



**Million Hearts® and Controlling Hypertension in
Adults: Guidance for the Use of Protocols**

August 26th, 2014

2:00 pm - 3:00pm CT



Welcome & Introductions

John Clymer, *Executive Director*
National Forum for Heart Disease and
Stroke Prevention



Objectives:

- At the end of the webinar, participants will be able to:
- Identify how protocols may be part of a systems approach to improving blood pressure control rates;
- Summarize the recommended elements of effective hypertension protocols and their use for successful adoption;
- Identify why hypertension protocols/algorithms may be useful; and
- Utilize Million Hearts® tools and resources.

Agenda

Time	Agenda Item / Topic	Speaker / Facilitator
2:00 – 2:05	Welcome and Introductions	John Clymer , Executive Director, National Forum for Heart Disease and Stroke Prevention
2:05 - 2:15	Overview of Million Hearts®	John Clymer , National Forum for Heart Disease and Stroke Prevention
2:15 – 2:45	Controlling Hypertension in Adults: Guidance for the Use of Protocols	Dr. Mary Ann Bauman , M.D., Medical Director for Women’s Health and Community Relations, INTEGRIS Health Inc.
2:45 – 2:57	Q and A	John Clymer , National Forum for Heart Disease and Stroke Prevention
2:57 - 3:00	Final Remarks	John Clymer , National Forum for Heart Disease and Stroke Prevention



Overview of Million Hearts[®]

Million Hearts®

**Goal: Prevent 1 million heart attacks
and strokes by 2017**

- US Department of Health and Human Services initiative, co-led by:
 - Centers for Disease Control and Prevention (CDC)
 - Centers for Medicare & Medicaid Services (CMS)
- Partners across federal and state agencies and private organizations

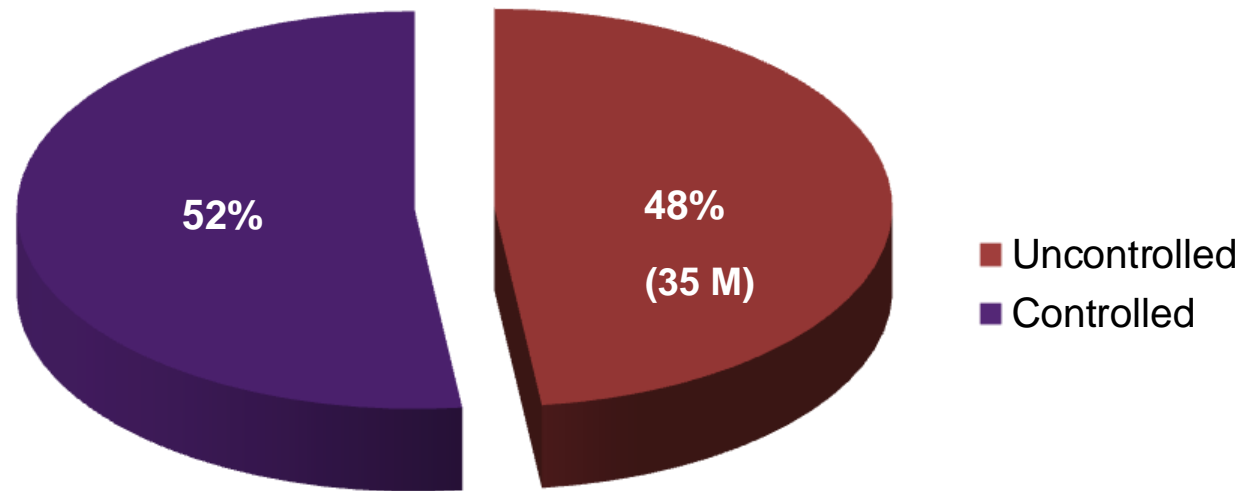


Getting to Goal

Intervention	2009-2010 Measure Value	2017 Target	Clinical target
A spirin for those at risk	54%	65%	70%
B lood pressure control	52%	65%	70%
C holesterol management	33%	65%	70%
S moking cessation	22%	65%	70%
Smoking prevalence	26%	10% reduction (~24%)	
Sodium reduction	3580 mg/day	20% reduction (~2900 mg/day)	
Trans fat reduction (artificial)	0.6% of calories	100% reduction (0% of calories)	

