INTRODUCTION

• Diabetes was the primary cause of end stage renal disease (ESRD) in 2011, with approximately 44% of all new cases of ESRD were contributed to diabetes.
• Patients undergoing dialysis have:
  - Complated medication regimens, causing a high risk for medication related problems
  - Disproportionately higher total cost of care
• Patient engagement with pharmacy services is critical to reducing medication related problems and their associated cost.

OBJECTIVE

To compare the satisfaction with and access to pharmacy services between two diabetic patient populations receiving dialysis, one in urban Philadelphia (PHL), and the other in suburban New Jersey (NJ).

METHODS

• Diabetic participants receiving dialysis were recruited from 2 dialysis centers with different patient populations:
  - Urban Philadelphia (PHL)
  - Suburban New Jersey (NJ)
• Cross-sectional survey of participants was administered post-consent to measure pharmacy satisfaction and access (Table 1):
  - Additionally, a dilated fundus exam (DFE) was administered to detect diabetic retinopathy (DR)
• Participants' medications were captured from an EMR
• Responses were analyzed for the whole sample and by site
• Sites were compared using t-tests and chi-square tests

RESULTS

• 64 individuals were enrolled, with an average age of 63.6 years (SD 13.5); 34 (53.1%) were African American (Table 2)

Table 1. Participant Demographics (n=64)

<table>
<thead>
<tr>
<th>Demographic</th>
<th>PHL (n=34)</th>
<th>NJ (n=30)</th>
<th>Total (n=64)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American – n (%)</td>
<td>26 (76.5%)</td>
<td>8 (26.7%)</td>
<td>34 (53.1%)</td>
</tr>
<tr>
<td>Caucasian – n (%)</td>
<td>2 (5.9%)</td>
<td>20 (66.7%)</td>
<td>22 (34.4%)</td>
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<tr>
<td>Male – n (%)</td>
<td>16 (47.1%)</td>
<td>19 (63.3%)</td>
<td>35 (54.7%)</td>
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<tr>
<td>Age – mean (SD)</td>
<td>57.9 years (13.3)</td>
<td>68.9 years (11.0)</td>
<td>63.6 years (13.5)</td>
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</tbody>
</table>

- High school degree was highest degree received – n (%)  
  - African American – 25 (73.5%)  
  - Caucasian – 20 (60.6%)  
- Unemployed – n (%)  
  - For any reason – 20 (58.8%)  
  - Due to chronic disease – 14 (41.2%)  

- ESRD diagnosis within past 5 years – n (%)  
  - African American – 16 (47.1%)  
  - Caucasian – 20 (60.6%)  

- Some study participants were enrolled in a pharmacy program that provides a dedicated renal pharmacist and delivers medications to their dialysis unit. This program, which reports improved outcomes in dialysis patients as compared to other pharmacies, represents an important unmeasured covariate that could influence pharmacy satisfaction.

LIMITATIONS

Some study participants were enrolled in a pharmacy program that provides a dedicated renal pharmacist and delivers medications to their dialysis unit. This program, which reports improved outcomes in dialysis patients as compared to other pharmacies, represents an important unmeasured covariate that could influence pharmacy satisfaction.

CONCLUSIONS

Findings reveal opportunities to increase the quality of pharmacy care in this population, particularly in listening to and showing concern for patients’ medication management needs and side effects.

REFERENCES


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