Implementation of a Community Pharmacy Intervention to Reduce Cardiovascular Risk in Patients with Hypertension Through Face-to-Face Consultations

Brianna M. Hostert[1,2], Robert E. Nichols[1], Logan Murry[2] Stevie Veach[2], Matthew J. Witry[2]

1. Greenwood Pharmacy 2. University of Iowa College of Pharmacy

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KEY FINDINGS

- One of the most common interventions was focused on improving medication adherence
- Required on average, ~25 minutes for initial encounter and ~15 minutes for follow-up
- Non-enrolled patients had a lower rate of statin use -- presents good population to target

OBJECTIVES

- Assess the impact of intervention on 10-year ASCVD risk
- Identify the number and type of recommendations provided by pharmacists
- Measure amount of time to complete such intervention

BACKGROUND

- Pharmacy is shifting towards value-based care
- One metric measured in value-based pharmacy is total cost of care (medical and pharmacy spending)
- Pharmacies are looking for efficient and effective processes to improve patient outcomes and decrease overall healthcare costs
- Long-term uncontrolled hypertension and hyperlipidemia can lead to costly medical events including heart attack and stroke
- Community pharmacists are well-positioned to help identify gaps in therapy for chronic diseases such as hypertension and hyperlipidemia

METHODS

Setting: Independent community pharmacy with EHR access to main hospitals and some clinics

Design: Pre-, post-intervention study

Participants: Adults with hypertension targeted by a statewide commercial insurance plan platform
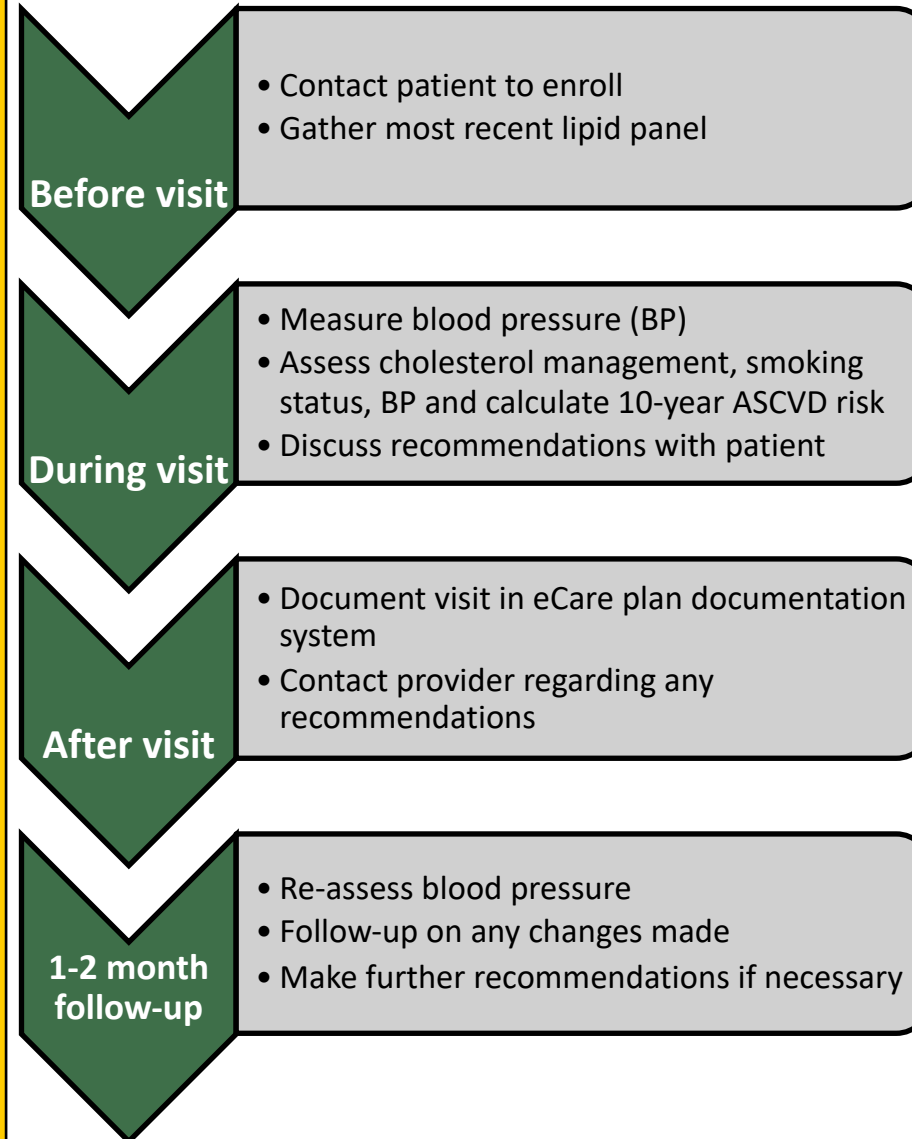
IRB: Quality improvement

PROCESS OF INTERVENTION

Before visit
- Contact patient to enroll
- Gather most recent lipid panel

During visit
- Measure blood pressure (BP)
- Assess cholesterol management, smoking status, BP and calculate 10-year ASCVD risk
- Discuss recommendations with patient

After visit
- Document visit in eCare plan documentation system
- Contact provider regarding any recommendations

1-2 month follow-up
- Re-assess blood pressure
- Follow-up on any changes made
- Make further recommendations if necessary

Table 1: Baseline demographics

Characteristic	Non-enrolled patients (n=73)	Enrolled population (n= 22)
Age, mean (years)	59.1	58.0
Female %	46.6%	31.8%
Diabetes %	30.1%	54.5%
Currently on Statin	49.3%	81.8%
10-yr ASCVD risk, mean	Unable to calculate	11.3%

