A privileging and peer review process for a primary care pharmacist hypertension service

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**Background:** Partnership with primary care leadership to continue to design service

- Jan 2017
  - Partnership with primary care leadership to continue
- May 2016
  - 6.0 RPh FTE approved for primary care
- Sept 2016
  - Primary care RPhs start in 3 primary care clinics
- Feb 2012
  - 1.0 RPh FTE approved for transitions of care

Pharmacy and primary care leadership collaborated to develop a pharmacist (RPh) hypertension (HTN) service that would:

- Aim to improve HTN control among primary care patients
- Mandate initial training and evaluation to participate
- Require ongoing evaluation to ensure continued clinical competence

**Purpose:** to develop and implement a required privileging program and evaluation process for a pharmacist-led hypertension service in primary care

**Methods:**

- Develop a framework for the privileging and peer review programs
- Create tools to utilize in administering each program
- Create assessments and answer keys and set expectations for each program
- Outline remediation processes for each program
- Implement privileging and peer review programs

**Results:**

14 pharmacists successfully completed both programs

- Average score of 98% on privileging program assessments

- 639 patients have been enrolled in the HTN service since implementation of the privileging program

- 71% of patients are at blood pressure goal when discharged from the HTN service

**Future Directions:**

- Expand to additional primary care pharmacist services
- Identify role for in person peer review
- Pursue privileging through the organization