



Innovative Strategies to Address Hypertension: Partnering with Patients and the American Heart Association

Friday, September 29, 11 AM – 12 PM



VISION

— *Where are we going?* —

Advancing **health** and **hope** for everyone, everywhere.

MISSION

— *Why do we exist?* —

To be a **relentless force** for a world of longer, healthier lives.

STRATEGIC VALUE PROPOSITION

— *How will we make an impact?* —

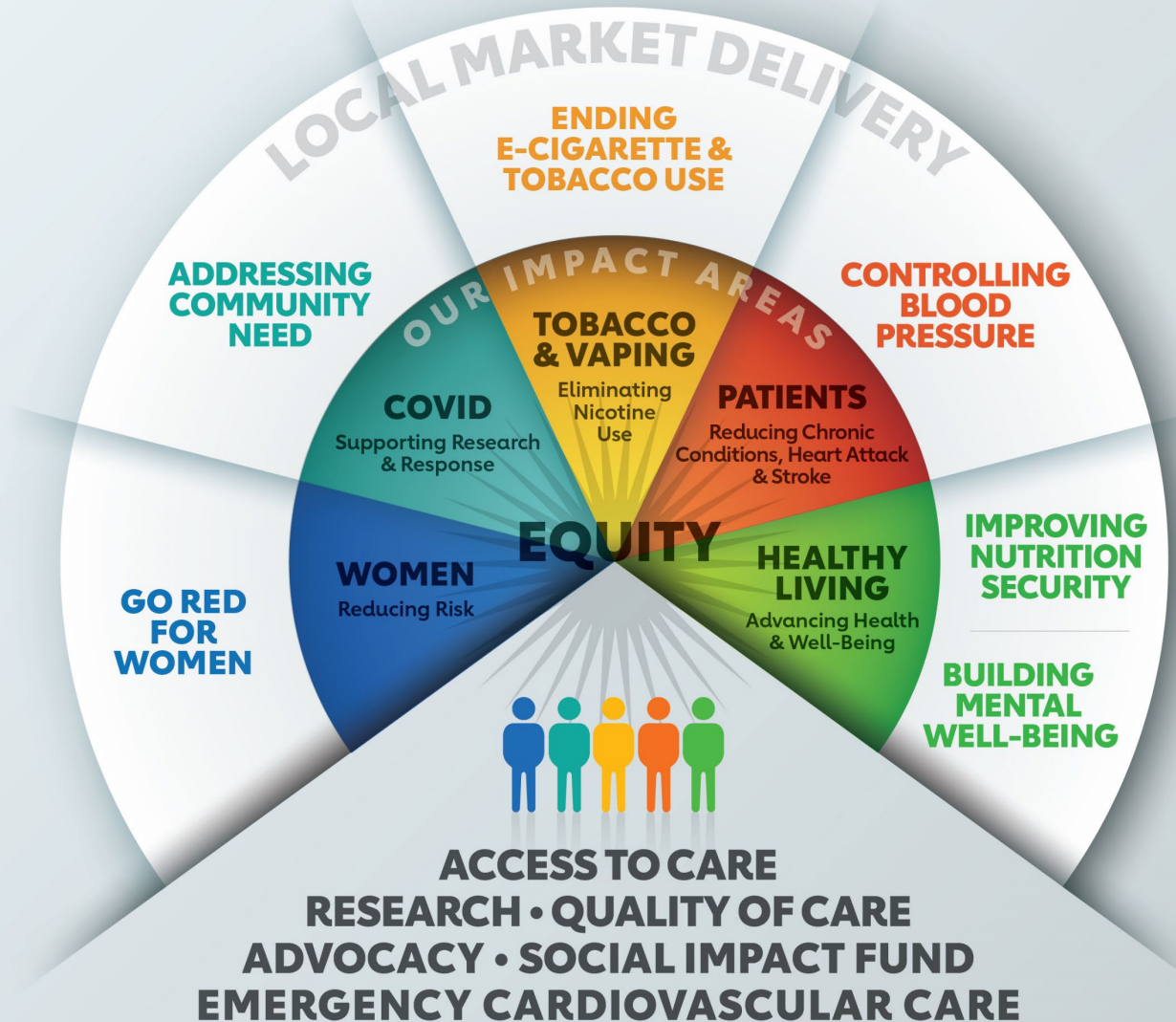
The AHA is a **catalyst** to achieving maximum impact in equitable health and well-being.

