

# Improving Utilization of SGLT2 Inhibitors in the Inpatient Setting

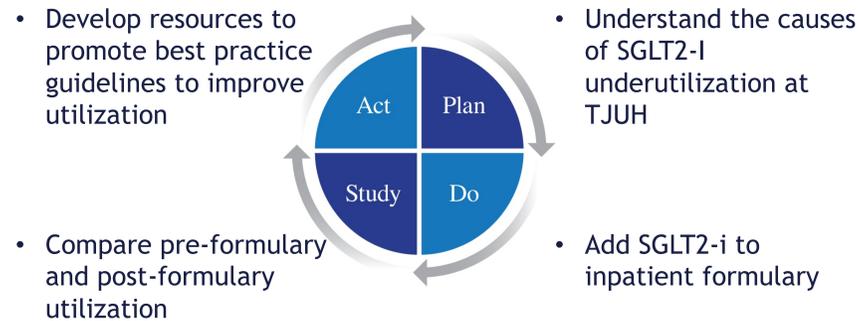
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## Background

- SGLT2 inhibitors have been shown to have a significant benefit for patients with DM2 or CAD (DAPA-HF, Emperor-reduced)
- The usage of these medications are low compared to other Goal Directed Medical Therapy.
- There are multiple contributing factors as to why these medications are underutilized

## Intervention

- Expanding SGLT2-i availability in the inpatient setting by adding them on formulary.
- Survey attending level physicians on their SGLT2 inhibitor prescribing practices.



## Lessons Learned

*Did you meet your aim for improvement?*

We determined barriers to inpatient prescription and saw an increase after the medications was added on formulary. However, the increase in prescriptions was not as dramatic as expected.

*If not, why not? What will you do or what would you recommend the next team to in order to improve on your efforts?*

Despite removing the barrier of non-formulary status for SGLT2-is, there remains a large gap between patients who have an indication to begin therapy and those who were appropriately prescribed it while at TJUH.

*If yes, what will your next goal for improvement be and how will you reach it?*

The next goal is to increase the number of providers comfortable with prescribing SGLT2-i during an inpatient stay, in an effort to increase appropriate prescriptions of SGLT2-i in the inpatient setting.

To do this, we can provide EMR guidelines and education modules on when to initiate therapy and to clarify contraindications on inpatient initiation.

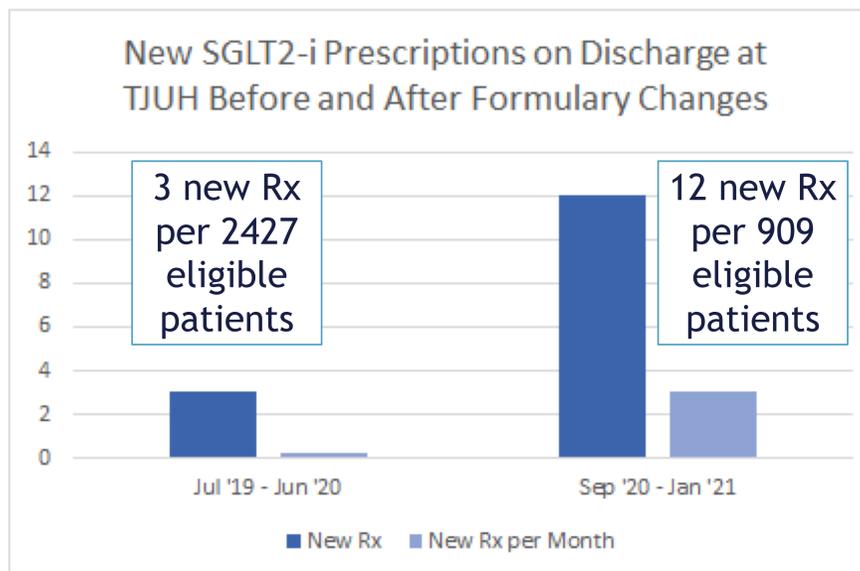
*What did your team learn about the improvement process?*

In addition to removing barriers for quality gaps, it is necessary to actively facilitate changes practicing trends regarding evolving clinical updates to optimize patient care.

## Aims For Improvement

Our aim is to assess barriers against prescription of SGLT2-i at the time of discharge from TJUH and to increase utilization after placement on formulary.

## Measurements/ Results



Specialty (No. Participants)	Comfort Level Prescribing (1 to 5) (SDEV)	Most Common Factor Preventing Initiating as Inpatient
Hospital Medicine (4)	2.75 (1.5)	Unfamiliarity with the evidence for SGLT-2 inhibitors
Endocrinology (7)	4.86 (0.38)	Preference for outpatient initiation, lack of availability inpatient
Cardiology (17)	3.29 (1.36)	Cost of medication

