



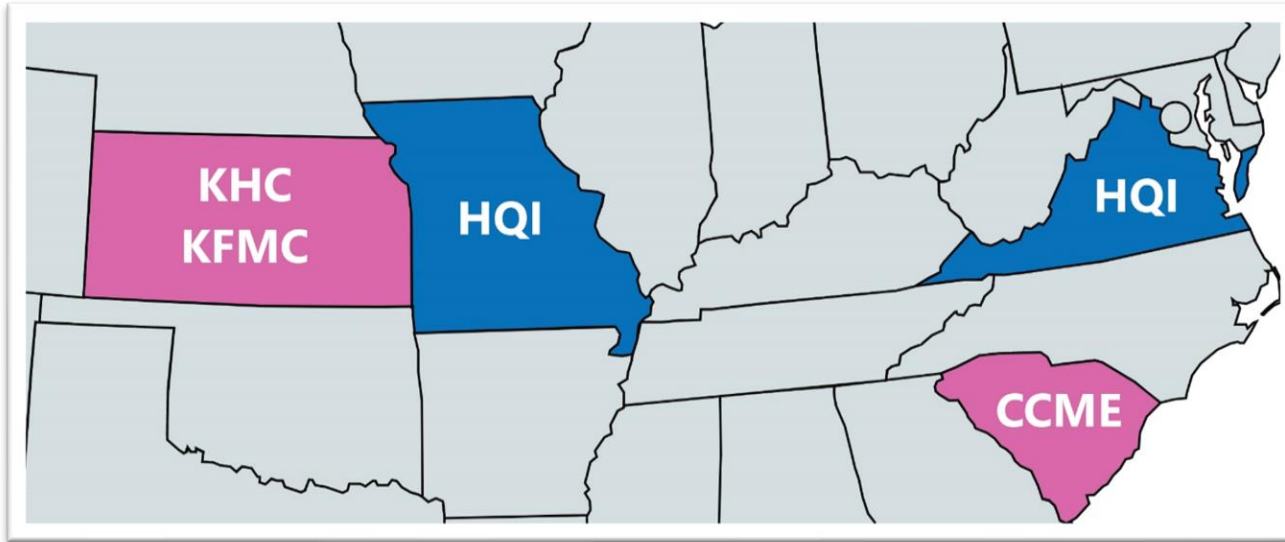
Health Quality Innovation Network



Improving Hypertension Control Call to Action

Don DiPette, MD
August 10th, 2022

Health Quality Innovation Network



Accreditation Statement

Southern Medical Association is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

American Medical Association Physician's Recognition Award (AMA)

Southern Medical Association designates this live activity for a maximum of .75 *AMA PRA Category 1 Credit*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Non-physician Attendees

All non-physicians will receive a certificate of participation.



Disclosures

Disclosure Information

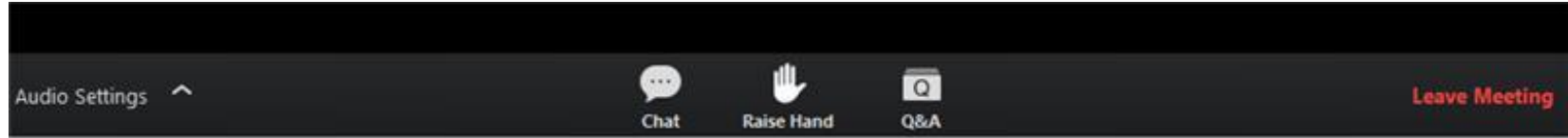
Southern Medical Association (SMA) requires instructors, planners, managers, and all other individuals who are in a position to control the content of this activity to disclose all conflicts of interest (COI) with ineligible entities within the last 24 months of the development of this activity. All identified COIs have been thoroughly vetted and mitigated prior to the activity. SMA is committed to providing its learners with high quality activities and related materials that promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

Invited Faculty:

Donald DiPette, MD

No financial relationships were declared

Logistics – Zoom Webinar



To ask a question, click on the **Q&A** icon.

Raise your hand if you want to verbally ask a question.

Resources from today's session will be posted in **Chat**.

You may adjust your audio by clicking **Audio Settings**.

You have been automatically muted with video turned off.

Purpose & Learning Objectives

1. Increase awareness and opportunities for improvement of the current hypertension control rates globally and in the United States.
2. Provide an overview of the HEARTS model including the HEARTS Technical Package and its impact on hypertension control rates.
3. Review the current approach to hypertension treatment including development of a population-based approach.
4. Review the current barriers to hypertension control.

Introduction to the HEARTS in the Americas and HEARTS Technical Package: Opportunities for Improving Hypertension Control and Developing a Population- Based Approach to the Treatment of Hypertension within Clinical Practices/Organizations

Donald J DiPette MD, FACP, FAHA
Health Sciences Distinguished Professor
University of South Carolina and University of South Carolina School of
Medicine
Columbia, South Carolina

HEARTS in America

August 10, 2022

Donald J. DiPette, MD, FACP, FAHA



Donald DiPette M.D., FACP, FAHA is currently the Health Sciences Distinguished Professor at the University of South Carolina and the University of South Carolina School of Medicine in Columbia, South Carolina. He has previously held the positions of Special Assistant to the Provost for Health Affairs, Vice President for Medical Affairs and Dean of the School of Medicine at the University of South Carolina. He was Interim Senior Executive Dean and Chairman of Medicine and Professor of Medicine at the Texas A&M Health Sciences Center College of Medicine.

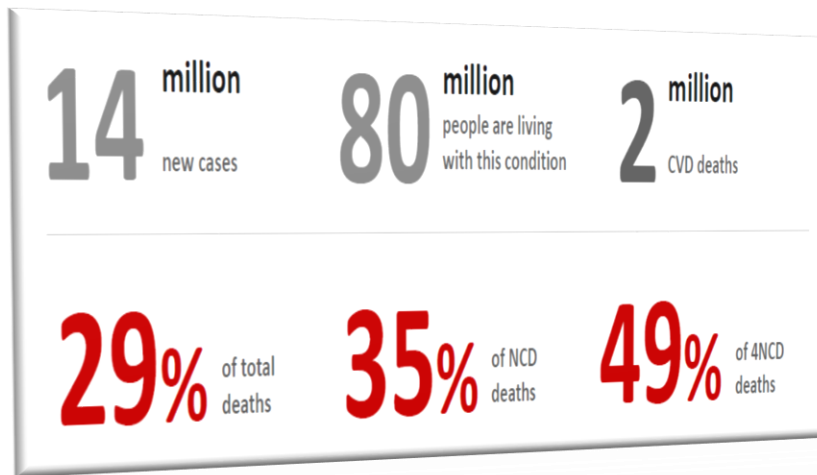
Dr. DiPette has served as the Director of Hypertension Research Program at Allegheny General Hospital and at University of Texas, he was Director of the Division of General Internal Medicine, Director for the Hypertension Section, and Vice Chairman for Educational Affairs and In-patient Affairs.

