



CLINICAL EQUITY BRIEF: ADDRESSING PRESCRIBING DISPARITIES OF SODIUM-GLUCOSE COTRANSPORTER-2 INHIBITORS (SGLT2I)

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INTRODUCTION

Equitable access to high-quality care for all Veterans is a major tenet of the VA healthcare mission. The Office of Health Equity (OHE) champions the elimination of health disparities and achieving health equity for all Veterans. Sodium-glucose cotransporter-2 inhibitors (SGLT2i) have changed the approach to the management of type 2 diabetes because both classes have cardiovascular and kidney protective effects. However, disparities in prescribing rates of these lifesaving drugs exist across the Veterans Health Administration.

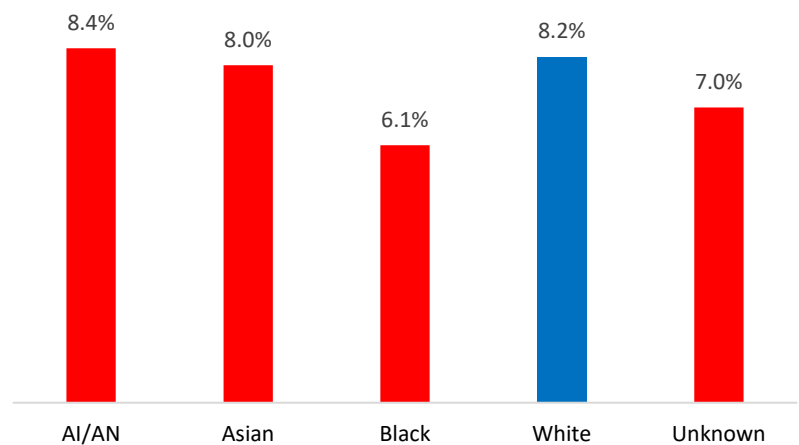
[SGLT2i](#) are a class of prescription medicines that are FDA-approved for use with diet and exercise to lower blood sugar in adults with type 2 diabetes. SGLT2i lower blood sugar by causing the kidneys to remove sugar from the body through the urine. In addition to ketoacidosis and serious urinary tract infections, possible side effects of SGLT2i include dehydration, kidney problems, and yeast infections.

HEALTH DISPARITIES

A [cross-sectional analysis](#) of SGLT2i prescriptions among more than 1 million patients with type 2 diabetes in the VHA, found that prescription of SGLT2i was low overall, and there were differences in prescribing by race and

ethnicity. Specifically, compared with White patients, those of all other racial groups had significantly lower odds of being prescribed these medications. The observed lower prescription of SGLT2i for all race and ethnic groups relative to White patients and non-Hispanic patients persisted even after accounting for a broad array of patient- and system-level characteristics. Differences in comorbidities, social determinants of health at the zip code level, and access to primary and specialty care did not appear to explain observed racial and ethnic differences in these prescriptions.

Percent of Veterans Prescribed Sodium-Glucose Cotransporter-2 Inhibitor (SGLT2i) Prescription by Race With Sequential Adjustment for Patient- and System-Level Characteristics



From Lamprea-Monetealegre et al., 2022

REDUCING DISPARITIES THROUGH QUALITY IMPROVEMENT

The Office of Health Equity promotes equitable health care outcomes by embedding equity approaches to quality improvement (QI) and standard operational and clinical work. In Fiscal Year 2023, OHE supported 5 quality improvement initiatives that aimed to improve prescription rates of SGLT2i medications and address disparities in prescription rates of these medications. These projects focused on improving SGLT2i prescribing rates in Veterans with diabetes with or without comorbid heart or chronic kidney disease and included Veterans living in rural areas.

BEST PRACTICES TO INCREASE PRESCRIPTION RATES OF SGLT2 INHIBITORS

All the QI projects were able to increase prescribing rates of SGLT2i medications in eligible Veterans. To accomplish these outcomes, these projects utilized approaches such as:

- Clinical Pharmacist Practitioners (CPPs) to identify Veterans who may benefit from taking an SGLT2i and to optimize the medical management of Veterans with diabetes and, in some projects, chronic kidney disease, cardiovascular disease and heart failure.
- Electronic tracking and monitoring tools to help CPPs and other project staff monitor their progress towards their goals of increasing SGLT2i prescribing rates. These monitoring tools allowed QI project staff to make decisions about implementing changes in their approach to identifying Veterans and collaborating with primary care providers in real time to ensure that their work remained patient-centered.
- Targeted education about the benefits of SGLT2i medications to Veterans, VA providers, and non-VA providers who provide care to Veterans in the community.

IDENTIFIED BARRIERS AND CHALLENGES

The primary barriers the QI project staff encountered in rolling out and expanding their intervention were related to staffing. Specifically:

- Some sites did not have enough pharmacists to expand their interventions as widely as they'd like.
- Staff's schedules were oftentimes 80% or more booked, leaving little time for full participation in the QI projects.
- While efforts to provide ongoing clinical education to CPPs, comfort with managing the patients who would most benefit from SGLT2i was also identified as a barrier to achieving success in these QI projects.

For more information about SGLT2i medications and prescribing disparities, view OHE's cyberseminar session on this topic [here](#).

For more information about the Office of Health Equity visit: <https://www.va.gov/healthequity/>