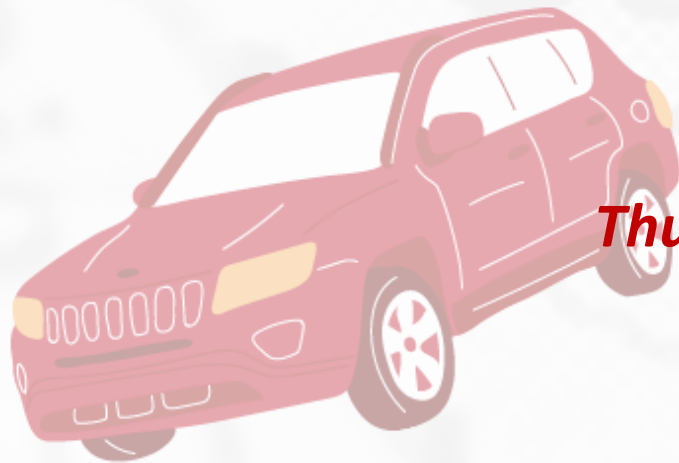


2022 Texas Hypertension Control Summit Series

*Tour of Texas: Session 1 of 4
Featuring North and East Texas
Thursday, September 15, 2022 – 12pm - 1:30pm*



TARGET: **BP**[™]



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Jenny Eyer, MPH

Emcee

**Vice President, Health Strategies
North Texas**

American Heart Association

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Health Services**

2022 Texas Hypertension Control Summit Series: Session 1 Overview

12:00 PM | Welcome, Introduction, Housekeeping

12:10 PM | Health Center Features

12:40 PM | Panel Q&A

1:05 PM | Clinical Updates from Dr. Kate Kirley

1:30 PM | Closing

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Lisa Rigby
Executive Director
Woven Health Clinic

TARGET: **BP**™



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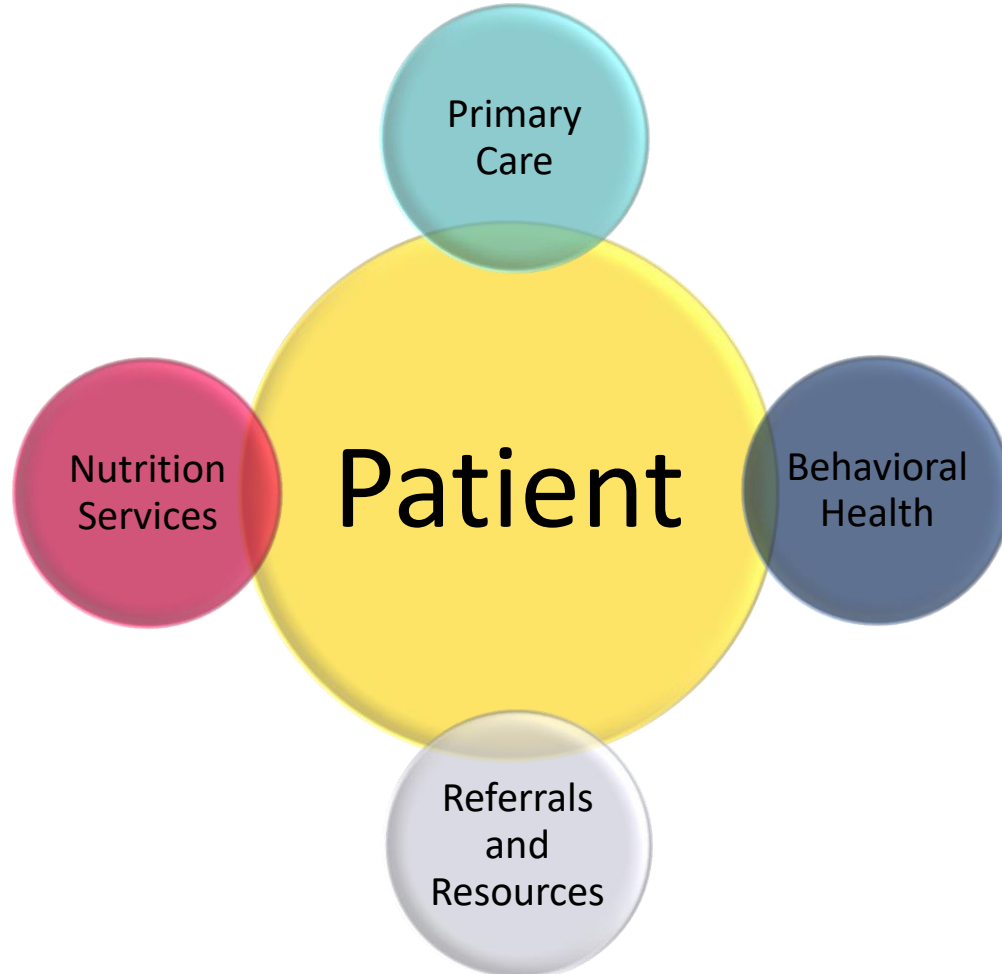
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Health Services



WOVEN HEALTH
integrated community healthcare

Hypertension Program Team-Based Care

Team-Based Care Approach



What is team-based care?

