NATIONAL ASSOCIATION OF Community Health Centers®

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SERIES: Clinical Issues & Health Center Boards

SPOTLIGHT HYPERTENSION MANAGEMENT

This resource discusses hypertension management and how boards can support this through appropriate governance-level functions. A board may wish to read this prior to discussing hypertension management. This resource may also help orient new board or committee members to clinical issues.

What is Hypertension?

According to the Centers for Disease Control and Prevention (CDC), having blood pressure readings consistently above normal may result in a diagnosis of high blood pressure, also called hypertension. Hypertension can put individuals at risk for heart disease, heart attack, stroke, kidney disease, vision loss, sexual problems, memory loss, and pregnancy problems.

Why is Hypertension Management Important for Health Centers?

Hypertension is the second most common chronic condition among health center patients; approximately 45% of adult health center patients report having hypertension.

Health centers have achieved high quality outcomes compared to national benchmarks for hypertension. Data from the Health Resources and Services Administration (HRSA) shows that nearly two-thirds (63%) of health center patients diagnosed with hypertension had their blood pressure controlled to <140/90 mmHg; this exceeded the comparable Healthcare Effectiveness Data and Information Set (HEDIS) benchmark in 2022 of 59%.[1] Still, this means that 37% of health center patients have uncontrolled hypertension.

In the United States, uncontrolled hypertension is considered a health crisis. According to the CDC, hypertension was a primary or contributing cause of 691,095 deaths in the U.S. in 2021, and uncontrolled blood pressure is more common in non-Hispanic black adults than in other populations.

What Key Issues are Important to Know About Hypertension Management?

Unlike other, newer health conditions, research has identified what is needed to manage hypertension including:

- combination medication use (meaning two or more classes of medications),
- follow-up with patients with uncontrolled blood pressure every 2 to 4 weeks,
- acting rapidly to prescribe combination therapy, and
- increased use of self-measured blood pressure (SMBP) monitoring, which produces a more accurate pattern of data to inform clinical action and engages patients.

In 2017, the Guideline for the Prevention, detection, evaluation and management of High Blood Pressure in adults was updated and these guidelines are recommended for health centers. As noted by the American Heart Association: "For years, hypertension was classified as a blood pressure (BP) reading of 140/90 mm Hg or higher, but the updated guideline classifies hypertension as a BP reading of 130/80 mm Hg or higher. The updated guideline also provides new treatment recommendations, which include lifestyle changes as well as [blood pressure]-lowering medications."

1 HEDIS is used by more than 90 percent of U.S. health plans to measure performance on important dimensions of care and service.

The National Association of Community Health Centers (NACHC) and the CDC are partnered together to reduce heart attacks and strokes to help achieve the Million Hearts® goals of preventing one million heart attacks and strokes within 5 years. The current focus is on implementing strategies to reduce undiagnosed hypertension, improve use of certain medication (e.g. statins) in high-risk patients, improve hypertension management and control for African Americans, and expand use of SMBP monitoring.

Research has found that achieving the Million Hearts® blood pressure goal will require increasing visit frequency, acting rapidly to prescribe combination therapy (multiple classes of medication), and improving the ability of patients take their medication consistently. Findings published in "Clinic-Based Strategies to Reach United States Million Hearts 2022 Blood Pressure Control Goals" by Brandon K. Bellows and others found that using three clinic-based processes of hypertension care—increased office visit frequency, increased clinician attention for patients with uncontrolled blood pressure, and continued medication use—could result in 80% hypertension control nationally.

What is the Role of a Health Center Board?

A board can support hypertension management through appropriate governance-level functions such as strategic planning and clinical quality oversight.

STRATEGIC PLANNING

During strategic planning, the board works with the Chief Executive Officer (CEO)[2] and staff to create and approve big-picture goals. At this time, a center may decide to make different investments in hypertension management. For example, a board may prioritize investment in self-measured blood pressure devices, tele-transmission capability for self-measured readings, and staffing and training activities to support.[3]

BOARD CONSIDERATIONS

When making strategic decisions, a board may want to review data—including from the community needs assessment and clinical quality data—and/or seek input from board members or Patient Advisory Councils to assess need. Management can also share national trends to help highlight needs including new research about the importance of team-based care in supporting hypertension management. NACHC's Self-Measured Blood Pressure Monitoring Implementation Toolkit —designed for staff—can also help quickly orient individuals to SMBP considerations.

