

Team Including Pharmacist Improves Diabetes Treatment

A 12-month, retrospective cohort analysis published in the May 15, 2013 edition of the American Journal of Health-System Pharmacy showed that the addition of a clinical pharmacist to a patient care team improved health outcomes for adult patients with Type 2 diabetes mellitus. The study was done by researchers at Touro University in California and the Kaiser Permanente Medical Care Program and compared patients with diabetes cared for by a team including a clinical pharmacist with diabetes patients cared for by a physician alone. The clinical pharmacist, a certified diabetes educator and pharmacotherapy specialist, entered into a collaborative practice agreement with the physician. The pharmacist held an initial 45 minute meeting with each patient to assess their disease. The pharmacist then made needed therapeutic interventions, including prescribing medication, adjusting dosages, ordering lab tests, recommending nondrug interventions including diet and exercise, providing self-care education materials, performing physical assessments and immunizations, and referring patients to specialists when appropriate.

Having a clinical pharmacist on the primary care team was found to be more effective than traditional care in patients with diabetes. In the team care group, the mean A1c dropped from 9.5% to 6.9% in 12 months, compared to the control group whose mean A1c dropped from 9.3% to 8.4%. 62.6% of patients in the team care group reached their goal A1c of <7%, 85% reached their LDL goal of <100 mg/dL, and 61.6% reached their blood pressure goal of <130/80 mmHg. The 10-year risk of coronary heart disease was reduced from 16.4% to 9.3% in the team care group compared to a reduction from 17.4% to 14.8% in the control group.

Authors of the study note that results need to be confirmed with a large, randomized, controlled-study. One key limitation of the study was that the number of clinic visits each patient attended was not controlled; patients in the team care group attended more clinic visits, which may have contributed to more favorable results. However, patients in the team care group had a longer duration of diabetes, which would expect to favor the control group.

Non-physician health care providers such as pharmacists can positively contribute to the management of diabetes. The addition of a clinical pharmacist to a primary care team can lead to significant improvement in short- and long-term outcomes in patients with Type 2 diabetes.

References:

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