Advancing Pharmacy-Related Interventions to Control Hypertension and Manage Cholesterol

Final Report

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NATIONAL ASSOCIATION OF
CHRONIC DISEASE DIRECTORS
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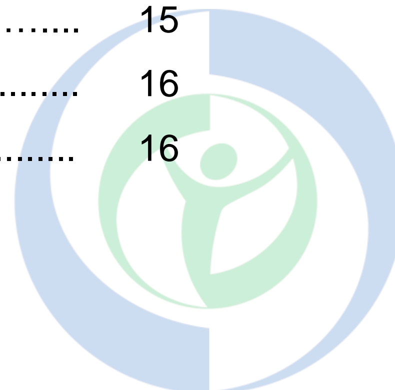

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Introduction

The National Association of Chronic Disease Directors (NACDD), in coordination with the Centers for Disease Control and Prevention's (CDC) Division for Heart Disease and Stroke Prevention, worked with state teams from **Colorado**, **Georgia**, **Missouri, Texas**, and **Virginia** as part of the Advancing Pharmacy-Related Interventions to Control Hypertension and Manage Cholesterol Learning Collaborative. Participating teams were selected in January 2020 through a request for applications (RFA) process and were required to have one State Health Department representative and at least one pharmacy partner.

The Learning Collaborative RFA was developed in response to State Health Department interest in working with pharmacy partners (e.g., schools of pharmacy, state pharmacy associations, pharmacy chains, and community pharmacists) to meet the priorities of CDC Cooperative Agreement DP18-1817, Innovative State and Local Public Health Strategies to Prevent and Manage Diabetes, Heart Disease, and Stroke. The agreement focuses on innovative team-based approaches to hypertension control and cholesterol management. States often vary in reimbursement for pharmacy interventions, such as medication therapy management (MTM), and regulations regarding collaborative practice agreements. To address this, a learning community design enabled individualized support and peer-to-peer sharing to State Health Departments and partners.

Desired Outcomes of the Learning Collaborative

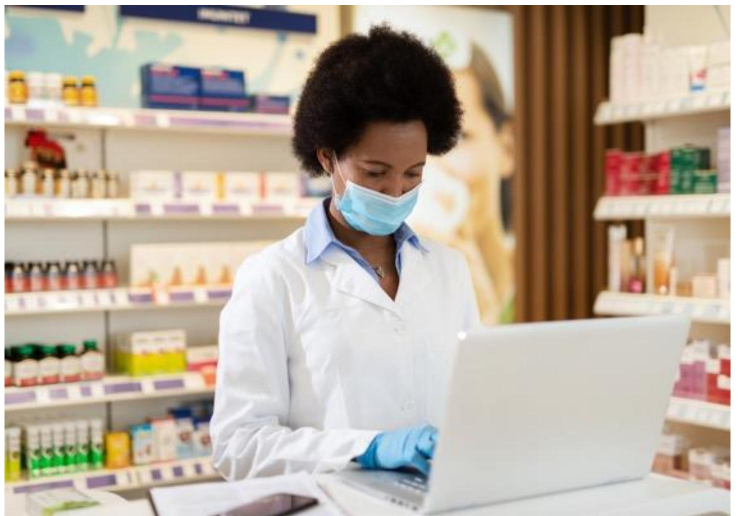
Objectives of this Learning Collaborative were to:

1. Provide methods and resources for public health practitioners to engage pharmacy partners;
2. Develop targeted evidence-based interventions at the community, payer, prescriber, and/or pharmacy point of service that leads to improved blood pressure and cholesterol medication adherence among priority populations;
3. Identify the data sources and types of data that will be most convincing to the community, payer, prescriber, and/or pharmacy point of contact;
4. Prepare teams to serve as experts within their state/jurisdiction to engage the community, payers, prescribers, and/or pharmacists in opportunities/strategies for increased hypertension and cholesterol control;
5. Approach pharmacy partners to seek support for sustainable pharmacy practice models; and
6. Enable teams to be champions and resources in their regions for implementing and supporting increased blood pressure and cholesterol medication adherence.

