

Field Notes



Problem

One in four adults in Minnesota have high blood pressure (hypertension).² Hypertension increases the risk of adverse health events, including heart attacks, strokes, chronic heart failure, and kidney disease. Although pharmacists trained in medication management are able to help address uncontrolled hypertension, they are often underused in caring for and treating patients with hypertension.

Program

Using the Pharmacists' Patient Care Process (PPCP), Medication Therapy Management (MTM) pharmacists in HealthPartners's 16 primary care clinics help patients with hypertension address their blood pressure and other health concerns.

For more information:

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Overview

HealthPartners Medical Group (HealthPartners) is an integrated, nonprofit health care provider and health insurance company headquartered in Bloomington, Minnesota. HealthPartners provides primary care and medical and surgical specialties at 7 hospitals and 140+ primary care and specialty clinics throughout Minneapolis, St. Paul, and Western Wisconsin.

Clinical pharmacists, embedded in HealthPartners primary care clinics, use the Pharmacists' Patient Care Process (PPCP)¹ to treat patients with hypertension through a medication therapy management (MTM) program. The PPCP is a five-step patient-centered approach to help patients optimize their health and medication outcomes. The HealthPartners MTM pharmacy program includes 10 pharmacists in 16 primary care clinics. A Collaborative Practice Agreement (CPA) between the MTM pharmacists and physicians, nurse practitioners, physician assistants, and other health care providers allows the pharmacists to provide expanded services, including medication modifications, to patients with hypertension. Identifying and enrolling eligible patients for the program is the first step in the process. Pharmacists then follow the core components of the PPCP to collect, assess, plan, implement, and follow-up. Documenting care and communicating with the team underlies the entire process.

Core Component	Description
Identify and Enroll Eligible Patients	Three scenarios prompt primary care and other health care providers to refer patients for pharmacist services: 1) a best practice alert in the electronic medical record (EMR) prompts a referral following an elevated blood pressure reading, 2) the patient appears on the clinic's hypertension registry, or 3) the provider feels the patient will benefit from the services. Following referral, a patient meets with the pharmacist and is enrolled in the program.
Collect	During 60-minute meetings, the pharmacist measures the patient's blood pressure and discusses the patient's lifestyle, risk factors for cardiovascular disease, medication adherence, medication-related problems, use of supplements or over-the-counter medications, and blood pressure goals. The pharmacist reviews the patient's EMR for diagnoses, current medications, medical allergies, medication history, prescription fulfillment history (for those with HealthPartners insurance), and the physician's reason for referral.
Assess	The pharmacist assesses the patient's medications and medication-related problems to determine if medication modifications need to be made.
Plan	The pharmacist develops an individualized patient care plan, including medication modifications, lifestyle modification recommendations, and referrals to internal and external specialists (e.g., clinic dietitians, health coaches, disease case managers). The plan is documented in the notes section of the EMR.
Implement	The pharmacist modifies medications and dosages, makes needed referrals, orders labs, and provides the patient with information on diet, exercise, and home monitoring of blood pressure. The pharmacist also works with patients to address financial barriers to medical care or medication use.

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Intended Participants

The intended participants of the MTM pharmacist services are any patients of HealthPartners's primary care clinics who may benefit from the service. The program specifically targets high-risk diabetes patients, high-risk heart disease patients, and high-risk polypharmacy patients (i.e., people with seven or more medications

for chronic diseases along with a hospitalization in the previous year or no primary care treatment in the previous year). About 4,450 patients are served by MTM pharmacists annually, the majority of whom have hypertension.

Follow-up

The pharmacist follows up with the patient every 2 to 4 weeks until they have two consecutive appointments in which blood pressure is at goal, there are no adherence issues, and the patient is not experiencing side effects. During follow-up appointments, the pharmacist continues to evaluate the effectiveness of the patient's medications, medication adherence, and health outcomes and makes changes as needed.

Document and Communicate

Patient care plans are documented in a patient's EMR. Communication with the patient's physician and other providers occurs through the EMR and informal meetings.

Goals and Expected Outcomes

The primary goals of the HealthPartners MTM program are to improve health outcomes for patients with hypertension, improve the quality of comprehensive care, and more efficiently use health care resources. In 2017, the hypertension control rate for the HealthPartners medical group as a whole was 80%. Among patients with uncontrolled hypertension who started receiving pharmacy services, 45.2% were in control by 6 months, 52.8% by 12 months, and 57.1% by 18 months.³

Expected outcomes for patients participating in the program include improved blood pressure control, fewer ER visits and hospitalizations, and reduced medical costs related to hypertension. For the health care system, expected outcomes include increased collaboration between providers in the organization and improved quality ratings for the health system.

Progress Toward Implementation

The HealthPartners MTM pharmacy program began in 2006 when Medicare Part D and the state Medicaid plan began requiring coverage of MTM services. In 2009, the program was expanded to include a formal hypertension management protocol for pharmacists and a hypertension registry of patients to assist with monitoring patient outcomes and identifying patients with uncontrolled blood pressure who may be eligible for the program. It has been implemented at the same staff and clinic levels since that time. Pharmacy services are funded by the HealthPartners health plan, Medicare, and Medicaid. Individual clinics provide in-kind support for space and administrative services.

Although program staff have made refinements in how they track patient appointments and outreach to patients lost to follow-up, the program is fully implemented as intended.

Enabling Pharmacy Care

HealthPartners has implemented a number of strategies to support the work of pharmacists in patient care and build a culture of collaboration between pharmacists and physicians. Pharmacists are integrated into patient care teams to implement the five steps of the PPCP under a CPA that provides them relative autonomy in patient care, formal hypertension management protocols, "best practice" alerts to identify hypertensive patients, and a hypertension registry of patients that enables them to monitor patient outcomes and identify patients with uncontrolled blood pressure who may be eligible for the program. HealthPartners collects extensive data in their EMR. For HealthPartners health plan patients, claims data are linked to patient records which displays information to providers on whether and how often patients are filling their prescriptions.

Moreover, HealthPartners engages in routine and ongoing monitoring, quality improvement, and research to support and improve the program. For example, pharmacists participate in a biannual review process with both blinded and unblinded case reviews for feedback from physicians and peer pharmacists. Additionally, the MTM pharmacy program participates in clinical trials, conducted by the HealthPartners Research Institute, that contribute to the growing field of research on pharmacy care.

¹ Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. 2014: 1-6. Available at: <https://www.pharmacist.com/sites/default/files/files/PatientCareProcess.pdf>.

² Minnesota Department of Health. Quick Facts High Blood Pressure in Minnesota. Website: <http://www.health.state.mn.us/divs/healthimprovement/data/quick-facts/hypertension.html>.

³ Margolis KL, Asche SE, Bergdall AR, et al. Effect of home blood pressure telemonitoring and pharmacist management on blood pressure control: a cluster randomized clinical trial. *JAMA*. 2013;310(1):46-56.