GUIDING VALUES

— *Who are we?* —



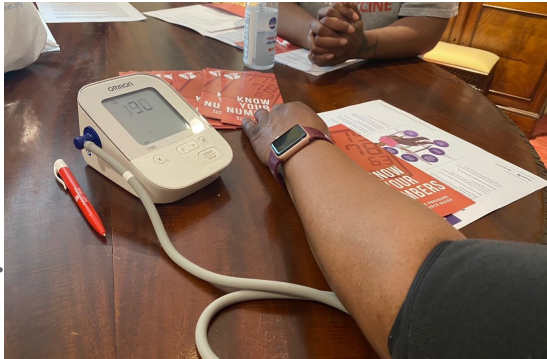
DRIVING EQUITABLE HEALTH IMPACT





American
Heart
Association®

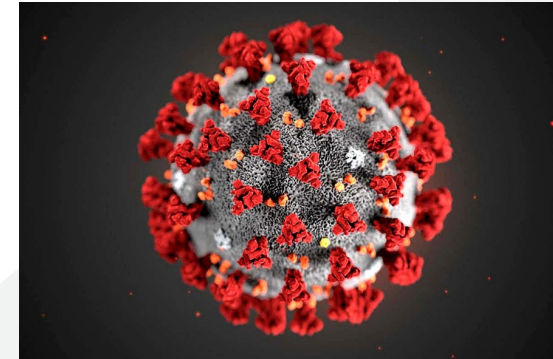
THE ALARMING REALITY OF HIGH BLOOD PRESSURE



Almost half of U.S. adults suffer from high blood pressure



Black and Hispanic people are twice as likely to develop high blood pressure



The greater risk for hypertension results in more heart attacks and heart disease, including strokes, which contribute to disproportionate negative outcomes for those infected with COVID-19