Fewer than Half of Americans with Hypertension Have It Under Control

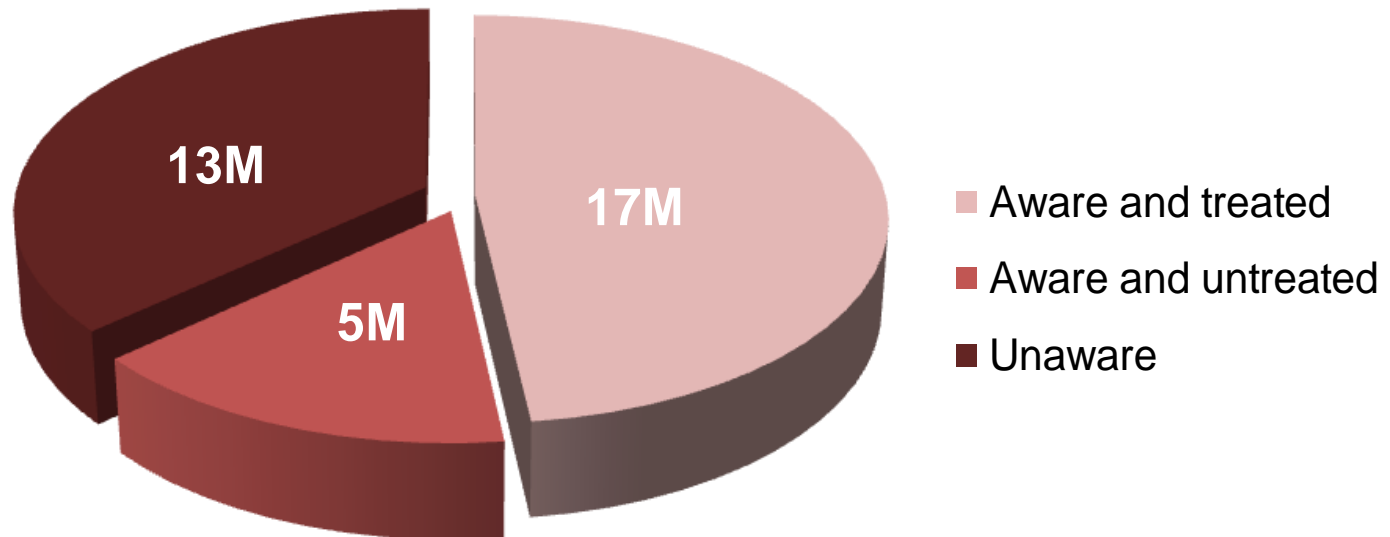
72 MILLION
ADULTS WITH HYPERTENSION (31%)



