1. Introduction

Heart disease and stroke are among the leading causes of hospitalization and death in Canada. In 2008, nearly 30% of all deaths reported were due to cardiovascular disease. Hypertension, a known risk factor for the development of cardiovascular disease, affects one in five Canadians over the age of 20 while elevated cholesterol, another well-established risk factor, affects approximately 40% of the population.

To control high blood pressure and elevated cholesterol, individuals must commonly rely on a combination of pharmacotherapy and healthy lifestyle changes. Data from 2010 shows that approximately one-third of patients treated for high blood pressure are not under control.\(^1\) Key factors in improving management of these two conditions include: improving education on medications, education on lifestyle modifications and focusing on improving adherence. Evidence suggests that pharmacists can provide these types of patient services to positively influence adherence to both drugs and health behaviors. Furthermore, the accessibility of pharmacies to most patients makes them an ideal setting to perform more frequent interventions with patients to sustain better adherence.\(^2\)

Green Shield Canada’s (GSC’s) Pharmacist Health Coaching is a cognitive service provided by pharmacists that focuses on cardiovascular health and offers blood pressure and cholesterol management to patients. Its main objective is to empower patients diagnosed with hypertension and elevated cholesterol to take ownership and responsibility for their overall cardiovascular health. To achieve this objective pharmacists will:

1. Provide guidance and support to patients to achieve target blood pressure and cholesterol measurements.
2. Implement strategies that help improve patient adherence to cardiovascular drug therapy.
3. Offer effective coaching and follow-up to help patients adopt healthy lifestyle behaviors that will positively impact their cardiovascular and overall health.

The program is based on the results of a study sponsored by GSC in partnership with the Ontario Pharmacists Association (Impact of Community Pharmacist Interventions in Hypertension Management on Patient Outcomes: A Randomized Controlled Trial) which provided clear evidence that a significant percentage of patients who received pharmacist services had lower blood pressure, lower body mass indexes, improved medication compliance and reduced drug costs.

Eligibility Criteria

The service is available to community-based patients who have a concurrent diagnosis of hypertension, elevated cholesterol and meet all three of the following criteria:

- Have GSC extended health and drug benefit coverage
- Are under 65 years of age
- Are treated with a cardiovascular drug regimen that includes at least one qualifying drug from each of the two categories below:
  - **Antihypertensive agents**
    - Thiazide/thiazide-like diuretic
    - Beta-blocker
    - Long-acting Calcium Channel Blocker
    - ACE inhibitor
    - Angiotensin II Receptor Blocker
    - Renin Inhibitors
  - **Cholesterol lowering agents**
    - HMG-CoA Reductase Inhibitor
    - Ezetimibe

---

1. [http://www.heartandstroke.com/site/c.ikIQcMWhT/b.3483991/k.34A8/Statistics.htm](http://www.heartandstroke.com/site/c.ikIQcMWhT/b.3483991/k.34A8/Statistics.htm)
2. Program Delivery

Identify Eligible Patients

To get started, identify eligible patients based on the criteria outlined above. You can do this by reviewing your patient prescription profiles and contacting the patient by phone, or by approaching him or her in your pharmacy. Please note that member participation in the program is voluntary.

Preparation

Once an eligible patient has agreed to participate, you may choose to either: 1) book an appointment for the patient to return at a later time, or; 2) provide the service immediately.

When booking an initial or follow-up appointment, ask the patient to bring, if available, the following information:

- Current medication bottles and/or medication list, including vitamins, supplements and herbal products. This could be a medication list previously generated during a formal medication review or a patient generated medication list.
- Home blood pressure measurements
- Lipid panel
- Height, weight, abdominal circumference
- Family doctor name and contact information

Assessment and Intervention

During the initial visit:

1. Document patient’s demographic information, allergies and intolerances, immunization status, current and accurate medication list, and family physician’s name and contact information.
2. Assess adherence to medication, blood pressure and cholesterol control, smoking status, diet, level of physical activity and 10-year cardiovascular risk. If appropriate, consider assessing medication literacy.
3. Establish goals for blood pressure and cholesterol control.
4. Identify patient goals for lifestyle and behaviour modification. If multiple goals are identified, we suggest focusing on one or two goals initially and adding more goals at follow up visits as the patient progresses through the program.
5. Coach patient to achieve desired goals.

