3 keys to help your practice achieve health equity in hypertension

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Achieving blood pressure control takes on greater importance during COVID-19. Black, Latinx and Native American adults—who are disproportionately affected by COVID-19—are less likely than their white counterparts to have their BP controlled. The first step in achieving health equity is to capture accurate race and ethnicity data. This Target: BP™ resource offers three key steps to follow to help improve data collection protocols for physicians and their care teams.

This resource is available to all physicians and health systems as part of Target: BP, a national initiative co-led by the AMA and American Heart Association (AHA). Target: BP helps participating health organizations improve BP control rates through the evidence-based AMA MAP BP™ program, and recognizes organizations committed to improving BP control.

Race and ethnicity is are usually captured during the patient-registration process. Nevertheless, it is essential for “all care team members—as well as administrators and everyone in between—to know and understand their role in the standardized, accurate collection, reporting and use of this data,” said Christopher Holliday, PhD, MPH, during a Target: BP webinar. He is director of population health and clinical-community linkages at the AMA.

“Current collection remains inconsistent, inaccurate, incomplete and fragmented,” said Holliday. “To achieve blood pressure control for all patients, these data, along with the collection of other socioeconomic data are important to begin identifying and addressing health care disparities.”

Understand your current practices


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Assessment is the first step to improving data collection in your physician practice or health care organization, explained Holliday. It is important to know how race and ethnicity data are collected from patients.

That can be accomplished by asking: At your clinic or health organization, do you ...

- ... first provide information to patients regarding why race and ethnicity data are important before asking for their response?
- ... ask patients to self-report their race and ethnicity?
- ... provide training or scripts on how to ask patients about their race and ethnicity?
- ... have a standard process for collecting and recording race and ethnicity data in the EHR?

If the answer is “no” to one or more questions, it’s time to take action.

**Identify gaps in education, training**

Education and training are vital to “build team knowledge and skills, and to accurately document race and ethnicity,” Holliday said. Teams can watch the Target: BP webinar, “How to collect accurate and complete race/ethnicity data—a step toward improving health equity.”

Additionally, the CME module, “Collecting Patient Data: Improving Health Equity In Your Practice,” is designated by the AMA for a maximum of 0.75 AMA PRA Category 1 Credit™.

The offering is part of the AMA Ed Hub™, an online learning platform that brings together high-quality CME, maintenance of certification, and educational content—in one place—with relevant learning activities, automated credit tracking and reporting for some states and specialty boards.

**Strengthen your process**

It’s important to make the collection of this data a standard routine, Holliday said. An essential part is explaining to the patients “the why” behind the information request. “We ask because we care,” patients should be told. “We want to improve the quality of our care to our patients and having your accurate race and ethnicity are a part of that process,” Holliday advised.

Practices should look to scripts and clinic procedures that “support effective communication,” he said, noting that there are sample scripts for:


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Collecting race, ethnicity and primary language data.
Health care teams.
Creating a patient demographics questionnaire.

Once the process has been implemented, physician practices and health systems should use quality-improvement methods by observing staff use of new skills, tools and procedures, then evaluate the impact.

“Using these data to identify and address health care disparities and inequities in your clinical practice is a key step to improve quality and health outcomes for all,” said Holliday.

To eliminate health disparities in underserved communities, the AMA has teamed up with a group of national health care professional organizations and heart health experts including the AHA, as well as partners like *Essence* magazine, on the Release the Pressure campaign to advocate for improved heart health among Black women, their friends and families. Learn more about this national campaign and how your team can be involved.