



American Heart Association.
Outpace CVD

An Overview of Outpace CVD

Quality Improvement for Outpatient Care

Great Plains QIN – 02.27.24

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American
Heart
Association.

American Heart Association®

100 YEARS

Bold Hearts

Our Mission: To be a relentless force for a world of longer, healthier lives.

Our Vision: Advancing health and hope for everyone, everywhere.

Our Guiding Values:



Improving & extending people's lives



Speaking with a trustworthy voice



Inspiring passionate commitment



Ensuring equitable health for all



Bringing science to life



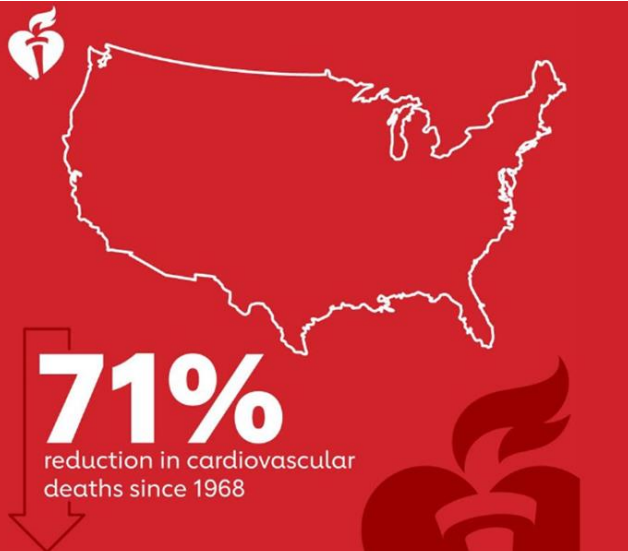
Making extraordinary impact



Meeting people where they are



Building powerful partnerships





AHA PRESIDENTIAL ADVISORY

Call to Action: Rural Health

A Presidential Advisory From the American Heart Association and American Stroke Association

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CVD Risk Targets & Event Risks

Percent *CVD risk reduction* for being at target level among 2018 persons with diabetes for each of the measures:

Blood pressure	LDL-C	HBA1c
17%	33%	37%

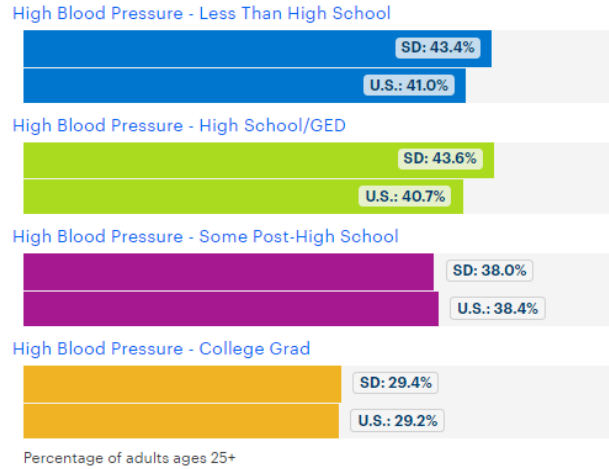
Percent lower adjusted risk of CVD events with one, two, or three risk factors at target level:

Any 1 of 3	Any 2 of 3	3 of 3
36%	52%	62%

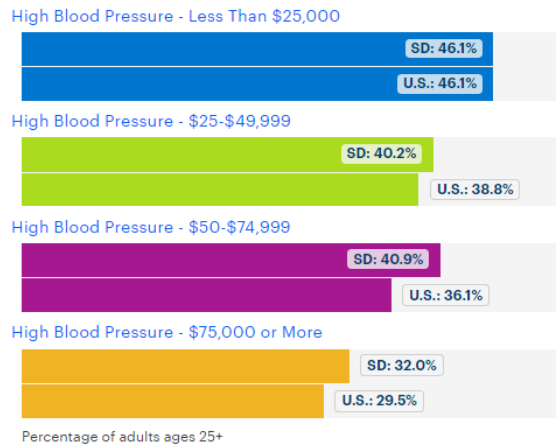
High Blood Pressure in the Dakotas



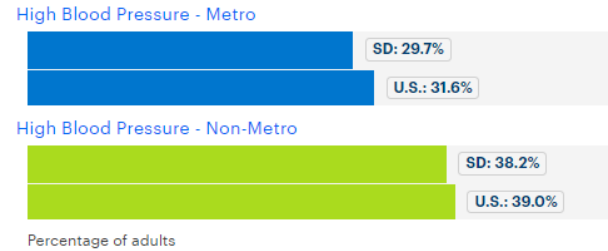
EDUCATION



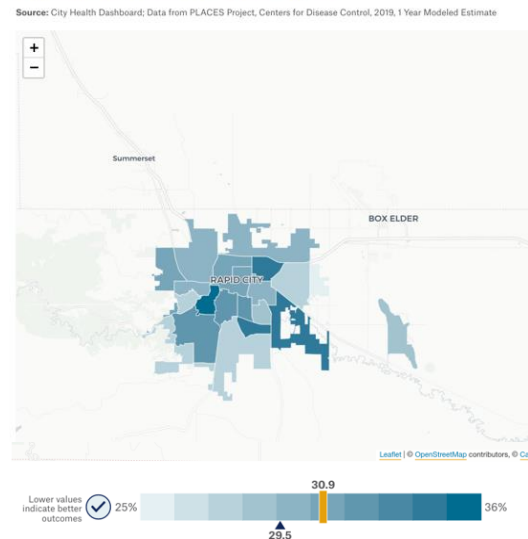
INCOME



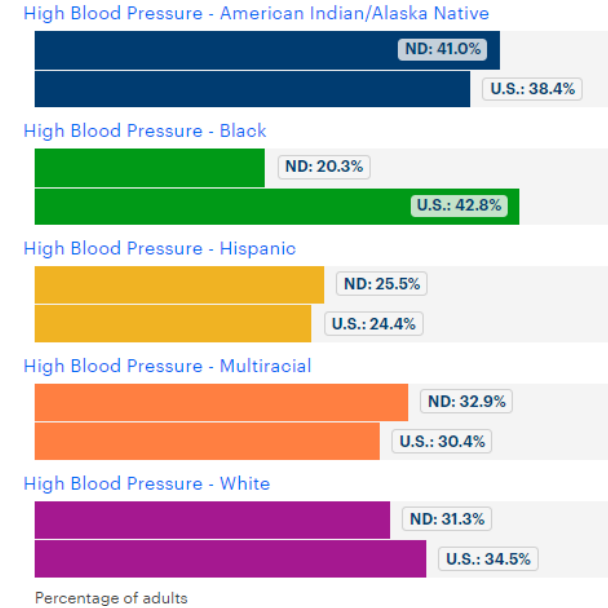
METRO/NON-METRO



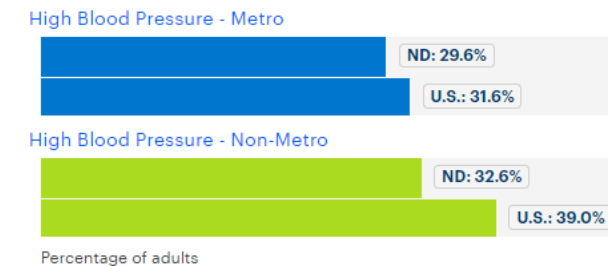
High Blood Pressure in Rapid City, SD



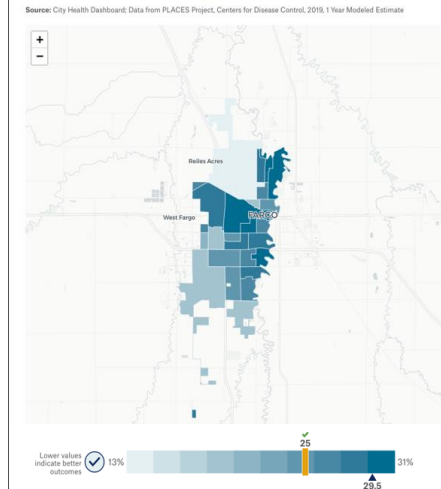
RACE/ETHNICITY



METRO/NON-METRO



High Blood Pressure in Fargo, ND



Other cities available at [City Health Dashboard](#).

Other metrics available at [America's Health Rankings](#)



Our Clinical Systems Change Work



Engage

Build relationships with health care organizations.



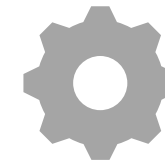
Equip

Sharing evidence-based tools and resources



Affirm

Documenting, recognizing, and celebrating improvement – and looking to next steps



Transform

Integrating systems changes into workflows, policies, and procedures



Framework & Component Parts



MIPS #236, eCQM CMS#165v11, PQRS #236 or ACO #28



MIPS #438 or eCQM CMS347v6



NQF 0059, eCQM CMS#122v11 or MIPS #001

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both staff and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Award Achievement opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.
- Requested data aligns with UDS. Repurpose & celebrate your hard work!
- BP participating HCOs frequently report increased control rates and adherence to best practices.

Registration for program(s) can be completed at
heart.org/registermyoutpatientorg



Spectra Health

For HCOs with $\geq 70\%$ BP Control AND who attest to at least 4 of 6 Accurate Measurement Practices



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Cholesterol™

Sanford Health Spectra Health

For HCOs with $\geq 70\%$ rate for guideline-based statin prescriptions.



Altru Health Sanford Health

For HCOs with $\geq 70\%$ BP Control.



