

Research Finds Pharmacist Collaboration Can Improve Diabetes and High Blood Pressure Care

SALT LAKE CITY, UTAH, USA, November 2, 2017 /EINPresswire.com/ -- In a joint effort between Intermountain Healthcare's Pharmacy Services, Primary Care Clinical Program, and the organization's Institute for Healthcare Delivery Research, researchers demonstrated that adding an ambulatory care clinical pharmacist to the primary care team helped more patients achieve their blood pressure and diabetes goals. Their research, "Pharming Out Support: A Promising Approach to Integrating Clinical Pharmacists into Established Primary Care Medical Home Practices," was recently published in [The Journal of International Medical Research](#).

This study examined the effectiveness of a team of ambulatory care clinical pharmacists in Intermountain Healthcare's Medical Group primary care clinics working with physicians treating adult patients diagnosed with diabetes mellitus and/or high blood pressure. Patients working with a clinical pharmacist to initiate and adjust medications related to these disease states were 93 percent more likely to achieve a blood pressure goals compared with a reference group that didn't include pharmacist support.

"What was so critical about this study, was that the program was able to show a marked improvement for patients even when layered over a team-based care structure that's already demonstrated improved quality outcomes and decreased annual cost as published earlier in 2016," said Kim Brunisholz, PhD, Senior Scientist in the Institute.

"Not only do patients benefit by enrolling, but this study also highlights the positive role and impact our ambulatory care clinical pharmacists have on the primary care teams within our clinics," said Greg Parkin, MD, from the Intermountain Salt Lake Clinic.

Intermountain Pharmacy Services currently employs seven ambulatory care clinical pharmacists within 13 primary care Intermountain Medical Group clinics. Jeff Olson, PharmD, director of ambulatory care pharmacy services for Intermountain, said "pharmacists embedded within primary care clinics play a valuable role in helping patients become more adherent to their medications and achieve better control of their chronic disease."

In addition to the services highlighted in the research, clinic-based pharmacists work to ensure the safe and effective use of medications in the outpatient setting. Some of their additional responsibilities include following-up with patients to review medications after a recent hospitalization, consulting with providers to optimize medication therapy, assisting in de-prescribing potentially dangerous medications such as opioids and benzodiazepines, and helping patients lower drug costs by switching to equivalent generic or lower-tier medications.

"As we look to increase patient access to healthcare," said Sharon Hamilton, director of the Intermountain Primary Care Clinical Program, "leveraging the clinical pharmacist embedded within primary care clinics increases patient access to timely treatment for chronic disease management and also improves patient clinical outcomes."

Intermountain Healthcare is a Utah-based not-for-profit system of 22 hospitals, 180 clinics, a Medical Group with about 1,500 employed physicians and advanced practitioners, a health plans group called SelectHealth, and other medical services. Intermountain is widely recognized as a leader in transforming healthcare through high quality and sustainable costs. For more information, visit www.intermountainhealthcare.org.

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