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HQIN Health Quality Innovation Network

Hypertension & CVD Disparities within Healthcare: Lessons From Barbados

November 2, 2022

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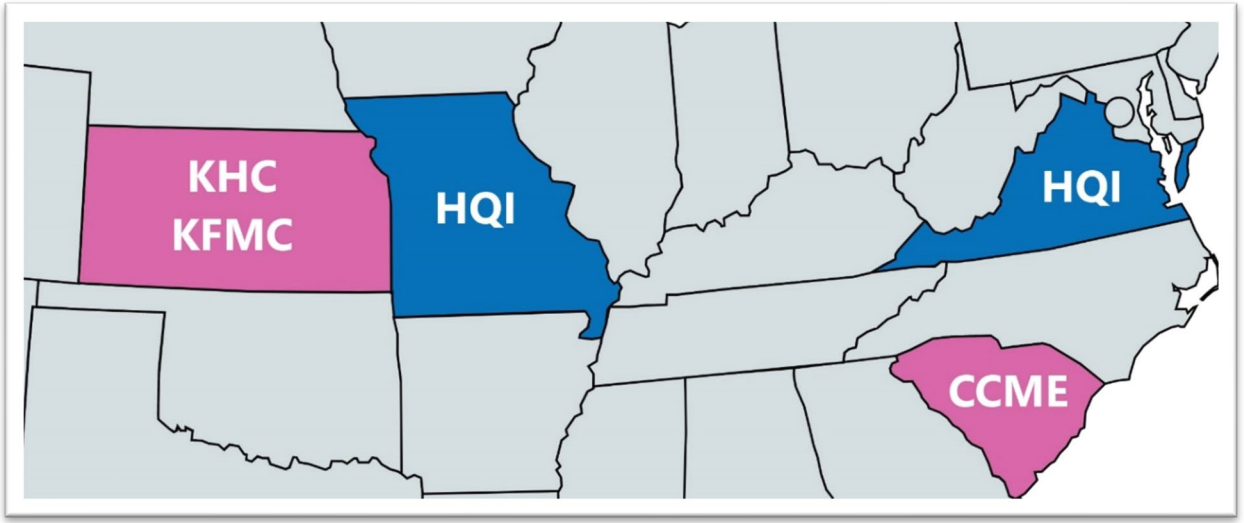
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Health Quality Innovation Network



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Logistics – Zoom Meeting

To ask a question during the presentation, please use **Chat**.

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

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This HQIN **HEARTS in America** series is delivered by **HEARTS** subject matter experts. They are introducing the pillars of the HEARTS Technical Package while beginning the conversation about HEARTS in America.

If you would like to speak to a HEARTS Advisor, learn more about the initiative, and discuss possibilities for your organization, please connect with your HQIN Quality Improvement Advisor to begin the next steps.

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Accreditation Statement

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All non-physicians will receive a certificate of participation.

SOUTHERN MEDICAL ASSOCIATION

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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:

Kenneth Connell MD PhD
No Financial Relationships Were Declared

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Kenneth Connell, MBBS DM, PhD, FACP, FACC

Dr. Kenneth Connell is a Consultant Internist/ Hypertension Specialist. He currently is the Deputy Dean of Internationalization and Recruitment of Medical Sciences at Cave Hill Campus of the University of the West Indies. He also chairs the Cave Hill Campus' Health & Wellness Committee. As a Consultant Physician at the Queen Elizabeth Hospital, Barbados, he manages both general internal medicine inpatient care and the Resistant Hypertension clinic.

He is the immediate past, and inaugural Governor of the American College of Physicians Caribbean Chapter. For his outstanding public service, he received the Principal's Award for Excellence in Public Service in 2019.He has been published in numerous peer review journals on hypertension and the PAHO - WHO HEARTS program, and is a guideline writer for the WHO 2021 Guideline for the Pharmacological Management of Hypertension in Adults.

His professional recognitions include:

- Fellowship of the American College of Physicians (ACP)
- Fellow of the Royal College of Physicians UK (FRCP)
- Fellowship of the American College of Cardiology (FACC)

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Hypertension & CVD Disparities within Healthcare: Lessons From Barbados

Dr. Kenneth Connell MD PhD FACP FACC

HEARTS Consultant/ WHO HTN Guideline Writer

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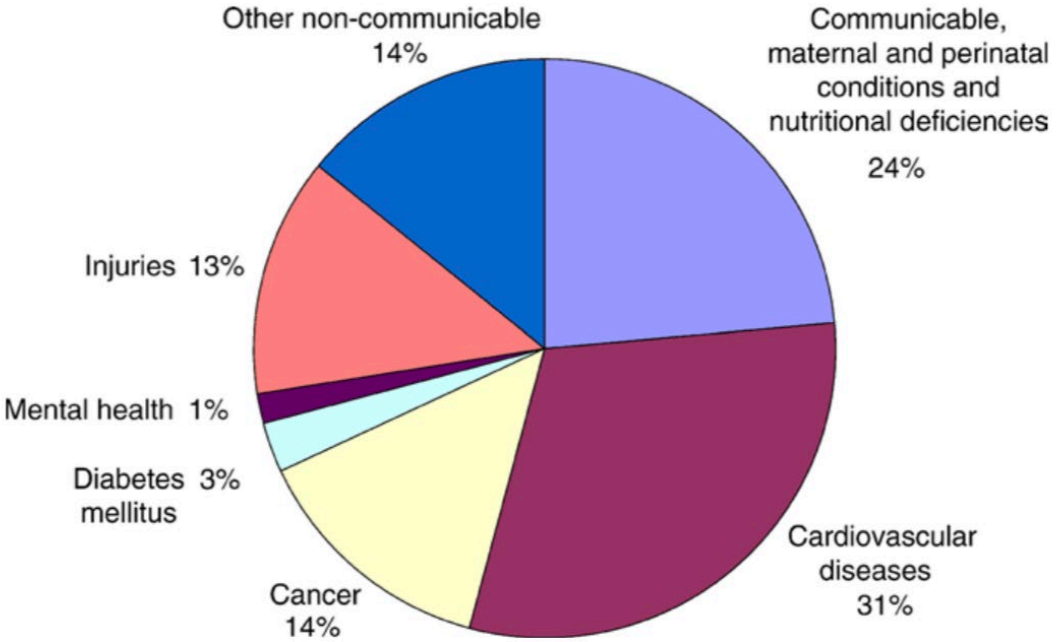
Learning Objectives

