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Dear Dr.

Your patient \_\_\_\_\_, PHN No. \_\_\_\_\_, has elected to participate in the Green Shield Canada (GSC) **Pharmacist Health Coaching – Cardiovascular Program**, a health management program supported by GSC and available to all patients under 65 years of age diagnosed with both hypertension and elevated cholesterol who have extended health care coverage with GSC.

Under the banner Change4Life™, GSC is focused on developing benefit plans that will support Canadians to better manage their health. For further information on GSC's Change4Life™ initiatives, please refer to our website – [greenshield.ca](http://greenshield.ca).

The **Pharmacist Health Coaching – Cardiovascular Program** aims to empower patients to take ownership for their overall cardiovascular health and engages community pharmacists to coach them in doing so by:

- ☒ providing guidance and support to achieve target blood pressure and cholesterol levels,
- ☒ implementing strategies that help improve adherence to drug therapies,
- ☒ offering support to adopt healthy lifestyle behaviors that positively impact overall health.

The program is based on a successful pilot project<sup>1</sup> sponsored by GSC in partnership with the Ontario Pharmacists Association which provided clear evidence that a significant number of patients who received pharmacists' counselling services had lower blood pressure, lower body mass indexes, improved medication adherence and reduced drug costs.

The program consists of an initial evaluation and three follow-up consultations within a period of one year during which the pharmacist will:

- ☒ assess medication adherence<sup>2</sup>, blood pressure and cholesterol control, presence of modifiable risk factors, and cardiovascular risk
- ☒ provide patient education on healthy behaviors and lifestyle changes
- ☒ establish patient driven goals.

The purpose of this letter is to communicate to you findings and goals established during the initial visit and provide you with an update of the patient's progress during follow up evaluations. We value our professional relationship and trust that you will find the information useful and relevant. Should you have any questions, please feel free to contact us at the number indicated below.

Sincerely,

*SIGNATURE*

First & Last Name, RPh

Lic. #

P.

F.

<sup>1</sup> Impact of Community Pharmacist Interventions in Hypertension Management on Patient Outcomes: A Randomized Controlled Trial. Available at [https://www.opatoday.com/Media/Default/Advocacy/Final%20Report%20\(Final\).pdf](https://www.opatoday.com/Media/Default/Advocacy/Final%20Report%20(Final).pdf)

<sup>2</sup> Self-reported medication adherence was assessed using the Morisky Medication Adherence Scale-MMAS-4. Morisky DE, Green LW, Levine DM. Concurrent and Predictive Validity of a Self-Reported Measure of Medication Adherence and Long-Term Predictive Validity of Blood Pressure Control. Med Care 1986; 24:67-74

**DATE OF EVALUATION:**

☐ INITIAL ☐ 1<sup>st</sup> / ☐ 2<sup>nd</sup> / ☐ 3<sup>rd</sup> FOLLOW UP

PATIENT INFORMATION			
Name		DOB ( { /aā/y~*y)	
Address		Gender	
Phone No.		PHN No.	
MEDICATION HISTORY & ADHERENCE ASSESSMENT			
Please refer to enclosed Medication Assessment document.			
BLOOD PRESSURE ASSESSMENT		CHOLESTEROL ASSESSMENT	
BP Target: <input type="checkbox"/> < 140/90 mmHg <input type="checkbox"/> < 130/80 mmHg (DM/CKD) BP Control: <input type="checkbox"/> Normal/Optimal <input type="checkbox"/> High-Normal <input type="checkbox"/> High		LDL Target: <input type="checkbox"/> < 2.0 mmol/L <input type="checkbox"/> Other _____ mmol/L	
		<b>LIPID MEASUREMENT</b>	
<b>Average HOME BP</b> <input type="checkbox"/> Not Available ____ / ____ mmHg		<input type="checkbox"/> Not Available Total Cholesterol _____ mmol/L Low Density Lipoprotein _____ mmol/L High Density Lipoprotein _____ mmol/L Non-HDL _____ mmol/L Triglycerides _____ mmol/L	
<b>PHARMACY BP</b>			
<input type="checkbox"/> Not Available ____ / ____ mmHg			
10-YEAR CARDIOVASCULAR RISK			
<b>Framingham Risk Category:</b> <input type="checkbox"/> Low Risk (<10%) <input type="checkbox"/> Moderate Risk (10-20%) <input type="checkbox"/> High Risk (>20%) <input type="checkbox"/> Unable to calculate			
LIFESTYLE ASSESSMENT			
PATIENT GOALS & ACTION PLAN			
PHARMACIST RECOMMENDATIONS		FOR PHYSICIAN REVIEW	
Issue Identified	Recommendation	Make change as recommended	Physician Comments
	<input type="checkbox"/> For information only <input type="checkbox"/> Action Required →→→	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> For information only <input type="checkbox"/> Action Required →→→	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> For information only <input type="checkbox"/> Action Required →→→	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pharmacist Name:</b> _____ <b>Lic. No.</b> _____ <b>Signature:</b> _____ <b>Date:</b> <del>XXXX</del> / <del>XXXX</del> / <del>XXXX</del>		<b>Signature:</b> _____ <b>Date:</b> ____ / ____ / ____ <b>CPSBC #:</b> _____	