



## Prevention

### COMPARISON OF A PHARMACIST-PHYSICIAN COLLABORATIVE CARE MODEL TO STANDARD CARE ON THE TIME TO REACH GOAL BLOOD PRESSURE FOR PATIENTS PRESENTING WITH URGENT HYPERTENSION

Poster Contributions  
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**Background:** Delayed intensification of blood pressure (BP) management is associated with an increased risk of cardiovascular disease. Pharmacist-physician collaborative care models (PPCMs) improve BP control rates and reduce mean BP, but it is unknown if PPCMs affect time to BP goal when compared to standard care (SC) in patients with urgent hypertension.

**Methods:** A retrospective cohort study of medical records from a safety-net clinic using a PPCM and primary care practices linked to an indigent care program managed by an academic medical center (SC). Patients presenting with a BP  $\geq 180/110$  were included if their initial visit was between January 1, 2012 and December 31, 2013. Exclusion criteria were pregnancy, eGFR  $<30$  ml/min, and  $<2$  clinic visits. Time to BP goal was defined as the time from each initial clinic visit to the first follow-up visit with a BP  $<140/90$ . Durability of BP control was assessed based on the last BP measurement recorded within the follow-up period.

**Results:** 118 patients were included (79 PPCM, 39 SC), of which 53% were male and 76% African American. The mean age was 47.5 years and mean baseline BP 183/114. Patients in the PPCM group achieved goal BP sooner than patients in the SC group (median of 36 days vs. 224 days;  $p < 0.001$ ). At 12-months, a higher proportion of PPCM patients achieved a BP of  $<140/90$  (80% vs. 38%;  $p < 0.0001$ ).

**Conclusions:** HTN management by a PPCM is associated with more rapid and sustained BP goal attainment compared to a standard care model in patients with urgent hypertension.

