

Challenges and Opportunities in Hypertension

Satellite Conference and Live Webcast
Wednesday, February 6, 2013
2:00 – 4:00 p.m. Central Time

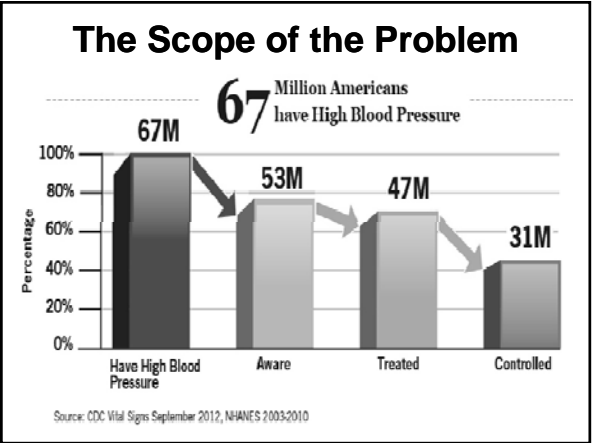
Produced by the Alabama Department of Public Health
 Video Communications and Distance Learning Division

Faculty

Donna Arnett, PhD, MSPH
President
American Heart Association

Outline

- **Scope of the problem**
- **Issues and trends**
- **Insights and opportunities**
- **AHA/ASA's focus and commitment**



Scope of the Problem

- **Patients lack understanding of blood pressure numbers**
- **Many are unaware of increased risk for heart disease, stroke**

Scope of the Problem

- **More prevalent among African Americans**
 - **For non-Hispanic blacks 43% of men and 46% of women have high blood pressure**
 - **Compared to 34% of white males and 31% of white females**

Scope of the Problem

- Compared with whites, HBP develops earlier in life and average BPs are much higher
- African Americans with HBP have an 80% higher chance of dying from stroke and 20% higher chance of developing heart disease

Scope of the Problem

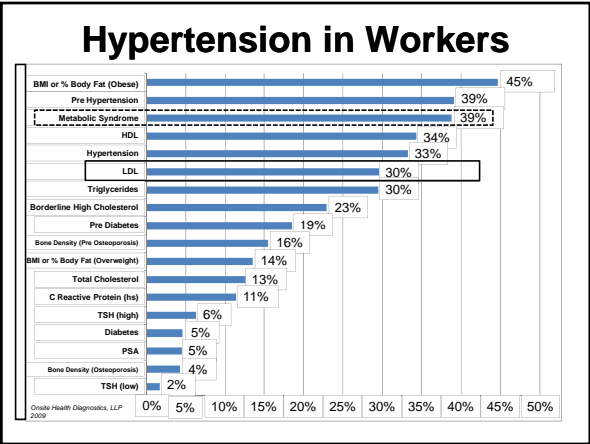
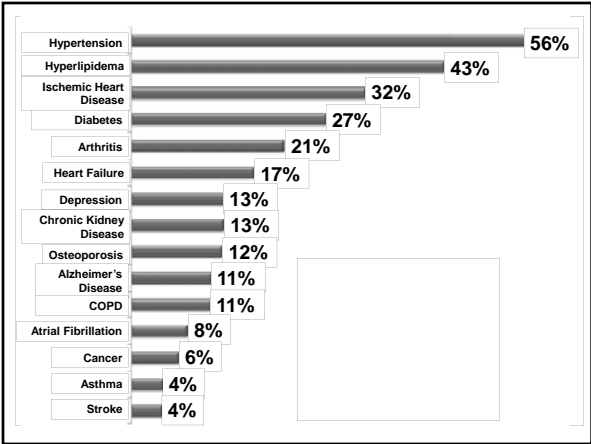
- Chronic condition that requires persistent management

Hypertension – Medicare

- The most common chronic conditions among Medicare beneficiaries were:
 - Hypertension (56%)
 - High cholesterol (43%)
 - Heart disease (32%)
 - Diabetes (27%)
 - Arthritis (21%)

Hypertension – Medicare

- Seven percent of beneficiaries with hypertension had no other condition present
- 21% had 5 or more additional conditions



Ownership of the Problem

- Lack of physician adherence to hypertension treatment guidelines is a significant reason why many patients do not have the condition under control

– Institute of Medicine, 2010

Ownership of the Problem

- Insights:
 - Specialists and PCPs often disagree on who is primarily responsible for managing hypertension
 - HCPs not taking home blood pressure readings into account when adjusting treatments
 - Inconsistent follow-up between visits

Patient Adherence

- Half of people who try to change a negative health behavior relapse

– Edelman Health Barometer, 2011

Patient Adherence

- Insights:
 - Patients are overwhelmed by complex lifestyle changes
 - Most can't feel hypertension symptoms

Patient Adherence

- But patients do feel the side-effects of their medications or negative emotions that come with undesirable lifestyle changes
- Common misconception that lifestyle changes are enough to help control hypertension and that medication is not needed

Market Trends

- A predicted shortage of PCPs, combined with the aging population and expansion of health insurance coverage through healthcare reform, are expected to put a strain on PCPs. Nurses and PAs will be called on to play a larger role

– Centers for Disease Control and Prevention, 2011

Market Trends

- Patients want to connect with HCPs using online tools

- Intuit Health, "Health Care Check-Up Survey," 2011

Positive Approaches

- Personal relationships influence health behaviors
 - 43% of people say friends and family have the most impact on their lifestyle as it relates to health, second only to themselves

