



# Evidence-Based Opportunities to Improve Hypertension Control and Prevention



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## Evidence-Based Opportunities to Improve Hypertension Control and Prevention

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Type in the URL: **activity.credit**

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- **Claim Your Credit:**

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*Note... You will receive a new Activity Code for each session*

- **Log In:**

**Enter your E-mail & Password**

*Note... New User needs to set up account (one time process)*

- **Confirm Attendance:**

**Complete Survey**



Please ensure that you disable browser extensions or add-ons to ensure any third-party firewall that was set up on your device/network lets you through to the site.

# Learning Objectives

1. Understand the social and demographic factors contributing to hypertension challenges in the U.S. and Delaware.
2. Describe evidence-based interventions to improve hypertension control.
3. Describe hypertension guidelines and how to utilize them in your practice.



# Meet the Presenters



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Practice Transformation Specialist



Brittany McCauley, RD, LDN  
Practice Transformation Specialist



# Objective 1:

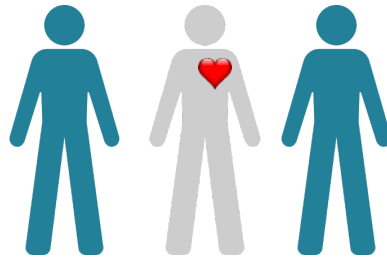
Understand the social and demographic factors contributing to hypertension challenges in the U.S. and Delaware.





Delaware Quality Improvement Initiatives to Reduce Cardiovascular Risk  
CDC 2304 -The National Cardiovascular Health Program  
**Healthy Heart Ambassador Blood Pressure Self-Monitoring Program**

**In 2021, approximately 288,000 adults in Delaware reported having hypertension.**



Source: [Delaware Division of Public Health](#), 2022.



# Cardiovascular Disease

## Heart Disease

- Leading cause of death in the U.S.<sup>1</sup>
- Leading cause of death in Delaware <sup>2</sup>



## Stroke

- Fifth leading cause of death in the U.S.<sup>1</sup>
- Fifth leading cause of death in Delaware <sup>2</sup>

Sources: <sup>1</sup>[Xu et al.](#), 2022; <sup>2</sup>[CDC](#), 2023.



# Hypertension by the Numbers

**\$131 BILLION**

Average U.S. cost of high blood pressure per year.<sup>1</sup>

**\$>2,000**

Additional health care expenses per year for people with hypertension compared to non-hypertensive peers.<sup>3</sup>

**691,095**

Deaths in which hypertension was a primary or contributing cause in the U.S. in 2021.<sup>1</sup>

**162 MILLION**

People projected to have hypertension by 2060, a 27.1% increase from 2025.<sup>2</sup>

Sources: <sup>1</sup>[CDC](#), 2023; <sup>2</sup>[Mohebi et al.](#), 2022; <sup>3</sup>[Kirkland et al.](#), 2018





# Prevalence of Hypertension

**Delaware: 36.2%**

% of all DE adults who reported being told they had high blood pressure

**Unites States: 32.4%**

% of all U.S. adults who reported being told they had high blood pressure



Adapted from [High Blood Pressure in Delaware](#), by America's Health Rankings, 2022



# Delaware Hypertension

## Percentages of Adults with Hypertension in Delaware, 2019

County	Value (%)	Prev. Range	Progress from 2015-2019
New Castle	33.90%		↑ 5%
Kent	37.40%		↑ 9%
Sussex	41.40%		↑ 3%

Source: [DHHS](#), 2023

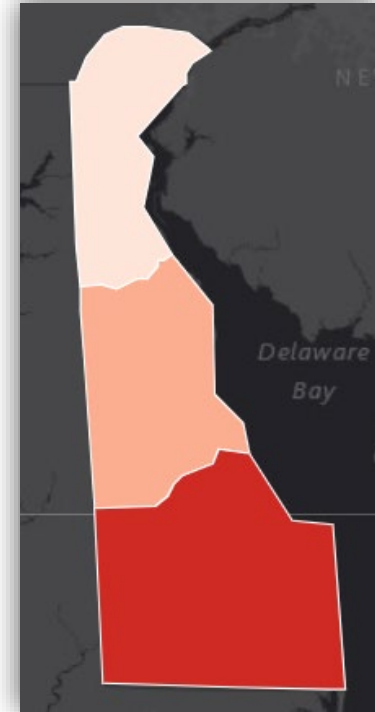


Photo adapted from [Interactive Atlas of Heart Disease and Stroke](#), by CDC, 2019.



