

PHARMACY PRACTICE

NOVEMBER 2018

TPA Expands DSHS Partnership

Hypertension Adherence Program Widens to Include Diabetes, Cardiovascular Disease

Pharmacy. The program

is focused on improving

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medica-

hypertension

With support from the Centers for Disease Control and Prevention (CDC), the Texas Department of State Health Services (DSHS) is expanding its partnership with the Texas Pharmacy Association (TPA) to develop new approaches to increase the reach and effectiveness of evidence-based public health strategies in pop-

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ulations and communities with a high burden of diabetes, or heart disease and stroke.

DSHS was awarded funding from the CDC to implement and evaluate evidence-based strategies to prevent and manage cardiovascular disease and diabetes in high-burden populations/communities within Texas, contributing to improved health outcomes. High-burden populations are those affected disproportionately by high blood pressure, high blood cholesterol, diabetes, or prediabetes due to socioeconomic or other characteristics, including inadequate access to care, poor quality of care, or low income. This funding supports the design, testing, and evaluation of novel approaches aimed at reducing risks, complications, and barriers to prevention and control of diabetes and cardiovascular disease.

The target areas of the state for diabetes control are Public Health Regions 1, 2, 4 and 11, and the target areas of the state for cardiovascular disease control (hypertension and hyperlipidemia) are Public Health Regions 1–5.

TPA will build upon the current Texas Hypertension Adherence Program (THAP) with DSHS that is currently underway in South Texas (Sinton and Harlingen). TPA collaborated with the University of Texas at Tyler College of Pharmacy for the initial Northeast Hypertension Adherence Program that expanded to our current THAP program collaborating with the Texas A&M Kingsville College of

ation high-risk populations by connecting patients with community pharmacists. iduals "We are excited to expand the project with DSHS to improve medication adherence and outcomes for individuals"

with uncontrolled hypertension, cholesterol and diabetes," said TPA Chief Executive Officer Debbie Garza. "Together, we can begin to move the needle to reduce the burden of cardiovascular disease and diabetes in Texas."

Our initial program taught us several lessons about patient outreach, enrollment and follow-up, prompting us to design the current program to allow for pharmacist-identified patients to participate as well as physicianreferred patients. The program continues to use bi-directional referral technology to link physicians/clinics to selected community pharmacists to easily share medication lists, diagnoses and labs. In addition, participating pharmacists use their current pharmacy management quality improvement systems to identify and enroll eligible patients.

Over the next several months, TPA will develop the expansion plans for diabetes and hyperlipidemia identifying pharmacies/phar-



macists for participation, protocols, education, and skills training. As with the current program, pharmacist payments will continue to reflect a fee-for-service component and a value-based payment (performance) component. Value-based payments are only available when a patient meets or exceeds treatment goals. In the hypertension program, performance payment is for patients whose blood pressure is at or below 140/90 at the end of the program.

The program's purpose will be to increase engagement of pharmacists in the provision of medication therapy management (MTM) or diabetes self-management education for people with diabetes and promote adoption of MTM for managing high blood pressure and high blood cholesterol as well as lifestyle modification.



Nancy Eichner of DSHS and TPA President Mark Comfort display a poster outlining the Northeast Texas Hypertension Adherence Program at a recent summit in Houston.