Perceived Barriers to SGLT2i's and GLP-1 RA's Prescription in Primary Care vs Nephrology Providers: Findings from the Michigan Kidney Improvement Collaborative

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BACKGROUND

The Michigan Kidney Improvement Collaborative (MKIC) is a statewide quality improvement initiative focused on raising awareness of chronic kidney disease (CKD) and improving outcomes in patients. MKIC is embedded within the Michigan Collaborative for Type 2 Diabetes (MCT2D), which focuses on primary care physicians (PCPs).

An initial MKIC/MCT2D goal is to increase use of SGLT2i's and GLP-1 RA's. Newer medications such as SGLT2i's and GLP-1RA's reduce cardiovascular, renal, and metabolic complications in patients with type 2 diabetes, yet studies suggest slow uptake in prescribing among eligible populations.

We conducted a quantitative study to compare the difference in confidence and to understand perceived barriers of implementing MKIC/MCT2D initiatives among PCPs and nephrologists.

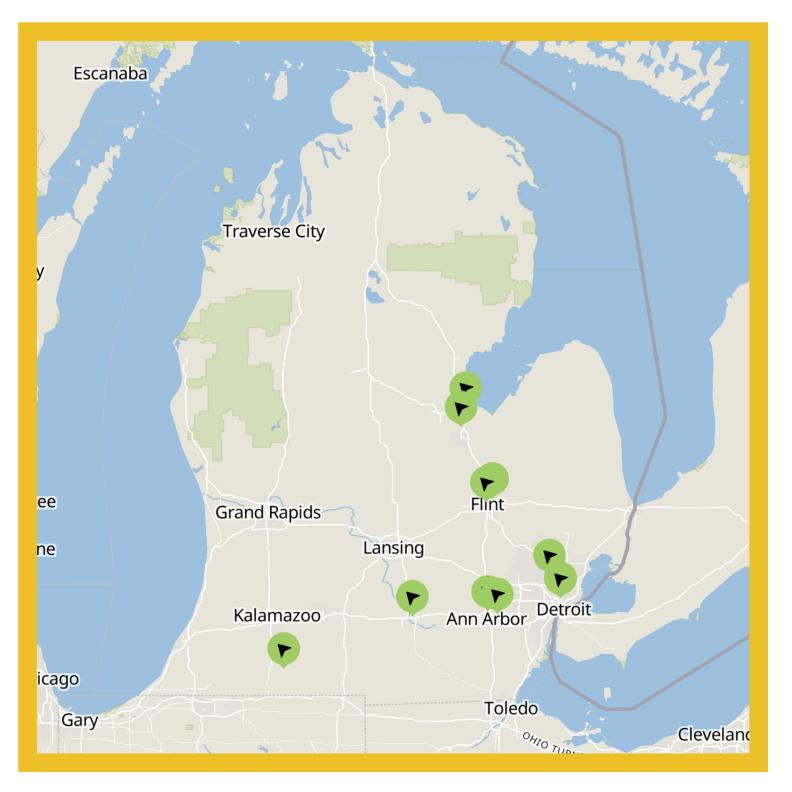


Figure 1. Map of Nephrology Practices Part of MKIC/MCT2D

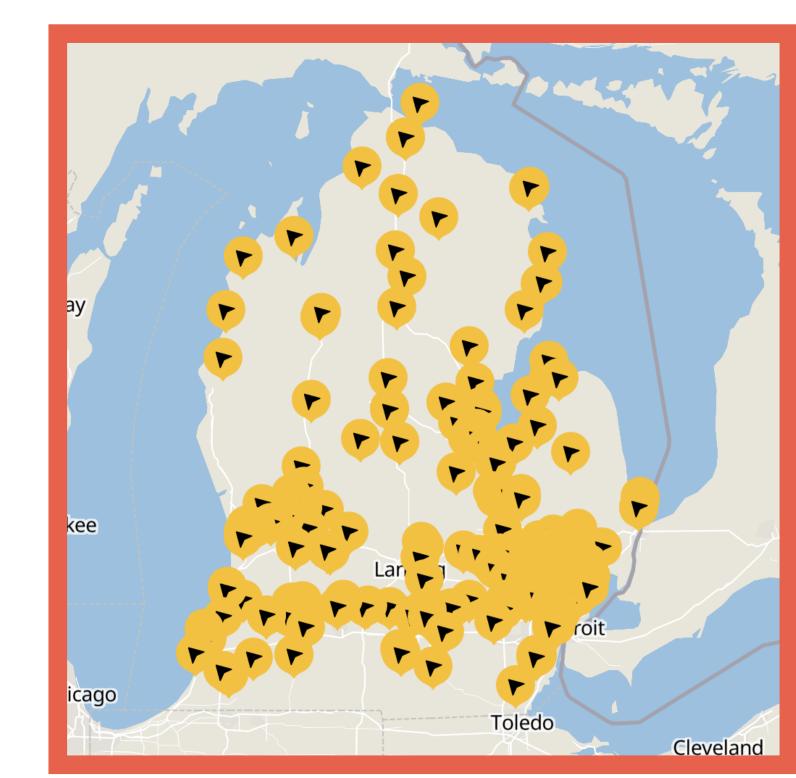


