

Capitol Region University of Best Practices

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CA Department of Health Care Services & Medi-Cal Program (DHCS)



SIERRA HEALTH FOUNDATION

An Endowment for Northern California



DHCS, Million Hearts[®] Initiative, CMS

- DHCS is focusing in hypertension control
- Partnering with 10 Medi-Cal managed care plans
- Preliminary data suggests improvement in HEDIS HTN control metric
- Supported distribution of Right Care HTN algorithm cards to the Sacramento region and several Medi-Cal health plans

Hypertension Treatment Algorithm 2014

Adapted from JNC-8

For June 2014 University of Best Practices

Distributed by Clinicians
Group Capital Region
Right Care 2015

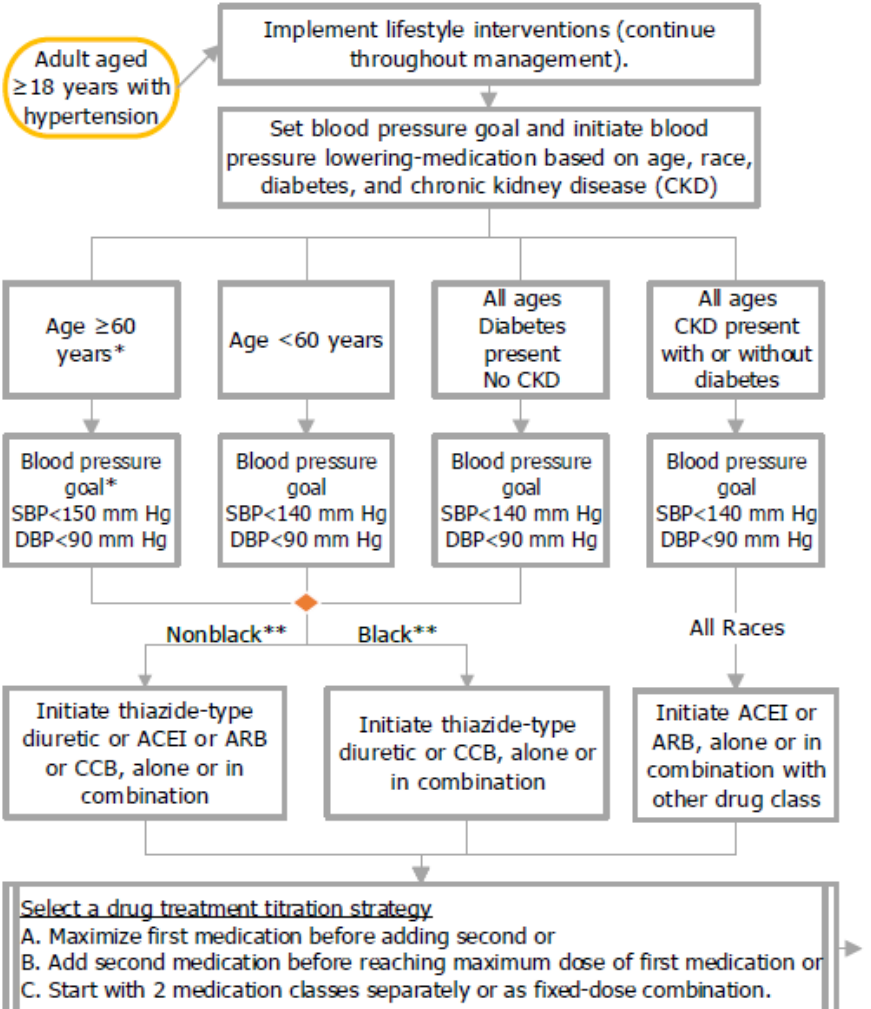




Front Page

Hypertension Treatment Algorithm 2014

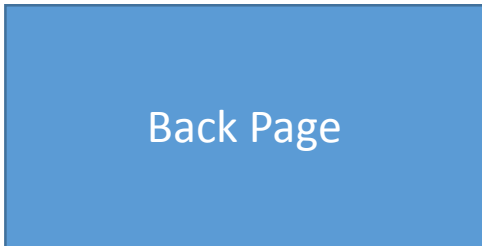
Adapted from JNC-8¹ and Distributed by the Clinicians Group of the
Capitol Region Right Care Initiative



