UConn School of Pharmacy Advisory Board
October 12, 2018
Presented by: Marie Smith (marie.smith@uconn.edu)
PRISM: Performance Improvement for Safe Medication Management

Skills-Based Education
Interprofessional Education
Workforce Development
Continuing Professional Development

Practice-Based Research
Medication Management
Medication Safety
Medication Adherence

Health Services/Policy Research
Practice Innovation & Transformation
Workforce Configurations
Policy Development/ Evaluation

Team-Based Care Delivery
Medical Home and ACOs
Community-based Health Teams
Care Transitions

PARTNERSHIP OPPORTUNITIES with UCONN SCHOOL of PHARMACY

http://pharmacypractice.uconn.edu/prism/
PRISM Project Examples

Skills-based Education: 3 projects

Practice-based Research: 14 projects

Health Services/Policy Research: 6 projects

Team-based Care Delivery: 3 projects
Skills-Based Education

PROJECT NAME: Interprofessional Deans’ Afternoon

BRIEF DESCRIPTION:
1. ~500 students and 40 faculty from 8 health profession programs
2. Interactive group discussions: dispelling misconceptions about each profession, education on the training, scope of practice, and role on interprofessional teams for each profession, a clinical case discussion, & team-building exercise
3. Annual event

UCONN PARTNERS: 8 UConn health profession schools & program (dental medicine, dietetics, medicine, nursing, pharmacy, physical therapy, social work, speech language pathology)

OUTCOMES:
1. Improvement in students’ knowledge and attitude toward interprofessional (IPE) teamwork as measured by a validated IPE scale

SPONSOR – participating health profession schools, Provost Office
Submitted by: Devra Dang
PROJECT NAME: Point of Care Testing

BRIEF DESCRIPTION: There is a great need for pharmacists to assist in infectious and chronic-disease screening and management through POC testing. New training education programs are being offered across the nation to train pharmacists and pharmacy students in POC testing, but this has yet to be introduced to UConn. Students will learn how to take samples and run several POCTs, including (but not limited to) HIV, Hepatitis C, Serum Glucose, Cholesterol, Strep Throat and Influenza

OUTCOMES: Success of this new education will be evaluated from:
   (1) SET results,
   (2) student focus groups at the end of the semester and
   (3) an anonymous surveys gauging students’ satisfaction, perceptions for improvement, and feelings of preparedness for APPEs.

There is no funding for this education.

Submitted by: Stephanie Gernant
Skills-Based Education

PROJECT NAME: Survey of Connecticut Pharmacists' Knowledge of Connecticut's Medical Marijuana Program

BRIEF DESCRIPTION: Study designed to identify medical marijuana knowledge deficits of CT pharmacists with goal of developing professional continuing education that could improve overall medication safety

UCCONN PARTNERS: Georgia Campus - Philadelphia College of Osteopathic Medicine, School of Pharmacy; CT Pharmacists’ Association

OUTCOMES:
• ~20% felt knowledgeable about efficacy, safety and drug interactions of medical marijuana
• 15% felt medical marijuana availability in CT affects their practice of pharmacy
• 80% had no or partial knowledge of regulations affecting medical marijuana in CT

FUNDING: None

Submitted by: Lisa Holle
Practice-Based Research

PROJECT NAME: An Evaluation of Medical Marijuana in the Treatment of Cancer-Related Symptoms: A Single-Center, Retrospective, Observational Analysis

BRIEF DESCRIPTION: Retrospective study evaluating outcomes in one cancer clinic

UCONN PARTNERS: UConn Health

OUTCOMES: study initiated 9/18/18

• To evaluate documented symptomatic improvement in patients that are using medical marijuana for the treatment of their cancer-related pain and other cancer-related symptoms.

• To identify documented reductions in opioid and other pain reliever use in patients that are using medical marijuana for the treatment of their cancer-related pain.

• National presentation at American-Society of Health Systems Pharmacy Midyear 2018

• Publication in Journal of Oncology Pharmacy Practice

FUNDING: None

Submitted by: Lisa Holle
Practice-Based Research

**PROJECT NAME:** Documentation of Medical Marijuana Use in Cancer Patients

**BRIEF DESCRIPTION:** Study design: a prospective, quality improvement 3-part study that includes 1) a survey of providers and medical assistants; 2) development of education and process for documenting medical marijuana; 3) retrospective chart review of documentation practices of patients who are certified for medical marijuana use.

