

# Advancing Blood Pressure Control from Multiple Angles

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Centers for Disease Control and Prevention

*in conjunction with Hilary K. Wall*

Wisconsin Heart Health Learning Series

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# Disclaimer

- The opinions expressed by authors contributing to this project do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named below.



# Million Hearts<sup>®</sup> 2027 Priorities

## Building Healthy Communities

Decrease **Tobacco Use**

Decrease **Physical Inactivity**

Decrease **Particle Pollution Exposure**

## Optimizing Care

Improve Appropriate **A**spirin or **A**nticoagulant Use

Improve **B**lood Pressure Control

Improve **C**holesterol Management

Improve **S**moking Cessation

Increase Use of **Cardiac Rehabilitation**

## Focusing On Health Equity

Pregnant and Postpartum Women with Hypertension

People from Racial/Ethnic Minority Groups

People with Behavioral Health Issues Who Use Tobacco

People with Lower Incomes

People Who Live in Rural Areas or Other 'Access Deserts'

# Finding People With Undiagnosed Hypertension

**“Hiding in Plain Sight”  
HIPS**



# Hypertension Prevalence

## ≥140/90 mmHg

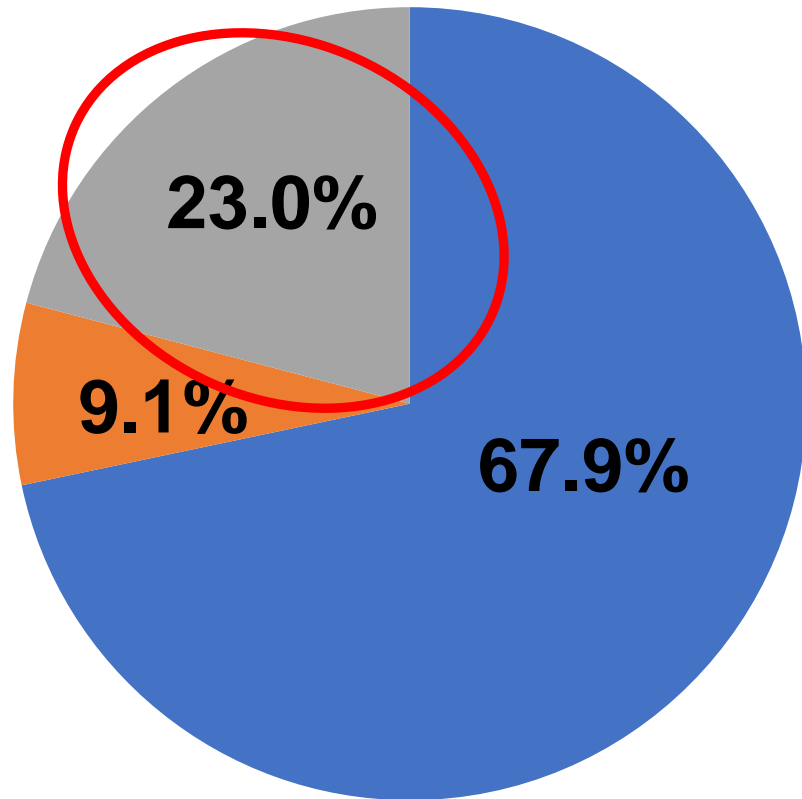
- 31% prevalence among US adults
  - 40% among adults 45-64
  - 67% among adults 65+
  - 39% among non-Hispanic blacks
- ~78M adults have HTN

## ≥130/80 mmHg

- 44% prevalence among US adults
  - 56% among adults 45-64
  - 78% among adults 65+
  - 53% among non-Hispanic blacks
- ~108M adults have HTN



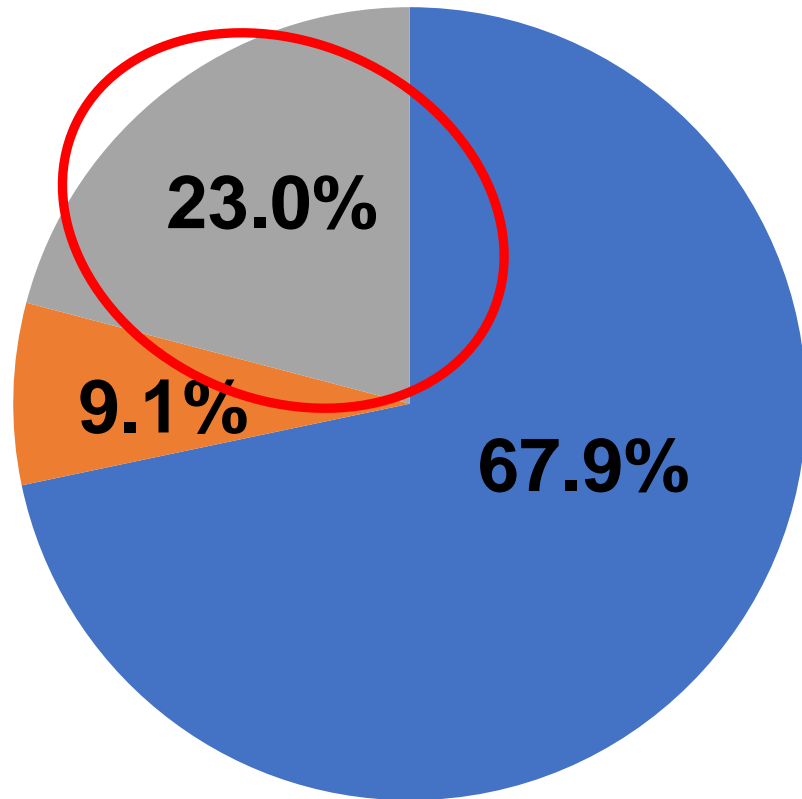
# Hypertension Awareness ( $\geq 140/90$ )



- Aware and treated
- Aware and untreated
- "Unaware"