Dr. DiPette earned his bachelor's degree from Seton Hall University in South Orange, N.J. and his M.D. degree from Pennsylvania State University in Hershey, P.A. He is board certified in internal medicine and clinical pharmacology and has a specialist certification in hypertension. His major areas of research, which have been funded by the American Heart Association and the National Institutes of Health, include the pharmacologic treatment of hypertension and the role of novel neuropeptides in the pathophysiology of hypertension.

Dr. DiPette is actively involved in the Global HEARTS Initiative of the Centers for Disease Control and the World Health Organization, as well as the HEARTS in the Americas Program of the Pan American Health Organization. He currently serves as the Envoy for Latin American and the Caribbean to the World Hypertension League and is a member of the Editorial Board of the Journal of Clinical Hypertension.

He was the awardee of the World Hypertension League 2022 Detlev Ganten Excellence in Hypertension Award and Global Health Implementation.

Cardiovascular Diseases in the Americas 2019

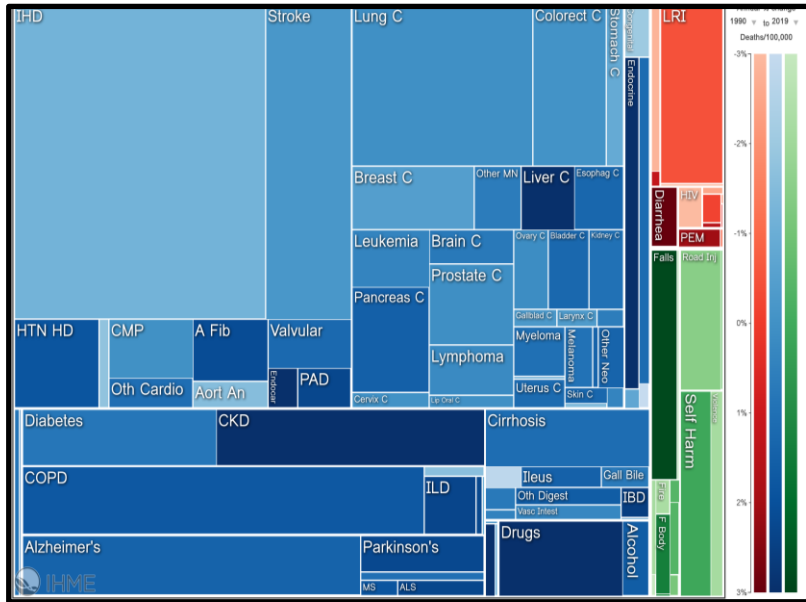


Cardiovascular disease burden - PAHO/WHO | Pan American Health Organization

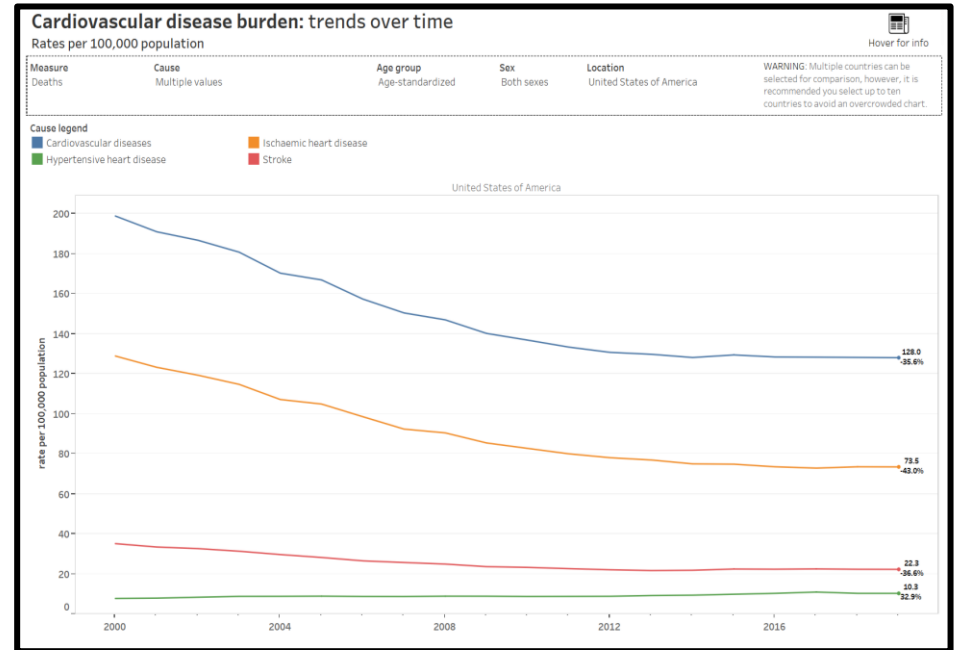
<https://www.paho.org/en/heart-america>

United States

A. Both sexes. All ages, Deaths, 2019. and B. CVD Deaths Age-Standardized trend 2009-2019



<https://vizhub.healthdata.org/gbd-compare/>



PAHO. The burden of cardiovascular diseases in the Region of the Americas, 2000-2019. Pan American Health Organization. 2021.



Global Hearts Initiative

Population

Health Services/Clinical approach

<p>Technical package for cardiovascular disease management in primary health care</p>	<p>Technical package for cardiovascular disease management in primary health care</p>	<p>Technical package for cardiovascular disease management in primary health care</p>	<p>Technical package for cardiovascular disease management in primary health care</p>	<p>Technical package for cardiovascular disease management in primary health care</p>	<p>Technical package for cardiovascular disease management in primary health care</p>
Healthy-lifestyle counselling	Evidence-based treatment protocols	Access to essential medicines and technology	Risk-based management	Team-based care	Systems for monitoring

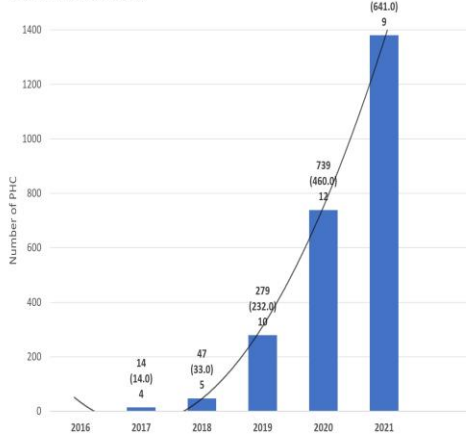
WHO. Global Hearts Initiative. https://www.who.int/cardiovascular_diseases/global-hearts/en/
<https://www.paho.org/en/hearts-amicas>

HEARTS in the Americas

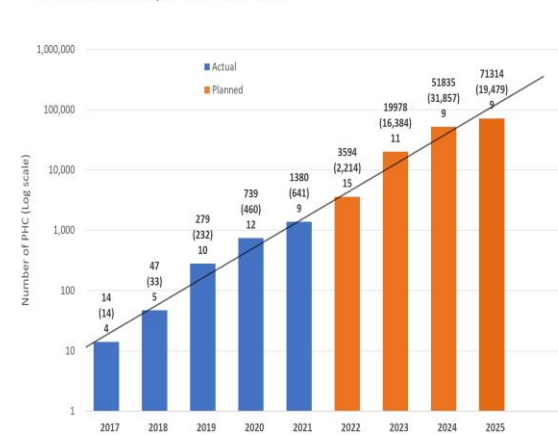


- 22 countries implementing HEARTS.
- More than 1300 PHC.
- More than 5 million people covered.