American Heart Association.
Target:Type 2 Diabetes™



Sanford Health Spectra Health

For HCOs with success in both CVD and Diabetes Control.



TARGET: **BP**[™]



High Blood Pressure



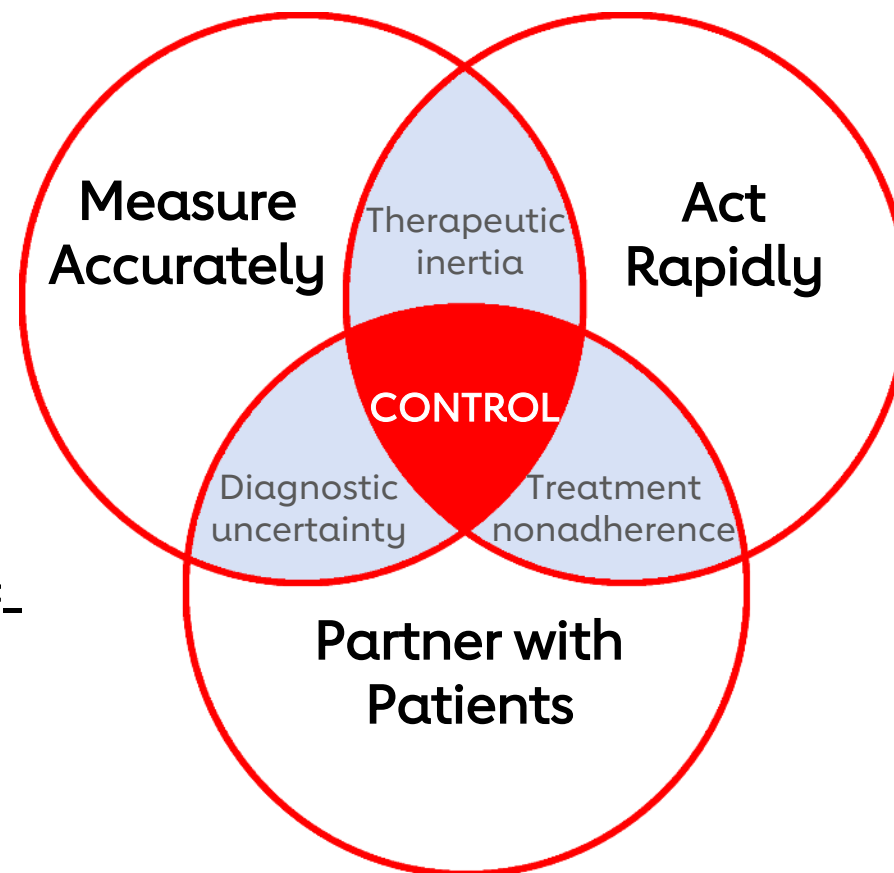
AMA MAP Framework

M **Measure Accurately** every time to obtain accurate, representative BPs, reducing clinical uncertainty

A **Act Rapidly** to diagnose and treat hypertension, reducing diagnostic and therapeutic inertia

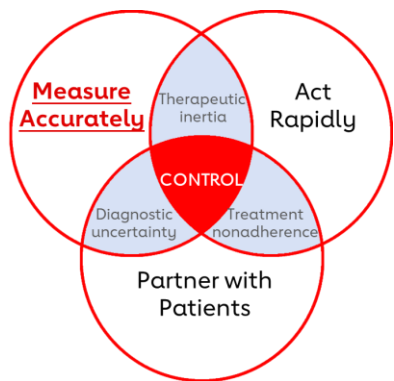
P **Partner with patients** to activate patients to self-manage, self-monitor, and promote adherence to treatment

All 3 are critical for control



https://targetbp.org/tools_downloads/combined-quick-start-guides/

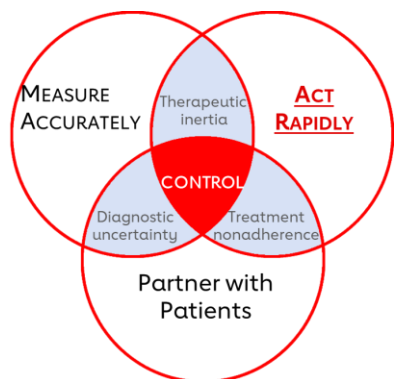
Existing Gaps...and Opportunities.



Gap: Approximately 10% of clinical BP readings meet all the standards for accuracy.

Opportunities:

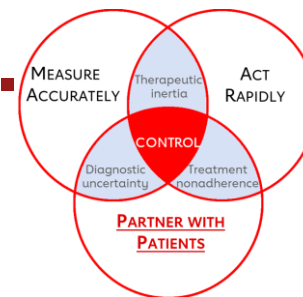
- Train staff annually on proper technique
- Increase the use of automated, validated BP monitors. Calibrate them according to guidelines.



