

Pharmacy Task Force
Hypertension Related Discussions
Chronology
(11/26/02 – 8/24/04)

November 26, 2002 – Pharmacy Task Force

During a roundtable discussion of possible future Pharmacy Task Force initiatives hypertension was mentioned as a proposed idea.

March 25, 2003 – Pharmacy Task Force Retreat

During the retreat hypertension was brought up multiple times.

During a presentation Cameron Shultz listed hypertension as a possible “next step.”

Dr. Saalwaechter then facilitated conversation with the Pharmacy Task Force membership, narrowing down possible areas for future focus. After a brief discussion, five possible areas were identified, complications related hypertension being one of them.

Task Force members reached consensus that issues related to hypertension have a significant impact in many areas of health and the healthcare system. Several possible areas of intervention were discussed; the following bullets outline the Task Force’s discussion:

- The Pharmacy Task Force could develop and distribute educational tools for both physicians and patients
- Any activity would need to have a clearly defined endpoint/objective—“We need to develop an appropriate measure to know if we are improving things”
- A patient-focused product could outline both side effects and self care, and give tips as to how people can work in partnership with their physician
- A physician-focused product could outline how to more effectively communicate with patients, especially those patients who are at highest risk for hypertension (e.g. African Americans)

One of the challenges of promoting improved safety/compliance relates to changing patient and physician behaviors. One of the concerns related to hypertension, stated a Task Force member, is that it “doesn’t hurt you at first.” Any educational activity

targeting people living with hypertension should focus on the long-term negative consequences of untreated hypertension.

Handheld devices could be one possible forum through which to communicate to physicians. The health plans represented on the Pharmacy Task Force (HealthPlus, Blue Care Network, Blue Cross Blue Shield, & the Wellness plan) could possibly work in partnership to communicate the same message to the Genesee County physician community.

Task Force members discussed that the guidelines for treating hypertension are clear, thus helping to ensure the efficacy of a single concerted message. A focus on hypertension would also mesh well with other GFHC activities such as those of the Diabetes Task Force, the Heart Failure Task Force, and the Health Improvement Committee. Other Genesee County initiatives could also be capitalized on in a project focusing on hypertension, such as F.A.C.E.D.'s (Faith Access to Community and Economic Development) educational and outreach activities.

April 22, 2003 – Pharmacy Ad-hoc Leadership Meeting Hypertension Proposal

Dr. Saalwaechter communicated to the Leadership Team membership that hypertension is a HEDIS (The Health Plan Employer Data and Information Set) measure. Specifically, he stated, this includes looking at how physician prescribing habits, patient utilization, and patient adherence change/improve over time.

The Leadership Team membership underscored that a hypertension activity should focus on patient education within a culturally appropriate context—about 70% of the activity(ies) should focus on patient education, about 30% should focus on physician education. Possible project partners include the Coalition's Diabetes Task Force and Health Improvement Committee (possibly the Heart Failure Task Force), and F.A.C.E.D (Faith Access to Community & Economic Development).

Secretary's Note: The Health Access Advisory Board (HAAB) is in the process of applying for funding to develop a Community Pharmacy for Health Access and Genesee Health Plan members. An exploratory meeting has been held with the Community Foundation; another meeting is scheduled with the Ruth Mott Foundation. HAAB is consulting with Genesys Health System regarding implementation and logistical details. A concept paper will be submitted to the Community Foundation by May 7, 2003; the Community Foundation will present the paper to their Board and then to the Robert Wood Johnson Foundation.

In designing and implementing a project addressing hypertension, an effort should be made to maximize a "systems approach" (i.e. improving the connection & communication between patients & physicians; reducing barriers that patients face when accessing health care; etc.).

Lengthy discussion took place regarding the need for any activity to be culturally and socially appropriate. One area for the "physician education" portion of the project could include training on how to be a more culturally competent practitioner. In addition to "how to" culturally-competency trainings, patient referral guides (for non-medical social services), patient education tools (e.g. side effects, long-term consequences of disease mismanagement, etc.), products for family members about how to help manage their loved ones' disease, and resources/tools/trainings for physicians on how to productively work with the non-compliant patient could also be parts of the project.