# Hypertension Demographics: Age & Gender

High Blood Pressure - Female

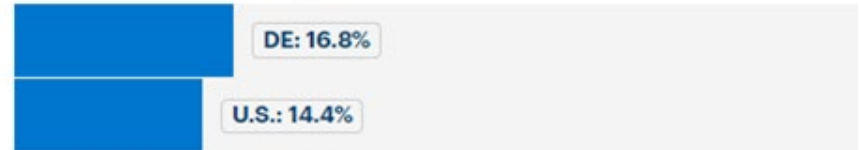


High Blood Pressure - Male

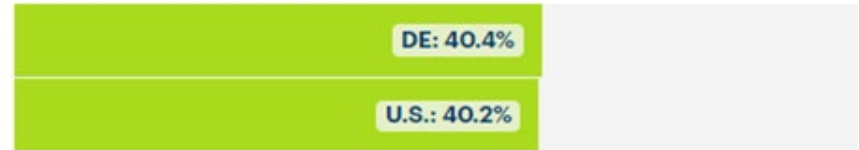


Percentage of adults

High Blood Pressure - Ages 18-44



High Blood Pressure - Ages 45-64



High Blood Pressure - Ages 65+



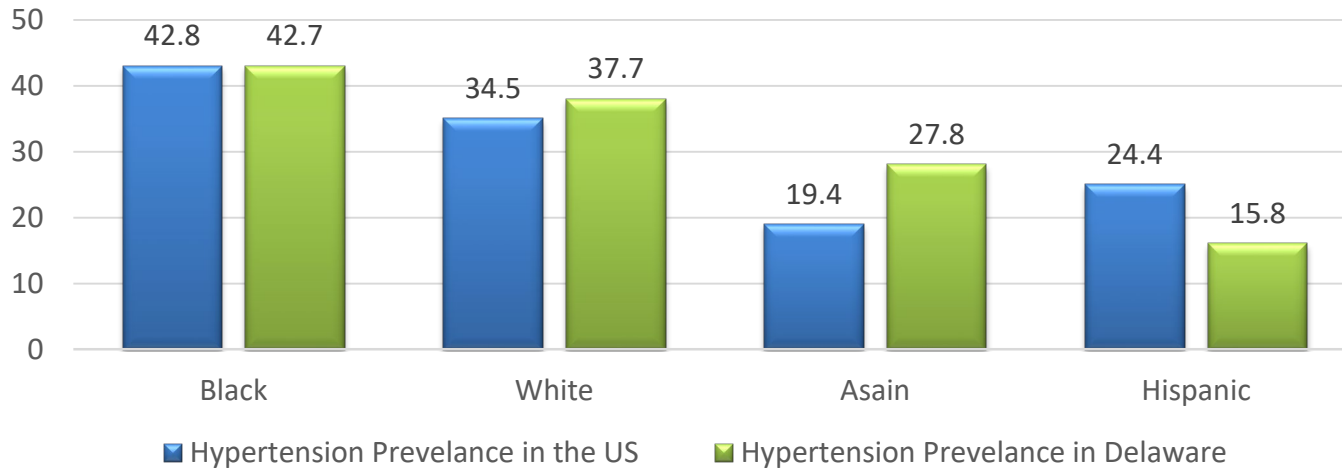
Percentage of adults

Source: [America's Health Rankings](#), 2022.



# Racial Disparities

## Hypertension Prevalence by Race in the U.S. and Delaware, 2021



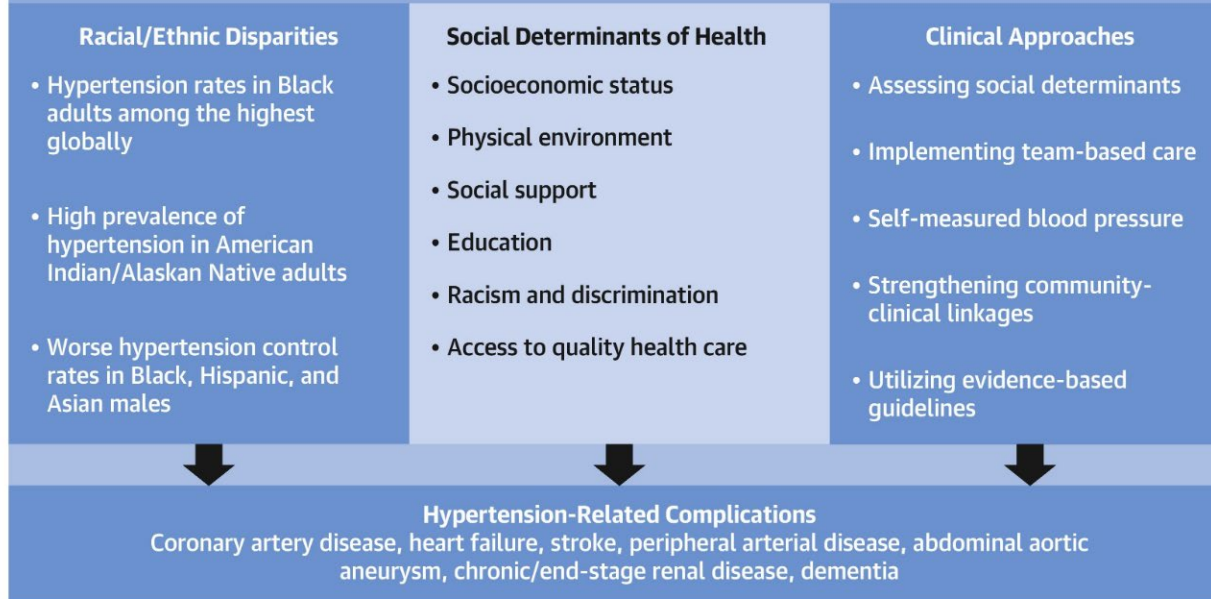
Source: [America's Health Rankings](#), 2022.





## CENTRAL ILLUSTRATION: Multilevel Factors Contributing to Hypertension Disparities and Clinical Considerations

### Multilevel Factors Contributing to Hypertension Disparities and Clinical Approaches



Ogunniyi, M.O. et al. J Am Coll Cardiol. 2021;78(24):2460-2470.

Source: [Ogunniyi, M.O. et al, 2021.](#)



# Interventions



- Care team management
  - Nurse led
  - Pharmacist led
- Self-management
- Medication adherence programs
- Capturing SDOH
- Multi-pronged approach
- Community initiatives

# Objective 2:

Describe evidence-based interventions to improve hypertension control.







# The Surgeon General's Call to Action to Control Hypertension



Source: [CDC](https://www.cdc.gov), 2020.