2 Also called the "Project Director" in the Health Center Program Compliance Manual.

3 SMBP telemonitoring is the process of securely storing and tele-transmitting reliably measured, patient self-performed blood pressure measurements to healthcare teams, while ensuring that these data are viewable and clinically actionable for the purposes of improving hypertension diagnosis and management. SMBP telemonitoring is a vital component of an overall hypertension control strategy. NACHC has a toolkit that can help staff with SMBP implementation and a resource on reimbursement for SMBP. An additional resource addresses how health centers can address using NACHC's Value Transformation Framework

QUESTIONS

Questions a board might ask include:

- Is there unmet need in our community related to hypertension management and what is the role of the health center in addressing this need?
- What investments are needed to support effective hypertension management?
- Do we need to invest in team-based care models to support hypertension management?
- Do we receive adequate reimbursement for hypertension management services? If not, what role can the board play to support a change? Is the center participating in or exploring any value-based care arrangements that might close any reimbursement gap?

CLINICAL QUALITY OVERSIGHT

A health center board must provide oversight of clinical quality. Boards carry out this duty in various ways, including reviewing and approving the quality assurance/quality improvement (QA/QI) plan, monitoring quality and safety indicators, and approving key policies.[4] Often, boards also have a quality committee that provides routine oversight of clinical quality measures and makes reports and recommendations to the full board regarding policies or actions.

BOARD CONSIDERATIONS

Boards can keep the following in mind when providing clinical quality oversight of hypertension management:

- **Boards can be aware of how the center approaches hypertension management** and whether the center follows the Guideline for the Prevention, detection, evaluation and management of High Blood Pressure in adults updated in 2017.
- **Boards will typically review health center quality measures reported through the Uniform Data System (UDS)**, a national dataset containing information on health center patients, services, staffing, and costs. The Health Resources and Services Administration (HRSA) collects UDS data annually from all health centers. Most boards receive regular updates on clinical data reported through UDS such as:
  - Percentage of Hypertension Patients
  - Number of and Percentage of Patients with Hypertension (HTN) Whose Blood Pressure (BP) was Controlled (< 140/90 mmHg)
  - Number of Patients at High Risk of Cardiovascular Events who were Prescribed or were on Statin Therapy
- **Centers in value-based payment arrangements – which reimburse centers based on the quality outcome (and not the volume of services) – will want to be aware of and monitor additional data** required by the value-based arrangement. For example, some may

4 Learn more about the board's responsibility for clinical quality oversight in NACHC's Governance Guide for Health Center Boards, Chapter 5 and the Health Center Program Compliance Manual, Chapter 19: Board Authority.

BOARD CONSIDERATIONS

monitor Healthcare Effectiveness Data and Information Set (HEDIS) benchmarks on hypertension including: monitoring the percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.

- **The board can focus on health equity by monitoring outcomes for populations served by the center that have historically experienced disparities related to high blood pressure** (e.g., non-Hispanic black adults). A board can ensure CEOs are aware of tools their teams can be using to improve blood pressure control for African American patients who have traditionally experienced health disparities related to hypertension.

QUESTIONS

Questions a board might consider related to quality oversight include:

- What does the clinical quality data show about the number of patients whose blood pressure was controlled according to UDS? How is the center doing against comparable benchmark data such as HEDIS?
- If the center has a high percentage of patients with uncontrolled blood pressure, what plans do the CEO and clinical team have to address this? How will the CEO and team report back to the board on efforts to decrease this percentage? What new policies might be needed to address this issue?
- Is the center adhering to the Guideline for the Prevention, detection, evaluation and management of High Blood Pressure in adults updated in 2017?
- Are there disparities in outcomes among certain populations? If so, what is being done to address these?
- Are we seeing improved outcomes for those with access to SMBP monitoring?

Board Members as Community Ambassadors

Board members can serve as formal or informal community ambassadors sharing information to support their community. For example, Million Hearts recently developed a resource called "Simplify Your Pill Routine" focused on educating patients about medication and understanding blood pressure monitoring results.

The Live to the Beat campaign—led by the CDC Foundation and Million Hearts®—aims to help prevent heart disease and stroke in "Black adults in the United States, who die from heart disease at a rate two times higher than their White counterparts." Health centers and individual board members can join the Live to the Beat Community Ambassador network to help community members lower their risk for heart disease and stroke.

Please direct questions about this resource to Emily Heard, Director, Health Center Governance, or Meg Meador, MPH, C-PHI, CPHQ, Director, Quality Improvement & Integration, National Association of Community Health Centers at trainings@nachc.com.

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