

Million Hearts®: Improving Blood Pressure Control for African Americans



PURPOSE

To identify African American patients with uncontrolled hypertension and bring as many as possible back into care for further assessment and interventions to help improve blood pressure control.

BACKGROUND

Hypertension is a major risk factor for increased cardiovascular disease risk and is second only to cigarette smoking as a preventable cause of death. The literature shows that about 40 percent of African Americans in the United States are affected by hypertension compared to nearly 30 percent of non-Hispanic whites. African Americans are less likely than whites to have their blood pressure under hypertension control. Social and environmental factors help explain the race difference in hypertension diagnosis, and addressing issues such as poverty, racial inequality, and other social determinants can play an important role in combating overall morbidity and mortality in African Americans. Importantly, appropriate prescribing is a critical factor in controlling hypertension in African Americans, who are less responsive to some therapies. Efforts to ensure the most effective anti-hypertensive agents are prescribed for specific patient populations should be combined with strategies to reduce inequities and disparities in hypertension outcomes.

GOAL

Identify and bring back into care at least 20,000 African American patients with uncontrolled diagnosed hypertension for further assessment and patient engagement interventions.

POPULATION OF FOCUS

African American patients age 18 and older with uncontrolled diagnosed hypertension.

APPROACH

Collaborating with 4 health center controlled networks (HCCNs), 16 health centers and the American Medical Association (AMA), this project will implement strategies to address improving blood pressure control in African American patients with hypertension. These strategies will include the reinforcement of clinical efforts to improve timely and appropriate hypertension management by addressing diagnostic inertia and implementing evidence-based patient engagement strategies.

- Advisory group meetings to develop algorithm to identify African American patients with uncontrolled hypertension on monotherapy or incorrect therapy; work toward a cost-based fixed dose algorithm for medication escalation



TIMELINE | 1/1/2019 – 7/31/2020



FUNDING | CDC



TYPE OF INTERVENTION

HIT-enabled Quality Improvement, Analytics and Reporting

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- In-person Launch and Harvest Meetings
- Care Team Training
- Quality Improvement Coaching/Practice Facilitation
- Learning community: monthly web-based check-ins with expert faculty and peer learning
- Pre/post project and monthly data reporting

MEASURES

- Blood pressure control of the total adult population age 18–85 years
- Blood pressure control of the total African American adult population age 18–85 years
- African American patients with hypertension prescribed a guideline recommended therapy
- Average systolic blood pressure for African American patients with uncontrolled blood pressure
- Average diastolic blood pressure for African American patients with uncontrolled blood pressure

CDC	Oversee national Million Hearts® initiative. Project Officer. Financial and technical support.
NACHC	Establish national leadership role for Million Hearts for HCCNs and health centers; project design, support, and management; consultation and assistance on the hypertension screening/HIPS algorithm, 5 Rights Framework, QI strategies for undiagnosed hypertension, data reporting, and other relevant content.
American Medical Association	Nationally recognized leader in clinical hypertension and the <i>Measure, Act, Partner</i> framework. Expert faculty for initial training and monthly learning community. Alignment with other national initiatives from the AMA.
HCCN	Assist health centers in identifying undiagnosed hypertension patients and engaging them in care for further blood pressure assessment. Participate in learning community, provide HIT-specific training, technical assistance, and implementation support to health centers, and report aggregated results from data warehouse.
Health Center	Partner with associated HCCN to identify and engage patients with undiagnosed hypertension. Participate in learning community.