Panel A: 2017-2021



Panel B: 2017-2021 and planned 2022-2025

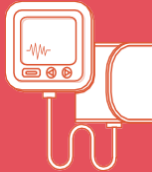


HEARTS in the Americas Technical Pillars

VISION: HEARTS will be the institutionalized model of care for cardiovascular risk management, with special emphasis on the control of hypertension and secondary prevention in primary health care in the Americas by 2025.



**Standardized
treatment
protocols and
medications**



**Blood pressure
measurement:**
Regulations and
validated BP
devices



**Training and
education**



**Data
standardization
and innovation in
data utilization**



**Implementation
research
and program
evaluation**



**Innovation in
organization of
care and team-
based care**

HEARTS in the Americas

Guiding Principles

Country ownership

HEARTS is led by the Ministries of Health, with the participation of other stakeholders and PAHO's technical cooperation.

Simple and practical

The Initiative provides pragmatic, cost-effective, and feasible solutions to PHC.

Evidence-based

HEARTS promotes the adoption of best practices in preventing and controlling CVD and improving health services organization.

Accountability

HEARTS is a data-driven initiative.

Continuous learning

Continuous learning cycles, peer-led teaching, dissemination of effective innovations, and lessons learned during implementation.

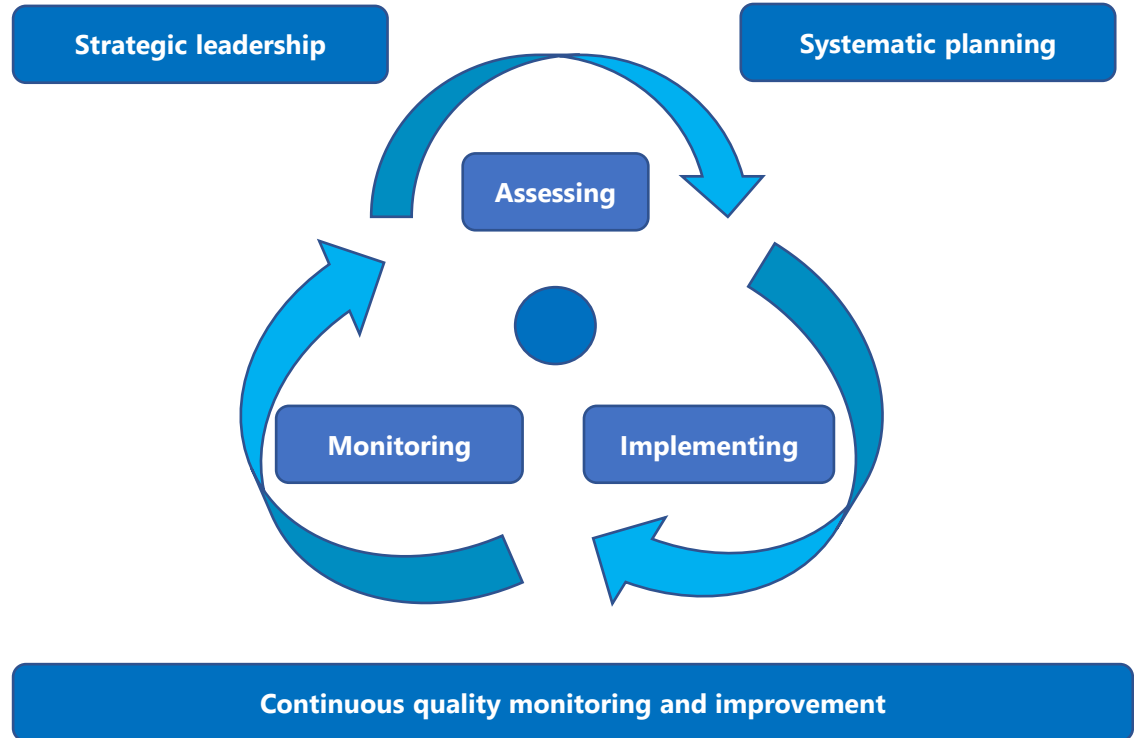
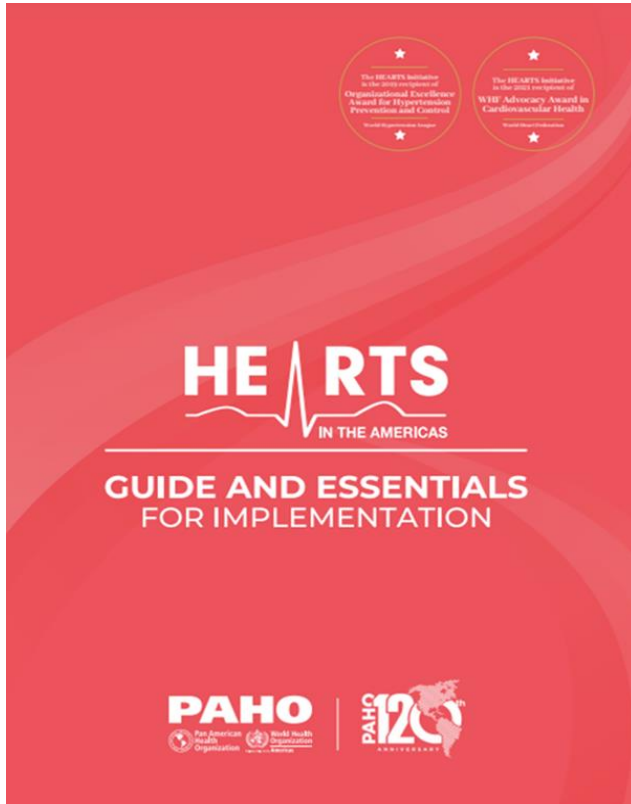
Long-term sustainability

Integrating elements into the existing health care systems.

Increasing the PHC capacity

Recruiting more PHC facilities and increasing the speed of model institutionalization.

