



Impact of a Pharmacy Liaison-Managed Care Model Within a Health System on Clinical and Economic Outcomes in Patients with Diabetes

Nicholas Bull, PharmD¹; Brianne Nichols, PharmD²; Martha Stutsky, PharmD, BCPS¹; Shreevidya Periyasamy, MSHIA¹; Eric Arlia, RPh, MBA²







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Background

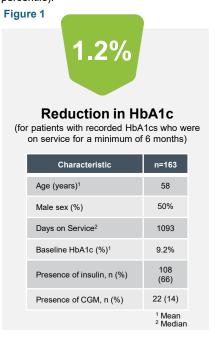
- The impact of pharmacist-managed services on diabetes outcomes is well documented, however limited evidence supports the effect of pharmacy liaisons on the challenges faced by patients with diabetes.¹
- Patients with diabetes face numerous challenges, including medication affordability issues, barriers to adherence, and the complexity of managing their disease.
- Systematic reviews show widely variable adherence rates to both insulin and oral antidiabetic drugs, ranging from 36% to 93%.^{2,3}
- Objective: To describe an observational analysis of a pharmacy liaison-managed care model for patients with diabetes and its impact on medication access, adherence, and changes in HbA1c.

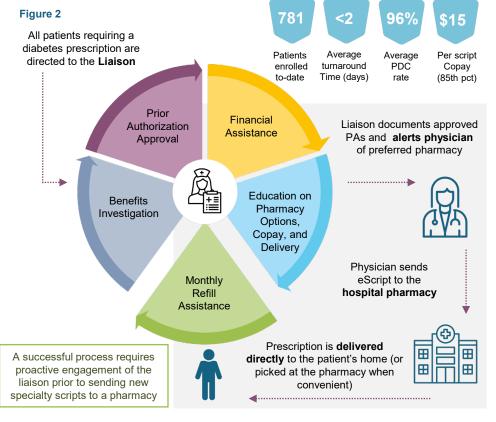
Methods

- An integrated model for the medication management of patients with diabetes was designed and implemented within select adult endocrinology clinics beginning in September 2018 at Hartford HealthCare.
- A liaison-managed diabetes pharmacy care model involves:
 - Investigation of pharmacy and medical benefits, completed prior authorizations, identification of financial assistance
 - Monthly coordination of medication and durable medical equipment refills
- Observed outcomes data of the diabetes pharmacy model are from November 2021 through October 2022.
- Changes in HbA1c were measured starting up to 60 days prior to the patient's onboarding date, through the following 6 months after enrollment. Data accounts for patients on service through October 2022.

Results

Figure 1. Investigation of average HbA1c reduction for a sample of n=163 patients on service for a minimum of 6 months was evaluated, demonstrating a 1.2% average reduction. **Figure 2.** Illustration of the Liaison Care Model workflow and resulting outcomes including total patients on service, average prior authorization turnaround time (days), average proportion of days covered (PDC), and per script copay (85th percentile).





Conclusions

- Implementation of a pharmacy liaison-managed diabetes care model was associated with positive outcomes for patients as demonstrated by high PDC, HbA1c reductions, time to therapy initiation, and medication copays.
- The 1.2% reduction in HbA1c in the study cohort has potential implications on medical expenditures.4
- · This model can be adapted to other health systems to simplify care and improve health outcomes for patients with diabetes.

DISCLOSURES

The authors of this presentation have nothing to disclose concerning possible financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.

REFERENCES

- 1. Benedict AW, Spence MM, Sie JL, et al. Evaluation of a pharmacist-managed diabetes program in a primary care setting within an integrated health care system. JMCP. 2018;24:114-122.
- 2. Cramer JA. A systematic review of adherence with medications for diabetes. Diabetes Care 2004;27:1218–1224.
- Krass I, Schieback P, Dhippayom T. Adherence to diabetes medication: a systematic review. Diabet Med. 2015;32(6):725-37.
- 4. Lage M, Boye K. The relationship between HbA1c reduction and healthcare costs among patients with type 2 diabetes: evidence from a U.S. claims database. Current Medical Research and Opinion 2020; 36(9): 1441–1447.