One possible strategy for the physician education portion of the project could include developing a panel of African American physicians (and European American physicians who have exhibited expertise in cultural competence) to make recommendations and participate in physician trainings (e.g. PRIDE (Partners to Reduce Infant Deaths Effectively) Medical Services Committee).

May 27, 2003 – Pharmacy Task Force Hypertension Proposal

Dr. Saalwaechter noted the high co morbidity rates between hypertension and other chronic diseases, as well as with alcohol/substance dependence and obesity. He proposed that the Pharmacy Task Force's hypertension proposal could possibly be expanded and emphasize crossover with some of these co morbid disorders.

Dr. Saalwaechter noted that the Pharmacy Task Force needs a catch phrase that's easy for the average citizen to understand and remember. Mr. Gaines proposed the following statement:

Do you know that when you put too much air in your tire you can blow it out? Having high blood pressure can do the same thing—it can blow out your kidneys, your brain, and heart. So be smart—keep your numbers low so you don't blow.

Dr. Saalwaechter indicated that hypertension is a HEDIS measure; he proposed that since this data is already being collected than it could possibly be used as the statistic for this activity.

Steven Cote reported that Genesys East and West Clinics actively distribute medications for free or at minimal cost to patients; approximately \$70,000 to \$90,000 worth of medications are given away annually. Ms. Germain noted that Genesee County is instituting/developing a drug card program which allows card holders to purchase medications at a rate negotiated by the County. She noted that eligibility for the program has not yet been determined.

Ms. Bissonnette discussed the community prescription report program, which could create a central repository for donated medications. Donated medications would then be distributed to those who need them. Mr. Cote stated that this kind of distribution process is illegal (tracking medications, and subsequently pulling them if recalled, becomes nearly impossible in this kind of system). Mr. Cote noted that Genesys Health System is looking into purchasing/leasing a machine that tracks and logs free medications/samples, thereby side-stepping legal concerns.

Jack Slingerland indicated he will look into best practices for the management of hypertension.

It was suggested that a physician champion for the Pharmacy Task Force's Hypertension activities be identified.

On a motion duly made and seconded, it was

VOTED to approve the hypertension proposal, with the understanding that it will need some *fleshing-out* as the initiative develops.

August 26, 2003 – Pharmacy Task Force Hypertension Proposal

Dr. Saalwaechter discussed the Michigan Quality Improvement Consortium Guideline DRAFT Medical Management of Adults with Essential Hypertension (note: Emma Bissonnette provided this document to the GFHC, and the GFHC forwarded it out to the PTF membership on June 05, 2003) and the BCN HEDIS data provided to the GFHC PTF by Jeanne Cavanaugh.

Task Force members generally agreed that the PTF hypertension initiative should focus most heavily on direct-to-consumer education (DCTE). Specifically, the DCTE should emphasize the importance of the general public knowing their blood pressure numbers, education about hypertension, and education about compliance.

Dr. Saalwaechter discussed the GFHC Heart Failure Task Force Guidelines Applied to Practice initiative (HFTF- GAP-HF).

Secretary's Note: Please find the brief outline of the HFTF GAP-HF initiative:

OUTCOME OPTIONS (to be achieved by December 2004):

- 1. To have implemented best practices guidelines in heart failure care in Genesee County/mid-Michigan*
- 2. To have shown significant change in compliance of the guidelines for heart failure*
- 3. To have shown a decrease in morbidity and mortality in heart failure*

GOALS (to be achieved by December 2004):

- 1. To improve compliance with American College of Cardiology and American Heart Association practice guidelines for the care of heart failure patients*
- 2. To improve hospitals' performance on heart failure quality of care measures, on which hospitals are required to report to CMS, JCAHO, and other agencies*
- 3. To provide hospitals with a ready-made process for improving their performance on heart failure quality-of-care indicators*
- 4. To lower the risk of death and 30- and 60-day re-hospitalization in patients hospitalized for heart failure*
- 5. To provide a collaborative culture that supports project success and accelerates improvement*

Ms. O'Conner noted that she has recently come across some information about drop-in medical appointments for group clinics (i.e. where clinics reserve blocks of time for drop-in visits) and how this time can be used for prevention related activities, like screening for high blood pressure. She noted that under certain circumstances this time may even be billable. Ms. O'Conner indicated she will follow-up on this information and report back to the PTF.

