Community Pharmacy Hypertension Drug Adherence Program

Presented by:

Cecily DiPiro, PharmD, CDE
PPN Network Administrator
and
Craig M. Burridge, M.S., CAE
CEO
South Carolina Pharmacy Association
Primary Goal of the Hypertension Program

“To improve patient adherence to anti-hypertension medications and improve self-awareness and monitoring of blood pressure”
The Problem

- Stroke is ranked fourth for cause of death in the U.S. \(^1\)
- Stroke is the leading cause of disability in the U.S. \(^1\)
- 77% of patients having a stroke have BP readings of \(>140/90\) mmH. \(^1\)
- Other significant risk factors include:
  - Smoking
  - Diabetes Mellitus
  - High Cholesterol
  - Physical Inactivity
  - Obesity
  - Poor Diet
Target Population

- Allendale
- Bamberg
- Calhoun
- Cherokee
- Chester
- Dillon
- Fairfield
- Florence
- Kershaw
- Lee
- Marion
- Orangeburg
- Richland
- Spartanburg
- Union

15 medically underserved counties in South Carolina
Target Population

- Any individual who is 19 - 64 years of age with uncontrolled hypertension (BP ≥ 140/90)
- Insured or uninsured
- Includes:
  - Medicaid
  - Medicare
  - Private Pay/Self-Insured
  - Privately Insured/HMO/MCO

The grant covers approximately 250 patients each year for four (4) years or 1,000 patients total.
HealthMapRx Care Process

- The HealthMapRx Care Process will consist of a training program for all pharmacists wishing to participate;
- After training is completed, pharmacists will enroll patients who have uncontrolled hypertension;
- Pharmacists can use their own patient database or may reach out to community primary care practices to identify patients with uncontrolled hypertension to refer to this free service;
- Participating pharmacists will be paid by the minute (up to 60 minutes/session) for coaching time.
HealthMapRx Care Process

- Enrollees will meet with their pharmacist-coach five times in one year (6 hours maximum reimbursement);

- **Sessions should not exceed** one hour in duration **except** for Session 1 which may be a 2-hr visit.

- **Sessions 1: Tasks**
  - Explain to and obtain a signed ‘Consent and Release of Information (ROI)’ form and the ‘Privacy Acknowledgement’ form;
  - Administer HealthMapRx Cardiovascular Health Knowledge Assessment;
  - **Assess Medication Adherence using Morisky 4.**
HealthMapRx Care Process

Complete Hypertension History Initial Patient Assessment (including BP/HT/WT)

- Access to Care:
  - Do they have a primary care provider?
  - How often does the patient see their primary care provider?
  - When was the last time they saw their primary care provider?
  - Does the patient have means of transportation to see their primary care provider?

- Economic Access to Care:
  - Does patient have health insurance?
  - Is patient able to afford medications/Co-pays?
  - Is patient currently receiving government assistance such as SNAP benefits, Medicaid, etc.
HealthMapRx Care Process

Social/Communications:

- Is patient non-English speaking?
- Does patient have a supportive living environment?
- Does patient have visual, auditory, physical, or mental disabilities/impairments?
HealthMapRx Care Process

Drug Therapy/Nutrition:
- Is complexity of medication therapy decreasing patient adherence?
- Is patient experiencing or concerned about adverse drug events? If so, what are they?
- Does patient have access to nutritious foods, if not, why?

Health Literacy:
- What is the patient’s level of education?
- The Rapid Estimate of Adult Literacy in Medicine – Short Form (REALM – SF) is provided in your assessment materials to determine patient’s reading level, if needed.
HealthMapRx Care Process

- Comprehensive Medication History (in Initial Assessment Form)
  - Ensure prescribed medications can be linked to an appropriate diagnosis or symptom;
  - Identify any allergies and determine potential for any allergic reactions due to drug therapy;
  - Assess for therapeutic duplication;
  - Assess for significant drug-drug, disease – drug, and food-drug interactions;
  - Determine appropriateness of dose, frequency, route of administration and duration of each medication;
  - Determine and document if a patient is taking any non-prescription medications such as over the counter products, dietary supplements or herbal products.
HealthMapRx Care Process

- Overview of Hypertension and Self-Monitoring BP:
  - Review the AHRQ ‘Measuring Your BP at Home’ packet with your patient (provided);
  - Each patient will be given a BP monitor;
    - Demonstrate use of BP monitor
    - Observe the patient taking own BP with monitor
  - Instruct the patient on when to contact pharmacist or physician based on the blood pressure reading;
  - Instruct patient to take BP three (3) times a week.
    - Frequency of BP checks may change during the program.
- Document visit at PPN proprietary HIPAA compliant platform
HealthMapRx Care Process

- **Coaching Sessions 2-5:**
  - #2: within one month of visit #1
  - #3: within one month of visit #2
  - #4: within 90 days of visit #3
  - #5: within 90 days of visit #4

- **Tasks:**
  - Obtain and record patient’s BP and weight on Hypertension Routine Visit Assessment form
    - Review BP readings on patient’s monitor
    - Record average BP from patient’s monitor
  - Follow-up from patient’s previous session
  - Assess Medication Adherence at each visit
  - Document each visit at PPN proprietary HIPAA compliant platform
HealthMapRx Care Process

- Coaching Sessions 2-5 (continued)
  - Skills Assessment (HealthMap Rx Process of Care – pharmacist will progress through skills assessments; you are encouraged to provide additional resources to your patients)
    - Blood pressure monitoring
    - Nutrition
    - Medication Management and Adherence
    - Stress management
    - Activity Plan
  - Discuss other lifestyle components related to the management of hypertension when applicable and provide resources to patients
    - Smoking Cessation
    - Alcohol consumption
  - Goal setting where needed
Session 5: Review Performance parameters with patient to promote continued self-management after enrollment ends.

Remember to document each visit at PPN proprietary HIPAA compliant platform.
Pharmacists who agree to the terms of participation in the Community-based Hypertension Adherence Pharmacist Coaching program will be trained to use:

- The HealthMapRx Cardiovascular Health program
- The PPN proprietary HIPAA compliant platform for collecting and maintaining patient data.

You have to agree to care for enrolled patients for twelve months.

Pharmacists will have the opportunity to enroll new patients every 12 months for a total of 4 years.
Questions?