# Hypertension Awareness ( $\geq 140/90$ )

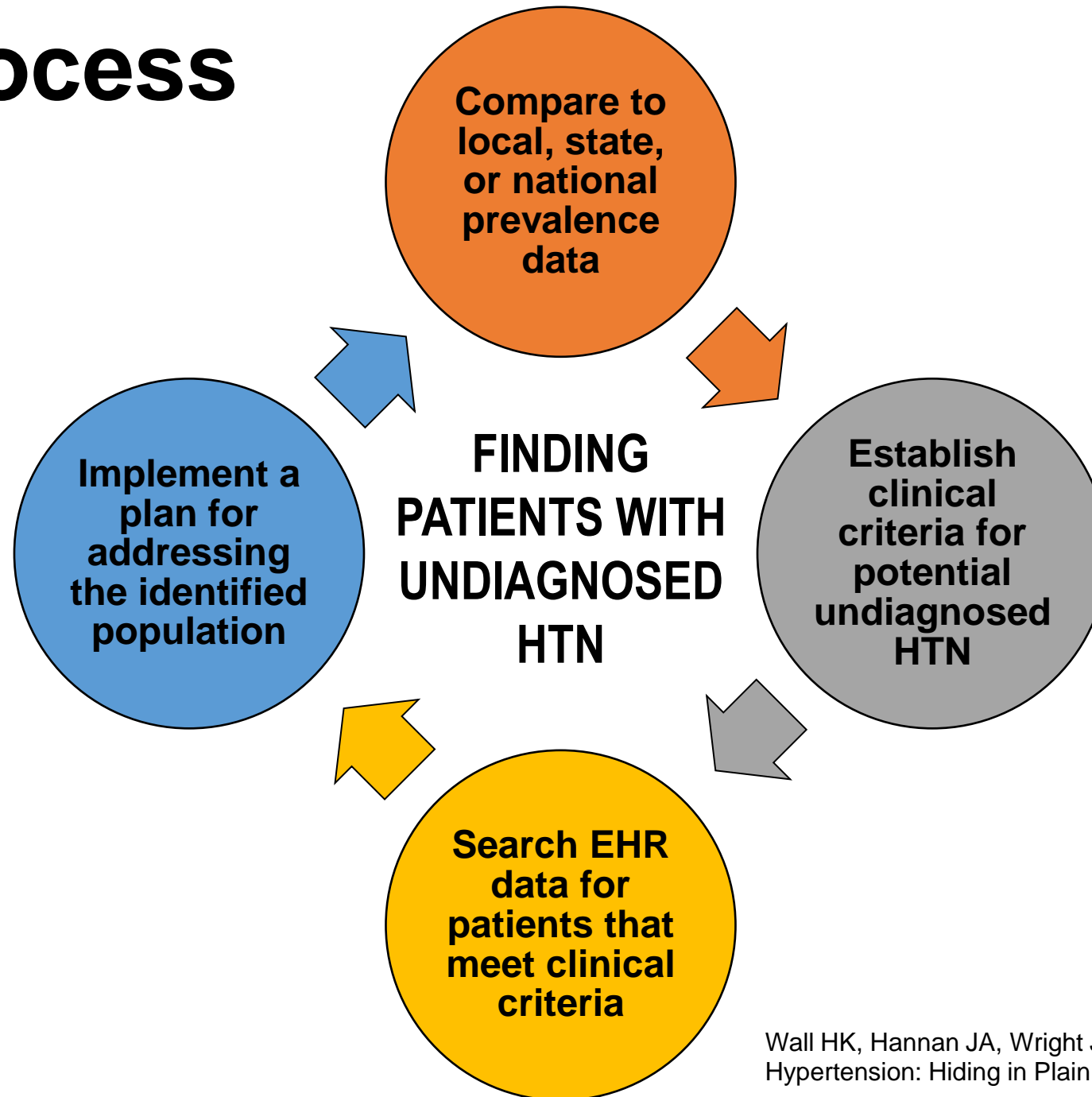


- Aware and treated
- Aware and untreated
- "Unaware"

- **80.9% have health insurance**
- **82.7% report having a usual source of care**
- **63.3% have received care two or more times in the past year**