Self-Measured  
**Blood Pressure**  
Monitoring

**ACTION STEPS**  
for Clinicians

A MILLION HEARTS® ACTION GUIDE





Advancing  
Excellence in  
Health Care



U.S. Preventive Services  
TASK FORCE

Domain 3: Health Care System Interventions  
Self-Measured Blood Pressure



## Self-Measured Blood Pressure Monitoring With Clinical Support

Self-measured blood pressure monitoring (SMBP) involves a patient's regular use of personal blood pressure monitoring devices to assess and record blood pressure across different points in time outside of a clinical or community or public setting, typically at home.<sup>1-4</sup> When combined with clinical support (e.g., one-on-one counseling, web-based or telephonic support tools, education), SMBP can enhance the quality and accessibility of care for people with high blood pressure and improve blood pressure control.<sup>5</sup>

Summary	Evidence of Effectiveness		
SMBP with clinical support involves training patients to regularly monitor and record their own blood pressure at home with a personal device and rely on clinical support as needed. SMBP is a cost-effective strategy for lowering blood pressure and increasing medication adherence.	Effect	Implementation Guidance	Research Design
	Internal Validity	Independent Replication	External & Ecological Validity
	<b>Legend:</b> Well supported/Supported (green), Promising/Emerging (yellow), Unsupported/Harmful (red)		
<b>Stories From the Field:</b> Millgrove Medical Center (Norristown, Pennsylvania).	Evidence of Impact		
	Health Impact	Health Disparity Impact	Economic Impact
	<b>Legend:</b> Supported (blue), Moderate (light blue), Insufficient (grey)		

Best Practices for Cardiovascular Disease Prevention Programs

28



# Why take blood pressure at home?



# United States Preventive Services Task Force Recommendations

- 2015 USPSTF
  - First addendum to original recommendations on screening for hypertension in adults
  - Blood pressure measurements should be obtained outside the clinical setting
  - Rationale – to confirm the diagnosis before starting treatment



# HHA-BPSM Program

- No cost
- Evidence-based
- Empowers adults with hypertension to take control of their blood pressure
- Focuses on the management of hypertension through regular self-monitoring and heart healthy lifestyles



# Program Eligibility

- 18 years or older
- Diagnosis of hypertension or prescribed medication for high BP
- No cardiac event in the previous one year
- Not have atrial fibrillation or other arrhythmias
- Not diagnosed or at-risk for lymphedema



# Participant Benefits



- Four months of personalized support
- Blood pressure monitor (if needed)
- Bi-weekly virtual coaching sessions
- Monthly virtual nutrition sessions
- Monthly virtual cooking classes

# Home Blood Pressure Monitor

- Validated Bluetooth blood pressure cuff
- No cost
- Training on how to measure and track BP at home





# Session Information

- Virtual via ZOOM
- Personalized consultations with program facilitators
- Weekly check-ins by phone, email, or text
- Goal setting, action planning, and BP tracking



# Key Takeaways from the HHA-BPSM Program



- Simple and proven ways to:
  - Manage and understand blood pressure
  - Measure and track blood pressure
  - Set and achieve health goals
  - Identify and control triggers that can raise blood pressure
  - Adopt healthier eating & lifestyle habits
  - Increase physical activity

# Program Effectiveness

- Self-monitoring blood pressure has been proven to successfully decrease systolic and diastolic numbers
- Educational interventions cause a significant decrease in blood pressure numbers



# Nutrition Educational Sessions

1. Dietary Approaches to Stop Hypertension (DASH) Meal Plan
  - Add-on: Introduction and Overview of Walk with Ease Program (*Walk with Ease* book provided).
2. Reducing Sodium Intake
  - Add-on: Introduce Know Your Numbers (BP, Chol, TG, and BMI)
3. Shopping, Preparing, and Cooking for Heart Healthy Meals
  - Add-on: Medication Therapy Management
4. Heart-Healthy Eating for Life
  - Add-on: Evidence-Based Community Programs & Resources



# Cooking Demonstrations

- Based on American Heart Association's *Simple Cooking with Heart*
  - In collaboration with the University of Delaware Cooperative Extension
- Heart Healthy Lessons:
  - Meat: Cuts, Braising, Slow Cookery
  - Salads: Buying, Storing, Preparing Fruits and Vegetables
  - Fish and Shellfish: Varieties, Cooking Methods



# Participant Materials and “Graduation Box”

Upon completion of the program, participants will receive a

## **Healthy Heart graduation kit** containing:

- Measuring cups
- Measuring spoons
- Apron
- Tape measure keychain
- Food scale
- And the *New American Heart Association Cookbook*
- Certification of completion



# Referral Pathways

- To enroll or for more details, contact the Delaware Division of Public Health by phone at **302-208-9097** or via email at [DHSS\\_DPH\\_HHA@Delaware.gov](mailto:DHSS_DPH_HHA@Delaware.gov)
- Online registration – scan the QR code or visit: <https://www.healthyl Delaware.org/Individuals/Heart/Healthy-Heart-Ambassador-Program#enroll>



# Provider Referral Pathways

**Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) Program Provider Referral Form**

Today's Date:		Provider Name:	Fax #:
First Name:		Last Name:	
Phone:		Email:	
Sex:	Date of Birth:		
Male    Female			



**Exclusions for the program: (DO NOT REFER if any of the below = Yes)**

Patient has Atrial Fibrillation (AF) or other Arrhythmias?	Yes	No
Have you experienced a recent cardiac event within the last 12 months?	Yes	No
Do you have or are at risk for Lymphedema?	Yes	No

If your patient has hypertension and no exclusions from above, fax referral to the HHA-BPSM Program to 302-739-2544 or call 302-208-9097.

