



American College of Preventive Medicine
physicians dedicated to prevention

Reducing Hypertension Among African-Americans Learning Collaborative

Keith C. Ferdinand, MD, FACC, FAHA, FASPC, FNLA

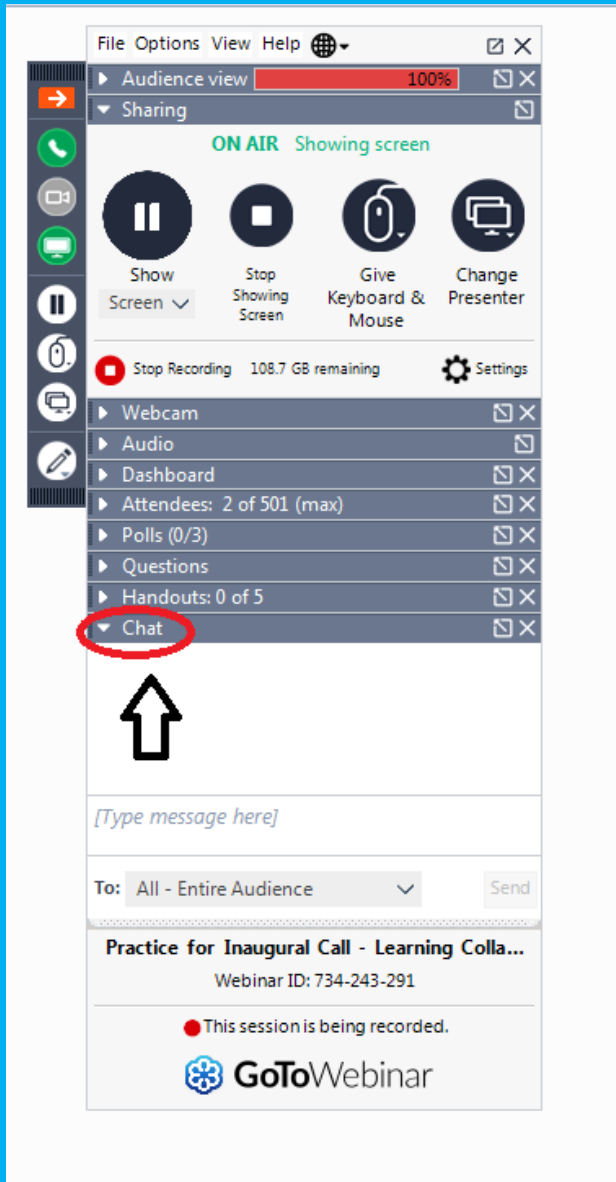
Moderated by Ayanna V. Buckner, MD, MPH, FACPM

Housekeeping



American College of Preventive Medicine
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- Please stay in listen-only mode.
- The slides will be posted on the ACPM website.
- If you have any questions please type them in the chat box and we will address them during the Q/A session.
- During the Q/A session, you may also ask a question by using the 'Raise Hand' feature
- ACPM will email the participants a brief feedback survey after the webinar



