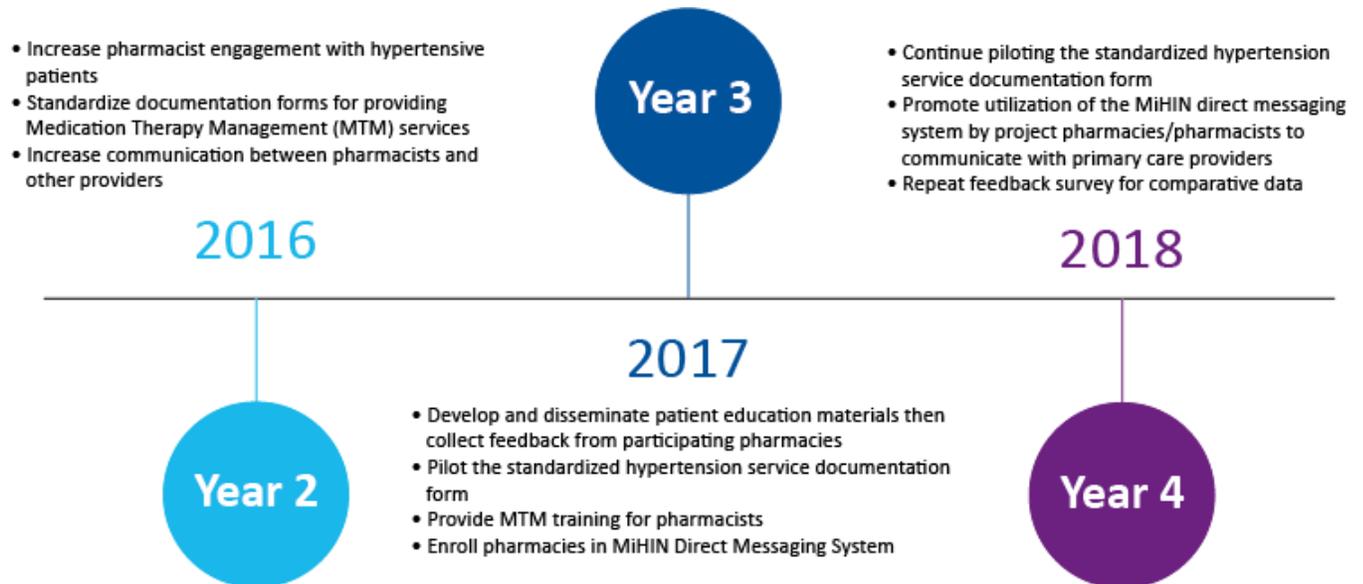


## Takeaways from the Michigan Pharmacists Association Hypertension Pilot Project

The Centers for Disease Control and Prevention (CDC) State and Local Public Health Actions to Prevent Obesity, Diabetes, and Heart Disease and Stroke (1422) grant provided awards to state health departments to focus efforts on the prevention of obesity, diabetes, heart disease and stroke and reduce health disparities through community and health system interventions. The purpose of the 1422 grant was to support implementation of population-wide and priority population approaches to reduce health disparities in these areas among adults in chronic disease coordinating networks (CDCNs) throughout Michigan. The grant had a primary focus on adults with uncontrolled high blood pressure and/or diabetes and those at high risk for developing type 2 diabetes. A goal of the grant was to include pharmacists and other non-physician team members in developing recommendations to improve hypertension management, as well as tools to promote identification, diagnosis and management of hypertension to improve quality of care for high-risk individuals.

The [Michigan Pharmacists Association](#) (MPA), a sub-awardee of the 1422 grant from 2016-2018, focused on efforts to increase access to pharmacist-provided services for hypertension. MPA provided pharmacists with medication therapy management (MTM) training and engaged pharmacists in improving care for hypertensive patients using standardized documentation and patient education resources. The following timeline summarizes MPA's project areas of focus throughout 1422 grant years two through four.