The following bullets outline the PTF's discussion for how to shape the group's hypertension activities:

- Organize blood pressure screening days within hospitals/health clinics
- Nursing schools may be a good resource for "staffing" blood pressure screening activities
- Possible tag lines: "What's your number?" or "The Silent Killer"
- Emphasize the consequences of untreated hypertension—heart disease, renal disease, etc.
- Paying for medications remains a significant barrier for people who are un/underinsured
- Capitalize on community based organizations as distribution sites of hypertension related information

- Recruit community members living with hypertension to champion education and awareness (Ms. O'Conner indicated she has a written testimonial that she will forward to the GFHC)
- Use churches and nursing health ministry to get the word out
- Print hypertension treatment guidelines in the Genesee County Medical Society Bulletin

Ms. Germain stated she will secure a list of the free hypertension screening sites throughout Genesee County.

September 23, 2003 – PTF Leadership Team
Hypertension Proposal – HEARTplus

Brian Wagner, the HEARTplus director at the YWCA of Flint, provided a brief presentation outlining the HEARTplus program – what it's about, how it works, and areas that the Pharmacy Task Force may be able to help develop/expand (handouts outlining the HEARTplus program were distributed).

Mr. Wagner noted that one deficit of the HEARTplus program relates to the follow-up activities/appointments that are made between participants and the YWCA (i.e. participants in the HEARTplus program who attend an educational activity with Faith Access to Community and Economic Development (F.A.C.E.D.) make a follow-up appointment with the YWCA) – he noted that of the 380 people screened about 65 showed up for the personal training appointment with the YWCA; no one younger than 50 years old made the follow-up appointment. To meet this deficit, Mr. Wagner noted transportation assistance is now made available, and participants are provided with a YWCA "Family Pass" (as opposed to only an individual pass) so participants can bring others, including children, with them to the personal training appointment.

Pharmacy Task Force leadership discussed and suggested that follow-up activities could happen directly at the churches where the screening took place, as opposed to at the YWCA.

Some of the ways the Pharmacy Task Force may be able to supplement the HEARTplus program are outlined below:

- Make guidelines for diabetes, hypertension, and cardiovascular disease available for the F.A.C.E.D. health action teams (i.e. address co morbidity between various chronic disease)
- Provide trainings for F.A.C.E.D. staff regarding and correct medication use
- Pharmacists could participate in the F.A.C.E.D. church activities, providing information about correct medication usage

- Pharmaceutical companies represented on the Pharmacy Task Force could provide resources (e.g. direct financial assistance) for church “heart health” activities such as healthy cooking classes/celebrations
- Pharmaceutical companies represented on the Pharmacy Task Force may be able to provide health and medication literature (including literature addressing adherence to the F.A.C.E.D. health action teams

The F.A.C.E.D. health action teams meet quarterly.

Emma Bissonette noted that follow-up is needed after a person is screened.

It was requested that the GFHC ascertain from F.A.C.E.D. details regarding what items/materials/resources/educational speakers (etc.) they wish the Pharmacy Task Force to provide.

Other brainstorming ideas stemming from the Pharmacy Task Force Leadership Team are outlined in the following list:

- Facilitate “train the trainer” activities
- Facilitate activities targeting the Latino community
- Provide glucose monitors and electric blood pressure cuffs to churches
- Develop a tool that lists medications, what they treat, how they should be taken, and possible side effects

Mr. Wagner indicated he will provide a one page summary of the HEARTplus program for distribution at the next General Membership meeting of the Pharmacy Task Force.

**October 28, 2003 – Pharmacy Task Force
HEARTplus™ Presentation**

Debbie Harris, the HEARTplus™ Project Director at Faith Access to Community and Economic Development (F.A.C.E.D.), presented the HEARTplus™ Project to the Pharmacy Task Force Membership. In addition to the materials included in the meeting agenda packet, Ms. Harris distributed an overview of the HEARTplus™ initiative and an information packet about F.A.C.E.D.