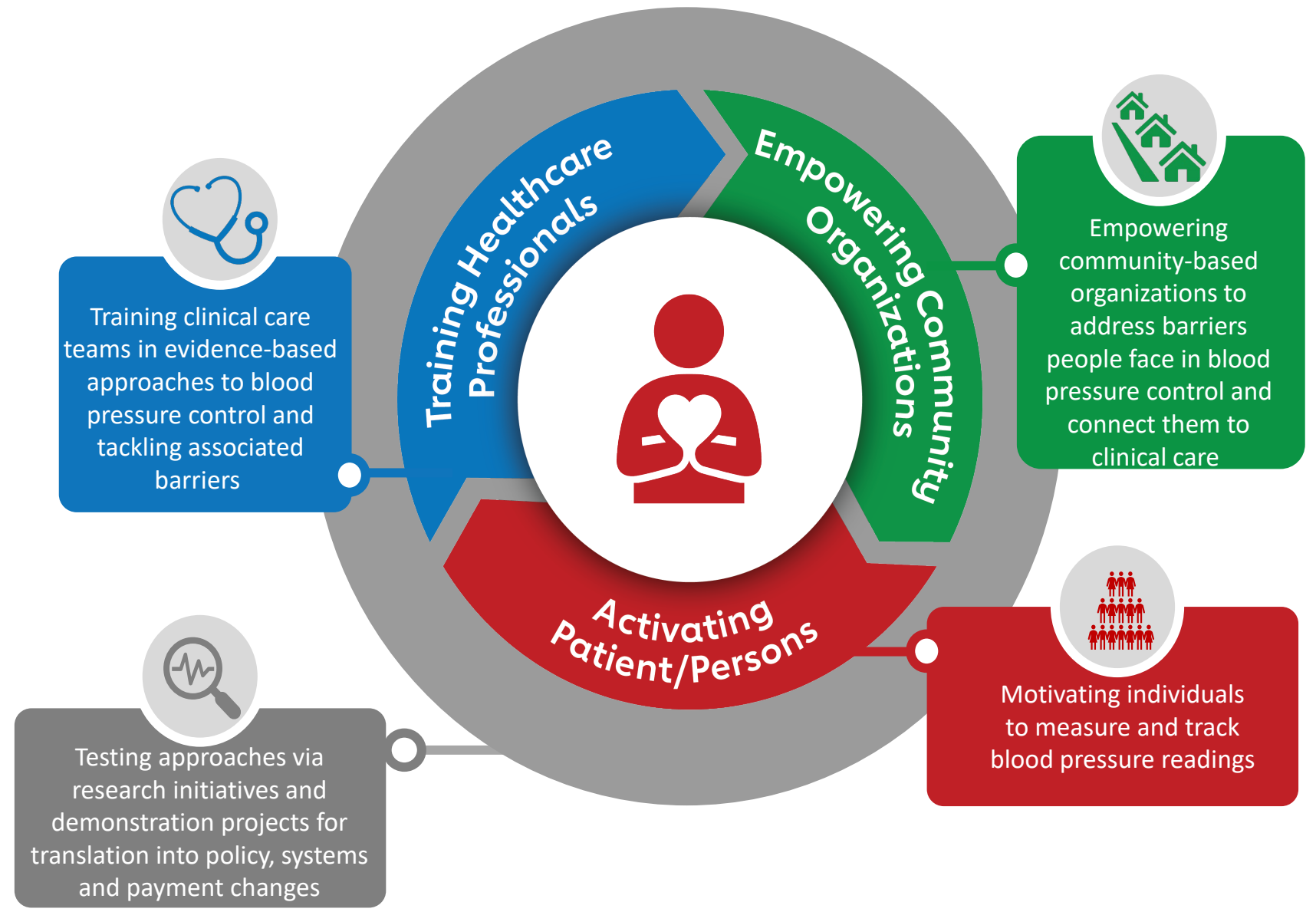


American Heart Association

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Key Integrated Strategies

Strategy for Addressing Blood Pressure



Outpatient Initiatives

Our initiatives work together to reduce cardiovascular deaths, heart attacks, and strokes among the 100 million+ Americans living with hypertension, high cholesterol, and/or type 2 diabetes.



Target: BP



Target: Type 2 Diabetes



Check. Change. Control.
Cholesterol

TARGET: **BP**™



American
Heart
Association.

2023 Target: BP Recognition

Congratulations to the following VCHA Member Sites:



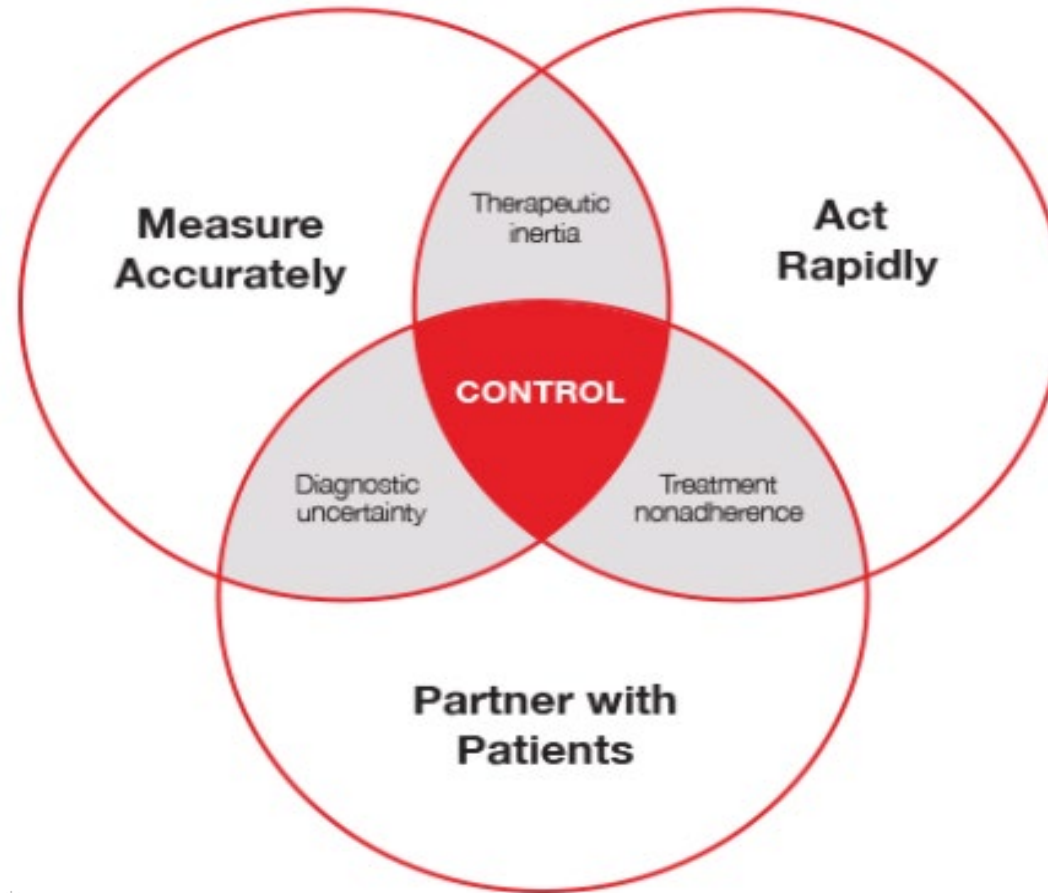
Capital Area Health
Network
CVHS King William