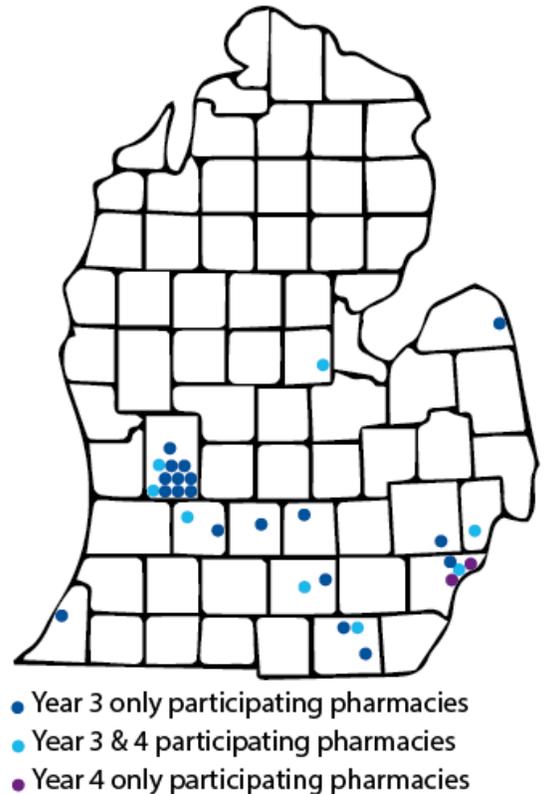


## Pilot Pharmacy Selection

During year three a total of 25 pharmacies were identified to serve as pilot pharmacies. A total of ten pharmacies were selected to pilot the developed resources and direct messaging system during year four. The goal was to have at least one pharmacy in each CDCN area:

- ProMedica/Bixby Hospital (Lenawee County)
- YMCA of Greater Grand Rapids (Kent County)
- Great Detroit Area Health Council (Macomb County)
- National Kidney Foundation of Michigan (Wayne and Oakland Counties)

The ten pharmacies that participated in program years three and/or four are represented on the map of Michigan’s lower peninsula and were located in Byron Center (Kent); Grand Rapids (Kent); Jackson (Jackson); Middleville (Barry); Midland (Midland); Tecumseh (Lenawee); Warren (Macomb); and three from Detroit (Wayne).



## Pilot Program Resources

The following resources and educational materials from the [That’s My Pharmacist](#) campaign were provided to pharmacies participating in the pilot program.

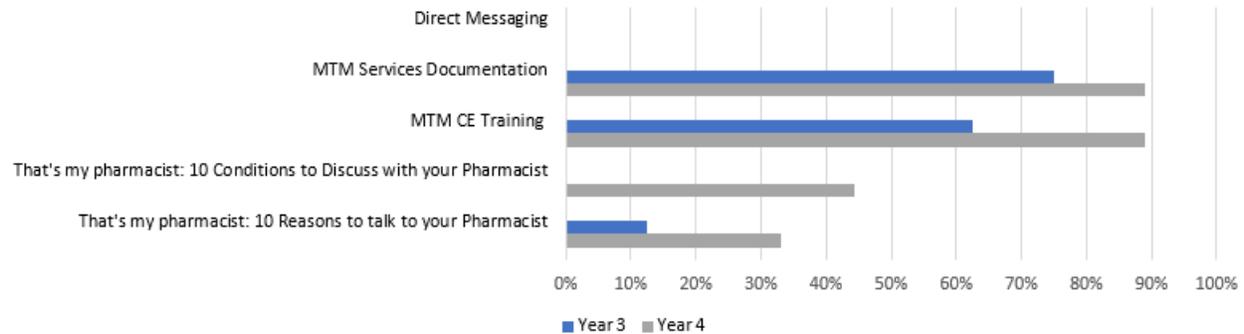
- [Talk to your Pharmacist Today About: Heart Disease \(Spanish version\)](#)
- [Top 10 Reasons to Talk to Your Pharmacist \(Spanish version\)](#)
- MTM CE training
- MTM services documentation – *standardized documentation form utilized by pharmacies when providing MTM services*
- Direct messaging – *application for HIPAA-compliant direct messaging through the Michigan Health Information Network (MiHIN)*

## Survey Results

	Year 3 survey details	Year 4 survey details
<b>Survey distribution</b>	25 pharmacies/pharmacists	10 pharmacies
<b>Anonymous responses possible?</b>	Yes	Yes

The year three survey was completed by nine respondents yielding a 36 percent response rate and in year four, nine of 10 contacts responded for a response rate of 90 percent.