During each subsequent follow up:

1. Update patient’s demographic information, allergies and intolerances, immunization status, medication list, and family physician’s contact information as necessary.
2. Assess adherence to medication, if necessary (e.g., patient with a low to moderate adherence score on initial visit). Please note that although the recommendation to assess medication adherence during the first and second follow up visits is left to the discretion of the pharmacist, there is a requirement to measure adherence during the third and final follow up visit.
3. Assess blood pressure and cholesterol control and, if not completed on a previous visit, assess 10-year cardiovascular risk.
4. Review progress towards achieving goals previously established by the patient.
5. Identify new patient goals for lifestyle and behaviour modification, if appropriate.
6. Coach/Educate patient to achieve desired goals.

Communication

A pharmacist may identify situations when the Risk Assessment, Goals and Action Plan may be forwarded to the patient’s physician or another healthcare professional involved in the patient’s care. It is advisable that the pharmacist ensures that the patient is aware that the communication is taking place and that this action is documented on the pharmacy copy.

Establishing and building positive relationships with physicians and other healthcare professionals will foster collaboration and seamless patient care. Therefore, communication of relevant findings, established goals, action plan and/or recommendations using the Physician Communication Form is encouraged.
Requirements

Education/Training

Each pharmacist providing the service is required to complete a short, mandatory orientation and training course available through their provincial pharmacy association. More information is available on the GSC website – www.providerconnect.ca. Pharmacists who have completed the mandatory training are expected to stay current and maintain competencies in cardiovascular health management and motivational interviewing.

Location and equipment

The session must be conducted by a trained pharmacist in an “acoustically private” area of the pharmacy away from other customers and patients – preferably in a comfortable space where there is a desk and a computer – and offered as a one-on-one encounter between the pharmacist and the patient. The pharmacist must have available in the pharmacy a blood pressure monitor which will be used to measure the patient’s blood pressure during each visit. It is also recommended that the pharmacist has available an anthropometric tape measure, or equivalent, to measure a patient’s waist circumference.

Documentation

Documentation must be clear and complete in order to support adequate patient care and follow up as well as payment for the service(s) provided to the patient. All documentation must be done using the mandatory forms developed by GSC in collaboration with Ontario Pharmacists Association and British Columbia Pharmacy Association:

- **Medication Assessment**: The pharmacist will initially obtain and subsequently update, if necessary, an accurate medication history for the purpose of evaluating drug therapy for the management of hypertension and hyperlipidemia.
- **Risk Assessment, Goals and Action Plan Form**: The pharmacist will initially document and subsequently update all relevant information gathered during each encounter, including established goals for behavior change and recommendations made. The form initiated during the initial visit will be available during each subsequent follow up visit to allow continuity of care throughout the program.
- **Physician Communication Form**: The pharmacist may determine that it is necessary to communicate to the patient’s physician relevant findings, established goals, action plan and/or recommendations.

The pharmacist may attach additional pages to complement any/all of the required forms to ensure continuity of care. For example, a pharmacist may choose to attach a medication profile report generated using the pharmacy’s software program to support/complement the Medication Assessment Form.

Privacy

All third parties delivering services on behalf of GSC will agree to comply with the provincial privacy legislation and regulations, including the following terms and conditions with respect to privacy:

- Name an individual to handle all aspects of privacy
- Identify the purposes for the collection of personal information
- Seek consent for the collection of personal information and its subsequent use or disclosure
- Limit the use of all personal information collected to the purposes for which it was collected
- Retain information for as long as is required for the purposes of this program.
- Ensure that all retained information is accurate
- Use appropriate security measures to protect all personal information
- Ensure that, upon request, an individual will be informed of the existence, use and disclosure of his/her personal information and will be given access to that information.
- Inform individuals who make inquiries or lodge complaints of the existence of, and process for, complaint procedures.
- Acknowledge liability for the use made of all personal information
- Allow GSC to oversee the third parties’ methods of collecting and storing data (by review or audit)
- Indemnify GSC for any breach of contract
Claim for Payment

For each participating member, you may submit one initial visit and up to three follow up visits within one year from the date of service for the initial visit. A claim for payment can only be made online after completing the service and providing the patient with a copy of their medication assessment as well as their signed and dated risk assessment, goals and action plan. For audit purposes, claims are made on the day the service is provided. Claims for a follow up visit will be allowed no earlier than 30 days after the last date of service.

The claim submission follows the normal process for submitting claims to the GSC network using the following information:

- **Initial visit**
  - The amount paid is $60
  - Product Identification Number (PIN): 991805 *(PHC - Initial Assessment)*

- **Follow Up visit(s)**
  - The amount paid per visit is $20
  - Product identification Number (PIN)
    - First Follow Up: 991821 *(PHC - Follow Up 1)*
    - Second Follow Up: 991848 *(PHC - Follow Up 2)*
    - Third Follow Up: 991856 *(PHC - Follow Up 3)*

When transmitting the claim on our network, the charge for the service provided needs to be entered in the cost field and the dispensing fee field must be left blank as dispensing fees do not apply to this benefit.

