

Overview

Hypertension is a leading cause of heart disease and stroke.¹ In the United States, 75 million adults have hypertension, and about half of those adults (37.5 million) do not have their hypertension under control. It is estimated that 11 million American adults are unaware of their hypertension and remain untreated.² More surprising still is that most of them have access to care, i.e., have health insurance and visit a health care provider each year.^{1,3}

Hypertension Prevalence Estimator Tool

The Million Hearts II Hypertension Prevalence Estimator Tool estimates a health system's expected hypertension prevalence, which is the estimated percentage of patients receiving care within the health system who have hypertension. Health systems and practices can compare their *expected* hypertension prevalence from the Estimator Tool with their *measured* prevalence to assess if they potentially have a large percentage of their patient population who have undiagnosed hypertension.⁴

Where to Start?

Start with the steps that make the most sense for your practice. What's important is that you begin the process now. Do not delay. Bring undiagnosed patients who are hiding in plain sight into clear view. Spread the word about how other healthcare professionals can find their undiagnosed patients. This could help protect millions of people from unnecessary and preventable events.¹



Identifying Patients with Undiagnosed Hypertension

Hypertension control is an easy priority to make in your practice. Here are four ideas that can help you to identify and assist patients with undiagnosed hypertension who are hiding in plain sight.

 Establish clinical criteria for undiagnosed hypertension using current evidence-based guidance. Work with your health care team to determine the number of elevated blood pressure readings and the degree of elevation that should trigger a red flag for a patient follow-up.

2. **Search** Electronic Health Record (EHR) data to find patients who meet your established clinical criteria. For example, some providers have searched EHR registries using algorithms to extract relevant information.² Pick the approach that works best for your practice based on your available resources.

Example: An EHR query might search for patients with a historical blood pressure reading of \geq 140/90 mmHg but without a diagnosis code indicating hypertension.

3. **Implement** a plan to communicate with these patients and to treat those with hypertension. The plan might include 24-hour ambulatory or home blood pressure monitoring, automated office blood pressure readings, or repeated in-office measurement (ideally two readings on at least two occasions). For patients with confirmed hypertension, follow standardized treatment protocols and provide feedback to your care team about how best to support patients in achieving and maintaining blood pressure control, such as prioritizing adherence to medications and lifestyle modifications.

4. **Calculate** hypertension prevalence in your practice and compare your data against local, state, or national prevalence data. Comparing the prevalence of hypertension among your patients to national or state/local values could add much-needed context to blood pressure control rates and may help identify more patients who might benefit from additional action.^{1,3}

Change Packages

For more information regarding ideas, workflow enhancements, engaging patients in care, and diagnosing hypertension, please use these **free** change packages.



- <u>http://mylearning.nachc.com/diweb/fs/file/id/229350</u> to access the NAHC NACHC Undiagnosed Hypertension Change Package.⁵
- <u>https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf</u> to access the Million Hearts R Hypertension Control Change Package for Clinicians.⁶

Use Social Media to Help Raise Awareness



Still worried that you are missing patients who might be hiding in plain sight? The Undiagnosed Hypertension Partner Toolkit is a simple, easy to use resource for health care professionals to help raise awareness among colleagues as well as patients. The toolkit offers easily integrated graphics, sample social media messaging, text for newsletters and much more.²

References:

1. Centers for Disease Control and Prevention. Undiagnosed Hypertension. 2016. https://www.cdc.gov/features/undiagnosed-hypertension/index.html. Accessed 10/5/17.

2. Centers for Disease Control and Prevention: Million Hearts. Undiagnosed Hypertension Partner Toolkit. https://millionhearts.hhs.gov/tools-protocols/hiding-plain-sight/toolkit.html. Accessed 10/5/17.

3. Centers for Disease Control and Prevention: Million Hearts. Undiagnosed Hypertension. <u>https://millionhearts.hhs.gov/tools-protocols/hiding-plain-sight/index.html</u>. Accessed 10/5/17.

4. Centers for Disease Control and Prevention: Million Hearts. Hypertension Prevalence Estimator Tool. <u>https://nccd.cdc.gov/MillionHearts/Estimator/</u>. Accessed 10/5/17.

5. National Association of Community Health Centers. Million Hearts: Leveraging Health Information Technology (HIT), Quality Improvement (QI), and Primary Care Teams to Identify Hypertensive Patients Hiding in Plain Sight (HIPS), Consolidated Change Package. June 30, 2015. http://mylearning.nachc.com/diweb/fs/file/id/229350. Accessed 10/5/17.

6. Centers for Disease Control and Prevention. Hypertension Control Change Package for Clinicians. 2015. https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf Accessed 10/5/17.

For additional information, please contact Bureau of Health Promotion at (785) 291-3742. Funding was provided by cooperative agreement 6NU58DP004808-04-08 from the Centers for Disease Control and Prevention (CDC). Contents are solely the responsibility of the authors and do not necessarily reflect the official views of the CDC.

Bureau of Health Promotion, Kansas Department of Health and Environment, December 2017