



# Prescription of GLP-1's to Lower Insulin Use and Focus on Lifestyle

*Redwood Community Health Coalition  
Promising Practice*

## PROMISING PRACTICE OVERVIEW

Sonoma County Indian Health Project (SCIHP) participates in the Preventing Heart Attacks and Strokes Everyday (PHASE) program, and created a PHASE clinic in 2017. Patients participate in a shared visit with an entire care team. Learn more about this practice [here](#).

Through SCIHP's pharmacist led clinic, they began prescribing GLP-1 agonists for patients with diabetes as first line therapy after metformin. SCIHP recognized that diabetes is a disease of insulin excess, and therefore wanted to move patients away from injecting additional insulin, to GLP-1's which allow patients to use their own body's insulin. The American Diabetes Association has recently released the same guidance regarding GLP-1 use. GLP-1's are also shown to be more cardio protective and assist with weight loss.

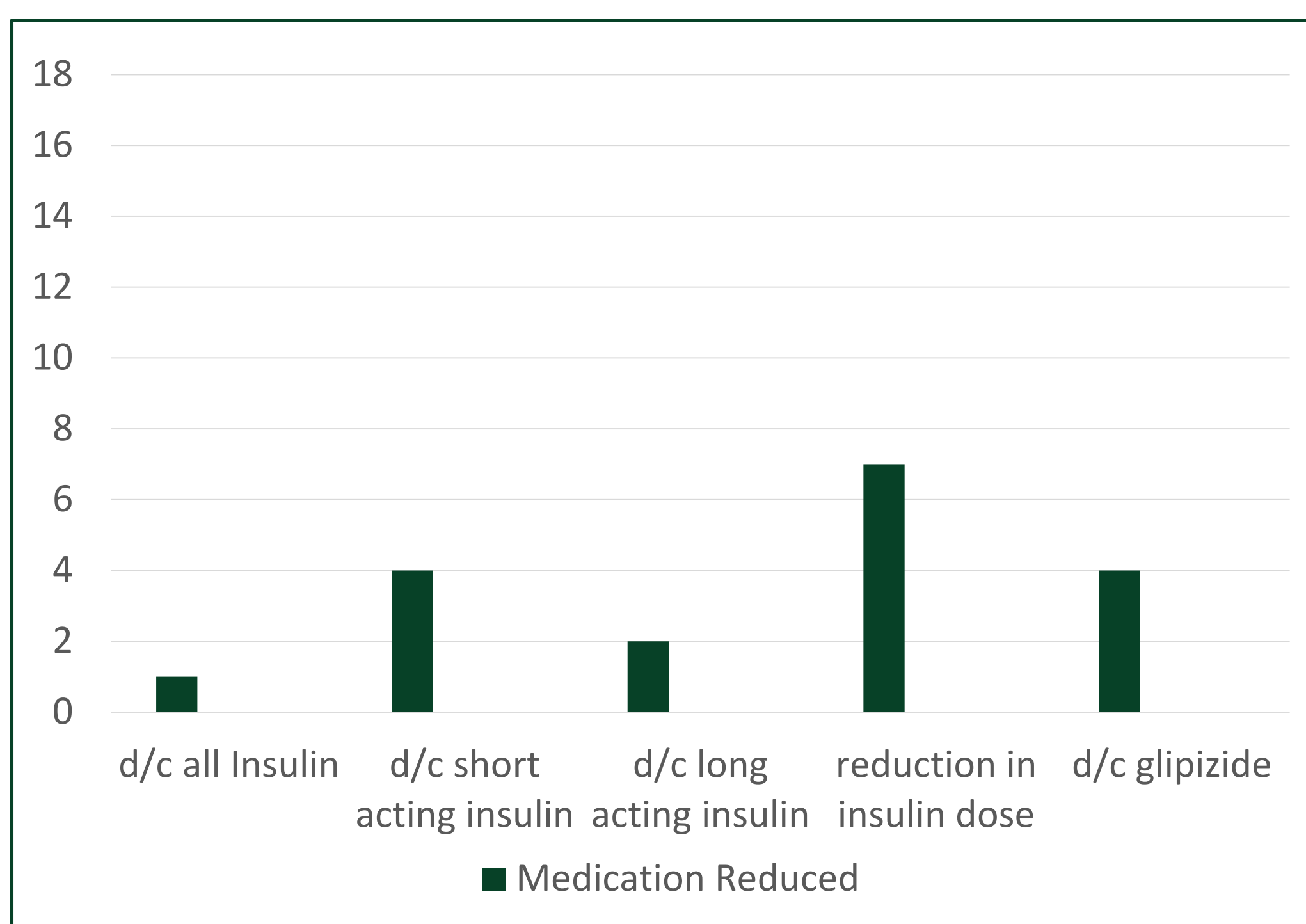
## AIM

To reduce the amount of insulin, number of injections per day, and other medications patients with diabetes take by switching to GLP-1's and focusing on lifestyle changes.

## MEASURES

PHASE Clinic Population & Results	
# PHASE pts seen in PHASE Clinic	200 in PHASE Clinic out of around 400 eligible pts
# pts on GLP-1 medications	71 (15 were on GLP-1 prior to clinic)
# pts started on GLP-1 2/1/18-11/30/18	32
# pts started on GLP-1 since 12/1/18	24
Avg A1C reduction (among 29 pts who had A1C measured prior to starting on GLP-1)	From 8.6 to 7.5
Avg weight loss (among 29 pts who had weight measured prior to starting on GLP-1)	5.6 lbs.
Total lbs. lost (among 29 pts who had weight measured prior to starting on GLP-1)	163.2 lbs.

