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Got Sugar? Pharmacist Intervention to Improve A1c

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Got Sugar? Pharmacist Intervention to Improve A1c

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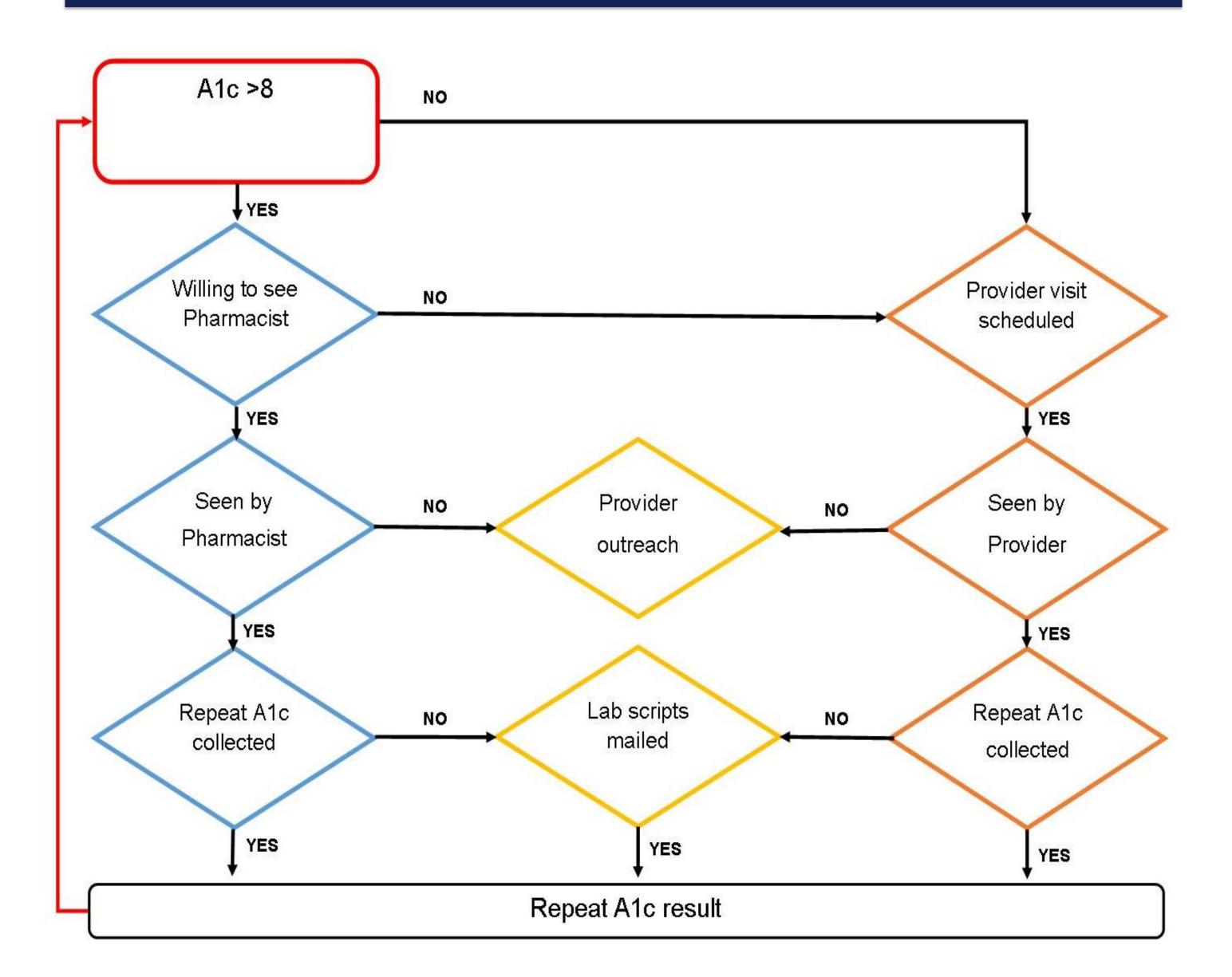
BACKGROUND

- Approximately 31% of diabetic patients (22 of 71 patients) at Thursday Jefferson Ambulatory Practice (JHAP) have a hemoglobin A1c>8.
- Additional Clinical Pharmacist care has been shown to decrease Hemoglobin A1c compared to usual care.¹
- None of our Thursday JHAP diabetic patients had seen a Clinical Pharmacist before.

AIM

Within 6 months, we aim to decrease by 10% the number of our diabetic patients with an A1c >8 through Clinical Pharmacist referrals.

