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IMPLEMENTATION AND EVALUATION OF A PHARMACIST MANAGED HYPERTENSION CLINIC (B1), Michelle So; Diana Thamrin; Lyn Berry; Gurpreet Johal. Alameda County Medical Center, Oakland, CA (miso@acmedctr.org) IRB approval pending.

With hypertension affecting more than 18 percent of the population in the United States, the direct medical cost of treating hypertension has been estimated at nearly fifty billion per year. Studies also indicate that half of California adults diagnosed with high blood pressure are poorly controlled with prescribed medications. Improving hypertension care remains a priority in our health care system. At the present time, hypertension clinic at Alameda County Medical Center - Highland Hospital is led by an internist who mainly provides care to patients with no primary medical doctor upon emergency room discharges or patients with complicated management plans. All other hypertension patients are seen in our continuity clinics by medicine residents and followed-up by nurse visits for blood pressure measurements. This system poses a few problems, in that patient wait time is on average greater than 1 hour, there is a lack of continuity of care with the same physician, and support on self management is minimal. The purpose of this study is to implement and evaluate the benefit of a pharmacist managed hypertension clinic utilizing a team approach between physicians and clinical pharmacists. Patients will be followed up in a pharmacist-run hypertension clinic after their physician visit. The effectiveness of the clinic will be evaluated using the following parameters: documented self-management

progress and patient wait time using patient questionnaires.  
The results will be discussed.