



Physician-Pharmacist Collaborations in the Outpatient Setting: A Case Discussion

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Overview of the Practice



- Adult Medicine Service in an Indigent Care Clinic
- Staffing: 1 physician, 2 nurses, 1 pharmacist
- Experiential Teaching for 2 doctor of pharmacy (PharmD) students
- Practice site for PGY-1 pharmacy practice resident

Patient Flow in Clinic



- Clerk Intake
- Nurse Workup
- Pharmacist Evaluation
- Physician Evaluation
- Pharmacist-Physician Collaboration
- Referral, if necessary.

Case Study of GF



- RD is a 53 year old male seen at our clinic.
- CC: Headache
- Social History: Married, + tobacco use (2 ppd X 30 years), social ETOH use.
- Family History: Father + HTN, diabetes, CABG at age 48
- Medical History: Diabetes and hypertension since 2000

- Physical Examination:
 - BP = 130/70 Pulse 72
 - Height = 137 cm
 - Weight = 82.8 kg
 - BMI = 33.4
 - Review of systems is normal





- Pertinent Laboratory Values:
 - Total Cholesterol 237 mg/dL
 - HDL 32 mg/dL
 - LDL 171 mg/dL
 - Triglycerides 235 mg/dL
 - A1C 7.5%
 - Glucose 235
 - SCr 0.9 ml/min



- Current Medications
 - Glyburide XL 10mg twice daily
 - Metformin XR 1000mg twice daily
 - Sitagliptin 50mg daily
 - Lisinopril 10mg once daily
 - Aspirin EC 81mg daily

Physician Considerations



- Patient with uncontrolled diabetes
- Strong family history of cardiovascular disease
- Headaches need to be assessed
- Patient tobacco use to be addressed
- Diet and exercise, lipids to be addressed

Pharmacist Considerations



- Compliance with prescribed therapies
- Diabetes uncontrolled on current therapies
- Smoking cessation intervention
- Diabetes education intervention
- Possible interventions for headache based on etiology



When pharmacists and physicians collaborate together in the care of the patient across the continuum of care (outpatient → inpatient → outpatient), the patient ALWAYS wins.



Thank You!