

Impact of Pharmacist-Managed Diabetes Medication at a Chronic Care Clinic in a Rural Community

Cameron Rice, PharmD, Brentney Fields, PharmD, Lauren Craycraft, PharmD, BCPS and Tara Mains, PharmD, BCPS
St. Claire HealthCare, Morehead, Kentucky



BACKGROUND

- Diabetes is a chronic, metabolic disease that is characterized by elevated blood glucose, which can lead to serious damage to organs over time¹
- Hemoglobin A1c, also known as glycated hemoglobin, is a test used to evaluate a person's level of glucose control over the past 3 months and represents the average blood glucose¹
- In Appalachia, the adult rate for diabetes diagnosis is 17% compared to 12% in non-Appalachian counties¹
- Kentucky ranks 8th highest in the U.S. for diabetes prevalence¹
- Diabetes is the second most costly chronic disease state in Kentucky for Medicaid patients and one of the top costs for chronic conditions in retired patients⁴
- Pharmacist play an important role in diabetes management by educating patients on diabetes management and empowering them to follow appropriate standards of care

OBJECTIVES

This retrospective study aims to illuminate the impact of pharmacist-managed diabetes medication in a rural community.

Primary Objective:

- Evaluate A1c improvement in patients enrolled in the Chronic Care Medication Management Clinic

Secondary Objectives:

- Identify patients who received medication refills in a timely manner
- Assess patients who experienced an exacerbation or hospitalization related to diabetes during this time

METHODS

Design: Single center, retrospective, chart review assessing the impact of pharmacist-managed diabetes medication management in a rural community

Performance Site: St. Claire HealthCare Chronic Care Medication Management Clinic in Morehead, KY

Exclusion Criteria: Patients will be excluded for lack of follow-up, referral for reasons other than diabetes management, and those without a recorded A1c

Data Collection

Patients with a diagnosis of diabetes enrolled in chronic care medication management clinic

Patients with a change in A1c

Hospitalizations related to poorly controlled blood glucose

Follow-up with provider

Medication refills

CLINICAL IMPLICATIONS

- This data will be used to evaluate the utility of pharmacist-managed diabetes medication in a Chronic Care Medication Clinic for a rural patient population that may already be facing challenges due to scarce resources. Pharmacists improve patient adherence, optimization of therapy and medication affordability.

FUTURE DIRECTION

- Continued tracking of diabetes patients in the program
- Additional pharmacist resources for diabetes -specific medication adjustments and monitoring
- Development of a program specifically for diabetes patients

DISCLOSURES & ACKNOWLEDGEMENTS

The authors of this presentation have the following to disclose concerning possible financial or personal relationships with commercial entities that may have direct or indirect interest in the subject matter of this presentation.

Cameron Rice, PharmD: Nothing to disclose
Brentney Fields, PharmD: Nothing to disclose
Lauren Craycraft, PharmD, BCPS: Nothing to disclose
Tara Mains, PharmD, BCPS: Nothing to disclose

REFERENCES

- Centers for Disease Control and Prevention. *What is Diabetes?*. Retrieved 2022, November 10. <https://www.cdc.gov/diabetes/basics/diabetes.html>
- Eyth E, Naik R. Hemoglobin A1C. [Updated 2022 Mar 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549816/https://oig.hhs.gov/oei/reports/OEI-05-19-00410.asp>
- Kentucky Department for Public Health and CDC. Kentucky Behavioral Risk Factor Survey Data. 2000, 2011, 2012, 2013, 2015, 2017 and 2018
- The Cabinet for Health and Family Services and the Personnel Cabinet. 2021 Kentucky Diabetes Report.