**Program Information:**  
The Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) program is a four-month program that includes eight 15-minute consultations with a program facilitator during virtual office hours and check-ins from the program facilitator by phone, email, or text.

Program participants are asked to attend two personalized consultations per month (office hours), as well as the monthly nutrition education seminars and cooking demonstrations. Eligible participants will receive a **FREE blood pressure monitor**, and upon completion, will receive a graduation gift.

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**Healthy Heart Ambassador - Blood Pressure Self-Monitoring Provider Feedback Form**

The Healthy Heart Ambassador - Blood Pressure Self-Monitoring (HHA-BPSM) program is a four-month program that includes eight (8) 15-minute consultations with a program facilitator during virtual office hours and check-ins from the program facilitator by phone, email, or text. Program participants are asked to attend two personalized consultations per month (office hours) as well as the monthly nutrition education seminars and cooking demonstrations. Eligible participants will receive a **FREE blood pressure monitor** and upon completion, will receive a graduation gift.

**Below is a summary of your patient's participation.**

Date:	Physician/Practice:	Fax #:
Patient First Name:	Patient Last Name:	
Date of Birth:		



**Patient's Participation in the Program:**

Name	Completed	Total Sessions	Total Completed	Comments
Coaching	Choose an item	8	Choose an item	
Coaching Demos	Choose an item	3	Choose an item	
Nutrition	Choose an item	4	Choose an item	
BP Sessions	S1    S2    S3    S4    S5    S6    S7    S8			
BP Reading				

**Additional Feedback:**

Name: \_\_\_\_\_ Phone #: 302-739-1033

Signature: \_\_\_\_\_

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- HHA-BPSM Fax Referral Form
- Referral letter
- Provider Feedback Form
- Unite Us (Unite DE)






# HHA-BPSM Program

- Who is eligible?
- How does the program work?
- How can people get connected?
- [Download the program flyer](#)

## Healthy Heart Ambassador Blood Pressure Self-Monitoring Program



**?**

- Do you have **high blood pressure (BP)** or take medication to control your BP?
- Do you struggle to keep your **BP controlled**?
- Do you worry about the **health risks** of having high BP?

If you answered **YES** to any of these questions, take advantage of a **NO COST** program that will teach simple yet effective skills to:

- Manage and understand blood pressure
- Set and achieve health goals
- Adopt healthier eating habits
- Increase physical activity

**During the four-month program, participants will receive:**

- A **FREE** blood pressure monitor
- Training on how to track your blood pressure at home
- Two personalized virtual support sessions per month with a trained Healthy Heart Ambassador
- Monthly virtual Nutrition Education Seminars and "Simple Cooking with Heart" cooking demonstrations


**Eligibility Requirements**

- ✓ Delaware resident
- ✓ Over 18 years old
- ✓ High blood pressure diagnosis
- ✓ No cardiac events in the previous one year
- ✓ Do not have an irregular heart beat (atrial fibrillation or other arrhythmias)
- ✓ Do not have or at risk for lymphedema (swelling in the limbs)


**Get More Information and Enroll Today**


- Call: 302-208-9097
- Email: [DHSS\\_DPH\\_HHA@delaware.gov](mailto:DHSS_DPH_HHA@delaware.gov)
- Scan this QR Code:

**ACT NOW:** The sooner you get your BP under control, the better your chances of avoiding heart disease and other health problems!



This publication was supported by Cooperative Agreement Number N58DP001428 from the Centers for Disease Control and Prevention as part of the National Cardiovascular Health Program (CCHP-RECA-CP-20-0006). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEPH-CV-08/733

 DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health

 Quality Insights



# HHA-BPSM Facilitator Opportunities



**Volunteer Program Facilitators Needed**  
Healthy Heart Ambassador - Blood Pressure Self-Monitoring Program

In this exciting evidence-based program supported by the Delaware Division of Public Health, serve as a specially trained facilitator helping clients:

- Manage and understand blood pressure (BP)
- Measure and track their BP
- Set and achieve health goals
- Identify and control triggers that can raise BP
- Adopt healthier eating habits
- Increase physical activity

**Qualifications:**

- The desire to help people living with high blood pressure achieve better control through a supportive, evidence-based, holistic approach
- 18 years or older
- Flexible schedule – evenings and weekends are permitted but not required
- Must be available a minimum of 30 minutes every other week
- College students encouraged to apply
- Clinical background not required

**Volunteer Facilitator Benefits:**

- Eight hours of free training – will be provided based on your schedule
- Hands on patient engagement experiences - perfect for CNAs, retirees, and students
- Program support materials
- Contributing to improved health in your community

**Apply Now to be a Volunteer Program Facilitator:**  
To learn more about the program, visit:  
<https://www.healthidelaware.org/individuals/Heart/Healthy-Heart-Ambassador-Program#why-now>  
If you are interested in applying, call 302-208-9097 or email [DHSS\\_DPH\\_HHA@delaware.gov](mailto:DHSS_DPH_HHA@delaware.gov).

 DELAWARE HEALTH AND SOCIAL SERVICES  
Division of Public Health

 Quality Insights

This publication was supported by Cooperative Agreement Number H43CE007423 from the Centers for Disease Control and Prevention as part of the National Cardiovascular Health Program (CVSH) (R01-CA-204004). Its contents are solely the responsibility of the author and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication Number: 020204-01-10112022.

## Volunteer Facilitator Benefits:

- Eight hours of free training – will be provided based on your schedule
- Hands-on patient engagement experiences that are perfect for CNAs, retirees, and clinical quality team staff
- Program support materials
- Contributing to improved health in your membership
- Download the [Volunteer Program Facilitator flyer](#)



# Objective 3:

Describe hypertension guidelines and how to utilize them in your practice.