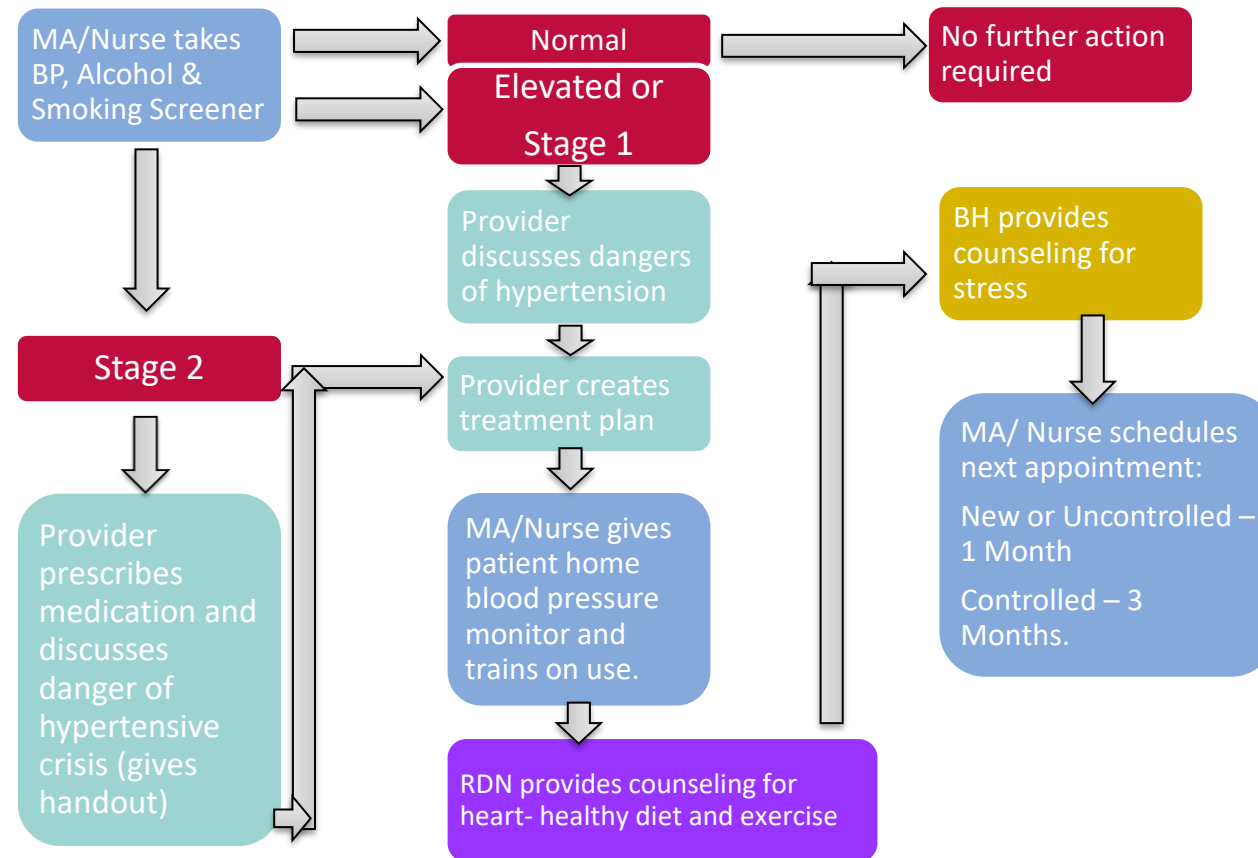
Team-based care is a delivery model where patient care needs are addressed as coordinated efforts among multiple health care providers and across settings of care.

Focus: Prevent or Control Stage 2 Hypertension

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HYPERTENSION STAGE 1	130 – 139	or	80 – 89
HYPERTENSION STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS	HIGHER THAN 180	and/or	HIGHER THAN 120

Woven Health Hypertension Protocols

In-Office Visit



Healthy Heart Kit



AHA – Materials, Expertise, Collaboration



Cooking Class with Chef Walter



Exercise Classes



ZUMBA[®]
FITNESS





Setting Goals

My Wellness Plan

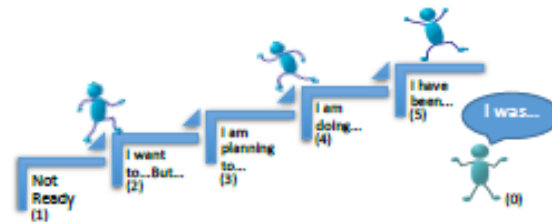


Step 1: Review your MOHR with the provider to identify an area in your life you would most like to make a change in.

Health Behaviors	Eating Habits	Mental Health
<input type="checkbox"/> Physical Activity	<input type="checkbox"/> Fruit/Vegetable Intake	<input type="checkbox"/> Stress
<input type="checkbox"/> Sleep	<input type="checkbox"/> Fast Food Intake	<input type="checkbox"/> Anxiety/Worry
<input type="checkbox"/> Alcohol Intake	<input type="checkbox"/> Soda/Sugary Beverage Intake	<input type="checkbox"/> Depression
<input type="checkbox"/> Tobacco Use		
<input type="checkbox"/> Illegal Drug/Prescription Use		

Other: _____ ☐ NOT READY

Step 2: Pick a step on the stairs that describes where you are in the process of making a change.



Step 3: Identify your reason(s) for making that change.

<input type="checkbox"/> My loved ones	<input type="checkbox"/> Save money	<input type="checkbox"/> Be healthier
<input type="checkbox"/> Better manage my chronic disease	<input type="checkbox"/> Take less medications	Other: _____

Step 4: Set a SMART (Specific, Measurable, Attainable, Relevant, & Time-bound) goal.

Goal	When?	Where?	How often?
	What will be your first step in achieving this goal?		
Start date: _____			
Achieve date: _____			
	Not Confident	Some Confidence	Very Confident

Step 5: Determine barriers.

I do not think I will be successful at making this change because _____.

<input type="checkbox"/> Time	<input type="checkbox"/> Money	<input type="checkbox"/> Transportation
<input type="checkbox"/> Lack of knowledge	<input type="checkbox"/> Social, cultural, or family norms	Other: _____

What are possible solutions?

Patient signature: _____

Date: _____

Provider Signature: _____

Date: _____

Setting Goals

Action Plan to Exercise Regularly



Name: _____ DOB: _____

On a scale of 1 to 10, how ready are you to start exercising on a regular basis?



