

A Closer Look at the Ambulatory Care PRN

Overview

ACCP Practice and Research Networks (PRNs) were established to connect focused groups of clinical pharmacists to enhance professional support and collaboration. They each maintain an e-mail list for members to discuss key information in their fields, and their leadership prepares educational sessions to be delivered each year at the ACCP Annual Meeting. The PRNs amplify the voices of their members, allowing them to inform and guide ACCP policy from the clinician level.

The Ambulatory Care PRN is composed of pharmacists from a diverse array of outpatient settings with a particular emphasis on the provision of primary care for chronic diseases. It was one of the first two PRNs established in 1992 and is now the third-largest PRN with a total of 2241 active members, including 222 residents and fellows. The PRN maintains an active e-mail list where clinicians and trainees discuss breaking research and share advice regarding practice development.

An area of particular commitment for the Ambulatory Care PRN is the professional development of its members. Grants are routinely provided to fund key research projects by junior investigators and to support participation in ACCP Academy certificate programs. The PRN is also proud to foster change in practice through an innovation grant that has spawned technology-based projects like iForumRx, an online community and clinical resource for pharmacists and learners.

Opportunities

Resident and fellow members may apply for one of five \$500 travel awards to attend the first ACCP Global Conference on Clinical Pharmacy this October in San Francisco (<http://bit.ly/1gJY8lx>). Trainees are also encouraged to serve on PRN subcommittees that focus on issues ranging from communications and networking to advocacy and education. Residents and fellows have made key contributions to these causes in the past, including the PRN's recent foray into social networking on Twitter and Facebook.

Clinical Issue

The utility of insulin pumps in type 1 diabetes mellitus is well documented, with evidence showing decreased hypoglycemia, increased glucose control, and better quality of life compared with multiple daily injections of insulin. The safety and efficacy of insulin pumps in type 2 diabetes mellitus is less clear, and clinicians rarely prescribe them. A study published in *The Lancet* in 2014 (<http://bit.ly/1ebqOlz>) sought to clarify the issue.

The international, randomized, controlled, open-label OpT2mise trial evaluated 331 patients with type 2 diabetes mellitus uncontrolled on multiple daily injections of insulin with glycosylated hemoglobin A1C values from 8% to 12% after a run-in optimization phase. After 6 months, the decrease in A1C was greater in patients treated with an insulin pump than in those treated with multiple daily injections (-1.1% vs. -0.4%, $p < 0.0001$), and patients treated with a pump required a lower total daily dose of insulin (97 units vs. 122 units, $p < 0.0001$).

Despite these impressive results, questions about the use of insulin pumps in type 2 diabetes mellitus remain. Can these data be extrapolated to your patient population? Is this approach safe and effective long term? What role should the clinical pharmacist play in the care of these patients? For a more thorough analysis and discussion of this article, please see iForumRx (<http://bit.ly/1gJZ7Z1>).