





#### Target: BP -

## A national initiative to improve blood pressure control

May 22, 2017

Michael Hochman, MD, MPH

Director, Gehr Family Center for Implementation Science

Department of Medicine

Keck School of Medicine, University of Southern California

# **Objectives for today**

- Describe the impact of uncontrolled blood pressure (BP) from a public health perspective and from a patient's perspective
- Review how the Target: BP initiative can help with your practice's blood pressure improvement efforts
- Review the registration and recognition process for Target: BP
- Keck School of Medicine example









#### 85 million adults have HBP



	Blood Pressure Category	Systolic (mmHg)		Diastolic (mmHg)
	Normal / Ideal	less than 120	and	less than 80
	Prehypertension	120-139	or	80-89
Hypertension stage 1		140-159	or	90-99
Hypertension stage 2		160 or higher	or	100 or higher
Hypertensive crisis		higher than 180	or	higher than 110

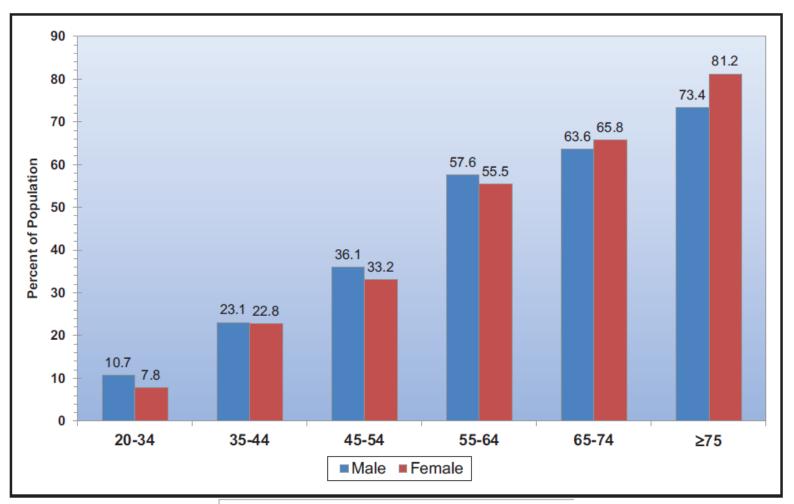
AHA 2017 Statistical Update







## **Prevalence of HBP**



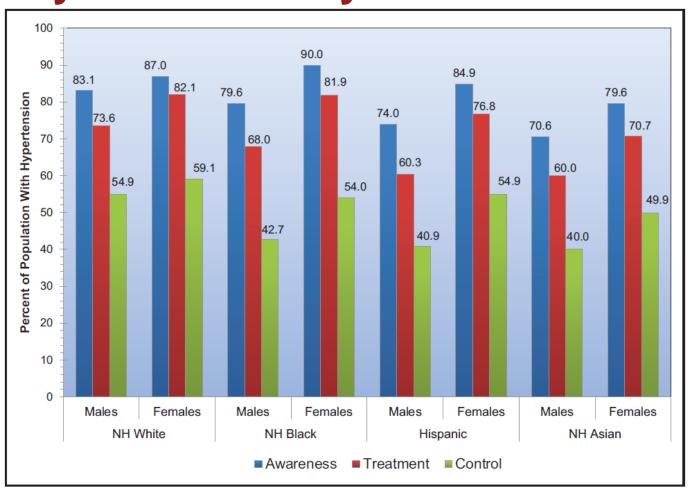
Heart Disease and Stroke Statistics—2017 Update: Chapter 9







# HBP by race/ethnicity and sex

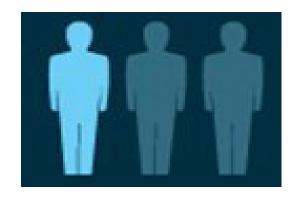


Heart Disease and Stroke Statistics—2017 Update: Chapter 9





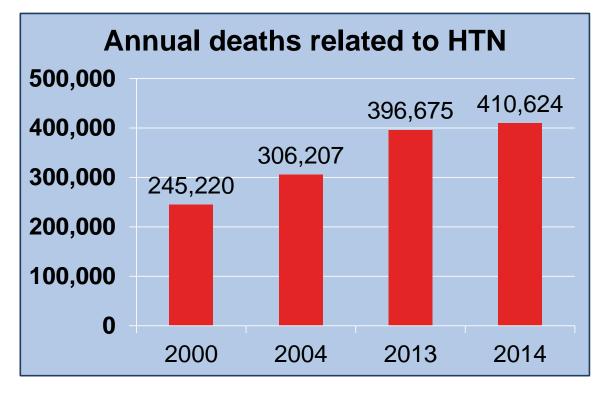




46% are uncontrolled

Most adults with uncontrolled HTN have health insurance and a usual source of care

