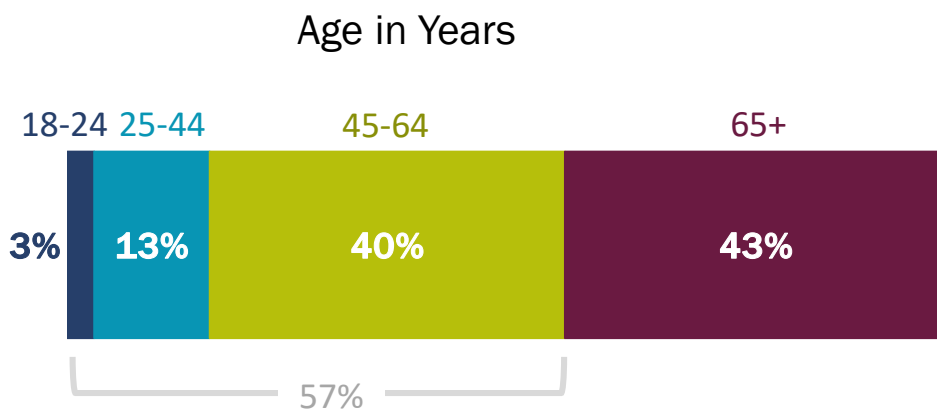


# Antihypertensive Medication Adherence in Vermont

## Hypertension Prevalence

An estimated 151,600 Vermont adults (26%) have been diagnosed with hypertension. Of those with hypertension, 143,100 have some form of a health insurance plan.

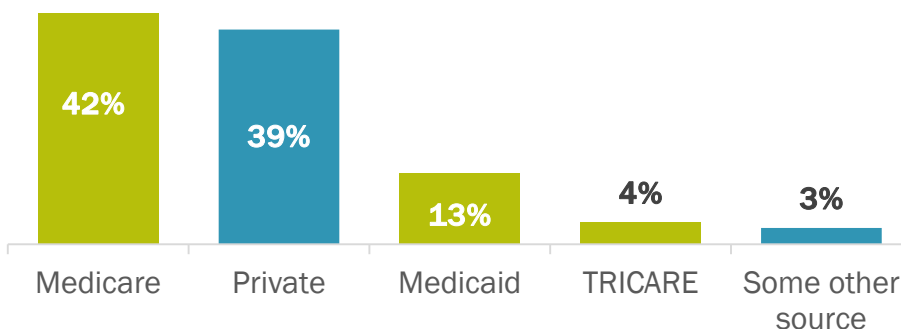
### Hypertension and Age



Over half (57%) of adults diagnosed with hypertension are between 18 & 64 years old (n = 86,200).

### Hypertension and Health Insurance

#### Over Half of Adults Diagnosed with Hypertension are Covered by a Public Insurance Plan



60% of Vermont adults diagnosed with hypertension are covered by **public health insurance**.

- 42% by Medicare
- 13% by Medicaid

\*Data are age-adjusted to the U.S. 2000 population.

Those covered by Indian Health Services or uninsured were too small to report

Sources: VT BRFSS, 2017

October 2019

Learn more at [healthvermont.gov](http://healthvermont.gov)

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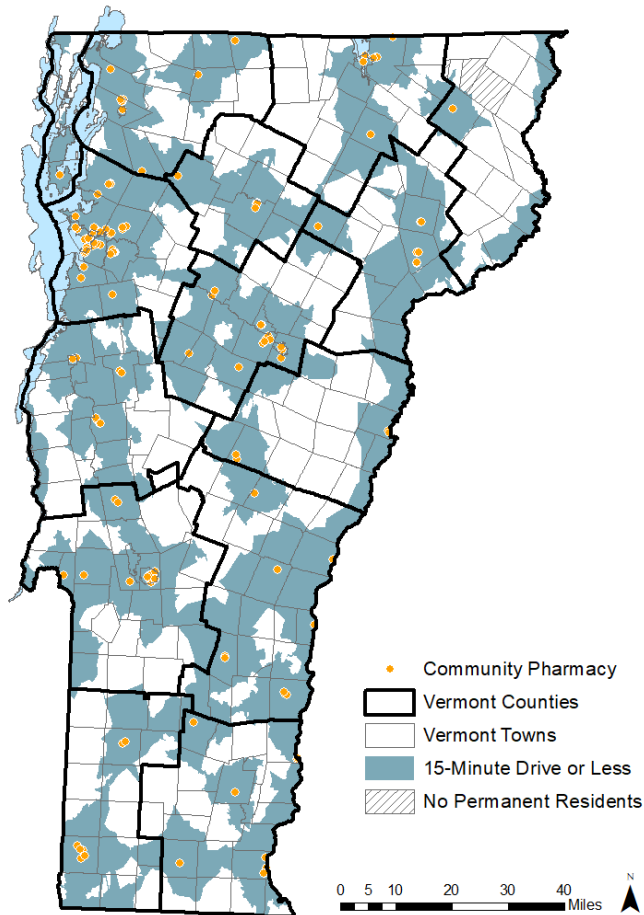
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# Antihypertensive Medication Adherence in Vermont

## Transportation – Getting to Community Pharmacies

Vermonters ability to access community pharmacies is inhibited by transportation barriers.

