



Implementing and Evaluating a Pharmacist Collaborative Practice Protocol for Hypertension at Samaritan Health Services

Abigail Gheorghies, Pharm.D. PGY-1 Pharmacy Resident; Jacqueline Joss Pharm.D.

BACKGROUND

- Pharmacists are trained to manage chronic health conditions and are reliable resources for answering drug information questions, facilitating transitions of care, and choosing cost-effective and guideline-based medications.¹
- Improved clinical outcomes in 30% of patients and savings of \$368,000 for each clinical pharmacist after extrapolation of average salary data.^{2,3}
- The Geary Street pilot established June 1st, 2020 – Samaritan Health System pharmacists practice under collaborative practice protocols to manage heart failure, diabetes, COPD, and asthma.
- This residency project will evaluate the implementation of a collaborative drug therapy agreement (CDTA) for hypertension.
- Purpose: determine the extent of blood pressure reduction and the percentage of patients that achieve an individualized blood pressure goal.

OBJECTIVES

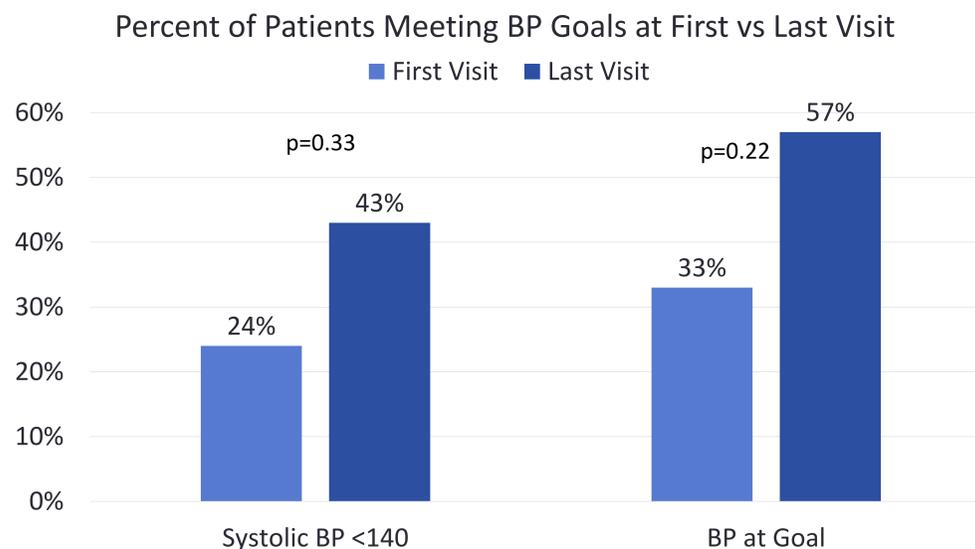
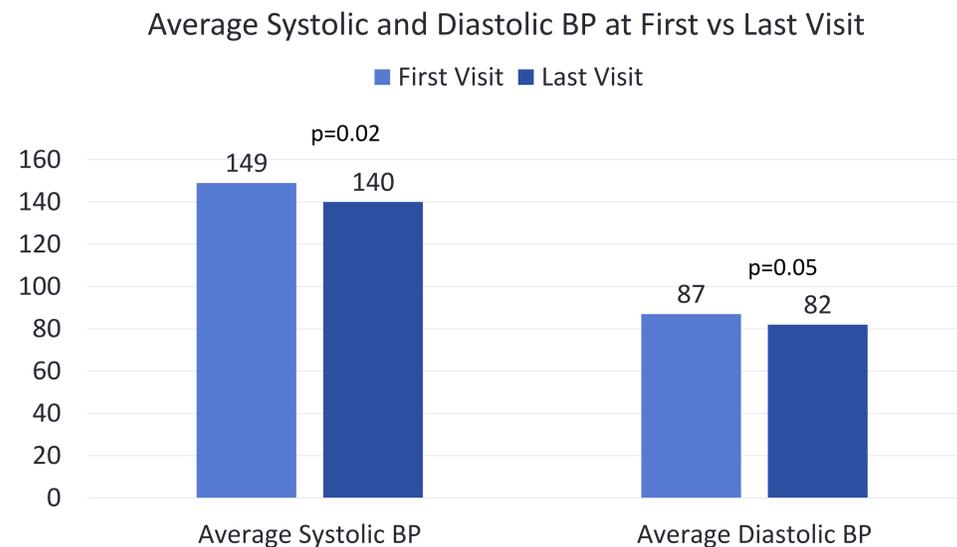
1. Describe the process of implementing a new, pharmacist-driven clinical service.
2. Evaluate the efficacy of guideline-recommended pharmacotherapy for improving blood pressure.

METHODS

- Patients 18 years and older diagnosed with primary/essential hypertension
- Location: Samaritan Family Medicine Clinic in Corvallis and Geary Street Clinic in Albany
- Blood pressure results from the first and last visit with a clinical pharmacist were compared to determine the impact of the new clinical service.

RESULTS

- 35 patients with hypertension were seen at the clinic for a total of 62 visits between December 2020 and April 2021.
- 21 patients had BP recorded at both the first and last visit. Outcomes for these patients are displayed below. P-values in the figures below compare BP data from the first and last visit. P-values are from paired t-tests for average BP and from chi-squared tests for BP <140 and goal BP.



CONCLUSIONS

- Patients (n=21) that were managed by a Samaritan clinical pharmacist under a collaborative drug therapy agreement for hypertension had a significant reduction in systolic blood pressure (average difference -9 mmHg; p-value 0.02) between the first and last clinic visits.
- Diastolic blood pressure also decreased (average difference -5 mmHg; p-value 0.05), although this was not significant.
- There was a greater percentage of patients with a systolic blood pressure of <140 (difference 19%; p-value 0.33) and with both systolic and diastolic blood pressure at goal (difference 24%; p-value 0.22) by the last visit, though these differences were not significant.

FUTURE IMPLICATIONS

The long-term goal is to expand the pilot to other primary care clinic locations. The SHS system is already planning to make hypertension the topic of a 2021 consensus group, which aims to standardize and optimize the care across the whole system.

REFERENCES

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