Got Sugar? Pharmacist Intervention to Improve A1c

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**Recommended Citation**

Sato, MD, Rino; Murphy, MD, Matthew; Ivanov, MD, Margaret; Gandler, MD, Alan; Patel, PharmD, BCPS, Roshni S.; Caruso, MD, John; Chen, MD, Loren; and Lee, MD, Albert, "Got Sugar? Pharmacist Intervention to Improve A1c" (2017). *House Staff Quality Improvement and Patient Safety Conference (2016-2019)*. Poster 25.  
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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

FISHBONE

RESULTS

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

REFERENCES