



COMPLETED GRANT SYNOPSIS

Texas Hypertension Adherence Program

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Objectives

The Texas Hypertension Adherence Program (THAP) is a healthcare quality improvement initiative focused on the development and implementation of a high-quality community pharmacists network that integrates pharmacist-provided patient care services with physician providers in Texas. The goal is to improve hypertension medication adherence among high-risk populations in Texas by connecting patients with community pharmacists.

Methods

Design

Broad Overview

- Web-based technology that allows physicians and pharmacists to share data and communicate with each other.
- Physicians refer patients with uncontrollable hypertension to a network of trained local community-based pharmacists.
- Local health departments (LHDs) coordinate the referral process.
- Pharmacists provide structured services to patients for blood pressure control and maintenance, including an initial visit and four follow-up visits over an eight to ten-week period.

Detailed Design

- 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 LHDs 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 patients' concerns, and provide blood pressure monitors and education on their use.
- Pharmacists followed-up with patients four times during an eight- to ten-week period to counsel on medication adherence and provide education on approaches to lower blood pressure. The follow-up visits consisted of taking two 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.

Study endpoints

- Blood pressure control 140/90 mm/HG or lower

Results

- Fifty-five patients were referred to pharmacists over a six-month period.
- Forty-four patients met eligibility criteria to receive services and 34 patients were considered active in the program.

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www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).

- Fourteen patients completed three or more visits.
- Nine patients completed all five visits and achieved blood pressured control, defined as less than 140/90 mm/HG. The average highest systolic for these nine patients was 137 and the average highest diastolic was 88. The average lowest systolic for the nine patients was 115 and the average lowest diastolic was 69.

Conclusion

The CPF grant allowed for the foundation of the Texas Hypertension Adherence Program (THAP) that grew into a partnership with the Department of State Health Services, which has continued to expand and improve health outcomes of high-risk populations in Texas. What started and continues as a focus on hypertension is expanding to diabetes and hyperlipidemia in 2019. It was recognized that referring patients to pharmacists is not always top of mind with physicians, so phase 2 of the program allowed for pharmacists to identify and enroll patients into the program in addition to physician referrals. The fee structure for payment to pharmacists has been modified to increase the performance payment for the program. The updated fee structure consists of three types of payment: (1) Fee for Service - payment for the initial visit and then for each completed follow-up visits. (2) Program Performance Payment - payment once patient completes all five visits. (3) Outcomes Performance Payment – payment once patient achieves blood pressure control (blood pressure below 140/90) at the end of the fourth follow-up visit.