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Virtual Medical Centre News Pharmacists improve care of diabetics while cutting costs

Pharmacists improve care of diabetics while cutting costs

7 January 2010

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The role of pharmacists hasn't received much attention in the debate on the cost of health care. But US national and regional studies show that when pharmacists directly participate in patient care, they significantly reduce treatment costs and improve outcomes.

A study on diabetic patients by the University at Buffalo School of Pharmacy and Pharmaceutical Sciences identified cost savings with improvements in a key indicator of glucose control in diabetes patients, the haemoglobin A1C measurement. The A1C provides a three-month

average of the amount of excess glucose in the blood. Higher A1Cs indicate that a patient is at higher risk for developing long-term complications associated with diabetes, such as kidney disease or vision problems.

Published last spring in the *Journal of the American Pharmacists Association*, the UB study of 50 patients with type 2 diabetes demonstrated that in just six months clinical pharmacists, in collaboration with primary care providers, were able to significantly reduce patients' A1C levels.

In the UB study, patients' A1C levels were reduced by an average of 1.1 percent, from an average of 8.5 percent to 7.4 percent, one year after being enrolled in the program, while also improving the overall metabolic profile.

"Our results show that enhancing the patient's access to care through collaborative physician-pharmacist relationships can yield lower blood glucose levels, improve the overall metabolic profile and reduce costs to the payer," says Erin Slazak, PharmD, UB clinical assistant professor of pharmacy practice and board certified pharmacotherapy specialist.

These clinical improvements occurred while monthly costs per patient went down by approximately US\$212, around \$2,500 per year, even though there were nominal increases in the cost of medications prescribed.

The key to success?

"Patients had unlimited access to pharmacists throughout the year," says Slazak.

Patients referred to the UB program had been identified by their primary care providers as having difficulty controlling their blood sugar. Slazak notes that it was not uncommon to see patients with glucose levels as high as 400 mg/dl (normal levels are below 100 mg/dl).

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The UB pharmacists spent an initial one-hour appointment with each patient, where they worked up detailed health records covering dietary information and all medications and disease conditions, and then reviewed them with each patient.

After that, patients could call or make appointments with pharmacists at will.

"We did extensive education with patients about how to manage their conditions," says Slazak. "In many cases, we were instrumental in getting them to start insulin. There is a lot of resistance to that, and not just because it's an injection."

For patients in the initial stages of administering insulin, she says it was common to be contacted once every few days. The pharmacists then made suggestions to physicians about changes in medications, dosages or lifestyle that might be beneficial to their patients.

That kind of individualised attention is far from the norm for diabetic patients.

"Nationwide, the standard of care is that the primary care provider manages diabetes alone," says Slazak. "Pharmacists typically do not have direct involvement."

That is partly because some states, including New York, have not yet approved collaborative practice agreements between physicians and pharmacists. In the Buffalo study, for example, physicians were required to review pharmacists' recommendations and approve all interventions first. Completion of the review process and approval occurred in only half of the cases, potentially limiting the overall benefit to the patient.

"We know there's a long-term clinical and economic benefit to pharmacists working directly with patients and we think that can continue to grow," says Scott V. Monte, PharmD, UB clinical assistant professor of pharmacy practice and director of Diabetes and Cardiovascular Research, CPL Associates, LLC, in Buffalo. "Pharmacists can help achieve better outcomes if given the chance."

(Source: University at Buffalo: *Journal of the American Pharmacists Association*: January 2010)

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