University of Best Practices: A Decade of Lessons Shared

Taking “Be There” Principles, Practices, and Proof to Heart for National Hypertension Control

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Disclosure

• I have none.
Hypertension is Common; Control is Not

- **116M** US adults have high blood pressure, defined as BP >130/>80.
- National control rate is low and recently, trending downward.
- Uncontrolled HTN causes heart attacks, strokes, heart and kidney failure, dementia, and severe morbidity and mortality in pregnancy.
- Striking disparities exist in prevalence and control.
- Control is possible through a balance of specific public health, healthcare, and individual actions.

Alarming Trends in CVD Mortality in Adults Aged 35-64
A Health and Healthcare Crisis

Hypertension Harms

More than 55% of Black or African American Men & Women have HTN

60% of B/AA men have cardiovascular disease including heart disease and stroke¹

57% of B/AA women have cardiovascular disease¹

2-3x B/AA adults have 2-3 times the risk of stroke as Whites²

3x B/AA adults are 3 times as likely as Whites to develop kidney failure³

2x B/AA are twice as likely as Whites to die from preventable heart disease and stroke⁴

3x B/AA women are 3 times as likely as Whites to die during pregnancy⁵

Hypertension is Costly

The Burden—in Dollars and Disease—is Unequal in the U.S.

County Differences in the Total Cost of Hypertension – Blacks/African Americans

https://data.cms.gov/mapping-medicare-disparities
Spark for Hypertension Control

• Released in October 2020
• Proposes Hypertension as a National Priority
• Yes, even in the midst of the pandemic
• SMBP is one of the highlighted evidence-based strategies

Federal Response
Federal Hypertension Control Leadership Council

*Purpose, Mission/Vision*

- **Council Purpose**: The Federal HCLC convenes to inspire, coordinate and accelerate action to improve and achieve hypertension control.

- **Council Mission/Vision**: We will use Agency-related levers in a collective effort to improve and achieve national hypertension control with the *goals of saving lives and dollars, eliminating disparities, and improving our nation’s health and resiliency.*
Federal Agencies Already in Action

• Agency for Healthcare Research and Quality’s (AHRQ)
• Centers for Disease Control and Prevention (CDC)
• Centers for Medicare & Medicaid Services (CMS)
• Food and Drug Administration (FDA)
• Health Resources and Services Administration (HRSA)
• Indian Health Services (IHS)
• National Institutes of Health (NHLBI, NINDS)
• Office of Disease Prevention and Health Promotion (ODPHP)
• Offices on Women’s Health (OWH) and Minority Health (OMH)
• Office of the National Coordinator for Health Information Technology (ONC)
Hypertension in the Context of 2021

HYPERTENSION CONTROL: A NATIONAL PRIORITY
Controlling hypertension for all Americans will save lives, improve health and resiliency, and reduce costs

COVID-19 CHALLENGES, CONSEQUENCES, OPPORTUNITIES

HEALTH EQUITY AND REDUCTION IN HEALTH DISPARITIES

CONVERGING SYNDemics
Potential Framework and Initial Strategies

- **Improve Detection**
  - Find undiagnosed patients, hiding in plain sight, using electronic health record (EHR) diagnostic algorithms.
  - Advance clinicians’ use of validated BP monitors for diagnosis.
  - Build and expand community-based settings to detect and refer those with HTN.

- **Improve Control**
  - Increase use of team-delivered treatment protocols that support timely medication intensification and lifestyle modification.
  - Improve medication adherence (lower cost, simplify regimen, best practices).
  - **Advance uptake and practice of SMBP.**
    - Recognize and reward high performance and improvement (individuals, clinical teams, systems).
    - Connect people to care using community-based screenings.

