THE ASHEVILLE PROJECT: MEDICATION THERAPY MANAGEMENT

Over a period of six years, the proportion of people who achieved the program’s targeted blood pressure level rose from 40% to 67%; those with on-target cholesterol levels rose from 50% to 75%. In addition, the number of heart attacks and other cardiac events fell by more than half, as did patients’ use of the emergency room and other hospital services for cardiac events.

Health care costs paid by the employer fell by more than 45%. Cardiovascular-related medical expenses decreased from an average of $14,343 to $9,931 per event (e.g., a heart attack or stroke). The percentage of health plan costs related to cardiovascular disease also decreased substantially, from 30.6% to 19.1%.

Innovations: Employer support for regular blood pressure and cholesterol consultations with a pharmacist as well as drug copayment reductions and waivers.

Improvement: Employees experienced fewer cardiovascular-related events, had lower medical expenses, achieved blood pressure and low-density lipoprotein (LDL) cholesterol (“bad” cholesterol) goals more frequently, had lower risks for emergency department visits and hospitalizations, improved their overall health, and missed fewer days of work.

Location: Asheville, North Carolina

Innovative Approach: Asheville, NC, implemented a community-based medication therapy management program for high blood pressure, cholesterol, and triglycerides to benefit 12,000 employees of the city and a local hospital system. Participating employees received employer-sponsored face-to-face counseling and educational classes with clinically trained educators and pharmacists. Employers also reduced or eliminated copayments on medications related to chronic diseases for participating employees. The interventions were built onto similar programs already in place for asthma and diabetes.