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

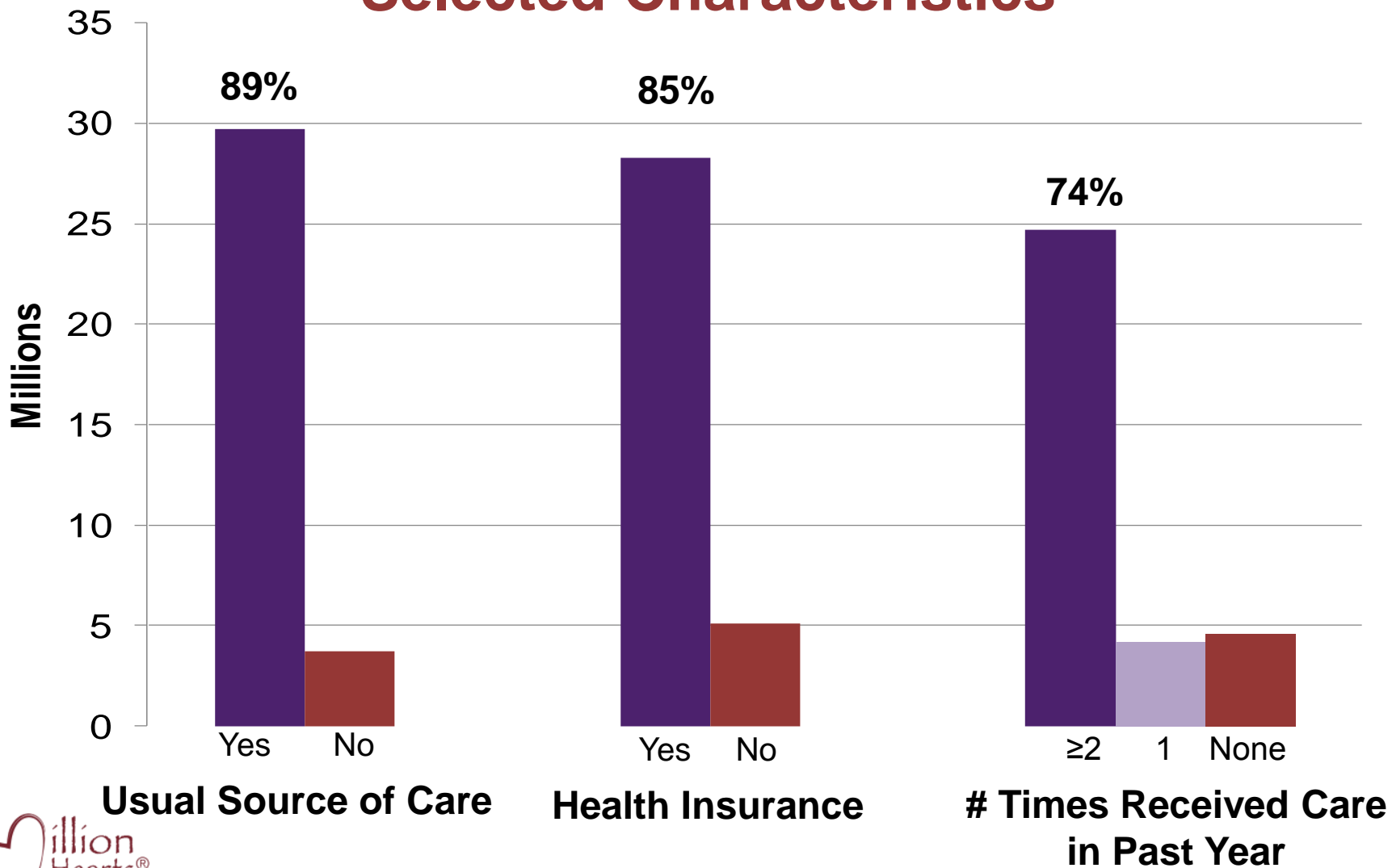
Awareness and Treatment among Adults with Uncontrolled Hypertension

