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**MEDICINE™**

# AMA Academic Physicians Section Improving Health Outcomes Update

**November 9, 2018**

**Karen Kmetik, PhD**  
**Group Vice President, Improving Health Outcomes**

The urgency: The national numbers are large and growing

**84**  
**MILLION**



Number of adults with prediabetes,  
9 out of 10 unaware

Number of adults with hypertension,  
more than half not controlled



**103**  
**MILLION**

We at the AMA - with our partners - seek to decrease cardiovascular disease and deaths in US adults

Through:

**1** No new cases of preventable type 2 diabetes

**2** Everyone with hypertension at their blood pressure goal

# Our AMA and partner strategies

Real-world, evidence-based support for physicians and care teams to enable them to:



Achieve 70% and higher BP control rates for their patient population by utilizing the M.A.P. improvement program for BP control.



TARGET: **BP**™



Identify and refer those with prediabetes to CDC-recognized diabetes prevention programs\* (DPPs) (first line option) or alternative recommended treatment.



Prevent  
Diabetes  
**STAT**  
Screen / Test / Act Today™

*\*also called “CDC-recognized lifestyle change program”*

# AMA and collaborators build a blood pressure improvement program

2013

2014

to

2017

2018

<p><b>Build BP MAP improvement program</b></p> <p>AMA, JH create MAP with 10 practices</p>	<p>AMA, CCI modify MAP; test in 900 patients for 6 months in Greenville, SC practice – positive results</p> <p>AMA conducts medical student BP Check Challenge: finds students not measuring BP accurately</p>	<p>AMA/CCI next test MAP at 16 primary care practices (~17,000 patients) in SC – positive results – <i>published 2018</i></p>
<p><b>Launch Target: BP with AHA Goal: 70% BP control</b></p>	<p>329 HCOs submit data in first year of Recognition Program</p> <p>AMA/AHA launch public awareness campaign</p>	<p>802 HCOs submit data from 8.7 million patients with HTN</p> <p>AMA/AHA ambulatory data platform</p> <p>Public campaign hits first 500K visitors</p>
<p><b>Align payment incentives</b></p> <p>SMBP = self-measured blood pressure</p>	<p>2 CPT codes to support SMBP</p>	<p>AMA/AHA solicit public comments for first U.S. validated BP device list</p> <p>HEDIS 2019 measure to include SMBP</p>

## Aim

This national initiative aims to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations, and patients to prioritize blood pressure control

## Goal

Achieve 70% or higher BP control rate

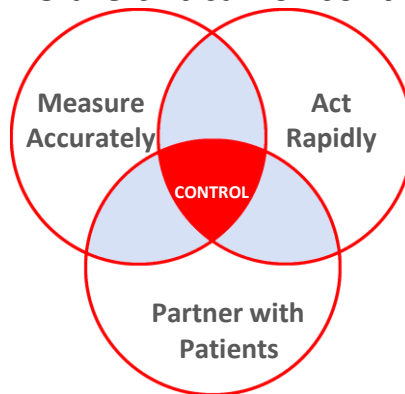
## Offering

Recognition Program and MAP Improvement Program

### Recognition program



### All 3 are critical for control



# Evidence-based MAP improvement program

Received: 15 June 2017 | Revised: 16 August 2017 | Accepted: 28 August 2017  
DOI: 10.1111/jch.13141

## ORIGINAL PAPER

WILEY

### 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

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#### 1 | INTRODUCTION

Approximately 34% of US adults, or nearly 86 million people, have hypertension. Hypertension was a factor in 410 624 US deaths in 2014.<sup>1</sup> Approximately 45.6% of adults with hypertension have uncontrolled blood pressure (BP) of  $\geq 140$  mm Hg systolic BP (SBP) and/or  $\geq 90$  mm Hg diastolic BP (DBP).<sup>1,2</sup> Consequently, an estimated 39 million adults

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 systolic BP change per therapeutic intensification. Between baseline and the last study visit, BP control to  $< 140/\leq 90$  mm Hg increased from 61.2% to 89.9% ( $P < .0001$ ). MAP rapidly and significantly improved hypertension control in medically underserved patients, largely as a result of measuring BP accurately and partnering with patients.