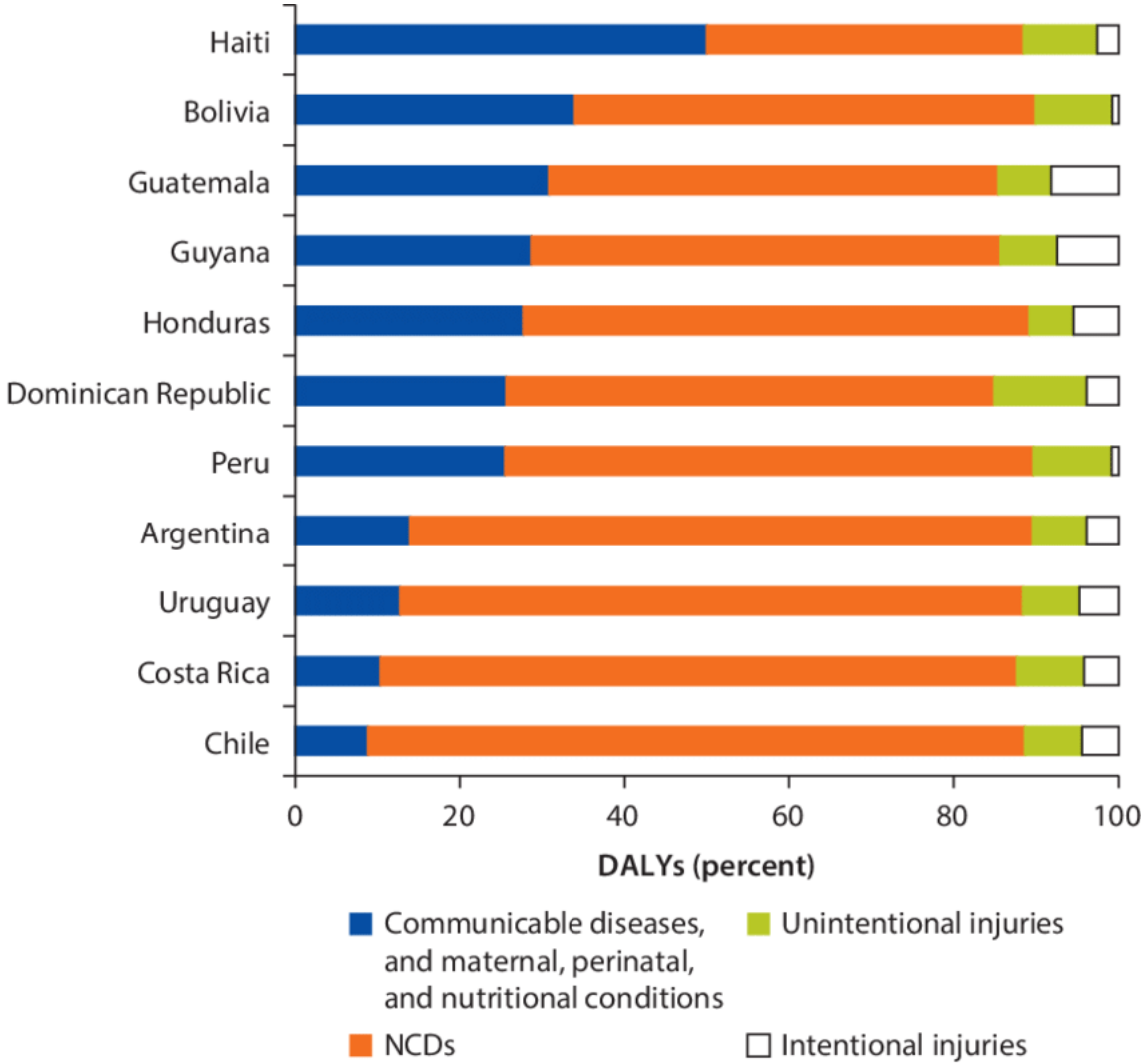
1. Review population health disparities that impact chronic conditions and the healthcare industry (ie hypertension, CVD, Diabetes, CKD)
2. Discuss opportunities for community and public health to support and improve disparities in healthcare delivery
3. Identify opportunities to reduce disparities while delivering direct care to patient populations



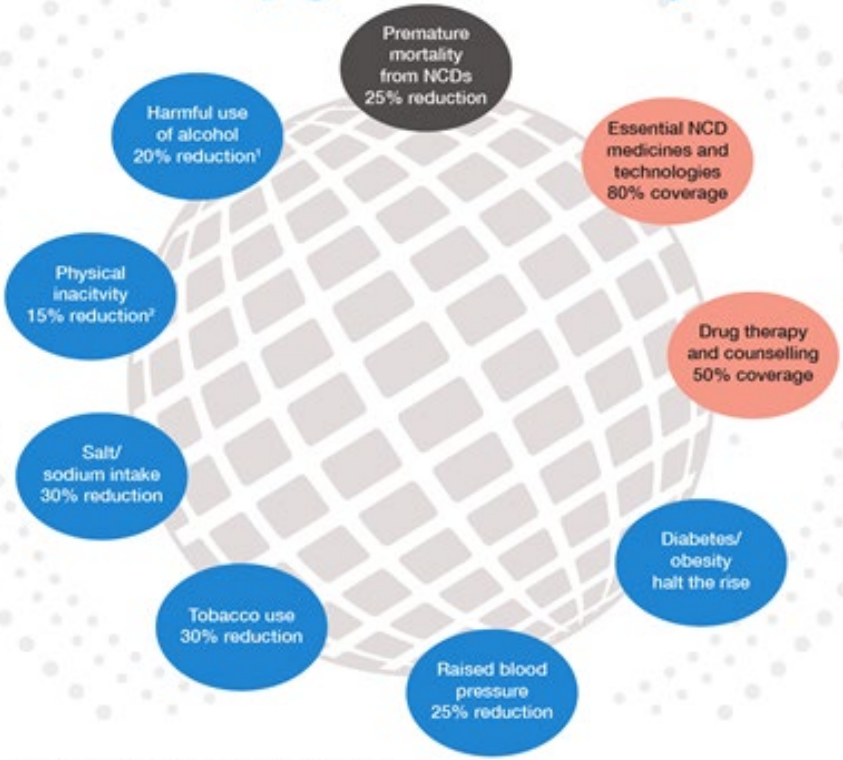
DOI: 10.1371/journal.pmed.0030344.g001

Figure 1. Distribution of Total Deaths (3,537,000) by Major Causes in LAC Countries in 2000, Estimated by the Global Burden of Disease Study

The Latin American and Caribbean countries included are Anguilla, Antigua and Bermuda, Argentina, Aruba, Bahamas, Barbados, Belize, Bolivia, Brazil, British Virgin Islands, Cayman Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, French Guiana, Grenada, Guadalupe, Guatemala, Guyana, Haiti, Honduras, Jamaica, Martinique, Mexico, Montserrat, Netherlands Antilles, Nicaragua, Panama, Paraguay, Peru, Puerto Rico, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, US Virgin Islands, and Venezuela.


Haiti
Bolivia
Guatemala
Guyana
Honduras
Dominican Republic
Peru
Argentina
Uruguay
Costa Rica
Chile
0
20
40
60
80
100
DALYs (percent)
Communicable diseases, and maternal, perinatal, and nutritional conditions
Unintentional injuries
NCDs
Intentional injuries

Set of 9 voluntary global NCD targets for 2025



[1] By 2030. Target updated in 2022 (https://apps.who.int/gb/ebwha/pdf_files/EB150/B150_7Add1-en.pdf)
[2] By 2030. Target updated in 2018 (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_R6-en.pdf)

Mortality and morbidity
Risk factors for NCDs
National systems response

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World Health Organization

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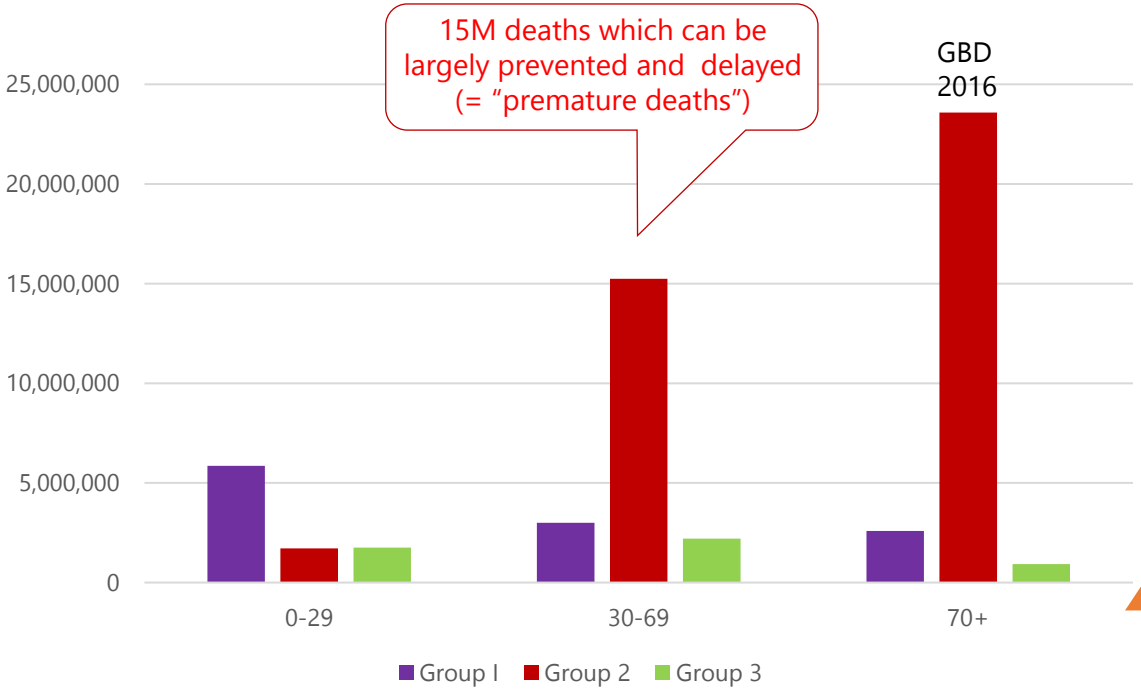
NCDs: 15M hidden, misunderstood and underreported



41,000 deaths daily in the world in the age group 30 to 69 years!