Outlined below are some of the main points discussed by the Task Force in response to Ms. Harris’s presentation:

- Ms. Harris will submit to the Coalition a detailed description of the resources the Pharmacy Task Force could contribute to the HEARTplus™ Project. Some of the main items discussed include culturally appropriate health related literature, speakers and resources for special events on specific disease topics, resources for screening tests, resources for YWCA memberships, and outreach to physicians

- Measures for the screening events should be developed so their effectiveness could be evaluated—e.g. number of people to be reached; # of churches; basic demographic information about the target population
- In past screening events sponsored by F.A.C.E.D., both repeat and new screenings typically occur
- For people who screen positive, info about following up with a health care provider is discussed/provided
- Diabetes Sunday event is held at a different church each year
- The middle-age population (people between 41 and 60 years) is the group most reached by the F.A.C.E.D./HEARTplus™ events
- Outreach activities through F.A.C.E.D. and the church health teams address more than just heart health issues; other chronic disease and co morbidity between diseases are also discussed

MQIC Guideline for Hypertension

Emma Bissonnette announced that Blue Cross Blue Shield of Michigan approved the Michigan Quality Improvement Consortium Guideline for the Medical Management of Adults with Essential Hypertension; a handout outlining the treatment recommendations was distributed. Ms. Bissonnette noted that the roll-out strategy has not yet been determined.

APPROVAL OF THE HEARTPLUS™ PROPOSAL AND MQIC GUIDELINES

Dr. Saalwaechter requested a motion approving the HEARTplus™ Proposal and MQIC Guidelines.

On a motion duly made and seconded, it was

VOTED to approve the HEARTplus™ Proposal and MQIC Guidelines.

In the upcoming months the Pharmacy Task Force will develop a more detailed plan for implementing HEARTplus™ and rolling out the MQIC guidelines.

February 24, 2004 – Pharmacy Task Force

HEARTplus/F.A.C.E.D. Project Wishlist

Debbie Harris outlined that the YWCA and Faith Access to Community & Economic Development (F.A.C.E.D.) have submitted their application for continued funding to the Ruth Mott Foundation; funding is anticipated. Ms. Harris noted that training for the F.A.C.E.D. staff who will be implementing HEARTplus is conducted by the American Heart Association.

The pharmaceutical representatives in attendance indicated a wide array of possible ways to support the project. Shelly O'Conner noted that Pfizer

Pharmaceuticals can provide health related literature to the F.A.C.E.D. Health Teams.

It was requested that the GFHC outline in detail specifically what is being requested. Cameron Shultz indicated he would forward this information to the pharmaceutical representatives.

Ms. Harris noted that she is available to discuss the program; her email is health_teams@ameritech.net.

MQIC Guideline Update

It was noted that Blue Cross Blue Shield of Michigan has mailed out 12,000 MQIC (Michigan Quality Improvement Consortium) hypertension disease management guidelines to healthcare providers across MI.

March 23, 2004 – PTF Leadership Meeting

HEARTplus Program Update

Mr. Shultz reported that the Greater Flint Health Coalition was in the process of corresponding with the pharmaceutical representatives on the Pharmacy Task Force to secure funding for supporting F.A.C.E.D.'s HEARTplus initiative.

June 22, 2004 – PTF General Membership

Funding Update for HEARTplus Initiative

Mr. Shultz explained the Greater Flint Health Coalition has received \$5,000 from AstraZeneca for the HEARTplus initiative. The coalition is still waiting to hear from the grant proposal to Eli Lilly. Mr. Shultz will follow up with Eli Lilly again.

August 24, 2004 – PTF General Membership

Eli Lilly Grant Proposal - Update

Jason Bias reported that Eli Lilly and Company will not be funding the African American Health Awareness & Outreach. Stephen Skorcz said there is still funding still anticipated to be available through Ruth Mott Foundation and that funding from other sources was to show support to the project.