Implementing the Northeast Texas Hypertension Adherence Program: A pilot project to improve medication adherence among high risk populations

One of three Texans has hypertension, a leading risk factor for heart disease and stroke. As integral members of a team-based approach to care, pharmacists can significantly improve patient outcomes related to chronic diseases. The Texas Pharmacy Association (TPA) recognized this in partnership with the Heart Disease and Stroke Program at the Texas Department of State Health Services, implemented the North-East Texas Hypertension Adherence Program to improve medication adherence and outcomes in high risk patients with hypertension by connecting patients to community pharmacists.

Methods

• Established a network of thirteen pharmacists across eight unrelated pharmacies. Participating pharmacists received education on hypertension, medication adherence, and motivational interviewing techniques.

• Healthcare providers in three North and Northeast Texas communities used protocols to identify high risk patients with uncontrolled hypertension and connected them to pharmacists using a bidirectional referral system.

• Participating LiDs: Northeast Texas Public Health District (NET Health), Wichita Falls/Witchita County Public Health District, Jasper Newton County Public Health District.

• These LiDs coordinated the referral process that included identifying individuals with elevated blood pressure readings and referring them to a physician for evaluation, and completing the required paperwork after the physician refers a patient to a community pharmacist.

• Patients completed an enrollment form to participate and were assigned to a network pharmacist. The pharmacist contacted the patient within three days of being referred.

• Pharmacists scheduled an initial face-to-face appointment with patients to identify barriers to taking medications, develop an action plan, address patient concerns, and provide blood pressure monitors and education on their use.

• Pharmacists followed-up with patients four times during an eight-week period to counsel on medication adherence and provide education on ways to lower blood pressure. The follow-up visits consisted of taking their blood pressure readings, reviewing home blood pressure readings, and counseling patients on medication adherence.

• Pharmacists contacted primary care providers as needed to adjust medications.

• Pharmacists monitored medication adherence and attrition rates and submitted claims for reimbursement.

Results

• Fifty-five patients were referred to pharmacists over a six-month period.

• Forty-four patients met eligibility criteria to receive services and 36 patients were considered active in the program. (Table 1)

• Fourteen patients completed three or more visits.

• Nine patients completed all four visits and achieved blood pressure control, defined as less than 140/90 mm/Hg. (Table 2)

The average highest systolic for these nine patients was 127 and the average highest diastolic was 88. The average lowest systolic for the nine patients was 115 and the average lowest diastolic was 88.

Limitations and Challenges

Start-up phase: The start-up phase took longer than expected and involving recruiting pharmacies, installing software to interface with electronic health records, training staff, and recruiting pharmacists to provide services to the network.

Implementation phase: Once patients agreed to participate, pharmacists were unable to contact some patients and some patients were not interested in receiving counseling from pharmacists. A few patients were found to be ineligible for the program after referral. Local health districts (LiDs) voluntarily refer patients, working with pharmacists through the team-based approach is not a routine process.

Conclusions

This pilot project demonstrates that collaboration between pharmacists and primary care providers, through a team-based care approach, has the potential to improve blood pressure control. The positive results, along with the community input, validate the pilot project. Pharmacists are trusted by patients and have the clinical training and the capacity to provide patient care throughout the continuum of chronic diseases, including prevention, chronic disease management, patient education, adherence counseling, and provider consultation. 

References


2. Texas Health Care Information Collection (THCIC). Irving- Irving Hospital Discharge Public Use Data File, 2013


4. Texas Behavioral Risk Factor Surveillance System Public Use Data Files, 2013. Texas Department of State Health Services, Austin, TX