

SUCCESS STORY

Hypertension Management Program Implemented in Bien Pharmacy

Challenge

Cardiovascular disease is the number one cause of death in South Dakota, a chronic illness usually associated with elevated or uncontrolled blood pressure (hypertension). Healthcare systems are continually searching for new and innovative ways to treat their patients in a manner most beneficial and effective for them. This often times requires looking to healthcare providers and team members based in the community, who are typically more accessible to the patient.

Solution

The Community Pharmacy Enhanced Services Network of South Dakota (CPESN SD) partnered with the Heart Disease and Stroke Prevention Program (HDSPP) to offer an eight-month community-based hypertension management program through six community-based pharmacies.

Results

CPESN SD's stores (community-based pharmacies) have been quick to implement this program. Community-based pharmacists are often looking for ways to play a larger role in the healthcare team and this provides an excellent opportunity to ensure consistent education, awareness and follow-up related to hypertension and healthy lifestyle choices.

Timeline

HDSPP first partnered with CPESN SD in July 2019. At that time, CPESN SD developed and implemented a new protocol to identify patients with uncontrolled hypertension and developed a new non-physician enhanced team-based hypertension management program for the pharmacy setting. Participating pharmacies received education on the program objectives and requirements and participant recruitment and enrollment began in November/ December 2019. The program closed patient enrollment at the end of February 2020 to allow for alignment with the project period.

Key Components

Each participant enrolled in the HDSPP/CPESN SD hypertension management program received one-on-one education and lifestyle counseling, including an ongoing series of services designed to teach and counsel participants on how to make healthy lifestyle choices, such as exercise, diet, and tobacco cessation. An automated blood pressure cuff was supplied so participants could regularly check their blood pressure at home as part of the program. Upon enrollment, each participant worked with their hypertension management coach to establish a baseline blood pressure, develop a care plan and course of treatment, establish blood pressure goals, receive blood pressure goal counseling and lifestyle and behavioral modification recommendations, and reconcile all medications. Participants also received a written summary of the initial education session. In addition to their initial education session, participants received training on home blood pressure readings and ways to document, weekly care calls from a pharmacy care team member with pharmacist intervention if required, monthly meetings to discuss medication compliance, treatment progress, and update goals, and electronic documentation and health record exchange with the appropriate healthcare team members. Each participant completes eight months of hypertension management services as part of this program.

Evidence-Based Interventions

HDSPP partnered with the CPESN SD to implement two evidence-based interventions: Support engagement of non-physician team members in hypertension management and Facilitate use of self-measured blood pressure monitoring with clinical support among adults with hypertension.

Successes

Bien Pharmacy enrolled a participant in their program who was on several different blood pressure medications. A few days after he enrolled in the program, the pharmacist saw him at a local restaurant in town. They started visiting and the participant mentioned that he was using the new blood pressure monitor (which he received as part of the program) and noticed the bottom number (diastolic) was around 110-115. The pharmacist told him that was pretty high for the diastolic reading and he should keep an eye on it and if it stays elevated to talk to his doctor. A few days later he did see his doctor and they adjusted one of his medications. The pharmacist talked to him about a week later and he said the bottom number was around 95-105. The pharmacist said that is better but still a little high so the participant planned to see his doctor the next week (last week in February) to check it out. His enrollment in the program and relationship with the pharmacist may have prevented serious problems from arising had he not been checking his blood pressure regularly.

I'm having a good response from patients that have enrolled in the BP (blood pressure) program. I think the biggest impact of the study is just the fact that the patients are regularly checking their blood pressure which helps detect variances. For example, if they eat something high in sodium they may see an increase in blood pressure. And if they start exercising regularly, their blood pressure may go down. It just makes them more aware of how different factors affect their blood pressure.

Lance BienPharmacist, Bien Pharmacy

Next Steps/Other Info.

CPESN SD will receive funding again in fiscal year 2021 as part of the HDSPP 1815 Year 3 cooperative agreement with Centers for Disease Control and Prevention. During Year 3, CPESN SD will enroll an additional 60 participants in their hypertension management program and will develop and implement a provider referral system to assist with participant recruitment.

