

“Did You Knows” and Quick Tips to Prevent Heart Attacks and Strokes

IMPROVING BLOOD PRESSURE CONTROL

▼ PURPOSE

Evidence-based content that can be digested quickly and used for training or in email/newsletter/social media communications.

▼ WHY?

To share and scale strategies that most successfully prevent heart attacks and strokes.

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▶ INTENDED AUDIENCE: Clinicians

Did you know? Combination therapy results in 3x more BP lowering effect compared to increasing dosage of a single class of anti-hypertensive medication, and is available in your formulary:

- [Medication Intensification: What's the Rx?](#) (14 min. video) | NACHC, CDC, AMA
- [Fixed-Dose Combination Antihypertension Medication Coverage by State Medicaid and Medicare Organizations](#) | hhs.gov; 2022

Did you know? Medication nonadherence is mainly due to cost and complex medication regimens. An effective solution to address these barriers is using fixed-dosed combinations (FDCs), or combining two or more medications in one pill.

- [Medication Intensification: What's the Rx?](#) (14 min. video) | NACHC, CDC, AMA
- [Fixed-Dose Combination Antihypertensive Medication Coverage by State Medicaid and Medicaid Managed Organizations](#) | (hhs.gov)
- [Clinical outcomes in hypertensive patients treated with a single-pill fixed-dose combination of renin-angiotensin system inhibitor and thiazide diuretic](#) | PubMed (nih.gov)

Quick Tip

Consider using a thiazide/thiazide-like diuretic or a calcium channel blocker as part of your prescribing protocols when initiating combination therapy or adding a medication class to treat uncontrolled hypertension. This is demonstrated to be more effective for African Americans with hypertension and works for all patients with hypertension.

- [2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: FAQs; see FAQ #44: How should we treat African-American patients with hypertension?](#)
- [AMA Hypertension Medication Treatment Protocol \(2020\)](#)

Did you know? Repeated blood pressure (BP) measurements are more representative of true BP. Improper and infrequent office BP measurement can lead to inaccurate classification, overestimation of a patient's true BP, unnecessary treatment, and misinterpretation of the true prevalence of hypertension.

- [BP measurement competency](#) | AMA (ama-assn.org, 2020)
- [Association of Repeated Measurements With Blood Pressure Control in Primary Care](#) | Abstract - Europe PMC

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Did you know? Even if you measure BP in the clinic accurately, it may not reflect a person's true BP. Out-of-office blood pressure measurements averaged over several days provide a better gauge of BP because they reflect a pattern of readings, may eliminate the white coat effect, and can identify masked hypertension. Out-of-office BP measurement is also a better indicator of a person's risk for a cardiovascular event.

- [2017 Guideline for High Blood Pressure in Adults](#) | American College of Cardiology (acc.org), See Part 1, Section 2.
- [Role of Ambulatory and Home Blood Pressure Monitoring in Clinical Practice: A Narrative Review](#) Annals of Internal Medicine: Vol 163, No 9 (acpjournals.org)

Quick Tip

“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

You can make this work by fortifying your hypertension treatment protocol and using team-based care.

- [80% HYPERTENSION CONTROL: A Three-Pillar Practical Approach](#) | Case Study, NACHC with Miami Beach Community Health Center
- [Interdisciplinary Team-based Care: Tips for Effective Chronic Disease Management](#) (15 min. video) | NACHC with Community Health Center, Inc.
- [Hypertension Management Program \(HMP\) Toolkit: Adaptation Tips](#) | cdc.gov; 2021

Did you know? Some practices have gotten their average time to BP control down to less than 40 days. One key factor is the follow-up interval. Adults with uncontrolled hypertension ($\geq 140/90$ mmHg) should have a follow-up visit every 2 to 4 weeks until they are at control.

- [2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: Guidelines Made Simple](#); see p. 14
- [Clinic-based strategies to reach United States Million Hearts 2022 blood pressure control goals: a simulation study](#) | nih.gov

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Clinicians

Did you know? Medication adherence is critical to successful hypertension control for many patients. However, only 51% of Americans treated for hypertension take their medications as prescribed in the long-term. Effective communication doubles the odds of your patients taking their medications properly.

- [Medication Adherence: Improve Patient Outcomes and Reduce Costs](#) | Health Care Quality | AMA STEPS Forward | AMA Ed Hub (ama-assn.org)
- [Help Patients Take Blood Pressure Medicines as Directed](#) (1 min. 25 sec. video - YouTube) | Million Hearts
- [Hypertension Control Change Package \(hhs.gov\)](#) – p. 16, see section: Ensure the care team is skilled in supporting patient medication adherence

Quick Tip Involve pharmacists in patient care to improve long-term blood pressure control and to decrease racial and socioeconomic disparities.

- [The benefits of physician-pharmacist collaboration](#) | MDedge Family Medicine
- [Physician-Pharmacist Collaborative Management: Narrowing the Socioeconomic Blood Pressure Gap](#) | nih.gov

Did you know? You can reduce disparities in blood pressure control and increase health equity in hypertension management by systematically applying a hypertension treatment protocol and using data to identify care gaps.

- [Hypertension Control Change Package](#) – see p. 10 – Deploy HTN treatment protocols and algorithms | hhs.gov
- [AMA Doc Talk: Closing the BP control gap](#) (23 min. video) | Omny.fm
- [Ensuring Health Equity in Preventing Cardiovascular Disease](#) (13 min. video) | NACHC

Did you know? Hypertension is a leading cause maternal morbidity and mortality. Taking the time to treat hypertension during pregnancy, after delivery, and through the woman's life course is key to improving maternal health in the U.S.

