



Leveraging Pharmacists through an AMA Program to Improve Blood Pressure Control

October 10, 2024

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Presenters



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Associate Vice President, Clinical Administration
HopeHealth



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American Medical Association



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Pharmacist
Grace Health

Leveraging Pharmacists through an AMA Program to Improve Blood Pressure Control

Objectives


- Discuss the AMA MAP™ HTN QI program's impact on sustainable improvement in BP control
- Review pharmacist's service models within the AMA MAP™ HTN QI Program
- Describe barriers and successes to pharmacists' services implementation in population health and community pharmacy practice within the AMA MAP™ Framework

AMA MAP™ Hypertension QI program





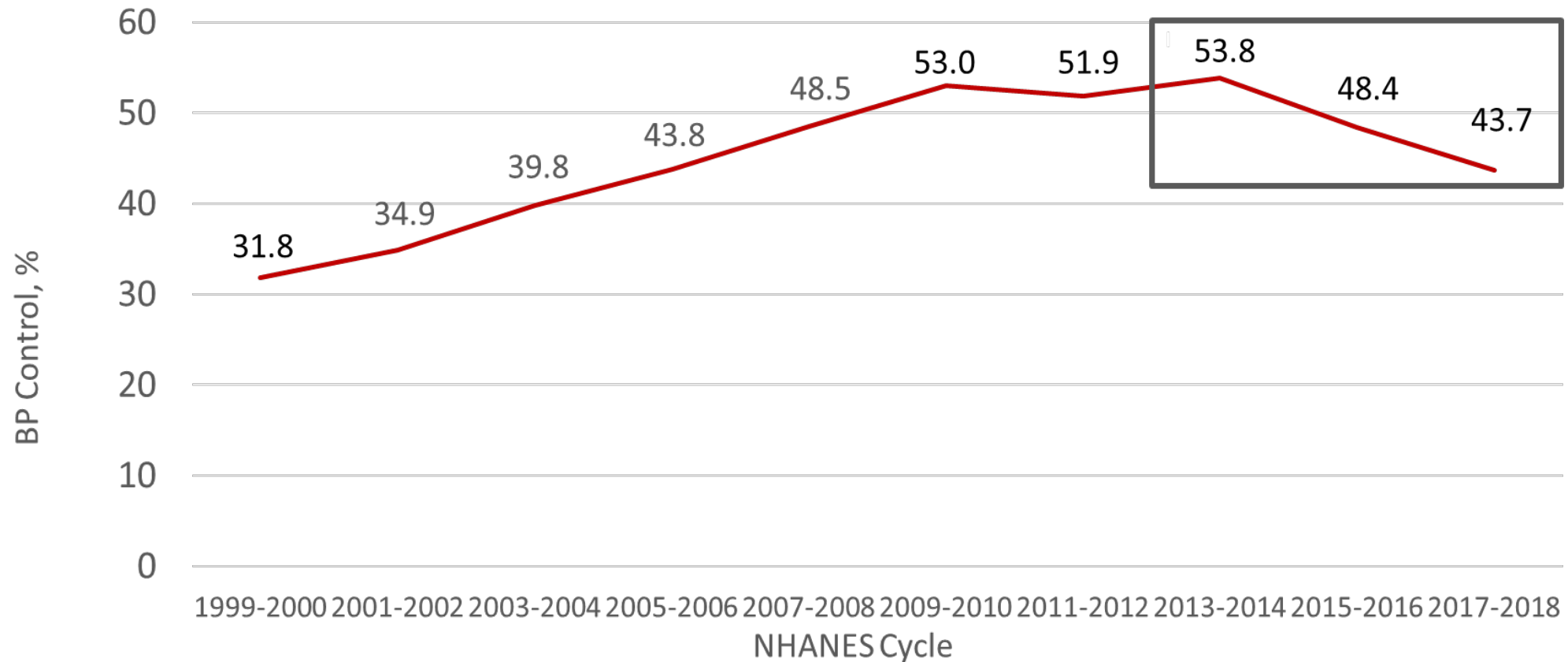
**What problem are
we trying to solve?**



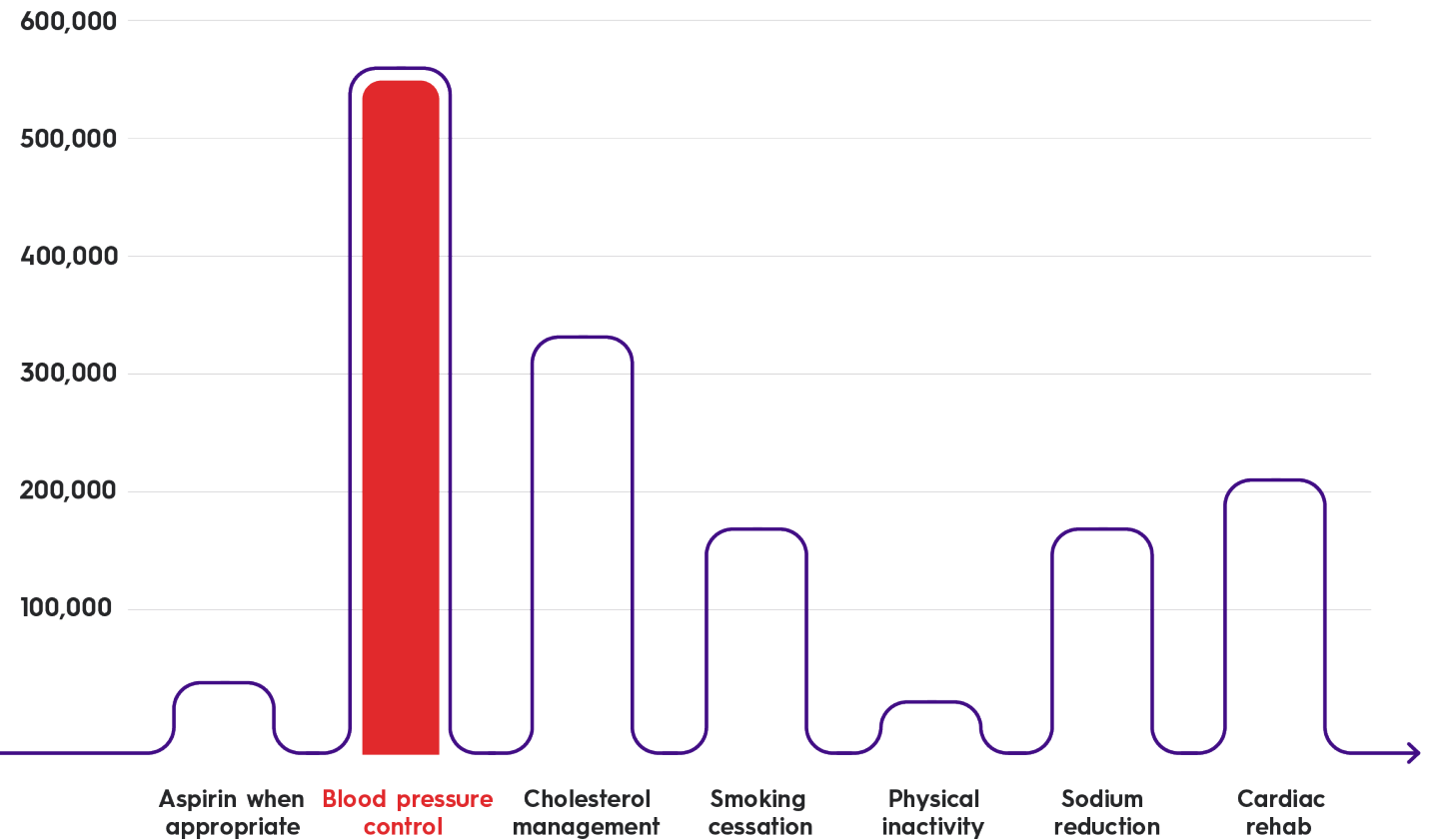
931,578
deaths due to
CVD per year

Trends in blood pressure control among US adults

BP Control, SBP/DBP <140/<90 mmHg: 1999-2000 through 2017–2018 NHANES data analysis




Controlling hypertension could prevent more CVD events than any other intervention



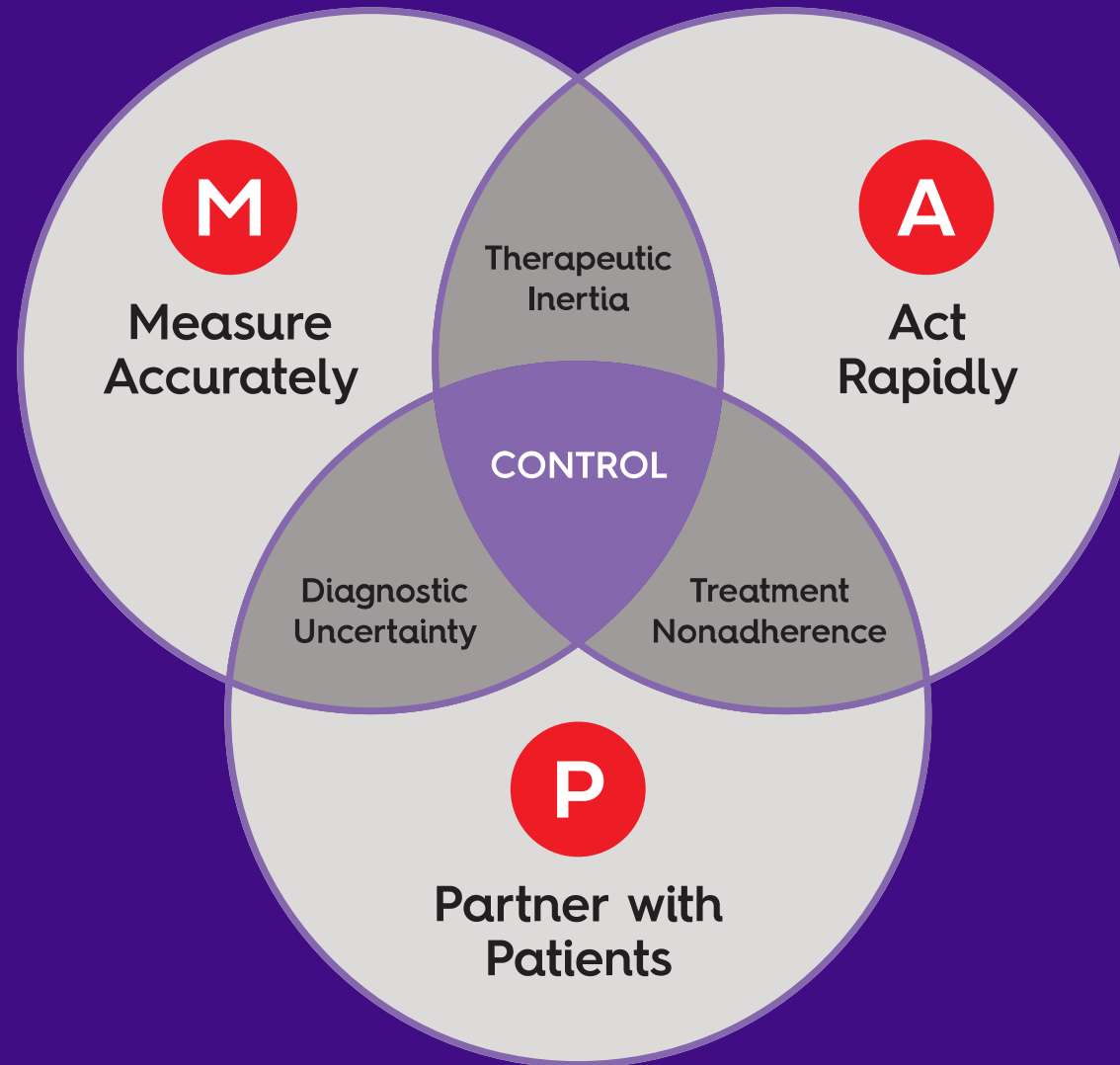
*Notes: Aspirin when appropriate reflects aspirin use for secondary prevention only; total does not equal sum of events prevented by risk factor type as those totals are not mutually exclusive; applies ratios obtained from PRISM and ModelHealth:CVD to estimate the number of total events, to more closely align with the Million Hearts event definition. Datasources: Aspirin when appropriate –2013-14 NHANES; blood pressure control and cholesterol management –2011-14 NHANES; smoking cessation and physical inactivity –2015 NHIS, cardiac rehabilitation –Aedes P, et al. Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaboration. Mayo Clin Proc. 2017;92(2):234-242., sodium reduction –2011-12 NHANES.

*Adapted and used with Permission from Hilary K. Wall, MPH, Sr. Health Scientist and Million Hearts Science Lead, Centers for Disease Control and Prevention, Atlanta GA



Proposed Solution:
AMA MAP™ HTN QI
Program

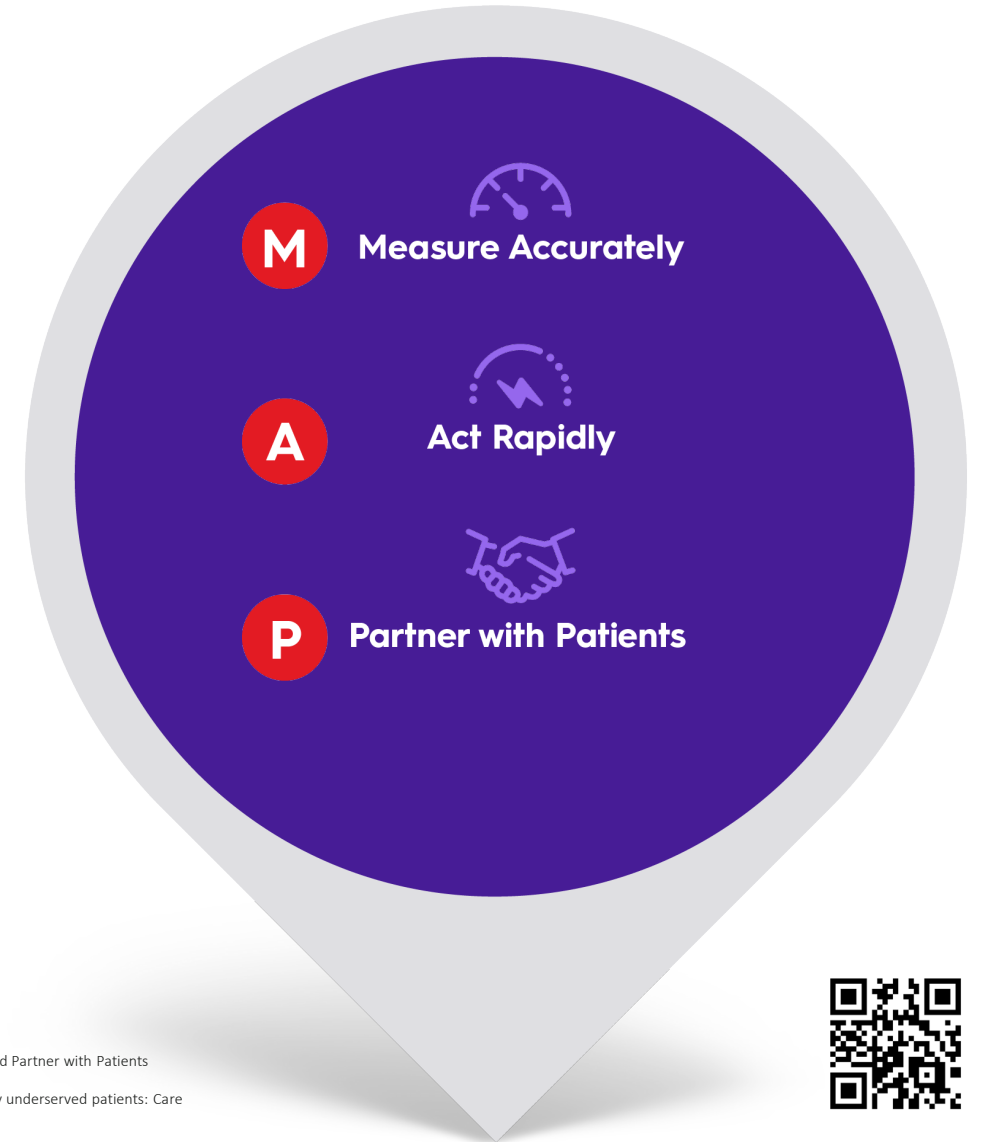
AMA MAP™ Framework



AMA MAP™ Hypertension QI Program

Each MAP component incorporates:

- Evidence-based strategy and action steps
- Performance metrics, dashboards, and monthly reports
- Supporting tools and resources
- Quality improvement coaching (practice facilitation)



1. Brent M. Egan, Susan E. Sutherland, Michael Rakotz, Jianing Yang, R. Bruce Hanlin, Robert A. Davis, Gregory Wozniak. Improving Hypertension Control in Primary Care with the Measure Accurately, Act Rapidly and Partner with Patients (MAP) Protocol: Results at 6 and 12 Months. *Hypertension*. 2018;72:1320-1327. <https://doi.org/10.1161/HYPERTENSIONAHA.118.11558>

2. Hanlin RB, Asif IM, Wozniak G, Sutherland SE, Shah B, Yang J, Davis RA, Bryan ST, Rakotz M, Egan BT. Measure Accurately, Act Rapidly, and Partner With Patients (MAP) improves hypertension control in medically underserved patients: Care Coordination Institute and American Medical Association Hypertension Control Project Pilot Study results. *J Clin Hypertens*. January 2018;20:79-87. <https://doi.org/10.1111/jch.13141>



Strategies and Action Steps

M Measure Accurately

Obtain actionable BPs to diagnose hypertension and assess BP control

- Use automated, validated upper arm measurement devices
- Use proper patient preparation and positioning and correct measurement technique
- Implement a standardized BP measurement protocol; take confirmatory measurements

A Act Rapidly

Initiate and intensify using evidence-based treatment

- Use an evidence-based treatment protocol
- Use single-pill combinations
- Follow up frequently until BP control is achieved

P Partner with Patients

To support patient activation and improve adherence to treatment

- Assess and address non-adherence to treatment
- Use collaborative communication
- Use proven non-pharmacological interventions
- Incorporate self-measured blood pressure (SMBP)

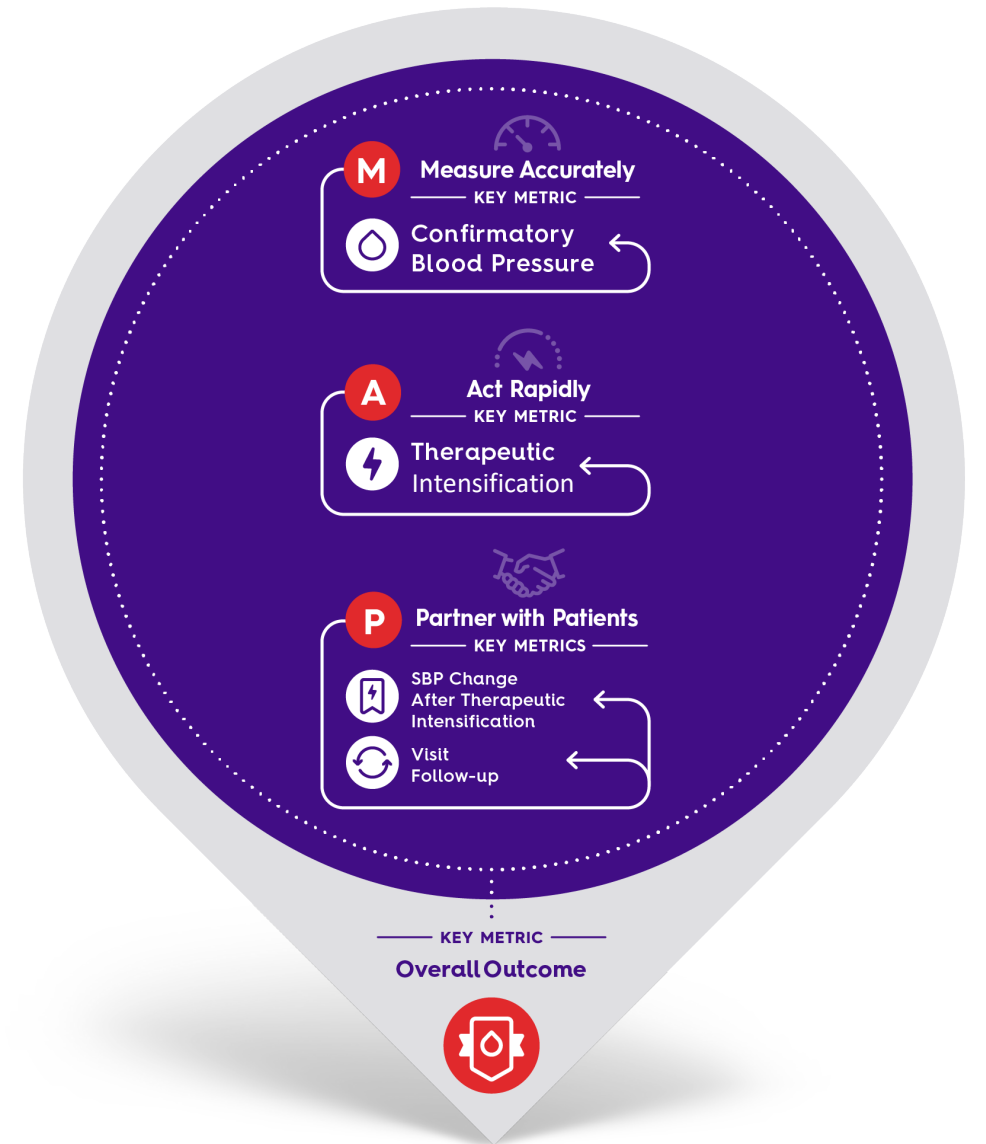
AMA MAP™ Hypertension Metrics

AMA MAP™ Hypertension performance metrics

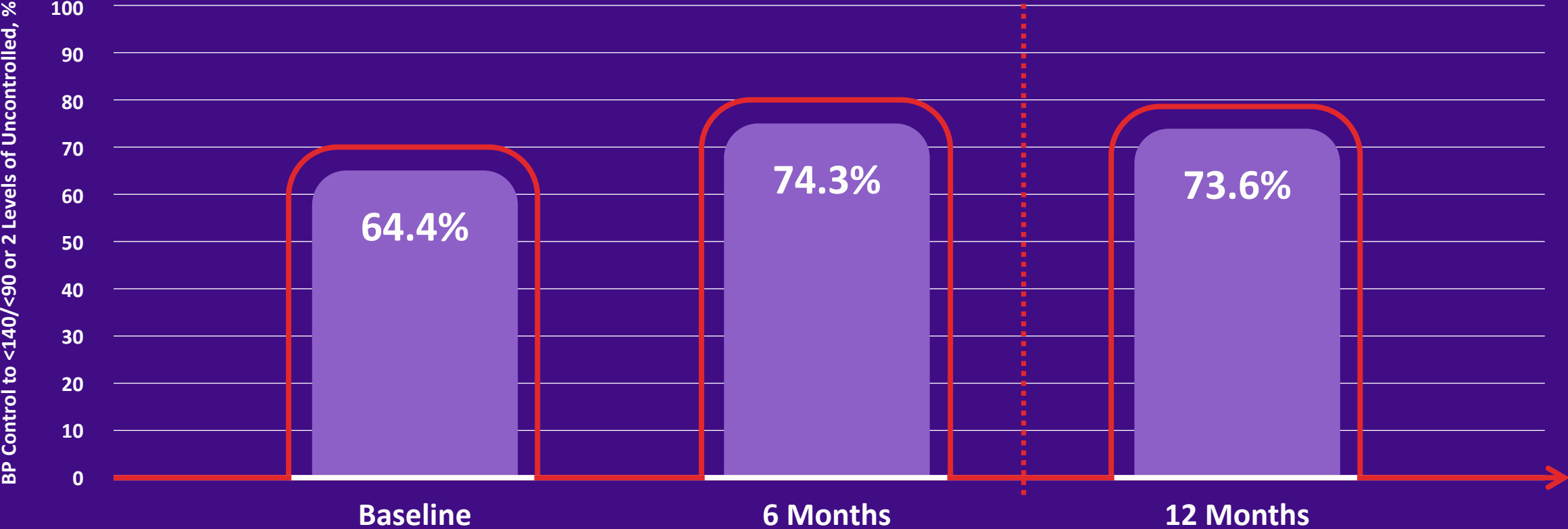
- Confirming High BP
- Therapeutic Intensification
- SBP Change After Therapeutic Intensification
- Visit Follow-Up

Outcome Metric:

- Controlling High Blood Pressure



AMA MAP™ Hypertension QI program works



..... Active program support/facilitation ended at month 6

Problem Statements for Key Clinical Care Processes

Inaccurate BP measurement

Lack of a BP measurement protocol contributes to variation and inaccurate BP measurements

Treatment inertia

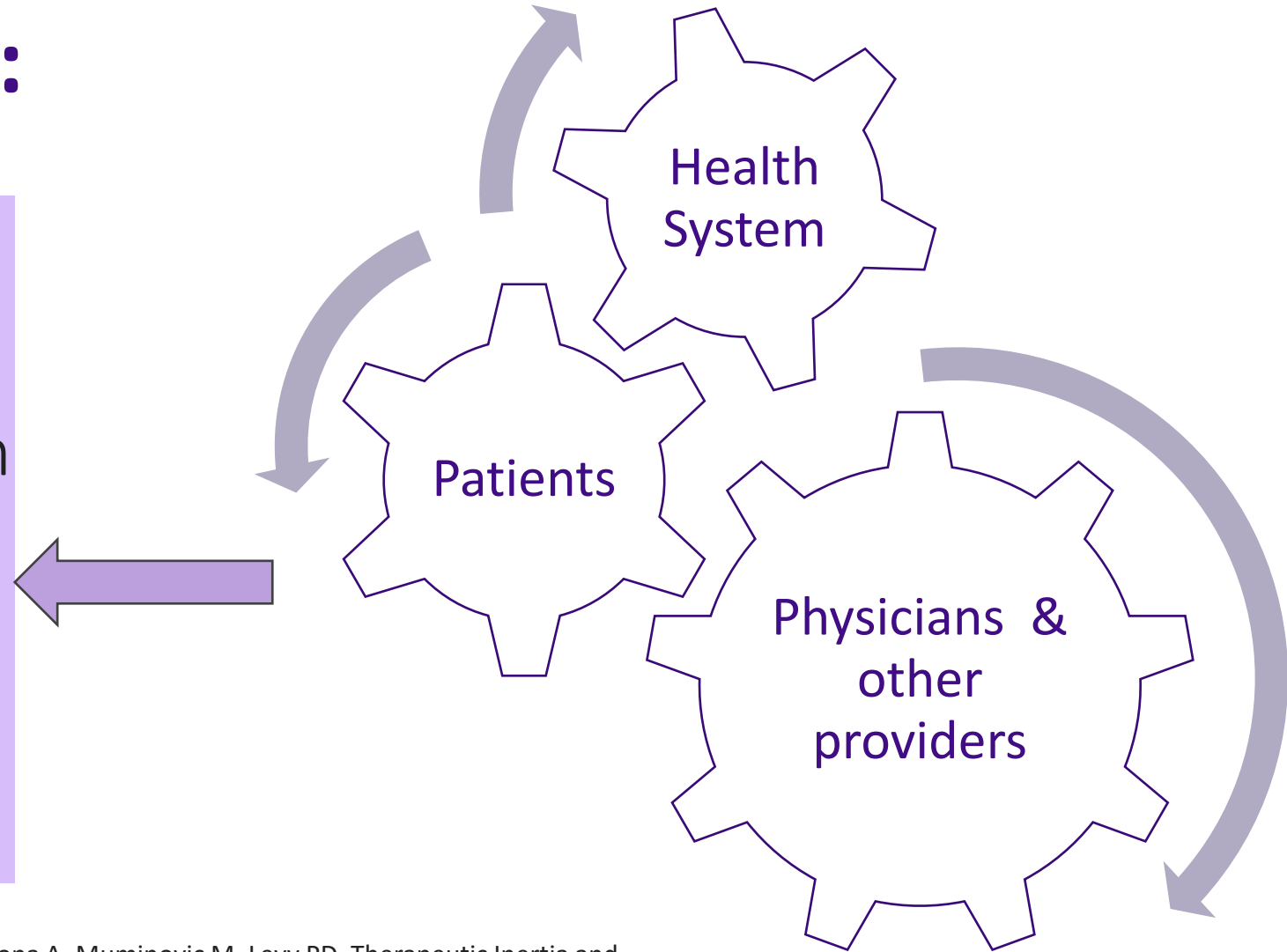
Most patients with uncontrolled hypertension are sub-optimally treated

Non-adherence to treatment and a lack of frequent follow-up

Half of patients with hypertension do not take their medications as prescribed, frequent follow-up is not occurring

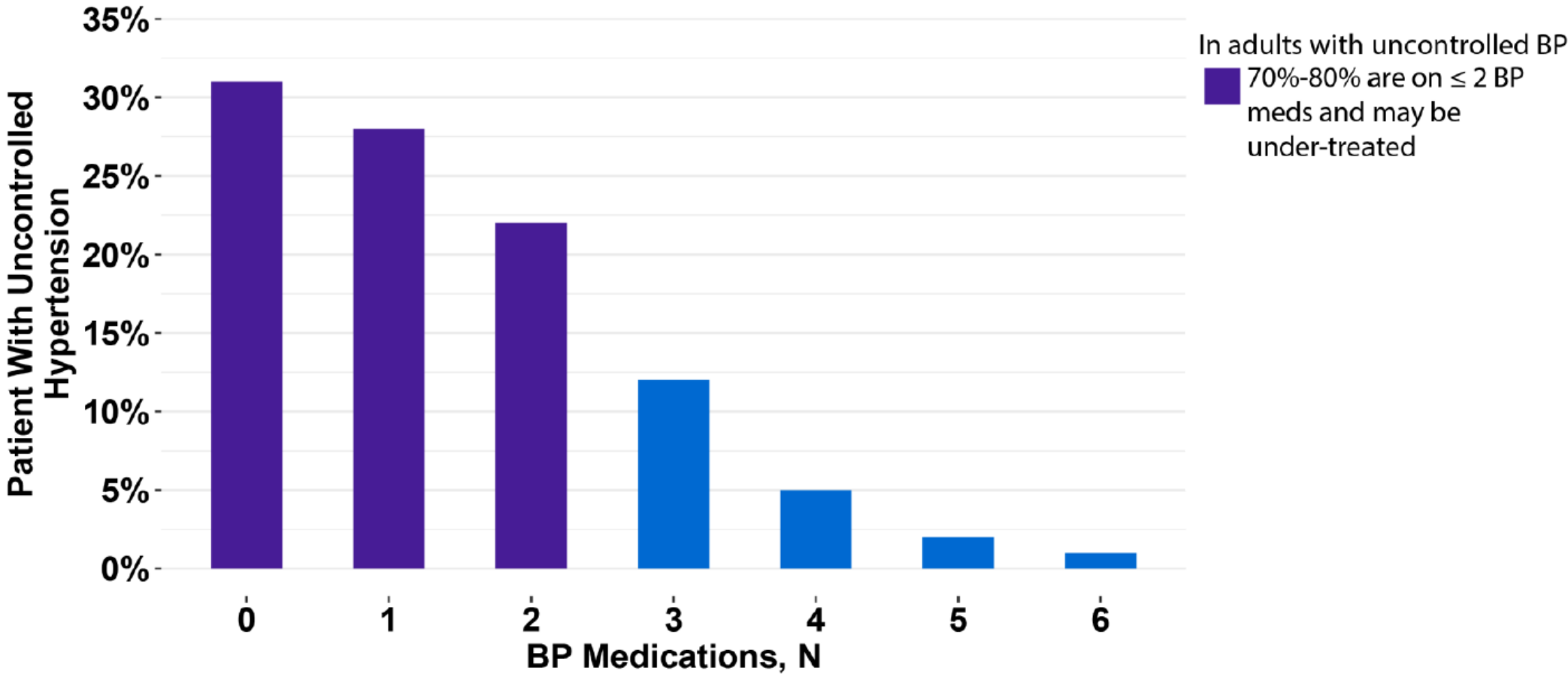
Therapeutic Inertia:

A lack of treatment initiation or intensification when a patient's BP is high



Josiah Willock R, Miller JB, Mohyi M, Abuzaanona A, Muminovic M, Levy PD. Therapeutic Inertia and Treatment Intensification. *Curr Hypertens Rep.* 2018 Jan 29;20(1):4.

Therapeutic Inertia Leads to Undertreatment



What is the Impact of Treatment Intensification?

If adherence to antihypertensive medication at 1 year improved to 100%



BP control would improve to 57%

If visit frequency was increased to every 1 week



BP control would improve to 68%

If the probability of intensifying treatment was 2 out of 3 visits



BP control would improve to 80% or higher!



Act Rapidly

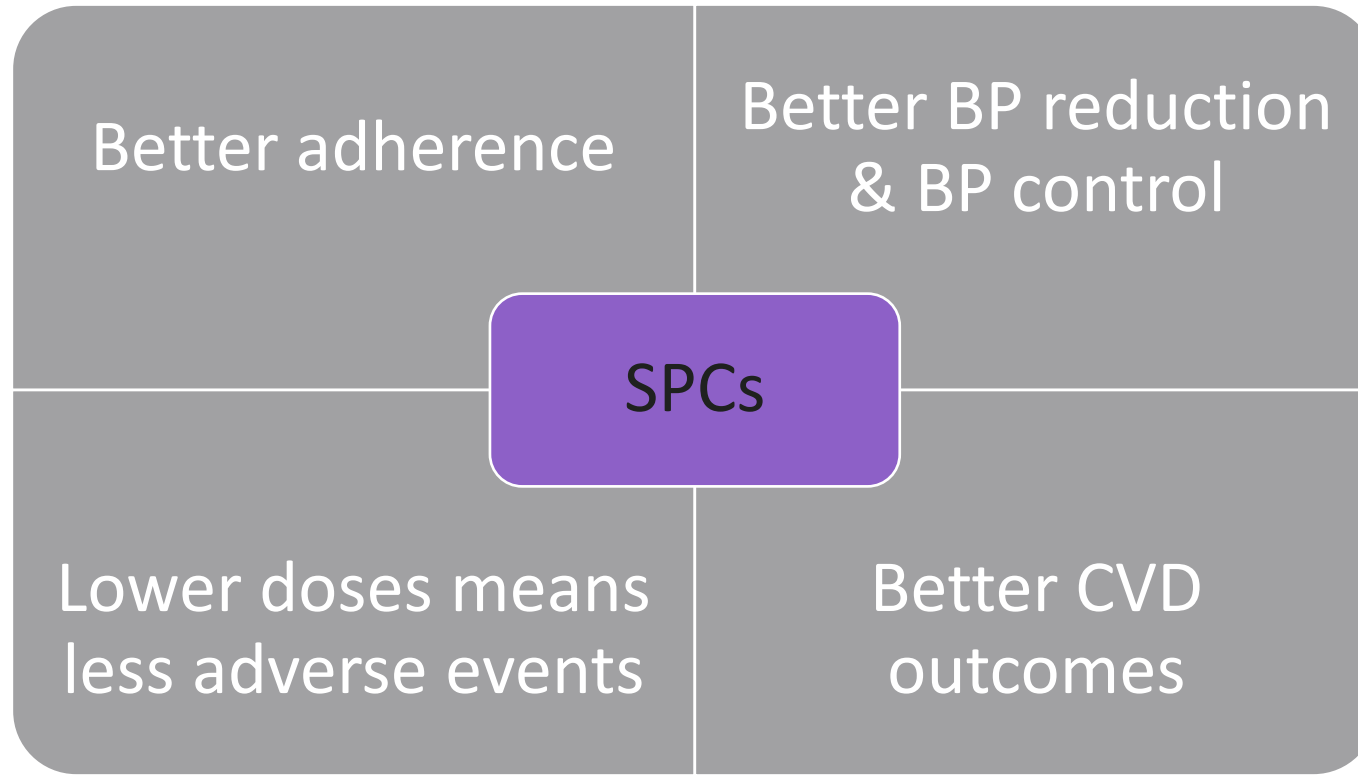
HTN- Medication Intensification

- Use of combination therapy, preferably as a single-pill combination (SPC)
- Use a HTN medication treatment protocol



Act Rapidly

Use of combination therapy, preferably as a single-pill combination (SPC)





Act Rapidly HTN- Medication Intensification

Team-Based
Care Approach



Act Rapidly: Pharmacist

Population
Health
Services

Community
Pharmacists

Clinic Based
Pharmacists

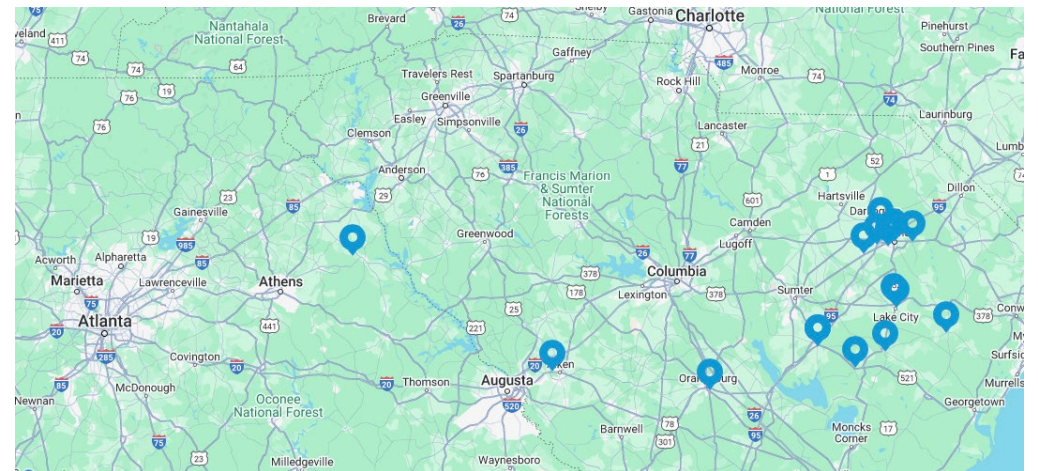


Act Rapidly: Pharmacist

Population
Health
Services

HopeHealth

- Federally Qualified Health Center (FQHC)
- 16 Practice sites
- 100+ providers
- 60,000 + patients
- Primary Care and Multi Specialty

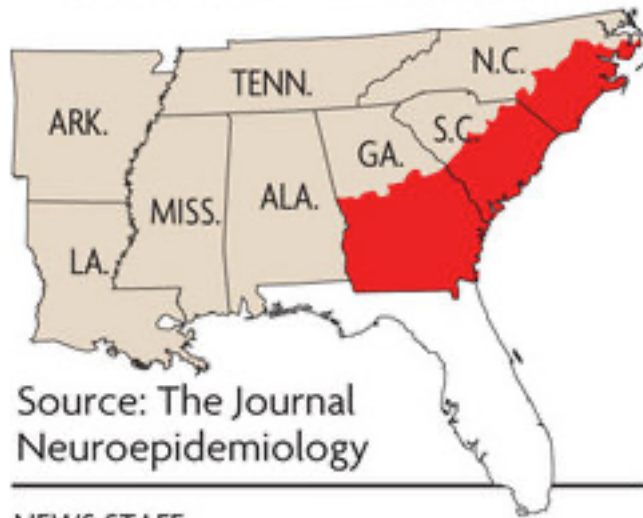




THE STROKE BELT

In the stroke belt, deaths from strokes exceed those in the rest of the United States. In the stroke “buckle,” the rates are even higher.

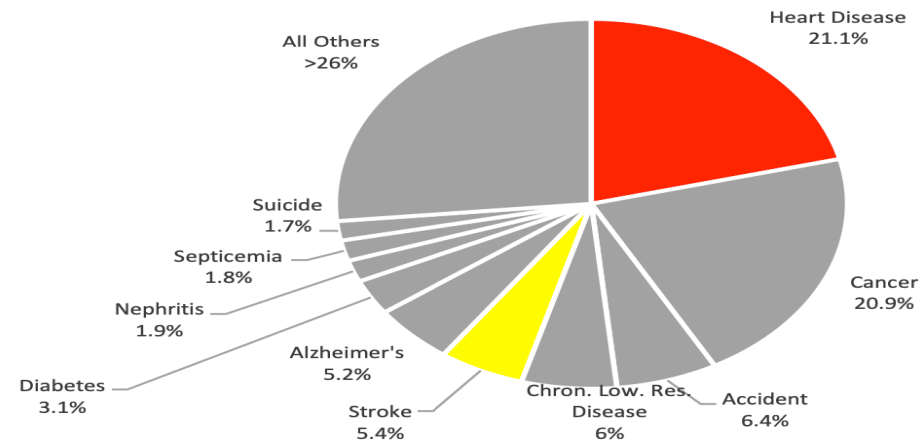
■ STROKE BELT ■ STROKE BUCKLE



Source: The Journal Neuroepidemiology

NEWS STAFF

Leading Causes of Death in South Carolina in 2017*



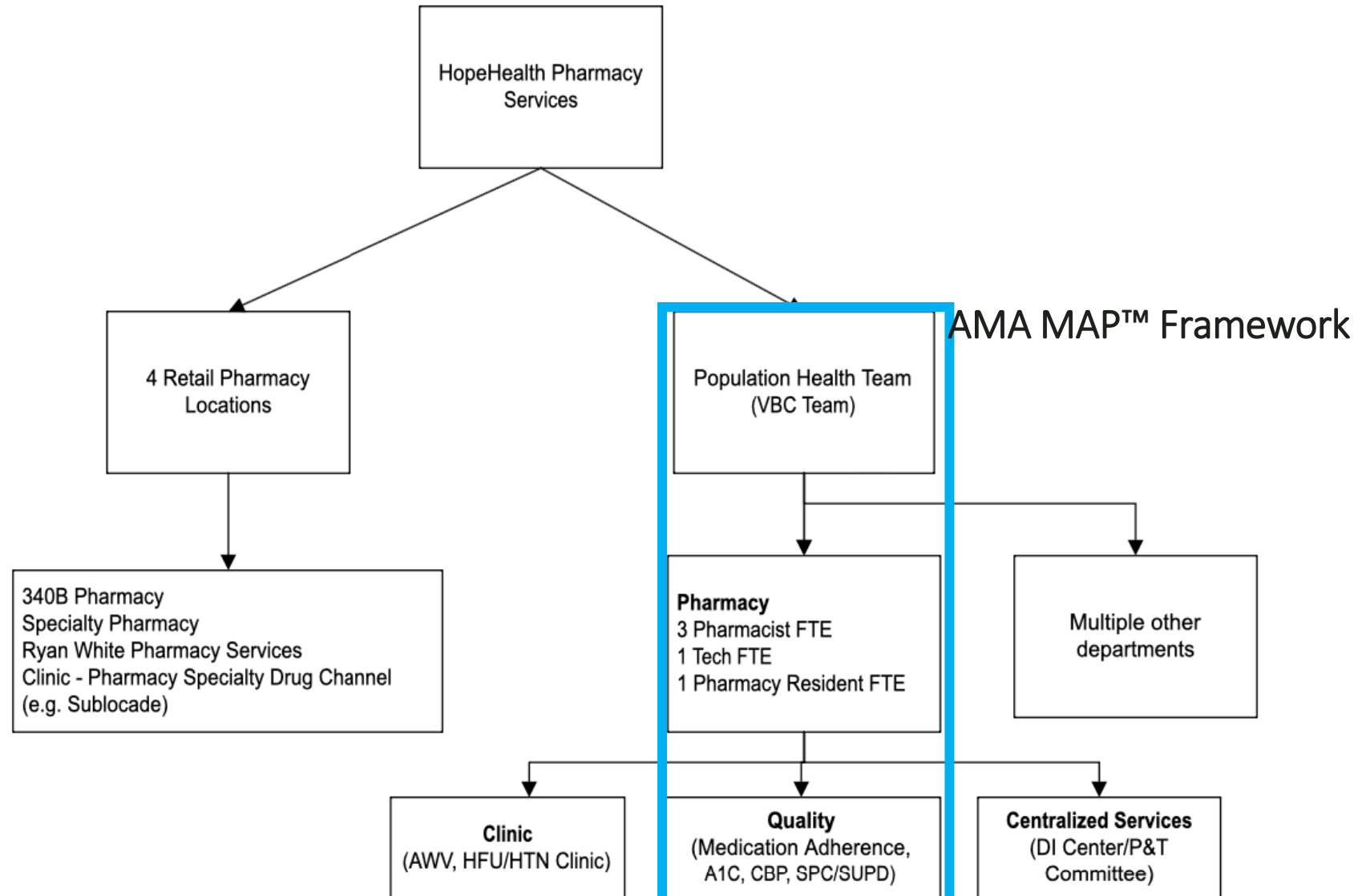
https://www.heart.org/-/media/Files/About-Us/Policy-Research/Fact-Sheets/Morbidity-and-Mortality-by-State/Quality-Systems-of-Care-South-Carolina.pdf?sc_lang=en

High ASCVD Risk: 14,000 + (SPC Measure)

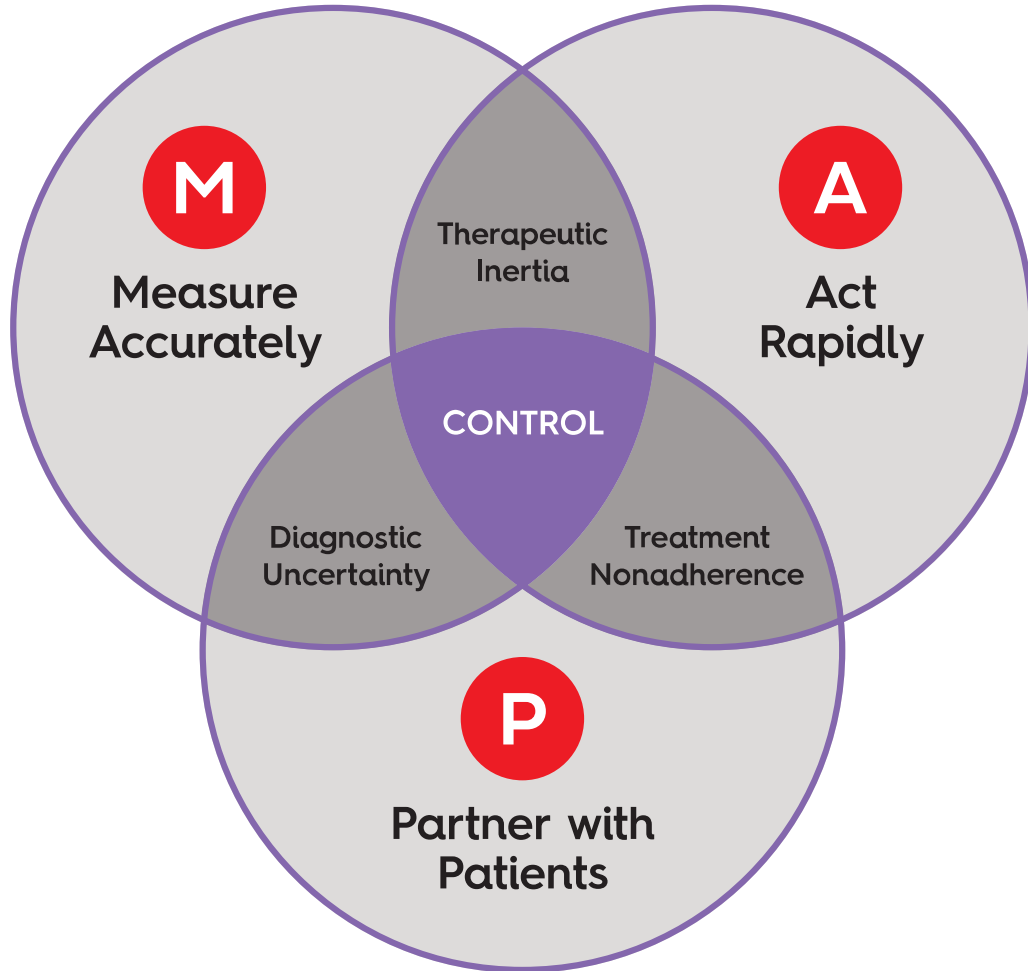
Uncontrolled HTN: 5,000 +

Uncontrolled HTN with no antihypertensive: 2,500 +

Our Pharmacy Services

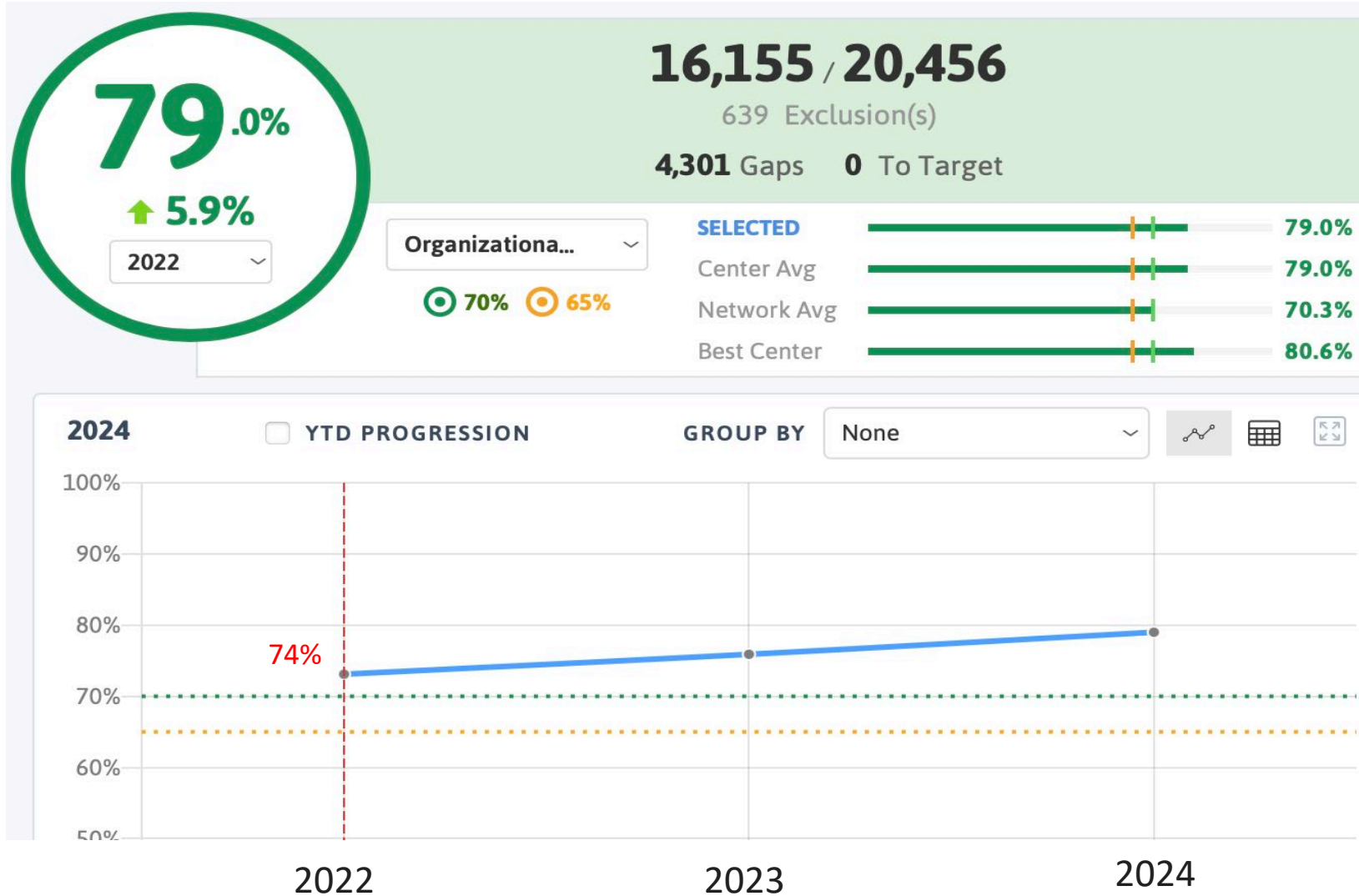


Pharmacy Integration: AMA MAP Framework

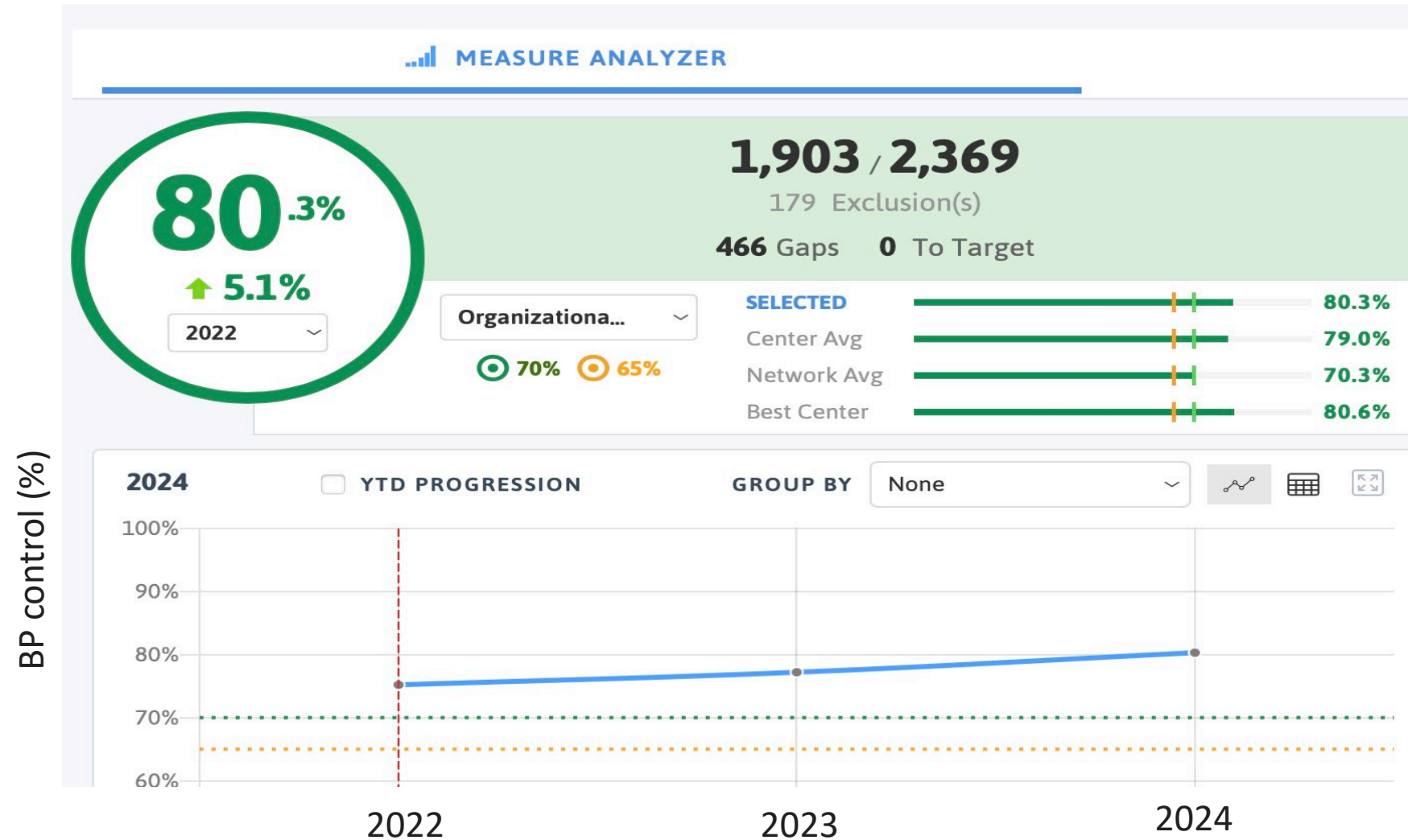


- Clinical support staff education
- Therapeutic Inertia
 - Chart Review
 - Therapeutic recommendation
- Medication adherence
 - Refill gap – major opportunity

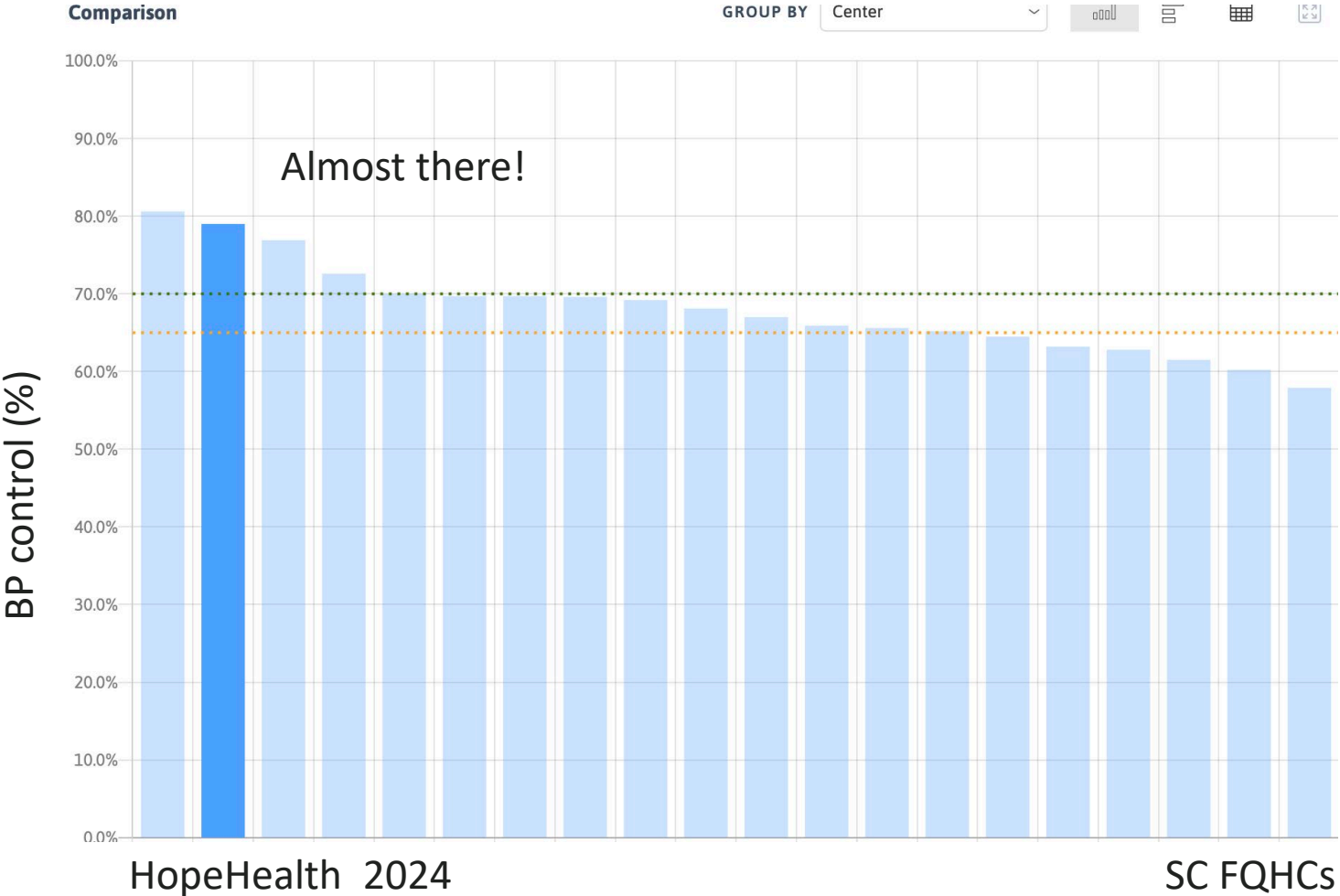
Outcome Measure - Controlling Blood Pressure (<140/90)



Medication Adherence – HTN control



HopeHealth BP Control vs Other SC FQHC's



Partner with Patients: Medication Adherence



Quality Measure

C01-Breast Cancer Screening

C02-Colorectal Cancer Screening

C09-Eye Exam for Patients With Diabetes

C11-Hemoglobin A1C Control for Patients With Diabetes

D08-Medication Adherence for Diabetes Medications Star Rating: 50-60%

D09-Medication Adherence for Hypertension (RAS antagonists)

D10-Medication Adherence for Cholesterol (Statins)

D12-Statin Use in Persons with Diabetes

C16-Statin Therapy for Patients With Cardiovascular Disease**

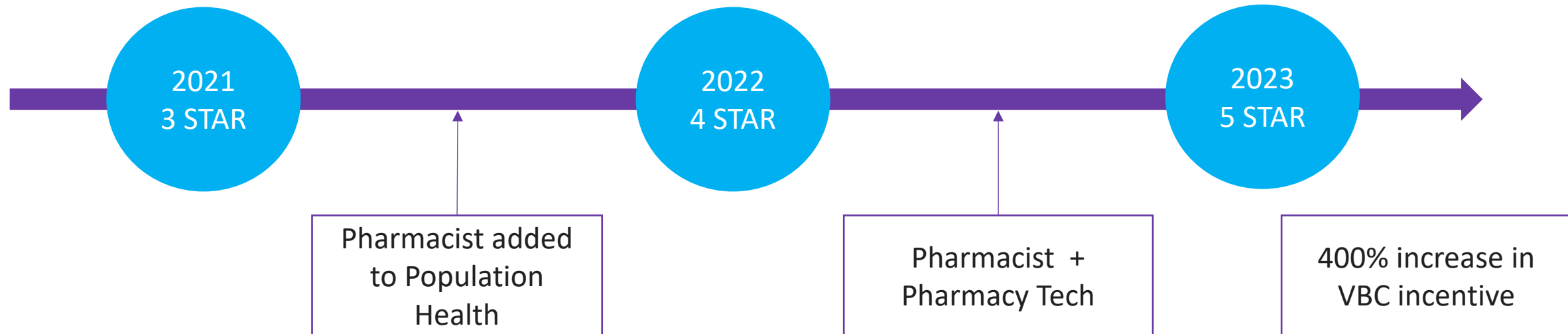
P01-Getting Needed Care

P02-Care Coordination

P03-Doctor Patient Conversations

High Pharmacy Impact Potential
(CBP and KED 2024 Measures)

Partner with Patients: Medication Adherence



Success | Barriers

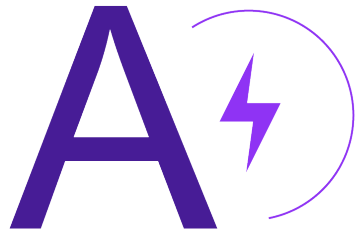


Success

- **Intervention acceptance rate**
 - 88.6% Acceptance rate
- **Financial sustainability**
 - Medication Adherence
 - Prior Authorization Tech
 - Increased access
 - Decreased missed refills
 - Increase revenue and adherence

Barriers

- **Centralized pharmacy team**
 - Provider trust is a process
- **Training**
 - Turnover
 - Multi-specialty and multi-location
- No current collaborative practice agreement in place (2025 here we come)



Act Rapidly: Pharmacist

Community
Pharmacists



About

grace HEALTH

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Battle Creek, MI 49037
gracehealthmi.org

est. 1986



This entity receives HRSA Health Center Program grant funding under 42 U.S.C. § 254b and has been deemed a Public Health Service entity for purposes of certain liability protections, including Federal Tort Claims coverage, under 42 U.S.C. § 233(g)-(h).



164,720
Prescriptions
Filled



Pharmacy

2023 Impact

8,913
Patients Served

\$4,421,00
Out-of-Pocket
Prescription Savings for
Patients

9,262
Pharmacy
Deliveries



Clinical Pharmacy Services

As needed:

- Clinical consults/questions
- Hospital follow-up Medication reconciliation
- Diabetes
 - CGM education

Formal Program:

- Hypertension management
 - AMA MAP Hypertension
 - Pharmacist Blood Pressure Recheck
- As-needed services: continue

March 2023

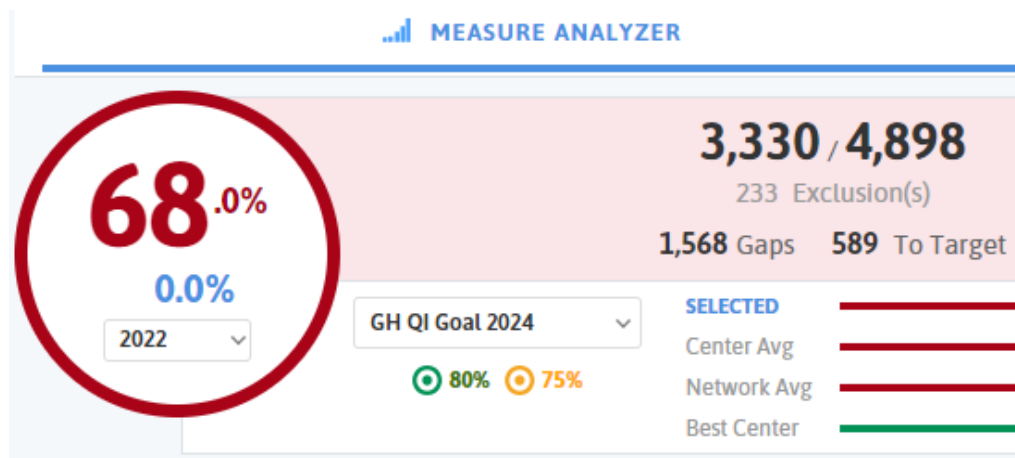
AMA MAP™ HTN Program Launch

Pre-AMA MAP HTN engagement

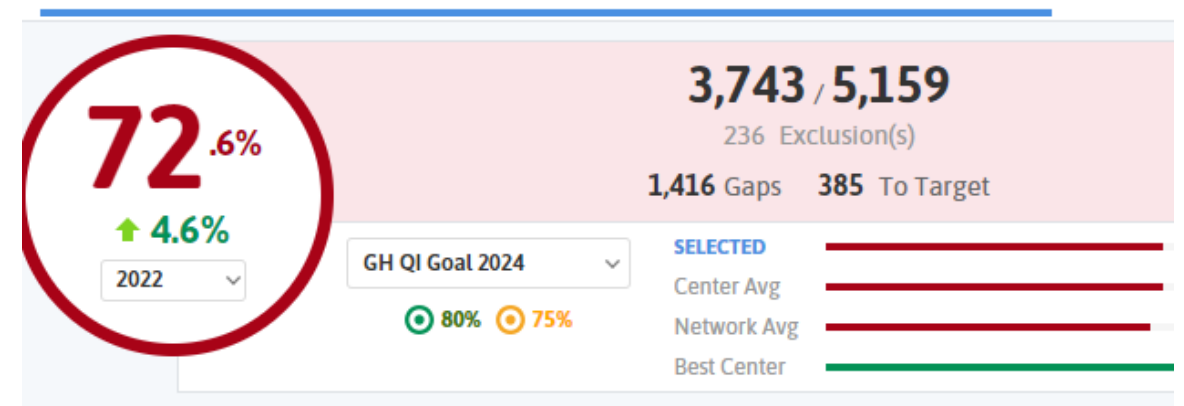
AMA MAP HTN engagement

Integrating Pharmacists for BP Management

- Our BP control needed work
- Hypertension Control:



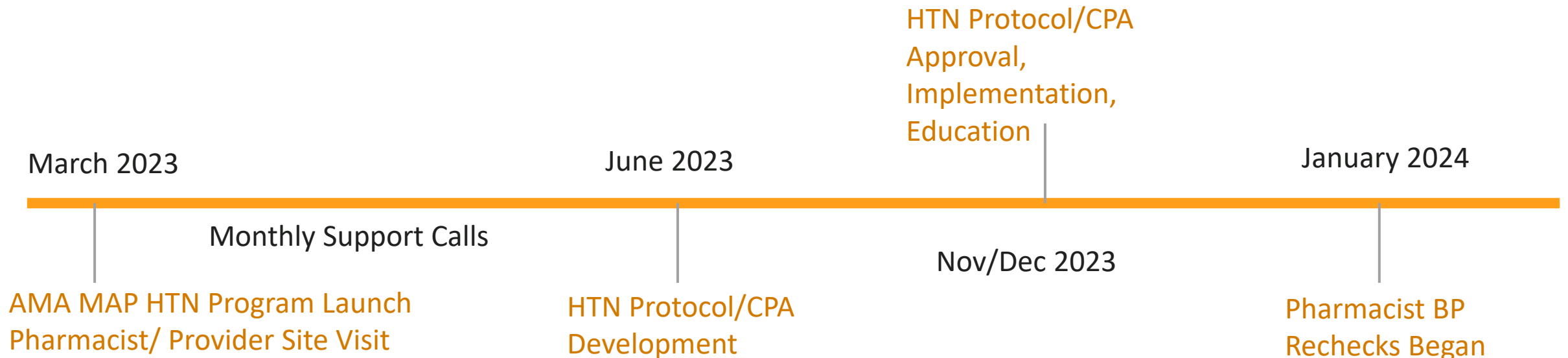
2022



2023

Integrating Pharmacists for BP Management

- Partnered with AMA for MAP Hypertension
- New hypertension clinical pathway implementation
- Pharmacist collaborative practice agreement (CPA) implementation



Pharmacist BP Recheck

Pharmacist appointments for repeat blood pressure

- Relieved the nurse schedule/pharmacist schedule availability
- Can complete a CMR and bill for the service for certain patients
- Perform med reconciliation and update med list

Pharmacist ability to track adherence to BP meds

Provide Patient Education

- Medications
- Smoking cessation
- Lifestyle modifications
- Home BP measurement



Pharmacist BP Recheck

Step #1 Plan

1.	Assessment	Essential hypertension (I10).
	Patient Plan	<p>Re-check Blood Pressure slightly elevated BP target goal is less than 140/90 Continue lisinopril/hydrochlorothiazide to 20/25mg tab daily Re-check in approximately 2 weeks with Pharmacist</p> <p>Avoid processed foods, these are normally sold in cans, boxes, jars, and bags. Increase the amount of fresh or frozen fruits and vegetables Eat meats, fish, chicken, and turkey that are fresh instead of canned or sold at the deli counter Decrease amount of times eating out If you do eat pre-packaged foods look for labels reading "sodium free or low sodium"</p>
	Provider Plan	<p>If BP is still > 140/90 at re-check appt increase add an additional 20mg tab Po QD of Lisinopril and re-check appt in 2 weeks. If BP not at goal increase HCTZ to 50mg tab PO QD Have Patient follow up with PCP in 2 weeks.</p> <p>If patient meets BP goal he is to return in 3 months for HTN check</p>
		performed and Thyroid Function Cascade to be performed.
2.	Assessment	Erectile dysfunction, unspecified erectile dysfunction type (N52.9).
	Patient Plan	<p>May try increasing Viagra 25mg tab to take 2-4 tabs, 1 hour prior to sexual activity. Do not exceed 100mg in 24 hours Complete labs If no improvement let me know, we can refer to urology Report to ER for an erection that lasts longer than 3 hours</p>
3.	Assessment	Depression screen (713.31)

Step #2 Schedule

	Pharmacy Emily Tue & Thur Pharmacy, Emily Reidenbach
8:00 A	
8:15 A	
8:30 A	
8:45 A	
9:00 A	
9:15 A	
9:30 A	
9:45 A	
10:00 A	
10:15 A	
10:30 A	
10:45 A	
11:00 A	Pharm BP Recheck - BPR
11:15 A	
11:30 A	
11:45 A	
12:00 P	
12:15 P	
12:30 P	
12:45 P	
1:00 P	
1:15 P	
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3:15 P	
3:30 P	
3:45 P	
4:00 P	
4:15 P	
4:30 P	
4:45 P	
5:00 P	

10:45 A	
11:00 A	Pharm BP Recheck - BPR - Kept - Chkd Out
11:15 A	

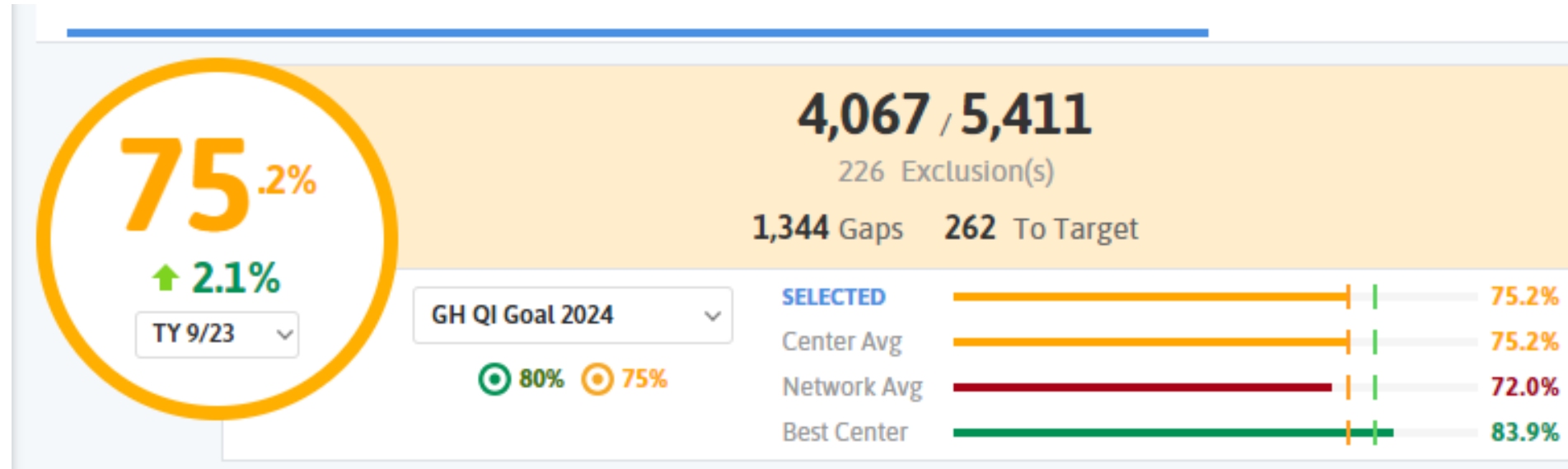
Pharmacist BP Recheck

- ✓ Discussion of medication adherence, tolerance, and monitoring
- ✓ HTN and risk factors education and follow-up
 - ✓ Accurate measurement, smoking cessation, nutrition, physical activity, symptom management
- ✓ **Review of SMBP**
- ✓ **Assessment of BP values and treatment intensification as indicated**
- ✓ Visit summary/communication with the pharmacist
- ✓ Connection to pharmacy staff & services to increase adherence

1.	Assessment	Essential hypertension (I10).
	Patient Plan	Stop smoking. Remember to take all blood pressure medicine as directed. Check blood pressure either at home, or in pharmacy/store weekly. If blood pressure persists over 140 on the top, or 90 on the bottom, call our office for further instructions. Do not use a lot of salt (less than 2000mg a day), and lower your caffeine to 2 servings per day. Try to stay on a low cholesterol diet. Exercise at least 30 minutes per day, and limit alcohol to no more than 2 servings a day. Also, eliminate recreational drug use. Keep follow-up appointments with your primary care provider (PCP) as scheduled. Tell your provider if you experience any dizziness, chest pain, or shortness of breath
	Provider Plan	BP is at goal per provider's last note. Will send message for recheck in 3 months. Patient is interested in nicotine gum. Will send message to provider for an RX.

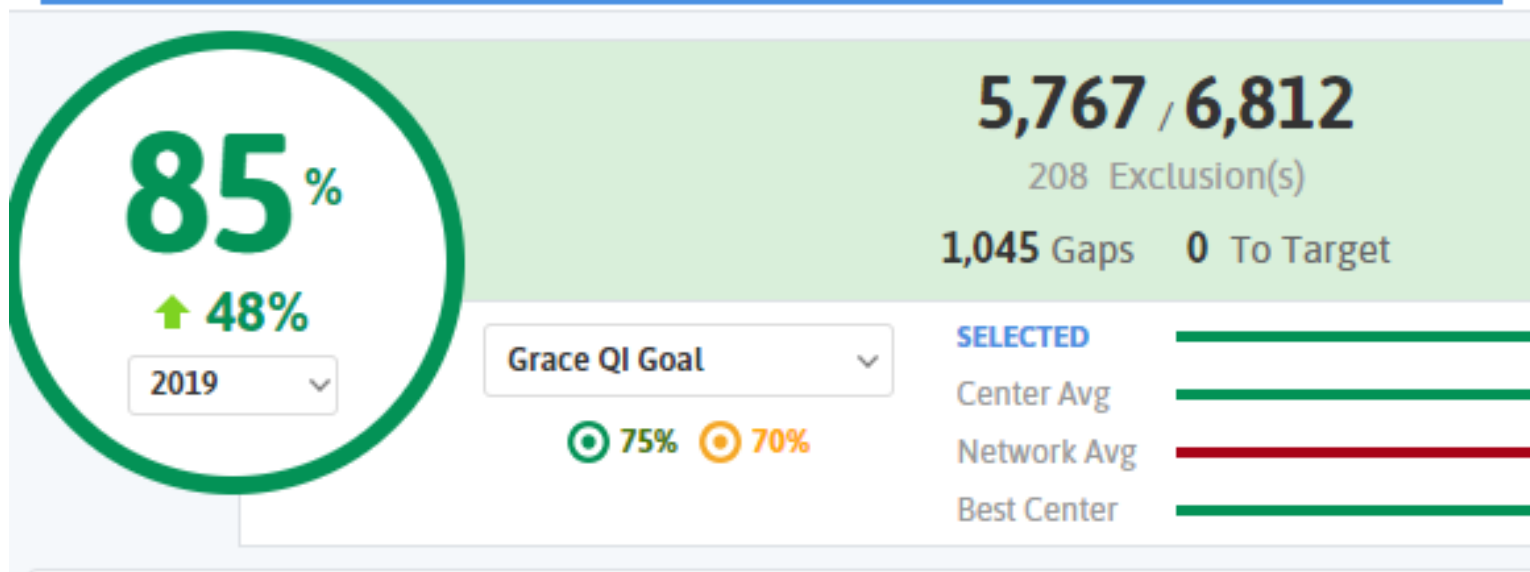
Outcome Metric – Controlling Blood Pressure

Hypertension Control 2024



Process Metric – Measure Accurately

Confirmatory Blood Pressure 2024



Lessons Learned

- Building trust with providers takes time
- Staff education is continuous
- Solid framework from the AMA supports all stakeholder engagement
 - Implementation support
 - Increased pharmacy capture rate
 - Access to medication fill history placed pharmacists in a great position to support Act Rapidly and Follow up
- Patient's trust improved with provider support

AMA MAP™ Hypertension QI program



Results

Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three-part framework to guide efforts to improve hypertension control

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 Kathryn S. Taylor RN, MPH² | Lisa A. Cooper MD, MPH^{1,2,3} |
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Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol

Brent M Egan^{1,2,3}, Susan E Sutherland^{1,2}, Michael Rakotz⁴, Jianing Yang⁴, R Bruce Hanlin^{2,5}, Robert A Davis^{1,2}, Gregory Wozniak⁴

Affiliations + expand

AMA Successfully Implements AMA MAP BP Program at Cook County Health

The AMA announced that it has successfully implemented its AMA MAP BP program at Cook County Health, a leading blood pressure at Cook County public health systems in the country.

Measure Accurately, Act Rapidly, and Partner With Patients (MAP) improves hypertension control in medically underserved patients: Care Coordination Institute and American Medical Association Hypertension Control Project Pilot Study results

Robert B. Hanlin, MD,^{1,2} Irfan M. Asif, MD,^{1,2} Gregory Wozniak, PhD,³ Susan E. Sutherland, PhD,^{2,4} Bijal Shah, MD,¹ Jianing Yang, MS,³ Robert A. Davis, MS,⁴ Sean T. Bryan, MD,⁵ Michael Rakotz, MD,³ and Brent M. Egan, MD,^{2,4,6}

• Author information • Article notes • Copyright and License information [PMC Disclaimer](#)

Abstract

Go to: ▶

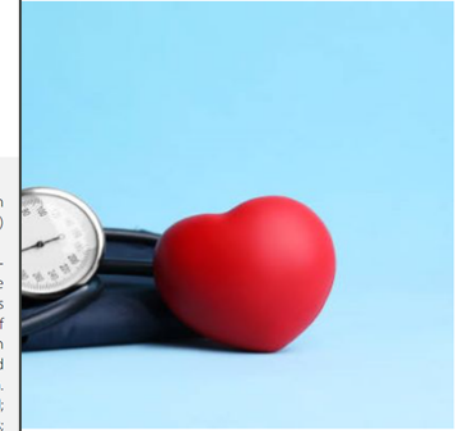
Measure Accurately, Act Rapidly, and Partner With Patients (MAP) is an evidence-based protocol implemented to improve hypertension control in a clinic for underserved patients (49.9% Medicaid and 50.2% black). Patients with hypertension seen during the year before intervention and with at least one visit during the 6-month intervention (N = 714) were included. If initial attended blood pressure (BP; standard aneroid manometer) was $\geq 140/\geq 90$ mm Hg, unattended automated office BP was measured in triplicate and averaged (Measure Accurately) using an Omron HEM-907XL. When automated office BP was $\geq 140/\geq 90$ mm Hg, Act Rapidly included intensification of antihypertensive medications, assessed by therapeutic inertia. Partner With Patients included BP self-monitoring, reducing pill burden, and minimizing medication costs, which was assessed by

Improvement in Hypertension Control Among Adults Seen in Federally Qualified Health Center Clinics in the Stroke Belt: Implementing a Program with a Dashboard and Process Metrics

Edward M. Behling,^{1*} Tammy Garris,¹ Vicky Blankenship,¹ Shaun Wagner,² David Ramsey,² Rob Davis,² Susan E. Sutherland,² Brent Egan,² Gregory Wozniak,³ Michael Rakotz,³ and Karen Kmetik³

Abstract

Objective: Attain 75% hypertension (HTN) control and improve racial equity in control with the American Medical Association Measure accurately, Act rapidly, Partner with patients blood pressure (AMA MAP BP™) quality improvement program, including a monthly dashboard and practice facilitation.
Methods: Eight federally qualified health center clinics from the HopeHealth network in South Carolina participated. Clinic staff received monthly practice facilitation guided by a dashboard with process metrics (measure [repeat BP when initial systolic ≥ 140 or diastolic ≥ 90 mmHg; Act [number antihypertensive medication classes prescribed at standard dose or greater to adults with uncontrolled BP]; Partner [follow-up within 30 days of uncontrolled BP; systolic BP fall after medication added]) and outcome metric (BP $< 140/< 90$). Electronic health record data were obtained on adults ≥ 18 years at baseline and monthly during MAP BP. Patients with diagnosed HTN, ≥ 1 encounter at baseline, and ≥ 2 encounters during 6 months of MAP BP were included in this evaluation.
Results: Among 45,498 adults with encounters during the 1-year baseline, 20,963 (46.1%) had diagnosed HTN; 12,370 (59%) met the inclusion criteria (67% black, 29% white; mean (standard deviation) age 59.5 (12.8) years; 16.3% uninsured. HTN control improved (63.6% vs. 75.1%, $p < 0.0001$), reflecting positive changes in Measure, Act, and Partner metrics (all $p < 0.001$), although control remained lower in non-Hispanic black than in non-Hispanic white adults (73.8% vs. 78.4%, $p < 0.001$).



- Boonyasai RT, Rakotz MK, Lubomski LH, et al. Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three-part framework to guide efforts to improve hypertension control. *J Clin Hypertens*. 2017;19: 684-694. <https://doi.org/10.1111/jch.12995>
- Hanlin RB, Asif IM, Wozniak G, Sutherland SE, Shah B, Yang J, Davis RA, Bryan ST, Rakotz M, Egan BM. Measure Accurately, Act Rapidly, and Partner With Patients (MAP) improves hypertension control in medically underserved patients: Care Coordination Institute and American Medical Association Hypertension Control Project Pilot Study results. *J Clin Hypertens (Greenwich)*. 2018 Jan;20(1):79-87. doi: 10.1111/jch.13141. Epub 2018 Jan 5. PMID: 29316149; PMCID: PMC5817408.
- Egan BM, Sutherland SE, Rakotz M, Yang J, Hanlin RB, Davis RA, Wozniak G. Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol. *Hypertension*. 2018 Dec;72(6):1320-1327. doi: 10.1161/HYPERTENSIONAHA.118.11558. PMID: 30571231; PMCID: PMC6221423.
- Behling, et al.; *Health Equity* 2023, 7.1. <http://online.liebertpub.com/doi/10.1089/heq.2022.0109>

Potential Benefits from Participation

IMPROVES OUTCOMES



- Improved BP can lead to a reduction in heart attacks and strokes
- 10 percentage point improvement in BP control sustained at a year

INCREASE EFFICIENCY

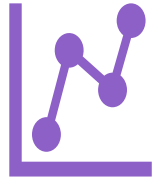


- Available patient action list
- Improves efficiency of operation
- Promotes team-based care to conserve MD time

MAP

ACTIONABLE DATA

- Timely, monthly data. Can make improvements before end of the year.
- Includes process metrics, not just an overall outcome



SAVES MONEY

- Funded by the Mission of the AMA – No Charge
- Can improve performance-based compensation



Disclaimer

The AMA MAP™ Hypertension Quality Improvement Program and all components are not intended to diagnose or treat disease or other conditions. AMA MAP™ Hypertension program and all components are not medical devices and have not been evaluated by the Food and Drug Administration. Information provided through the AMA MAP™ Hypertension program and all components is not intended to direct or substitute for the independent assessment or judgment of a qualified health care professional.

AMA MAP™

Hypertension



Scan the QR code or email us at MAP@ama-assn.org if your organization would like to find out more information.



Question and Answer

Please submit your questions using the Q&A feature at the bottom of your screen

Registration Is Open!



November 7, 2024
Arlington, Va.



November 7-8, 2024
Arlington, Va.

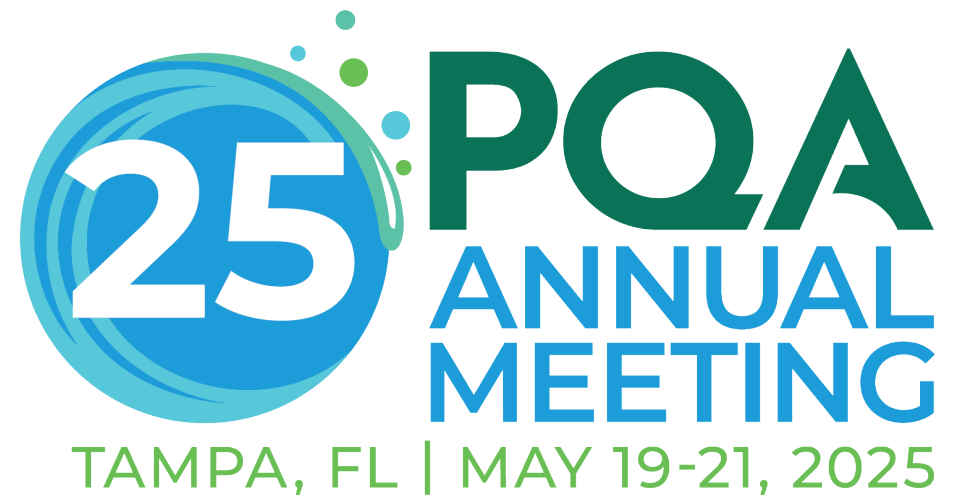
Call for Proposals!

Breakout Session Proposals:

Tuesday, November 12, 2024, by 11:59 p.m. ET

Poster Abstract Proposals:

Friday, January 10, 2025, by 11:59 p.m. ET



Save the Date:

- **Q4 SAM: October 23, 2024, 1-1:30pm ET**



**PQA STAKEHOLDER
ADVISORY MEETINGS**




Next Quality Forum Webinar:

Members Only Webinar

Medicare 2025 Star Ratings Update

Thursday, November 21, 2024, 1-2 pm ET

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Leveraging Pharmacists through an AMA Program to Improve Blood Pressure Control