# Why Guidelines?

- Why do guidelines exist?
  - Enable consistency of care
  - Improve health outcome
  - Narrow the gap between ideal and current clinical practice
- Why do guidelines change?
  - Allow for earlier intervention
  - Changes in interventions
  - New evidence/data



# Hypertension Guidelines

	JNC-8	ACC/AHA (2017)
<b>Methodology</b>	Initial systematic review of RCTs 1996-2013, subsequent review of RCT evidence and recommendations based on standardized protocols	Heavily weighted to SPRINT trial, an RCT assessing standard vs. strict BP treatment goals
<b>Definitions</b>	Normal: <120/80 Prehypertension: 120-139/80-89 Stage 1: 140-159/90-99 Stage 2: >160/>100	Normal: <120/80 Elevated: SBP 120-129 Stage 1: 130-139/80-89 Stage 2: >140/>90
<b>Thresholds for initiating meds</b>	>60yo>150/90 <60yo or comorbid conditions (DM, CKD) > 140/90	>130/SBP or >80 DBP if hx of CVD or >10% ASCVD risk >140/90 if no clinical CVD and <10% ASCVD risk
<b>Treatment Goals</b>	<140/90 if ,60yo or comorbid conditions (DM, CKD) <150/90 if >60 yo	<130/80
<b>Treatment Algorithm</b>	Start 1 med – follow up 1 mo. – add med or increase dose if not at goal BP	One med for stage 1. Two meds for stage 2 with different mechanisms of action
<b>Considerations</b>	Based primarily on data prior to 2013; data from HOPE-3 study used intermediate-risk patients	New definitions increase number of Americans with HTN; SPRINT study methodology of BP measurement technique; data from SPRINT study used higher risk patients

Adapted from [Hypertension: JNC-8 \(2014\) vs AHA/ACC \(2017\)](#), by Campbell et al., 2018.



# Hypertension Guidelines (cont.)

## AREAS OF AGREEMENT

### *JNC 8 AND ACC/AHA HYPERTENSION GUIDELINES*

1	2	3	4
Lifestyle modifications (DASH diet, weight loss, exercise, smoking cessation) are first-line and are paramount for reducing morbidity and mortality associated with elevated BP. These interventions do not carry any of the risks associated with medications.	Proper measurement of BP is vital.	Ambulatory or self-measured blood pressure monitoring may be helpful in circumventing white coat hypertension and placing patients on unnecessary medications.	Engage patients in shared decision making.

Adapted from [Hypertension: JNC-8 \(2014\) vs AHA/ACC \(2017\)](#), by Campbell et al., 2018.



# Interventions to Support Guideline Implementation



















- Regular exercise
- Weight loss
- Healthy diet
- Reduced sodium intake
- Smoking cessation
- Moderate alcohol intake

# Healthy Diet

- DASH diet (Dietary Approaches to Stop Hypertension)
  - National Institutes of Health suggest people can naturally lower their BP by 3-20 points in weeks to months
  - Flexible and balanced
  - Easy to follow

## DASH Eating Plan

**The Benefits:** Lowers blood pressure & LDL “bad” cholesterol.

 <b>Eat This</b>	 <b>Limit This</b>
 Vegetables	 Fatty meats
 Fruits	
 Whole grains	 Full-fat dairy
 Fat-free or low-fat dairy	
 Fish	 Sugar sweetened beverages
 Poultry	
 Beans	 Sweets
 Nuts & seeds	
 Vegetable oils	 Sodium intake

[www.nhlbi.nih.gov/DASH](http://www.nhlbi.nih.gov/DASH)



Source: [National Heart, Lung, and Blood Institute](https://www.nhlbi.nih.gov/DASH), 2021.





# CDC-Recognized Lifestyle Change Programs

Weight Watchers (WW®)	Taking Off Pounds Sensibly (TOPS®)	Curves®
<p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>• Two membership plans (Core and Premium)</li> <li>• Award-winning app along with website to track food, physical activity, and weight loss</li> <li>• Certified coaches that lead in-person or virtual workshops and lend support building healthy behaviors and habits</li> </ul>	<p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>• Online and onsite membership plans with weekly meetings</li> <li>• <i>My Day One</i>, a guide to healthy living</li> <li>• One-year subscription to <i>TOPS® News</i> magazine</li> <li>• Weight tracker and cover</li> <li>• Five-week online video series</li> <li>• Self-care program</li> </ul>	<p><b>Benefits:</b></p> <ul style="list-style-type: none"> <li>• In-club and at-home membership options</li> <li>• 30-minute total body circuit workout</li> <li>• Travel privileges and member portal</li> <li>• Supportive community of women</li> <li>• Specialty fitness classes</li> <li>• Experienced and professional coach at every workout</li> </ul>
<p>Membership prices depend on zip code.</p>	<p>Membership is just \$49 per year plus nominal chapter fees of about \$5 per month. <i>*Your first visit to any in-person chapter is free.</i></p>	<p>Prices vary based on in-club membership options.</p>
<p>Visit <a href="http://www.weightwatchers.com/us/find-a-meeting">www.weightwatchers.com/us/find-a-meeting</a> to find the nearest WW®.</p>	<p>Visit <a href="http://www.tops.org">www.tops.org</a> to learn more and click "JOIN" or call 414-482-4620.</p>	<p>Visit <a href="http://www.curves.com">www.curves.com</a> to learn more and find a Curves near you.</p>



# Telehealth Strategies and Interventions

- Remote patient monitoring
  - Use of electronic devices to record a patient's health data for a provider to receive and evaluate at a later time
- Text messaging
  - Tailored patient education
  - Medication and/or appointment reminders
- Live videoconferencing
- mHealth
  - Health-related applications on smart devices to help manage chronic conditions