HEARTS in the Americas Implementation Strategy



HEARTS Model vs. Traditional Model

Characteristics	Traditional Model	HEARTS in the Americas
Level of care	Specialty-based	Primary care-based
Provider model	Physician-centered	Team-based care with task shifting
Training and education	Not standardized and centered on specialist	Standardized and focused on the primary health care team
Decision making	Individualized and based on complex clinical guidelines	Standardized clinical pathway with a specific treatment protocol
BP measurement	Non-standardized technique. BPMDs may not be clinically validated and BP accuracy is not guaranteed	Adoption of standardized technique and regular training. Exclusive use of automated BPMDs clinically validated
Therapeutic approach	Physician preferences and complex medication-based pharmacologic formularies	Standardized, simple, directive treatment algorithm using FDC and specific, timely follow-up intervals.
CVD risk evaluation	Discretionary	Integrated into the standardized clinical pathway and focus on CVD secondary prevention, including diabetes
System for monitoring	Mainly for administrative purposes	Clinical monitoring performance evaluation, and systematic feedback

HEARTS in the Americas Tools to Transform Practice



8 REQUIREMENTS FOR OBTAINING AN ACCURATE BLOOD PRESSURE READING

1. The patient should be seated and relaxed for at least 5 minutes before the measurement.
2. The patient should be seated with their back supported and feet flat on the floor.
3. The patient should be seated with their arm supported and the cuff at heart level.
4. The patient should be seated with their arm supported and the cuff at heart level.
5. The patient should be seated with their arm supported and the cuff at heart level.
6. The patient should be seated with their arm supported and the cuff at heart level.
7. The patient should be seated with their arm supported and the cuff at heart level.
8. The patient should be seated with their arm supported and the cuff at heart level.

VALIDATE THE OFFER ARM VALIDATED ELECTRONIC DEVICES

AUSCULTATION: Only this method is available, the preparations described in the above paragraphs should apply.

LISTA DE DISPOSITIVOS DE MEDIR LA PRESIÓN ARTERIAL AUTOMÁTICOS VALIDADOS

ENTIDAD	DESCRIPCIÓN	SITIO WEB
STROEP	Se trata de una empresa que realiza y envía estos dispositivos de presión arterial automática como los validados disponibles a nivel mundial. Para la mayoría de datos, la medición de estado de validación en materia de acuerdo con el protocolo de validación de dispositivos. Certificación de validación que incluye el protocolo de validación de presión arterial y el protocolo de validación de dispositivos de presión arterial y el protocolo de validación de dispositivos de presión arterial.	http://stroep.com/en/faq
Medical	Se trata de una empresa que realiza y envía estos dispositivos de presión arterial automática como los validados disponibles a nivel mundial. Para la mayoría de datos, la medición de estado de validación en materia de acuerdo con el protocolo de validación de dispositivos. Certificación de validación que incluye el protocolo de validación de presión arterial y el protocolo de validación de dispositivos de presión arterial.	http://medical.us/
dat® Educational Trust	El propósito del sitio web dat® Educational Trust es producir regularmente contenido de dispositivos de medir la presión arterial para que el paciente comprenda y pueda usar el dispositivo correctamente. Como la mayoría de los dispositivos no han sido validados independientemente, los dispositivos enumerados en el sitio web representan solo una muestra de los muchos dispositivos disponibles de fabricación de propósitos para el paciente.	http://www.datdevice.com/medicos/valido_1.htm
Lista de dispositivos validados de la OMS (WHO)	Se detallan los procesos independientes para determinar qué dispositivos de medir la presión arterial disponibles en las OMS, cumplen con los criterios establecidos por la Organización Mundial de la Salud, que se puede encontrar en el sitio web de la OMS. Este proceso de revisión resulta en una lista formal de dispositivos de medir la presión arterial "validados" (VAD) que se puede encontrar en el sitio web de la OMS.	http://www.who.int/diagnosis
Sociedad Brasileira e Italiana de Hipertensión (SBH)	Se trata de una asociación que realiza y envía estos dispositivos de presión arterial automática como los validados disponibles a nivel mundial. Para la mayoría de datos, la medición de estado de validación en materia de acuerdo con el protocolo de validación de dispositivos. Certificación de validación que incluye el protocolo de validación de presión arterial y el protocolo de validación de dispositivos de presión arterial.	http://www.sbh.org.br

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

Hypertension Clinical Pathway

A ACCURATE BLOOD PRESSURE MEASUREMENT

Manual or valid device, 180-200 mmHg and 90-110 mmHg

B CARDIOVASCULAR RISK

ACCURATE BLOOD PRESSURE MEASUREMENT

C TREATMENT PROTOCOL

Cardiovascular risk

Cardiovascular risk	Low risk	Intermediate risk	High risk
Stroke	1/2 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1 Tablet of Chlorthalidone 20 mg
Myocardial infarction	1/2 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1 Tablet of Chlorthalidone 20 mg
Heart failure	1/2 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1 Tablet of Chlorthalidone 20 mg
Renal disease	1/2 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg	1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1 Tablet of Chlorthalidone 20 mg

The SF HEARTS List

- 2016: 50 molecules - 100 concentrations
- 2017: 23 molecules - 100 concentrations
- 2019: WHO Inclusion of fixed dose combination
- Present: 9 molecules - 15 concentrations (LTA) + Essential medicines for cardiovascular disease

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

Report 101 HEARTS Current Performance

92K 30.5% 65K 70.4%

Hypertension Country Map

Hypertension Distribution

Hypertension Country Cascade

Hypertension Breakdown

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

HEARTS in the Americas Regulatory Pathway to the Exclusive Use of Validated Blood Pressure Measuring Devices

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

HEARTS IN THE AMERICAS GUIDE AND ESSENTIALS FOR IMPLEMENTATION

How to optimize the use of CVD Risk evaluation

Instructions for using the calculator

How to get an accurate blood pressure reading

Calculate

Cardiovascular Risk

Glomerular Filtration

Body Mass Index

Therapeutic recommendations

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

PAHO Self-learning courses

Four training courses on CVD

CKD

PAHO OPS Organización Panamericana de la Salud Organización Mundial de la Salud

Hypertension Clinical Pathway

1. BP measurement accuracy

A ACCURATE BLOOD PRESSURE MEASUREMENT
MEASURE BLOOD PRESSURE IN ALL ADULTS AND AT ALL VISITS

- 1 Don't have a conversation
- 2 Support arm at heart level
- 3 Put the cuff on bare arm
- 4 Use correct cuff size
- 5 Support feet
- 6 Keep legs uncrossed
- 7 Empty bladder first

Support back
Support feet
Empty bladder first
Keep legs uncrossed

Whenever available, use validated automatic devices for the arm.

B CARDIOVASCULAR RISK
KNOW YOUR RISK OF CARDIOVASCULAR DISEASE AND HOW TO MODIFY IT

CARDIOVASCULAR RISK CALCULATOR
Use the HEARTS App to assess your cardiovascular risk.

Scan code to access the cardiovascular risk calculator

This App does not replace clinical judgment.

