

IMPROVING BLOOD PRESSURE CONTROL FOR AFRICAN AMERICANS ROADMAP

INSTRUCTIONS

PURPOSE: This **Improving Blood Pressure Control for African Americans Roadmap** is a tool to help organizations achieve $\geq 80\%$ blood pressure control for their African American – and all – patients with hypertension.

OVERVIEW: This tool organizes groups of interventions and activities to help organizations develop a deliberate strategy or approach to their hypertension management efforts. Interventions are outlined across three categories: **Core, Elective, and Capstone**. Each category has a list of **current activities** and **planned activities** to help organizations identify and achieve their blood pressure control goals. Organizations can start by focusing on core evidence-based strategies that provide a strong foundation for success. Once in place, organizations can build on their **core strategies** by implementing additional interventions and activities in the **electives** category and, when ready, in the **capstone** category.

STEP-BY-STEP INSTRUCTIONS FOR EACH HEALTH CENTER:

- 1 Determine** your organization's current blood pressure control performance rate for African American's with hypertension.
- 2 Identify** the **BP control rate range** in which your organization's current performance rate falls across the **Core, Elective, and Capstone** categories. Review which set of intervention strategies and activities are aligned with your performance range.
- 3 For selecting Current Activities:**
 - Identify and select the strategies your organization has in place or has completed.
- 4 For selecting Planned Activities:**
 - Prioritize implementing the intervention strategies and activities that correspond to your current performance range.
 - Use your selected **Current Activities** as a reference to guide your selection of **Planned Activities**.
 - Create a plan to implement interventions/activities selected in the **Planned Activities** category to continue improving blood pressure control for African Americans.

NOTE: This tool is not designed to be used linearly. Consider planning for activities across all categories even if your performance is in a more advanced category.
- 5 Add the health center name** into the text box provided below **or** go to **File>Save As** to change the file name to include the health center name.
- 6 Repeat** these steps for each participating health center.

HEALTH CENTER NAME _____

IMPROVING BLOOD PRESSURE CONTROL FOR AFRICAN AMERICANS ROADMAP

CORE STRATEGIES

BP CONTROL RANGE: < 60% BP Control for African Americans

GOAL: ≥15% improvement in **BP control** OR ≥10 mmHg reduction in **average systolic BP** for African Americans

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve blood pressure control for African Americans.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
INCREASE MEDICATION INTENSIFICATION/OPTIMIZE THERAPY	<p>Train clinicians on guideline-supported treatment algorithm (e.g., AMA Hypertension Treatment algorithm)</p> <p>Embed algorithm into care processes</p> <p>Develop care gap reports to address therapeutic inertia</p> <p>Develop population health registries and point of care clinical decision support to identify:</p> <ul style="list-style-type: none"> Patients with uncontrolled hypertension Patients with uncontrolled hypertension: <ul style="list-style-type: none"> • Not on a guideline-recommended therapy • On mono-therapy Patients with undiagnosed hypertension 	<p>Train clinicians on guideline-supported treatment algorithm (e.g., AMA Hypertension Treatment algorithm)</p> <p>Embed algorithm into care processes</p> <p>Develop care gap reports to address therapeutic inertia</p> <p>Develop population health registries and point of care clinical decision support to identify:</p> <ul style="list-style-type: none"> Patients with uncontrolled hypertension Patients with uncontrolled hypertension: <ul style="list-style-type: none"> • Not on a guideline-recommended therapy • On mono-therapy Patients with undiagnosed hypertension
INCREASE TOUCHPOINTS	<p>Establish frequent follow-up protocol for patients with uncontrolled hypertension (e.g., 2-4 weeks), including use of telemedicine</p>	<p>Establish frequent follow-up protocol for patients with uncontrolled hypertension (e.g., 2-4 weeks), including use of telemedicine</p>
IMPROVE MEDICATION ADHERENCE	<p>Assess for non-adherence (e.g., questionnaires, pill counts, contextual flags, missed appointments, infrequent refills)</p> <p>Offer solutions:</p> <ul style="list-style-type: none"> Prescribe low-cost generics Prescribe single-pill combination therapy Align prescription refills Approaches to address “forgetfulness” 	<p>Assess for non-adherence (e.g., questionnaires, pill counts, contextual flags, missed appointments, infrequent refills)</p> <p>Offer solutions:</p> <ul style="list-style-type: none"> Prescribe low-cost generics Prescribe single-pill combination therapy Align prescription refills Approaches to address “forgetfulness”
IMPROVE PATIENT ENGAGEMENT	<p>Apply shared-decision making at initiation of treatment plan and throughout</p> <p>Use collaborative communication skills in conversations (e.g., non-judgmental, ask about side effects, ask about cost and logistical issues)</p>	<p>Apply shared-decision making at initiation of treatment plan and throughout</p> <p>Use collaborative communication skills in conversations (e.g., non-judgmental, ask about side effects, ask about cost and logistical issues)</p>