**Number of PHASE Clinic patients with medication changes once started on GLP-1**  
(of 29 pts, 18 were taking insulin)

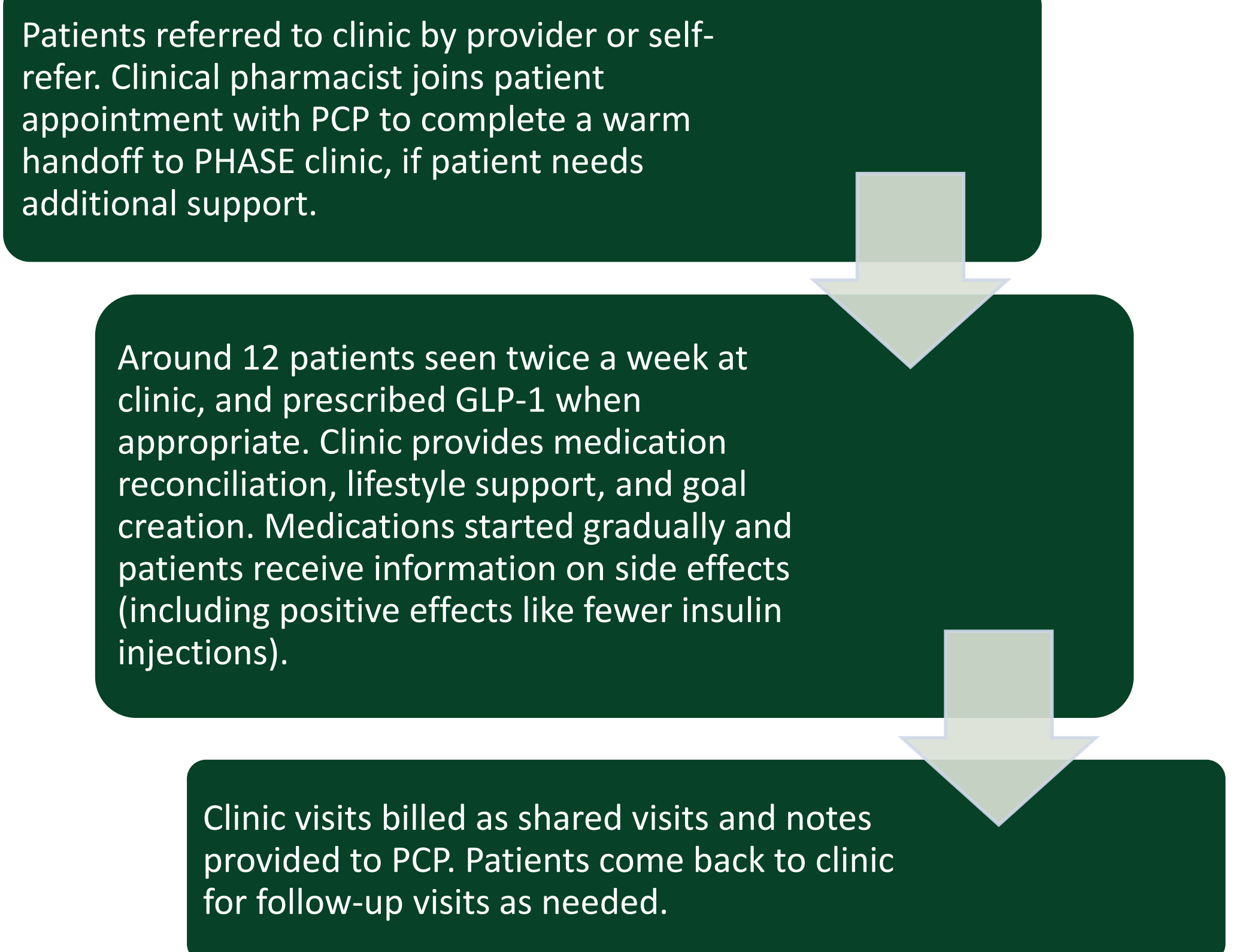


## ACTIONS TAKEN

- Began prescribing GLP-1 medications in the PHASE clinic in February 2018.
- Gained patient buy-in for GLP-1's through results. GLP-1's are cardio protective and effective for weight loss, which is self-reinforcing for patients working on diet and physical activity changes. Most patients are also in SCIHP's Healthy Traditions program.
- Documented patient progress over time and relayed to their primary care physician (PCP).
- Gained provider buy-in for GLP-1's through results (including improved glucose management) and direct patient feedback.
- Received referrals from providers and patient self-referrals to PHASE clinic.

SCIHP's guidelines have not been formally changed to reflect priority of GLP-1's, however providers understand the importance and potential benefits for patients.

## WORKFLOW



## RESULTS TO DATE

Overall, prescription of GLP-1's from 2/2018 to 12/2018 has resulted in 78% of clinic patients reducing insulin and 36% discontinuing sulfonylurea. SCIHP is waiting on more data to further assess results.

## LESSONS LEARNED

The PHASE clinic has allowed SCIHP to implement a medication change quickly for their patients. A pharmacist lead helps keep the program up to date on the latest science. There was a bit of up front management when initially making the change, especially since the PHASE clinic patients are generally harder to treat. Their A1C levels are often much higher and they've had a difficult time engaging in care. Despite this, framing GLP-1's as a tool to achieve lifestyle goals has shown to be successful.

Native unfunded pts can receive Byetta on our formulary. Through a Treatment Authorization Request (TAR), PHC and Medicare Part D pts can get a GLP-1. SCIHP hopes to work with Partnership HealthPlan in the future to increase access to GLP1's.