Figure 2. Map of Primary Care Practices Part of MKIC/MCT2D



Examine the difference in experience and comfort in prescribing SGLT2is and **GLP-1 RAs** between primary care physicians and nephrologists

Understand factors that influence implementation of these newer medication options among eligible populations

METHODS

Quantitative analysis was completed based on responses from baseline practice readiness surveys. To assess barriers in implementation of SGLT2i's and GLP-1 RA's, respondents were asked a series of questions regarding their confidence and readiness implementing initiatives.

 A likert scale was used for confidence based questions (Very Confident, Mostly Confident, Moderately Confident, Somewhat Confident, Not at all Confident).



Nephrology Practices

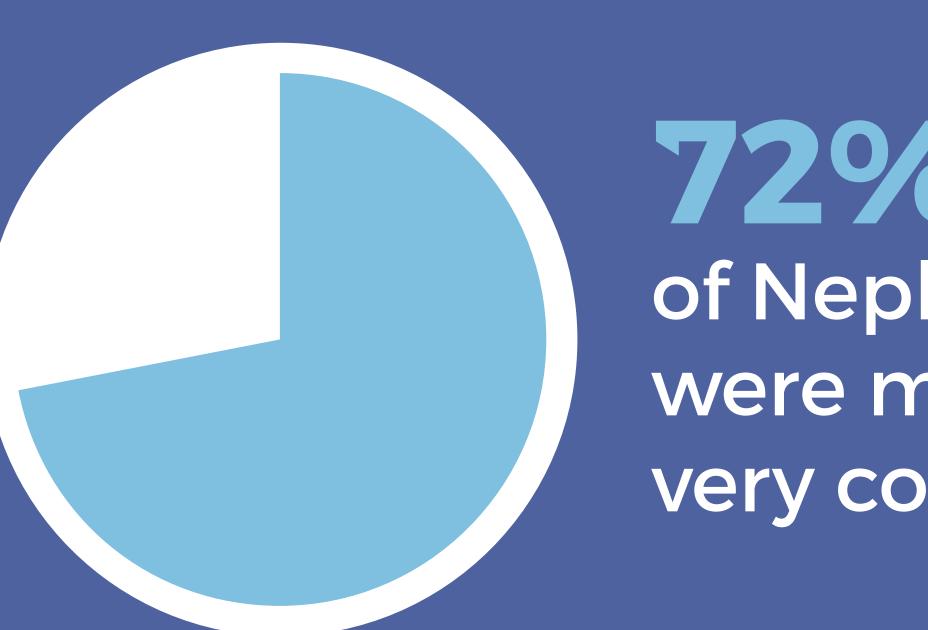
11* practices responded to a practice readiness assessment survey (Response Rate: 85%) *3 practices responded together



264 Primary Care Practices

196 practices consented to use of deidentified data from a practice readiness assessment survey (Response Rate: 74%)

Nephrologists and Primary Care Providers are CONFIDENT in prescribing newer medication; however, BARRIERS remain.