Impact of COVID-19

One month into the initiative, COVID-19 began to disrupt activities and cause unavoidable delays due to the cessation of in-person services and the reassignment of State Health Department staff to COVID-19 response. This necessitated redesigning the initiatives to ensure the safety of participants and shift the priorities of partners. Despite the significant impact of the COVID-19 pandemic on the Learning Collaborative, NACDD was able to carry out all planned activities, including convening participants for monthly calls and workshops via videoconference. All Learning Collaborative participants remained active in the program throughout 2020, using the time to establish and strengthen relationships and to refine implementation of their workplans. To address delays caused by COVID-19, NACDD extended the project timeline by four months to December 2020.

> *"We spent a lot of time building relationships in the midst of COVID and the Learning Collaborative was a great way to build a new relationship with Mercer University College of Pharmacy, and that was invaluable."*
>
> *-Georgia Department of Public Health*



NACDD/CDC-hosted learning opportunities

Between February and December 2020, participating teams attended six, one-hour conference calls; a 1.5-day virtual workshop hosted in May that provided subject matter expertise on the interventions and allowed participants to share challenges and opportunities; and a one-day closing workshop in December. The closing workshop focused on:

- Reviewing methods and resources for public health practitioners to engage pharmacy partners and discuss opportunities for future collaboration post COVID-19.
- Identifying data sources and types of data that would be most convincing to the community, payer, prescriber, and/or pharmacy point of contact.
- Preparing teams to serve as experts within their state/jurisdiction to the identified audience.
- Discussing sustainable pharmacy practice models.

Program Activities

Each state engaged diverse partners and selected unique approaches to expand opportunities for pharmacist-led interventions to control blood pressure and manage cholesterol.

State and Key Partners	Goals
Colorado • Colorado Department of Health and Environment • Colorado Pharmacists Society • Colorado University Skaggs School of Pharmacy • RxPlus Network	• Develop capacity within pharmacies to deliver advanced pharmacy services such as medication therapy management (MTM) and self-measured blood pressure (SMBP) monitoring. • Implement Collaborative Drug Therapy Management (CDTM) agreements between pharmacists and primary care providers. • Provide technical assistance to pharmacists around credentialing and developing infrastructure for bidirectional communication with primary care practice electronic health records (EHRs).

Georgia • Georgia Department of Public Health • Physicians Care Clinic in DeKalb County • GA Pharmacy Association (GPhA) • Mercer University College of Pharmacy • DeKalb County Board of Health • Local barber shops	• Engage a safety net provider for men's health services and two potential barbershops. • Implement an intervention based on the LA Blood Pressure Barbershop Study that included including counseling and MTM.
Missouri • Missouri Department of Health and Senior Services • Federally Qualified Health Centers • MO Pharmacy Association • MOHealthNet	• Develop programs to improve management of hypertension and high cholesterol by facilitating reimbursement for diabetes self-management education (DSME) and SMBP services in the pharmacy setting. • Facilitate bi-directional communication between pharmacists and providers through participation in E-Care plan documentation at the pharmacy. • Integrate community health workers (CHW) in pharmacy settings through a CHW training programs for pharmacy assistants. • Expand upon the Transitions of Care model utilizing pharmacists across multiple settings in the St. Louis Promise Zone.
Texas • Texas Department of State Health Services • University of Texas College of Pharmacy • Blue Cross Blue Shield (BCBS)	• Improve medication adherence using motivational interviewing and by offering enrollment in medication synchronization for patients who appeared to be non-adherent according to BCBS data. • Develop action steps to implement collaborative practice agreement (CPA) between an independent pharmacy and primary care physician group to increase utilization of MTM.
Virginia • Virginia Department of Health • VA Pharmacy Association • Health Quality Innovators (HQI) • Institute for Public Health Innovation	• Develop team-based care approaches in a Medical Neighborhood model to support the flow of information across and between clinicians, patients and other clinical providers. • Address the socioeconomic barriers to medication adherence by training pharmacy technicians as community health workers.