5. Continuity of care and follow-up

2. CVD risk assessment

C TREATMENT PROTOCOL
START TREATMENT IMMEDIATELY AFTER CONFIRMING HYPERTENSION

Blood Pressure $\geq 140/90$ mmHg in all HYPERTENSIVES.
Systolic Blood Pressure ≥ 130 mmHg in HIGH-RISK HYPERTENSIVES (Established cardiovascular disease, Diabetes, Chronic Kidney Disease, Risk score $> 10\%$)

6. Team-based care and task-shifting

3. Standardized Treatment Protocol

Cardiovascular risk	All Hypertensives	HIGH-RISK Hypertensives	
		WITH established cardiovascular disease	WITHOUT established cardiovascular disease
Blood Pressure TARGET $<140/90$ mmHg	✓		
Systolic Blood Pressure TARGET <130 mmHg		✓	✓
ASPIRIN 100 mg/daily		✓	
High-dose statins:	ATORVASTATIN 40 mg/daily	✓	
Moderate-dose statins:	ATORVASTATIN 20 mg/daily		✓

7. Medication refill frequency

4. Treatment intensification

- 1 1 Tablet of Telmisartan/Amlodipine 40/5 mg **1 MONTH**
- 2 Patient above target after repeat measurement
1 Tablet of Telmisartan/Amlodipine 80/10 mg **1 MONTH**
- 3 Patient above target after repeat measurement
1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1/2 Tablet of Chlorthalidone 25 mg **1 MONTH**
- 4 Patient above target after repeat measurement
1 Tablet of Telmisartan/Amlodipine 80/10 mg + 1 Tablet of Chlorthalidone 25 mg **1 MONTH**

Patient above target: Refer to the next level of care

Avoid alcohol consumption
Body mass index between 18.5 and 24.9
Avoid foods high in sodium
Do 30 minutes of physical activity daily
Keep a healthy diet
No smoking

8. System for performance evaluation with feedback

Patients under control	Minimum 6-MONTH follow-up	Minimum 3-MONTH follow-up	Supply medicines for 3 MONTHS	Vaccination		
				Influenza	Pneumococcus	COVID
All Hypertensives	✓		✓	✓	✓	✓
HIGH-RISK Hypertensives		✓	✓	✓	✓	✓

PAHO HEARTS

Country Name _____
Entity name _____

ASSESS TREATMENT ADHERENCE AT EACH VISIT
TAKE ALL MEDICATIONS AT THE SAME TIME EVERY DAY

This protocol is NOT INDICATED in WOMEN of CHILD-BEARING AGE

Challenges

Break the political inertia and institutionalize HEARTS throughout the Americas.

Improve access to high-quality health care, including medicines and devices

Strengthen Primary Health Care and its information systems.

Promote a culture based on continuous quality improvement.

The Way Forward

HEARTS will be the institutionalized model of care for cardiovascular risk management, with special emphasis on the control of hypertension and secondary prevention in PHC in the Americas by 2025.



Expand the overall number of PHC centers implementing HEARTS and to increase its political traction.



Adopt the HEARTS monitoring and evaluation platform to catalyze health system changes.



Implement the HEARTS Hypertension Clinical Pathway, integrating the Key Drivers for Hypertension Control.



Promote the exclusive use of validated BPMDs in PHC facilities.

Process for Successful Change: Kotter

Establish a “sense of urgency/burning platform”

- Form a powerful coalition/allies
- Create a vision for change
- Communicate the vision
- Empower others to act on the vision/remove obstacles
- Build on the change/create short-term wins
- Consolidate improvements producing more change
- Anchor the change/institutionalize the new approaches

Establish a “Sense of Urgency/Burning Platform”

- Noncommunicable diseases (NCDs) especially cardiovascular disease (CVD) is the leading cause of morbidity and mortality globally, in the nation. **Hypertension is the leading risk factor for CVD.**
- **Hypertension control rates (> 140/90 mmHg) globally are approximately 20%** (Lancet 2021).
- Safe, effective, and affordable pharmacologic treatment for hypertension is available.
- Start honest discussions regarding how current practices have not been successful.
- Examine opportunities to increase the control rates of hypertension.
- **The definition of insanity is doing the same thing over, and over again and expecting different results!**

Recent NHANES Data:

U.S. Population Results: A Call to Action! (JAMA 2020)

- Hypertension control rates (using $<140/90$ mmHg) continued to increase to 53.8% in the 2013-2014 survey
- However, hypertension control rates (**using $<140/90$ mmHg**) have significantly **decreased to 43.7%** in the last 2017-2018 survey
- Using the ACC-AHA **criteria of $<130/80$ mmHg**, the hypertension control rate is **19%** in the 2017-2018 survey
- This decrease in control rate parallels the recent increase in CVD-related morbidity and mortality!

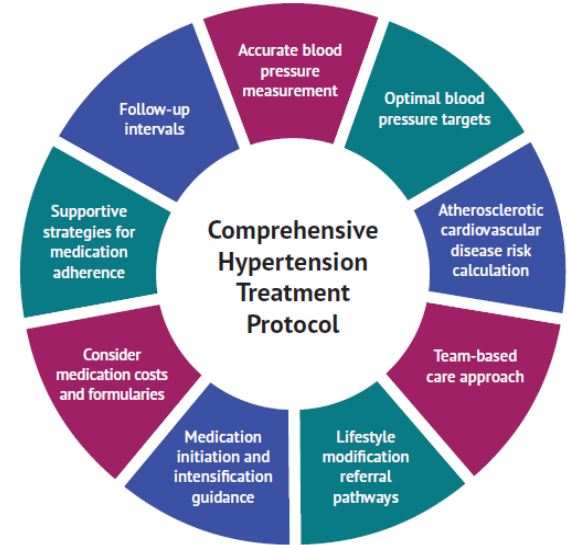
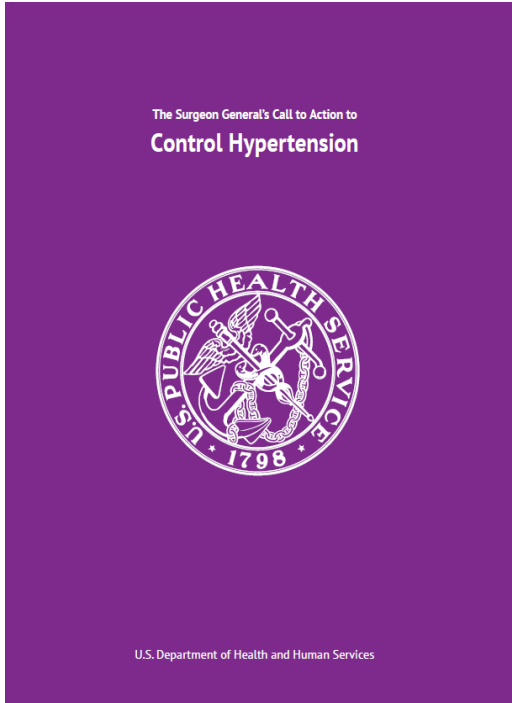
Declining HTN Control Rates: The Surgeon General's Call to Action to Control Hypertension-United States 2020