ACPM Preventive Medicine: Focusing Upstream

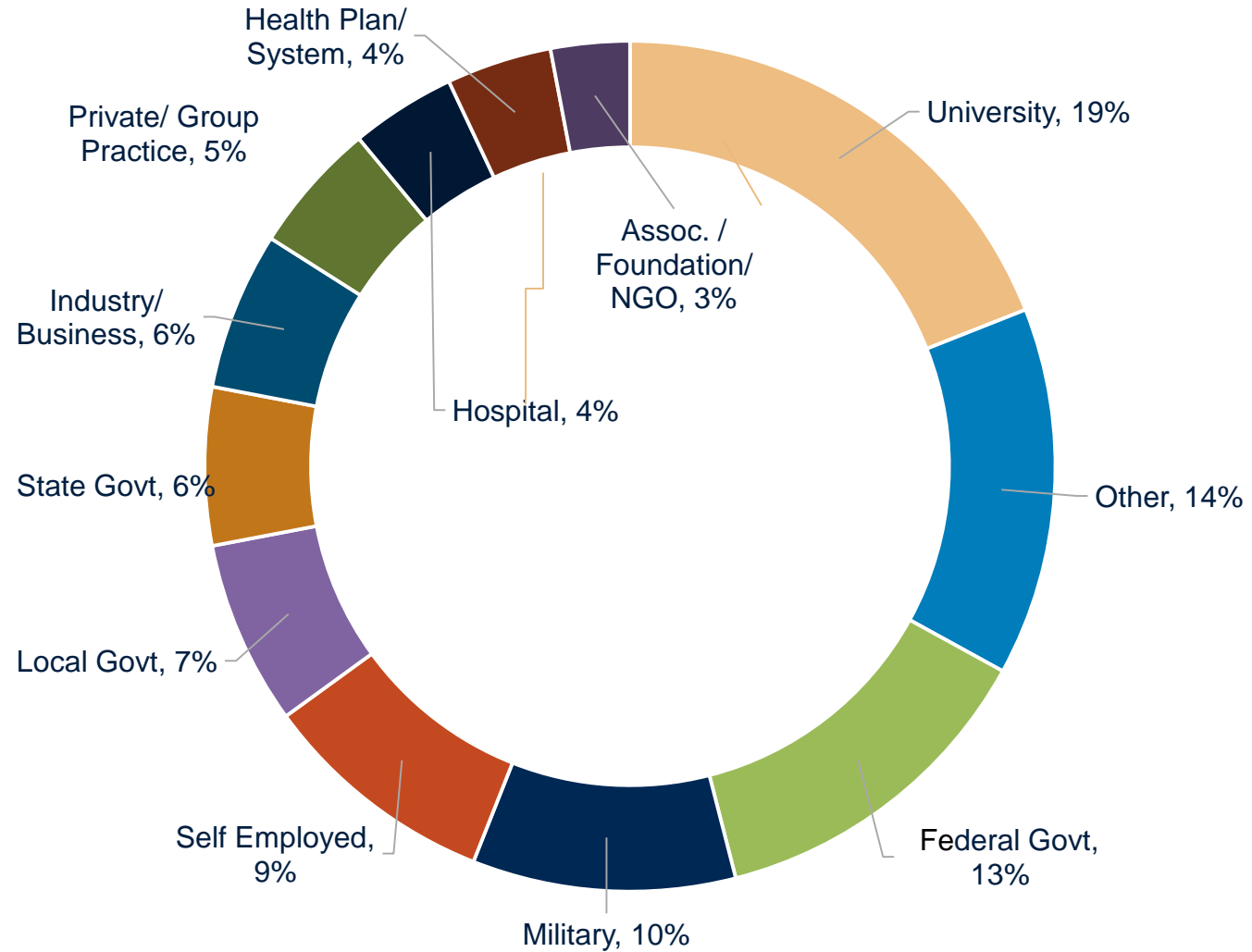
Our Impact

- ACPM is a national medical specialty society that represents physicians who work at the unique intersection of clinical care and population health.
- ACPM members have both an MD (or DO) and MPH and are trained to care for both individuals and populations.





Where PM Doctors work



PM's Agenda: Design Upstream Interventions





Reducing Hypertension Among African-Americans

POLL



Reducing Hypertension Among African-Americans Learning Collaborative

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DISCLOSURES

Speaker's Bureau

None

Consultant

Amgen, Sanofi, Boehringer Ingelheim, Novartis, Quantum Genomics

Stocks

None

Patents

None

OBJECTIVES

- Summarize the most important lessons learned in the treatment of hypertension in the African American community
- Discuss what bold, upstream actions to reduce the burden of hypertension among African-Americans can empower us to create blue zones here in the United States
- Highlight what changes to the current standards of care are needed to reduce the burden of hypertension among African-Americans and empower us to create blue zones here in the United States

What are the most important lessons that guide your work to address the high prevalence of hypertension and poor control rates in the African American community?

“Of all the forms of inequality, injustice in health care is the most inhumane.”

- Martin Luther King, Jr.

Medical Committee for Human Rights
Chicago
March 1966



Civil rights legislation in the 1960s.



Documenting Disparities

“Nothing captures the nature of health inequities as clearly as the persistent life expectancy gap between whites and blacks”

Alan R. Weil, Editor-in-Chief, Health Affairs August 2016, vol. 35 no. 8, 1347

THE WALL STREET JOURNAL.

Heart Attack at 49—America's Biggest Killer Makes a Deadly Comeback



Doris Washington, center, and her daughters Stephanie, 20, and Sydnie, 13, the family of Oscar Washington Jr., who died of a heart attack at 49

June 21, 2019 <https://www.wsj.com/articles/after-decades-of-progress-america-backslides-on-heart-disease-11561129106>

The evidence shows...