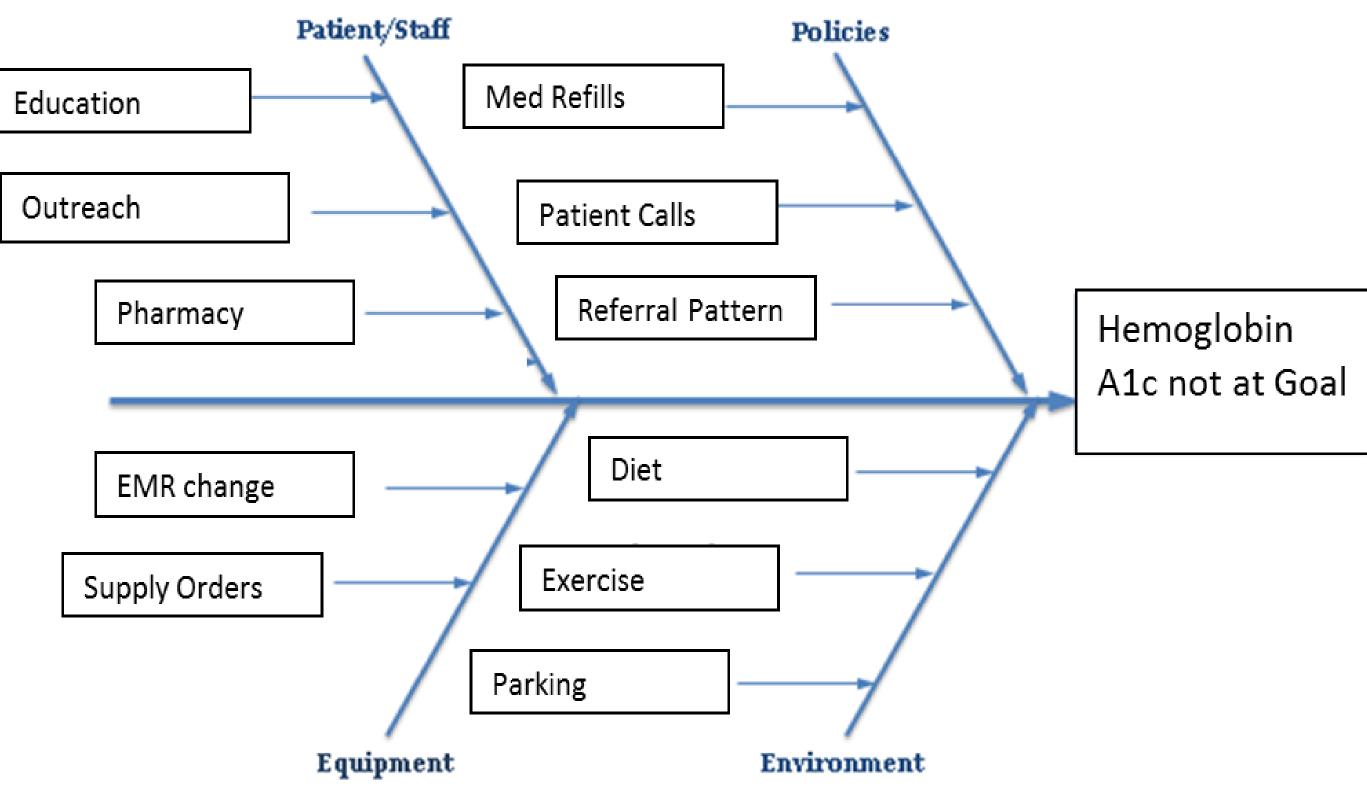
INTERVENTION PROCESS MAP



REFERENCES

1. Chung N, et al. Impact of a clinical pharmacy program on changes in hemoglobin A1c, diabetes-related hospitalizations, and diabetes-related emergency department visits for patients with diabetes in an underserved population. *J Manag Care Spec Pharm.* 2014;20(9):914-9.

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TIMELINE



• EMR initiative: identify active DM patients with hgba1c>8



- Physician education: guidelines for DM care
- Meeting with clinical pharmacist: discuss barriers, work flow
- Novembe 2016
- Clinical pharmacist pre-visit checklist
- Design checklist
- Review with physicians
- Review of PCP quality report

December 2016 Active referral to clinical pharmacist by physicians



- Individualized PCP chart audits
- Patient appointment reminders: physician initiated phone calls

