Title: Development of pharmacist-driven dyslipidemia and hypertension clinics in rural Alaskan villages

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Abstract Text:

Purpose: People living in remote regions of Alaska face many barriers in receiving healthcare including limited access to and availability of healthcare providers, facilities, and medications. As a result, rural Alaskans often receive less follow-up and treatment for their chronic medical conditions than Alaskans living in more populated areas. The goal of this project is to improve treatment accessibility, medication adherence and health outcomes by implementing pharmacist-driven dyslipidemia and hypertension clinics that will serve patients in the remote Alaskan villages of the Norton Sound region.

Methods: Locations that would benefit from pharmacist driven dyslipidemia and hypertension ambulatory clinics were assessed using state reported population data on chronic diseases. The estimated number of patients with chronic diseases living Norton Sound villages was calculated by applying state reported percentages of the population with chronic diseases to the population living in the villages as reported by the United States Census Bureau. The number of patients with both dyslipidemia and hypertension was estimated using data from the National Health and Nutrition Surveys. The estimated number of ambulatory clinic hours was calculated assuming each visit would take 30 minutes and each patient would be seen twice a year. This data was used to develop a protocol for the pharmacist-driven dyslipidemia and hypertension clinics which will be presented to the Norton Sound Health Corporation's Pharmacy and Therapeutics Committee for approval.

Results: Approximately, 1,420 adult patients living in Norton Sound villages have dyslipidemia and 1,055 have hypertension. Of these 2,475 patients, it is expected that 570 have only dyslipidemia, 205 have only hypertension, and 850 have both dyslipidemia and hypertension. A total of 1,625 patients are expected to need treatment for dyslipidemia, hypertension, or both. The estimated number of clinic hours needed to service this population is 1,625.

Conclusion: Dyslipidemia and hypertension are often undertreated in rural Alaska because of limited healthcare resources. Under-treatment contributes to negative health outcomes such as heart attack and stroke. Pharmacist-based dyslipidemia and hypertension clinics located in Norton Sound villages are being developed to decrease physician burden and improve clinic accessibility and treatment adherence. Over 1,600 Norton Sound village patients are expected to benefit from these clinics.