# HYPERTENSION

## IMPROVED CONTROL

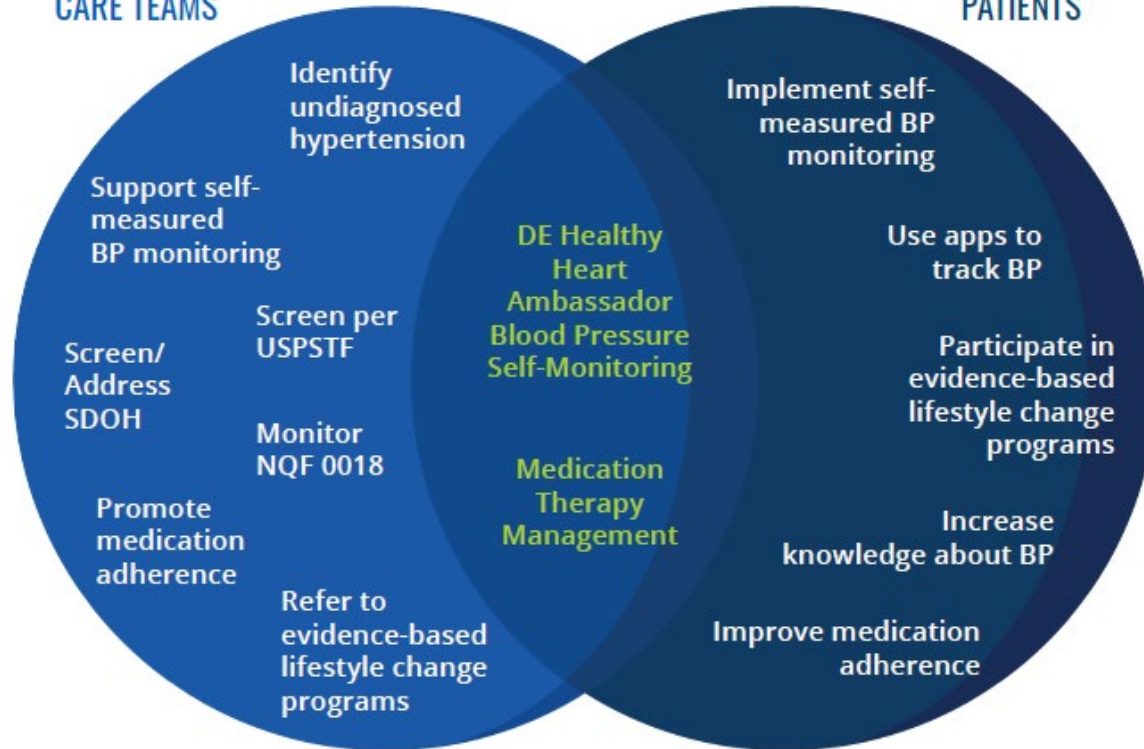
- Engaged Care Teams
- + Patient Partnerships
- + Evidence-Based Programs
- = Improved Hypertension Control



## EVIDENCE-BASED PROGRAMS

CARE TEAMS

PATIENTS



# Case Scenario #1

- Patient LM
  - Hispanic female – age 30
  - Chief complaint/reason for visit:
    - Annual Wellness Visit
  - Medical history:
    - Diabetes Mellitus, Type 1
    - Elevated blood pressure for >1 year when presenting to the office
  - Today's blood pressure: 130/86



# Patient History

- Family history
  - Hypertension and CKD Stage III on the father's side
  - Polycystic ovarian syndrome on the mother's side
- Social history:
  - Married, 1 child
  - Employed full time
  - Drinks 2-3 alcoholic beverages on weekends



# Plan: Monitor and Educate

- Educate patient on what self-measured blood pressure (SMBP) is and why it is important.
- Have clinical staff member educate the patient on proper blood pressure measuring techniques.
- Monitor SMBP measurements to determine if the patient truly has white coat hypertension or undiagnosed hypertension.



# Case Scenario #2

- Patient MT
  - White male – age 56
  - Chief complaint/reason for visit:
    - One month follow-up for uncontrolled hypertension
  - Medical history:
    - Hypertension, uncontrolled
    - Prediabetes
    - Elevated cholesterol





# Patient History

- Family history
  - Hypertension on both sides
  - Diabetes mellitus, type 2 on the mother's side
  - Renal disease on the mother's side
- Social history:
  - Married with two children
  - High school degree - employed full time
  - Lives in an impoverished neighborhood
  - Closest grocery store is three buses away
  - Neighborhood is safe for exercise during daylight hours



# Plan: Educate and Refer

- Assess patient's openness to change.
- Educate patient on the effect of lifestyle on hypertension control.
- Refer patient to [HHA-BPSM program](#) for guidance on nutrition and lifestyle.



# HYPERTENSION

## KEYS TO CONTROL



### Engage Care Teams to Screen All Patients to Identify Hypertension

- Identify a hypertension champion to engage the team in hypertension prioritization and develop protocols and workflows.
- Monitor NQF 0018 (Blood Pressure Control) and report at regular staff meetings.
- Participate in the [2024 Million Hearts® Hypertension Control Challenge](#). Extend your care team by referring eligible patients to no-cost medication therapy management through the Delaware Division of Public Health (DPH)/Delaware Pharmacists Society.