Barriers/Challenges

The impact of COVID-19 on state planning and implementation of programs was a focus of the virtual workshop held in May 2020. The workshop addressed how participants foresaw their partnerships changing as a result of COVID-19, either related to the current project or beyond, and how the partners could help to reinforce the need for medication adherence to their patients.

Additional challenges identified by participants:

- Expanding and scaling sustainable collaborative models while also ensuring quality.
- Understanding reimbursement for pharmacist-led interventions and working with health payers on expanding provider status to pharmacists.
- Credentialling pharmacists for reimbursable services often takes 7-8 months.
- Understanding what data each payer is looking for and how they want that information to make change.
- Working with communities beyond a single project.
- Creating universal definitions for the variety of pharmacist tasks and roles.

> *"We need to educate one another about terminology. Pharmacists and Public Health often use different language to describe things. It takes time to get up to speed."*
>
> -Texas Department of State Health Services

Successes/Systemic Changes Achieved

Learning Collaborative participants were asked to identify activities that had the greatest impact in advancing team-based pharmacy work. Below are examples:

- Georgia: Convening meetings with primary care physicians and clinics on the use of **team-based care through Collaborative Practice Agreements (CPAs)** has potential for great impact. While pharmacists statewide are ready to do this work, some providers need additional engagement and education on the value of CPAs and intensified relationships with pharmacists**.**

- Texas: Supporting medication adherence and education interventions allowed for **data sharing and the gathering of information on the usefulness of pharmacist-led interventions** with a direct benefit to patients, making the intervention sustainable and scalable with minor tweaks.

- Colorado: Working on **reimbursement for pharmacy work from private and public health plans** will have the most sustainable and largest-scale impact.

- Virginia: Facilitating **pharmacy access to electronic health record (EHR) systems** will be sustained beyond the Learning Collaborative. **Enlisting major health systems to partner with external pharmacies** and grant access to their EHRs can be a major advancement for pharmacists in chronic care management and population health improvement.

- Missouri: Facilitating **relationships between Federally Qualified Health Centers (FQHCs) and pharmacists and between pharmacists and the state Medicaid program.** This helps Medicaid understand the important role pharmacists play in healthcare to justify reimbursement for these services.

Collaboration among traditional and non-traditional partners was a success of the initiative. Partners included:

Community and chain pharmacies
Individual Pharmacists
State pharmacist associations
Schools of Pharmacy
Commercial and public health insurers
Community members/representatives
Health systems
FQHCs
Primary care providers
State QI programs

Opportunities for Innovation

A focus of discussion throughout the project was how the COVID-19 pandemic changed how we think about pharmacies and pharmacists. The pandemic showed that pharmacists were able to provide critical services, such as ordering and performing tests, during the pandemic.

Additionally, states collaborated on virtual training and educational offerings, providing opportunities to spread and sustain their work. Several states worked together to brainstorm and share best practices around engaging pharmacy technicians as community health workers (CHWs) to address the socioeconomic barriers to medication adherence. A virtual 60-hour CHW training program was developed to address COVID-19 restrictions of the in-person CHW training programs.

