

PACT Pharmacist Impact on Managing Uncontrolled Hypertension

The Problem

- Hypertension is the most common condition seen in primary care and can lead to myocardial infarction (MI), stroke, renal failure, and other complications if not treated appropriately.¹
- 67 million American adults (31%) have high blood pressure. Only about half (47%) of people with high blood pressure (BP) have their condition under control. About 7 in 10 U.S. adults with high blood pressure use medications to treat the condition.²
- A recent study comparing a pharmacist-primary care provider team approach versus usual care had resulted in a higher number of patients at goal BP at 6 months (81% vs. 44%) and at 9 months (70% vs 52%)³
- Panel members appointed to the Eight Joint National Committee (JNC8) provide evidence-based treatment goals and recommend medication therapies for hypertension.¹
- Pharmacist led hypertension management has not been formally evaluated at our institution.

Aim/Goal

Collaboration of Post-Acute Care Transition (PACT) pharmacists with Health Care Associates (HCA) primary care providers to achieve JNC 8 goal blood pressures for our patients

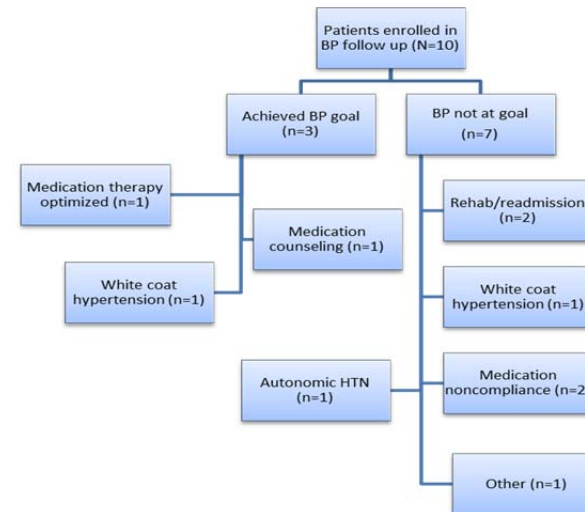
The Team

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The Interventions

- Developed framework to pilot pharmacist-led PACT intervention for 10 patients with uncontrolled hypertension, including patient education materials, information on home BP monitors, and database.
- Pharmacists identified PACT patients with uncontrolled hypertension, either newly diagnosed or chronically managed
- Pharmacist contacted the primary care provider for consent to follow the patient for approximately 30 days post discharge for BP management
- Provided counseling to patient on hypertension management prior to hospital discharge
- Contacted patients telephonically to review BP log, assess medication adherence, review non-pharmacological interventions, and reinforce counseling points
- Communicated recommendations for medication initiation, dose titration, or discontinuation with primary care provider
- Followed up safety labs and documented activities in OMR

The Results/Progress to Date



Lessons Learned

- Targeting patients at hospital discharge can be a challenge, when patients and providers are more focused with the acute issue or diagnosis prior to addressing chronic hypertension
- PACT patients are often medically complex, and therefore obtaining goal BP is not always reasonable
- PACT pharmacist impact limited by 30-day duration of PACT follow up

Next Steps/What Should Happen Next

In order to provide optimal pharmacist intervention:

- Create a referral program from primary care physician to recommend a pharmacist to intervene on BP control
- Provide longer follow up with patients for higher impact
- Conduct clinic visits with pharmacist for additional medication and BP cuff teaching

References:

- ¹James PA et al. 2014 Evidence-based guideline for the management of high blood pressure in adults: Report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA Dec 18, 2014.
- ²CDC. Vital signs: awareness and treatment of uncontrolled hypertension among adults—United States, 2003–2010. MMWR. 2012;61(35):703–9.
- ³Hirsch, Jan D. et al. Primary Care–based, Pharmacist–physician Collaborative Medication-therapy Management of Hypertension: A Randomized, Pragmatic Trial. Clinical Therapeutics, Volume 36, Issue 9, 1244 – 1254.