# HYPERTENSION

## KEYS TO CONTROL



### Partner with Patients

- Teach patients that nonpharmacological interventions, such as evidence-based community programs that promote heart-healthy lifestyles, are integral components of their treatment plan.
- Empower patients to manage their blood pressure by:
  - Referring to no-cost, evidence-based [Delaware HHA-BPSM program](#), or
  - Participating in the blood pressure monitor loaner program from DPH and Quality Insights.
- Encourage participation in medication therapy management.



# Medication Therapy Management

## Overwhelmed by your medicine cabinet?

If you or a loved one is taking a large number of medications and are concerned about possible drug interactions and side effects, your pharmacist can help.

Many people are taking more and more medications today to improve health and extend their lives. Unfortunately, if not taken properly, medications don't always work the way we expect them to, and in some cases can even cause harm.

Your pharmacist can help you realize the full scope of your medication routine, by pointing out possible interactions between your medications (prescription, over the counter, vitamins and supplements). They can also provide valuable information on potential cost savings and tips to get the most benefit from your medication.



**Why wait?** Schedule an appointment today to take advantage of all your pharmacist has to offer you.



27 North Main Street  
Smyrna, DE 19977

P: (302) 659-3088

F: (302) 659-3089

W: [www.dps7a.org](http://www.dps7a.org)

E: [dpsmtmprogram@gmail.com](mailto:dpsmtmprogram@gmail.com)

This publication was supported by the Cooperative Agreement Number N01CE0027016006053 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEEDPH-HD-110521

## Do you have high blood pressure and need help with managing your condition and medicines?



### Take Advantage of FREE Assistance!

The Delaware Pharmacists Society (DPS) has pharmacists available to help at **NO COST** to you.



## About DPS

DPS was founded in 1886 as a non-profit, professional association for pharmacists in the state of Delaware. DPS members practice in a variety of settings and provide many patient care services including patient education, wellness programs, smoking cessation counseling, and immunizations.

## What is Medication Therapy Management?

Medication Therapy Management (MTM) services are provided by trained pharmacists. Pharmacists provide in-depth one-on-one review of all of your medications (prescription, over-the-counter, vitamins, and supplements) to ensure that your current drug therapy is both safe and effective.

During this time with your pharmacist, any questions that you have about your medications can be answered. The goal is to help you get the most from your medications.

The goal is to help you get the most from your medications!



## Who can schedule an appointment for this service?

DPS currently provides MTM services to patients with high blood pressure (hypertension). This service is available at no cost to the patient.

## Why is MTM important to me?

Managing your health becomes more difficult if you are taking more than one kind of medication.

## Questions to ask your pharmacist:

- Why am I taking these medications?
- Are my medications working the way they should?
- Can I do anything about the side effects?
- Am I taking them in the right order and at the right time of day?
- Are my medications interacting with each other?
- Are all my medications really making me feel better?
- How are my medications affecting my blood pressure, cholesterol and blood sugar?



## Getting the Most from Your Medication

During the appointment, the pharmacist will review your health status and treatment plan. This will allow the pharmacist to ensure:

- You are taking only the medications you need.
- You are taking the correct amount of medicine at the right time.
- Your medications are not interacting with each other.
- Any vitamins, supplements or over the counter drugs you are taking are safe and effective.
- You are not spending more than you need to for your medications.
- You will receive information to share with your healthcare provider.

[Download the Medication Therapy Management brochure.](#)



# Blood Pressure Monitor Loaner Program

## Self-Measured Blood Pressure Monitoring (SMBP) Instructions for Practices


Included in your package:

**For Practice:**

- SMBP Post-Assessment Teach-Back and Return Demonstration Competency (checklist)
- SMBP Practice Log

**For Patient:**


- Blood pressure cuff and monitor, if applicable
- Patient Participation and Blood Pressure Device Loaner Agreement
- Infographic: Blood Pressure Measurement Instructions
- Flyer: Tips for Taking Your Own Blood Pressure Readings (Includes log)



**Instructions:**

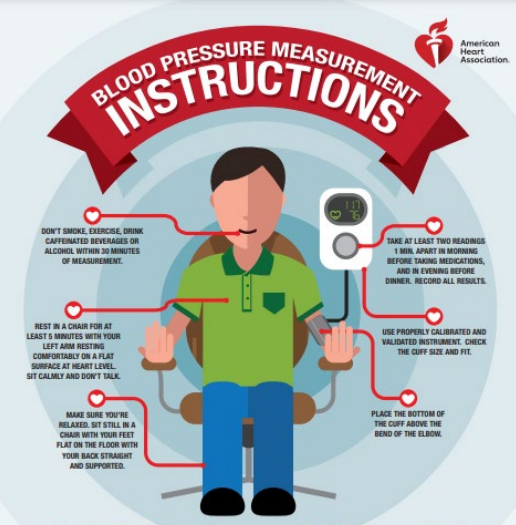
- Review the Patient Participation and Blood Pressure Loaner Agreement with the patient. Have the patient sign it and then scan and save the document in their chart.
- Complete the two questions on the **Tips for Taking Your Own Blood Pressure Readings** flyer prior to providing it to patients. See the bullets below for the information you should be filling out on the flyer.
  - Report your BP results back to your health care provider, as directed (via telephone, appointment, or portal message). You (the clinician) need to circle one.
  - Report your readings to your health care provider (frequency): \_\_\_\_\_
  - Notify your health care provider immediately of BP readings over: \_\_\_\_\_
- Provide patients with the **patient package** via mail or in-office, including:
  - Blood pressure cuff and monitor, if participating in a loaner program
  - Flyer: Tips for Taking Your Own Blood Pressure Readings
    - NOTE: Patients may require more than one copy of the log depending on the frequency of BP readings and length of time used.
  - Infographic: Blood Pressure Measurement Instructions
- Train patients on proper self-measurement techniques using the BP Measurement Instructions infographic. Optional: Show patients the Quality Insights educational video, [Take High Blood Pressure Into Your Own Hands](#).
- Document the patient's comprehension using the SMBP Post-Assessment Teach-Back and Return Demonstration Competency checklist.
- Track results with the SMBP Practice Log (or alternate method) for record keeping.
- Follow up with the patient in **two weeks** (in person, on the phone, or via telehealth) or as directed by the provider.
  - Collect self-reported BP data
  - Answer questions
- Provide patient survey when the device is returned. Send all surveys to Quality Insights on a monthly basis.