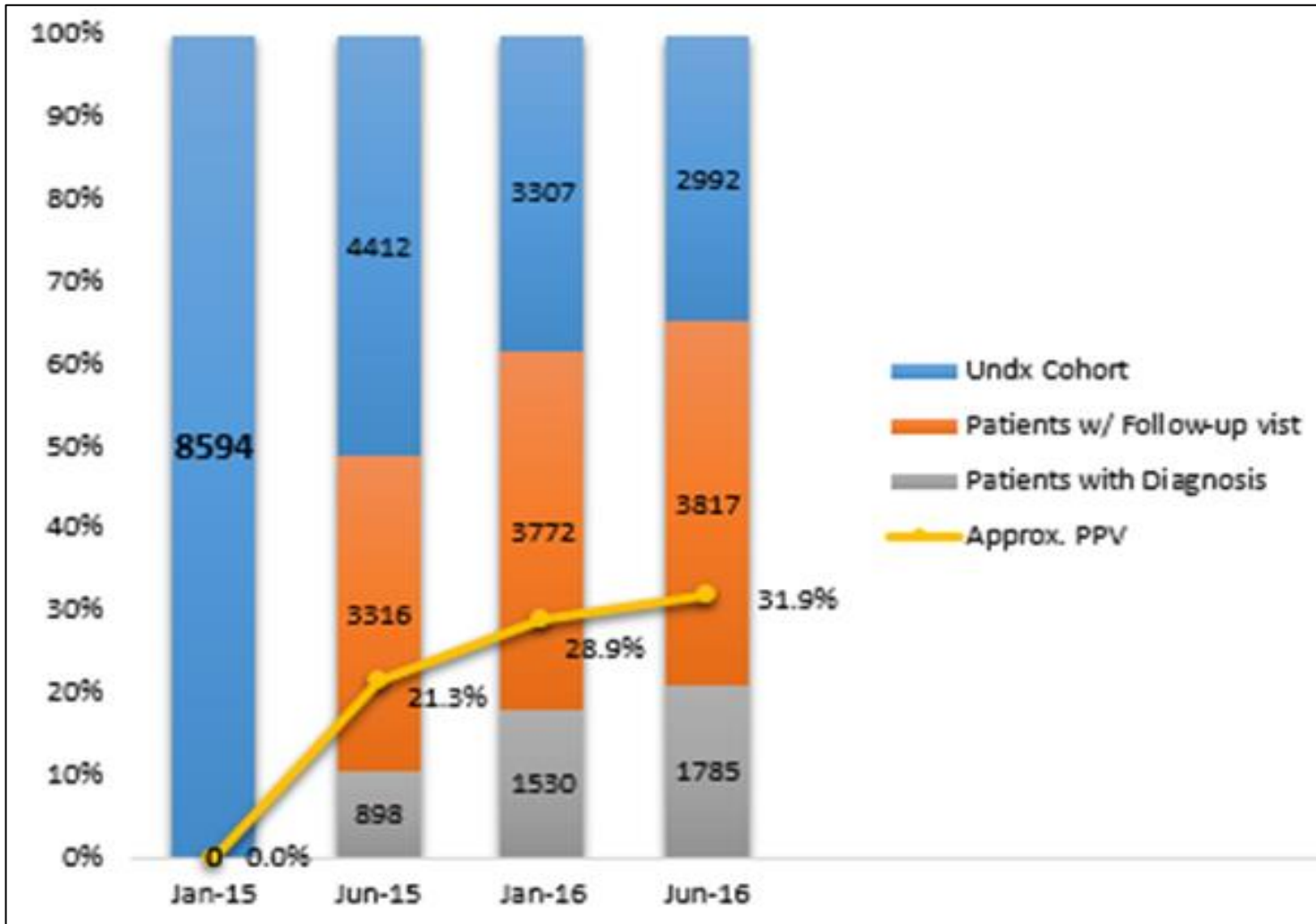


# 4-Step Process





# National Association of Community Health Centers HIPS Project

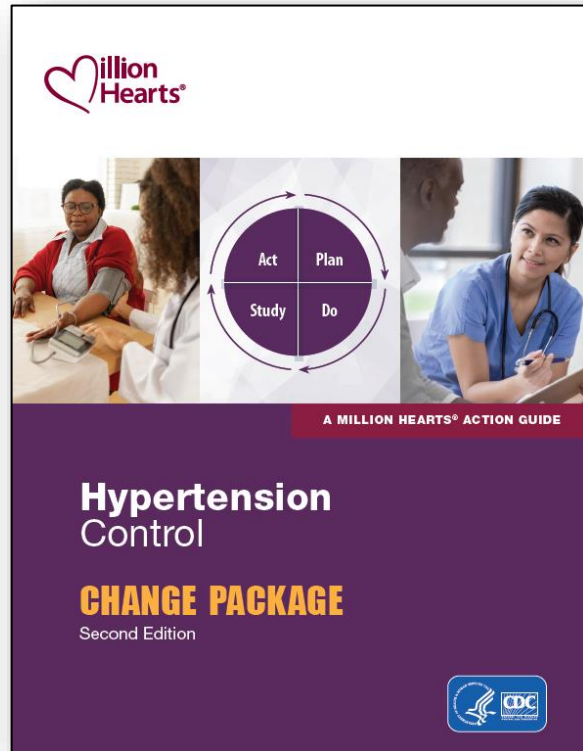


- QI project involving 100,000 patients from 10 health center organizations in AR, CA, KY
- 65.2% had a follow up visit
- 31.9% were dx w/HTN

PPV = Positive Predictive Value

# Hypertension Control Change Package (HCCP) 2<sup>nd</sup> Edition, 2020

## HIPS Tools and Resources



[https://millionhearts.hhs.gov/files/HTN\\_Change\\_Package.pdf#page=18](https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=18)

<https://www.nachc.org/wp-content/uploads/2022/11/NACHC-Million-Hearts-HIPS-Consolidated-Change-Package-12.07.15.pdf>

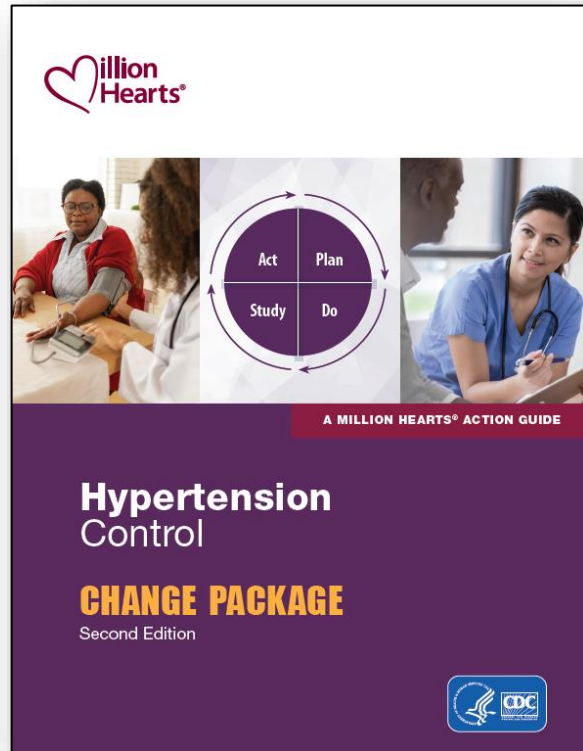
Change Concept	Change Idea	Tools and Resources
	Compare practice HTN prevalence to national or local estimates to understand if you might be missing patients with undiagnosed HTN	<ul style="list-style-type: none"> <li>Million Hearts® — <a href="#">Hypertension Prevalence Estimator Tool</a></li> <li>Vermont Department of Health and the New England QIN-QIO — From 70 to 80 Percent: The Hypertension Management Toolkit: <a href="#">Task 2: How Does Your Practice Compare to Local and National Benchmarks?</a></li> <li>AMGA — <a href="#">Hypertension Prevalence – AMGA Results Using Dx Code, Problem List, and Elevated Blood Pressure Readings</a><sup>10</sup></li> </ul>
	Establish clinical criteria to define potentially undiagnosed HTN	<ul style="list-style-type: none"> <li><a href="#">Table 1. Number of At-Risk Patients Identified by Each Hypertension Screening Algorithm</a>. A Technology-Based Quality Innovation to Identify Undiagnosed Hypertension among Active Primary Care Patients. Rakotz MK, et al., 2014.<sup>11</sup></li> <li>NACHC — Million Hearts® Hiding in Plain Sight Consolidated Change Package: <a href="#">Appendix L: Undiagnosed Hypertension Algorithms and Clinical Criteria Decision Points, HIPS Project</a></li> <li><a href="#">Patients with Undiagnosed Hypertension: Hiding in Plain Sight</a>. Wall HK, et al., 2014.<sup>12</sup></li> </ul>
	Search EHR data for patients who meet the established clinical criteria	<ul style="list-style-type: none"> <li>NACHC — Million Hearts® Hiding in Plain Sight Consolidated Change Package: <a href="#">Appendix M: Potentially Undiagnosed Hypertension Algorithm used to Generate Registries and Reports - i2i Tracks, Golden Valley Health Centers and Tulare Community Health Clinic (now Altura Centers for Health)</a></li> <li><a href="#">Identifying Patients with Hypertension: A Case for Auditing Electronic Health Record Data</a>. Baus A, et al., 2012.<sup>13</sup></li> <li><a href="#">Plymouth Family Physicians — Patient-Level Report</a></li> </ul>
	Implement a plan to confirm HTN status and treat those with HTN	<ul style="list-style-type: none"> <li>NACHC — Million Hearts® Hiding in Plain Sight Consolidated Change Package: <a href="#">Appendix I: Million Hearts® HIPS Recall Report, Golden Valley Health Centers</a></li> <li>NACHC — Million Hearts® Hiding in Plain Sight Consolidated Change Package: <a href="#">Appendix K: HIPS Recall List – i2i Tracks, La Maestra Community Health Centers</a></li> <li>NACHC — Million Hearts® Hiding in Plain Sight Consolidated Change Package: <a href="#">Appendix N: Patient Status and Opportunities Alert - eClinicalWorks, Neighborhood Healthcare</a></li> </ul>