2015 – Prevalence rate 33% 2030 – Prevalence rate 41% (projected)



Source: CDC, AHA







# **Estimated Annual Avg. Direct and Indirect Cost of HBP (In billions)**



AHA 2017 Statistical Update















# What is Target: BP?

## What is Target: BP?





A call to action motivating medical practices, practitioners and health services organizations to prioritize blood pressure control



Recognition for healthcare providers who attain high levels of blood pressure control in their patient populations, particularly those who achieve 70, 80 percent or higher control



A source for tools and assets for healthcare providers to use in practice, including the AHA/ACC/CDC Hypertension Treatment Algorithm and the AMA's M.A.P. Checklist









## Who is our Target Audience?

- Primary Care System
  - Federally Qualified Health Clinic (FQHC)
  - Federally Designated Rural Health Clinic (RHC)
  - Indian Health Service practice/clinic
  - Practice/Clinic with mission to serve publicly insured, underinsured, or uninsured
  - Private Clinical System (non-FQHC)
- Government Agency or Organization providing care to patients















# Recognition and Registration

# Registration

#### Contact information

- Name of healthcare organization
- Address
- Primary contact name and email
- Secondary contact name and email

#### Authorizations

- Electronic data use
- End user license agreement
- Target: BP account
  - Site ID
  - User ID
- Email notification and authentication







## Recognition criteria and levels

#### Levels of recognition

- 2 levels in 2017
- The program will be expanded to include additional award levels and more quality measures in subsequent years.

#### Participation

- Target: BP registration
- Submit 2016 data

#### Achievement

- Blood pressure control measure based on NQF#0018/PQRS#236
- ≥70% of adult patients with diagnosis of hypertension whose blood pressure adequately controlled (<140/90mmHg) in 2016</li>









## Data submission requirements, 2017

#### Data submission timing

- At registration
- After registration, between March and July 31
- Participants registered before March 27, 2017 will get an email notification indicating they can now submit recognition data.

#### Recognition data (adult patients):

- Patient population by age, ethnicity and gender
- Total number of patients with diagnosis of hypertension
- Total number of patients with diagnosis of hypertension whose high blood pressure is controlled







### **Data validation**

- Total number of patients with current diagnosis of hypertension must be valid
- Validation must be completed to be considered for recognition
- Validation based on:
  - business rules, eg, number of patients with controlled hypertension < number of patients with current diagnosis of hypertension
  - Million Hearts® Hypertension Prevalence Estimator Tool
- Hypertension Prevalence Estimator calculates a range for expected number of patients with hypertension







## **Data validation**

- Data input for validation consists of total patient population data by:
  - Age group, required
    - ◆ 18-44 years of age
    - 45-64 years of age
    - ◆ 65-74 years of age
    - ◆ 75-85 years of age
  - Ethnicity
    - Non-Hispanic white
    - Non-Hispanic black
    - Hispanic
    - Other
    - Unknown (must use this category if ethnicity is unknown)
  - Gender
    - Male
    - Female







# Data validation steps

- 1. Enter total number of adult patients with hypertension
- 2. Enter data in Hypertension Prevalence Estimator
- 3. Compare results between 1. and 2.
- 4. If difference is out of tolerance, participant is notified of errors







# Validation example, maximum data

- 1. Total number of patients with hypertension reported = 560
- 2. Validation

Age group (years)	Ethnicity	Number of patients	
		Male	Female
18-44	Non-Hispanic white	25	30
18-44	Non-Hispanic black	10	15
18-44	Hispanic	15	10
18-44	Other	5	10
18-44	Missing	10	15
45-64	Non-Hispanic white	40	50
45-64	Non-Hispanic black	35	40
45-64	Hispanic	25	20
45-64	Other	10	5
45-64	Missing	20	15
65-74	Non-Hispanic white	45	50
65-74	Non-Hispanic black	30	35
65-74	Hispanic	35	45
65-74	Other	15	10
65-74	Missing	25	15
75-85	Non-Hispanic white	50	45
75-85	Non-Hispanic black	35	40
75-85	Hispanic	40	30
75-85	Other	10	5
75-85	Missing	20	15