IMPROVING BLOOD PRESSURE CONTROL FOR AFRICAN AMERICANS ROADMAP

ELECTIVE STRATEGIES

BP CONTROL RANGE: 61 - 79% BP Control for African Americans

GOAL: ≥10% improvement in BP control OR **≥10 mmHg reduction in average systolic BP** for African Americans

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve blood pressure control for African Americans.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
INCREASE MEDICATION INTENSIFICATION / OPTIMIZE THERAPY	<p>Develop collaborative practice agreements for pharmacists:</p> <ul style="list-style-type: none"> Refill authorization Medication titration Formulary management <p>Plan for SMBP</p> <p>Develop practice protocols, e.g.:</p> <ul style="list-style-type: none"> • Training patients to perform SMBP • Transmission of SMBP readings to care team <p>Designate/configure structured fields to document SMBP averages and related data elements in EHR</p> <p>Implement SMBP</p> <p>Train all eligible patients and teams to use evidence-based measurement protocol</p> <p>Use SMBP average to confirm diagnosis, assess control, and guide treatment</p>	<p>Develop collaborative practice agreements for pharmacists:</p> <ul style="list-style-type: none"> Refill authorization Medication titration Formulary management <p>Plan for SMBP</p> <p>Develop practice protocols, e.g.:</p> <ul style="list-style-type: none"> • Training patients to perform SMBP • Transmission of SMBP readings to care team <p>Designate/configure structured fields to document SMBP averages and related data elements in EHR</p> <p>Implement SMBP</p> <p>Train all eligible patients and teams to use evidence-based measurement protocol</p> <p>Use SMBP average to confirm diagnosis, assess control, and guide treatment</p>
INCREASE TOUCHPOINTS	<p>Data-driven patient outreach</p> <p>Non-billable nurse/MA visits for blood pressure checks</p> <p>Optimize telemedicine for frequent follow up</p>	<p>Data-driven patient outreach</p> <p>Non-billable nurse/MA visits for blood pressure checks</p> <p>Optimize telemedicine for frequent follow up</p>
IMPROVE MEDICATION ADHERENCE	<p>Expand care team encounters to include medication education and adherence coaching</p>	<p>Expand care team encounters to include medication education and adherence coaching</p>
IMPROVE PATIENT ENGAGEMENT	<p>Assist patients with obtaining validated, automated home BP measurement devices with appropriately-sized upper arm cuffs</p> <p>Use SMBP and available telemedicine modalities to engage patients in self-management</p>	<p>Assist patients with obtaining validated, automated home BP measurement devices with appropriately-sized upper arm cuffs</p> <p>Use SMBP and available telemedicine modalities to engage patients in self-management</p>

IMPROVING BLOOD PRESSURE CONTROL FOR AFRICAN AMERICANS ROADMAP

CAPSTONE STRATEGIES

BP CONTROL RANGE: ≥ 80% BP control for African Americans

GOALS: 1) 1+ emerging best practice 2) Apply to be a Million Hearts® Hypertension Control Champion

1. Identify the **Current Activities** your organization has in place or completed.
2. Select **Planned Activities** that are not in place or completed to improve blood pressure control for African Americans.
3. Create plan to complete **Planned Activities**.

	CURRENT	PLANNED
INCREASE MEDICATION INTENSIFICATION / OPTIMIZE THERAPY	Focus on hard to reach patients and those with “resistant” hypertension	Focus on hard to reach patients and those with “resistant” hypertension
INCREASE TOUCHPOINTS	Tailored outreach to patients engaged in SMBP Develop other innovative strategies to increase care delivery capacity (e.g., community partnerships)	Tailored outreach to patients engaged in SMBP Develop other innovative strategies to increase care delivery capacity (e.g., community partnerships)
IMPROVE MEDICATION ADHERENCE	Partner with payers or pharmacies to obtain prescription fill data Measure medication adherence Proportion of days covered Medication possession ratio	Partner with payers or pharmacies to obtain prescription fill data Measure medication adherence Proportion of days covered Medication possession ratio
IMPROVE PATIENT ENGAGEMENT	Develop other innovative strategies to increase patient engagement among African Americans* Culturally sensitive patient-centered interventions that address self-management barriers Interventions that leverage social networks Interventions that address racial health inequities and their structural determinants	Develop other innovative strategies to increase patient engagement among African Americans Culturally sensitive patient-centered interventions that address self-management barriers Interventions that leverage social networks Interventions that address racial health inequities and their structural determinants