# Sample Letter to Providers Re *Team Up. Pressure Down.*

# Blood Pressure Project (put on pharmacy letterhead)

[date]

[provider address]

Dear [Provider name]:

Your patient, [first and last name of patient], currently receives blood pressure medication from our pharmacy. We wanted to let you know that your patient has agreed to participate in our pharmacy’s effort to improve medication adherence for patients diagnosed with hypertension or having a prescription for blood pressure medication.

This project is a partnership with the Cardiovascular Health Program at the state department of health. Six other pharmacies are working on similar projects through June 2017. The efforts will include counseling from a pharmacist covering topics on medication management and lifestyle counseling (e.g., increasing physical activity, smoking cessation, etc.). Participants will also receive blood pressure resources from the Team Up. Pressure Down. program, which is part of the national Million Hearts initiative, and a brochure on the Dietary Approach to Stop Hypertension (DASH) eating plan.

This is an ideal opportunity to raise patient awareness of the importance of blood pressure control and taking medications as prescribed. We hope that you and your patient find this project beneficial.

If you have any questions about this effort, please contact me at [pharmacy e-mail address and telephone number].

Sincerely,

[pharmacist name and title]