

*[P-577R] Oral anticoagulation in a veterans hospital: implications of nurse practitioners, physician assistants, pharmacy doctors and medical doctors*

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*Numerous studies have shown the positive effects of pharmacist operated anticoagulation clinics on patients' quality of life. In a health care system, such as the Veterans Administration Medical Center (VAMC), cost containment issues are a major challenge. Possible answers include increasing the role of nurse practitioners (NPs), physician assistants (PAs), and clinical pharmacy specialist (PharmDs). However, there is no available data specifically showing the contribution of NPs and PAs with respect to anticoagulation monitoring and control. Thus, it is important to recognize what impact NPs and PAs have on the quality of life of anticoagulated patients. A retrospective study will be conducted to compare the management of anticoagulated patients between NPs, PAs, MDs and PharmDs in a VAMC outpatient clinic setting during routine visits. The VAMC computer data base system was queried to produce a list of patients presently taking warfarin as of November 1999. Data collected will include demographics, comorbidities, indications for anticoagulation, INR target ranges and values, bleeding complications and documentation thereof. Statistical analysis to be used includes, but is not limited to, analysis of variance (ANOVA) to compare INR values, logistic regression to assess bleeding complications, and general estimating equations (GEE) to assess the likelihood of a patient suffering from bleeding complications at a visit, as well as controlling for other influencing factors. It is anticipated that patients in a focused anticoagulation management system by a particular provider type will demonstrate improved outcomes.*