

Attachment 4

Houston Program Description

MyRx Medication Adherence Program. The focus of this program is medication management for patients with hypertension and diabetes. The program is based on a Patient Centered Medical Home (PCMH) model where health and community professionals (here after referred to as PCCC staff) partner with patients to improve health outcomes. These professionals will be of the same cultural background as the participants and will speak their language. The learning objectives are to: teach patients medication management and self-management. The program will be delivered by pharmacists (who will be trained by Harris County Hospital District health educators in motivational interviewing and cultural competency). The pharmaceutical care medication management approach includes a medication assessment, development of a care plan, and follow-up. Licensed pharmacists, who are from the same cultural group as the participants, make residential visits to patients in their senior residential building and provide telephone follow-ups. Health educators, with the support of pharmacists, provide educational sessions for seniors.

Proven comparative effectiveness research (CER) strategies utilized in this intervention include: pharmacist home visits, group health education classes, and one-on-one provider driven follow-up telephone calls. The number of sessions planned or the dosage the participants will be exposed to include: 1) 1-hour home visit conducted by a pharmacist; 2) two monthly health education group classes for 60 minutes each at each facility taught by health educators; and 3) two reminder follow-up calls involving pharmacist consultation with the participant within 2 weeks of each educational session. The total study time is less than 5 hours over a 3-month period per participant. Sessions and materials have been tailored to the culture and language of participants. Data will be collected through in-person interviews, telephone interviews, and focus groups at four points. PCCC implementation staff will collect baseline data in month 1. Pharmacists will conduct telephone follow-ups in months 1 and 2 and post-intervention data at the end of month 3 of a 3-month intervention program. Focus groups will be conducted after

the last session. Incentives provided to patients are: health promotion items given during the educational classes and \$15 store gift card upon completion of the program and \$15 for participation in the focus group.

The organizations partnering with Houston and the target populations and health conditions they provide are: Houston Housing Authority Senior Living Facilities, Texas Southern University College of Pharmacy and Health Sciences, and Harris County Hospital District. Patients will be recruited from four of the City of Houston Housing Authority senior independent living facilities. Local hub staff and pharmacy students will visit the four buildings to inform residents of the program and identify eligible patients. The racial/ethnic target populations of the four facilities are as follows: African Americans (n=351), Asian Americans (n=173), and Hispanics/Latinos (n=149). The health conditions included are diabetes and hypertension; and the focus is on patients who are 55 years and older and take at least one medication.

The selection criteria for diabetes, for inclusion are as follows: Age 55 years and older, member of target ethnic groups, resident of one of the participating facilities, taking at least one medication for diabetes at time of recruitment, and access to a telephone at home. The selection criteria for hypertension, for inclusion are as follows: Age 55 years and older, member of target ethnic groups, resident of one of the participating facility, taking at least one medication for hypertension at time of recruitment, and access to a telephone at home.

Houston Hub staff will first have the patients sign a consent form to acknowledge their participation in the program and consent to complete program questionnaires, as well as consent to have their clinical data (blood pressure readings, measure diabetic HbA1c levels, and weigh patients) measured. The paper-and-pencil data collection forms will be administered and completed by the pharmacists and Houston Hub staff, where indicated. The forms will be available in English, Spanish, Chinese, and Vietnamese. Pharmacists and staff will administer the forms in the preferred language of the patient. Unique patient identification numbers will be used to facilitate matching baseline, follow-up, and post-intervention data, but no identifying

information will be provided to project staff. Paper forms will be given to project staff for data entry and analysis. Completed questionnaires and focus group notes will be kept in a locked file and the computer database will be password enabled so that only project staff can access the information.

Cultural adaptations for language have been made for this program. Information will be provided at each educational session in a language appropriate format. A translator will be utilized or a health care provider who speaks the dominant language at the facility will be utilized, as necessary. Additionally, pharmacists who speak the desired language will be utilized to conduct the telephone counseling. Relevant reading materials in the predominant languages of English, Spanish, and Chinese will be distributed at the educational classes according to the module that is being covered. Educational classes will also incorporate the use of material relevant to the various cultures (i.e., the use of culturally specific food pyramids in the nutrition module). Also, all health care providers who participate in the project will undergo cultural competency training.