Overall Goal: “To avert the negative health effects of hypertension across the U.S. by identifying interventions that can be implemented, adapted, and expanded across diverse settings”

- **Goal 1.** Make hypertension control a national priority.
- **Goal 2.** Ensure that the places where people live, learn, work, and play support hypertension control.
- **Goal 3. Optimize patient care for hypertension control.**

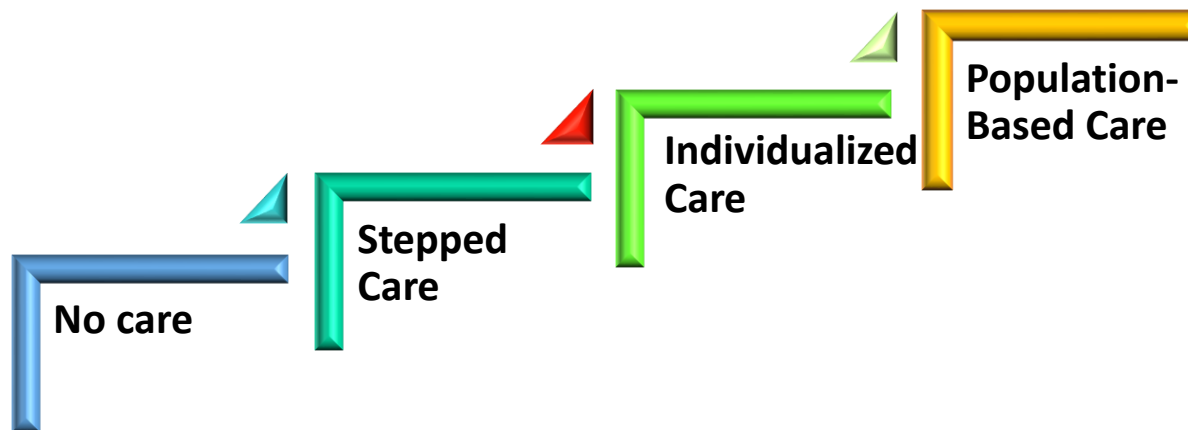
Strategy A

Advance the use of standardized treatment approaches and guideline recommended care including a hypertension formulary and treatment protocol



[https://www.cdc.gov/bloodpressure/CTA.htm#:~:text=The%20Surgeon%20General's%20Call%20to%20Acti on%20to%20Control%20Hypertension%20\(Call,settings%20across%20the%20United%20States.](https://www.cdc.gov/bloodpressure/CTA.htm#:~:text=The%20Surgeon%20General's%20Call%20to%20Acti on%20to%20Control%20Hypertension%20(Call,settings%20across%20the%20United%20States.)

Approaches to Care in the Pharmacologic Treatment of Hypertension



DiPette, Ridley 2020
Skeete, Connell, Ordunez, DiPette. Integrated

Barriers to Blood Pressure Control

- **Patient**
 - Limited access to treatment
 - Poor adherence to treatment
- **Health Care Provider**
 - Raised blood pressure attributed to “white coat hypertension”
 - Reluctance to treat an asymptomatic condition
 - Lack of adequate time with patient
 - Therapeutic/Clinical inertia
 - Lack of adherence to treatment guidelines
- **Health Systems**
 - Failure to delegate responsibility to non-physicians
 - Inappropriate follow-up
 - Absence of feedback to clinicians
 - Issues related to supply, distribution, and cost of medications
 - Complex medical regimens

HEARTS in the Health System

Given the magnitude of CVD disease, it is necessary for systems to tackle the underlying common condition

One of the most cost effective to address this burden of disease is through the Primary Health Care approach/strategy

The HEARTS technical package is the primary care approach to reducing the burden of CVDs by strengthening components of health systems

The HEARTS package can be used in all contexts and countries

Consensus Among Main Global Organizations

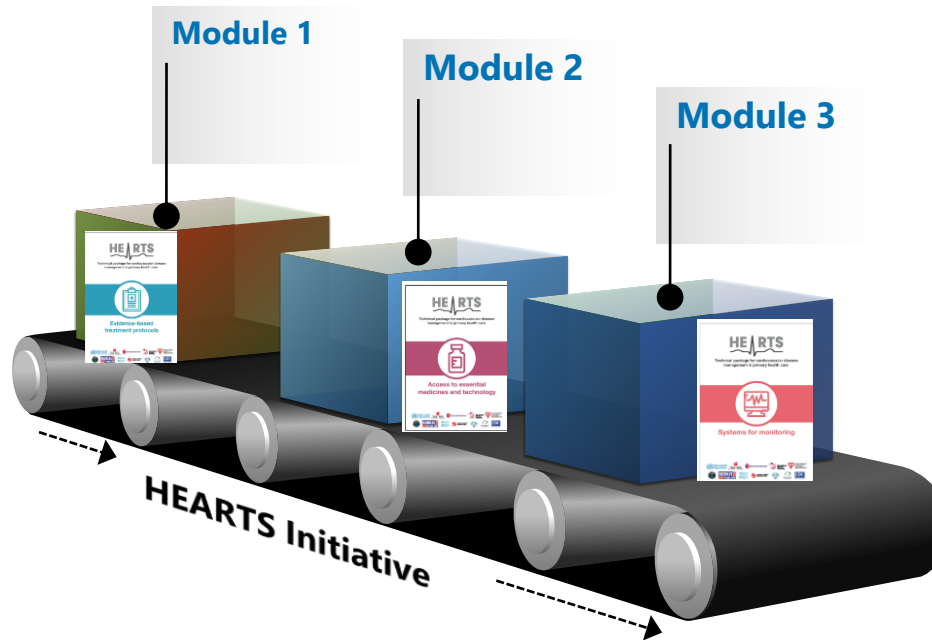


MODULES OF THE HEARTS TECHNICAL PACKAGE				
Module	What does it include?	Who are the target users?		
		National	Subnational	Primary care
H healthy-lifestyle counselling	Information on the four behavioural risk factors for CVD is provided. Brief interventions are described as an approach to providing counselling on risk factors and encouraging people to have healthy lifestyles.		✓	✓
E evidence-based protocols	A collection of protocols to standardize a clinical approach to the management of hypertension and diabetes.	✓	✓	✓
A ccess to essential medicines and technology	Information on CVD medicine and technology procurement, quantification, distribution, management and handling of supplies at facility level.	✓	✓	✓
R isk-based CVD management	Information on a total risk approach to the assessment and management of CVD, including country-specific risk charts.		✓	✓
T eam-based care	Guidance and examples on team-based care and task shifting related to the care of CVD. Some training materials are also provided.		✓	✓
S ystems for monitoring	Information on how to monitor and report on the prevention and management of CVD. Contains standardized indicators and data-collection tools.	✓	✓	✓