35 MILLION
ADULTS WITH UNCONTROLLED HYPERTENSION



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

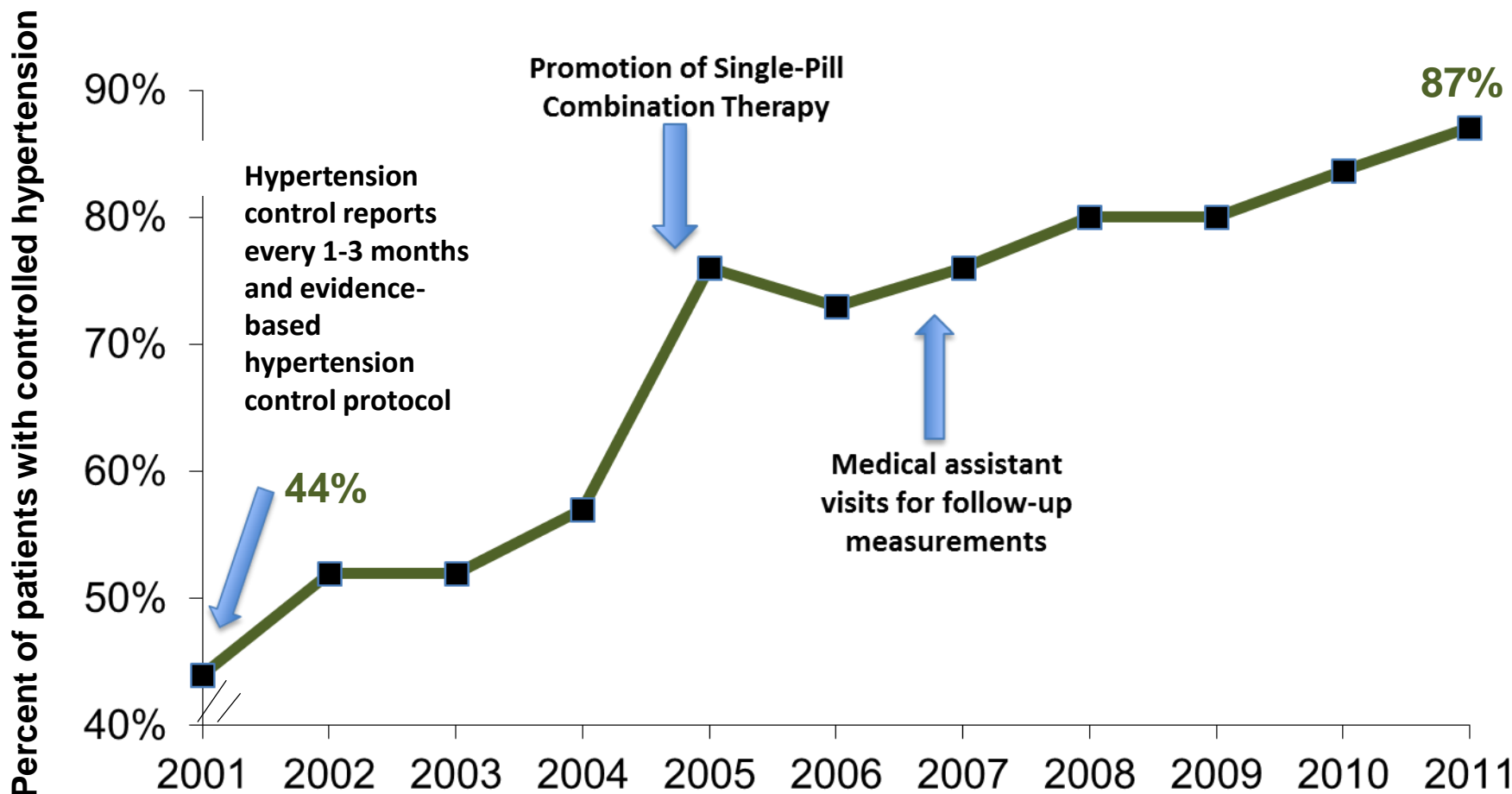
Prevalence of Uncontrolled Hypertension by Selected Characteristics



Source: National Health and Nutrition Examination Survey 2009-2012.

Increase in Percent of Patients with Controlled Hypertension

Kaiser Permanente Northern California hypertension control rates*



*NCQA: National Committee for Quality Assurance; HEDIS: Healthcare Effectiveness Data and Information Set; KPNC: Kaiser Permanente Northern California
 Source: Jaffe MG, et al. Improved blood pressure control associated with a large-scale hypertension program. JAMA August 21, 2013, Vol 310, No. 7



Clinical Quality Measures

- Clinical quality measures help measure and track performance in the ABCS
- Million Hearts® focuses on:
 - Simple, uniform set of measures
 - Data collected or extracted in the workflow of care
 - Link performance to incentives
- In the future public health and clinical quality data will be available via electronic medical records and Health Information Exchanges



Clinical Quality Measures

ABCS	Number	Measure
A	PQRS 204 NQF 0068	Use of Aspirin or Another Antithrombotic
B	PQRS 317	Preventive Care and Screening: Screening for High Blood Pressure
B	PQRS 236 NQF 0018	Hypertension: Controlling High Blood Pressure
C (EHR)	PQRS 316	Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL) Test Performed AND Risk-Stratified Fasting LDL



PQRS = CMS Physician Quality Reporting System, NQF = National Quality Forum,
EHR = electronic health record



Clinical Quality Measures (cont'd)

ABCS	Number	Measure
C (No EHR)	PQRS #2 NQF #0064	Diabetes Mellitus: Low Density Lipoprotein (LDL-C) Control in Diabetes Mellitus
C (No EHR)	PQRS #241 NQF #0075	Ischemic Vascular Disease (IVD): Complete Lipid Panel and Low Density Lipoprotein (LDL-C) Control
S	PQRS 226 NQF 0028	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention



PQRS = CMS Physician Quality Reporting System, NQF = National Quality Forum, EHR = electronic health record



life is why

Controlling Hypertension in Adults: Guidance for the Use of Protocols



Dr. Mary Ann Bauman, M.D.

