

# Million Hearts®: Improving Blood Pressure Control for African Americans



## PURPOSE

To identify African American patients with uncontrolled diagnosed hypertension for further assessment and interventions to help improve their blood pressure.

## 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 also less likely than whites to have their blood pressure under control. Social and environmental factors help explain part of the race difference in hypertension prevalence, 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

- Increase blood pressure control by at least 10% among African American patients with hypertension.
- Reduce average systolic blood pressure by 10 mmHg among African American patients with hypertension whose blood pressure remains uncontrolled.

## POPULATION OF FOCUS

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

## APPROACH

Partner with 4 health center controlled networks (HCCNs), 20 health centers and the American Medical Association (AMA) to implement strategies to improve 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, increasing touchpoints, improving medication adherence, and implementing evidence-based patient engagement strategies.

- Clinical Strategy Calls
- Launch and Harvest Meetings



**TIMELINE | 1/1/2019 – 7/31/2021**



**FUNDING | CDC**



**TYPE OF INTERVENTION**

HIT-enabled Quality Improvement, Analytics and Reporting

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- Quality Improvement Coaching/Practice Facilitation
- 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

## COLLABORATORS

<b>CDC</b>	Oversee national Million Hearts® initiative. Project Officer. Financial and technical support.
<b>NACHC</b>	Establish national leadership role for Million Hearts for HCCNs and health centers; project design, support, and management; consultation and assistance QI strategies, evidence-based practices, implementation science, data reporting, and other relevant content.
<b>American Medical Association</b>	Nationally recognized leader in clinical hypertension and the <i>Measure, Act, Partner</i> framework. Expert faculty for training and monthly learning community. Alignment with other national initiatives from the AMA Data analytics support.
<b>HCCN</b>	Assist health centers in identifying African American patients with uncontrolled diagnosed hypertension for further assessment and interventions to improve their blood pressure. Participate in learning community, provide HIT-specific training, technical assistance, and implementation support to health centers, and report monitoring and evaluation results.
<b>Health Center</b>	Partner with associated HCCN to identify and engage patients with undiagnosed hypertension. Participate in learning community.
<b>ATSU</b>	Collaborative partner with NACHC in the National Center for Community Health Research; assists in evaluation design, data analysis, and manuscript preparation; hosts an IRB.