

Background

Diabetes mellitus is an epidemic that continues to be a major cause of morbidity and mortality in the United States. Not only does this epidemic contribute to large health care costs but it also creates a multitude of secondary complications. Extensive studies have shown that increased medication adherence rates and pharmacist involvement improve patient health outcomes. Many of these studies fail to examine the underserved or socioeconomic status impact.

Federally qualified health centers (FQHC) receive funds from the Health Resource and Services Administration (HRSA) in order to provide primary care services in underserved areas. Previous studies support that patients who receive care at federally qualified health centers face barriers such as cost, limited health literacy (LHL), and access issues due to their socioeconomic status.

This study will address the current gap in literature on whether patients have increased medication adherence rates with diabetes mellitus-related medications secondary to the elimination of two barriers to care, including cost and access, when receiving medications through the 340B drug pricing program within a FQHC.

Outcomes

Primary Outcome

Determine whether access to antidiabetic medications through the 340B drug pricing program increases adherence for patients with diabetes mellitus in a federally qualified health center for the medically underserved.

Secondary Outcomes

Assess whether having a pharmacist involved in care increases adherence to diabetes mellitus-related medications obtained through the 340B drug pricing program versus those obtained through a preferred outside facility.

Disclosures

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.

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Methods and Data Collection

Bluegrass Community Health Center is a Level 3 PCMH and FQHC with two locations in the Lexington, KY area.

Both locations provide in house clinical pharmacy services through collaborative practice agreements according to KY law.

Baseline Demographics

- Age at time of inclusion
- Gender
- Race
- Ethnicity
- Primary language
- Pharmacist involvement via provider referral
- Outlet in which medications were received

Diabetes Mellitus Related Data

- Medications prescribed
- Date medications issued
- Adherence rate of patient to all diabetes mellitus related medications
- Blood sugar change from initial diagnosis to most recent visit
- Cholesterol change from initial diagnosis to most recent visit
- A1c change from initial diagnosis to most recent visit

Study Design: Multicenter, retrospective chart review of patients treated for diabetes mellitus at Bluegrass Community Health Center from July 1st, 2015 to December 31st, 2020.

Inclusion Criteria

- Patients ≥ 18 and ≤ 89 years of age
- Diagnosis of type 2 diabetes mellitus
- Received a prescription for treatment related to diabetes mellitus

Exclusion Criteria

- Received a diagnosis of diabetes mellitus but did not receive treatment
- Patients who received initial treatment for diabetes mellitus but were not seen for a subsequent follow-up

Statistical Analysis

Categorical Data

- Fishers exact test or Pearson's chi-square as appropriate for nonparametric data

Continuous Data

- Independent sample t-tests for parametric data

All tests use a 95% confidence interval with an alpha of 0.05 for significance.

References

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