Pandemic on a PaNCDemic

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SDG 3.4

The momentum of progress in curbing the **NCD epidemic has dwindled** since 2010. The **COVID-19 pandemic has become an amplifier** for health systems to better respond to NCDs.

- Despite the considerable progress made in 2000-2010 in the prevention and treatment of NCDs, **the momentum of change has dwindled since 2010**. The annual decline of the risk of dying from a major NCD between the ages of 30 and 70 is **slowing**.
- SDG target 3.4 on NCDs is **off track**.
- **Diabetes** is showing a 5% increase in premature mortality.
- **Pre-COVID:** Substantial reductions in NCD mortality require a strengthened health system to deliver NCD services that **improve diagnosis, treatment, rehabilitation and palliation**, including hypertension control, and policies that drastically reduce risk factors for NCDs.

#NextGenNCD
NCD DEPARTMENT
BUILD
BACK
BETTER

The 3 major gaps

Diagnosed

An estimated **54%** of people with hypertension are **diagnosed**.

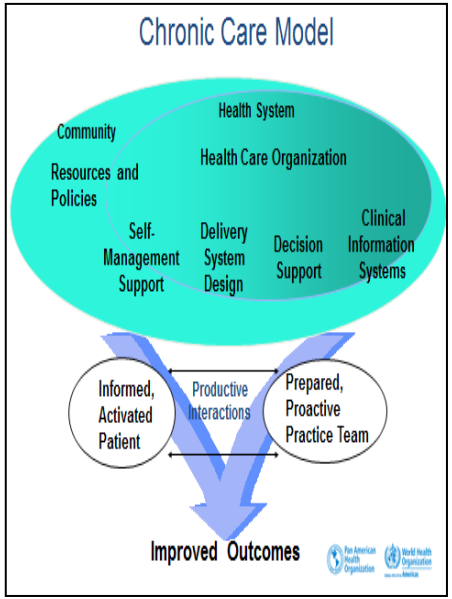
Treated

42% of people with hypertension are **diagnosed and treated**

Controlled

Only **21%** of people with hypertension that are diagnosed and treated **have it under control**

Huge disparities in gender and income-level



Identify a core set of medications

Improve widespread availability of medication

Improve care delivery and medication use

Improved Hypertension Control

HEARTS
Technical package for cardiovascular disease management in primary health care

Healthy lifestyle
Counsel on tobacco cessation, diet, harmful use of alcohol, physical activity and self-care

Evidence-based treatment protocols
Simple and standardized protocols

Access to medicines and technologies
Access to a core set of affordable medicine and basic technology

Risk-based management
Total cardiovascular risk assessment, treatment and referral

Team-based care and task sharing
Patient-centered care through a team approach and community participation

Systems for monitoring
Patient registries and program evaluation

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Pedro Ordunez, Nov 8 2018

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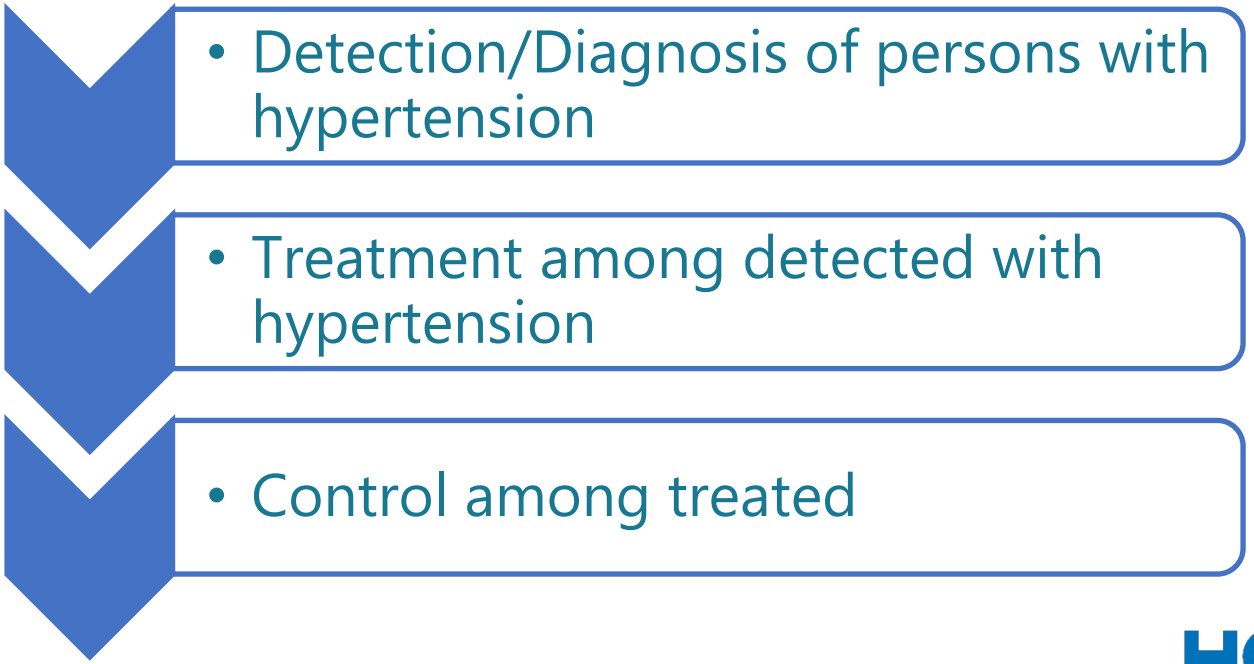
Cascade of treatment to improve control hypertension promoted by HEARTS



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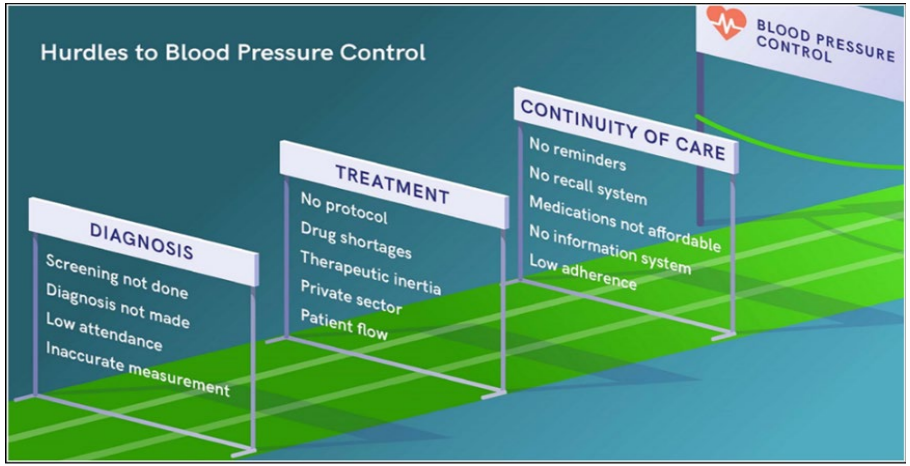
Element	Description
Hypertension Registry	Validated and comprehensive
Clinic Level Performance Feedback	Facilitates operational and system level change, transparent & visible
Treatment Algorithm	Based on evidence-based guidelines, simple & implementable
Medical assistant visits for BP measurement	Appropriate use of staff skills and reduced barriers to patients
Single Pill Combination Therapy	Increased efficiency and increased adherence