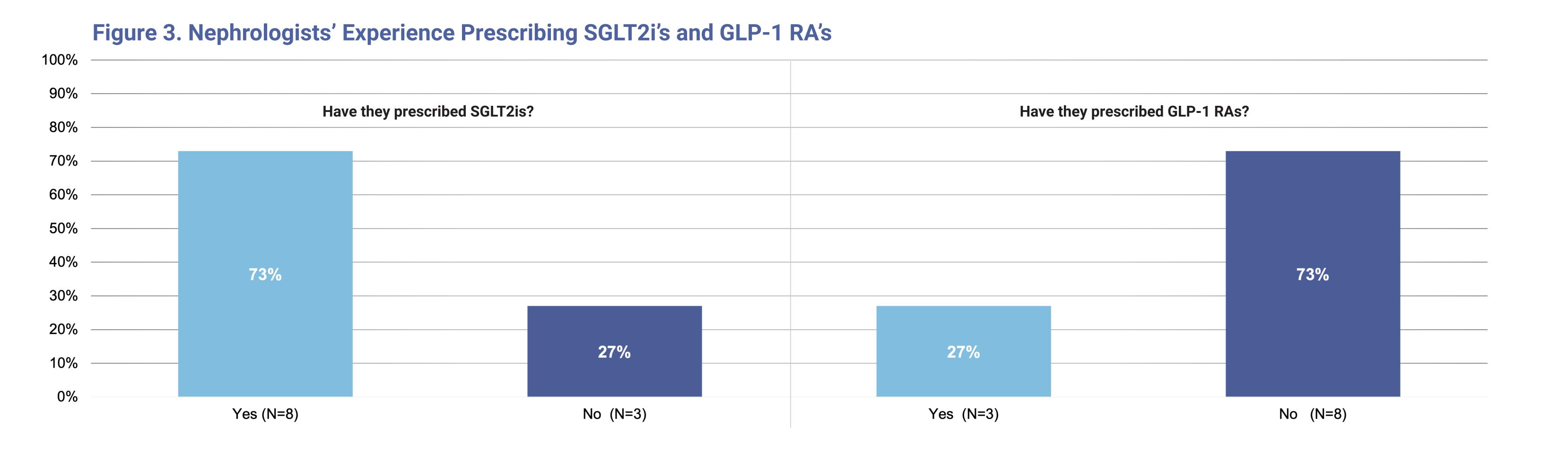


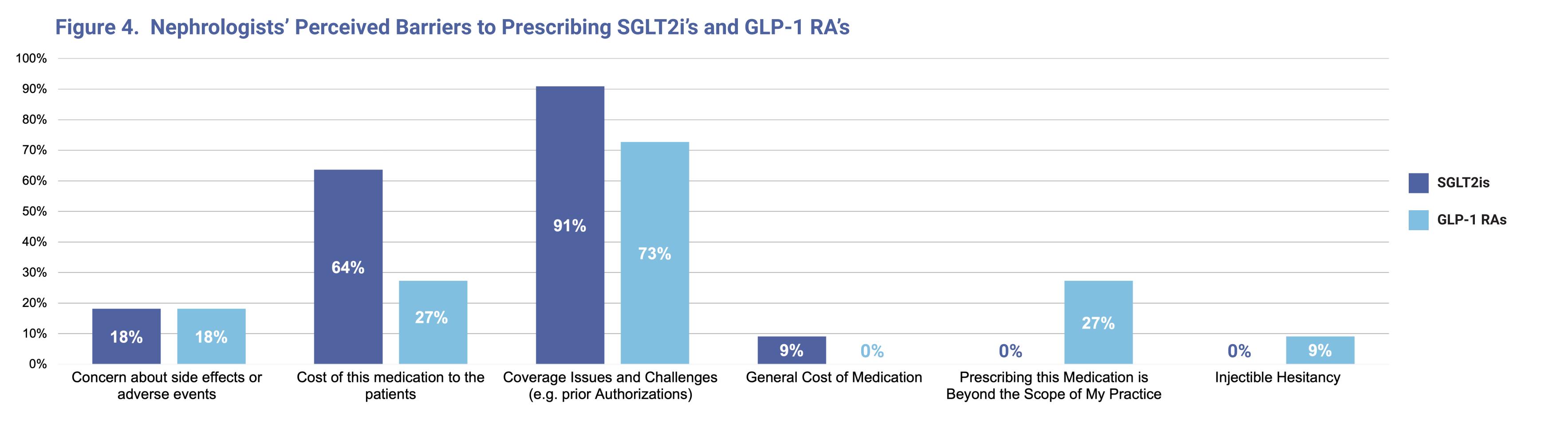
of Nephrologists were mostly or very confident



of Primary Care Providers were mostly or very confident

RESULTS



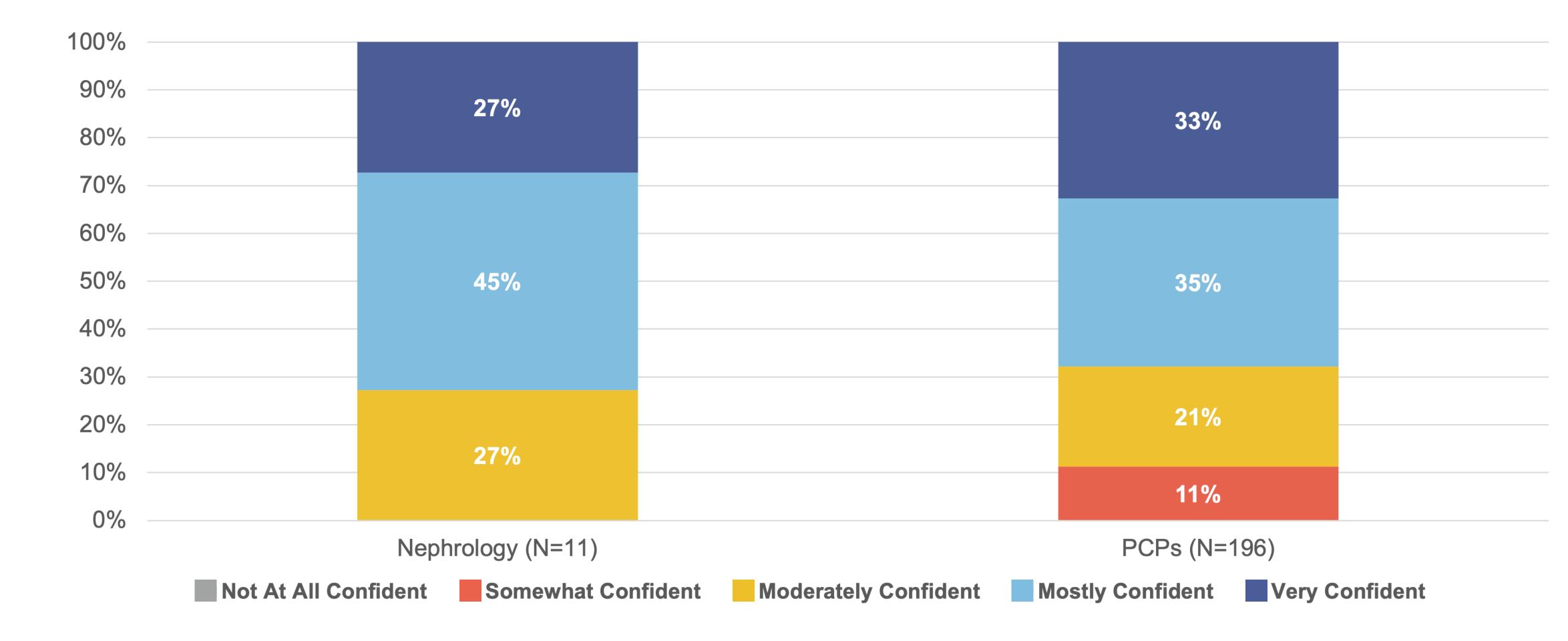


RESULTS

Table 1. Perceived Barriers to Prescribing SGLT2i's and GLP-1RA's among **Nephrology and Primary Care Practices**

Perceived Barrier	Nephrology Practice (n=11)	Primary Care Practice (n=196)	p-value
Cost of medication	7 (64%)	174 (89%)	0.63
Insurance coverage challenges	11 (100%)	163 (83%)	0.83
Patient injectable hesitancy	1 (9%)	83 (42%)	0.19
Insufficient provider knowledge regarding medications	0	117 (60%)	<0.01

Figure 5. Comparison of Confidence Implementing MKIC's Medication Initiative **Between Nephrology and Primary Care Practices**



CONCLUSIONS

Despite their confidence, PCPs and nephrologists note some potential barriers to implementation (ex. cost of newer medication options).

 PCPs and nephrologists perceive different barriers to increasing usage of newer diabetes medications and may have differential access to resources.

Population health-based strategies to promote uptake of these medications need to be tailored to the specific audience.

Initial such efforts by MKIC/MCT2D have been well-received, and subsequent analyses will assess impact on medication prescription rates.