

professionals to control hypertension. This study will provide high-level evidence on the effect of a team-based care of hypertension in the Swiss primary care setting.

Key messages:

- Innovative and practical models of care are needed to improve blood pressure control in European countries.
- This study will provide high-level evidence on the effect of a team-based care of hypertension in the Swiss primary care setting.

Team-Based Care for Improving Hypertension management: the TBC-HTA randomized controlled study

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Background

Blood pressure (BP) is poorly controlled among a large proportion of hypertensive outpatients in European countries. Innovative and practical models of care are needed to improve BP control. Our objective is to determine whether a team-based care (TBC) interprofessional intervention, involving physicians, nurses, and pharmacists improves BP control compared to usual care among uncontrolled treated hypertensive outpatients.

Methods & Results

Using a pragmatic multicenter randomized controlled study, we conduct the Team-Based Care for Improving Hypertension (TBC-HTA) study in ambulatory clinics and nearby community pharmacies in Lausanne and Geneva, Switzerland (ClinicalTrials.gov registration: NCT0251109). Treated uncontrolled hypertensive patients are recruited from ambulatory clinics and randomized to receive either TBC intervention (TBC: N=55) by specially trained nurses and pharmacists working in collaboration with physicians or usual care (UC: N=55). Every 6-week, TBC patients receive nurse and pharmacist intervention (BP measurement, assessment and counselling about lifestyle and medication adherence, and health education concerning treatment and disease) respectively. Following each visit, a summary report (BP data, medication adherence, and lifestyle) and recommendations are prepared by nurse and pharmacist for the physician who adjusts antihypertensive therapy accordingly. The primary outcome is the difference in daytime ambulatory BP between TBC and UC patients at 6-month of follow-up. Secondary outcomes include patients' and healthcare professionals' satisfaction with the TBC intervention. Results will be presented at the congress.

Conclusions

This ongoing study aims to evaluate a new approach focused on TBC interventions engaging multiple healthcare