HEARTS Technical Package to overcome the hurdles



HEARTS
Technical package for cardiovascular disease management in primary health care

- Healthy-lifestyle counselling
- Evidence-based treatment protocols
- Access to essential medicines and technology
- Risk-based CVD management
- Team-based care
- Systems for monitoring

World Health Organization · American Heart Association | American Stroke Association · Centre for Chronic Disease Control · International Diabetes Federation · International Society of Hypertension · ISN · RESOLVE TO SAVE LIVES · Pan American Health Organization / World Health Organization · World Heart Federation · World Hypertension League · World Stroke Organization · CDC

HEARTS pillars and technical package

2021 WHO Hypertension Guidelines

Hypertension Drivers and Scorecards

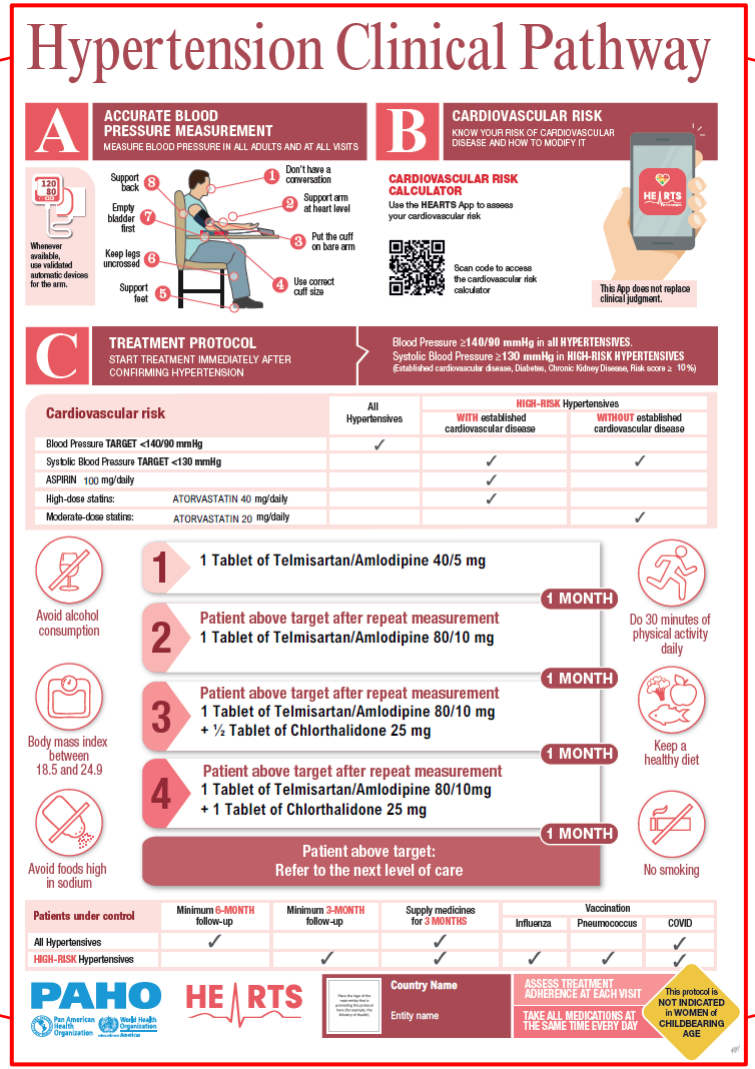
Maturity and Performance Indexes

System for Monitoring and Evaluation

Regulatory Framework on BPMDs

HEARTS App – CVD Risk Calculator

Access to medicines through the Strategic Fund



MODULES OF THE HEARTS TECHNICAL PACKAGE

Module	What does it include?	Who are the target users?		
		National	Subnational	Primary care
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.		✓	✓
Evidence-based protocols	**A collection of protocols to standardize a clinical approach to the management of hypertension and diabetes.**	✓	✓	✓
Access to essential medicines and technology	Information on CVD medicine and technology procurement, quantification, distribution, management and handling of supplies at facility level.	✓	✓	✓
Risk-based CVD management	Information on a total risk approach to the assessment and management of CVD, including country-specific risk charts.		✓	✓
Team-based care	Guidance and examples on team-based care and task shifting related to the care of CVD. Some training materials are also provided.		✓	✓
Systems for monitoring	Information on how to monitor and report on the prevention and management of CVD. Contains standardized indicators and data-collection tools.	✓	✓	✓

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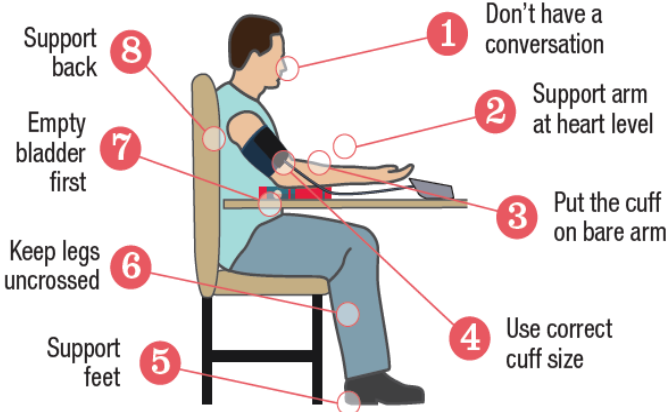
Hypertension Clinical Pathway

A ACCURATE BLOOD PRESSURE MEASUREMENT

MEASURE BLOOD PRESSURE IN ALL ADULTS AND AT ALL VISITS

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.

C

TREATMENT PROTOCOL

START TREATMENT IMMEDIATELY AFTER CONFIRMING HYPERTENSION

Blood Pressure ≥**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%)

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			✓

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		✓	✓	✓	✓	✓

Country name
Entity name

HEARTS

ASSESS TREATMENT ADHERENCE AT EACH VISIT

TAKE ALL MEDICATIONS AT THE SAME TIME EVERY DAY

This protocol is **NOT INDICATED** in **WOMEN** of **CHILDBEARING AGE**

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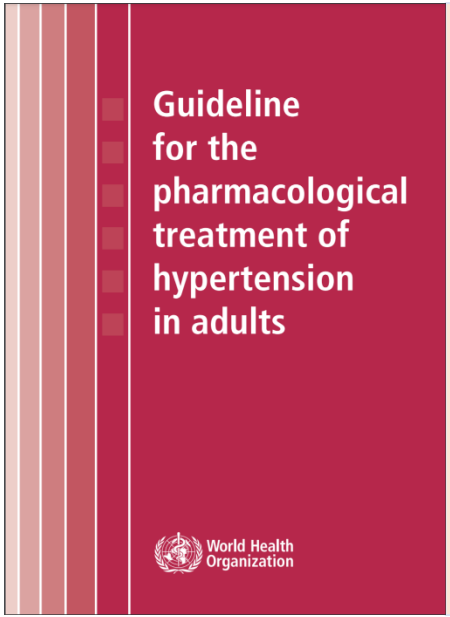
WHO Guideline for the Pharmacological Treatment of Hypertension in Adults and HEARTS: Closing thoughts



- **Lower and lower blood pressure pharmacological blood pressure treatment thresholds and targets**
- **Increasing use of cardiovascular risk in blood pressure treatment decisions (thresholds and targets)**
- **Importance of the use of standardized, straightforward, and simple treatment algorithms/protocols**
- **Stronger consideration for the use of two medications (two-pills or better yet single-pill, fixed dose combination) in the initial treatment**
- **Importance of timely patient follow-up and implementing team-based care**

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The Problem: A Burning Platform

