PHARMACIST HEALTH COACHING – CARDIOVASCULAR PROGRAM

FLOWCHART

Patient agrees to participate[1]

Provide patient with *Preparing for Your Appointment* patient brochure

Is the patient eligible for a provincially funded medication review?

Yes

Have they completed a provincially funded medication review in the past year?

Yes

Medication Assessment form **not** required. Use provincially funded medication review and update if required.

No

Complete provincially funded medication review in advance of the cardiovascular health coaching program.

No

Complete *Medication Assessment*[2]

Initial Assessment

- Assess medication adherence
- Document blood pressure and cholesterol levels (if available[3])
- Document smoking and lifestyle information (physical activity and diet)

Initial or Second Assessment (based on provider preference)

- Conduct *risk assessment*[4] and assess blood pressure and cholesterol based on established goals
- Develop patient-identified goal(s) for lifestyle and behaviour modification with emphasis on modifiable risk factors

Is a risk assessment required[4]?

Does the patient have a *statin-indicated condition*[5]?

Yes

The patient is automatically deemed high risk. A risk assessment is **not** required (may use CV age to convey risk[4]).

No

Calculate patient's *cardiovascular (CV) age* **or** *FRS*

(Reassessment required only if changes are expected to impact risk assessment.)

Second Assessment

- Reassess blood pressure
- Review patient progress, modify plan if necessary, and continue to coach patient towards achieving desired goal(s)

Third Assessment

- Reassess blood pressure
- Review patient progress, modify plan if necessary, and continue to coach patient towards achieving desired goal(s)

Fourth Assessment

- Reassess blood pressure
- Review patient progress, modify plan if necessary, and continue to coach patient towards achieving desired goal(s)
- Reassess adherence levels (if required)

Forms:

1. Preparing for Your Appointment (patient brochure)
2. Medication Assessment
3. Risk Assessment, Goals, and Action Plan

Notes:

[1] A list of eligible patients in your pharmacy is available through accessing the EQuIPP dashboard. EQuIPP (or Electronic Quality Improvement Platform for Plans and Pharmacies) is a subscription-based web platform that displays performance information along with opportunities for improvement. To gain access to EQuIPP services contact your corporate office or visit **www.equipp.org** to submit your inquiry using the "Support" link (top right hand corner). If you are part of a retail pharmacy banner, please include this information in the inquiry to help expedite the process.

[2] Resolve any identified drug-related problems prior to proceeding. Note you may be eligible for reimbursement under GSC's Refusal to Fill program.

Professional judgment: Refusal to Fill reimbursement ($22)

As a reminder, GSC encourages you to use your professional judgment to determine whether or not a prescription should be filled. For example, if your patient is currently on multiple hypertension medications and, during the course of the program, adherence to medication is improved requiring discontinuation of one hypertension medication for safety, you will be compensated $22.

Information about these programs and the applicable forms for documentation can be found on our provider website. Just visit providerconnect.ca.

[3] If cholesterol levels are not available during the initial assessment with the patient, make arrangements to obtain them from their physician or ask the patient to bring cholesterol levels for the second appointment.

[4] **Primary goals of the CVD risk assessment*:**

- To reassure individuals without any treatable risk factors that they are doing well;
- To advise individuals with treatable risk factors or unhealthy behaviours; and
- To identify subjects most likely to benefit from pharmacotherapy.

Several studies have shown that the potential benefits of risk assessment are maximized when results are directly communicated to the patient.

When primary health care providers engage Canadian patients by discussing their "cardiovascular age," uncertainty surrounding prescribed therapy is reduced and the management of dyslipidemia and hypertension is improved.

[5] **Statin-indicated conditions (risk assessment is not required for these individuals as statin therapy is indicated)*:**

1. Clinical atherosclerosis
   - Myocardial infarction, acute coronary syndromes, stable angina, documented coronary disease by angiography (>10% stenoses), stroke, TIA, documented carotid disease, peripheral artery disease, claudication, and/or ankle-brachial index (ABI) <0.9
2. Abdominal aortic aneurysm
   - Abdominal aorta > 3.0 cm or previous aneurysm surgery
3. Diabetes mellitus
   - ≥40 years of age or > 15 years duration and age ≥ 30 years or microvascular complications
4. Chronic kidney disease
   - > three months duration and albumin:creatinine ratio (ACR) >3.0mg/mmol or estimated glomerular filtration rate (eGFR) < 60ml/min/1.73m^2
5. LDL-C ≥ 5.0 mmol/L
   - LDL-C ≥ 5.0 mmol/L or document familial hypercholesterolemia excluded second causes

* 2021 Canadian Cardiovascular Society Guidelines for the Management of Dyslipidemia for the Prevention of Cardiovascular Disease in the Adult. Canadian Journal of Cardiology. 37 (2021) 1129 - 1150.