One out of three Texans has hypertension, a leading risk factor for heart disease and stroke. As integral members of a team-based approach to care, pharmacists can significantly improve patient outcomes related to chronic diseases. The Texas Pharmacy Association (TPA) and its partners with the Texas Department of State Health Services implemented the NorthEast Texas Hypertension Adherence Program to improve medication adherence and outcomes in high risk patients with hypertension by connecting patients to community pharmacists.

Methods
- 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 pharmacies: North Texas Public Health District (NT Health), Wichita Falls-Wichita County Public Health District, Jasper Newton County Public Health District.
- These 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 referred 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-month period to counsel on medication adherence and provide education on ways to improve blood pressure and control the condition. The follow-up visits consisted of taking the patient’s 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.

Results
- Fifty-five patients were referred to pharmacists over a six-month period.
- Forty-four patients met eligibility criteria to receive services and 36 patients were considered active in the program (Table 1).
- Fourteen patients completed three or more visits.
- Nine patients completed all five visits and achieved blood pressure control, defined as less than 140/90 mm/HG.

Limitations and Challenges

Start-up phase: The start-up phase took longer than expected and involved retraining health care professionals in a team-based approach. The project used web-based technology that allows physicians and pharmacists to share data and communicate with each other, and provide resources to high risk patients with hypertension by connecting them to community pharmacists.

Implementation phase: Once patients agreed to participate, pharmacists were unable to contact some patients, and some patients were not interested in receiving counseling from pharmacists. A few patients were found to be ineligible for the program. Local health care professionals (LHDs) coordinated the referral process and pharmacists provided services to patients for blood pressure control and maintenance.

Next Steps
- Continue to work with providers, physicians, and LHDs to increase the number of patients in the network.
- Expand to other regions of the state, a similar project in development for Corpus Christi and West Texas. Several pharmacists in these areas have expressed an interest in the project.
- The fee structure to pharmacists has been modified to increase the number of patients referred for services. Physicians were susceptible to working with pharmacists through the team-based approach is not a routine practice, resulting in few referrals to the program.

Other HBOC
- Payment for patients
- Payment for patients
- Payment for patients

Table 2: Blood Pressure Readings for Nine Patients

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<th>Patient</th>
<th>Highest Systolic</th>
<th>Highest Diastolic</th>
<th>Lowest Systolic</th>
<th>Lowest Diastolic</th>
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Conclusions
This pilot project demonstrates that collaboration between pharmacists and primary care providers, through a team-based care approach, has the potential to improve blood pressure control. The positive results, along with the success of this project, will be shared with a small cohort of patients, align with the research to demonstrate that pharmacists delivered services improve patient outcomes. As the most accessible healthcare professionals in a community, pharmacists are trusted by patients and have the clinical training and the capacity to provide patient care throughout the continuum of chronic diseases, including prevention, chronic disease management, patient education, adherence counseling, and provider consultations.

References
- Texas Health Care Information Collection (THIC). Houston Hospital Discharge Public Use Data File, 2015.
- Texas Department of State Health Services, Austin, TX.