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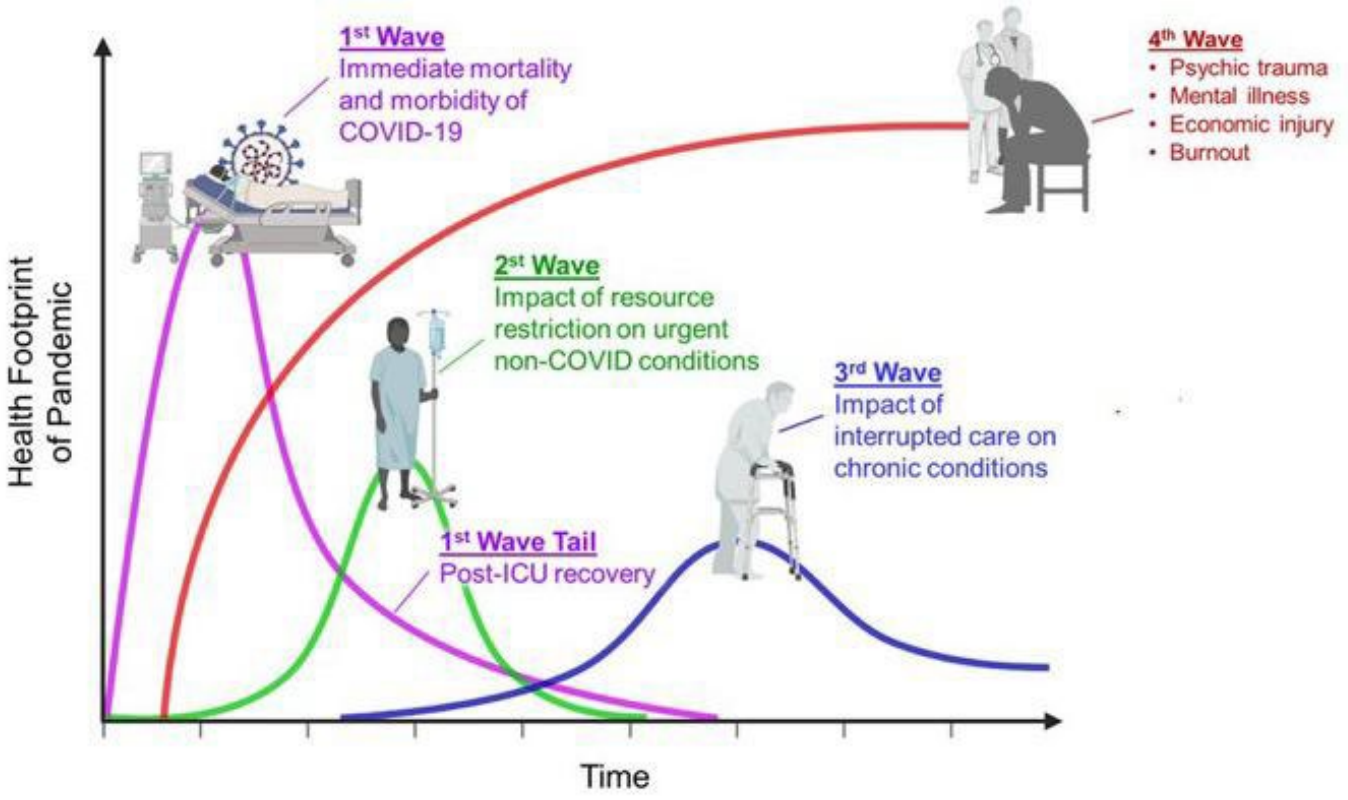
The DEADLY Waves



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"Many people who need treatment for diseases like cancer, CVD and diabetes have not been receiving the health services and medicines they need since the COVID-19 pandemic began. **It's vital that countries find *innovative ways* to ensure that essential services for NCDs continue**, even as they fight COVID-19."

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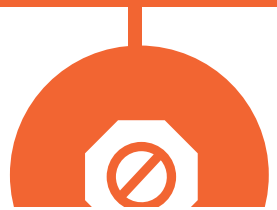
Disruption of services for the prevention and treatment of NCDs



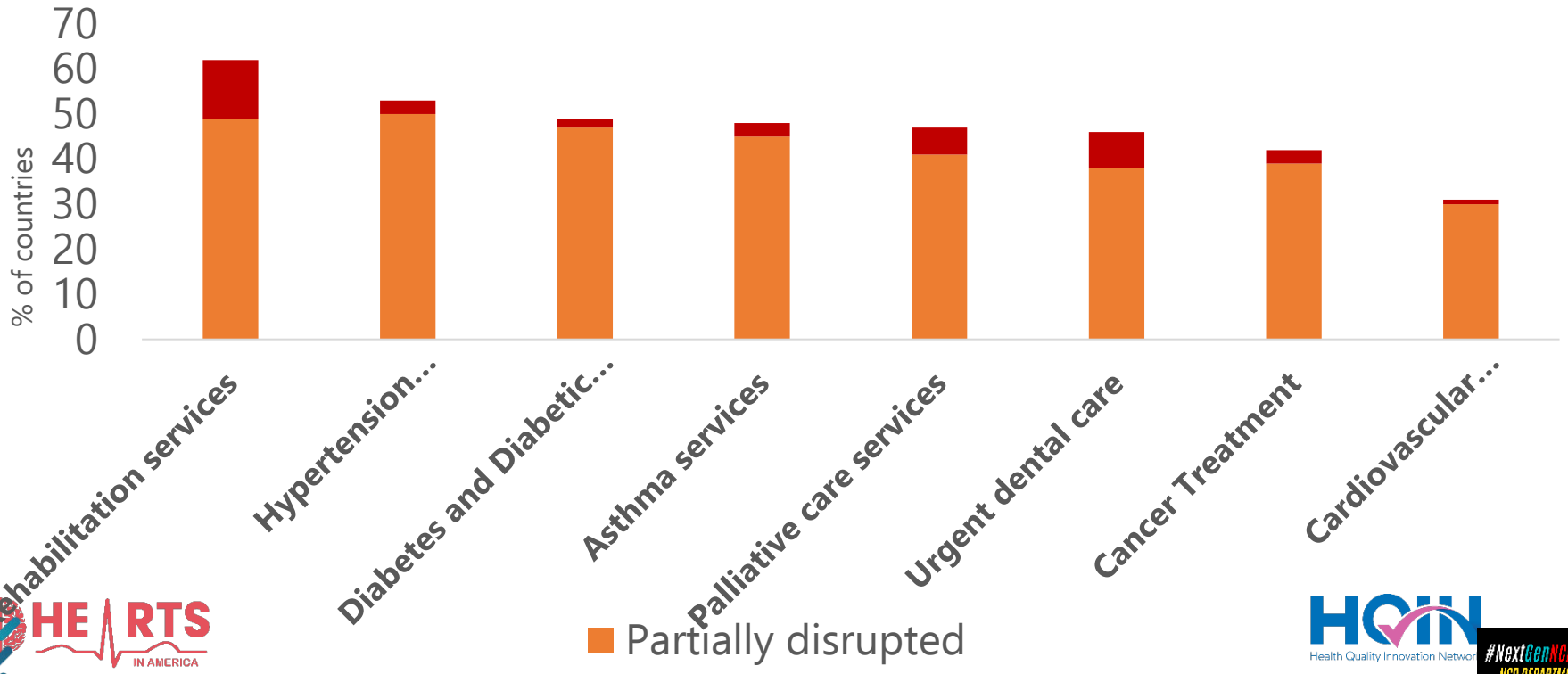
What: WHO conducted a **rapid assessment survey of service delivery for NCDs during the COVID-19 pandemic** among 194 Ministries of Health. Responses were received from 158 Ministries (81%).

When: Between 1 May 2020 and 25 May 2020.

Why: To get a snapshot of the situation, following deepening concerns that many people living with NCS are no longer receiving appropriate treatment or access to medicines during the COVID-19 pandemic.

The findings are presented in the next slides.