Record Keeping

All documents used to collect and document personal health information during the provision of this program are considered part of the patient record and will be maintained in a computer system where possible, and where that is not possible, in a systematic manner that allows for their easy retrieval and for the period of time specified by the respective regulatory college of pharmacy requirements.

For quality assurance purposes, claims may be subject to audit. Please retain all completed documentation for the period of time required by your regulatory body as described above.
Frequently Asked Questions

1. I have identified an eligible patient, do you have any suggestions for how I should introduce the program?
   Let the patient know that their healthcare benefits plan offers a health coaching program to patients currently taking drugs for high blood pressure and high cholesterol. The program focuses on improving cardiovascular health by helping them take their medications appropriately to get their blood pressure and cholesterol under control. The program will also help them set goals for a healthy lifestyle. There is no out-of-pocket cost for participating and the cost of the program is covered in its entirety by GSC. Participation in the program is voluntary.

2. My patient has decided to enroll and participate in the program. How can I prepare to make the most efficient use of our time during the initial visit?
   We recommend that you schedule an appointment for a time that is convenient for you and your patient allowing sufficient time so you can have an uninterrupted conversation. To prepare for a meaningful interaction, you may want to ask the patient to come prepared with the following information:
   - Current medication bottles and/or medication list, including vitamins, supplements and herbal products.
   - Home blood pressure measurements
   - Lipid panel, if available
   - Height, weight, abdominal circumference
   - Family doctor name and contact information

3. How is this service different from a provincially funded medication review program?
   Where a patient is eligible for a provincially funded medication review, we recommend that you schedule a separate appointment prior to the start of this program to conduct a comprehensive medication review. The main objective of a medication review is to ensure that patients understand how to safely and appropriately take their medication therapy.
   
   While the purpose of the medication assessment portion of this program is to assess adherence to therapy and the appropriateness of antihypertensive and cholesterol lowering treatment, the broader goal of the program is to provide lifestyle coaching that will support patients in getting their cardiovascular disease under control.

4. My patient had a medication review done earlier this year. Do I have to gather a new medication history as part of the medication assessment or can I use the medication list generated during the medication review?
   Yes, you may use the medication list generated during a previous medication review to complete your medication assessment but you must update it if necessary to ensure that the list is current and accurate.

5. I have determined that my patient can benefit from a drug therapy change. How do I verify coverage for a drug before I make a recommendation to the prescriber?
   Patients can verify coverage for drug benefits by using the Is My Drug Covered? feature found on Plan Member Online Services, which can be accessed from the GSC website at www.greenshield.ca, or through their GSC on the Go mobile app and choosing the Drugs on The Go option.

6. My patient would benefit from a formal fitness and/or weight loss program. Are these services covered by GSC as part of this program?
   The Pharmacist Health Coaching-Cardiovascular Program does not offer additional coverage for any add-on fitness and/or weight loss programs. Some healthcare benefits plans offer Health Care and/or Personal Spending Accounts that allow patients to claim the cost of these programs as an eligible medical expense. Ask your patient to verify coverage for these services by accessing Plan Member Online Services, through the GSC on the Go mobile app, or by calling the Customer Contact Centre at the number listed on the front of their drug card.

7. My patient has expressed a desire to quit smoking. Does GSC cover smoking cessation programs provided by pharmacists?
   Some patients may be eligible for smoking cessation services provided by a participating pharmacy. Ask your patient if their plan sponsor provides coverage for smoking cessation programs. To obtain a list of participating pharmacies, visit the Provider Connect website at www.providerconnect.ca. You may also advise your patient to contact the Government of Canada Pan-Canadian Quit Line at 1-866-366-3667 or visit their website at healthycanadians.gc.ca/healthy-living-vie-saine/tobacco-tabac/quit-arretez-eng.php to find out which program is offered in their province.

8. My patient has limited mobility. Can I meet with their caregiver instead?
   A caregiver may be present during the visit(s) as permitted by the patient. The coaching nature of this program requires the patient to be present during each visit and actively involved in identifying and setting goals for lifestyle modification.

9. Can I provide this service remotely (i.e. via phone or videoconference)?
   No, all of the meetings with the patient are expected to take place at the pharmacy. This will ensure that the patient gets maximum value from the service.