RESULTS

Table 2: Change in 10-yr ASCVD at follow-up

Characteristic	At initial visit (n=11)	At follow-up visit (n=11)
Mean 10-yr ASCVD risk	8.5%	9.4%
Systolic , mean	133 mm Hg	131 mm Hg
Diastolic, mean	79 mm Hg	82 mm Hg

Figure 1: Types of Recommendations

Number of recommendations: Adherence intervention 7, Start or intensify statin 7, Monitor BP 11, Smoking cessation 2, Refer to ER/urgent care 1, Re-check lipid panel 2, Decrease BP med dose 1

Figure 2: Time to Complete Intervention

Legend: Pre-visit, Visit, Post-visit documentation

Initial: 2.9, 8.2, 14.3
Follow-up: 1.6, 6.8, 7.8

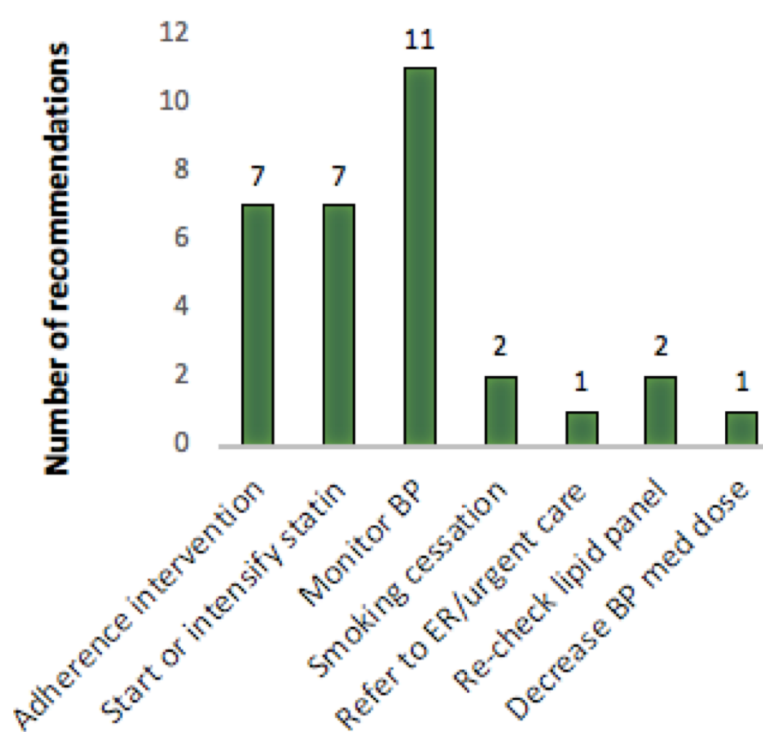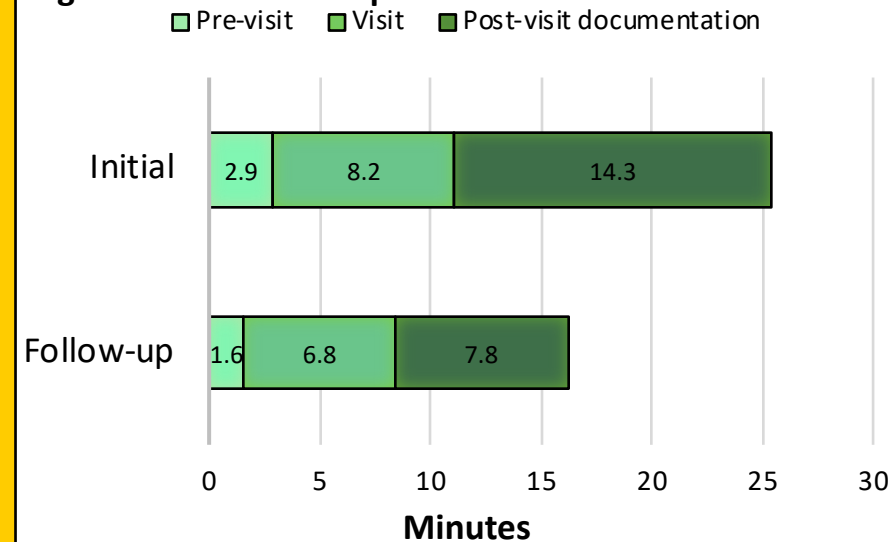Minutes

DISCUSSION

Implications:
- Average initial visit time ~25 minutes but room for improvement to make visits more focused
- Follow-up visit were much more brief
- One of the most common issues was medication non-adherence - 3 patients enrolled in medication synchronization program
- Referred 1 patient to the ER/urgent care due to hypertensive emergency
- Enrolled patients had a higher rate of statin use
- Other unrelated issues were also brought up during visits (i.e. diabetes, immunizations, pain)
- Helped patients become more familiar with meeting with pharmacist to receive clinical services
- Not measured, but most patients voiced appreciation for the service

Facilitators to implementation:
- EHR access to main hospitals and some clinics to view lipid panels
- Participation in value-based pharmacy program served as good motivator and reimbursement model

Challenges to implementation
- Intervening with patients when they are at the pharmacy – some patients only come to the pharmacy every 3 months for prescriptions
- Some pharmacists lack confidence providing clinical services
- Physician buy-in and understanding of clinical pharmacist role in a community pharmacy

Next steps:
- Identify high-need population and intervene with those patients
- Collaborate with providers to identify patients who would benefit from regular pharmacist follow-up