Million Hearts®: Scaling HIT-enabled Care Processes to Identify Hypertensive Patients “Hiding in Plain Sight” with Undiagnosed Hypertension (Scaling HIPS)

PURPOSE
To scale evidence-based and promising practices from NACHC’s 2014-2016 Hiding in Plain Sight project to improve the detection and diagnosis of hypertensive patients hiding “in plain sight” at health centers.

BACKGROUND
In the United States, cardiovascular disease is costly both in health dollars spent and lives lost. Hypertension is a major risk factor for increased cardiovascular disease risk and is second only to cigarette smoking as a preventable cause of death. Over 14 million people are not aware of their hypertension and, consequently, are not taking medication for it or engaging in other lifestyle interventions to control their blood pressure. New guidelines recommend using health information technology to identify patients with undiagnosed hypertension.

GOAL
Identify at least 50,000 health center patients “hiding in plain sight” with potentially undiagnosed hypertension for further assessment.

POPULATION OF FOCUS
Patients ages 18 and older without a diagnosis of hypertension whose current and/or past blood pressure measurements meet the clinical criteria for hypertension.

APPROACH
Collaborate with up to five health center controlled networks (HCCNs) and their population health management vendors to scale proven strategies to address undiagnosed hypertension, including assisting health centers to implement a hypertension screening algorithm into care processes:

- Provide training on using strategies from NACHC’s Undiagnosed Hypertension Change Package through a learning community: monthly web-based check-ins with expert faculty and peer learning/sharing
- Reinforce efforts to improve timely and appropriate hypertension diagnosis through strengthening measurement accuracy, addressing diagnostic inertia, and partnering with patients
- Configure reporting systems with algorithm criteria and measure specifications to run baseline report applying the common data model
- Build algorithm into health centers’ clinical processes/workflows for population management, pre-visit planning, and decision support at the point of care using strategies from NACHC’s Undiagnosed Hypertension Change Package
  • Quality Improvement Coaching/Practice Facilitation
  • Pre/post project and monthly data reporting
  • Identify and plan additional scale opportunities

MEASURES
- Hypertension prevalence (rolling 12 months)
- Patients identified as at risk for undiagnosed hypertension (identified by the Hiding in Plain Sight algorithm) at project start (cohort)
- Patients identified as at risk for undiagnosed hypertension (cumulative)
- Patients identified as at risk for hypertension at project start with a subsequent blood pressure assessment (cohort)
- Patients identified as at risk for hypertension at project start with a subsequent blood pressure assessment and a diagnosis of hypertension (cohort)

CDC | Oversee national Million Hearts® initiative. Project Officer.
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 Measure, Act, Partner framework. Expert faculty for initial training and monthly learning community.
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 undiagnosed hypertension patients.