**UCONN PARTNERS:** UConn Health

**OUTCOMES:** study initiated 9/18/18; expected outcomes: 1) improved healthcare provider understanding of medical marijuana as a medication
2) improved medication safety with documentation of medical marijuana use
3) National presentation at American-Society of Health Systems Pharmacy Midyear 2018 and regional residency conference Spring 2019
4) Publication in Journal of Oncology Pharmacy Practice

**FUNDING:** None

**Submitted by:** Lisa Holle and Kevin Chamberlin
**Practice-Based Research**

**PROJECT NAME:** Can Spinners Improve Understanding of the Risk of Chemotherapy Side Effects in Patients With Cancer?

**BRIEF DESCRIPTION:** Patients with low numeracy may be at a disadvantage because they tend to overestimate adverse events risks, or ignore numbers completely and rely on their emotions to sway decision making. We propose an innovative method of presenting numerical information about chemotherapy adverse event risks (continuous spinner format + numerical information) to assist those with low numeracy in decision making. Study initiated 6/18 and expected completion 10/19

**UCONN PARTNERS:** UConn Health, Yale New Haven Health

**OUTCOMES:**
- Investigate whether an innovative way of presenting risk information will improve understanding and influence decision-making in cancer patients.
- Preferred method for presenting risk identified will be directly incorporated into a decision aid that can be utilized by cancer patients facing real medical decisions, and its use will be correlated with cancer-related outcomes.
- Begin to inform oncology pharmacists about evidenced-based methods to provide patient-centered care.

**FUNDING:** International Society of Oncology Pharmacy Practitioners Research Grant, Karl A. Nieforth Student Research Grant

Submitted by: Lisa Holle and Rachel Eyler
Practice-Based Research

PROJECT NAME: Chemotherapy Decision-Making Aids

BRIEF DESCRIPTION: Similar to Spinners study but evaluating in people without cancer

UCONN PARTNERS: None

OUTCOMES:

• Investigate whether an innovative way of presenting risk information will improve understanding and influence decision-making in people without cancer.

• Compare these results with our cancer population study results.

FUNDING: None

Submitted by: Rachel Eyler and Lisa Holle
Practice-Based Research

PROJECT NAME: State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health (SHAPE) - Pharmacy Initiative

BRIEF DESCRIPTION: 5th year of 5 year grant project – created network of 30 pharmacies (36 pharmacists) throughout CT (focus on urban areas). After credentialed by UConn SoP with MTM certification, they delivered comprehensive MTM for patients with HTN and/or DM over 12 mos.

UCONN PARTNERS: 30 community pharmacies – include Arrow, Hancock (multiple), Shop Rite (multiple), Brass City, Visels, Main St, Simply, Beacon (multiple), Stolls, St. Vincent, Oxford, Graeber, Pequot

OUTCOMES:
1. Initial findings: 314 patients completed the program (342 recruited), > 1400 drug therapy problems identified (4.8/patient), 78% resolved
2. 77% patients at BP goal (36% improvement from baseline), 81% patients at A1c goal (27% improvement)
3. Medication adherence: 88% considered adherent (PDC>80%), 11% improvement from baseline
4. Quarterly newsletters (CT Pharmacist PRN Link) published for network members and interested entities
5. Results used as advocacy for 2018 passed legislation: “An Act Concerning Telehealth Services” (now known as Public Act No. 18-148)
6. Created CDC Million Hearts workshop – convened 40 statewide policymakers and providers on MTM opportunities/barriers
7. Project resulted in 6 national poster presentations, and 7 national/regional platform presentations

FUNDING/SPONSOR: CT Department of Public Health, through CDC

Submitted by: Thomas Buckley (PI), Marissa Salvo (Co-Investigator)
Practice-Based Research

PROJECT NAME: Connecticut WISEWOMEN MTM Initiative

BRIEF DESCRIPTION: MTM certified pharmacists provided comprehensive MTM services (over 6 month period) to uninsured or underinsured women, partnering with the local urban clinic health navigation team. Initial visits were face-to-face, follow up via telehealth. Initially piloted with 2 sites, expanded to 5 locations throughout the state.

UCONN PARTNERS: Through partnership with CT DPH, partnered with these hospital outpatient clinic sites: Hartford Hospital, St. Francis, L&M, Bridgeport, ECHN

OUTCOMES:
1. 31 patients completed program, 245 drug therapy problems identified (8/patient), 82% resolved
2. Pre/post assessment of medication knowledge: 100% progressed from poor/fair to good at final MTM visit
3. Reduction in average blood pressure from 146/83 to 136/81mm Hg, indicating positive trend
4. Results used as advocacy for 2018 passed legislation: “An Act Concerning Telehealth Services” (now known as Public Act No. 18-148)

FUNDING/SPONSOR: CT Department of Public Health, through CDC
Submitted by: Thomas Buckley (PI), Nathaniel Rickles (Co-Investigator)
**Practice-Based Research**

**PROJECT NAME:** Diabetes Risk Reduction through Eat, Walk, Sleep And Medication Therapy Management for Depressed Cambodians (DREAM)

**BRIEF DESCRIPTION:** 4 project - 210 Cambodian Americans with pre-diabetes, depression & functional impairment. Three arms to the study: Usual care vs. Health promotion (Eat/Walk/Sleep curriculum) vs. MTM + health promotion; CT, MA, RI – face-to-face and via telemedicine. Primary aims – compare lifestyle vs intervention: Improved lifestyle & biologic risk factors for Type 2 diabetes. MTM utilizing 3 cross-cultural teams of pharmacist/community health worker

**UCONN PARTNERS:** UConn Schools of Medicine & Social Work, Khmer Health Advocates

**OUTCOMES:**
Entering 3rd of 4 year project – currently enrolled 180 patients

**FUNDING/SPONSOR:** National Institutes of Health (NIDDK)

Submitted by: Thomas Buckley
**PROJECT NAME:** Peer Learning for US-CAMBODIA Community Health Workers Managing DIABETES (PLUS CamboDIA)

**BRIEF DESCRIPTION:** train 6 Cambodian village health workers (VHGs) via telehealth (using “phablets” – phone/electronic tablet) by 3 Cambodian American CHWs. Use KHA curriculum (“Eat-Walk-Sleep”) for diabetes – each VHG will manage 10 diabetes patient in 6 remote Cambodian villages in northern Cambodia for 1 year. Aims: (1) test the acceptability, feasibility, and cost of peer-to-peer training with telehealth; (2) improve healthcare utilization for patients with type 2 diabetes; and (3) determine whether the intervention improves diabetes self-management and glycemic control.

There are no published studies examining the effects of remote peer learning. Key question: *can lay health workers in the home country and those in the diaspora leverage each other’s efforts to address diabetes?*

**UCONN PARTNERS:** UConn Schools of Medicine & Social Work, Khmer Health Advocates, Cambodian Diabetes Association (Siem Riep, Cambodia)

**OUTCOMES:**

Project began January 2018, VHGs have been trained, patients recruited.

Results of project will be used to inform Fogarty International Center (global arm of NIH) grant submission.

**FUNDING:** UConn Research Excellence Program

Submitted by: Thomas Buckley
PROJECT NAME: Increasing community pharmacies’ efficiency in the delivery of transitions of care services.

BRIEF DESCRIPTION: It is unknown how to successfully design the delivery of TOC services to take precedence among other revenue-generating services in current pharmacy business models.

• Aim 1: Determine the impact of a community pharmacist-student driven TOC service on all-cause 30-day hospital readmissions through a de-identified retrospective chart review of a Meds-to-Bed delivery service
• Aim 2: Identify community pharmacy staffs’ and interns’ perceived barriers, facilitators, and workarounds to delivering a TOC services through one-on-one semi-structured interviews.

UCONN PARTNERS: St. Vincent’s Medical Center’s Outpatient Pharmacy

OUTCOMES: be 30 day-all cause readmission rates, and secondary outcomes include reasons for readmission, readmission length of stay, and estimated cost of readmissions by primary diagnosis.

FUNDING: InChip Seed Grant. 15K

Submitted by: Stephanie Gernant
Practice-Based Research

PROJECT NAME: Pharmacist Virtual Consultations for Older Adults with Chronic Kidney Disease, Diabetes, and Hypertension

BRIEF DESCRIPTION: The benefits of outpatient pharmacist-virtual consult interventions with older adults with CKD, DM II, and HTN is unknown. Pharmacists provide written EMR notes giving recommendations related to the patient’s CKD, DM, and HTN to patients’ primary care providers.