Step 1: Identify your reason for exercising regularly:

Be Healthier	Feel better:
<input type="checkbox"/> Improve sugar	<input type="checkbox"/> Relax, manage stress
<input type="checkbox"/> Improve Cholesterol	<input type="checkbox"/> Improve Mood
<input type="checkbox"/> Improve Blood Pressure	<input type="checkbox"/> Improve Self Esteem/ Look Better
<input type="checkbox"/> Sleep better	<input type="checkbox"/> Have more energy

Other reasons: _____

Step 2: How much are you exercising now per week?

I currently exercise _____ times per week, for _____ minutes per exercise session.

Step 3: Plan to reach your goal (SMART: Specific, Measurable, Attainable, Realistic and Timely)

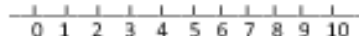
Type of Exercise:	How many times per week: What days and times:	For how long:	Where:
<input type="checkbox"/> Walking	<input type="checkbox"/> Monday at _____ AM/PM	<input type="checkbox"/> 10 minutes	<input type="checkbox"/> Park
<input type="checkbox"/> Running	<input type="checkbox"/> Tuesday at _____ AM/PM	<input type="checkbox"/> 15 Minutes	<input type="checkbox"/> At home
<input type="checkbox"/> Bike riding	<input type="checkbox"/> Wednesday at _____ AM/PM	<input type="checkbox"/> 20 Minutes	<input type="checkbox"/> Mall
<input type="checkbox"/> Zumba/ dance	<input type="checkbox"/> Thursday at _____ AM/PM	<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> Gym
<input type="checkbox"/> You tube video	<input type="checkbox"/> Friday at _____ AM/PM	<input type="checkbox"/> 45 Minutes	<input type="checkbox"/> Neighborhood
<input type="checkbox"/> Weight lifting	<input type="checkbox"/> Saturday at _____ AM/PM	<input type="checkbox"/> 60 Minutes	<input type="checkbox"/> School
<input type="checkbox"/> Stretching	<input type="checkbox"/> Sunday at _____ AM/PM	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Gym classes			
<input type="checkbox"/> Other:			

Start Date: ____ / ____ / ____

Step 4: Plan what to say yourself if you don't feel like exercising: _____

Step 5: Identify Barriers: _____

How committed and confident are you that you can accomplish your goal? (1 being not confident and 10 being very confident?)



We have discussed this plan and both agree that this is in my best interest.

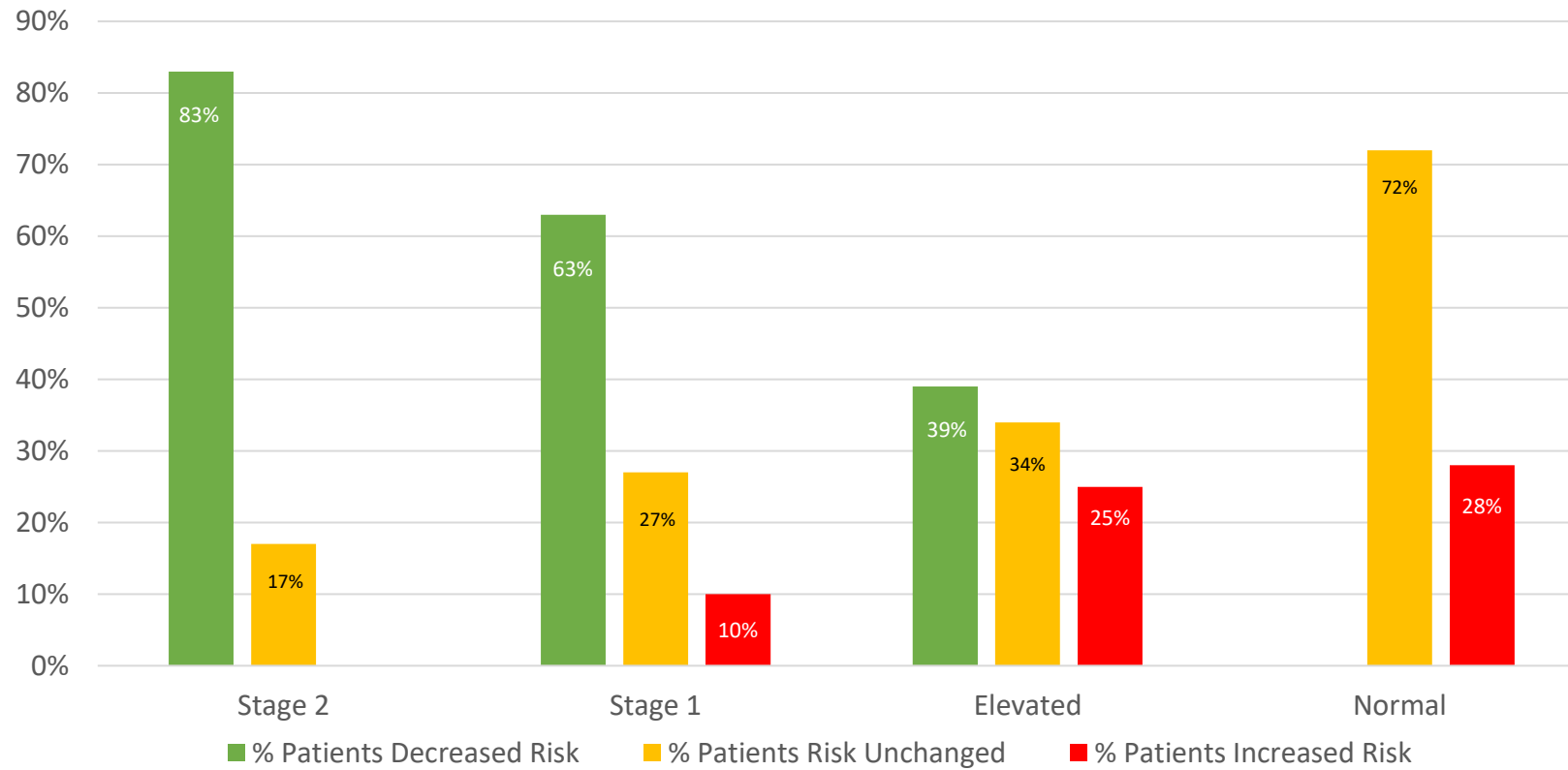
Patient Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Hypertension Metrics

Patient Risk Changes

June 1, 2021 – May 31, 2022



Measurable Outcomes

Screening for High Blood Pressure and Follow-Up % of patients aged 18 and older screened for high blood pressure AND had Hypertension treatment plan	95%
Controlling High Blood Pressure % of patients aged 18-85 years old with diagnosis of HTN and whose BP was controlled (<140/90)	83%
Preventing High Blood Pressure % of patients with elevated BP, stage 1 and stage 2, whose BP returned to normal (<120/80)	40%



Questions?