Estimator results indicate **558-598** patients have hypertension

- 3. Compare results between 1 (560) and 2 (558-598)
  - Expect 560 to be within the estimator results range
  - If less than 558, suggests there might be undiagnosed hypertension







# Improving Population Health Through Blood Pressure Control

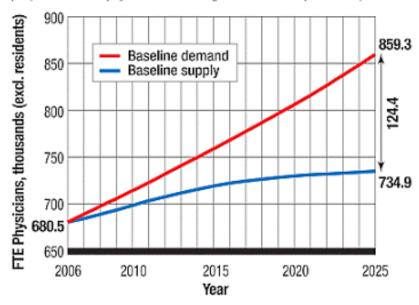
# USC Gelir Fathily Center for Implementation Science

Keck Medicine of USC

# **Primary Care**

#### Looming Physician Shortage Anticipated

A growing and aging U.S. population will face a 124,400-physician shortage by 2025, according to projections by the AAMC. The organization concluded that the shortage can be overcome only by educating more people to become physicians and taking several other important steps.



Source: "Complexities of Physician Supply and Demand: Projections Through 2025," Association of American Medical Colleges, November 2008

# Value Based Payments



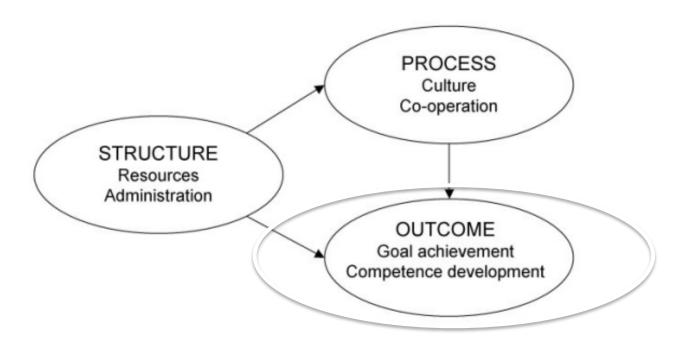
## **MIPS**

- Quality
- Resource use
- Performance Improvement
- Health IT

Or ...

**Advanced Alternative Payments** 

# **Quality Measures**



# **Keck Performance**

Adult Population with Htn: 21,645 Number with Controlled Htn: 10,914

# **Tools**





Check. Change. Control.™

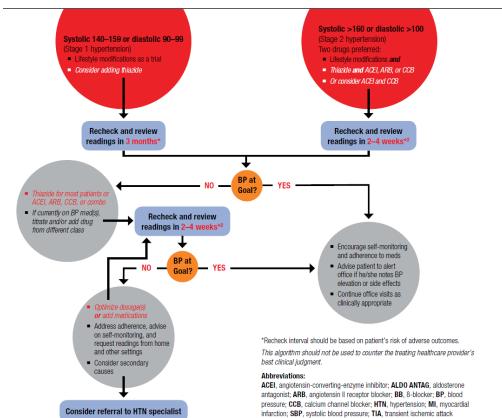
# **Team Approach**



# Team Approach

- Physical Therapy
- Occupation Therapy
- Nutrition
- Community health workers
- Behavioral health

# Standardization



Modification	Recommendation	Approximate SBP Reduction (Range)**
Reduce weight	Maintain normal body weight (body mass index 18.5–24.9 kg/m²)	5–20 mm Hg/10 kg
Adopt DASH*5 eating plan	Consume a diet rich in fruits, vegetables, and low-fat dairy products with a reduced content of saturated and total fat	8–14 mm Hg
Lower sodium intake <sup>s</sup>	Consume no more than 2,400 mg of sodium/day;     b. Further reduction of sodium intake to 1,500 mg/day is desirable, since it is associated with even greater reduction in BP; and     c. Reduce sodium intake by at least 1,000 mg/day since that will lower BP, even if the desired daily sodium intake is not achieved	2–8 mm Hg
Physical activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 min per day, most days of the week)	4–9 mm Hg
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks (e.g., 24 oz beer, 10 oz wine, or 3 oz 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	2–4 mm Hg

<sup>\*</sup> DASH, dietary approaches to stop hypertension

TargetBP\_Recognition\_DataCollection\_Worksheet

<sup>\*\*</sup> The effects of implementing these modifications are dose and time dependent, and could be greater for some individuals

# Questions?

Register to participate in the Target: BP national initiative at <u>targetbp.org</u>

Thank you!