**Identify Patients with Potentially Undiagnosed HTN**

For additional resources, please see the NACHC Million Hearts® [Hiding in Plain Sight Consolidated Change Package](#); NYC DOHMH and HealthyHearts NYC ABCS Toolkit for the Practice Facilitator: [Task B6: Respond quickly to control elevated BP by targeting undiagnosed hypertension \(HTN\)](#)

# Hypertension Control Change Package (HCCP) 2<sup>nd</sup> Edition, 2020

## HIPS Tools and Resources



[https://millionhearts.hhs.gov/files/HTN\\_Change\\_Package.pdf#page=18](https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=18)

<https://www.nachc.org/wp-content/uploads/2022/11/NACHC-Million-Hearts-HIPS-Consolidated-Change-Package-12.07.15.pdf>

Change Concept	Change Idea	Tools and Resources
	<p><b>Compare to local, state, or national prevalence data</b></p>	<ul style="list-style-type: none"> <li>Million Hearts® — <a href="#">Hypertension Prevalence Estimator Tool</a></li> <li>Vermont Department of Health and the New England QIN-QIO — <a href="#">From 70 to 80 Percent: The Hypertension Management Toolkit: Task 2: How Does Your Practice Compare to Local and National Benchmarks?</a></li> <li>AMGA — <a href="#">Hypertension Prevalence – AMGA Results Using Dx Code, Problem List, and Elevated Blood Pressure Readings</a><sup>10</sup></li> </ul>
<p><b>Identify Patients with Potentially Undiagnosed HTN</b></p> <p>For additional resources, please see the NACHC <a href="#">Million Hearts® Hiding in Plain Sight Consolidated Change Package</a>; NYC DOHMH and HealthyHearts NYC <a href="#">ABCs Toolkit for the Practice Facilitator</a>; <a href="#">Task B6: Respond quickly to control elevated BP by targeting undiagnosed hypertension (HTN)</a></p>	<p><b>Establish clinical criteria for potential undx HTN</b></p>	<ul style="list-style-type: none"> <li><a href="#">Table 1. Number of At-Risk Patients Identified by Each Hypertension Screening Algorithm</a>. A Technology-Based Quality Innovation to Identify Undiagnosed Hypertension among Active Primary Care Patients. Rakotz MK, et al., 2014.<sup>11</sup></li> <li>NACHC — Million Hearts® <a href="#">Hiding in Plain Sight Consolidated Change Package: Appendix L: Undiagnosed Hypertension Algorithms and Clinical Criteria Decision Points, HIPS Project</a></li> <li><a href="#">Patients with Undiagnosed Hypertension: Hiding in Plain Sight</a>. Wall HK, et al., 2014.<sup>12</sup></li> </ul>
	<p><b>Search EHR data for patients that meet clinical criteria</b></p>	<ul style="list-style-type: none"> <li>NACHC — Million Hearts® <a href="#">Hiding in Plain Sight Consolidated Change Package: Appendix M: Potentially Undiagnosed Hypertension Algorithm used to Generate Registries and Reports - i2i Tracks, Golden Valley Health Centers and Tulare Community Health Clinic (now Altura Centers for Health)</a></li> <li><a href="#">Identifying Patients with Hypertension: A Case for Auditing Electronic Health Record Data</a>. Baus A, et al., 2012.<sup>13</sup></li> <li><a href="#">Plymouth Family Physicians — Patient-Level Report</a></li> </ul>
	<p><b>Implement a plan for addressing the identified population</b></p>	<ul style="list-style-type: none"> <li>NACHC — Million Hearts® <a href="#">Hiding in Plain Sight Consolidated Change Package: Appendix I: Million Hearts® HIPS Recall Report, Golden Valley Health Centers</a></li> <li>NACHC — Million Hearts® <a href="#">Hiding in Plain Sight Consolidated Change Package: Appendix K: HIPS Recall List – i2i Tracks, La Maestra Community Health Centers</a></li> <li>NACHC — Million Hearts® <a href="#">Hiding in Plain Sight Consolidated Change Package: Appendix N: Patient Status and Opportunities Alert - eClinicalWorks, Neighborhood Healthcare</a></li> </ul>

# Self-Measured Blood Pressure Monitoring (SMBP)

# Self-Measured Blood Pressure Monitoring (SMBP)

- Self-Measured Blood Pressure monitoring (SMBP) – the measurement of BP **by an individual outside of a clinic setting including at home** – with a validated automatic upper arm device
- AKA “home blood pressure monitoring”
- SMBP is **NOT** – BP taken at a pharmacy kiosk, or by a smart phone device, wearable sensor, cuffless BP monitor, or finger cuff
- Evidence-based strategy for lowering BP when combined with clinical support