Ruby Camacho, BSN, RN

Director of Nursing

*North Texas Area Community Health
Centers*



Carmen Lavarreda, LVN

Nurse Case Manager

*North Texas Area Community Health
Centers*

TARGET: **BP**™



American
Heart
Association.



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Living Your Best Life:

A Chronic Disease Management Program

SEPTEMBER 15, 2022

CARMEN LAVARREDA, LVN, NURSE CASE MANAGER

RUBY CAMACHO, RN, DIRECTOR OF NURSING



Description & Purpose

Living Your Best Life:

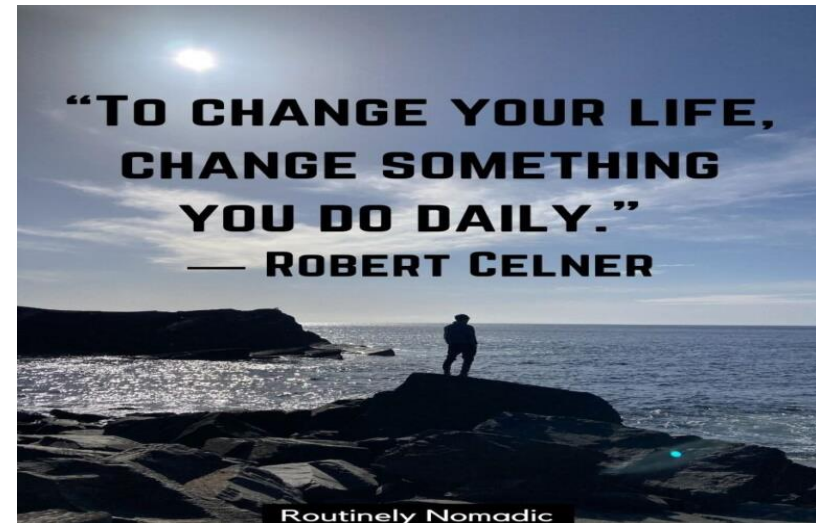
Is a chronic disease management program developed by North Texas Area Community Health Center (NTACHC), who's patient population consists of predominantly un-insured individuals.

The purpose of Living Your Best Life is to educate, empower, and equip patients to control their chronic conditions using an inter-disciplinary team approach.

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)	and/or	DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

Living Your Best Life Program Services:

- ✓ Case Management
- ✓ Health Education (individual and group)
- ✓ Emotional & Behavioral Support
- ✓ Screening for SDOH
- ✓ Pharmacy Consult
- ✓ On-line Resources



Criteria for Enrollment

- NTACHC patient
- Diagnosis of uncontrolled Hypertension and/or Diabetes
- Referral from NTACHC PCP



Process

1. Intake

- ☐ Patient will have been identified and meets admission criteria
- ☐ Case Manager receives referral and contacts patient
- ☐ Intake is conducted via phone call to discuss details of program

2. Care Plan meeting with patient and case manager

3. Hypertensive patients issued blue-tooth enabled BP monitor

4. Follow up medical visits with provider and health education provided

5. Conclusion of Program after 12 months

AVERAGE OF LAST SYSTOLIC

130.71

AVERAGE OF LAST DIASTOLIC

76.81

NUMBER OF UNIQUE PATIENTS

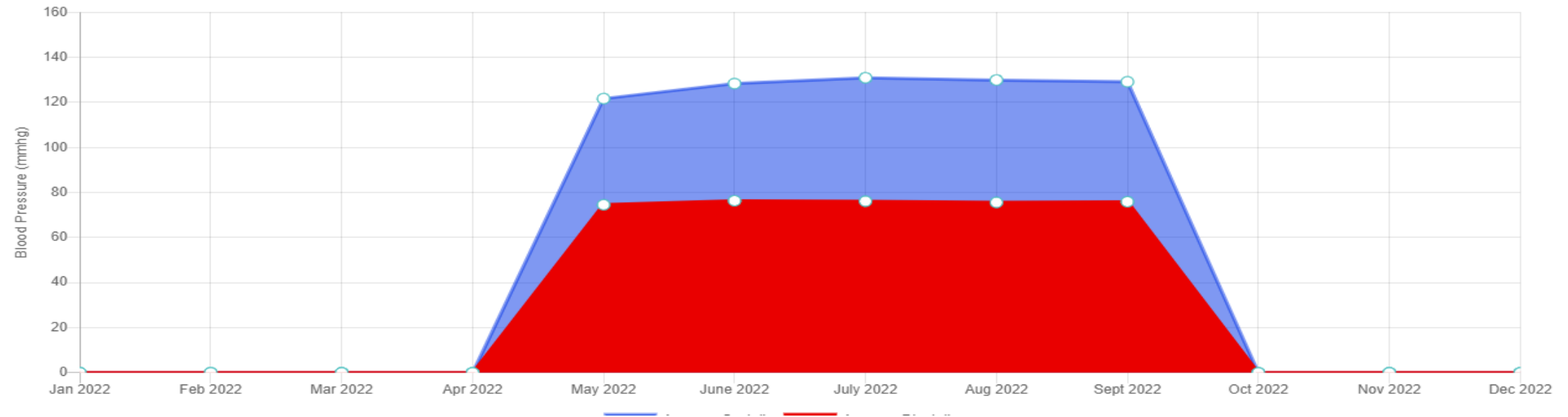
111

PERCENTAGE OF PATIENTS
UNDER CONTROL

72.97%

App Code	Average of of last systolic	Average of of last diastolic	Number of unique patients	Percentage of patients under control
txntachcsp	131.67	76.25	103	72.82%
txntachc	129.75	77.38	8	75.00%

