Impact of Clinical Pharmacist Integration Models on Diabetes Outcomes in Primary Care Clinics

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The Research Question

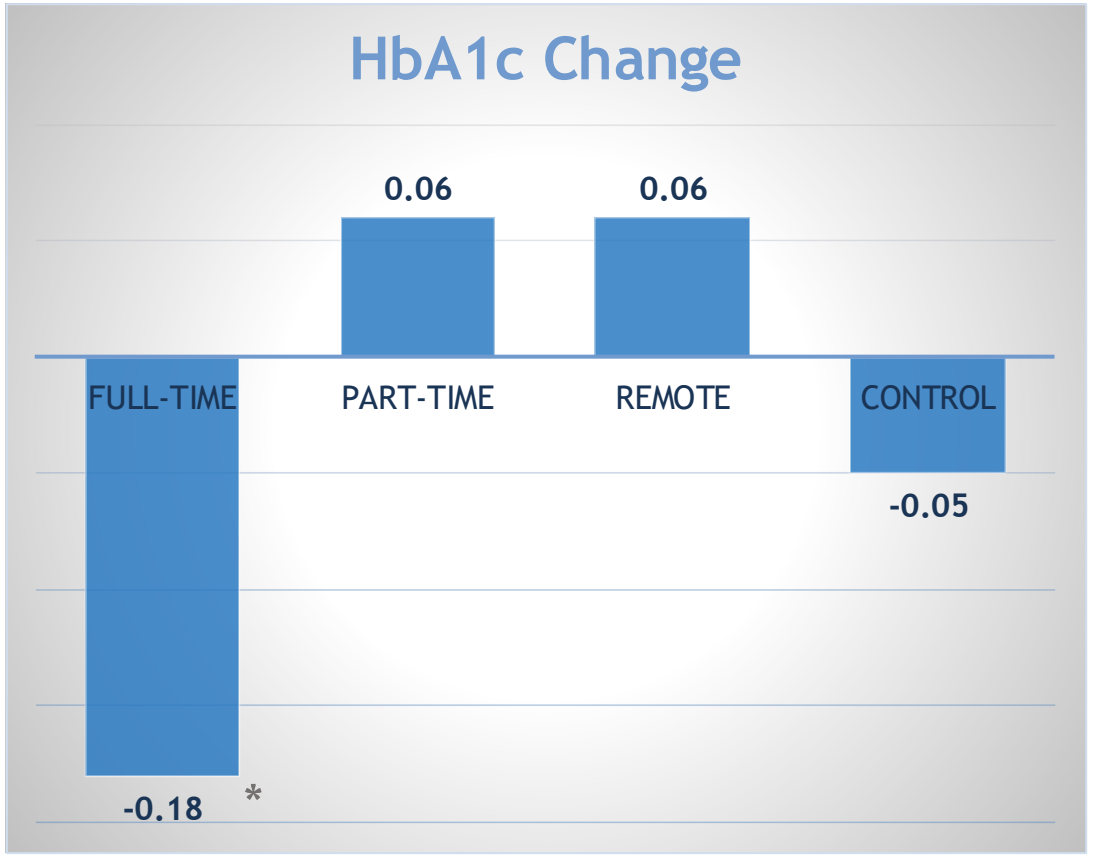
- How do different clinical pharmacist models of integration impact clinic-wide diabetes outcomes?

- Models include:
  1. Remote: e-consults only, no onsite clinical pharmacist
  2. Part-time: mostly e-consults; onsite clinical pharmacist 2 days per week
  3. Full-time: onsite clinical pharmacist 5 days per week

Research Design and Method

- Design: Retrospective cross-sectional study
- Population: Adults enrolled in the EHR Diabetes registry, with a clinic encounter during the study time frame regardless of direct clinical pharmacist contact/referral
- Setting: FM clinics with and without clinical pharmacy integration
- Time frame: Sep 2022–Mar 2023 (pre-integration) compared to Sep 2023–Mar 2024 (post-integration)
- Analysis: Pre vs Post comparison of mean HbA1c, BMI, and LDL in remote, part-time, full-time, and control clinics

What the Research Found



- A full-time, onsite clinical pharmacist model had the most significant improvements in diabetes HbA1c reduction.
- BMI improved significantly in all models and LDL in all models except for the part-time model.

What this means for Clinical Practice

- Direct pharmacist-patient interactions and close collaboration with primary care clinicians appear to enhance clinical management.
- Greater on-site integration of clinical pharmacists in primary care clinics may improve diabetes control relative to other models.