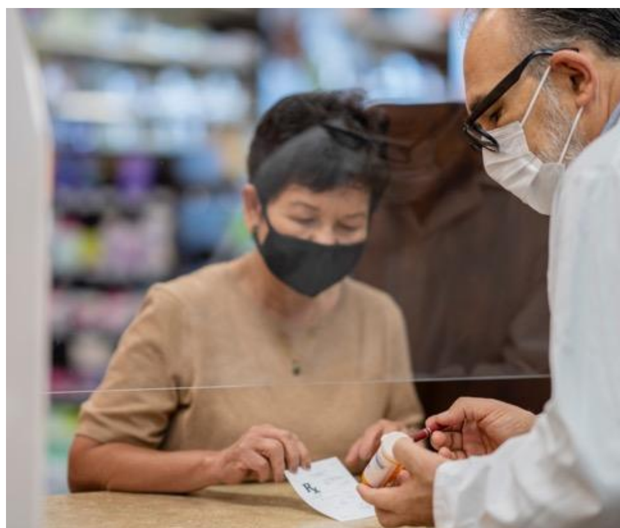
> *"When things shut down during the pandemic, the two places that people still frequented were emergency rooms and pharmacies. Despite some initial reluctance, pharmacists became a major source for COVID-19 testing, and now, primary care providers are referring to pharmacies for testing rather than seeing cases in their practice."* -Troy Trygstad PharmD, MBA, PhD

Lessons Learned

- **Data** is critical.
- **Dashboards** that were used to display data allowed pharmacists to document chronic care management visits and to monitor their patient population health, outcomes, and medication adherence.
- **Working with schools of pharmacy** helped in networking with the pharmacist community.
- Managing chronic conditions during a public health emergency demonstrated **advancement of telehealth** and the ability to offer programs virtually.
- Patients and care teams want **pharmacies as healthcare and wellness hubs**.
- Pharmacists statewide are ready to do this work, but some **providers may need additional engagement and education on the value** of CPAs and intensified relationships with pharmacists.
- Regarding CPAs, building provider/pharmacist relationships can be accomplished more easily by implementing collaborative "trials" that **utilize chronic care management programs/tools** and are also provider billable services. Successful trials can easily progress to more CPAs and intensified relationships with pharmacists.
- The importance of building relationships, **starting small and scaling up**.

Recommendations from Participants for Developing Future Programs and Advancing State Pharmacy Work

- Case studies/resources on engaging payers to advance the use and coverage of evidence-based pharmacy interventions.
- Guidance or "how to" documents for delivering services such as medication adherence or how to go about contacting insurance companies. These can be general enough to be applied across different areas of pharmacy and in different regions.
- More funding opportunities specific to pharmacy that can support pharmacists' work on these projects.
- Continued technical assistance and tools for increasing knowledge of state-pharmacy partnership best practices.



State Spotlights

State Spotlights are brief summaries of each states' activities, accomplishments, and continued focus to sustain and spread the work of the Learning Collaborative.

Spotlight on Colorado

The Colorado Department of Public Health and Environment (CDPHE) established partnerships with the Colorado Pharmacists Society (CPS), Colorado University Skaggs School of Pharmacy and Pharmaceutical Sciences, and RxPlus network (a member-owned pharmacy organization aimed at advancing and supporting community pharmacists), to identify and implement steps to increase access to evidence-based pharmacist-led interventions.

The partnership worked to develop capacity within pharmacies to deliver advanced pharmacy services, including:

- medication therapy management (MTM),
- point-of-care blood pressure testing, and
- self-measured blood pressure (SMBP) monitoring.

Technical assistance was provided to 14 pharmacies and more than 14 pharmacists to deliver MTM; and three pharmacies were trained in SMBP monitoring. The partnership also developed a Continuing Pharmacy Education (CPE) program required for pharmacists delivering MTM. Six pharmacists within the cohort completed the training.

Colorado also facilitated expansion of Collaborative Drug Therapy Management (CDTM) agreements by providing technical assistance to pharmacists around credentialing and exploring infrastructure for bidirectional communication with primary care practice electronic health records (EHRs).

The partners continue collaboration with a focus on ensuring sustainability, developing infrastructure for bidirectional communication among eCare platforms and EHRs, and expanding provider relationships and referrals to pharmacist-led interventions. The Colorado Pharmacists Society is working on a statewide protocol for statin therapy and the University of Colorado Skaggs School of Pharmacy is developing a business case for pharmacy services to present to payers.