MONTHLY AVERAGE SYSTOLIC & DIASTOLIC



Statistics of Living Your Best Life

AVERAGE SYSTOLIC

130.22

AVERAGE DIASTOLIC

79.99

NUMBER OF UNIQUE PATIENTS

41

PERCENTAGE OF PATIENTS
UNDER CONTROL

85.37%

App Code	Average of systolic	Average of diastolic	Number of unique patients	Percentage of patients under control
txntachcsp	127.31	76.18	38	86.84%
txntachc	133.13	83.80	3	66.67%

Statistics of Living Your Best Life

Thank you!

Do you have
any
Questions?



north texas area
community health centers

Chardae Fields, CCMA

Patient Care Coordinator

Special Health Resources for Texas

Eboni Turner

Patient Care Coordinator

Special Health Resources for Texas

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Panel Discussion

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Kate Kirley, MD, MS, FAAFP
Director of Chronic Disease Prevention
and Programs
American Medical Association

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M.A.P. Framework

M

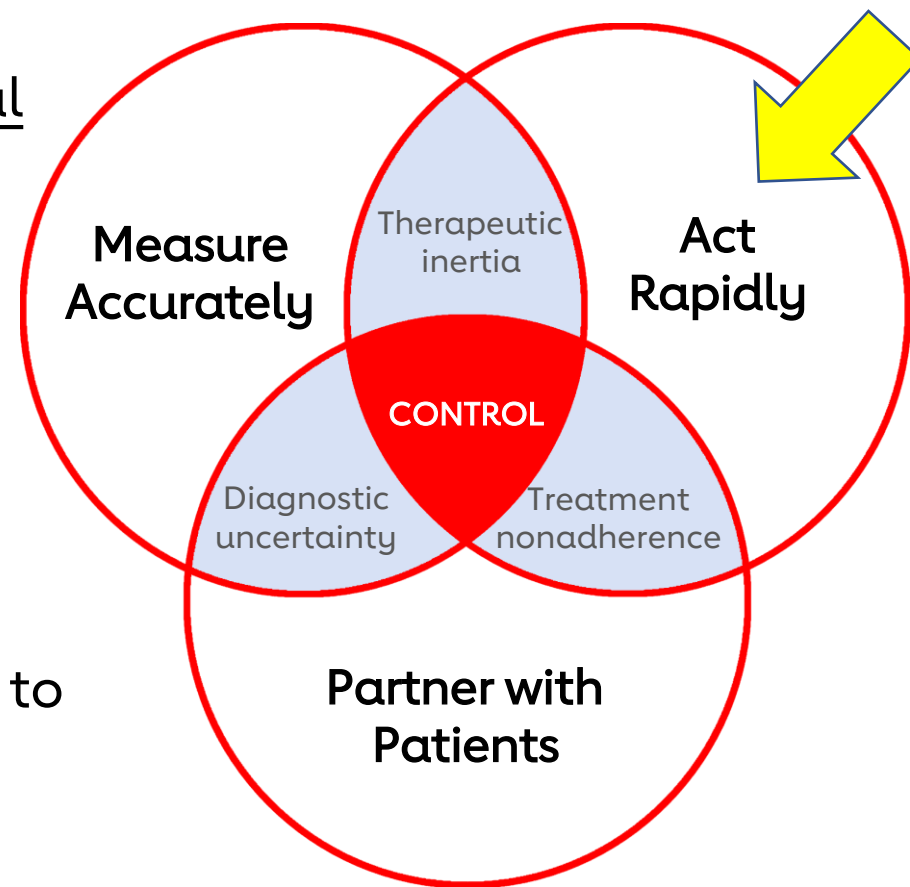
Measure Accurately every time to obtain accurate, representative BPs, reducing clinical uncertainty

A

Act Rapidly to diagnose and treat hypertension, reducing diagnostic and therapeutic inertia

P

Partner with patients to activate patients to self-manage and promote adherence to treatment



SMBP can play a role in each phase of the MAP framework

BP Thresholds for and Goals of Pharmacological Therapy in Patients With Hypertension According to Clinical Conditions

Clinical Condition(s)	BP Threshold, mm Hg	BP Goal, mm Hg
General		
Clinical CVD or 10-year ASCVD risk $\geq 10\%$	$\geq 130/80$	$< 130/80$
No clinical CVD and 10-year ASCVD risk $< 10\%$	$\geq 140/90$	$< 130/80$
Older persons (≥ 65 years of age; noninstitutionalized, ambulatory, community-living adults)	≥ 130 (SBP)	< 130 (SBP)

ASCVD indicates atherosclerotic cardiovascular disease; BP, blood pressure; CVD, cardiovascular disease; and SBP, systolic blood pressure.