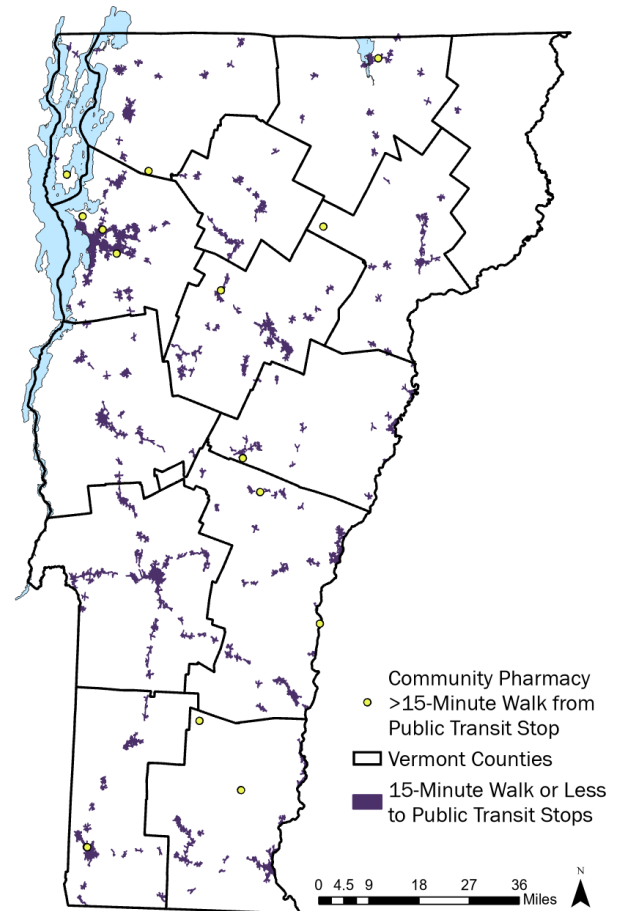
### Drive Times



**40% of towns** are more than a 15-minute drive to a community pharmacy\*, based on town geographic center.

\*Community pharmacies are any pharmacy that is not part of a hospital setting.

### Public Transit



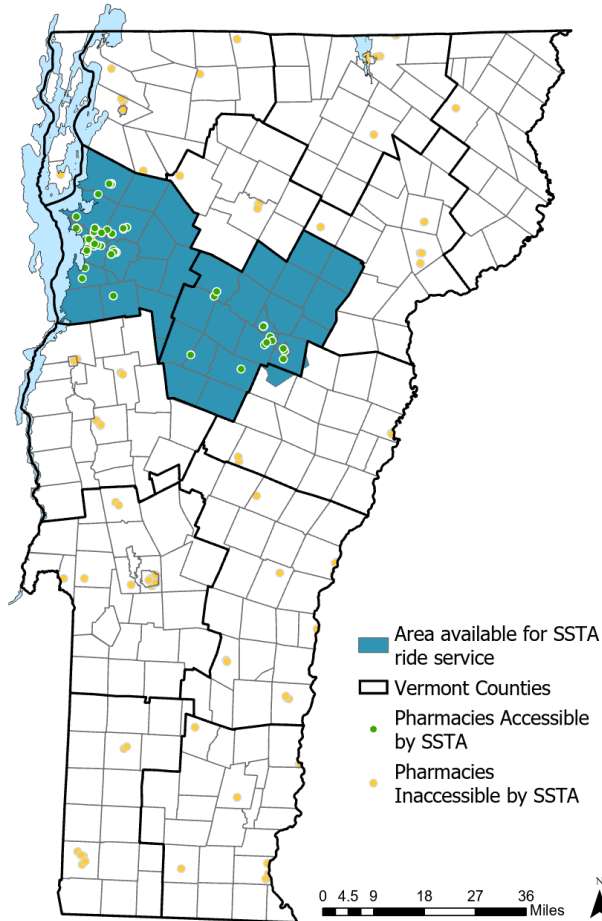
Only **32% of homes** are within a 15-minute walk of public transit stops compared to 90% of pharmacies; limiting the utility of public transit in facilitating pharmacy access.