HEARTS Technical Package

HEARTS TECHNICAL PILLARS





Implementation Strategy

Barriers to Blood Pressure Control Addressed by a Standardized Formulary and Treatment Protocol: E-Module

- **Patient**
 - Limited access to treatment
 - POOR ADHERENCE TO TREATMENT
- **Health Care Provider**
 - Raised blood pressure attributed to “white coat hypertension”
 - Reluctance to treat an asymptomatic condition
 - Lack of adequate time with patient
 - THERAPEUTIC INERTIA
 - LACK OF ADHERENCE TO TREATMENT GUIDELINES
- **Health Systems**
 - Failure to delegate responsibility to non-physicians
 - Inappropriate follow-up
 - Absence of feedback to clinicians
 - ISSUES RELATED TO SUPPLY, DISTRIBUTION, AND COST OF MEDICATIONS
 - COMPLEX MEDICATION REGIMENS

Hypertension treatment algorithm: Key to a population-base, public health, primary care approach

- Critical strategy to increase hypertension control rates
- Addresses clinical/therapeutic inertia
- Simple, straightforward, and standardized
- Adopted: local/system, state, and/or country-wide

GUIDING PRINCIPLES:

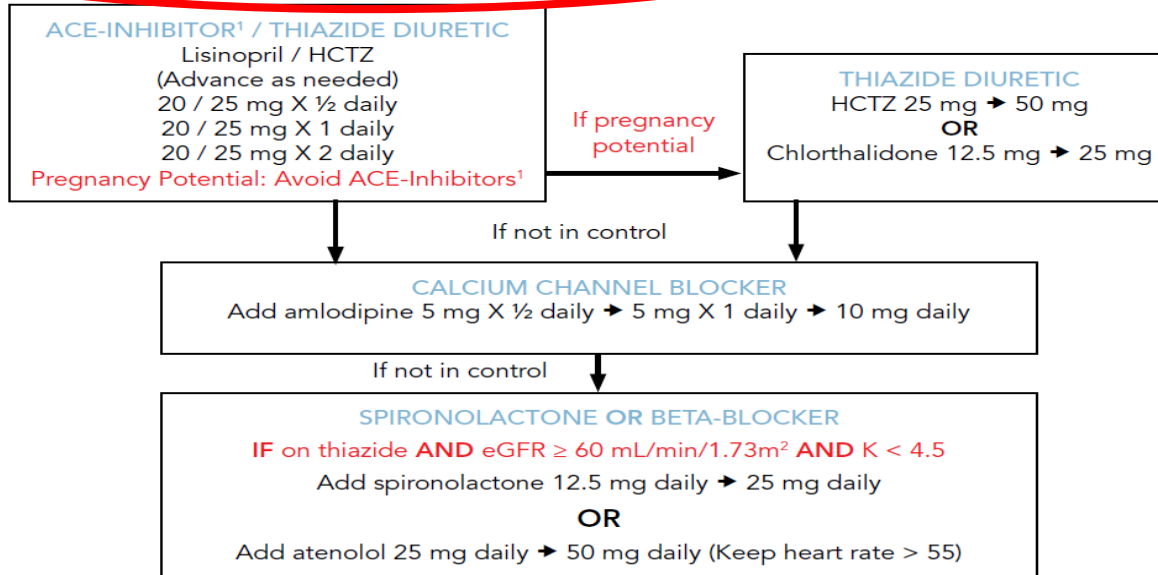
- Primary care based
- Algorithm is for the “rule” NOT the “exception”
- Few medication titration steps: linear with no branch points
- Half-maximal effective dose of selected agent(s) for initial treatment
- Two medications (two pills or in FDC/SPC) for initial treatment