Gap: Treatment intensification with a new class of BP medication occurred in only 12% of visits for patients with uncontrolled BP

Opportunities

- Establish a treatment algorithm that sets the standard for treatment intensification and team-based care.



Gap: Patients are underinformed about their blood pressure numbers and express uncertainty about what to do next.

Opportunities

- Establish or support a comprehensive SMBP effort.
- Facilitate community access to blood pressure checks.

Writing a New Book on Heart Health
A Grant/Assistance Opportunity for Rural Libraries to Improve Community Health



Receive up to \$1500 for your efforts to improve health in your community.

The American Heart Association's mission is to be a relentless force for a world of longer, healthier lives. That mission is underscored by our Guiding Values which include "meeting people where they are" and "building powerful partnerships." Libraries – especially in rural communities – offer a tremendous opportunity to do both of those things and we want to collaborate with you to tackle health disparities in a comprehensive, sustainable way.

Among other health challenges, rural Americans face higher of [high blood pressure](#), [nutrition insecurity](#), [cardiac arrest death rates](#), [tobacco use](#), and more. At the same time, rural communities have strong assets – organizations and individuals who are dedicated to making a difference and thinking creatively to overcome challenges.

To that end, the American Heart Association has worked with rural libraries in various contexts to leverage our science, resources, and experience with their position of trust in and access to communities in need. And now we are hoping to do more of the same – in your community. (See Page 2 for more details on the work we've done). Opportunities include, but are not limited to:

- Empowering patrons to check their own blood pressure in or through the library, including a referral to a local clinic partner for more assistance.
- Systematically identifying/referring to resources, patrons facing nutrition insecurity or

Resources

Measuring Blood Pressure Accurately - Step One in Hypertension Control

A continuing education activity for physicians, nurse practitioners, physician assistants, pharmacists, nurses, and other health care professionals

September 21, 2023



Blood Pressure Measurement Policy & Procedure Template

BACKGROUND This comprehensive Blood Pressure (BP) Measurement Policy & Procedure Template is designed to help translate hypertension science into practice in health care organizations. The document addresses BP device procurement and maintenance, health care team training and skills testing, and BP measurement processes and workflow. Several sections are highlighted in yellow with brackets that contain common options and indicate areas where the template can be easily tailored to your setting. While additional customization may be indicated, keep in mind that 1) accurate equipment, 2) proper staff technique, and 3) systematic workflows are all needed to measure BP accurately for every patient, every time. If any one of these three factors is missing, BP measurement will not be accurate, leading to over- or under-estimation of BP, both of which can be dangerous.

PURPOSE Define a standard of care through policy and create a systematic approach through procedures for accurate blood pressure measurement including the:

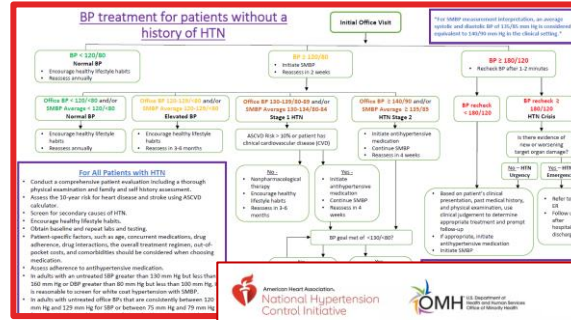
- Procurement and maintenance of BP measurement devices
- Training and testing of care team skills
- Clinical workflow procedures to ensure accurate BP measurement according to the most current scientific guidance for every adult patient, every time

SCOPE

- This policy and procedure apply to any device and/or place where blood pressure is measured in the health care organization.
- The policy and procedure apply to all personnel. While physicians are discouraged from taking BP measurements due to the possibility of an alerting response or white coat effect, support for the team taking BP measurements are important as clinical staff.
- The policy and procedure apply to most adult patients. Consider additions or modifications to the template based on special populations including but not limited to children, adolescents, and patients with other unique anatomy or conditions.

RATIONALE

- Nearly half of American adults have high blood pressure (BP) and many do not have their BP controlled, a trend that is increasing.
- Validated and regularly calibrated blood pressure devices are an essential component of accurate measurement for diagnosis and treatment. The use of non-validated and uncalibrated devices, inadequate staff training, and/or lack of a standardized measurement protocol can result in misleading estimation of an individual's true BP.
- Accurate BP measurement is essential to correctly categorize BP for diagnosis and appropriate management of BP.
- Improper positioning during BP measurement can lead to under- or over-estimation of BP.
- Underestimating systolic blood pressure (SBP) by 10 mmHg may increase the risk of myocardial infarction and stroke; overestimation by 5 mmHg may increase treatment intensity in nearly 30 million people.



NHCI Blood Pressure Treatment Algorithms

Disclaimer: These blood pressure treatment algorithms are for use by health care professionals in combination with clinical decision making to help guide blood pressure management and treatment.

Act Rapidly Quick start guide

Therapeutic inertia – failing to start or intensify treatment when blood pressure (BP) is high – is a common problem and a leading factor contributing to suboptimal BP control rates. This can leave patients with serious unmanaged risk which can be addressed by acting rapidly. Here are some steps you can take to help decrease therapeutic inertia in your health care organization.

Medicaid and Medicaid Managed Care Organizations Coverage of Fixed Dose Combination Antihypertensive Medications

Kansas State Summary
Data as of 4/4/2022

Fixed Dose Combination Medication	Medicaid/Medicaid Managed Care Organization (MCO) Plans	Kansas Medicaid Uniform
Amlodipine/atorvastatin	Preferred	Non-Preferred
Amlodipine/benazepril	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids/ezetimibe	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin/omega-3 fatty acids	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin	Preferred	Non-Preferred
Amlodipine/benazepril/hydrochlorothiazide/atorvastatin/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin/omega-3 fatty acids/ezetimibe/niacin/omega-3 fatty acids	Preferred	Non-Preferred

TARGET:BP Partner with Patients Quick start guide

By partnering with patients to engage in self-management of their blood pressure (BP) and helping to remove obstacles to increase treatment adherence, care teams can help save and extend lives. Here are some steps your health care organization can take.

1. Assess how your health care organization currently encourages communication, medication adherence, and lifestyle intervention through patient partnership. It is important to understand how you and your health care organization currently partner with patients in order to identify ways to improve.

Use the Partner with Patients Pre-assessment tool to help establish a baseline.

TARGET:BP Self-measured blood pressure Quick start guide

Self-measured blood pressure (SMBP) monitoring refers to the regular measurement of blood pressure (BP) by a patient in their home or elsewhere outside the clinical setting. SMBP enables health care providers to better diagnose and manage hypertension and helps patients take an active role in the process. Here are some steps you can take to incorporate evidence-based SMBP measures into your workflow.

1. Assess how your health care organization currently uses SMBP. It is important to understand how you and your health care organization currently use SMBP in order to identify ways to improve.

Use the SMBP Pre-assessment tool to help establish a baseline.

TARGET:BP Self-measured blood pressure Device accuracy test

A patient's self-measured blood pressure (SMBP) monitoring device should be tested before it is used as part of an SMBP program. Also test the device annually or any time blood pressure readings are questionable.

Complete the table below. Care team should use the blood pressure readings using a combination of the patient's SMBP device and the office's method of blood pressure measurement.

Measurement	Device	Systolic Blood Pressure (SBP)	SBP Example
A	Office	120	120
B	Patients	120	120
C	Office	120	120
D	Patients	120	120
E	Office	120	120

Part 1: Average measurements B and D:

Part 2: Compare average of B and D to measurement C:

Part 3: If the difference is:

- Less than 5 mm Hg, this device can be used for SMBP.
- Between 6 and 10 mm Hg, proceed to Step 2.
- Greater than 10 mm Hg, replace the device before proceeding with your SMBP program.

Example: Part 1: (120 + 120) / 2 = 120
Part 2: 120 - 120 = 0 mm Hg. Since the difference is a negative number, ignore the negative sign.
Part 3: Difference is 0, which is less than 5 mm Hg, so proceed to Step 2.

Part 3: If the difference is:

- Less than 5 mm Hg, this device can be used for SMBP.
- Between 6 and 10 mm Hg, proceed to Step 2.
- Greater than 10 mm Hg, replace the device before proceeding with your SMBP program.

Example: Part 1: (120 + 120) / 2 = 120
Part 2: 120 - 120 = 0 mm Hg. Since the difference is a negative number, ignore the negative sign.
Part 3: Difference is 0, which is less than 5 mm Hg, so proceed to Step 2.



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Hyperlipidemia



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VHR ASCVD Care Gaps



Only 17.1% of ASCVD patients had *any* LLT intensified over 2 years



50.1% prescribed any statin therapy

22.5% prescribed high intensity statin

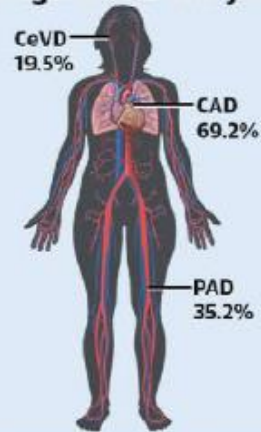
31.7% achieve LDL-C goal of <70 mg/dL

Much Bigger Problem, Need to do Better

CENTRAL ILLUSTRATION: Statin Use in 601,934 Patients With Atherosclerotic Cardiovascular Disease on January 31, 2019

Study Population

601,934 patients with ASCVD
Mean age: 67.5 ± 13.3 years



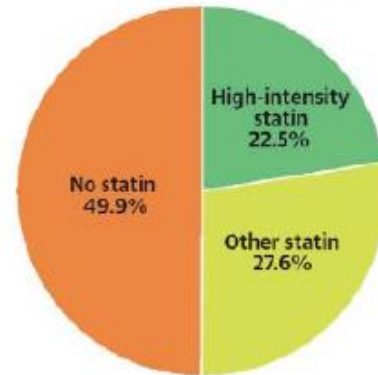
Outcomes

Statin usage on January 31, 2019
± 30 days

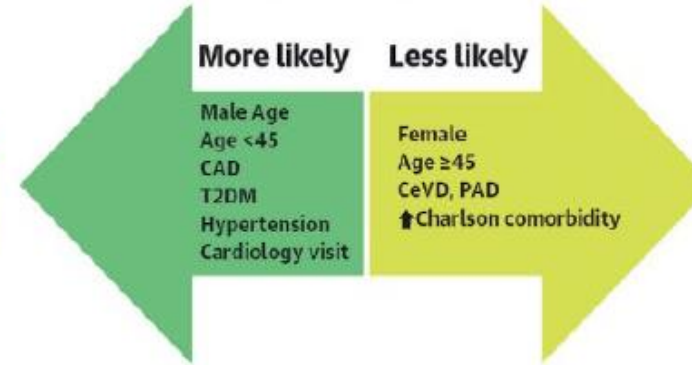
Proportion of days covered

Results

Proportion on high-intensity statin vs other statin vs no statin



Odds of high (vs other) intensity statin use



Proportion of days covered





American Heart Association.

Heart.org/cholesterol

Thoughtful Talks with My Health Care Professional: Cholesterol Medications | American Heart Association

Thoughtful Talks with My Health Care Professional: Cholesterol Medications. Assess Your Risk, Explore Treatments.



MY CHOLESTEROL GUIDE

Take Action. Live Healthy!



heart.org/cholesterol

My Cholesterol Guide: Taken Action. Live Healthy! (heart.org)

How Can I Improve My Cholesterol? (heart.org)

Resources

Cholesterol Lowering Medications (heart.org)

Check Change Control: Cholesterol. WHAT ARE CHOLESTEROL-LOWERING MEDICATIONS? Total Cholesterol. How Can I Improve My Cholesterol?

PRIMARY PREVENTION. CLINICIAN POCKET GUIDE. Treatment of High Blood Cholesterol

SECONDARY PREVENTION. CLINICIAN POCKET GUIDE. Managing Blood Cholesterol in Patients at Very High Risk for Future ASCVD Events

Life's Essential 8. HOW TO CONTROL CHOLESTEROL. UNDERSTAND CHOLESTEROL. HDL = GOOD, LDL = BAD. TRACK LEVELS.

TOTAL CHOLESTEROL. CHOLESTEROL is a waxy substance. HDL + LDL + 20% Triglycerides = TOTAL CHOLESTEROL. Learn more about cholesterol at heart.org/Cholesterol



Cholesterol Score (heart.org)

What is Cholesterol? - YouTube

Life's Essential 8, How to control cholesterol (heart.org)





American Heart Association.

Target: Type 2 Diabetes™

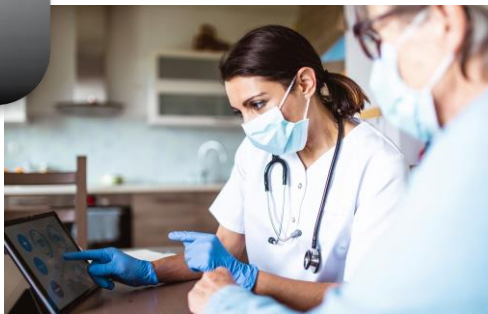
Type 2 Diabetes



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INITIATIVE PURPOSE

Reducing CV deaths, heart attacks, heart failure and strokes in people living with type 2 diabetes.