# Select Federal Initiatives to Address BP Control

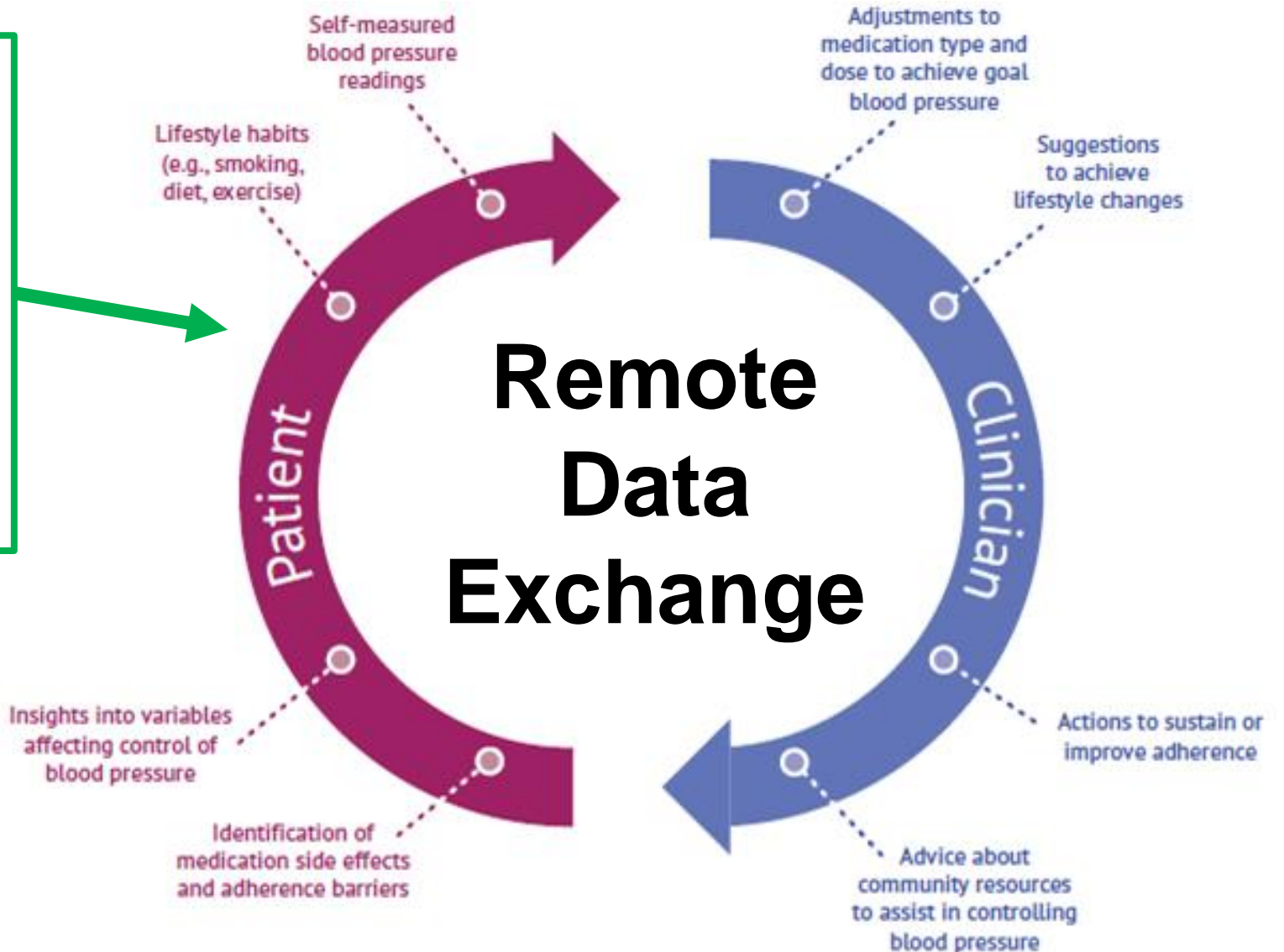
Date	Federal Initiative
<b>February 2019</b>	HRSA Challenge spotlighted experts in remote health monitoring, including SMBP during and following pregnancy
<b>October 2020</b>	Surgeon General's <a href="#">Call to Action to Control Hypertension</a> includes empowering and equipping patients to use SMBP as a recommend strategy
<b>October 2021</b>	HHS OWH launched the annual National Women's BP Awareness Week and the SMBP Partnership Program to accelerate update among women
<b>January 2022</b>	Million Hearts® embeds a focus on SMBP including use in pregnant and postpartum women with hypertension for <a href="#">2022-2026</a>
<b>June 2022</b>	<a href="#">White House Blueprint For Addressing The Maternal Health Crisis</a> calls for SMBP for pregnant and postpartum women with or at risk for HDP. Major commitments from the Indian Health Service, Office of Personnel Management and the Veterans' Administration

HRSA = Health Resources and Services Administration; HHS = Department of Health and Human Services; OWH = Office of Women's Health

# Optimal SMBP

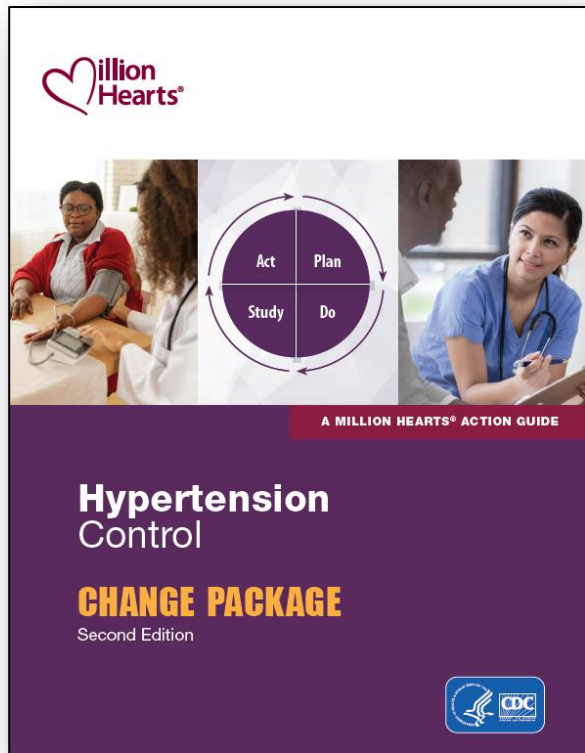
## Clinician guidance on:

- Selecting a device
- Proper cuff sizing
- Preparation and positioning
- Clinical protocol with frequency and duration
- Method for returning patient-generated values



### Adapted from:

- U.S. Department of Health and Human Services. The Surgeon General's Call to Action to Control Hypertension. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General; 2020
- Centers for Disease Control and Prevention. Self-Measured Blood Pressure Monitoring: Actions Steps for Clinicians.