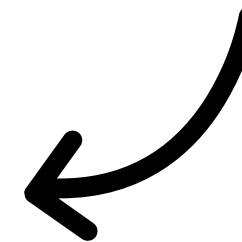
Clinch River Health Services
CVHS of Southern Albemarle
GPW Health Center: Dumfries /
Manassas / Woodbridge

Hampton Roads Community
Health Center:
Barbara L. Willis / Park Place /
Communicare Family Health Center
/ East Ocean View / Little Creek
Highland Medical Center
Neighborhood Health: 2 East /
Annandale / Casey / Merrifield /
Richmond Highway / South County
Southwest Virginia Community
Health Systems, Inc.

M.A.P. Framework – Foundation for Target: BP



ALL 3 ARE CRITICAL
FOR CONTROL



Boonyasai RT, Rakotz MK, Lubomski LH, et al. Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three-part framework to guide efforts to improve hypertension control. *J Clin Hypertens*. 2017;19:684-694. <https://doi.org/10.1111/jch.12995>

MEASURE ACCURATELY

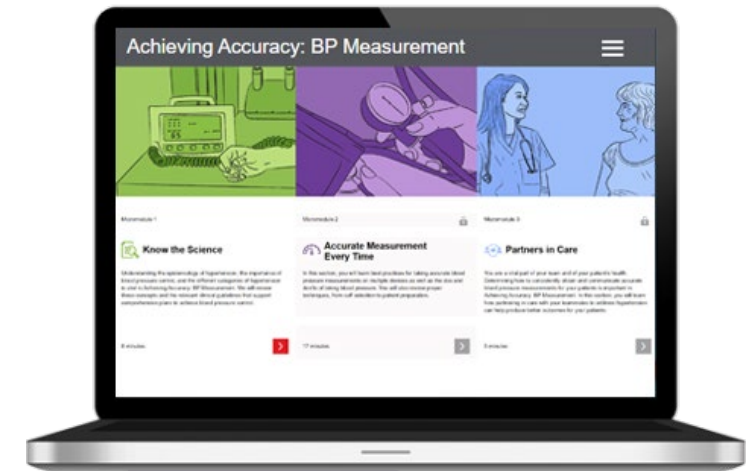


Practice Assessment and Resources

Measuring BP accurately in the clinical setting is critical to improving BP control. Here are some steps you can take to help incorporate evidence-based BP measurement techniques into your practice.

How Well Do You Measure? Do you...

- ✓ Have a nurse or medical assistant take a patient's BP?
- ✓ Use a validated, automated upper-arm device to measure BP?
- ✓ Ensure appropriate patient positioning (e.g., quiet, chairs with back support, hard surface to support arm at heart level, foot stool available)
- ✓ Prepare patients before taking BP measurement (avoid tobacco/caffeine/physical activity 30 minutes prior, empty bladder, position)
- ✓ Take a repeat or “confirmatory” measurement if initial BP is high?





