)	58 (71)
Presence of CGM, n (%)	45 (55)

[1] Mean
[2] Median

Figure 2

All patients requiring a diabetes medication prescription are directed to the **Liaison**

- Prior authorization approval
- Financial Assistance
- Education on pharmacy options, copay, and delivery
- Monthly refill assistance
- Benefits investigation

548 Patients enrolled to-date
<3 Average turnaround time (days)
97% Average PDC
$8 Per script copay (85th pct)

Liaison documents approved PAs and **alerts prescriber** of preferred pharmacy

Prescriber sends eScript to the **health system specialty pharmacy**

Prescription is **delivered directly** to the patient's home (or picked up at the pharmacy when convenient)

A successful process requires proactive engagement of the liaison prior to sending new prescriptions to a pharmacy

Conclusions

- Implementation of a pharmacy liaison-managed diabetes care model was associated with positive outcomes for patients as demonstrated by high PDC, HbA1c reductions, time to therapy initiation, and lower medication copays.
- The 1% reduction in HbA1c in the study cohort has potential implications on medical expenditures.[4]
- This model can be adapted to other health systems to simplify care and improve health outcomes for patients with diabetes.

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