- [Hypertensive Disorders of Pregnancy](#) | Million Hearts®
- NACHC Million Hearts® Dec 2022 SMBP Forum: [Self-Measured Blood Pressure Monitoring to Address Hypertensive Disorders of Pregnancy](#) (1 hr. video)

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▶ INTENDED AUDIENCE: **Care Team**

Quick Tip “Don’t just measure BP at every visit, address it – every patient encounter is an opportunity to prevent a heart attack or stroke.” – Dr. Laurence Sperling, Executive Director, Million Hearts®. Every care team member has an important role. Consider care team scorecards and merit incentives for the full care team that include addressing elevated BP.

- [The Surgeon General’s Call to Action to Control Hypertension Fact Sheet for Health Care Professionals](#) | cdc.gov
- [Hypertension Control Change Package](#) – p. 20, see section – Regularly provide a dashboard with BP goals, metrics, and performance | hhs.gov
- [Improving hypertension control and cardiovascular health: An urgent call to action for nursing](#) (14 min. video) | NACHC, CDC, AMA | Hannan - 2022 - Worldviews on Evidence-Based Nursing - Wiley Online Library

Did you know? Taking a patient’s blood pressure without their arm supported at heart level can add 10 mmHg to their reading? Also, taking a BP measurement over clothing can add 5 – 50 mmHg. Accurate BP measurements are essential to identify people with hypertension and prompt quick clinical action.

- [How to measure blood pressure accurately \(1 min. video\)](#) | AMA
- [In-Office Blood Pressure Measurement Graphic](#) | Target:BP (targetbp.org)
- [Hypertension Control Change Package](#), see section – Provide guidance on measuring BP accurately | hhs.gov

Did you know? Three of the most impactful strategies to improve hypertension outcomes are rapid treatment intensification, increasing frequency of follow-up, and improving medication adherence. Which one of these can you focus on this month?

- [Clinic-based strategies to reach United States Million Hearts 2022 blood pressure control goals: a simulation study](#) | nih.gov
- [BPAA-Roadmap_08252021.pdf](#) | nachc.org

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Care Team

Did you know? Factors affecting a person's ability to take their medications may be related to cost, complexity of regimen, ability to receive 90-day and automatic refills, lack of trust in the healthcare system, and other patient concerns that are often from misinformation. Learn some strategies to overcome these obstacles.

- [Hypertension Control Change Package](#)– see p. 20, Provide patient supports for medication adherence | hhs.gov
- [NACHC Million Hearts Learning Lab: Session 3 Ensuring Health Equity in Preventing CVD Pre-Work](#) (13 min. video)

Did you know? Pharmacists are well-positioned to provide patient support that can make a significant difference in medication adherence.

- [Tailored Pharmacy-Based Interventions to Improve Medication Adherence](#) | cdc.gov
- [Hypertension Control Change Package](#), p. 8 - see section – Expand the HTN care team | hhs.gov

Quick Tip Messaging matters! A savvy care team member already knows that a patient with uncontrolled hypertension likely needs an additional medication class added to achieve blood pressure control. Rather than asking the primary care provider what they want to do, ask them which medication they would like to add – and offer two evidence-based options.

- [Hypertension Medication Treatment Protocol](#) | AMA; 2020

Did you know? Nationally and in our Million Hearts project, 17% of patients with uncontrolled hypertension are on no medication and 30% are on only one medication. NACHC has created process measures to assess the proportion of patients with uncontrolled blood pressure ($\geq 140/90$ mmHg) on no anti-hypertensive therapy and on monotherapy. Using these measures can help drive improvement and increase health equity by identifying care gaps and disparities in treatment.

- [Improving Blood Pressure Control in African Americans Monitoring Measures and Data Workbook](#)

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Did you know? Self-measured blood pressure monitoring (SMBP) is most effective when paired with clinical supports such as patient education, training, electronic or web-based tools, and follow-up outreach.

- [Self-Measurement: How patients and care teams are bringing blood pressure to control](#) (13 min video) | NACHC
- [SMBP Implementation Toolkit](#) | NACHC, 2022
- [Hypertension Control Change Package](#), p. 20 - see section – Provide patient supports for SMBP monitoring | hhs.gov

Quick Tip SMBP is not intended to be used in perpetuity. Use SMBP to diagnose hypertension, titrate medications, and before follow-up appointments. Patients can take their blood pressure occasionally in between visits, but having a patient continuously take their BP twice in the morning and evening is not sustainable nor desirable.

- [SMBP Implementation Toolkit](#) | NACHC

Quick Tip Use telehealth and technology to make your SMBP program practical and sustainable in your practice.

- [Clinical Case Study: Implementing a SMBP Program](#), scroll forward to 19 min.,30 sec. | Health Federation of Philadelphia
- [Health IT Checklist for Blood Pressure Telemonitoring Software](#)
- [SMBP Implementation Toolkit](#), see SMBP in Clinical Practice | NACHC

Did you know? Offering self-measured blood pressure monitoring (SMBP) can help ensure health equity in achieving hypertension outcomes because it can mitigate barriers like transportation, work conflicts, or lack of childcare.

- [Use of Self-Measured Blood Pressure Monitoring to Improve Hypertension Equity](#) | SpringerLink
- [How Do We Jump-Start Self-measured Blood Pressure Monitoring in the United States? Addressing Barriers Beyond the Published Literature](#) | PubMed (nih.gov)
- [An Opportunity to Better Address Hypertension in Women: Self-Measured Blood Pressure Monitoring](#) | Journal of Women's Health (liebertpub.com)