Hypertension Improved by 66% in 3 Months with Pharmacist-Centric Care Model

CASE STUDY:

OVERVIEW
Hypertension is a silent, often symptom-free condition affecting an estimated 47% of adults, or nearly 120 million people, in the United States.¹ Only about a quarter of those patients diagnosed with hypertension have their blood pressure under control (130/80 mm/Hg or less), according to the CDC.² Uncontrolled blood pressure is a serious risk factor, and it is closely linked to stroke and heart disease, two of the leading causes of death in the United States (U.S.)

PROBLEM
With uncontrolled hypertension, there is a risk of death and disability due to cardiovascular disease. This chronic condition can be managed by medication, lifestyle factors such as improved diet and exercise, or a combination of both. Hae Mi Choe, Associate Dean for Pharmacy Innovations and Partnerships at the College of Pharmacy and Chief Population Health Officer for University of Michigan Health, recognized that Pharmacists could play a role in the solution.

SOLUTION
Creating a Pharmacist-Centric Care Model
In 1999, Dr. Choe, recognized that to improve the management of chronic conditions like hypertension, prescribed treatments should be paired with patient education, counseling, and follow-up visits to ensure that patients understand the importance of adhering to their care plan.
Knowing that patient education is at the core of a pharmacist’s role, Dr. Choe and her team created a new pharmacist-centric care model to try to improve patients’ control of their blood pressure and test the effectiveness of this approach. In the program they created, the pharmacist:
• Is embedded in the care team and specially trained.
• Provides education and consultation to their patients.
• Follows up with patients to monitor lifestyle changes and the effectiveness of the drugs.
selected HPP as a potential model to replicate. The CDC’s Division for Heart Disease and Stroke Prevention conducted a thorough evaluation of the program and showed that providing pharmacist-based consultations and follow-up helped participating patients achieve and maintain control of their blood pressure:

In addition, the CDC evaluation showcased that HPP:

- Improved medication management and patients benefited from more frequent adjustments than those not in the program.
- Participants had fewer visits to their primary care physician.

As a result of these findings, the CDC highlighted the HPP as an effective model and published a detailed implementation guide to support and encourage other health systems to replicate the University of Michigan Health approach.

**CDC Piloting the Model to Reach Underserved Populations.**

Based on the success of HPP, the CDC is replicating and scaling the program to reach underserved patient communities in the southeastern U.S., and sought nominations of healthcare systems serving primarily African American patients. Initially, one will be selected for implementation of the HPP model, with training and partial financial support.

**HPP IN THE STATE OF MICHIGAN**

The program continues to expand based on the demand for services, which include increasing available hours for follow-up at the clinics and community pharmacies. What’s even more exciting is that Dr. Choe is looking to expand community pharmacy partnerships into other disease states based on the positive outcomes with hypertension.

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