The chart below shows the utilization of pilot program resources in years three and four, according to survey respondents:



Key takeaways from survey results were:

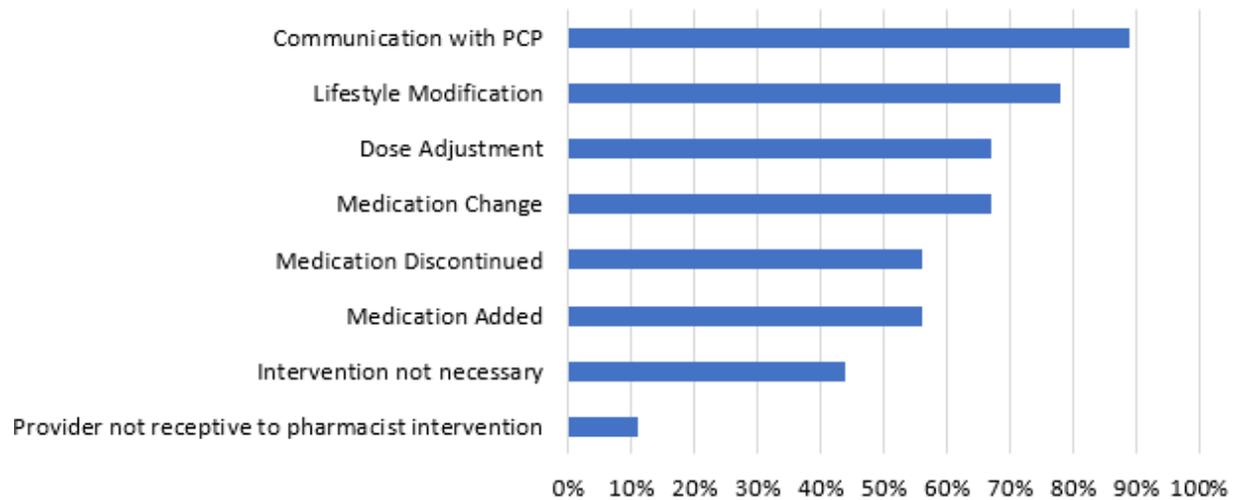
- Participant utilization of the provided resources generally increased from year three to year four.
- Direct messaging was not considered useful by respondents (more detail on this below).
- MTM Services Documentation and MTM CE Training were used most often.
- Participants were also asked how useful they found the materials to be; 88 percent found them to be beneficial or very beneficial, with only 11 percent indicating only somewhat beneficial.

### Direct Secure Messaging

Pharmacists participating in the pilot project were assisted with setup and use of a HIPAA-compliant direct messaging application through MiHIN to support effective and efficient communication between pharmacists and primary care providers. Survey respondents (56 percent) indicated potential for improved usefulness of this application with greater utilization by primary care providers (prescribers). Additional barriers to optimal utilization of this application indicated by respondents included integration into workflow (67 percent of survey respondents) and complexity of use (22 percent of survey respondents). Though barriers were cited related to workflow integration and prescriber registration for using the secure messaging service, respondents did acknowledge that increased awareness and participation in the direct messaging application by both pharmacy and primary care services would likely support future success.

### Impact of Pharmacist Intervention

In the year four survey, pilot participants had the opportunity to share changes made as a result of pharmacist inclusion in patient care. Survey respondents indicated that the following changes were made:



In addition to the above responses, open responses to this survey question also identified the following changes as a result of pharmacist intervention:

- Increased patient engagement and self-care.
- Increased patient receptiveness to pharmacist involvement in medication therapy.
- Solidification of the patient-pharmacy relationship.
- Patient retention.

### **Lessons Learned: Supporting Future Success in Medication Therapy Management**

Survey respondents had the opportunity to provide feedback on barriers experienced throughout the MTM process. The most commonly identified barriers included investment of time vs. reimbursement rate, complexity of the CHAMPS system, access to appropriate medical data and patients not keeping appointments. Other challenges included workflow integration, patient buy-in, difficulty identifying proper diagnosis codes for billing and the CHAMPS system experiencing periods of inoperability.

Year four survey respondents suggested additional opportunities for improvement in MTM service delivery, including:

- Opportunity for pharmacists to deliver MTM services over the phone (for initial and follow-up visits) primarily to address transportation barriers.
- Additional resources on codes and billing within CHAMPS for MTM services to promote accurate and paid claims.
- Pharmacist access to patients' medical records and labs to enhance the outcomes of MTM services.

Based on feedback from pilot participants, MPA identified significant opportunities for supporting successful MTM through engagement of primary care providers along with pharmacists. Specifically, participants piloting the MiHIN secure messaging application reported that educating prescribers on system benefits and use would allow for valuable and efficient communication. Pilot participants also felt that patient education on the benefits of MTM services by primary care providers would greatly impact community-wide knowledge of service efficacy.