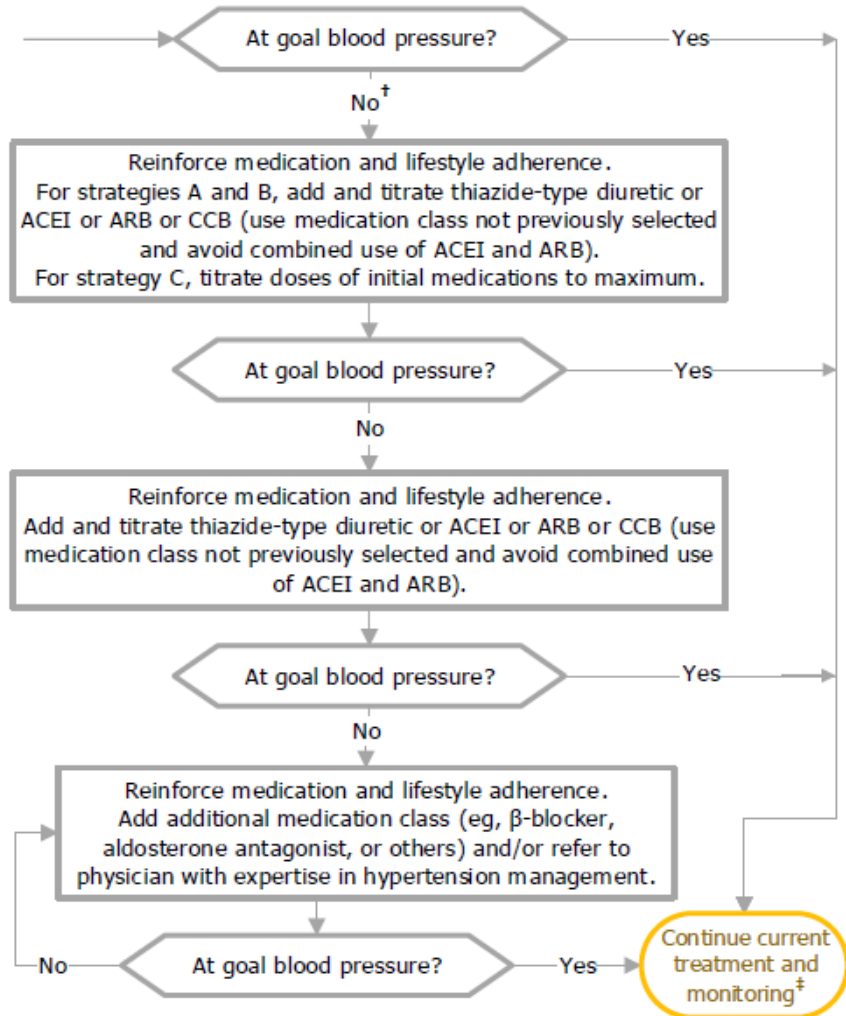
Adapted from Eighth Joint National Committee Evidence-Based Guidelines:
¹ James PA, Oparil S, Carter BL, Cushman WC, Dennison-Himmelfarb C, Handler J, Lackland DT, LeFevre ML, MacKenzie TD, Ogedegbe O, Smith SC Jr, Svetkey LP, Taler SJ, Townsend RR, Wright JT Jr, Narva AS, Ortiz E. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20. doi: 10.1001/jama.2013.284427.
* While the Eighth Joint National Committee currently uses a goal of <150/90 for adults age 60 and older, this recommendation is undergoing discussion and refinement by multiple national organizations (AHA, ACC, CDC, etc.) based on evolving evidence. (Go, et al, 2014; Bangalore, et al, 2014)
** In the general black population, including those with diabetes, initial antihypertensive treatment should include a thiazide-type diuretic or CCB. (For general black population: Moderate Recommendation –Grade B; for black patients with diabetes: Weak Recommendation – Grade C)
SBP indicates systolic blood pressure; DBP, diastolic blood pressure; ACEI, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; and CCB, calcium channel blocker.

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Updated 6/6/15



Hypertension Treatment Algorithm 2014
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² Go AS, Bauman MA, Coleman King SM, Fonarow GC, Lawrence W, Williams KA, et al; American Heart Association. 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. *Hypertension*. 2014;63:878-85. [PMID: 24243703] doi:10.1161/HYP.000.000000000003

³ Bangalore S, Gong Y, Cooper-DeHoff R, Pepine C, Messeri F. 2014 Eighth Joint National Committee Panel Recommendations for Blood Pressure Targets Revisited: Results from the INVEST Study. *Journal of the American College of Cardiology*. 2014; 64(8): 784-793.

[†] Recheck for goal within one month per JNC-8 Recommendation 9¹

[‡] If blood pressure fails to be maintained at goal, re-enter the algorithm where appropriate based on the current individual therapeutic plan.

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Advancing Hypertension Control

- Vertical alignment (e.g., Million Hearts[®] Initiative)
- Horizontal alignment (e.g., across health plans and public/private purchasers)
- Learning collaborative model