- High blood pressure is a continuous, direct, linear risk for ASCVD and stroke.
- Controlling HTN is essential.
- **Primary care** is critical to improve outcomes. Moreover, team-based care is necessary for tighter control.
- Lifestyle and evidence-based pharmacotherapy with multiple antihypertension drugs is shown to decrease CVD morbidity and mortality.

The evidence shows...

- Suboptimal risk control is the most important factor responsible for disparate outcomes vs. genetics.
- Major SES factors potentially are manageable with knowledge (education) and focused resources.
- Access to care is the low hanging fruit for reducing health disparities.

So, why are we are missing this opportunity?

My Second Chance to Live Heart Healthy: Mr. C.A.'s story.



<http://millionhearts.hhs.gov>

Million Hearts 2016 article placed in over 2,300 US news publications and reached over 29 million

<http://www.houmatimes.com/online>

What are some examples of the bold, upstream ideas and/or programs that can help reduce hypertension among African-American women and men?

Strategic Imperatives for Improving hypertension control among African Americans

- Implement guideline-based protocol
- Problem-solve in medication adherence
- Advance practice of self-measured blood pressure monitoring
- Increase access to and participation in community-based activity programs

Barbershop-Based Care Dramatically Trims Blood Pressure

Bridget M. Kuehn

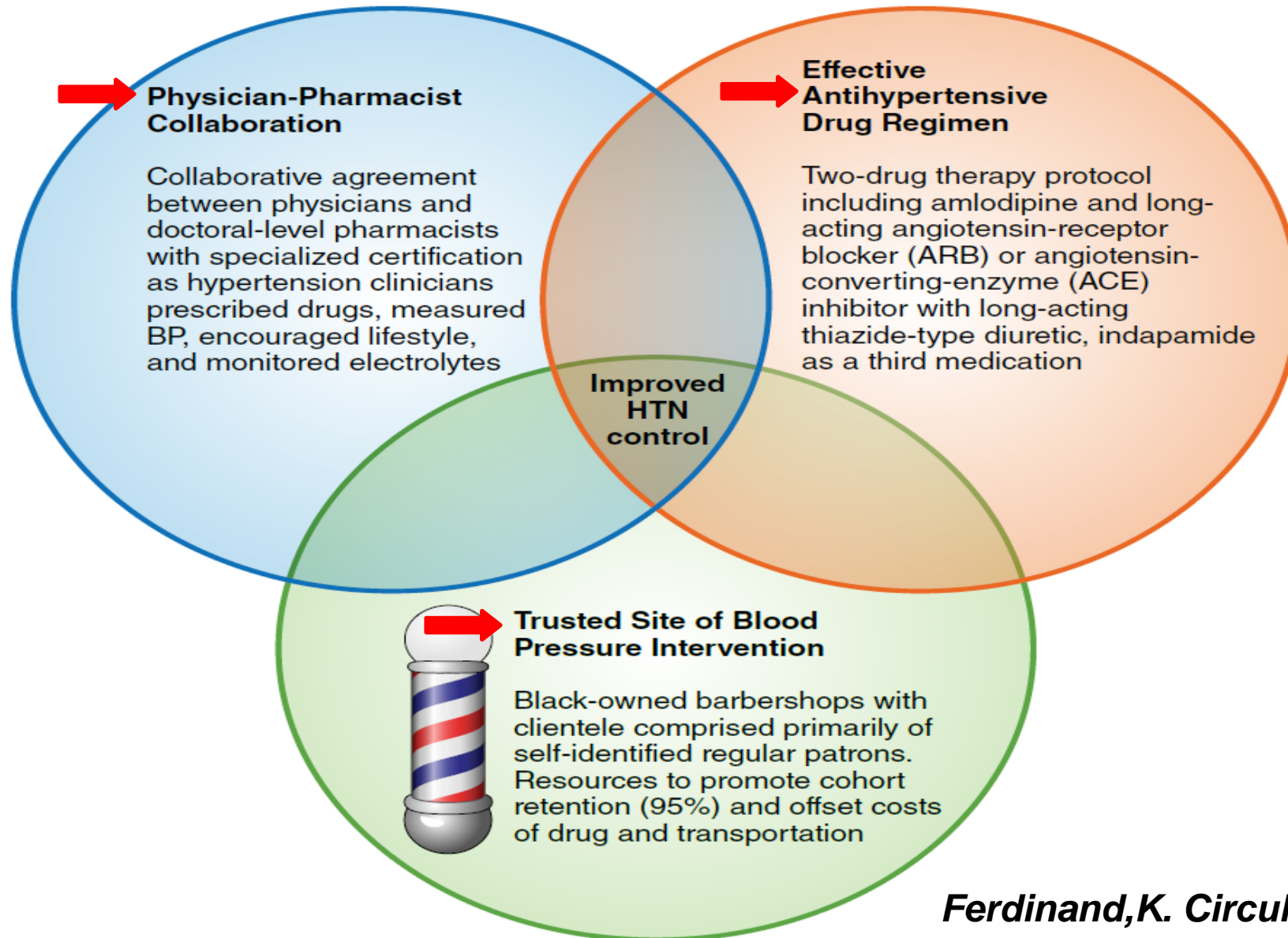
Pharmacist-delivered care for hypertension in barbershops led to dramatic reductions in blood pressure in black men, according to study results presented at the American College of Cardiology's 67th Annual Scientific Session.