Capital Area Health Network Participates in Target: BP's Recognition Program

Hypertension Control Rates of Patients
18 Years of Age and Older Improved in 1 Year

Sites (6)	2021 Data	2022 Data
Capital Area Health Network, Richmond	56.0%	70%

Capital Area Health Network (CAHN) Improves Hypertension Control with Staff Training on Measuring Accurately



- Provided 30 e-learning modules
- Helped implement evidence-based policies and practices



- Implemented new staff and annual training policy and practice

Uninsured patients
with uncontrolled
HTN



Hampton Roads CHC Participates in Target: BP's Recognition Program

Hypertension Control Rates of Patients
18 Years of Age and Older Improved in 1 Year

Sites	2021 Data	2022 Data
Barbara L. Willis Wellness Center	57.5%	61%
Park Place Family Medical Center	N/A	61.8%
Communicare Family Health Center	N/A	63.1%
East Ocean View Medical and Dental	N/A	58.1%
Little Creek Family Health Center	N/A	63.4%

ACT RAPIDLY



Extend Lives: Act Rapidly to Manage Elevated BPs

Therapeutic inertia is the leading factor contributing to suboptimal BP control rates, along with the failure of patients to schedule or return for follow up. Both result in serious unmanaged risk but can be addressed with an evidence-based treatment protocol.

How Rapidly Do You Act? Do you...

- Notify the provider if a patient has a high BP?
- Flag high BPs in the electronic health record (EHR)?
- Use a hypertension treatment protocol?
- Identify patients with uncontrolled BP using an EHR report?
- Identify contributing factors of clinical inertia?



Instructions: Check all the boxes that apply to your practice.

1. What office protocols are in place?

- Provider is notified if patient has high blood pressure (BP)
- High BPs are flagged in electronic health record (EHR)

2. What treatment protocol is used?

- None
- Your practice's customized protocol
- Clinical decision support guidance within EHR (including embedded treatment protocol)
- AMA/ACC/CDC high blood pressure algorithm
- Million Heart[®] protocol for controlling hypertension in adults
- Kaiser Permanente Clinical Practice Guideline for Adult Hypertension
- National Institute for Health and Care Excellence (NICE) protocol for hypertension in adults
- Other: _____

3. How are medical records used?

- Identify patients with uncontrolled BP using EHR report
- Identify clinical inertia
- Initiation or intensification of antihypertensive medication
- Initiation or continuation of non-pharmacological therapy
- Schedule follow-up visits
- Schedule follow-up BP measurements
- Use of self-measured BP monitoring
- Use of 24-hour ambulatory BP monitoring
- Use of 24-hour ambulatory BP monitoring
- Use of 24-hour ambulatory BP monitoring
- Identify contributing factors of clinical inertia
- Provider's lack of knowledge on treating hypertension
- Provider's lack of knowledge on treating hypertension
- Provider's lack of knowledge on treating hypertension
- Unsure about "true" BP
- Medication compliance
- Medication adherence
- Patient does not want or agree with treatment plan
- Follow-up issue



Content provided by
AMA | MAPBP

This resource is part of AMA's...
or resources observed... contribute...
experts and healthcare... to improve BP control...

Treatment Algorithm and Resources

BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120-129 mm Hg	and	<80 mm Hg
Stage 1 Hypertension	130-139 mm Hg	or	80-89 mm Hg
Stage 2 Hypertension	≥140 mm Hg	or	≥90 mm Hg

Normal BP

Recommended

Action:

Promote optimal lifestyle habits

When to Reassess:

1 year

Elevated BP

Recommended

Action:

Nonpharmacological therapy

When to Reassess:

3–6 months

Stage 1 HTN

Recommended

Action:

Nonpharmacological therapy (no ASCVD)

When to Reassess:

3-6 months

Stage 2 HTN

Recommended

Action:

Nonpharmacological therapy, BP-lowering medicine

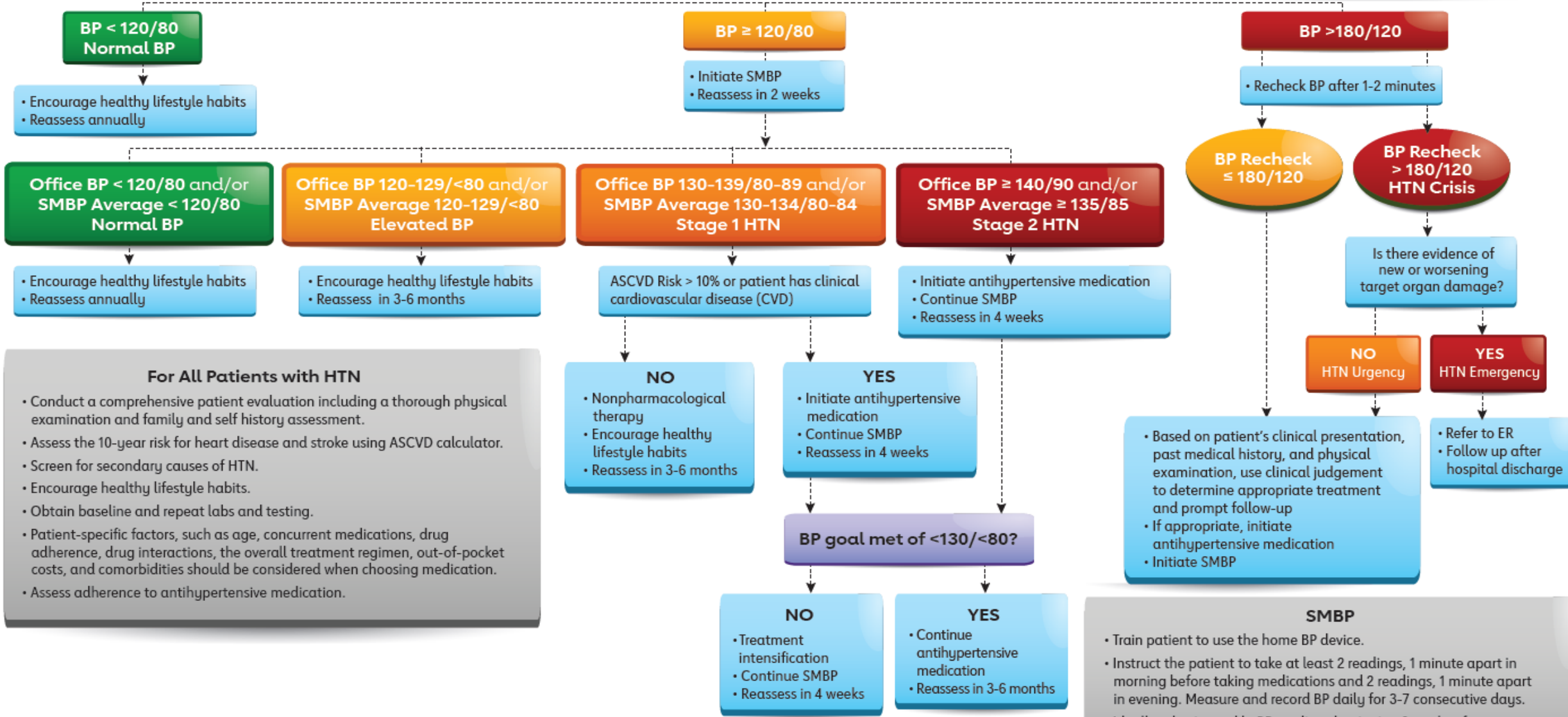
When to Reassess:

1 month

BP Treatment for Patients Without a History of HTN

Initial Office Visit

For SMBP measurement interpretation, an average systolic and diastolic BP of 135/85 mm Hg is considered equivalent to 140/90 mm Hg in the clinical setting.