*Medical Director for Women's Health and
Community Relations*

INTEGRIS Health Inc.,

*Chair, American Stroke Associations Advisory
Committee*

*Chair, The Guideline Advantage Steering
Committee*

Our Strategic Approach

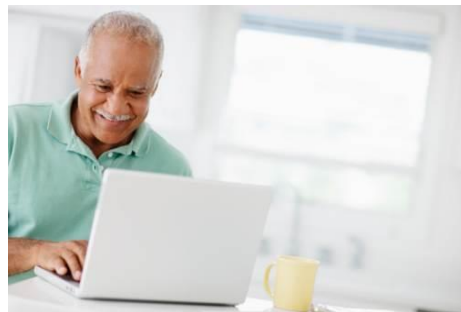


Equipping Providers

Motivating & Connecting Consumers

Activating Communities

Enhancing Systems of Care



Help providers “do the right thing” within current HC system

Create innovative solutions to empower consumers, strengthen connections to HCPs and create urgency for change

Provide communities with ownable, sustainable, scalable and customizable programs

Create accountability at all levels of care

- Protocol Standardization
- Incentives
- Increasing role of other Rph and others

- Ubiquitous BP devices
- Worksite programs
- Technology to connect consumers w/HCPs
- Incentives

- Health ambassadors
- Pharmacy infrastructure
- Apps to integrate consumers w/HCPs
- Community health worker curriculum

- Create accountability at all levels of care
- Performance measures
- Surveillance system

An Effective Approach to High Blood Pressure Control

A Science Advisory From the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention



Teamwork key to controlling BP

Science advisory urges patient first approach

[FULL STORY >>](#)

Writing Group Members:

Alan S. Go, MD, MaryAnn Bauman, MD, SallyAnn King Coleman, MD, Gregg C. Fanorow, MD, Willie Lawrence, MD, Kim Williams, MD, Eduardo Sanchez, MD

Blood Pressure Management is Multifactorial

Requires the engagement of ...

- Patients
- Families
- Providers
- Healthcare delivery system
- Communities



System-level Approaches in Hypertension

- Identifying all patients eligible for management
- Monitoring at the practice/population level
- Increasing patient and provider awareness
- Providing an effective diagnosis and treatment guidelines
- Systematic follow-up of patients for initiation and intensification of therapy
- Clarifying roles of healthcare providers to implement a team approach
- Reducing barriers for patients to receive and adhere to medication as well as to implementing lifestyle modifications
- Leveraging the electronic medical records systems being established throughout the US to support each of these steps

Principles for Algorithm Development

- Based algorithm components and processes on the best available science
- Format to be simple to update as better information becomes available
- Create feasible, simple implementation strategy
- Include patient version at appropriate scientific and language literacy level
- Consider costs of diagnosis, monitoring, and treatment
- Develop algorithm in format easily used within a team approach to health care
- Develop algorithm in a format able to be incorporated into electronic health records for use as clinical decision support
- Include a disclaimer to ensure that the algorithm is not used to counter the treating healthcare provider's best clinical judgment

Recommended Elements of Effective Algorithms

- Clarity and simplicity
- Lifestyle modification
- Treatment by stage of hypertension
- Time interval to titration and reassessment
- Use of low-cost 1st-line treatment
- Exclusions and suggestions for medications based on concurrent medical conditions