UCONN PARTNERS: ProHealth Physicians, Inc.

OUTCOMES: Number, type and resolution of medication related problems at next visit and 6 months after consult, type of language used (redress/bald-on) per recommendation

FUNDING: ProHealth, Sub-award from NIDDK 131K

Submitted by: Stephanie Gernant
PROJECT NAME: Community Pharmacists' knowledge and perceptions of prescription coupon cards

BRIEF DESCRIPTION: A large number of prescription drug discount cards appear on the market, yet their functioning and affect on healthcare expenditure is unknown. This study aims to understand Connecticut community pharmacists' knowledge and perceptions of prescription coupon cards.

UCCONN PARTNERS: None

OUTCOMES: Pharmacists’ (1) knowledge of prescription coupon cards’ functions, origins and regulating laws; (2) perceived control; (3) perceived benefit and (4) time spent processing

FUNDING: None, Gernant’s Start-up

Submitted by: Stephanie Gernant
Practice-Based Research

PROJECT NAME: Urgent-Care Providers' perceptions of Pharmacist’s role to appropriate antibiotic use in acute bronchitis

BRIEF DESCRIPTION: Antibiotics do not significantly improve the course of acute bronchitis, however, antibiotics continue to be inappropriately prescribed. We seek to understand why providers may inadvertently/advertently prescribe potentially inappropriate antibiotics, and what factors related to community pharmacists may help improve these prescribing patterns.

UCONN PARTNERS: ProHealth Physicians Inc.

OUTCOMES: Thematic assessment from audio-recorded semi-structured interviews with 21 urgent care providers will be assessed via the SEIPS 2.0 theoretical framework.

FUNDING: None, Gernant’s Start up

Submitted by: Stephanie Gernant
Practice-Based Research

PROJECT NAME: Tailoring Patient Options (TPO) for Medication Adherence Action Plans in Community Pharmacies

BRIEF DESCRIPTION: This was a research infrastructure grant to build capacity to develop a comparative effectiveness research (CER) question and proposal on the topic of medication therapy management in older adults with depression.

UCONN PARTNERS: Arrow Pharmacies, Hancock Pharmacies, Optimus Health Care Inc, Integrated Care Partners, Rite Aid Pharmacy, United Community and Family Services, CVS, Walgreens, and Kinney Drugs, Center of Aging Uconn Health, Massachusetts Pharmacists Association, Connecticut Pharmacist Association, Community Health Center of Connecticut, National Alliance of Mental Illness- National and CT, College of Psychiatric and Neurologic Pharmacists, American Pharmacists Association

OUTCOMES: Development of CER questions, communication and engagement plans, Development of CER proposal

FUNDING: Patient-Centered Outcomes Research Institute

Submitted by: Nate Rickles
PROJECT NAME: “Enhancing Mental Health Care through Community Pharmacist’s Administration of Long-Acting Injectable Antipsychotics (LAIA)”

BRIEF DESCRIPTION: Aim 1: To develop a training program for community pharmacists introducing them to value of LAIs, best practices in the administration of LAIs in patient care settings, and the setting up collaborative practice agreements with prescribers to administer the LAIs to eligible patients. Aim 2: To determine the acceptability and feasibility of LAIA administration and management by community pharmacists. Our project design involves mixed methods across the two aims of the study. The first aim of the study will be achieved through the use of expert panel to develop and evaluate the LAIA pharmacist training program. The second aim of the study will be achieved through a pre-post quasi experimental design with quantitative and qualitative data collection efforts.

UCONN PARTNERS: Hancock Pharmacies, English Apothecary, Genoa, Beacon Pharmacies, Oranoque Pharmacy, Bridgeport Pharmacy, Vissels Pharmacy, CT Pharmacy Direct, Rotary Drug, Stolls Pharmacy

OUTCOMES: Number trained in pharmacist LAIA injections, signed Collaborative Practice Agreements for pharmacist LAIA injections, patients recruited, baseline to 3 month follow-up changes in: self-reported and pharmacy refill records of medication adherence, patient satisfaction with pharmacist services, number of hospitalizations in the past year, and identified barriers to antipsychotic use, nature and extent of communications with the community pharmacist, ease of access of obtaining antipsychotic medication, and current antipsychotic knowledge and beliefs.

