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

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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.²³
- 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

1. Gasdek et al. Pharmacist’s contributions to primary care in the united stated collaborating to address unmet patient care needs: the emerging role for pharmacists to address the shortage of primary care providers. American Journal of Pharmaceutical Education. 2010; 74(10)