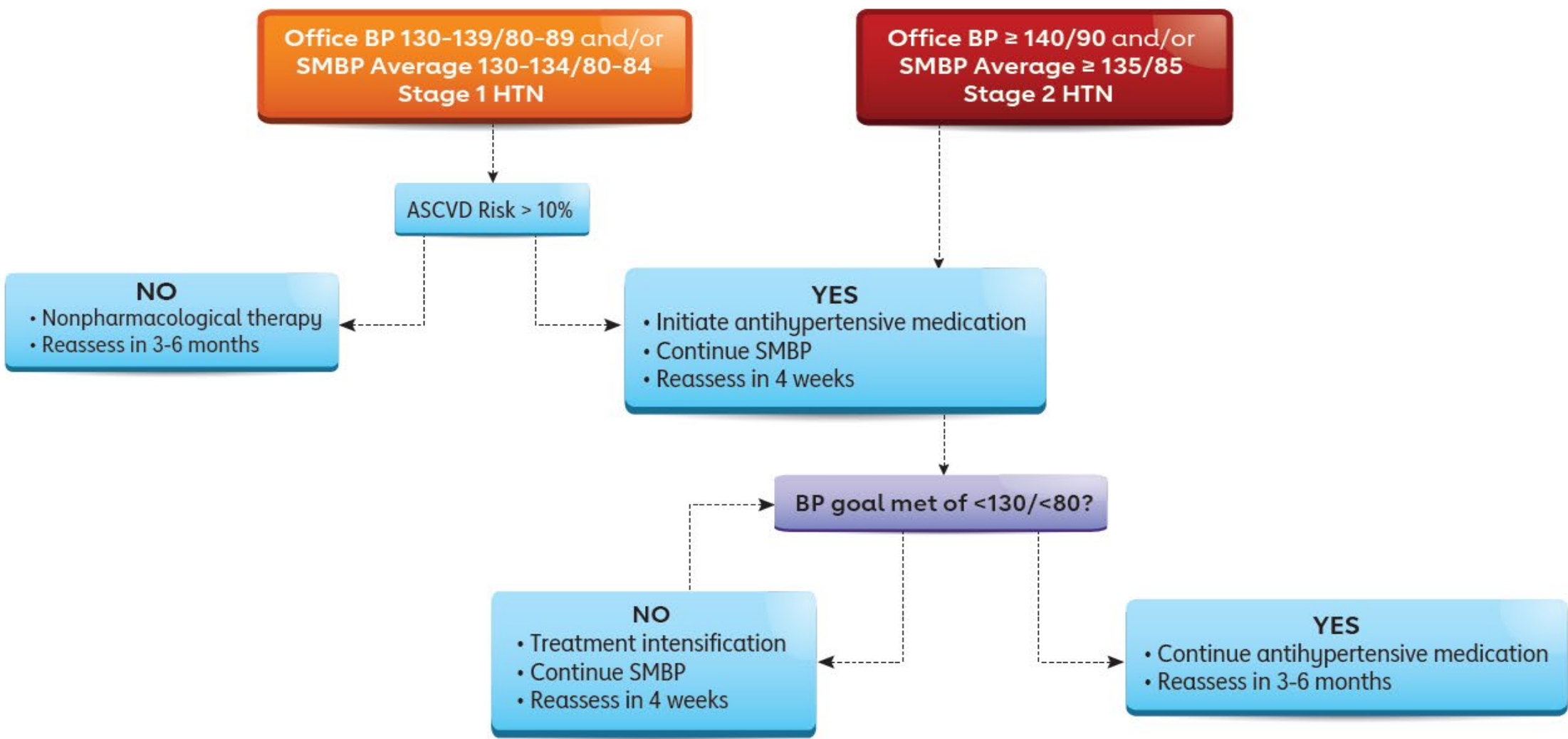
For All Patients with HTN

- Conduct a comprehensive patient evaluation including a thorough physical examination and family and self history assessment.
- Assess the 10-year risk for heart disease and stroke using ASCVD calculator.
- Screen for secondary causes of HTN.
- Encourage healthy lifestyle habits.
- Obtain baseline and repeat labs and testing.
- Patient-specific factors, such as age, concurrent medications, drug adherence, drug interactions, the overall treatment regimen, out-of-pocket costs, and comorbidities should be considered when choosing medication.
- Assess adherence to antihypertensive medication.

SMBP

- Train patient to use the home BP device.
- Instruct the patient to take at least 2 readings, 1 minute apart in morning before taking medications and 2 readings, 1 minute apart in evening. Measure and record BP daily for 3-7 consecutive days.
- Ideally, obtain weekly BP readings beginning 2 weeks after a change in treatment regimen and during the week before a clinic visit.

