Abstract

Objectives: Pharmacist-managed collaborative services in a family practice setting are described, and diabetes and hypertension outcomes are assessed. Methods: Pharmacist-managed clinics, pharmacotherapy consultations, and drug information services are provided for a medically underserved, predominantly African American population. A pharmacy residency director, an ambulatory care pharmacy resident and three PharmD candidate student pharmacists work directly with physicians, nurse practitioners, nurses, and social workers to form an interdisciplinary health care team. Providers utilize pharmacy services through consultations and referrals. Collaboration outcomes were evaluated in twenty-two patients with diabetes and thirty hypertensive patients. Patients were retrospectively followed throughout their history with pharmacy service. Hemoglobin A1c (A1C) was tracked before referral to pharmacy services, 3 to 6 months after, and as the most current measure after at least 6 months. Blood pressure (BP) was observed before pharmacy involvement, 2 to 4 months later, and then currently for at least 4 months with the service. The mean of the most current markers was calculated, and the percent of patients at their goal marker was compared to national averages. Results: Fifty percent of pharmacy service patients met the American Diabetes Association hemoglobin A1c goal of less than 7% in our evaluation compared to the national mean of 49.8% overall and 44% in African Americans. Thirty percent of patients were at their BP goal while 33.1% of patients without diabetes and 33.2% of patients with diabetes nationally are at goal. Conclusion: The medically underserved patients under the care of pharmacy services achieved a higher percentage at their A1C goal than the national mean. The percentage of patients who achieved their BP goals was comparable to the national average. Increasing utilization of pharmacy services in the family practice setting allows for pharmacists and providers to form a trusted relationship while providing enhanced care and potentially improved outcomes for patients.

Keywords

Poverty, Homeless Persons, Ambulatory Care, Medication Therapy Management, Pharmacists, United States.