Spotlight on Virginia

As part of the Learning Collaborative, the Virginia Department of Health (VDH), Virginia Pharmacist Association (VPhA), and Health Quality Innovators (HQI) formed a partnership with Riverside Health System including:

- four hospitals,
- seven primary care practices, and
- two community pharmacies in underserved areas of eastern Virginia.

The partnership focused on developing team-based care approaches in a medical neighborhood model to encourage the flow of information across and among clinicians, patients, and other clinical providers. A trusting provider/pharmacist relationship is critical to the flow and sharing of information. Building strong provider/pharmacist relationships often is the first step and can be accomplished more easily by implementing Comprehensive Medication Reviews (CMR) and Chronic Care Management (CCM) program "trials" - both of which can be billed through Medicare. The value the pharmacist brings to the provider/practice fall into four categories:

- Improved patient outcomes and quality measures.
- Improved revenue.
- Improve practice efficiency.
- Improved patient care.

Three categories impact chronic care outcomes and one impacts sustainability. The collaborative experience of implementing trials together naturally grows and strengthens provider/pharmacist relationships.

Two pharmacists in eastern Virginia were trained on utilizing the Chronic Care Management Dashboard, a pharmacy-physician population health dashboard created by VDH, VPhA and HQI. The dashboard allows pharmacists to achieve the following:

- document chronic care management visits;
- monitor patient population health, medication adherence, outcomes, and other non-clinical needs; and
- resolve issues surrounding communication and the lack of a shared electronic health records system between healthcare practices and community pharmacies.

VA also collaborated with other states in the Learning Collaborative to brainstorm ideas to address socioeconomic barriers to medication adherence. A result of this collaboration was the development of a virtual, 60-hour community health worker (CHW) training program for pharmacy technicians. This training expanded the capacity of seven pharmacy technicians to provide lifestyle coaching (i.e., Diabetes Prevention Program, Diabetes Self-Management Education, and the Virginia Healthy Heart Ambassador Blood Pressure Self-Monitoring Program).

Spotlight on Georgia

The Georgia Department of Public Health (GA DPH) developed a pilot project to provide pharmacist-led hypertension counseling, in conjunction with medication therapy management (MTM), to barbershop patrons in DeKalb County modeled after the Los Angeles Barbershop Blood Pressure Study. As part of program planning, the GA DPH collected key characteristics of their target community and engaged a multidisciplinary team of partners including:

- Physicians Care Clinic in DeKalb County, a safety net provider for men's health services,
- GA Pharmacy Association (GPhA),
- Mercer University College of Pharmacy,
- DeKalb County Board of Health (DCBOH), and
- two potential barbershops.

Working together, the partners assessed readiness and developed a model Collaborative Practice Agreement (CPA) for pharmacist-led hypertension management in a barbershop setting. In conjunction with the DCBOH, potential barbershops were identified and prioritized based on their community's high cardiovascular disease burden as well as established relationships with a health educator from DCBOH. With the onset of COVID-19, GA DPH reached out to local primary care physicians in the pilot area to assess the implications of COVID-19 on their practices and patients as well as conducted a landscape analysis of the local barbershops to assess implications of COVID-19 on their businesses and needs.

While cessation of in-person services caused unavoidable delays in implementing the pilot, Mercer University College of Pharmacy presented a seminar on the LA Barbershop Blood Pressure Study. The presentation reviewed:

- benefits of MTM and use of CPAs to manage hypertension;
- study protocol;
- data on improved blood pressure control and medication adherence in Black men enrolled in the study; and
- follow-up studies.

The partners continue to work together to tailor the intervention to meet community needs by identifying gaps in care, connecting men to care during the pandemic, and incorporating telehealth at the barbershop site. Future plans include engaging more barbershops and community pharmacists to participate in the intervention and developing strategies to engage payers.