# Antihypertensive Medication Adherence in Vermont

## Transportation – Getting to Community Pharmacies



### SSTA (Assisted Transportation)

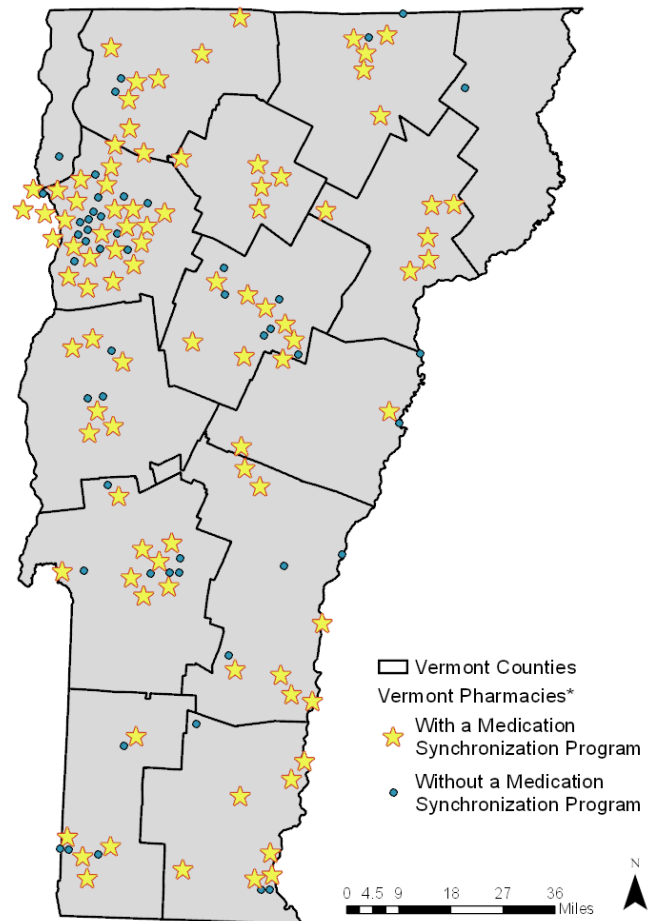


**38% of Vermont community pharmacies** are within Social Services Transportation Agency (SSTA) ride services area.

Conducting 600-700 rides a day, SSTA provides accessible transportation for people with specialized mobility needs.



### Med Sync Programs



**101 of 148 community pharmacies (68%)** in Vermont have medication synchronization (med sync) programs.

Note: the level of enrollment within or efficacy of these programs within pharmacies is unknown.

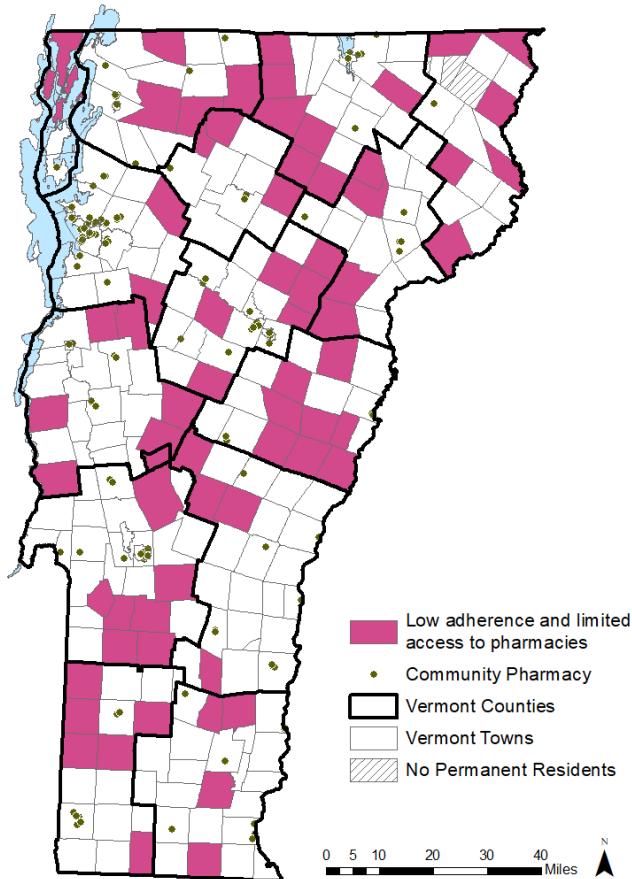
\*These points have been dispersed so that they may be read. They do not reflect actual position.