BP Thresholds for and Goals of Pharmacological Therapy in Patients With Hypertension According to Clinical Conditions

Clinical Condition(s)	BP Threshold, mm Hg	BP Goal, mm Hg
Specific comorbidities		
Diabetes mellitus	$\geq 130/80$	$< 130/80$
Chronic kidney disease	$\geq 130/80$	$< 130/80$
Chronic kidney disease after renal transplantation	$\geq 130/80$	$< 130/80$
Heart failure	$\geq 130/80$	$< 130/80$
Stable ischemic heart disease	$\geq 130/80$	$< 130/80$
Secondary stroke prevention	$\geq 140/90$	$< 130/80$
Secondary stroke prevention (lacunar)	$\geq 130/80$	$< 130/80$
Peripheral arterial disease	$\geq 130/80$	$< 130/80$

Impact of treatment intensification

Imagine a population with a starting BP control rate of 45.6%

Increasing the probability that a provider intensifies antihypertensive medication to $\geq 62\%$ would **achieve BP control rates of $\geq 80\%$**

In comparison, improving medication adherence to 100% would only achieve a BP control rate of 57%

Bellows BK, Ruiz-Negrón N, Bibbins-Domingo K, King JB, Pletcher MJ, Moran AE, Fontil V. Clinic-based strategies to reach United States million hearts 2022 blood pressure control goals. *Circ Cardiovasc Qual Outcomes*. 2019;12:e005624. DOI: 10.1161/CIRCOUTCOMES.118.005624

Addressing therapeutic inertia

*Use single pill
combination
medications*

*Use a treatment
protocol*

*Follow up
frequently until
control is
achieved*

Using combination therapy

- Most patients with uncontrolled blood pressure will need more than 1 medication class to reach their BP goal
- Adding a BP medication at a ½ standard dose has 80% of the BP lowering effect of a full dose
 - *and fewer side effects*

Whelton PK, Carey RM, et al. 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. *Hypertension*. 2018;71:e13–e115.

Law M R, Morris J K, Wald N J. Use of blood pressure lowering drugs in the prevention of cardiovascular disease: meta-analysis of 147 randomised trials in the context of expectations from prospective epidemiological studies *BMJ*. 2009; 338:b1665.

Take home #1

When intensifying treatment for high blood pressure, adding a new medication class is more effective at reducing BP than increasing the dose of an existing medication

Guideline recommendations for Single Pill Combination (SPC): 2017 ACC/AHA Clinical Practice Guidelines

Initiation of antihypertensive drug therapy with 2 first-line agents of different classes, either as separate agents **or in a fixed-dose combination**, is recommended in adults with stage 2 hypertension and an average BP more than 20/10 mm Hg above their BP target.

Whelton PK, Carey RM, et al. 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. *Hypertension*. 2018;71:e13–e115.

Using single-pill combinations (SPCs)

- Helps patients lower BPs and reach goal faster
- May help with adherence compared to using multiple pills
- Reduces adverse effects if lower doses are used
- Many SPCs available on Medicaid and 340B formularies; also may be available at low cost through discount programs

Feldman RD1, Zou GY, Vandervoort MK, Wong CJ, Nelson SA, Feagan BG. A simplified approach to the treatment of uncomplicated hypertension: a cluster randomized, controlled trial. *Hypertension*. 2009 Apr;53(4):646-53. doi:10.1161/HYPERTENSIONAHA.108.123455.

Verma AA, Khuu W, Tadrous M, Gomes T, Mamdani MM. Fixed-dose combination antihypertensive medications, adherence, and clinical outcomes: A population-based retrospective cohort study. *PLoS Med*. 2018;15(6):e1002584. Published 2018 Jun 11. doi:10.1371/journal.pmed.1002584

Take home #2

Initiating treatment with 2 medications at low-to-standard doses is more effective at reducing BP and getting BP to goal than monotherapy with fewer adverse effects