[https://millionhearts.hhs.gov/files/HTN\\_Change\\_Package.pdf#page=16](https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=16)

<p>Assign care team roles for an SMBP monitoring program and adapt the workflow accordingly</p>	<ul style="list-style-type: none"> <li>• NACHC — Self-Measured Blood Pressure Monitoring Implementation Guide for Health Care Delivery Organizations: <a href="#">Diagram 2: SMBP Model Design Checklist and Key Questions</a></li> <li>• Target: BP — <a href="#">CME Course: Using SMBP to Diagnose and Manage HBP</a></li> <li>• NYC DOHMH — <a href="#">Patient Self-Monitoring of Blood Pressure: A Provider's Guide</a></li> <li>• NACHC — <a href="#">Self-Measurement: How patients and care teams are bringing blood pressure to control</a> [video]</li> <li>• Million Hearts® — <a href="#">Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians</a></li> </ul>
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Table 2. Equipping Care Teams (continued)		
Change Concept	Change Idea	Tools and Resources
	<p>Develop a home BP monitor loaner program</p>	<ul style="list-style-type: none"> <li>• Target: BP — <a href="#">SMBP Loaner Device Agreement</a></li> <li>• <b>Open Door Family Medical Centers</b> — <a href="#">Blood Pressure Monitor Loan Agreement</a> (English and Spanish)</li> <li>• Target: BP — <a href="#">Inventory Management</a></li> <li>• Target: BP — <a href="#">SMBP Patient Training Checklist – Loaner Device</a></li> <li>• NACHC — Self-Measured Blood Pressure Monitoring Implementation Guide for Health Care Delivery Organizations: <a href="#">Appendix Y: SMBP Loaner Program Policy &amp; Procedure – Cleaning and Care of Home BP Monitors, Whitney M. Young, Jr. Health Center</a></li> <li>• AMA — <a href="#">Cleaning and disinfection procedure</a></li> <li>• Kaiser Permanente — PHASE SMBP Community of Practice: SMBP Loaner Pilot Model Design (<a href="#">pp. 15–22</a>)</li> </ul>

<p>Establish a Self-Measured BP (SMBP) Monitoring Program</p>		Table 4. Individual Patient Supports (continued)		
	<p>Train BP m prop and i</p>	Change Concept	Change Idea	Tools and Resources
	<p>Deve for h. gene</p>	<p><b>Support Patients in HTN Self-Management During Their Routine Daily Activities (i.e., outside of the clinical encounter)</b></p>	<p>Provide patient supports for SMBP monitoring</p>	<ul style="list-style-type: none"> <li>• Target: BP — SMBP Infographic: <a href="#">How to measure your blood pressure at home</a></li> <li>• Target: BP — <a href="#">7 Day Recording Sheet SMBP</a></li> <li>• Washington State Department of Health — How to Check Your Blood Pressure – <a href="#">English</a></li> <li>– <a href="#">Spanish</a>; Chinese, Russian, and Vietnamese <a href="#">also available</a></li> <li>• NYC DOHMH — <a href="#">Blood Pressure Tracking Card &amp; Action Plan</a></li> <li>• <b>New West Physicians</b> — <a href="#">Home BP EMR Entry</a></li> <li>• Target: BP — <a href="#">SMBP Using a Wrist Cuff to Measure Blood Pressure</a> (Not recommended for most patients)</li> </ul>



# SMBP Resources

- **NACHC SMBP Implementation Toolkit** – [https://www.nachc.org/wp-content/uploads/2020/12/SMBP-Toolkit\\_FINAL.pdf](https://www.nachc.org/wp-content/uploads/2020/12/SMBP-Toolkit_FINAL.pdf)
- **Million Hearts Hypertension Control Change Package, Establish an SMBP Program** – [https://millionhearts.hhs.gov/files/HTN\\_Change\\_Package.pdf#page=16](https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=16)
- **NACHC Community Health Center Requirements for Remote Physiologic Monitoring (RPM) & SMBP** – [https://www.nachc.org/wp-content/uploads/2021/09/Payment-Reimb.-Tips\\_RPM-SMBP\\_September-2021.pdf](https://www.nachc.org/wp-content/uploads/2021/09/Payment-Reimb.-Tips_RPM-SMBP_September-2021.pdf)
- **AMA SMBP CPT Coding** – <https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf>



# SMBP Resources (cont'd)

- **US Blood Pressure Validated Device Listing** – <https://www.validatebp.org/>
- **NACHC Choosing A Home BP Monitor For Your Practice At-A-Glance Comparison** – [https://www.nachc.org/wp-content/uploads/2021/05/Choosing-a-Home-BP-Monitor\\_At-a-Glance-Comparison.pdf](https://www.nachc.org/wp-content/uploads/2021/05/Choosing-a-Home-BP-Monitor_At-a-Glance-Comparison.pdf)
- **AMA SMBP Coverage Insights: Medicaid** – <https://www.ama-assn.org/system/files/smbp-coverage-medicaid-april-2022.pdf>
- **PHII – SMBP: Key Findings from a National Health Information Technology Landscape Analysis** – [https://phii.org/wp-content/uploads/2021/09/PHII-Report-on-SMBP\\_FINAL.pdf](https://phii.org/wp-content/uploads/2021/09/PHII-Report-on-SMBP_FINAL.pdf)

# Medication Adherence



# Medication Adherence Challenges

Challenge	Potential Solution
<ul style="list-style-type: none"><li>• <b>Complexity</b></li></ul>	<ul style="list-style-type: none"><li>• <b>Fixed-dose, single pill combinations</b></li><li>• <b>Once-per-day dosing</b></li></ul>
<ul style="list-style-type: none"><li>• Affordability, lack of coverage</li></ul>	<ul style="list-style-type: none"><li>• Reduced/eliminated out-of-pocket costs</li></ul>
<ul style="list-style-type: none"><li>• Transportation</li></ul>	<ul style="list-style-type: none"><li>• Longer-duration prescriptions</li><li>• Medication synchronization</li></ul>
<ul style="list-style-type: none"><li>• Understanding use and importance of medications</li><li>• Forgetfulness</li></ul>	<ul style="list-style-type: none"><li>• Self-measured blood pressure monitoring</li><li>• Beneficiary education</li><li>• Beneficiary support – pill bottles, blister packs</li></ul>
<ul style="list-style-type: none"><li>• Cultural beliefs, (concerns for) side effects, cognitive limitations</li></ul>	<ul style="list-style-type: none"><li>• Beneficiary and family education</li></ul>