Adult Hypertension

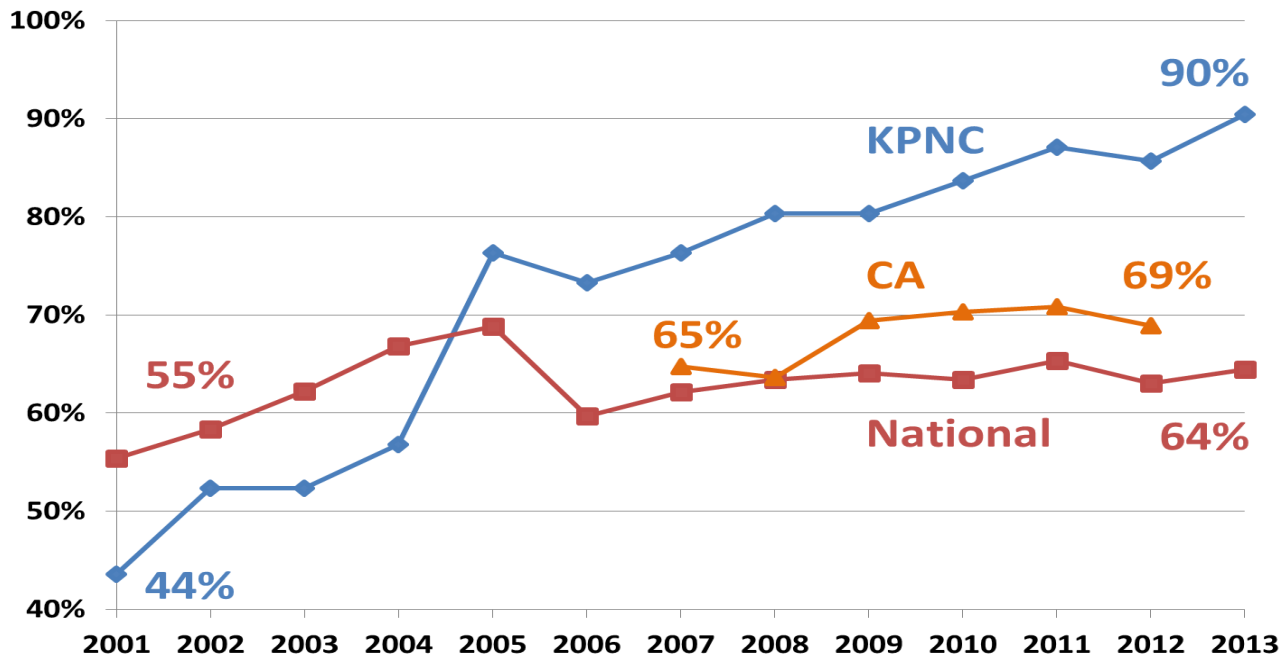
BLOOD PRESSURE (BP) GOAL

≤ 139 / 89 mm Hg – All Adult Hypertension

NNT CVA² = 63
NNT MI² = 86
NNT CVA or MI² = 36



Kaiser Permanente Northern California vs. Statewide and National HTN Control

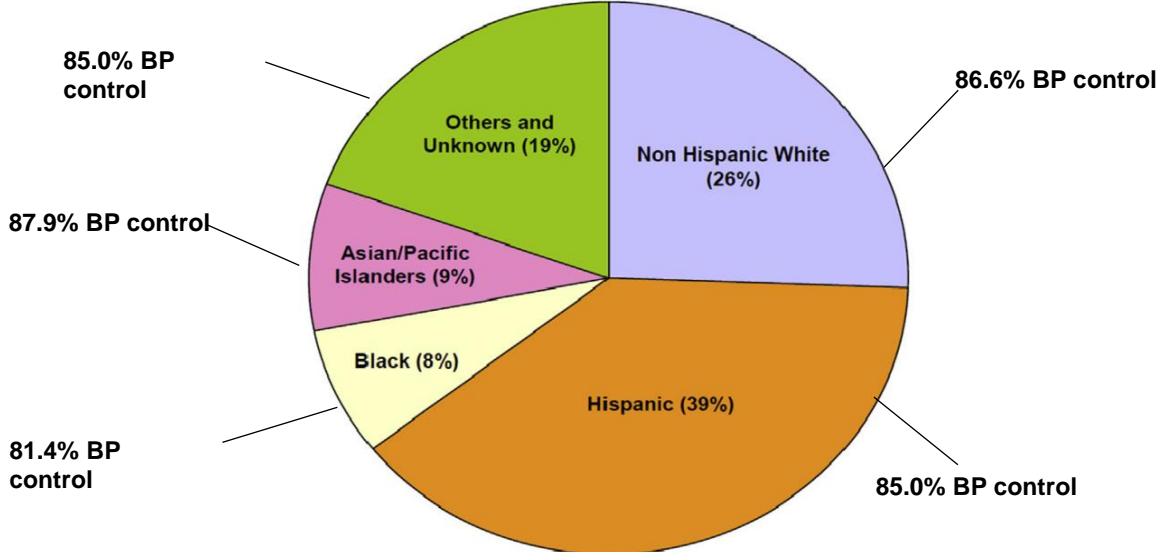


M Jaffe

Standardized Treatment Protocols Can Help Reduce Disparate Outcomes

Kaiser Permanente Southern California

“Across all ages, races, and sexes, hypertension control exceeded 80%.”



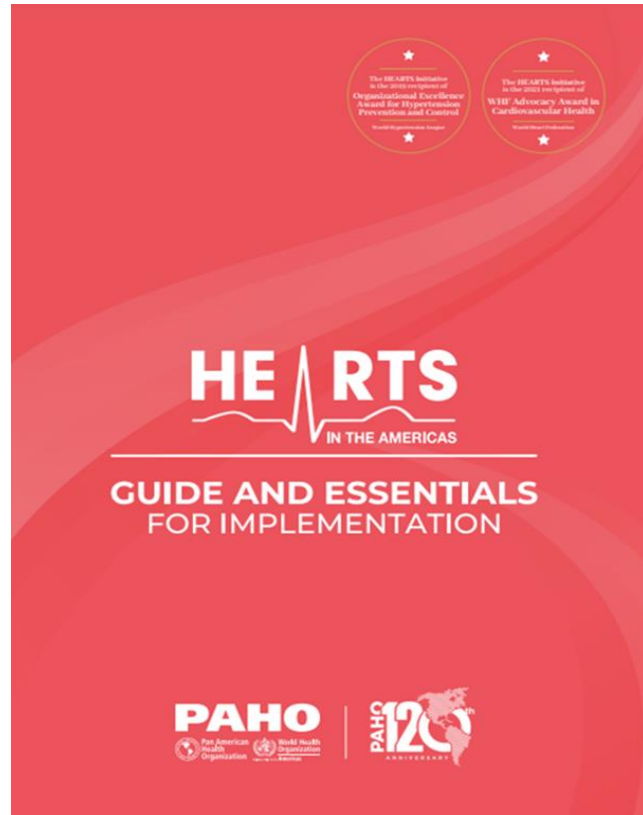
Shaw KM, Handler J, Wall HK, Kanter MH. Improving Blood Pressure Control in a Large Multiethnic California Population Through Changes in Health Care Delivery, 2004–2012. *Prev Chronic Dis* 2014;11:140173. DOI: <http://dx.doi.org/10.5888/pcd11.140173>

	BARBADOS	CHILE	COLOMBIA	CUBA
Secured political commitment	✓	✓	✓	✓
Demonstration site in place	✓ (2)	✓ (2)	✓ (2)	✓ (1)
Target (adult) population size	21,000	50,000	75,000	26,000
Staff, trained and certified in BP measuring & PAHO virtual course	✓	✓	✓	✓
Algorithm defined	✓	✓	✓	✓
Core set of medications	✓	✓	✓	✓
• Fixed dose combination	○ (LIS + HTZ)	✓ (VAL-AMP)	✓ (LOS-HTZ)	○ (ENA-HTZ)
Registry	✓ (electronic)	✓ (electronic)	✓ (manual)	✓ (manual)
• Registry completeness (%)	45% & 49%	87%	73%	89%
Metrics M & E defined	✓	✓	✓	✓
Redistribution of Task well defined	✓	✓	✓	✓

Early Results

Transitioning from Individualized to Population-Based Treatment for Hypertension

- Use a standardized, simplified approach to hypertension detection and treatment
- Develop a primary care-based approach for the patient “rule” not the “exception”.
- HEARTS in the Americas including the HEARTS Technical Package is a comprehensive blueprint across a spectrum of populations: economic, geographic, racial, ethnic, and cultural.
- The launch of HEARTS in America can significantly improve the detection and treatment and importantly the control of hypertension in our state.
- HEARTS in America is in addition and complementary to programs already in place.



Questions?

Join us for the next
HEARTS in America
Lunch and Learn Session

**Standardized, Simple Pharmacologic
Treatment Protocols: A Critical
Component of Effective
Hypertension Control**

August 24th, 2022

CME Credit and Certificates

CME credit and certificate distribution are managed through SMA's **online process**. Within one week after the conclusion of the webinar, **please be on the lookout for an email from the Southern Medical Association (customerservice@sma.org) that will include your unique link to an online form** to complete the evaluation, attendance attestation, and claim credit. Please review the following process to receive your certificate awarding credit (for physicians), or a certificate of participation (for non-physician attendees).

- Southern Medical Association (SMA) **will create an online account for you** including your unique login, **using the email address you provided during registration** (your username/ID is your email address).
- Upon receipt of your post-meeting email, click the link provided, and please **make sure that your name and email address appear at the top of the form before completion**.
- **After you complete and submit your evaluation and attendance documentation, your certificate will be emailed to you as a .pdf attachment from customerservice@sma.org within 24 hours.**



Contact Us

South Carolina - Vicky Kolar, Vkolar@Thecarolinascenter.org

Virginia – Carla Thomas, cthomas@hqi.solutions

Missouri – Mary Ann Kimbel, mkimbel@hqi.solutions

Kansas – Mandy Johnson, mjohnson@khconline.org



Connect with us...



@HQINetwork

Health Quality Innovation Network

www.hqin.org