- **Improve Prevention**
  - Increase access to affordable, lower-sodium food options.
  - Increase access to safe places to be active, participation in lifestyle programs and implementation of physical activity guidelines.
  - Build communities with equitable access to affordable, healthy food and safe places to be active.
Self-Measured BP Monitoring

_Widespread Implementation Would Save Lives, Unnecessary Suffering, $$$_

- Supported by systematic reviews, task force recommendations, and clinical practice guidelines
- Convenient, improves accuracy of diagnosis, builds self-efficacy and facilitates timely treatment changes
- Challenges: access to monitors, education and training for patients and clinical teams, bi-directional data flow and analysis, payment and coverage
- Pockets of innovation and excellence exist as well as guidance from trusted sources.

## Challenges to Advancing SMBP

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<th>Challenges</th>
<th>Opportunities</th>
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| BP monitor availability       | **CDC/NACDD Coverage analysis**  
                                 | • Room for improvement – Medicare, Medicaid, other public, private payers; VBID  
                                 | • BP device loaner programs – resources from NACHC, TargetBP  |
| Appropriate cuffs – size      | • ~50% of health center patients needed XL cuffs among 9 health centers participating in the NACHC Accelerating SMBP Project.  
                                 | • Work with vendors to improve Large and XL cuff availability  |
| Appropriate cuffs – validity  | • Encourage device manufacturers to list devices on the US Blood Pressure Validated Device Listing (VDL)  
                                 | • Encourage validation studies in pregnant women, others  |
| Health Information Technology | • CDC/PHII SMBP HIT Environmental Scan and Recommendations – final report coming this summer  |
| Internet issues – access, cost| • Rural areas  
                                 | • Low resource populations  |
| **Sustainability**            | • New CPT codes, Jan 1, 2020; adapted performance measure  |

NACDD – National Association of Chronic Disease Directors; VBID – value-based insurance design; PHII – Public Health Informatics Institute; HIT – health information technology
Living Proof

Taking Control of My Blood Pressure: D’Angelo’s Story –

Taking Control of My Blood Pressure: Natalia’s Story –
SMBP Work Underway

• National Hypertension Control Initiative: Addressing Disparities among Racial and Ethnic Minority Populations

• Partnership between the Healthcare Resources and Services Administration (HRSA) and Office of Minority Health (OMH)

• >$120M including $90M awarded to 496 health centers across 48 states, the District of Columbia, and US territories

• 3-year project will include the use of SMBP technology to increase the number of adult patients with controlled HTN.
SMBP Resources for Implementers

• Million Hearts – https://millionhearts.hhs.gov/tools-protocols/smbp.html
• Million Hearts Hypertension Control Change Package
  https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=16
• AMA/AHA Target: BP Tools and Downloads – https://targetbp.org/tools-downloads/?sort=topic&
• CDC Hypertension Management Program Toolkit --

AMA – American Medical Association; AHA – American Heart Association
Hypertension Management Program
Web-based Toolkit
Three Requests

• Join the SMBP Forum to exchange best practices, tools, and resources
  o Register at https://bit.ly/SMBP_Registration
  o Questions? Ping MillionHeartsSMBP@nachc.org

• Send us your advice and guidance for Million Hearts 3.0

• Be California’s first Million Hearts Hospitals and Health Systems…..
Million Hearts® Hospitals & Health Systems Recognition Program

• Improving the cardiovascular health of the communities they serve by
  1. Keeping People Healthy
  2. Optimizing Care
  3. Improving Outcomes for Priority Populations
  4. Innovating for Health

• Applicants address at least one strategy in three of the four areas to qualify.

https://millionhearts.hhs.gov/partners-progress/hospitals-health-systems/index.html
Keeping People Healthy

- Food service guidelines
- Air quality policies
- Employee benefit design
- Physical activity programs

Optimizing Care

- Aspirin use
- Blood pressure control
- Cholesterol management
- Smoking cessation
- Referral to cardiac rehab
- Initiation of cardiac rehab

https://hospitals.millionhearts.hhs.gov/
Million Hearts® Strategies

Improving Outcomes for Priority Populations

- Blacks/African Americans with hypertension
- 35-64 year-olds
- People who have had a heart attack or stroke
- People with mental and/or substance use disorders who use tobacco
- Other priority population

Innovating for Health

https://hospitals.millionhearts.hhs.gov/
Thank You

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Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion