SEPTEMBER 2016

CDC Vitalsigns™

Blood Pressure Control

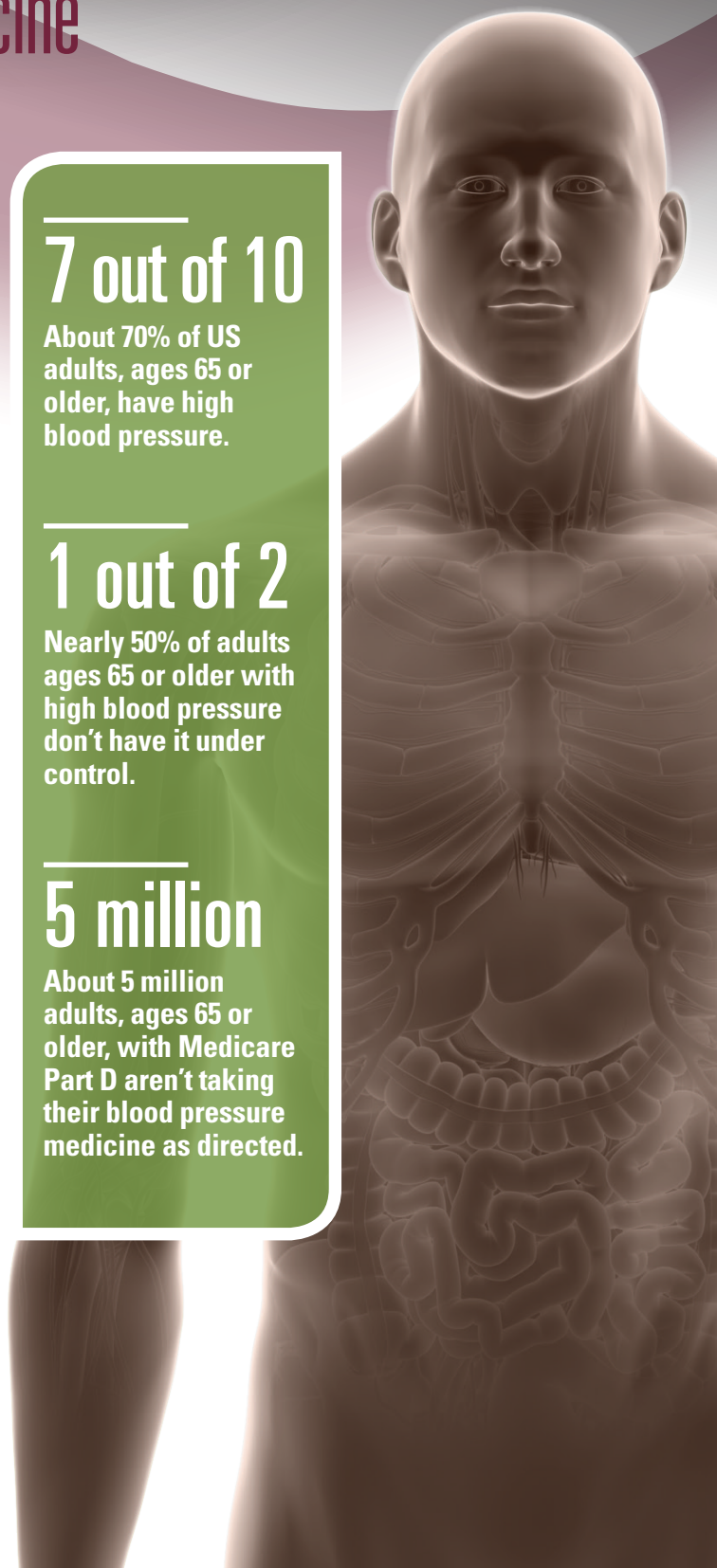
Helping Patients Take Their Medicine

High blood pressure can lead to heart disease, stroke, kidney disease, and death. About 70% of US adults age 65 or older have high blood pressure and only about half have it under control (less than 140/90 mmHg). Blood pressure medicine (along with a healthy diet and exercise) can protect the heart, brain, and kidneys, but only if patients take it and keep their blood pressure controlled. However, at least 25% of adults, ages 65 or older, with Medicare Part D prescription drug insurance are not taking their blood pressure medicine as directed. This means they may skip doses or stop taking it altogether. Health care systems, including providers, medical practices, pharmacies, hospitals, community health workers, and insurers can work with patients to make taking medicine easier.

Health care systems can:

- Simplify blood pressure treatment (e.g. prescribe 90-day refills and combination medicines and coordinate pill refills for the same date) and prescribe generic medicines.
- Involve the entire healthcare team at several points of care to ensure patients are taking medicine as directed and to address patient concerns about side effects. Implement effective blood pressure treatment protocols in clinical practice. http://go.usa.gov/xjf59
- Encourage the use of home blood pressure monitors and easy-to-use tools (e.g. blood pressure logs and mobile apps) to track and share blood pressure readings.
- Address financial barriers, such as high co-pays and deductibles.

Want to learn more? www.cdc.gov/vitalsigns/blood-pressure



7 out of 10

About 70% of US adults, ages 65 or older, have high blood pressure.

1 out of 2

Nearly 50% of adults ages 65 or older with high blood pressure don't have it under control.

5 million

About 5 million adults, ages 65 or older, with Medicare Part D aren't taking their blood pressure medicine as directed.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

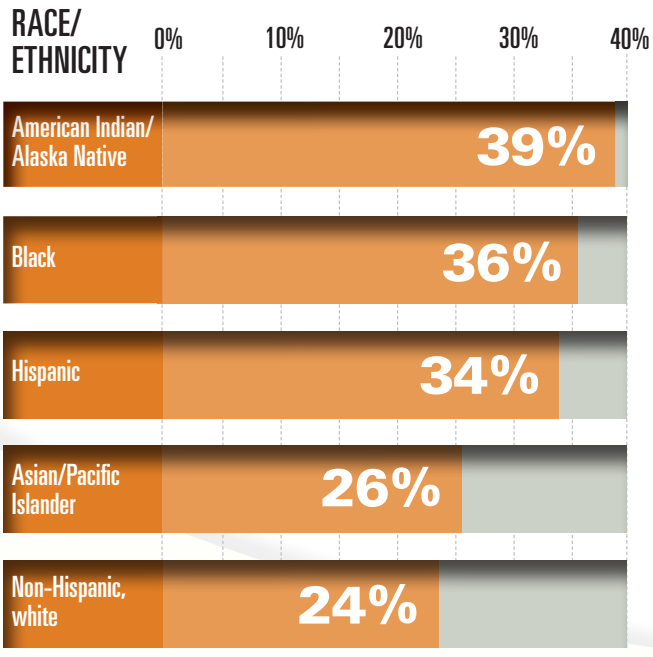
Problem:

Medicines don't work if people don't take them.

The reasons people don't take their blood pressure medicine as directed vary:

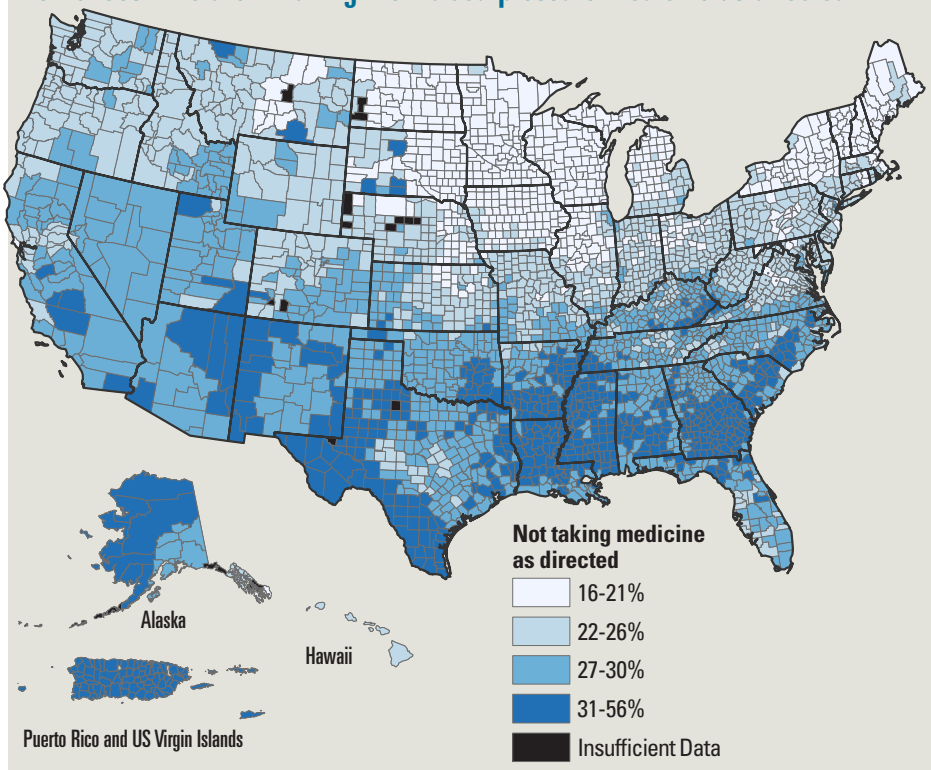
- **Not filling the prescription** – Nearly 25% of new prescriptions for blood pressure medicine are never filled.
- **No symptoms** – People with high blood pressure often don't have symptoms so some may not treat a problem they don't notice.
- **Complexity** – People may not know when to take which pills when they have multiple medicines.
- **Side effects** – Medicines may have unwanted side effects.
- **Forgetting** – People forget to take their medicine or refill prescriptions on time.
- **Cost** – Medicine costs may be too high for some people.