BP Treatment for Stage 1 and Stage 2 HTN



PARTNER WITH PATIENTS



Empower Patients to Control Their Blood Pressure

By partnering with patients to help remove obstacles to treatment adherence and bring BP under control, you can save and extend lives. Creating a blame-free environment is an important step to tackling the problem of nonadherence.

How Well Do You Partner? Do you...

- Engage patients using evidence-based collaborative communication strategies, such as teach-back?
- Encourage patients to self-manage using SMBP?
- Direct patients and families to resources that support medication adherence?
- Promote adoption of healthy habits, and connect patients with resources that can help?
- Foster specific lifestyle changes that can prevent and help manage high blood pressure?





Greater Prince William HC Participates in Target: BP's Recognition Program

Hypertension Control Rates of Patients
18 Years of Age and Older Improved in 1 Year

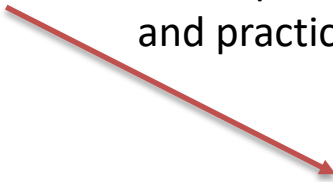
Sites	2021 Data	2022 Data
Dumfries	59.0%	60.2%
Manassas	57.2%	62.0%
Woodbridge	57.6%	67.7%

GPW Health Center Improves Hypertension Control Through a Self-Monitoring Blood Pressure (SMBP) Loaner Program

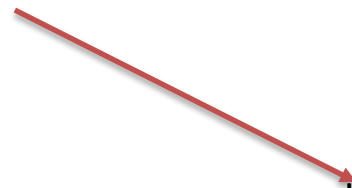


American Heart Association.

- 30 Omron BP monitors
- Help implement evidence-based policies and practices



GPW Health Center
Dedicated to Your Health



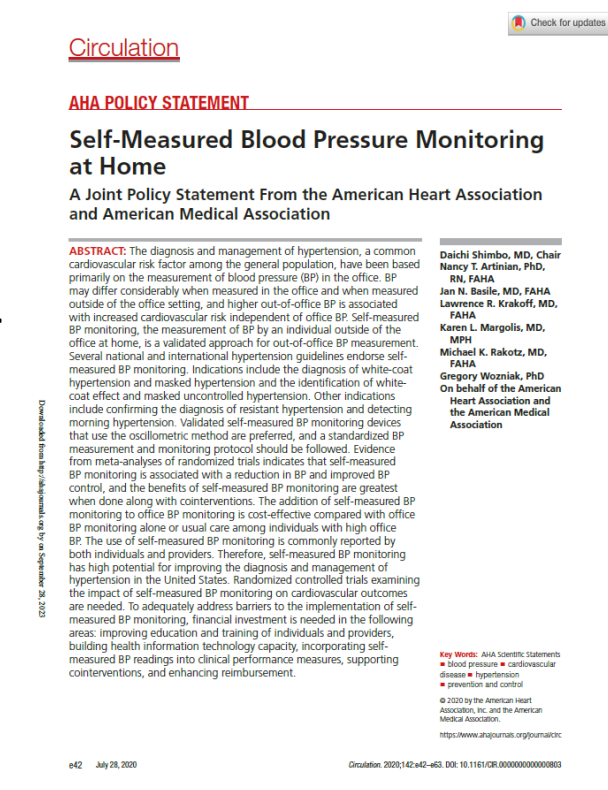
Uninsured patients with uncontrolled HTN

Evidence for SMBP and Target Population

Evidence from meta-analyses of randomized trials indicates that SMBP monitoring is associated with a reduction in BP and improved BP control, and the benefits of SMBP monitoring are greatest when done along with cointerventions.

The SMBP Loaner program can be utilized to target individuals who either:

- 1) Have an elevated blood pressure reading during an office visit without a prior hypertension diagnosis
- 2) Have uncontrolled hypertension
- 3) Unable to afford to purchase a BP monitor at home
- 4) Have issues with transportation and difficulty coming to the office for frequent BP checks with provider



Source: <https://doi.org/10.1161/CIR.0000000000000803> Circulation. 2020;142:e42–e63



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Association®

Thank you!

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