# Fixed-Dose/Single Pill Combination Medications

- 2017 AHA/ACC blood pressure guidelines recommend initial combination therapy for most
  - Yet ~40% of people on medication with hypertension are on monotherapy
- Fixed-dose combinations (FDCs) – the combination of  $\geq 2$  medications in one pill
- FDCs were associated with a 14.9% absolute increase in mean adherence; 13.1% increase in the average medicine possession ratio


Tung YC, et al. J Clin Hypertens. 2017;19:983-989  
Derington CG, et al. Hypertension. 2020;75:973–81.  
An J, et al. Curr Hypertens Rep. 2020 Oct 14;22(11):95.  
Benjamin IJ, et al. Lancet. 2019;394(10199):637-638.  
Kawalec P, et al. Arch Med Sci. 2018 Aug;14(5):1125-1136.  
Parati G, et al.. Hypertension. 2021 Feb;77(2):692-705.

# Mercy Care

- Health center in Georgia
- Reviewed MCO coverage of all FDC antihypertensive medications in Georgia and updated formulary
- Noted the following changes in less than a year
  - Increase in guideline recommended therapy from 71% to over 84%
  - 5.8% increase in blood pressure control among African American persons



# Fixed-Dose Combination Antihypertensive Medications Coverage by State Medicaid and Medicaid Managed Care Organizations, June 2022



## Fixed-Dose Combination Antihypertensive Medication Coverage

By State Medicaid and Medicaid Managed Care Organizations


June 2022



### Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

#### Florida State Summary

Data as of 1/20/2022

Key:  = Preferred




Fixed Dose Combination Medication*	Medicaid/Medica
<b>ACE inhibitor + thiazide diuretic</b>	
Enalapril/hydrochlorothiazide (Vasertec)	
Lisinopril/hydrochlorothiazide (Zestoretic)	
Quinapril/hydrochlorothiazide (Accuretic)	
<b>ARB + thiazide diuretic</b>	
Irbesartan/hydrochlorothiazide (Avalide)	
Losartan/hydrochlorothiazide (Hyzaar)	
Omesartan/hydrochlorothiazide (Benicar HCT)	
<b>ACE inhibitor + calcium channel blocker</b>	
Benazepril/amlodipine (Lotrel)	
<b>ARB + calcium channel blocker</b>	
Omesartan/amlodipine (Azor)	
Valsartan/amlodipine (Exforge)	
<b>Beta blocker + thiazide diuretic</b>	
Atenolol/chlorthalidone (Tenoretic)	
Bisoprolol/hydrochlorothiazide (Ziac)	
<b>Other combinations</b>	
Amlodipine/hydrochlorothiazide (Moduretic)	
Spironolactone/hydrochlorothiazide (Aldactazide)	
Tiamterene/hydrochlorothiazide (Maxzide, Dyazide)	



### Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

#### New York State Summary

Data as of 2/3/2022

Key:  = Preferred /Tier 1  = Non-Preferred  = Not Included

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans															
	Affinity Health Plan	Amica Care	BlueCross BlueShield of Western New York	Capital District Physician's Health Plan	EmblemHealth	Empire BlueCross BlueShield (HealthPlus)	Excelsior Health Plan	Fleets Care	HealthFirst	Independent Health Association	MetPlus Health Plan	Molina Healthcare of New York	MYP Health Plan	UnitedHealthCare Community Plan of NY	Univera Healthcare	VNSNY Choice
<b>ACE inhibitor + thiazide diuretic</b>																
Enalapril/hydrochlorothiazide (Vasertec)																
Lisinopril/hydrochlorothiazide (Zestoretic)																
Benazepril/hydrochlorothiazide (Lotensin HCT)																
Fosinopril/hydrochlorothiazide (Monopril HCT)																
Quinapril/hydrochlorothiazide (Accuretic)																
Moxipril/hydrochlorothiazide (Uniretic)																
<b>ARB + thiazide diuretic</b>																
Losartan/hydrochlorothiazide (Hyzaar)																
Valsartan/hydrochlorothiazide (Diovan HCT)																
Irbesartan/hydrochlorothiazide (Avalide)																
Omesartan/hydrochlorothiazide (Benicar HCT)																
Candesartan/hydrochlorothiazide (Atacand HCT)																
Telmisartan/hydrochlorothiazide (Micardis HCT)																
Azilsartan/chlorthalidone (Edarbyclor)																

Access the FDC State Summaries at:  
<https://millionhearts.hhs.gov/files/FDC-Analysis-50States-DC-508.pdf>

