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A NOVEL POPULATION MANAGEMENT MODEL FOR IMPROVING CARDIOVASCULAR OUTCOMES IN HIGH RISK PATIENTS (B1), Minnie Chen. Kaiser Permanente Medical Care Program, South San Francisco, CA (Minnie.W.Chen@kp.org) IRB approved.

Ambulatory care pharmacy services are well established at Kaiser Permanente and have been successful in improving clinical outcomes of high risk cardiovascular patients. However, current practice varies across facilities and there lacks inter-facilities comparisons to determine if an efficiency difference exists in clinical practice. This project aims to determine if a novel population management approach is a more efficient modality of care versus the traditional Kaiser Permanente care management model. In the study model, ambulatory care pharmacists will proactively identify high risk cardiovascular patients aged 18 to 75 years old, who are not at desired blood pressure and/or lipid goals, and obtain physician authorization to manage this population using standard and approved protocols. Patients with liver disease or who are pregnant will be excluded. The study model will also utilize group blood pressure management appointments versus one-half hour individual appointments in the standard care management model. The study period will last from January 2009 to March 2009. A retrospective analysis will be conducted to determine if one model of care is more efficient using outcome measures of percentage change in blood pressure and low density lipoprotein (LDL), total patient load, and clinician to patient ratio. Results and analysis will be presented.