Spotlight on Texas

The Texas Department of State Health Services (DSHS), in partnership with the University of Texas Austin College of Pharmacy, University of Texas Tyler College of Pharmacy, a Texas-based community pharmacy chain, and an independent pharmacy, sought to increase medication therapy management (MTM) coverage and utilization by establishing MTM protocols for community pharmacists.

DSHS identified a population of interest in metropolitan Austin (high socioeconomic status, elevated burden, increased healthcare access, and privately insured) and northeast Texas (varying socioeconomic status, extremely high burden of chronic disease, numerous comorbidities, under- and uninsured, semi-rural and privately insured).

Within this target population, adults with medication adherence < 80% were identified for the intervention. Initial plans to offer in-person, pharmacist-led education sessions on medication adherence were adapted in response to COVID-19 restrictions to a phone-based intervention.

Data from Blue Cross Blue Shield (BCBS) generated a list of member patients who appeared to be:

- non-adherent,
- had preferred formulary alternatives, and
- had identified therapy gaps or were taking high-risk medication(s).

Students from the University of Texas (UT) at Tyler College of Pharmacy along with the Tarrytown Independent Pharmacy team utilized motivational interviewing to identify barriers and recommend solutions for adherence, including an option to enroll in medication synchronization. Students also provided recommendations regarding cost benefit for preferred formulary alternatives, therapy gaps and high-risk medications to prescribers.

Of the 450 eligible patients identified, 441 were contacted by phone and received the intervention. Data from the Learning Collaborative was utilized to develop a foundation for engaging with physicians, clinics, payers, and community pharmacies and to inform the development of an MTM/Medication Adherence Brief. Sustainable partnerships with Texas State Board of Pharmacy, Texas Community Pharmacist Enhanced Services Network (CPESN), Texas Pharmacy Association, and Texas Medical Association were developed as a result of this initiative. Engagement is ongoing with BCBS, United Healthcare, and other private payers to cover MTM services.

Spotlight on Missouri

To identify a target area for a pharmacist-led intervention, the MO Department of Health & Senior Service (DHSS) used a collection of zip codes called the Promise Zone. The Promise Zone encompasses portions of the City of St. Louis and St. Louis County that are heavily impacted by the social determinants of health, including lack of transportation, childcare, and access to nutritious foods. These areas are predominantly Black neighborhoods that also experience high unemployment and crime, and high mortality rates, as well as significant numbers of vacant lots, abandoned buildings, and homelessness.

MO DHSS engaged key partners including Federally Qualified Health Centers (FQHCs), MO Pharmacy Association, and MOHealthNet to work together on programs to improve management of hypertension and high cholesterol by:

- updating the Medicaid Provider Manual to make it easier for pharmacists to bill for diabetes self-management education (DSME) and Diabetes Prevention Programs and development of a webinar to train pharmacists in how to enroll as Medicaid providers;
- facilitating bi-directional communication between pharmacists and providers through participation in E-Care plan documentation at the pharmacy;
- addressing the socioeconomic barriers to medication adherence through a community health worker (CHW) training programs for pharmacy assistants; and
- expanding upon the Transitions of Care model utilizing pharmacists across multiple settings.

Participation in the Learning Collaborative provided a unique opportunity to work with Medicaid on billing for Remote Physiological Monitoring (RPM) under the pharmacist's National Provider Identifier (NPI), to prepare for reimbursement for self-measured blood pressure (SMBP) monitoring in community pharmacies.

State Teams

State	State Health Department	Partners	
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- Troy Trygstad, PharmD, MBA, PhD, Pharmacy Consultant

ACRONYMS

CDTM — collaborative drug therapy management

CPA — collaborative practice agreement

CHW — community health worker

CPE — continuing pharmacy education

DSME — diabetes self-management education

EHR — electronic health record

FQHC — Federally Qualified Health Center

MTM — medication therapy management

NPI — National Provider Identifier

QI — quality improvement

RFA — request for applications

SMBP — self-measured blood pressure