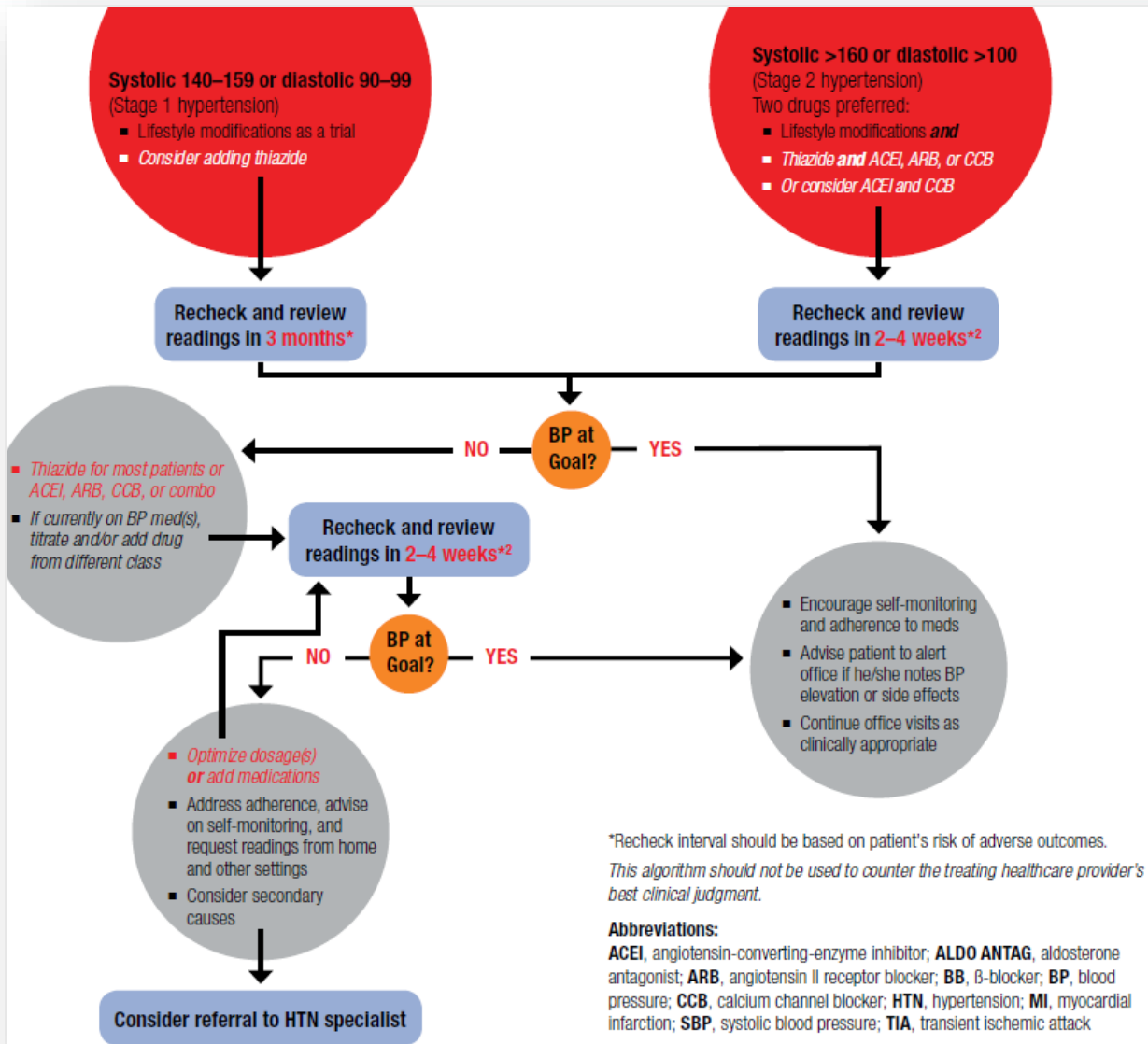


Recommended Elements of Effective Algorithms

- Reminder of the underlying causes of non-essential or secondary hypertension
- Adherence-enhancing approaches such as fixed dose and/or combination drugs
- Indications for referral to hypertensive specialist
- Number needed to treat to avoid a clinical event
- Supporting references



AHA/ACC/CDC Hypertension Treatment Algorithm



Modification	Recommendation	Approximate SBP Reduction (Range)**
Reduce weight	Maintain normal body weight (body mass index 18.5–24.9 kg/m ²)	5–20 mm Hg/10 kg
Adopt DASH*⁵ eating plan	Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat	8–14 mm Hg
Lower sodium intake⁶	a. Consume no more than 2,400 mg of sodium/day; b. Further reduction of sodium intake to 1,500 mg/day is desirable, since it is associated with even greater reduction in BP; and c. Reduce sodium intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not achieved	2–8 mm Hg
Physical activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week)	4–9 mm Hg
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	2–4 mm Hg