Addressing therapeutic inertia

*Use single pill
combination
medications*

*Use a treatment
protocol*

*Follow up
frequently until
control is
achieved*

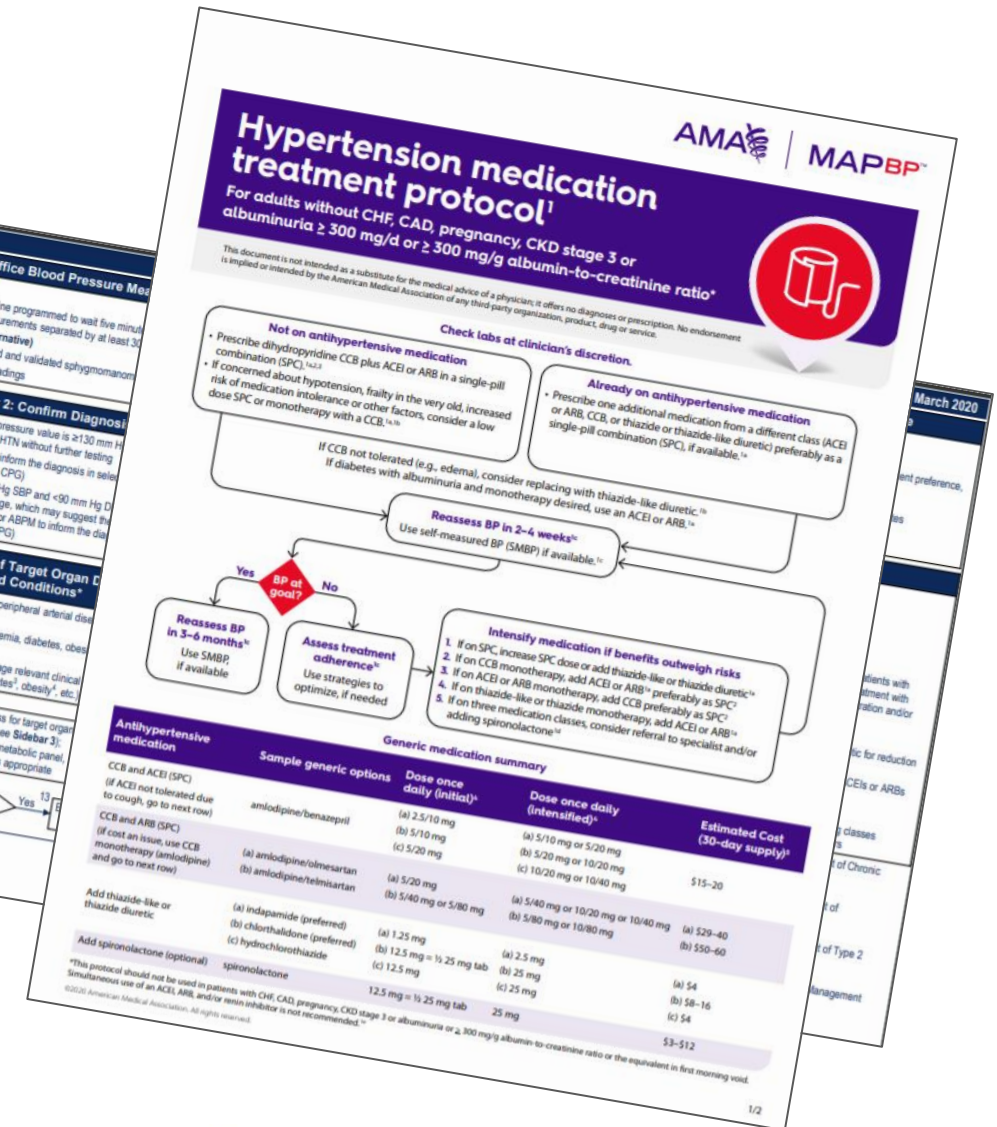
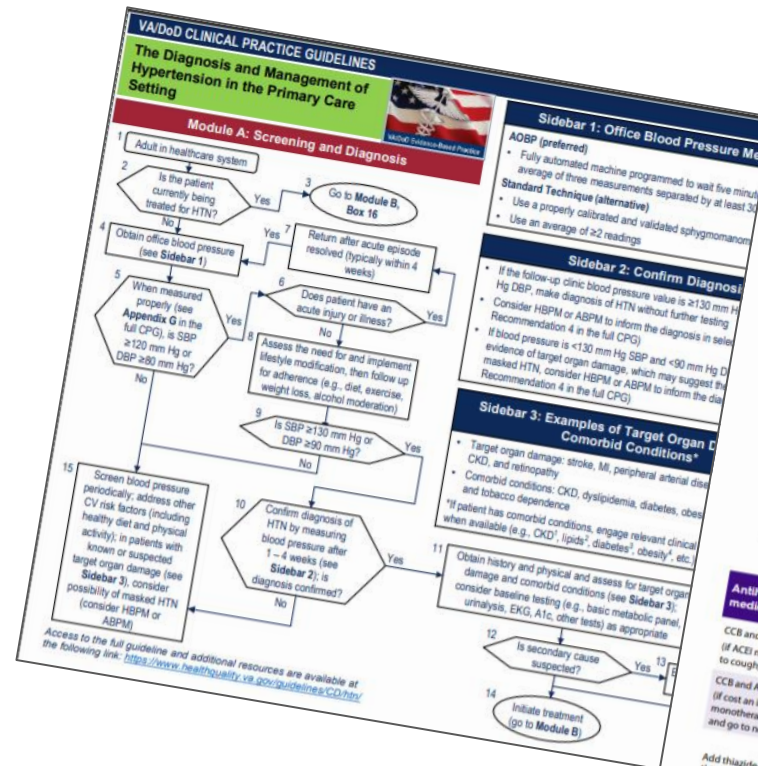
Benefits of using a treatment protocol

- Supports prescribers with treatment intensification at the point of care
- Provides entire care team with playbook for who needs treatment, what treatment is needed and when follow-up should occur
- Serves as part of a multipronged, systematic approach to improving blood pressure control

Go AS, Bauman MA, Coleman King SM, et al. An effective approach to high blood pressure control: a science advisory from the American Heart Association, the American College of Cardiology, and the Centers for Disease Control and Prevention. *J Am Coll Cardiol*. 2014;63(12):1230-1238. doi:10.1016/j.jacc.2013.11.007

Example treatment protocols

Sample treatment protocols available at: <https://millionheartshs.gov/tools-protocols/protocols.html>



Take home #3

A treatment protocol can help increase the use of evidence-based treatment for patients with high blood pressure

Addressing therapeutic inertia

*Use single pill
combination
medications*

*Use a treatment
protocol*

*Follow up
frequently until
control is
achieved*

Guideline recommendations for follow-up: 2017 ACC/AHA Clinical Practice Guidelines

Adults initiating a new or adjusted drug regimen for hypertension should have a follow-up evaluation of adherence and response to treatment at monthly intervals until control is achieved

Whelton PK, Carey RM, et al. 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. *Hypertension*. 2018;71:e13–e115.

