

Nurse Practitioner Impact on Transitions of Care Metrics and Clinical Outcomes in a Charitable Pharmacy

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Background: Since 2006, St. Vincent de Paul Charitable Pharmacy – Cincinnati (SVDPCP) has dispensed over 1 million free prescriptions for under- and uninsured patients. In addition to dispensing medications, SVDPCP also offers several clinical services free of charge, including access to an on-site nurse practitioner (NP) for primary care.

Executive Summary: Amidst rising healthcare costs, patients may struggle to afford primary care services, putting them at greater risk for hospitalization and driving costs up even further. Beginning in 2021, SVDPCP hired an on-site nurse practitioner to address the need for primary care among charitable pharmacy patients as a result of the COVID-19 pandemic. Since then, the on-site NP’s patient volume has grown to over 180 patients as of last fiscal year, with overall reductions seen in reported ER visits and hospitalizations.

Sustainability: As a nonprofit organization, SVDPCP relies on clinical outcome data to receive grant and donor funding. This data includes estimated costs avoided (ECA) to the healthcare system because of the clinical interventions made by the SVDPCP team. Such findings will be used to demonstrate the continued impact of the on-site NP, potentially expand clinical services, and determine what other care gaps need to be addressed in SVDPCP’s patient population.

Impact:

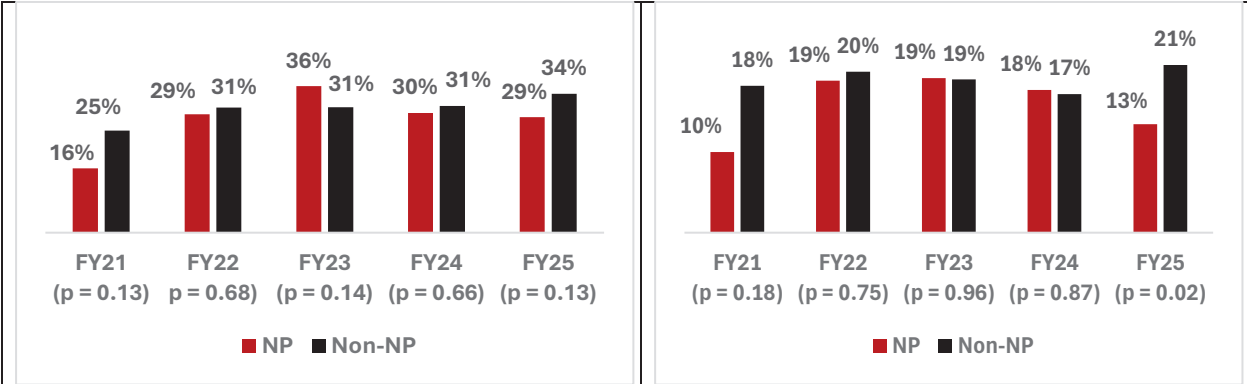


Fig. 1 % SVDPCP NP vs. Non-NP Patients Reporting an ER Visit

Fig. 2 SVDPCP NP vs. Non-NP Patients Reporting a Hospitalization

Replication and Future Directions: These findings support the claim that there is a need for increased access to both primary care and medication for under- and uninsured patients. Free and low-cost clinics should consider pursuing partnerships with charitable pharmacies or discounted medication programs to increase access as well as improve clinical outcomes.