* DASH, dietary approaches to stop hypertension

** The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals

Elements Associated with Effective Adoption of Protocols

Insights from Key Stakeholders



Audit and Feedback:

- Identify a key influencer to serve as a champion.
- Identify mentors to provide consultation on implementation.
- After baseline data are collected, discuss and set a goal, such as “Increase by 10% the number of hypertensive patients aged 18 years or older whose blood pressure is under control.”
- Use an electronic or paper registry that identifies patients with high blood pressure and allows tracking over time.
- Use electronic health records to collate and analyze clinical information.
- Provide regular and timely feedback on performance to the entire health care team.
- Make performance data transparent and learn from those who are reaching the goal.
- Celebrate early wins.

Elements Associated with Effective Adoption of Protocols

Insights from Key Stakeholders



Team-Based Care:

- Make hypertension control a priority.
- Fully use the expertise and scope of practice of every member of the health care team.
- Include the patient and family as key members of the team.
- Learn about community resources and recommend them to patients.
- Conduct pre-visit planning to make the most of the care encounter.
- Look for opportunities to check in with patients between visits and adjust medication dose as needed.



Heart360



Elements Associated with Effective Adoption of Protocols

Insights from Key Stakeholders



Professional & Patient Education

- Use of evidence for adopting and using protocols.
- Train the health care team on how to use the protocol.
- Training on how to measure blood pressure accurately.
- Calibrate and inspect equipment at to ensure correct blood pressure measurement.
- Emphasize the value of home blood pressure monitoring.
- Incorporate coaching and self-management into patient education and follow-up.



Centers for Disease Control and Prevention. *Elements Associated with Effective Adoption and Use of a Protocol: Insights from Key Stakeholders*. Atlanta, GA: US Dept of Health and Human Services; 2014.

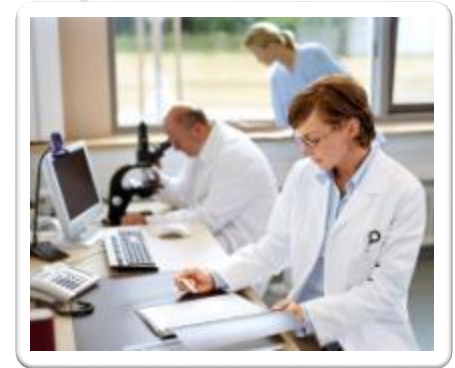


Program Model

2 Practices submit collective clinical data to Forward Health Group for The Guideline Advantage



1 Providers can use several different technology platforms



3 Data are processed, analyzed and provided back to the practice via a practice portal

THE GUIDELINE ADVANTAGE



4

Performance is measured, Professionals can set measurable goals and chart improvements in performance

Measure	Target	Actual	Status
Males: A1c Control [3]	Goal = A1c < 7%	85%	85% Control
Males: A1c Control [2]	Peer = A1c < 7%	85%	85% Control
Males: BP Control [2]	1 year in 6 months	85%	85% Control
LDL-C Control [2]	Goal < 100 mg/dL	85%	85% Control
LDL-C Screening [2]	1 year in 6 months	85%	85% Control
Blood Pressure Control [2]	BP < 130/80 mmHg	85%	85% Control
Blood Pressure Control [2]	BP < 130/80 mmHg	85%	85% Control

Program Platform

PopulationManager

Home Patients Patient Search Populations Measures Panels Data

Population Snapshot

View > All Clinics Overall

Population > CAD

Measure Set > The Guideline Advantage Measure Set = 4898 Patients

Current Results - Q3 2011		4898 Patients		%	
Screening Lipid Panel [?]	Within 12 months	1192	3672	25%	Compare
Blood Pressure Control [?]	BP < 130/80 mmHg	3432	1432	71%	Compare
LDL Control [?]	Good = LDL < 100 mg/dl	3429	1435	70%	Compare

One-click access to patient lists

Measure Performance

Populations

PopulationManager

Home Patients Patient Search Populations Measures Panels Data

Population Snapshot

View > All Clinics

Population > CAD

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- Diabetes
- Hypertension
- CAD
- CHF
- Breast Cancer Screening > 40
- Breast Cancer Screening > 50
- Pneumonia Vaccination
- Influenza Vaccination
- Cervical Cancer Screening
- Colon Cancer Screening

