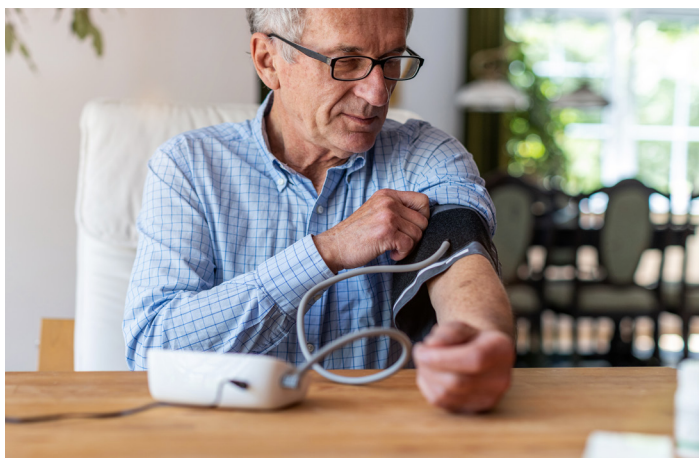


A Pharmacist-driven Education and Intervention Program that Improves Outcomes for Hypertensive Patients

The following is a synopsis of “A pharmacist-driven education and intervention program that improves outcomes for hypertensive patients” published in *INNOVATIONS in pharmacy* on May 25.



What is already known on this topic?

In the United States, pharmacists are one of the most accessible health care professionals. Studies have shown that patients visit their community pharmacies twice as frequently as their primary care providers.¹

Pharmacists can help patients manage chronic diseases and build a trusting relationship with their patients in the community pharmacy setting. However, even with the passing of the American Recovery and Reinvestment Act of 2009, pharmacists have few incentives to adopt electronic medical record technology.²

Typically, community pharmacists can only access a patient’s medication history based on the number and type of prescriptions previously filled with no access to patient lab reports, physician notes, or diagnosis information. The lack of incentive programs, coupled with inadequate clinical information exchange between other healthcare providers, create challenges for pharmacists providing

chronic disease prevention and management services and may delay coordination of care.

There is strong evidence that community pharmacist-led interventions can lead to improved health outcomes including medication adherence and blood pressure control. There is strong evidence that community pharmacist-led interventions can lead to improved health outcomes including medication adherence and blood pressure control.³⁻⁵

What is added by this article?

The article describes how collaboration within a large academic health system between its health clinics and health system-owned community retail pharmacies provided an avenue for community pharmacists to work in a team-based care model to improve hypertension control for patients within the health system. Between January 2013 and November 2019, over 5,000 patients were enrolled in the Blood Pressure Goals Achievement Program (BPGAP). Once enrolled in the BPGAP, patients met with program pharmacists in the health system-owned community retail pharmacies for blood pressure measurements and education at every visit to the pharmacy.

Program pharmacists directly communicated with the physicians through the EHR system to provide documentation and recommendations for medication changes. In the case where the blood pressure was above the patient’s goal, their physician was alerted through the EHR messaging system and the patients was flagged for follow-up.

The BPGAP demonstrated a substantial benefit for patients, especially for those who had uncontrolled (mean blood pressure of 151/93 mmHg) or borderline (mean blood pressure of 137/83 mmHg) blood pressure at enrollment. For patients with borderline blood pressure, there was an average of 4.17 and 2.57 mmHg drop in systolic and diastolic blood pressures, respectively, at 3 months post-enrollment. For patients with uncontrolled blood pressure, there was an average of 10.40 and 6.62 mmHg drop in systolic and diastolic blood pressures, respectively, at 3 months post-enrollment.

Overall, nearly 70% of patients met their blood pressure goals within 3 months of enrollment. During 3-to 6-months following enrollment the blood pressure control rate increased to 74% for BPGAP participants.

What are the implications of these findings?

These findings further support the evidence that enabling pharmacists to access and share real-time clinical information with primary care clinicians allows patients to receive on-going disease monitoring with no additional healthcare costs. The frequency of community pharmacy visits will further allow health care teams to work with pharmacists in their communities to develop arrangements to facilitate bidirectional information sharing between community pharmacies and clinical settings. Public health practitioners may be able

to support these connections and relationships. Additionally, public health practitioners may consider engaging community pharmacists in public health programs to improve blood pressure control.



Resources

Pharmacists' Patient Care Process Approach Guide:

[Pharmacists' Patient Care Process Approach Guide | cdc.gov](#)

Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists:

[Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists | cdc.gov](#)

Health Information Technology:

[Health Information Technology | \(pharmacist.com\)](#)

Heart Disease and Stroke Prevention: Tailored Pharmacy-based Interventions to Improve Medication Adherence:

[HDSP: Medication Adherence | \(thecommunityguide.org\)](#)



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Citation

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