

Implementation of ambulatory clinical pharmacist type 2 diabetes care services within an integrated health-system specialty pharmacy

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SCAN ME

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BACKGROUND

- Health-system specialty pharmacy (HSSP) models have shown improved benefits in specialty medication access, medication adherence, and clinical outcomes in specialty disease states.¹
- Although type 2 diabetes mellitus (T2D) is not typically considered to be a specialty pharmacy disease state, it presents challenges and barriers that have similar demands as traditional specialty pharmacy. As a result, an integrated HSSP clinical program provided Ambulatory Clinical Pharmacist (ACP) support to expand services in the T2D population.
- The purpose of this report is to describe the impact of implementation of ACP-led medication management services specializing in diabetes care within an integrated HSSP.

METHODS

- Inclusion Criteria:** Patients aged 18 years and older who were filling new or existing prescriptions for GLP-1RA and SGLT-2i for the treatment of T2D between August 2022 and February 2023, had at least two clinical encounters with an ACP, a baseline hemoglobin A1C (A1C) (collected no more than three months prior to enrollment), and at least one subsequent A1C collected since starting pharmacy services were included.
- Primary outcome:** Change in A1C after clinical encounters with an ACP
- Secondary outcomes:** Weight reduction, percentage of patients achieving target A1C < 7%, and the percentage of accepted clinical interventions
- Analysis:** Descriptive statistics were used to report outcomes.

REFERENCES

1. Zuckerman AD, Whelchel K, Kozlicki M, et al. Health-system specialty pharmacy role and outcomes: A review of current literature. Am J Health Syst Pharm. 2022;79(21):1906-1918. doi:10.1093/ajhp/zxac212

RESULTS

Figure 1. Overview of ACP Diabetes Mellitus (DM) Clinical Services **Table 1.** Primary and secondary outcomes: Baseline A1C compared with A1C after clinical encounters with ACP and baseline weight compared with weight after clinical encounters with ACP

Figure 1: ACP DM Clinical Services

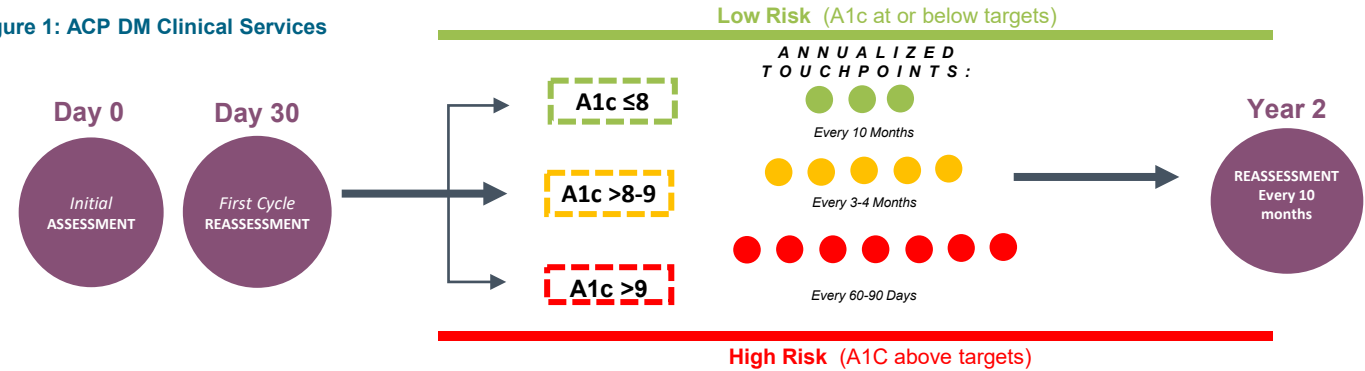
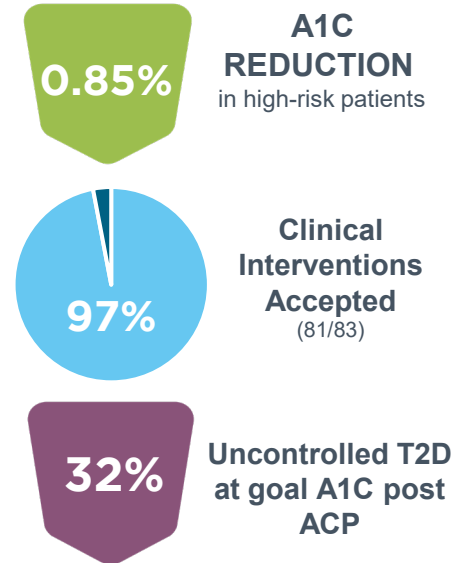


Table 1: Primary and Secondary Outcomes

	Controlled T2D (A1c <7%)	Uncontrolled T2D (A1c ≥ 7%)	Total Patients
Primary Objectives			
Patients (n, %)	40 (39.8)	63 (61.2)	103
Age (years) ¹	54.45	56.11	55.47
Baseline A1C (%) ¹	6.3	8.4	7.6
Post-ACP A1C (%) ¹	6.2	7.5	7.0
A1C Reduction (%) ¹	-0.08	-0.85	-0.55
% change	-1%	-11%	-8%
Secondary Objectives			
Baseline patients at goal A1C (n, %)	40 (38.8)	--	40 (38.8)
Post-ACP patients at goal A1C (n, %)	35 (87.5)	20 (31.7)	55 (53.4)
Baseline Weight (kg) ¹	97.3	94.98	95.89
Post-ACP Weight (kg) ¹	96.3	92.47	93.97
Weight Variance (kg)	-1.0	-2.5	-1.9
Length of time on service (months) ^{1,2}	7.27 (6)	7.25 (7)	7.26 (7)

¹ Mean, ²Range



CONCLUSIONS

- Data suggest the implementation of ACP-led medication management services specializing in diabetes care within an integrated HSSP has a positive impact improving outcomes for T2D population and its complications.
- These findings support integration of ACP has a significant role in improving the management of T2D.