121 countries reported that NCD services are disrupted



The more severe the transmission phase of the COVID-19 pandemic, the more NCD services are disrupted

World Health Organization

PHASE 2: SPORADIC CASES

39% of countries disrupted services for **hypertension management**
33% of countries disrupted services to treat **diabetes** and complications
39% of countries disrupted services to treat **cancer**
22% of countries disrupted services to treat **cardiovascular emergencies**

PHASE 3: CLUSTER TRANSMISSION

55% of countries disrupted services for **hypertension management**
50% of countries disrupted services to treat **diabetes** and complications
43% of countries disrupted services to treat **cancer**
25% of countries disrupted services to treat **cardiovascular emergencies**

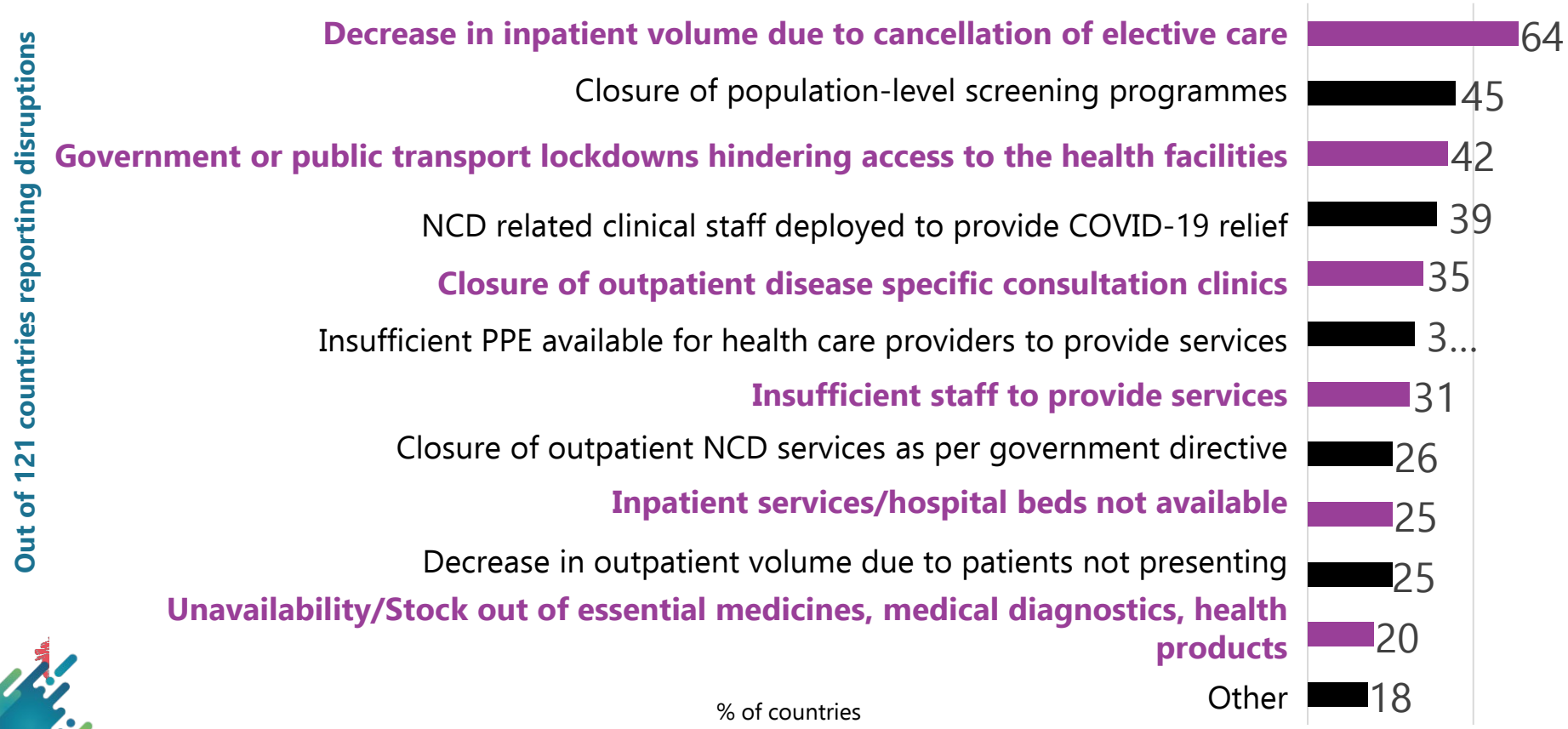
PHASE 4: COMMUNITY TRANSMISSION

64% of countries disrupted services for **hypertension management**
62% of countries disrupted services to treat **diabetes** and complications
53% of countries disrupted services to treat **cancer**
45% of countries disrupted services to treat **cardiovascular emergencies**

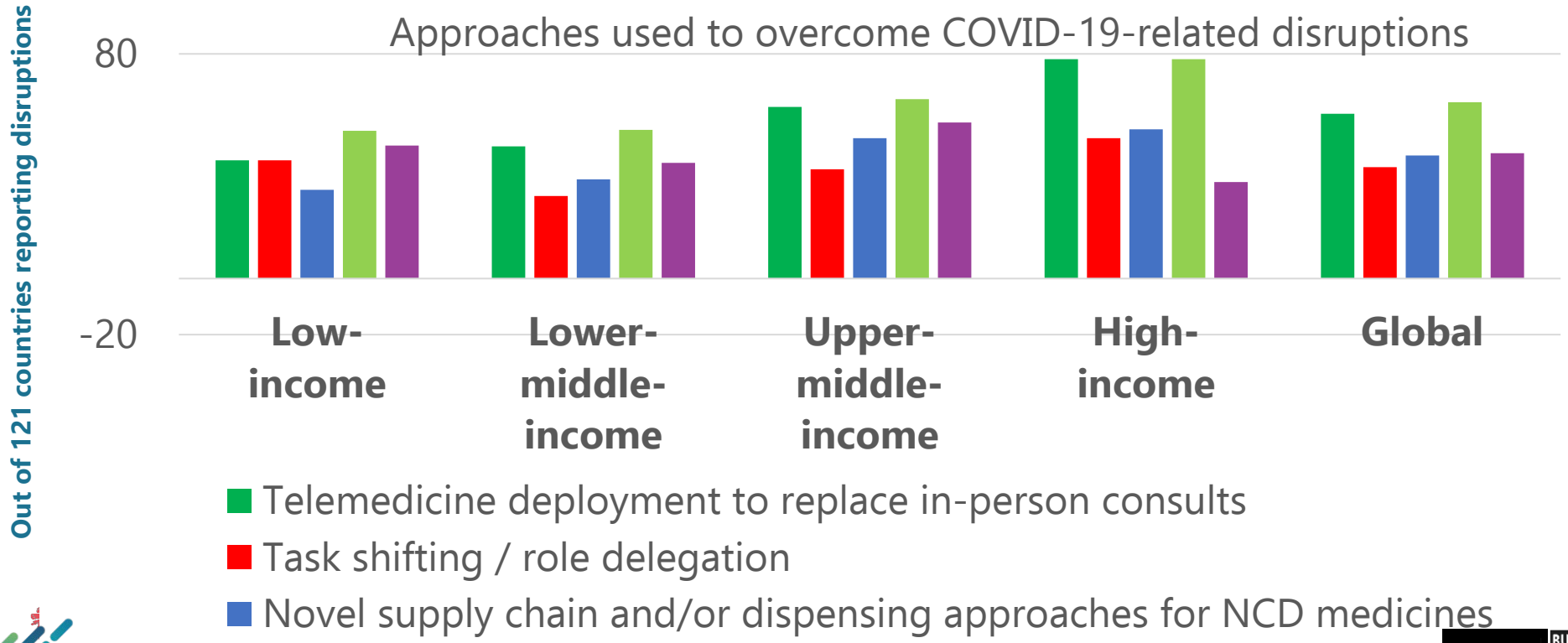
Includes services that are fully disrupted, partially disrupted or have an unknown level of disruption

Main causes of NCD service disruption: 77% of countries reporting disruptions

World Health Organization



Telemedicine and triaging are the mitigation strategies most often used to overcome disruptions