The percent of **Medicare Part D** enrollees **not taking** their blood pressure medicine **is higher** among certain race/ethnic groups.



SOURCE: Medicare Part D Beneficiaries, 65 or older, Medicare Claims Data, 2014.
To learn more about Medicare Part D, visit: www.medicare.gov/part-d.

There are differences by county in the percent of Medicare Part D enrollees who aren't taking their blood pressure medicine as directed.



NOTE: Data are spatially smoothed to enhance the stability of estimates in counties with small populations.
Additional maps are available on the Interactive Atlas for Heart Disease and Stroke at http://nccd.cdc.gov/dhdspatlas.

The southern US, Puerto Rico, and the US Virgin Islands have the highest percentages of people who don't take their medicine as directed. About **1.4 million more patients** with Medicare Part D would be taking their blood pressure medicine as directed and more lives could be saved if people in all states performed as well as the three states with the lowest percentages (North Dakota, Wisconsin, and Minnesota).

At each visit: Identify. Assess. Act.

How health care systems can help more people take their blood pressure medicine as directed.

Doctors, nurses, and other healthcare professionals:

- ✓ Check blood pressure and assess if patient is taking medicine as directed.
- ✓ Prescribe simple regimens (e.g. 90-day fills and combination medicines) and generic medicines.
- ✓ Counsel how and why to take medicine as directed using language patients and their caregivers understand.
- ✓ Encourage the use of home Food and Drug Administration-approved blood pressure monitors and tools to track and share blood pressure readings.
- ✓ Use blood pressure treatment protocols and embed them in electronic health records to help patients control their blood pressure.

http://go.usa.gov/xDscQ

Pharmacists:

- ✓ Check blood pressure at prescription pickup and ask whether patients are taking their medicine as directed.
- ✓ Counsel patients at each pharmacy visit on how and why to take medicine. Enroll patients in reminder programs to renew prescriptions on time.

Insurers:

- ✓ Incentivize simplified treatments (e.g. 90-day refills, combination medicines).
- ✓ Use administrative claims data to identify those not taking medicine as prescribed and support coordinated care among healthcare team.
- ✓ Remove or lower co-pays for chronic disease medicines.

Community Health Workers:

- ✓ Discuss blood pressure, medicine, and reasons patient may not be taking them.
- ✓ Communicate with the rest of the healthcare team.
- ✓ Provide culturally appropriate education.
- ✓ Suggest patients take medicine while doing other routine activities (e.g. brushing teeth) and use weekly pill boxes and reminder apps to help them remember to take medicine.
- ✓ Connect patients with community resources to help improve and manage their blood pressure.

SOURCE: CDC Vital Signs, September 2016.

What Can Be Done?

The Federal government is

- Leading the national Million Hearts® initiative where public health and health care systems work together to prevent 1 million heart attacks and strokes by 2017.
- Providing resources to states and territories to prevent chronic diseases, including resources to track how well people are taking their blood pressure medicine at the state and county level.
- Reducing cost-sharing through the Affordable Care Act in the Medicare Part D coverage gap and encouraging prescription drug plans to improve medicine use through the Medicare Star Ratings Program. http://go.cms.gov/1VM3k0Z
- Monitoring the health of the nation and setting targets for improvement through the Healthy People 2020 heart disease and stroke objectives. http://go.usa.gov/xjfNw

Health care systems can

- Simplify blood pressure treatment (e.g. prescribe 90-day refills and combination medicines and coordinate pill refills for the same date) and prescribe generic medicines.
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- Encourage use of home blood pressure monitors and easy-to-use tools (e.g. blood pressure logs and mobile apps) to track and share blood pressure readings.
- Address financial barriers, such as high co-pays and deductibles.

Insurers can

- Incentivize 90-day refills for prescriptions; no or lower co-pays for medicine.
- Use administrative claims data to identify patients who are not taking their medicine correctly and support coordinated care among prescribers, pharmacists, and patients.
- Increase access to Medication Therapy Management services for at-risk patients with chronic disease. http://go.usa.gov/xjfnz

Everyone can

- Follow your healthcare team's instructions on how much medicine to take, how often, and how long to take it.
- Ask questions about how to correctly take your medicine and why you need them.
- Use a blood pressure monitor at home to keep track of your blood pressure between medical appointments.
- Use weekly pill boxes or a mobile app to keep track of when to take medicine.
- Help loved ones take blood pressure medicine as directed.

1-800-CDC-INFO (232-4636)
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www.cdc.gov

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