# Antihypertensive Medication Adherence in Vermont

## Medication Adherence and Medication Synchronization



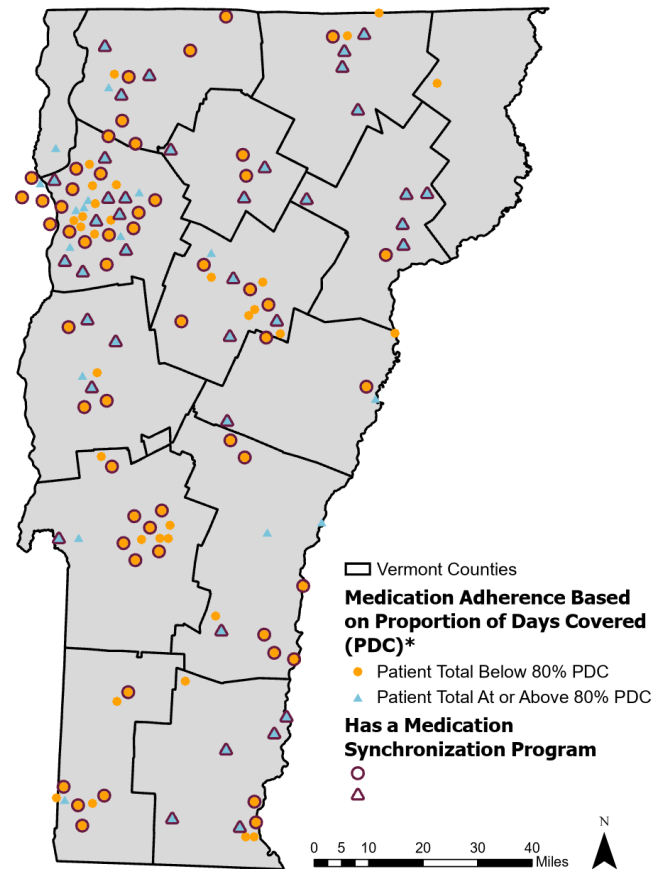
### Low Adherence, Limited Access



**70 of 255 towns (27%)** have residents with an antihypertensive medication adherence <75.5% **and** had a >15-minute drive to a community pharmacy.



### Medication Adherence



There is **no clear geographic pattern** in pharmacy level adherence whether the pharmacy has a medication synchronization program or not.

\*These points have been dispersed so that they may be read. They do not reflect actual position.

All analyses/conclusions provided are those of the VDH and not necessarily those of the GVCB. Data represent Vermont adults 18-85 who were continuously enrolled in a prescription benefits plan for the years under analysis.

Sources: GVCB VHCURES, 2014-2016, extract 121, extracted Sept. 2018  
GVCB VHCURES, 2017, extract 173, extracted June 2019

October 2019

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# Antihypertensive Medication Adherence in Vermont

## Insurance Plan Coverage



### Pharmacy Services

The ability of pharmacists to provide clinical services, such as medication therapy management (MTM) and medication synchronization, is largely dependent on for what they can be reimbursed.

	Blue Cross Blue Shield of Vermont	Medicaid	Medicare
<b>Medication Therapy Management (MTM)</b>		<p>Code will be activated in 2020 for pilot with Federally Qualified Health Centers (FQHCs)</p>	<p>Part D Rx plans must offer to those with multiple chronic conditions &amp; high drug costs</p>
<b>Appointment-Based Model (ABM)</b>	<p>Unknown</p>	<p>Looking into billing for pharmacist services</p>	<p>Some Part D plans may offer</p>
<b>Short Fills</b> <p>A short fill prescription gives patients enough pills to align their next fill to the sync date that is selected.</p>	<p>Must submit standard refill claim for rejection before submitting for a short fill</p>	<p>Requires one-time override code</p>	<p>Part D rule requires plan sponsors to offer prorated copayments</p>

# Antihypertensive Medication Adherence in Vermont

## Medication Adherence and Medication Synchronization



### Summary

- If a person's home is within a 15-minute drive or a 15-minute walk to a public transit stop, they can likely access a community pharmacy. They are less likely to have adequate access to a community pharmacy if they live more than a 15-minute drive to a pharmacy and/or a public transit stop is inaccessible.
- Though it tends to be a multistep process, Vermont's major health insurers make it possible to synchronize Vermonters' medications.
- Most Vermont community pharmacies have medication synchronization programs. However, the rate of enrollment at these sites is unknown. The Health Department is working to identify medication synchronization enrollment in Vermont pharmacies through prescription claims data.
- Mail order prescriptions are important to consider. Current data shows that only a small proportion of insured Vermonters with hypertension receive prescriptions from mail order distribution centers. The Health Department plans to conduct a more thorough analysis of this type of pharmacy care to assess its impact on antihypertensive medication adherence.

### The Health Department is increasing medication adherence by:

- ✓ **Promoting medication therapy management** with the Vermont Pharmacists Association and Medicaid.
- ✓ Developing methodology to **measure population-level medication synchronization enrollment** through claims data with the CDC and the Pharmacy Quality Alliance.
- ✓ Piloting a workflow for medication therapy management in **Federally Qualified Health Centers' hypertension protocols**.