Available Data aggregation

PopulationManager

Home Patients Patient Search Populations Measures Panels Data

Population Snapshot

View > All Clinics Overall

Population > Diabetes

Measure Set > The Guideline Advantage Measure Set = 5171 Patients

Current Results - Q3 2011		5171 Patients		%	
HbA1c Good Control [?]	Good = A1c < 7 %	2857	2271	56%	Compare
HbA1c Poor Control [?]	Poor = A1c > 9 %	4017	1111	22%	Compare
HbA1c Testing [?]	1 test in 6 months	3421	1707	67%	Compare
LDL Control [?]	Good = LDL < 100 mg/dl	3624	1504	71%	Compare
LDL-C Screening [?]	1 test in 6 months	3358	1770	65%	Compare
Blood Pressure Control 1 [?]	BP < 130/80 mmHg	3401	1727	66%	Compare
Blood Pressure Control 2 [?]	BP < 140/90 mmHg	3601	1527	70%	Compare

System Level

Clinic View Options

Home Patients Patient Search Populations Measures Panels Data

Population Snapshot

View > All Clinics Main Street Clinic Oak Grove Clinic Springfield Family Practice Valley Center Clinic Overall

Population > Diabetes

Measure Set > The Guideline Advantage Measure Set = 5171 Patients

Current Results - Q3 2011		5171 Patients		%	
HbA1c Good Control [?]	Good = A1c < 7 %	2857	2271	56%	Compare
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Blood Pressure Control 1 [?]	BP < 130/80 mmHg	3401	1727	66%	Compare
Blood Pressure Control 2 [?]	BP < 140/90 mmHg	3601	1527	70%	Compare

Alignment with National Programs

Million Hearts Initiative

The Guideline Advantage reports on the “ABCS” measures of interest to Million Hearts



Uniform Data System (UDS)

The program reports all adult UDS measures of interest to Community Health Centers and Federally Qualified Health Centers

Bridges to Excellence

The program can help systems participate in Bridges to Excellence, in markets where it is applicable, with no additional work required

Relevant AHA Reports, Statements, or Guidelines

- Heart Disease and Stroke Statistics—2014 Update ([Circulation. 2014: published online December 18, 2013, 10.1161/01.cir.0000441139.02102.80.](https://doi.org/10.1161/01.cir.0000441139.02102.80))
- AHA/ACC/CDC Science Advisory: An Effective Approach to HBP Control, 2013 ([Hypertension. 2013: published online before print November 15, 2013, 10.1161/HYP.0000000000000003.](https://doi.org/10.1161/HYP.0000000000000003))
- Toolkits including the algorithm and education for your patients visit: www.heart.org/hbptoolkit
- Customizable template for your organization and for additional algorithm examples visit: <http://millionhearts.hhs.gov/resources.html>



Questions & Answers



John Clymer

Executive Director

National Forum for Heart Disease

and Stroke Prevention

Million Hearts® Hypertension Tools & Resources

- [Hypertension Control: Action Steps for Clinicians](#)
- [Elements Associated with Effective Adoption and Use of a Protocol: Insights from Stakeholders](#)
- [Evidence-based Treatment Protocols for Improving Blood Pressure Control](#)
- [Protocol for Controlling Hypertension in Adults](#)
- [Protocol-Based Treatment of Hypertension: A Critical Step on the Pathway to Progress, *The Journal of the American Medical Association*](#)
- [Self-Measured Blood Pressure Monitoring Guide](#)
- [2013 Hypertension Control Champions](#)
- Grand Rounds:
 - [Million Hearts® Grand Rounds](#)
 - [Hypertension Grand Rounds: Detect, Connect, and Control](#)
- Visit <http://millionhearts.hhs.gov/> to find other useful Million Hearts® resources.



Thank You!



For more information, please visit the CDC's Million Hearts[®] website at:
millionhearts.hhs.gov

or
the AHA's Million Hearts[®] webpage at:
http://www.heart.org/HEARTORG/Advocate/American-Heart-Association-Million-Hearts_UCM_463392_Article.jsp

References

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