FUNDING: Community Pharmacy Foundation

Submitted by: Nate Rickles
PROJECT NAME: Population Health Pharmacist (PHP) Service Value Calculator

BRIEF DESCRIPTION: Developed a forecasting tool to quantify the value proposition for PHP services:

1. PHP staffing requirements
2. Potential ROI, and
3. Improvements in care quality

PARTNERS: UConn SoP, St Vincent’s Health Partners (CEO/CMO, VP-Strategy and Quality)

OUTCOMES:

1. Provided data for executive-level decision-making to determine staffing and financial feasibility to implement and sustain new PHP services.
2. CEO will use calculator data in payer contract negotiations to equitably and correctly attribute PHP pharmacist services within PMPM rates.
3. Accepted presentation at 2018 Dissemination and Implementation Conference
4. Submitted for 2019 APhA Meeting
5. Manuscript submitted

FUNDING - Palmer Fellowship

Submitted by: Marie Smith
PROJECT NAME: Workflow Mapping for Primary Care Medication-related Activities of Non-Providers

BRIEF DESCRIPTION: workflow process mapping approach was applied in a primary care practice by observing non-provider (medical assistants, nurses, and telephone operators) medication-related workflows, including: (1) medication reconciliation, (2) warfarin medication management, (3) vaccination administration, and (4) medication renewal requests. Objective was to identify medication safety issues (i.e., critical workflow safety gaps, workflow step deviations, and workflow sequence deviations).

PARTNERS: UConn Health

OUTCOMES:
- 111 medication-related observations were recorded over 6-weeks across all 4 workflows (100 observation hours). A total of 17 critical workflow safety gaps, 9 critical workflow step deviations, and 9 workflow sequence deviations were identified.
- 76% of total workflow gaps resulted from inappropriate medication verification. Most workflow step deviations (33%) were due to inappropriate documentation, whereas most sequence deviations (44%) stemmed from inadequate medication verification. Practice-level recommendations to enhance warfarin medication safety were prioritized and implemented prior to the completion of the pilot project.
- This approach can be used to identify opportunities for primary care pharmacist integration, particularly for practices with little or no prior pharmacist involvement.
- 2 publications in RSAP; 4 national posters (Academy Health, Dissemination and Implementation Conference, APhA Meeting)
- 2 invited presentations at the CT Primary Care Coalition, RAND - Boston

FUNDING: Palmer Fellowship

Submitted by: Marie Smith
Health Services/Policy Research

PROJECT NAME: Cancel Rx Workgroup

BRIEF DESCRIPTION: Multidisciplinary workgroup focused on a pilot project to cancel/stop prescription orders between prescribers and pharmacies

PARTNERS: UConn SoP, UConn School of Medicine, Yale clinics, EHR vendors, pharmacies, CPA, NCPDP, Surescripts, CT OHS/Health Info Technology

OUTCOMES:
1. Improve patient medication safety with accurate list of Rxs that have been discontinued
2. Reduce waste of medications that have been discontinued yet refills still being filled
3. More efficient workflow for prescribers and pharmacists
4. Recommendations for the CT HIT Officer/ Connecticut Public Act 16-77

FUNDING - potential for pilot project funding

Submitted by: Marie Smith, Erika Vuernick (Palmer Fellow)
Health Services/Policy Research

PROJECT NAME: Improving pharmacist delivered cognitive services though workflow redesign

BRIEF DESCRIPTION: Development of a community-workflow simulation can help clinicians and researchers alike test hypotheses aimed at appropriating resources that improve workflow, boost productivity, and promote safety. Community Pharmacy Workflow simulation development began in December of 2017 using Arena (Rockwell Automation Inc.) software.

PARTNERS: UConn School of Business

OUTCOMES: The simulation is able to now assess productivity via different scenarios depending on the users’ specified criteria for seventy-seven variables (e.g. staffing hours, number of prescriptions per day, call volume, etc)

FUNDING: Re-applying for InChip REP Grant

Submitted by: Stephanie Gernant
PROJECT NAME: Overlap, ambiguity and misuse of pharmacist-services terminology

BRIEF DESCRIPTION: Sixteen terms now compete to describe pharmacist-provided services, which has led to ambiguity. The invention of new terminology has led to ambiguity, and confusion among pharmacists, payors, patients and other healthcare providers alike. This systematic review seeks to identify overlap for opportunities to streamline professional terminology.