The cluster-randomized trial, which was simultaneously published in the *New England Journal of Medicine*, enrolled 319 black men with a blood pressure of ≥ 140 mmHg at 52 barbershops in Los Angeles County. Men in the intervention group received monthly monitoring and medication management from specially trained



Circulation. 2018;137:1861–1862. April 24, 2018

Positive components of the LABP intervention



CLINICAL PRACTICE GUIDELINE

2017 ACC/AHA/AAPA/ABC/ACPM/ AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults



A Report of the American College of Cardiology/American Heart Association Task Force on
Clinical Practice Guidelines

BP Goal for Patients With Hypertension

COR	LOE	Recommendations for BP Goal for Patients With Hypertension
I	SBP: B-R ^{SR}	For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher a BP target of less than 130/80 mm Hg is recommended.
	DBP: C-EO	
IIb	SBP: B-NR	For adults with confirmed hypertension, without additional markers of increased CVD risk, a BP target of less than 130/80 mm Hg may be reasonable.
	DBP: C-EO	

SR indicates systematic review.



Self-Measured **Blood Pressure** Monitoring

Centers for Disease Control and Prevention. Self-Measured Blood Pressure Monitoring: Action Steps for Public Health Practitioners. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013





Self-Measured
Blood Pressure
Monitoring

AHRQ found strong evidence that SMBP plus additional support was more effective than usual care in lowering blood pressure among patients with hypertension.

Feedback loop
between patients and
health care providers
supporting SMBP

Patient

Self-measured blood
pressure readings
Lifestyle habits
(e.g., smoking, diet, exercise)
Medication side effects and
adherence barriers
Insights into variables affecting
control of blood pressure

Provider

Adjustments to medication type and
dose to achieve goal blood pressure
Suggestions to achieve
lifestyle changes
Actions to sustain or
improve adherence
Advice about community
resources to assist in
controlling blood pressure

Reimbursement for SMBP

New CPT Codes to Cover Self-Measured Blood Pressure (SMBP)

Self-measured blood pressure (SMBP) is the regular measurement of blood pressure (BP) by a patient outside the clinical setting, usually at home.

Benefit to patients and providers

- SMBP helps providers diagnose and manage hypertension more effectively using an average of up to seven days of BP readings that are more representative of a patient's daily mean BP compared to clinic readings.
- SMBP helps engage patients in self-management of high BP.

Reimbursement for SMBP (cont'd)

99474-: Self-measured blood pressure:

- Using a device validated for clinical accuracy
- Separate self-measurements of two readings one minute apart, twice daily over a 30-day period (min. of 12 readings)
- Collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional*
- With report of average systolic and diastolic BP and subsequent communication of a treatment plan to the patient

AHA Scientific Statement

Social Determinants of Risk and Outcomes for Cardiovascular Disease

A Scientific Statement From the American Heart Association

Edward P. Havranek, MD, FAHA, Chair; Mahasin S. Mujahid, PhD, MS, Co-Chair;
Donald A. Barr, MD, PhD; Irene V. Blair, PhD; Meryl S. Cohen, MD, FAHA;
Salvador Cruz-Flores, MD, FAHA;