This publication was supported by Cooperative Agreement Number 5U59SP001023 from the Centers for Disease Control and Prevention as part of the National Cardiovascular Health Program (CDC/NIH/PCF/0006). Its contents are only the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number: 50200121-01102328.



[Download this flyer here.](#)

## BLOOD PRESSURE MEASUREMENT INSTRUCTIONS



**DO NOT SMOKE, EXERCISE, DRINK CAFFEINATED BEVERAGES OR ALCOHOL WITHIN 30 MINUTES OF MEASUREMENT.**

**TAKE AT LEAST TWO READINGS 1 MIN. APART IN MORNING BEFORE TAKING MEDICATIONS, AND IN EVENING BEFORE DINNER. RECORD ALL RESULTS.**

**REST IN A CHAIR FOR AT LEAST 5 MINUTES WITH YOUR LEFT ARM RESTING COMFORTABLY ON A FLAT SURFACE AT HEART LEVEL. SIT CALMLY AND DON'T TALK.**

**USE PROPERLY CALIBRATED AND VALIDATED INSTRUMENTS. CHECK THE CUFF SIZE AND FIT.**

**MAKE SURE YOU'RE RELAXED. SIT STILL IN A CHAIR WITH YOUR FEET FLAT ON THE FLOOR WITH YOUR BACK STRAIGHT AND SUPPORTED.**

**PLACE THE BOTTOM OF THE CUFF ABOVE THE BEND OF THE ELBOW.**

**American Heart Association recommended blood pressure levels**

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	DIASTOLIC mm Hg (lower number)
<b>NORMAL</b>	LESS THAN 120	and LESS THAN 80
<b>ELEVATED</b>	120-129	and LESS THAN 80
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1</b>	130-139	or 80-89
<b>HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2</b>	140 OR HIGHER	or 90 OR HIGHER
<b>HYPERTENSIVE CRISIS (severe and needs immediate treatment)</b>	HIGHER THAN 180	and/or HIGHER THAN 120

**ALWAYS RECHECK BLOOD PRESSURE 1 MINUTE APART FOR 5 MINUTES.**

\*Based on two readings and your blood pressure right after you wake up and before you take any medications.

**LEARN MORE AT [HEART.ORG/HBP](http://HEART.ORG/HBP)**

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Source: [American Heart Association](#), 2018.



# HYPERTENSION

## KEYS TO CONTROL

### Use Tools and Resources



- Refer eligible patients for the [HHA-BPSM program](#) through an outreach campaign via portal message, text, or letters
- Loan blood pressure monitors to patients according to protocol
- Provide patients with information about free [smartphone apps](#) to help track their blood pressure and blood pressure medications
- Enhance patient education by using the series of three videos available from Quality Insights that can be shown in waiting areas, telehealth, patient portal, or provided directly to patients.
  - [Small Steps to Big Improvements](#)
  - [Ready, Set, Go: A Roadtrip through Hypertension](#)
  - [Take High Blood Pressure into Your Own Hands](#)



# Tools and Resources – Quality Insights

- [Delaware HHA-BPSM Program Patient Flyer](#)
- [HHA-BPSM Program Provider Referral Form](#)
- [HHA-BPSM Volunteer Program Flyer](#)
- [Medication Therapy Management Fax Referral Form](#)
- [Keep Hypertension Under Control with these Smartphone Apps](#)
- CDC Recognized Lifestyle Change Programs: [Curves, Tops, WW, HHA](#)
- Educational video: [Small Steps to Big Improvements](#)
- Educational video: [Ready, Set, Go: A Road trip through Hypertension](#)
- Educational video: [Take High Blood Pressure into Your Own Hands](#)





# Resources – AmeriHealth

- Care Coordination Staff
- Guide to Medical Management of Adults with Hypertension
- Report on Clinical Practice Guidelines
- [DE Member Handbook](#) & [DE Provider Manual](#)
- [DE Health Literacy Brochure](#)



None of the planners/speakers have no relevant financial relationships with ineligible companies to disclose

## Evidence-Based Opportunities to Improve Hypertension Control and Prevention

Claim Credit: <https://msdcme.rievent.com/a/KBXULP/getcme>

1.17.2024

**! You have until 2/19/24 to use the Sign-in Code & Claim your Credit !**

- **Browser Site** (i.e. Google):

**Type in the URL:** *activity.credit*

*Note... you can save site as a favorite, bookmark or Google*



- **Claim Your Credit:**

**Activity Code – Type in **K B X U L P****

*Note... You will receive a new Activity Code for each session*

- **Log In:**

**Enter your E-mail & Password**

*Note... New User needs to set up account (one time process)*

- **Confirm Attendance:**

**Complete Survey**



Please ensure that you disable browser extensions or add-ons to ensure any third-party firewall that was set up on your device/network lets you through to the site.

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# THANK YOU!



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This publication was supported by Cooperative Agreement Number NU58DP007429 from the Centers for Disease Control and Prevention as part of the National Cardiovascular Health Program (CDC-RFA-DP-23-0004). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-CV-010824