PARTNERS: University of Wisconsin SOP, University of Washington SOP, University of North Carolina

OUTCOMES: We have been invited to author this article for a special issue Pharmacy, and will be submitting in April, 2019

FUNDING: None

Submitted by: Stephanie Gernant
PROJECT NAME: Evaluation of Opioid 3-day Dispensing Regulation to Avoid Prescriber CPMRS Searches

BRIEF DESCRIPTION: In July 2016, CT regulation allowed physicians to not have to search the state’s Prescription Monitoring Program (CPMRS) to determine patient drug abuse potential if they write for less than a 3-day supply of opioid medication. We are analyzing pre-post data across CT zipcodes to see how pre-post opioid and benzodiazepine dispensing changed as a result of the regulation.

PARTNERS: CT’s Division of Drug Control, Connecticut Children’s Medical Center, Connecticut Pharmacist Association

OUTCOMES: Using pharmacist zipcode as level of analysis: volume of prescriptions of opioids Sch 2-5, volume of prescriptions of benzodiazepines, average morphine milligram equivalent Sch 2-5, Pharmacist CPMRS search rates of opioids 2-5, pharmacist search rates of benzodiazepines; Using prescriber zipcode as level of analysis: average day supplies of opioid 2-5, average day supplies of benzodiazepines

FUNDING - None (data obtained from School of Pharmacy Start Up funds)

Submitted by: Nate Rickles
Team-Based Care Delivery

PROJECT NAME: Pharmacist E-Consult Pilot Project (in progress)

BRIEF DESCRIPTION:

1. Connects primary care providers with remote pharmacist to answer medication management questions for primary care practices without a pharmacist
2. Pharmacist receives targeted question, patient medical history, med list, lab tests, notes
3. Focused topics such as difficulty reaching therapeutic goals for chronic conditions, potential ADEs/drug interactions, dosing adjustments for kidney/liver diseases, de-prescribing of polypharmacy regimens

UCCONN PARTNERS: UConn SoP, Statistics Dept, Community Health Inc., CT E-consult Network

OUTCOMES:

1. Characterize type and frequency of primary care pharmacist e-consult questions
2. Compare usage of medication-related questions between pharmacist e-consults and on-site pharmacist in primary care practice.

FUNDING - UConn Office VP of Research; submit for AHRQ grant

Submitted by: Marie Smith, Erika Vuernick (Palmer Fellow)
Team-Based Care Delivery

**PROJECT NAME:** Integrated Pharmacist Services in a Primary Care FQHC (in progress)

**BRIEF DESCRIPTION:** Initiate pharmacist medication optimization and management services in a hybrid service model:

**Population Health:**
1. Review/assess EHR data and external data provided by contracted health plans to identify patients with complex health problems that would benefit from pharmacist review.
2. Identify gaps in treatment for patients on chronic illness medications and consult with appropriate people on the plan of action.

**Integrated Care Team:**
1. Assess patients with complex care needs for medication-related optimization and care plan recommendations across 14 primary care practice sites.
2. Participate in Integrated Care Team meetings.

**UCONN PARTNERS:** Community Health Center, Inc.

**OUTCOMES:**
1. Identify and resolve medication-related gaps/problems; improve quality measures and patient outcomes
2. Develop a sustainable business model for pharmacist services

**FUNDING –** CHC, Inc (part of a CT SIM Transformation Award)

**Submitted by:** Marie Smith, Erika Vuernick (Palmer Fellow)
Team-Based Care Delivery

PROJECT NAME: Interprofessional A1c Clinic (IPAIC)

BRIEF DESCRIPTION:
1. Team-based care approach with medical attending and pharmacy clinical faculty co-teaching & precepting medical residents/students and pharmacy students about diabetes management
2. Pharmacy students provide direct patient care along side medical residents and students

UCONN PARTNERS: SOP faculty & APPE students, SOM Primary Care Residency Program, Burgdorf Primary Care Clinic

OUTCOMES:
1. Improvement in A1c
2. Improvement in medical residents’ knowledge of evidence-based diabetes medication prescribing and overall diabetes management
3. Improvement in percentage of patients receiving guideline-directed non-diabetes medications (eg, low-dose ASA, statin, ACE inhibitor or ARB)

FUNDING: none
Submitted by: Devra Dang