Facility administrators where the program will take place have also been involved in the adaptations to meet the needs of their residents. Educational sessions will be scheduled in coordination with the facility managers to determine the best availability of the participants. Residents from each of the targeted facilities will be queried on an ongoing basis to address any concerns participants may have expressed.

In regards to the proven CER, the length and frequency of the classes were based on input from the facility managers and the facility residents and information from the CER scan. The workgroup decided on the frequency of the telephone consultations according to information from the CER scan and the resources available to reach the population.

We will assess the translation and dissemination efforts of the proven CER through the participant focus groups, implementation staff focus groups, facility key informant interviews, local hub member key informant interviews, and the steering committee survey. Specific items are asked, as appropriate, about each of the proven CER strategies implemented to understand their

impact on those participating in MyRx. Items were also developed to gather information on the dissemination strategies and to understand where participants obtained information about these programs and how they prefer to obtain information about their health.

The instruments (see Attachment 5 for the data collection instruments) are described below. Clinical data will be captured by the pharmacists who are trained to take blood pressure readings, measure diabetic HbA1c levels, and weigh patients. Since the patients are not directly linked to a health facility for this program, we will not obtain electronic medical records for the clinical data. Houston will use the following tools:

- **MyRx Participant Eligibility Screening Form:** Hypertension and Diabetes screening form will be administered during recruitment phase by project staff. This questionnaire will be used to determine program eligibility.
- **MyRx Participant First Home Visit Form for Diabetes/Hypertension/Diabetes and Hypertension** (one form will be administered depending on the health status of the participant). The form that the pharmacist will use during the initial home visit will be guided by the patient's condition. This questionnaire will capture the baseline knowledge, attitude, and behavior/behavioral intentions data.
- **MyRx Participant Telephone Follow-Up: Being Active and Managing Stress** (month 1 only) and **MyRx Participant Telephone Follow-Up: Healthy Eating** (month 2 only). The pharmacists will administer these following each monthly educational session.
- **MyRx Participant Post-Intervention Follow-Up Form for Diabetes, MyRx Participant Post-Intervention Follow-Up Form for Hypertension, MyRx Participant Post-Intervention Follow-Up Form for Diabetes and Hypertension** (one form will be administered depending on the health status of the participant). This data will be collected 2 weeks following the final follow-up call by the pharmacist. This questionnaire will capture the post-intervention knowledge, attitude, and behavioral intentions data, as well as clinical indicators (HbA1c, blood pressure, weight, height). It will be administered by the Houston Hub staff.

- **MyRx Participant Focus Group Guide and Questions** (Post-Intervention)—Focus groups will be held for the participants. These focus groups will allow participants to discuss and share their experiences with the program, as well as offer suggestions for improvements in program implementation related to translation and dissemination of CER strategies.

We will gather additional information for this project from the PCCC implementation staff, the facility administrators, and the local hub members who have participated in this project.

- **MyRx Implementation Staff: Pharmacist, Health Educators Focus Group Guide and Questions.** The focus group items will capture information about the implementation staff (pharmacists and health educators), and their experiences with the program. The focus group will collect thoughts about the program in regards to translation needed prior to implementing the program, dissemination strategies, and implementation successes and challenges. The staff will complete a brief profile prior to participating in the focus group.
- **MyRx Facility Administrator Key Informant Interview Questions.** These items will capture information about the facilities (in Houston, the residential housing units) used as program sites for this project. This will include their role in the community, who they serve, and their experience with the program. The key informant interviews will gather facility administrators' thoughts about the program in regards to site specific translation needs they addressed prior to implementing the program; as well as thoughts regarding dissemination strategies used, and implementation factors, successes, and challenges.
- **PCCC Houston Local Hub Member Survey.** These items will capture information about the local hub members and the organizations they represent. This information will allow us to understand their role on the project, how they viewed the project, and their involvement. The focus group will allow them to express their thoughts about the program in regards to what if any translation was needed prior to implementing the program; dissemination strategies used; and implementation factors, successes, and challenges.