FOUNDING SPONSOR



NATIONAL SPONSOR



Question 11: Evaluating Kidney Health

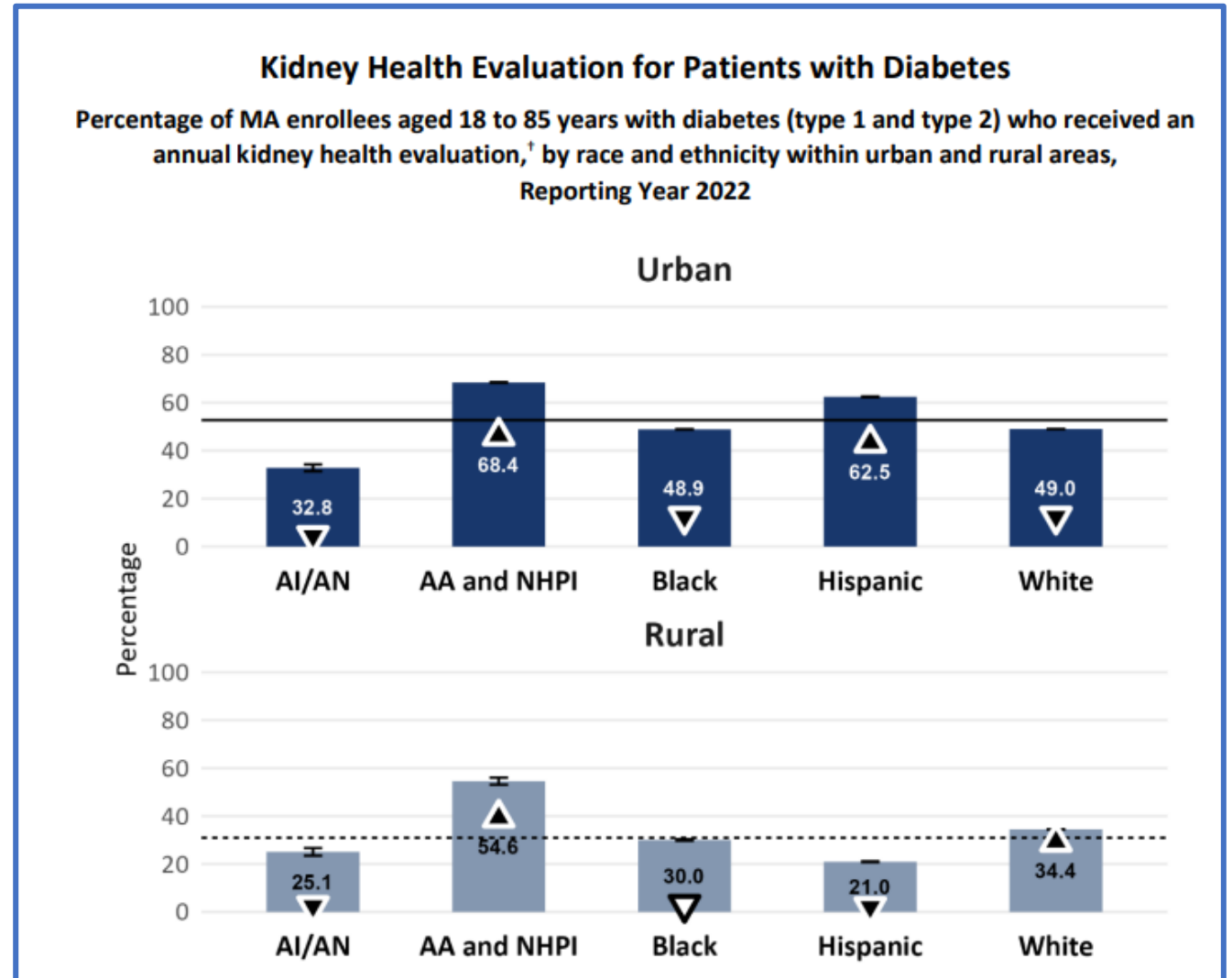
Q11. Does your organization routinely evaluate kidney health for patients with type 2 diabetes?

Yes / No / I'm not sure.

If YES is selected:

Select all that apply:

- Assessment of estimated glomerular filtration rate (eGFR) at least once per year, per patient
- Assessment of estimated glomerular filtration rate (eGFR) less frequently than once per year per patient (such as once every 2 years)
- Assessment of urine albumin-creatinine ratio (uACR) at least once per year, per patient
- Assessment of urine albumin-creatinine ratio (uACR) less frequently than once per year per patient (such as once every 2 years)
- Assessment of kidney health using some other metric
- We do not have a process to evaluate kidney health in patients with diabetes
- I don't know / I'm not sure

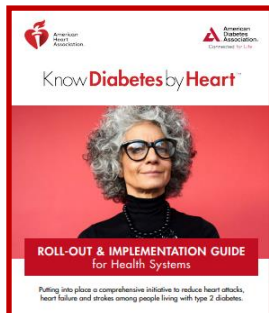


PATIENT RESOURCES

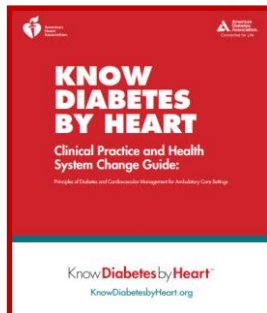
- [Video Library](#)
- [Kidney Connection](#)
- [Take Care of Your Heart When You Have Type 2 Diabetes*](#)
- [4 Questions to Ask Your Doctor About Diabetes and Your Heart*](#)
- [7 Tips to Care for Your Heart When You Have Type 2 Diabetes*](#)
- [ADA's Ask the Experts](#) Podcasts
- [Medication Chart](#)



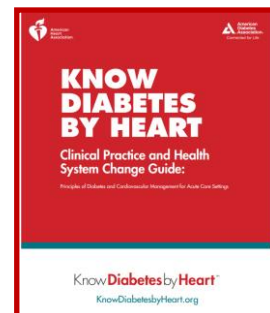
KDBH Implement. Guide



Clinical Practice Guide - Outpatient



Clinical Practice Guide - Inpatient



Webinars & Podcasts



January 2024 Webinar



How to Engage with Outpace CVD

Individual Level

- Use the materials and resources to educate yourself, your colleagues, your patients, and your family/friends.