# Combined Blood Pressure Control Strategies



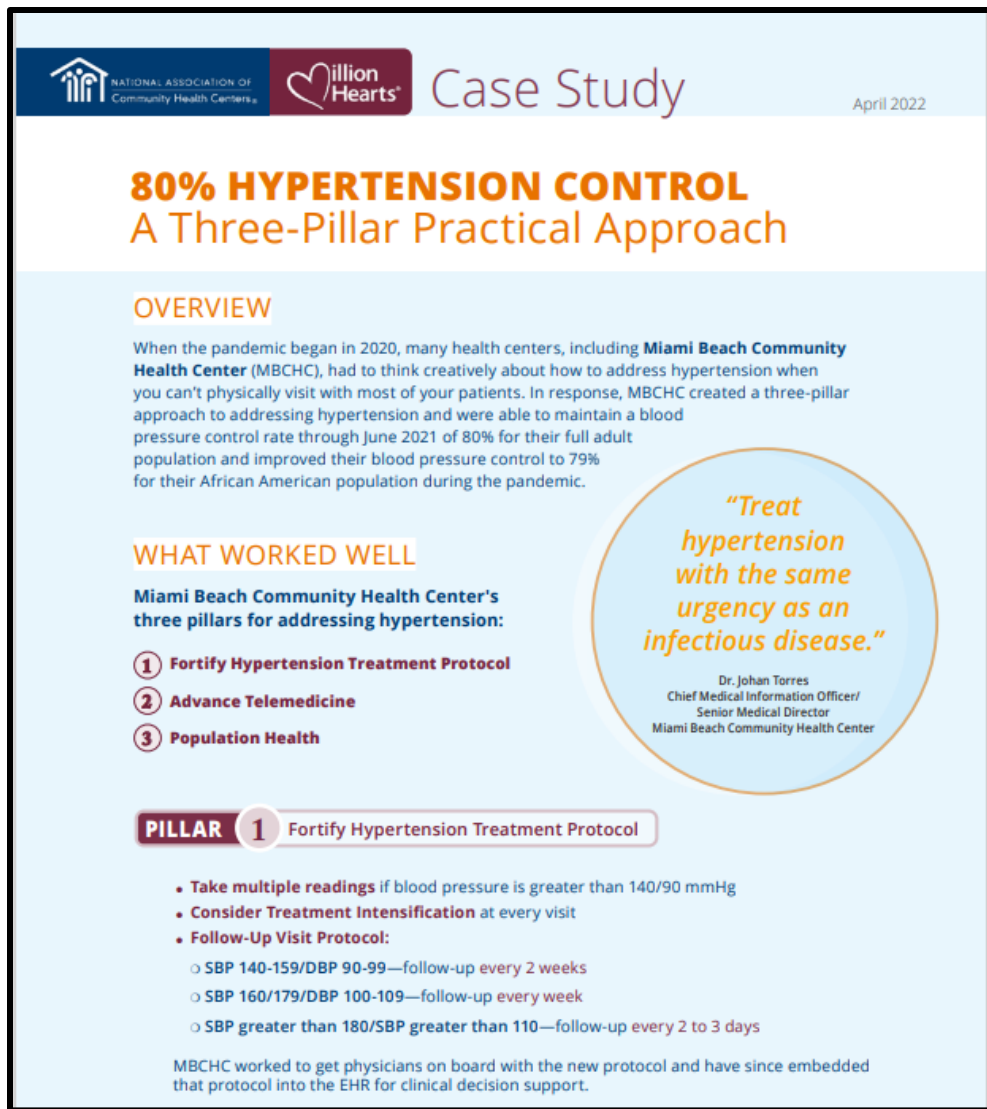


# National Association of Community Health Centers Preventing Heart Attacks and Strokes Project

- Involved 8 Health Center Controlled Networks, 32 health centers, American Medical Association
- Over **2,563 Black persons** with hypertension were brought under control (as of Sept 2022)
- Strategies include optimizing SMBP and medication adherence



# 80% Hypertension Control A Three-Pillar Practical Approach Case Study



The image shows the cover of a case study document. At the top left, there are logos for the National Association of Community Health Centers and Million Hearts. The title 'Case Study' is in the top right, with the date 'April 2022' below it. The main title is '80% HYPERTENSION CONTROL A Three-Pillar Practical Approach'. Below this is an 'OVERVIEW' section with a paragraph of text. To the right of the overview is a circular quote from Dr. Johan Torres. Below the overview is a 'WHAT WORKED WELL' section with three numbered pillars. The first pillar, 'Fortify Hypertension Treatment Protocol', is highlighted with a red box and contains a bulleted list of actions. At the bottom, there is a note about embedding the protocol into the EHR.

**80% HYPERTENSION CONTROL**  
A Three-Pillar Practical Approach

**OVERVIEW**

When the pandemic began in 2020, many health centers, including **Miami Beach Community Health Center (MBCHC)**, had to think creatively about how to address hypertension when you can't physically visit with most of your patients. In response, MBCHC created a three-pillar approach to addressing hypertension and were able to maintain a blood pressure control rate through June 2021 of 80% for their full adult population and improved their blood pressure control to 79% for their African American population during the pandemic.

**WHAT WORKED WELL**

Miami Beach Community Health Center's three pillars for addressing hypertension:

- 1 Fortify Hypertension Treatment Protocol
- 2 Advance Telemedicine
- 3 Population Health

**PILLAR 1** Fortify Hypertension Treatment Protocol

- Take multiple readings if blood pressure is greater than 140/90 mmHg
- Consider Treatment Intensification at every visit
- Follow-Up Visit Protocol:
  - SBP 140-159/DBP 90-99—follow-up every 2 weeks
  - SBP 160/179/DBP 100-109—follow-up every week
  - SBP greater than 180/SBP greater than 110—follow-up every 2 to 3 days

MBCHC worked to get physicians on board with the new protocol and have since embedded that protocol into the EHR for clinical decision support.

*"Treat hypertension with the same urgency as an infectious disease."*

Dr. Johan Torres  
Chief Medical Information Officer/  
Senior Medical Director  
Miami Beach Community Health Center

- Miami Beach Community Health Center achieved **79% blood pressure control** for their African American population during the pandemic
- Strategies include telemedicine, protocols, and population health

<https://www.nachc.org/wp-content/uploads/2022/04/Three-pillars-Case-Study-1.pdf>

# 2023 Million Hearts<sup>®</sup> Hypertension Control Challenge

- Apply to be a 2023 Hypertension Control Champion: **Feb 27 – Apr 14, 2023**
- **≥ 80%** blood pressure control
- **Apply at:**  
[millionhearts.hhs.gov](https://millionhearts.hhs.gov)



The banner features a stylized heart icon with a purple ribbon across it containing the year '2023'. To the right of the icon, the text reads '2023 Million Hearts<sup>®</sup> Hypertension Control Challenge'. Below this, a dark purple bar contains the text 'Enter the Challenge at millionhearts.hhs.gov'. At the bottom, there are two logos: the CDC logo on the left and the Million Hearts logo on the right.

2023 Million Hearts<sup>®</sup>  
Hypertension Control Challenge

Enter the Challenge at [millionhearts.hhs.gov](https://millionhearts.hhs.gov)



# Wisconsin Hypertension Control Champions

- Ellsworth Medical Clinic, Ellsworth (2012)
- River Falls Medical Clinic, River Falls (2013)
- ThedaCare Regional Medical Center–Appleton (2013)
- Plymouth Family Physicians, SC, Plymouth (2017)
- Marshfield Clinic Health System, Marshfield\* (2019)



\* Denotes a health care organization that is or includes a health center funded by HRSA

# Questions?

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