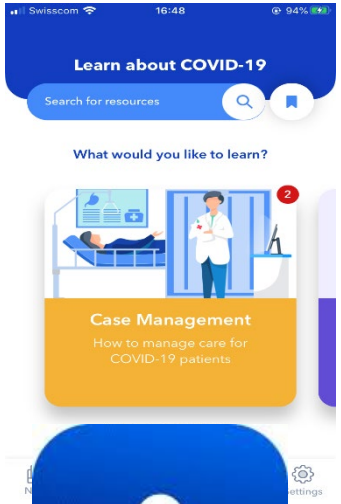
Countries are asking for urgent guidance and support from WHO

World Health Organization

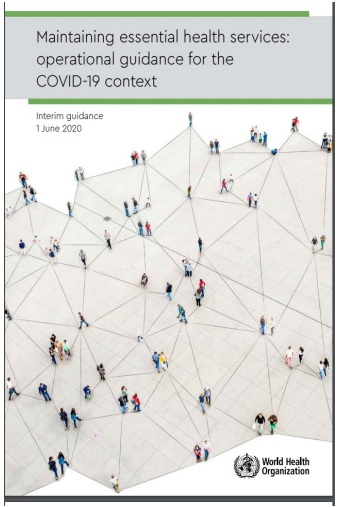
- **Guidance on how to provide continuity for NCD programs:**
  - **How to include NCDs in public health emergencies protocols?**
  - **How to develop national NCDs tool kits for use in emergencies?**
  - **How to provide ambulatory essential NCD services during lockdown?**
  - **How to provide medical care for NCDs through telemedicine and digital solutions?**
  - **How to protect people living with NCDs? (e.g. clinical guidelines, drug interactions)**

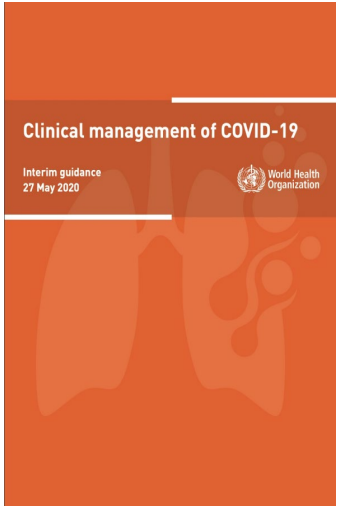
Communication materials

Better Data



WHO Academy app





#NextGenNCD
NCD DEPARTMENT
BUILD BACK BETTER

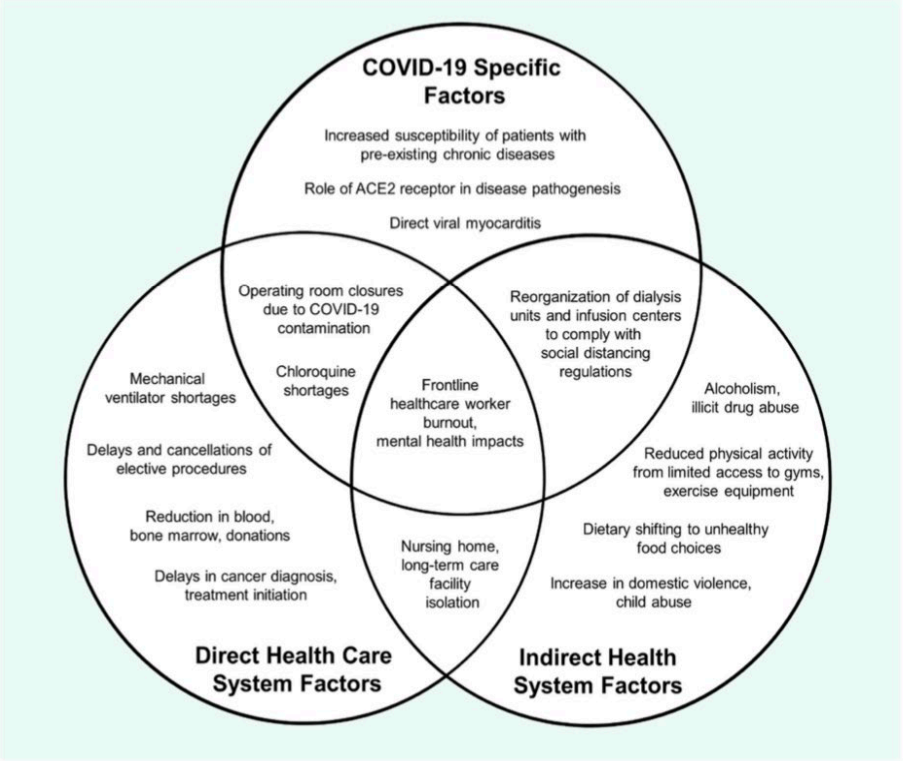


Fig. 1 *Example impacts of COVID-19 on NCDs.*

obstetrics/gynaecology, psychiatry, rheumatology

Control and Prevention (CDC) list of high-risk popu-

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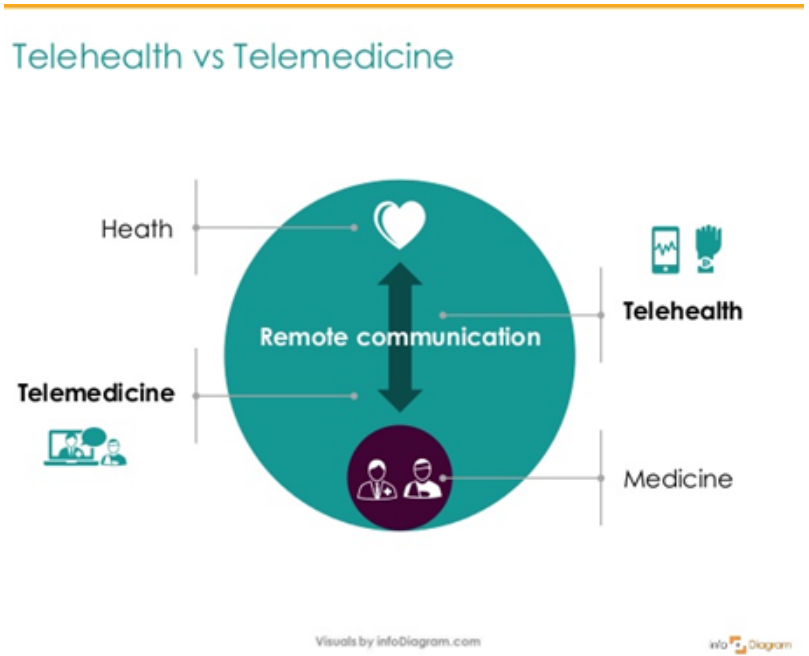
- Telehealth - wholistic. Integrated use of communication devices - Clinical & Non-Clinical

- Telemedicine- practice of medicine to deliver care at a (physical) distance



M-Health & BP

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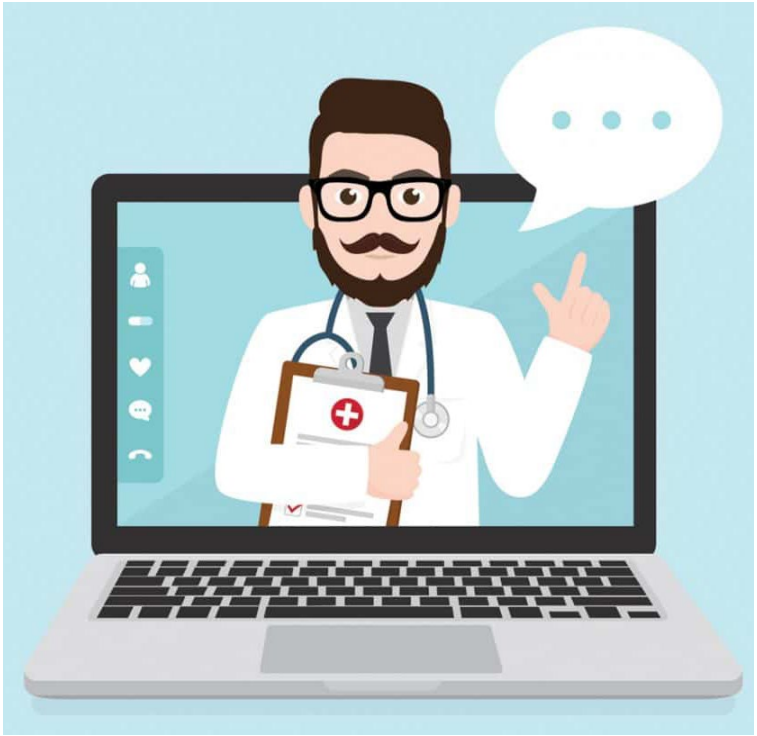
1) Determine the type of patient to see
2) Coaching & Training - patients & staff!
3) Provide support
4) “Front-end” the consultation
5) Set an agenda
6) Send them reminders!
7) Close the consultation