George Davey-Smith, MA(Oxon), MD, BChir(Cantab), MSc(Lond);
Cheryl R. Dennison-Himmelfarb, RN, PhD, FAHA; Michael S. Lauer, MD, FAHA;
Debra W. Lockwood; Milagros Rosal, PhD; Clyde W. Yancy, MD, FAHA; on behalf
of the American Heart Association Council on Quality of Care and Outcomes Research,
Council on Epidemiology and Prevention, Council on Cardiovascular and Stroke Nursing,
Council on Lifestyle and Cardiometabolic Health, and Stroke Council

***Circulation.* 2015;132:00-00. DOI: 10.1161**

Potential Sources of Disparities in Care

Patient-Level

- Patient preferences
- Treatment refusal
- Care seeking behaviors and attitudes
- Clinical appropriateness of care

Health Care Systems-Level

- Lack of interpretation and translation services
- Time pressures on physicians
- Geographic availability of health care institutions
- Changes in the financing and delivery of health care services

Provider-Level

- Bias
- Clinical uncertainty
- Beliefs/stereotypes about the behavior or health of minority patients

Factors Reported to Affect Adherence

Social and economic dimension

Limited English proficiency

→ Low health literacy

Lack of family or social support network

Unstable living conditions/homelessness

Burdensome schedule

→ Limited access to health care facilities

→ Lack of health care insurance

Inability/difficulty accessing pharmacy

Medication cost

→ Cultural and lay beliefs about illness and treatment

Questions





Reducing Hypertension Among African-Americans

The screenshot shows the ACPM website page for "Hypertension - Causes, Symptoms, Diagnosis & Treatment". The page includes a navigation menu at the top with links for Membership & Partners, Education & Events, Initiatives, Advocacy, News & Publications, and About. The main content area features a breadcrumb trail (Home > Initiatives > Hypertension) and a title "Hypertension - Causes, Symptoms, Diagnosis & Treatment". The text describes hypertension as a critical public health problem and a strong predictor for acute cardiovascular complications. It also mentions that hypertension prevention and treatment faces numerous barriers, particularly for African-American men. The page highlights "Innovative Programs for African-American Men" and "Hypertension Learning Collaborative". A sidebar on the right lists various initiatives, with "Hypertension" selected. The page concludes with a list of four key areas for the Learning Collaborative: screening, testing, and referral; engaging the patient population; addressing social needs; and using data to track and improve outcomes.

ACPM Membership & Partners Education & Events Initiatives Advocacy News & Publications About

Home > Initiatives > Hypertension

Hypertension - Causes, Symptoms, Diagnosis & Treatment

Hypertension is a critical public health problem and unmanaged hypertension is a strong predictor for acute cardiovascular complications such as heart attack, stroke, aneurysm and heart failure. Every year nearly \$45 billion is spent in direct and indirect medical expenses associated with unmanaged hypertension. Research indicates that preventing hypertension would significantly reduce the number of hospitalizations due to cardiovascular disease.

Hypertension prevention and treatment faces numerous barriers, many centered on social determinants of health. African-American men, in particular, face a higher incidence of developing hypertension and frequently have fewer public health resources available to help them manage and prevent the disease.

Innovative Programs for African-American Men

In response to this challenge, ACPM is collaborating with Centers for Disease Control (CDC) to prevent, detect and control hypertension among African-American men ages 45-64. With support from the Division for Heart Disease and Stroke Prevention, a part of the CDC National Center for Chronic Disease Prevention and Health Promotion, ACPM is funding demonstration projects across five diverse clinical settings with majority African-American patients. The results and lessons learned from these practice-leading projects will be used to educate providers across the country on hypertension prevention, detection and control for key at-risk populations.

Through our hypertension initiatives, ACPM aims to elevate the national standard of care and break down barriers to promote effective prevention and management of hypertension.

Hypertension Learning Collaborative

The goal of the Learning Collaborative is to explore strategies for clinics and communities to prevent high blood pressure among African American adults. The Collaborative is a forum for sharing promising practices, innovative ideas and lessons learned in four areas:

- Screening, testing, and referral of individuals with or at risk for hypertension
- Engage this specific patient population in lifestyle education and self-measured blood pressure monitoring (SMBP)
- Addressing social needs and determinants of health that are barriers to controlling blood pressure
- Using data to track, report, and improve outcomes

INITIATIVES

- Brain Health
- Diabetes Prevention
- Hypertension**
- Hypertension Resources
- Lifestyle Medicine
- Population Health
- Power of Prevention
- Violence Prevention
- Prostate Cancer Prevention

www.acpm.org/initiatives/hypertension/

Thank You!