Organizational Level

- Look for opportunities for process improvement, such as:
 - Conducting annual staff training around BP measurement technique and the monitors being used.
 - Greater utilization of the ASCVD Risk Calculator.
 - Identifying possible gaps in screening patients with diabetes for kidney health.
- Seek recognition for your success by [registering](#) for 1 or more Outpace CVD components with plans to submit MIPS/UDS aligned data by May 17th.

The discussions we have together and the resources that Target: BP offers, creates avenues throughout our organization to improve our processes that impact the health of our patients. Your programs help to ensure we are all working towards the same goal of increasing the health of our patients! - Quality Lead at an Indiana Hospital

This work can be completed with a self-service model – but we welcome learning more about your efforts – both to provide additional support and to share your work in support of others.



Special Opportunity: AHA Telehealth Collaborative

AHA Outpatient Telehealth Initiative Summary:

New initiative, supported by The Helmsley Charitable Trust, to work with select outpatient clinics to improve the consistent delivery of high-quality telehealth services to patients with Hypertension, Diabetes, & Hyperlipidemia.

Here are some of the highlights:

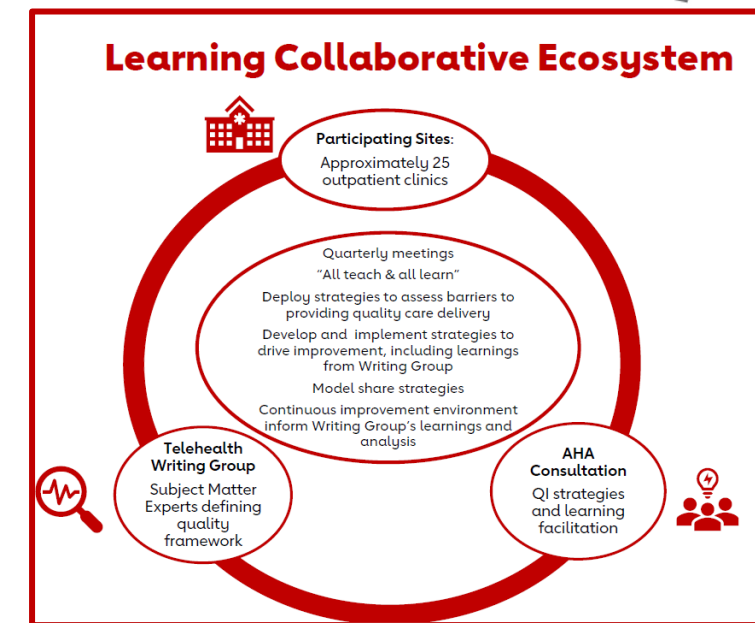
- AHA is recruiting ~25 outpatient clinics to join a learning collaborative, which includes:
 - Funding of ~\$15k/clinic annually for 3 years to participate
 - Clinics will participate in quarterly collaboration calls – connecting to other clinics and national experts
 - Clinics will share some data (similar to what is included in Outpace CVD)
 - The learning collaborative will develop strategies and quality frameworks to improve telehealth care delivery both locally and nationally.

Who is the audience for this learning collaborative?

- Sites participating in an Outpace CVD program or initiative are preferred.
- This can include, but is not limited to, HRSA-Funded Health Centers/FQHCs.
- No geographic limitation – we are recruiting sites from across the country.

ANY sites interested in joining should complete the following interest form to be considered:

<https://forms.office.com/r/TbnBxjsc60>.



Professional Education



- [Health Equity](#)
- [Hypertension](#)
- [Resuscitation](#)
- [Stroke & Brain Health](#)
- [Telehealth Professional Cert.](#)
- [Tobacco Treatment Certification.](#)

A mix of free / \$\$ options.



[Future](#) & [Past](#) webinars.

Community Facing Resources

Collections of Presentations

- [Healthy For Life Nutrition Lessons](#)
- [Empowered To Serve Modules.](#)

Ongoing Opportunities

- KDBH: [Ask The Experts Podcasts.](#)
- [House Calls: Real Docs, Real Talk™](#)



Questions or Assistance

Midwest Region: IA, IL, IN, KS, KY, MI,
MN, MO, **ND**, NE, OH, **SD** & WI

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