February 2017

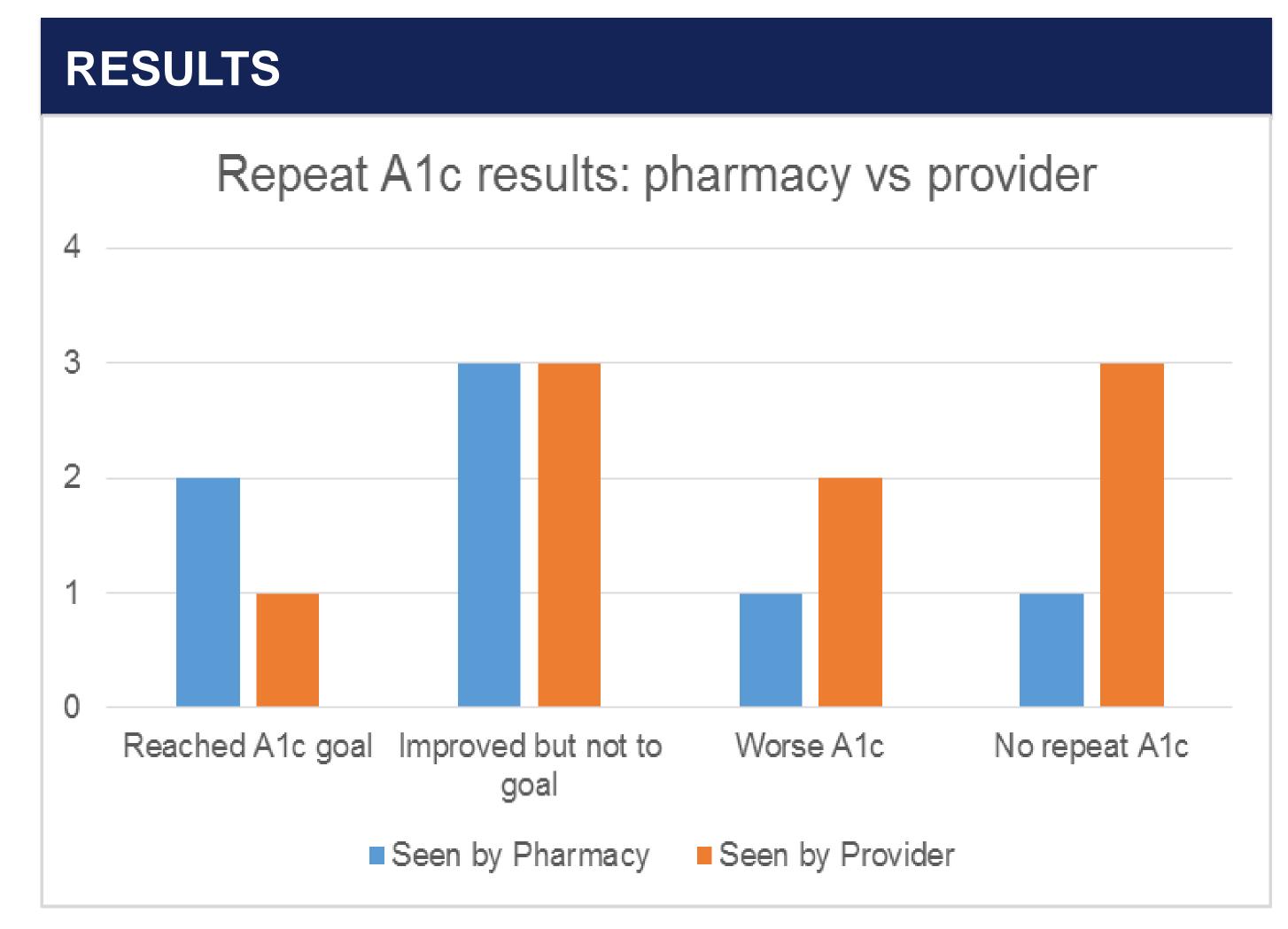
Review of PCP quality report

March 2017

- Patients contacted through phone call and letters for new hemoglobin a1c bloodwork
- Patient appointment and lab reminders by staff and physicians
- Periodic statistics reviewed

Results reviewed

Review of PCP quality report



Of the diabetic cohort with initial A1c > 8, 3 of 22 patients (13%) met goal by the end of the intervention period.

- 12/22 Patients had a repeat A1c
- 9/12 Patients with a repeat A1c had an improvement in A1c
- 5/9 Patients with an improved A1c saw a Clinical Pharmacist

Similar A1C outcomes were seen among patients who followed up with a Clinical Pharmacist vs their Provider.

DISCUSSION

Referral to a Clinical Pharmacist may be a potential supplementary option to provider care in improving glycemic control.

LIMITATIONS:

- Small sample size
- Intervention time too short for measured outcome
- Residents with extended time out of the ambulatory clinic
- Lack of consistent follow up visits or repeat A1c
- Patients lost to follow up due to insurance or migration
- Multiple barriers to getting patient to see a Pharmacist FUTURE DIRECTION:
- Extend to other JHAP clinics by holding resident training sessions.
- Expand Clinical Pharmacy's availability and outreach
- Improve Patient Tracking and increase BS surveillance
- Implement Telehealth Clinical Pharmacy visits