- Edelman Health Barometer, 2011

Positive Approaches

- Positive feelings can affect health behavior
 - Introducing positive reinforcement and upbeat thoughts into daily routines have been shown to help improve medication compliance in hypertensive patients

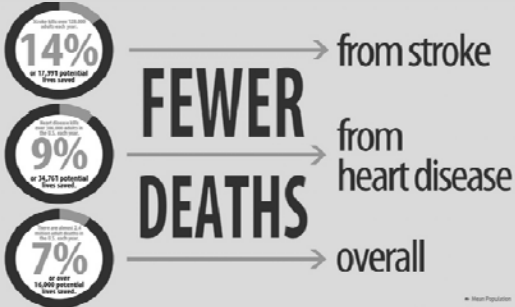
- Archives of Internal Medicine, 2012

Positive Approaches

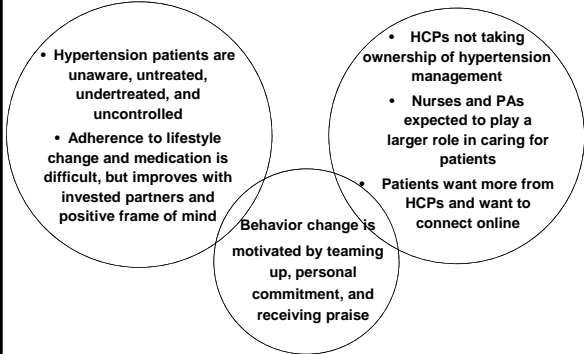
- Check It, Change It Pilot, a multi-faceted hypertension intervention designed, implemented, and proven successful
 - Community coaches were dedicated to helping program participants succeed by providing support and consistent follow-up

The Opportunity

A 5 mm Hg decrease in systolic blood pressure would result in




Summary of Insights



AHA/ASA – Approach

Working Objectives



- Increase awareness of connection between hypertension and risk of heart attack/stroke
- Drive changes in healthcare system that elevate need for innovative approaches to hypertension management
- Increase number of individuals identified with hypertension to reduce “unaware”
- Increase the number of individuals controlling their blood pressure

Target Audiences

Adults aged 45-65 with uncontrolled hypertension

Caregivers (spouse, adult child, friend)

HCPs, with a focus on PCPs, nurses, PAs

Special focus on the African American population as part of the Healthy Equity Business Plan

Focus and Priorities

- **Strategies**
 - Generate widespread awareness and understanding of the problem of hypertension and connection to CVD / Stroke

Focus and Priorities

- Implement community-based hypertension management programs starting with the implementation of a program in the top 20 African American markets
- Explore and develop scalable models by working with partnerships in industry-government-non-profit

Focus and Priorities

- **Measures of Success**
 - Effectively roll-out grants for African American Hypertension Program
 - Identify impactful models and work to scale

Focus and Priorities

- **Risks**
 - Identifying effective scalable strategies
 - Ability to measure impact of community-based programs

2013 Ad Council Campaign

- **Worked with Ad Council for 10+ years to generate widespread awareness and understanding of key health conditions for the organization**
- **Historically focused on Stroke Warning Signs and more recently Hands-only CPR**

2013 Ad Council Campaign

- **Beginning in July, will be working with the Ad Council to develop a new campaign focused on Hypertension**
- **Target audience and messaging strategy will be set during the early planning stages for the project**

2013 Ad Council Campaign

- **Likely Focus and Approach**
 - Create awareness of an issue, change attitudes and motivate behavior change
 - Pro-bono services from Ad agencies, donated airtime, and digital / social media integration

2013 Ad Council Campaign

- **Comprehensive and integrated across mediums and include in-depth measurement tactics for evaluation**

Blood Pressure Program Model

- **A community-based hypertension intervention program utilizing a combination of digital tools, community partners, community health workers, local events and resources to help participants manage their blood pressure**

How It Will Work

- Launch grants to create community-based blood pressure programs in 18 markets
 - Population size, prevalence of CVD among African Americans in the market
 - Presence of Multicultural Initiative staff

How It Will Work

- Based on best practices learned from:
 - The AHA's Check It, Change It pilot
 - Principles for volunteer engagement through the successes of Power to End Stroke
 - Other successful community-based programs

How It Will Work

- This first phase of programming will be designed to learn how AHA / ASA can best leverage field staff, volunteers and engagement of community resources to create a successful program
- Markets will follow a specific set of criteria designed to maintain consistent success measures

Driving to Solutions

- Kaiser Home Blood Pressure Monitoring Study
 - Participants who used online tool along with coaching by a pharmacist, had a significantly higher rate of BP control (57%) over the usual care group (37%)

Driving to Solutions

- Duke SPRITE Study (Methods Published, Summer 2011)
 - Web-based disease management can transform risk factor modification if patients are active participants

Driving to Solutions

- Web-based communication coordinated by pharmacist care has been shown to be effective in BP management

Driving to Solutions

- **Check It, Change It: Durham County Blood Pressure Challenge**
- **Early results of our pilot community program have shown a significant increase in controlled hypertension within a highly diverse community**

Building Solutions Together

Retail Pharmacy	Community Centers	Health Plans
Healthcare Systems		Device
Pharmaceutical	Government	Technology