

# Annual Outcome reporting for National Clinical Pharmacy Specialist (NCPS) for Hypertension Collaborative Practice Agreements

Outcomes must be reported to the NCPS Committee annually. Please send all outcomes to CDR John Collins at [john.collins@ihs.gov](mailto:john.collins@ihs.gov).

## Hypertension Clinic Outcomes Report

<b>Agency</b>	
<b>Clinic Site</b>	
<b>Clinic Manager</b>	
<b>Clinic Manager Email</b>	
<b>Reported Fiscal Year*</b>	

\*Fiscal year shall include all data from Oct-Sept

## Hypertension Clinic Demographics

<b>Number of Patients</b>	
<b>Number of Patient Encounters</b>	
<b>Number of Providers</b>	

## Hypertension Clinical Outcomes

<b>Blood pressure</b>		<b>Results</b>
<b>Baseline BP</b>	Average BP of patients at time of referral to pharmacy run clinic	
<b>Current BP if active in clinic or last BP when completed clinic</b>	Current average BP of those patients referred to pharmacy run clinic on the line above	
<b>Clinic wide current BP</b>	Average BP at health care facility for HTN patients	

**Data collection:** Outcomes to be reported will be collected over the full 12 months of the most recent fiscal year and will include: clinic demographics and blood pressure. Do not report outcomes on patients enrolled in the pharmacy clinic less than 60 days.

**Baseline data:** It is highly recommended that the pharmacy run clinic design a consult template within their electronic health record that will pull the most recent labs and blood pressure readings. Therefore when the Primary Care Provider (PCP) creates the referral to the pharmacy run clinic, the baseline labs and blood pressure will be easily retrieved for future reference and outcome reporting.

**Current data:** “Current” data should be collected from patients currently enrolled in the pharmacist run clinic at the end of the reporting period or at the time a patient may have been removed from the clinic due to reaching treatment goal, depending on protocol design. Current data for the pharmacy run clinic can be gathered using programs within RPMS: QMAN, FILEMAN or the DM registry, or the software program, iCare. If iCare is available, it is highly recommended for pharmacy clinic providers to create a panel of their patients to quickly review their current labs and blood pressure and process outcome data. If the pharmacists have not been given access or not using these programs at their site, we recommend they work with their Clinical Application Coordinator (CAC) or Quality Improvement (QI) Department to gather the data.

**Average data:** “Average” refers to the average among all patients in the defined group and individual outcome readings should be recorded based on their last reading during the reporting period or when patients are controlled and removed from the clinic, per protocol design.

**Points of Contacts:** For assistance with data collection, LCDR Heather Peterson at [heather.peterson@ihs.gov](mailto:heather.peterson@ihs.gov) or CAPT Ty Bingham at [tybingham@bop.gov](mailto:tybingham@bop.gov) may be contacted.