

A Comparison of A1c between the PGY2 Ambulatory Care Pharmacy Resident Led DM Management versus Usual Care

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Background/Purpose

Clinical pharmacists are core members of the primary care team and have been shown to improve patient outcomes and reduce healthcare-related costs. The Association of American Medical Colleges estimated that there will be a shortage of up to 48,000 primary care providers (PCPs) by 2034, therefore, postgraduate year two (PGY2) ambulatory care pharmacy residents could be a valuable resource to assist PCPs with managing chronic disease states such as diabetes, thereby increasing PCPs availability and reducing PCPs workload. In our study, we evaluated the impact of assistance from a PGY2 ambulatory care pharmacy resident in providing Type 2 Diabetes Mellitus (T2DM) care, through remote precepting, compared to the usual care provided by PCPs.

Methods

A retrospective chart review was conducted for adult T2DM patients who were followed by a PGY2 pharmacy resident versus patients who were followed by their PCP at LA General Med+Peds primary clinic between July 2021 and May 2022. The primary endpoint evaluated the A1c change since baseline. Secondary endpoints compared the number of T2DM pharmacologic modifications and non-pharmacologic interventions.

Results

A total of 121 patients were included (n=44 in the resident care and n=77 in the usual care). The total number of visits was 131 in the resident care group and 294 in the usual care group. The A1c reduction was significant in the resident care group (P = 0.00023) vs. the usual care group (P = 0.73). The resident care group had a 1.4% greater A1c reduction than the usual care group (P = 0.00034). 77% of the patients in the resident care group showed improved A1c status vs. 56% in the usual care group. The resident care group had higher numbers of Pharmacologic and nonpharmacologic changes made.

Conclusion

PGY2 resident has the promising capability to be a reliable resource to manage T2DM. The resident group had a higher number of interventions made per visit, which could potentially explain the greater reduction in A1c levels, further regression analysis is warranted.