

HEALTH RESEARCH ABSTRACT SUBMISSIONS

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Educational Level *	Post-Doc/Fellow
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College *	College of Pharmacy
Department *	Pharmacy Practice and Science
Title of Research *	Impact of Physician-Pharmacist Co-Management of Hypertension in a Community Health Center
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Introduction & Purpose *	The objective was to evaluate the effectiveness of collaborative management of hypertension by primary care physician-pharmacist teams for patients seen at the federally qualified community health center.
Experimental Design *	<p>This was a non-randomized controlled retrospective study. Participants included those ages 18-65 with documented primary hypertension for at least 2 months, with a blood pressure not >170/100, without diabetes, not missing more than one physician visit, no end organ damage, and no hospitalizations within the last 3 months.</p> <p>As compared to usual care, a community-based clinical pharmacist participated in the co-management of hypertension. Patients were enrolled between October 2009 and February 2010 and seen initially by the physician and pharmacist and followed every 2 weeks by the pharmacist until at goal, then in 4 weeks, 8 weeks, and then every 6 months. Chart reviews were completed to obtain blood pressures, medications, barriers to compliance, diet, exercise, adverse drug reactions, and patient concerns. Treatment and control groups were compared by age, gender, and number of medications. The percent of patients with controlled blood pressure were compared by treatment and control using chi-square.</p>
Results *	Patients in the co-managed group had a 14% increase in 'at goal' blood pressures (p=0.19), similar to published studies of hypertension co-management studies in different settings. Co-managed patients had more disease states and medications than the usual care group. The pharmacist provided 38 interventions for 14 patients, 27% relating to new therapy. All pharmacist's recommendations were accepted by the healthcare team.
Conclusions *	Co-management of hypertension appeared to improve blood pressure control among patients receiving care at a community health center indicating the value of pharmacist involvement within the patient-care team.

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