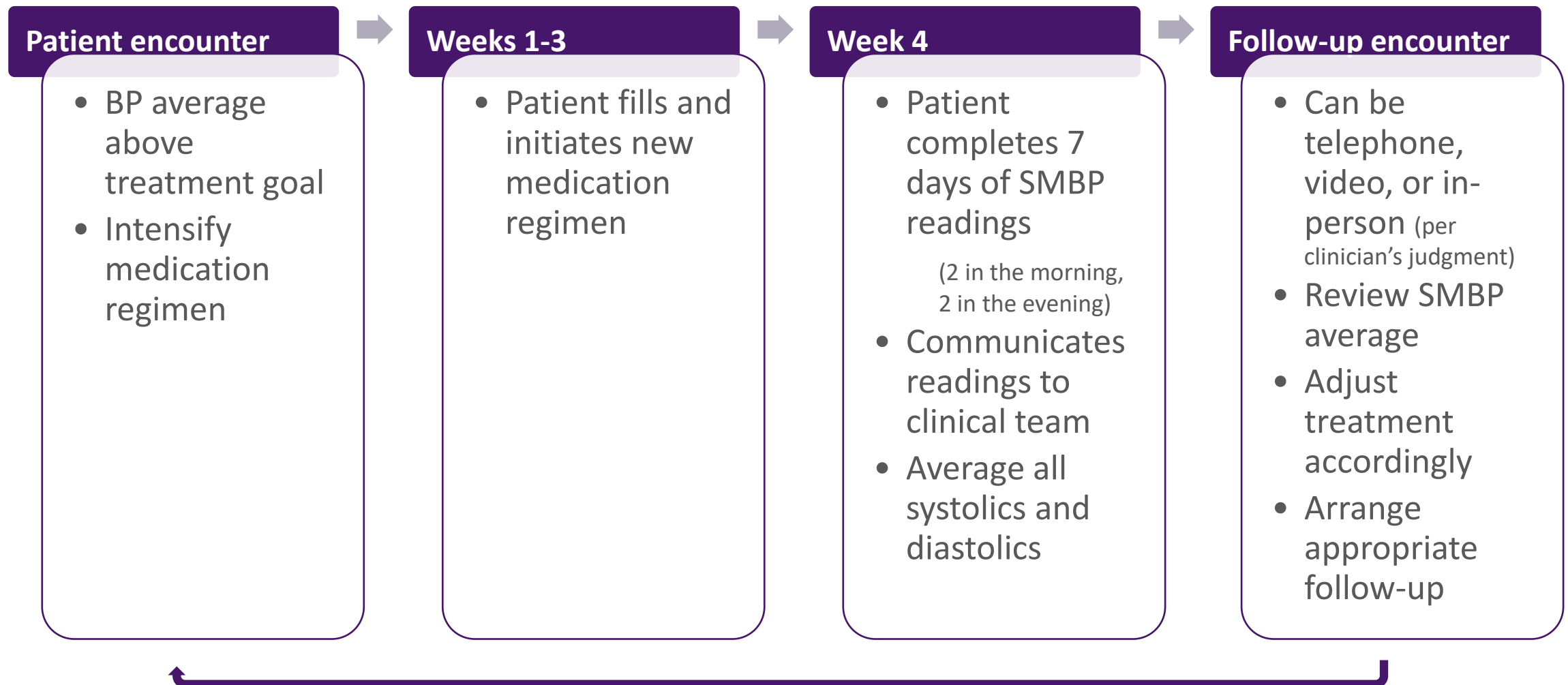
Self-Measured Blood Pressure (SMBP) helps patients and providers

- Allows providers to diagnose and manage hypertension more effectively
 - Confirm the diagnosis of hypertension (HTN) **and** for titration of medication
 - Is a recommended strategy to improve BP after initiation of medication
 - Use in conjunction with other strategies like team-based care and telehealth
 - Can improve medication adherence
- Helps patients better self-manage their high blood pressure

Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G; American Heart Association and the American Medical Association. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and American Medical Association. *Circulation*. 2020 Jul 28;142(4):e42-e63. doi: 10.1161/CIR.0000000000000803. Epub 2020 Jun 22. Erratum in: *Circulation*. 2020 Jul 28;142(4):e64. PMID: 32567342.

SMBP is a follow-up strategy

Example follow-up plan



Take home #4

Frequent follow-up supports improved treatment intensification – use any modality available, including in-person, virtual, SMBP, and others

Take Home Summary

Use single pill combination medications

Use a treatment protocol

Follow up frequently until control is achieved

1. *When intensifying treatment for high blood pressure, adding a new medication class is more effective at reducing BP than increasing the dose of an existing medication*
2. *Initiating treatment with 2 medications at low-to-standard doses is more effective at reducing BP and getting BP to goal than monotherapy with fewer adverse effects*
3. *A treatment protocol can help increase the use of evidence-based treatment for patients with high blood pressure*
4. *Frequent follow-up supports improved treatment intensification – use any modality available, including in-person, virtual, SMBP, and others*

Texas Hypertension Control Summit: Tour of Texas Continues!

[Register for all remaining sessions today!](#)

Recordings and slides will be posted here after each session.

Thursday, October 20 – Featuring Gulf Coast Area + IT Strategies to Strengthen SMBP

Thursday, November 17 – Featuring Central & South Texas + Updates from a Payor Perspective

Thursday, December 8 – West Texas & Panhandle + Advocacy Strategies

Each session takes place from 12:00 to 1:30pm CT

TARGET: **BP**™



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Health Services

Thank you, Planning Committee!

American Heart Association

Catalina Berry, Norma Candelaria, Stephanie Chapman, Jenny Eyer, Emily Gordon, Kassandra Hunt, Lharissa Jacobs, Bry Mabry, Liz Montgomery, Eva Olivas, Emily Paul, Melina Quintanilla, Veronica Sanchez, Alison Smith (AMA/AHA), Elizabeth Tork

American Medical Association

Alison Smith (AMA/AHA)

Texas Cardiovascular Disease and Stroke Partnership

Dr. Emran Rouf – Chair & Leon Jerrels – Past Chair

Texas Department of State Health Services

Melissa Lamberton & Natalie Gonsalves

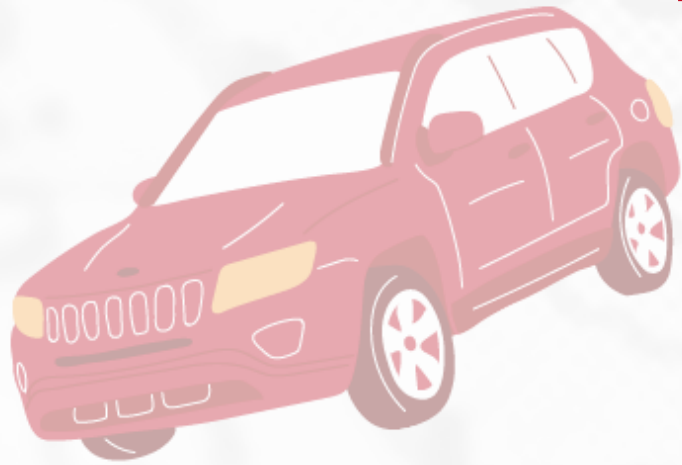
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Thank you!



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Music: "Life is a Highway" from Spotify