1. The right attitude
2. A Platform
3. Training - ask your neighborhood university
4. ITC Support
5. EMR versus paper
6. Dry run



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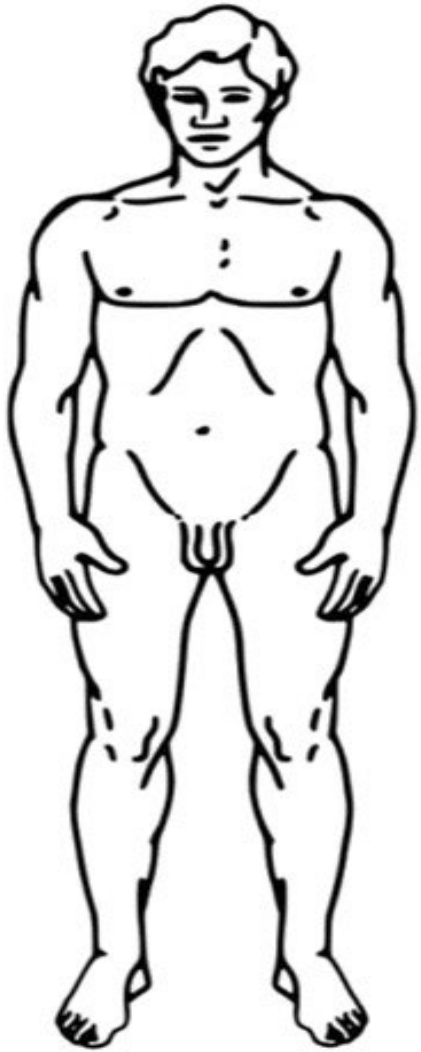

Ocular devices

Blood pressure

Ultrasound

Vital signs

Weight control

mHealth

Internet

Wireless Access Point

SERVER

Rural Hospital

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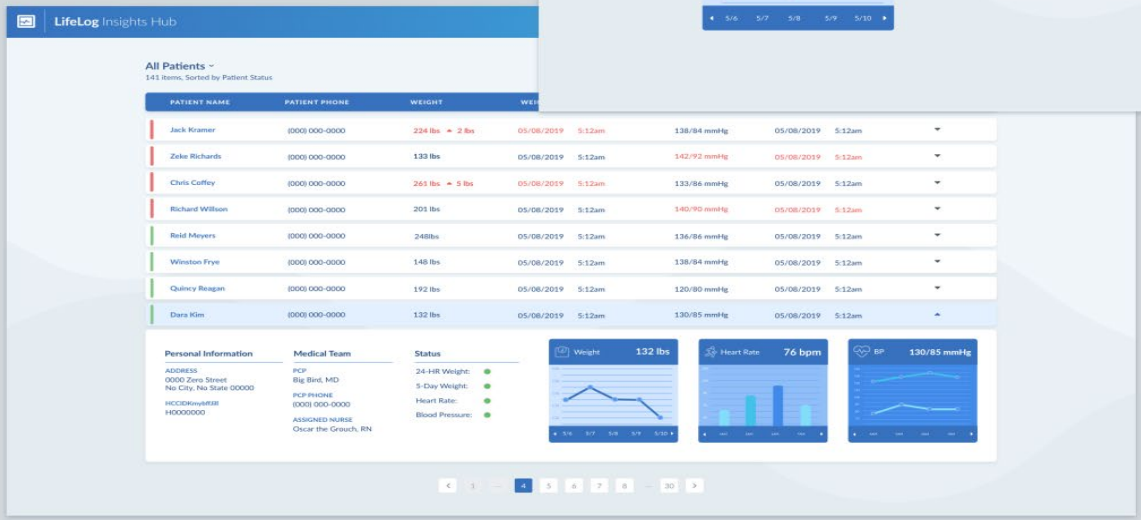
LifeLog Insights Hub
All Patients
141 items, Sorted by Patient Status
PATIENT NAME
PATIENT PHONE
WEIGHT
Jack Kramer
(000) 000-0000
224 lbs
2 lbs
05/08/2019
5:12am
138/84 mmHg
Zeke Richards
133 lbs
142/92 mmHg
Chris Coffey
261 lbs
5 lbs
133/86 mmHg
Richard Willson
201 lbs
140/90 mmHg
Reid Meyers
248lbs
136/86 mmHg
Winston Frye
148 lbs
138/84 mmHg
Quincy Reagan
192 lbs
120/80 mmHg
Dara Kim
132 lbs
130/85 mmHg
Personal Information
ADDRESS
0000 Zero Street
No City, No State 00000
H0000000
Medical Team
PCP
Big Bird, MD
PCP PHONE
(000) 000-0000
ASSIGNED NURSE
Oscar the Grouch, RN
Status
24-HR Weight:
5-Day Weight:
Heart Rate:
Blood Pressure:
Weight
132 lbs
Heart Rate
76 bpm
BP
130/85 mmHg


LifeLog Insights Hub
Tracy Meyers
Return to Patient List
Chris Coffey
ADDRESS
0000 Zero Street
No City, No State 00000
DOB
1/18/1968
GENDER (AT BIRTH)
Male
Medical Team
PRIMARY CARE PHYSICIAN
Big Bird, MD
PCP OFFICE PHONE
(904) 000-0000
ASSIGNED NURSE
Oscar the Grouch, RN
Device Details
Edit
SCALE
Device ID: 00000000
Serial No.: 00000000
BLOOD PRESSURE CUFF
Device ID: 00000000
Serial No.: 00000000
Status Alerts
5-DAY WEIGHT
5/6/2019 - 5/10/2019
256 - 261 lbs
5 lbs
Clear Alert
24-HR WEIGHT
5/9/2019 - 5/10/2019
256 - 261 lbs
3 lbs
Clear Alert
ALL
Weight
Heart Rate
Blood Pressure
Weight
261 lbs
5/6
5/7
5/8
5/9
5/10
Daily Tracking
261 lbs 3 lbs 5/10/2019 5:12 am
258 lbs 2 lbs 5/9/2019 5:12 am
256 lbs 2 lbs 5/8/2019 5:12 am
258 lbs 2 lbs 5/7/2019 5:12 am
256 lbs 5/6/2019 5:12 am
5-Day Body Weight
Average: 257 lbs
Median: 251 lbs
Peak: 272 lbs
Low: 243 lbs
Patient Status
24-HR Weight:
5-Day Weight
Heart Rate:
Blood Pressure:

1. COVID19 represents a contemporaneous and unpredictable public health challenge
2. Public health mitigation measures only defense
3. This poses challenges for non-COVID cases
4. Delayed care will influence mortality related to NCDs - including hypertension + _____
5. Remote management is a possibility for management of blood pressures

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6. Telemedicine allows for remote management of blood pressure but requires planning

7. Training and auditing are important in the process

8. Standardized treatment algorithms reduce inertia - doctor and patient

9. Mobile health may offer an innovative way to monitor blood pressure & other metrics

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Questions?

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Join us for our next HEARTS in America session: November 16th, 2022

Hypertension Clinical Pathway: The Importance of Hypertension control in Primary Care

Andres Rosende, MD, MSc(c)
PAHO/WHO Consultant

CME Process

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.**

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