in the United States have uncontrolled hypertension and remain at risk for preventable cardiovascular disease.<sup>1</sup> Dr Thomas Frieden, former Director of the Centers for Disease Control, concluded that better BP control could save more lives than any other single treatment intervention.<sup>3</sup>

Hypertension control is dependent on three crucial and interrelated variables. First, clinical measurement of BP must be accurate and reflect usual daytime values in order to properly diagnose hypertension and assess control. Unfortunately, BP measurements in clinical settings often include multiple methodologic errors,<sup>4</sup> which limit

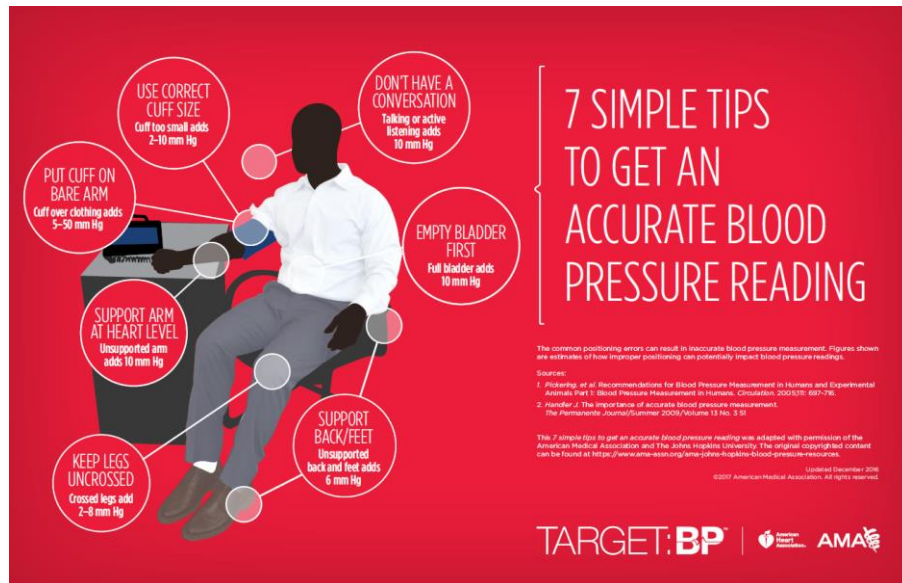
The findings and conclusions in this report are those of the authors (Gregory Wozniak, Jianing Yang, Michael Rakotz) and do not necessarily represent the views of the American Medical Association.

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wileyonlinelibrary.com/journal/jch | 79



# How to measure your blood pressure at home

Follow these steps for an accurate blood pressure reading

## 1 PREPARE

Avoid caffeine, cigarettes and other stimulants 30 minutes before you measure your blood pressure.

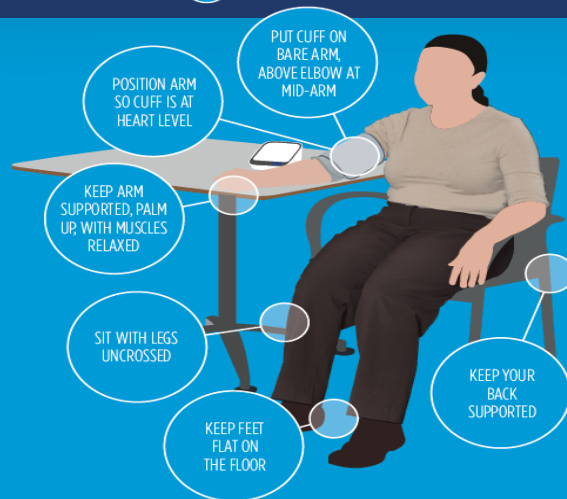
Wait at least 30 minutes after a meal.

If you're on blood pressure medication, measure your BP **before** you take your medication.

Empty your bladder beforehand.

Find a quiet space where you can sit comfortably without distraction.

## 2 POSITION



## 3 MEASURE

Rest for five minutes while in position before starting.

Take two or three measurements, one minute apart.

Keep your body relaxed and in position during measurements.

Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.

Record your measurements when finished.

TARGET:BP™



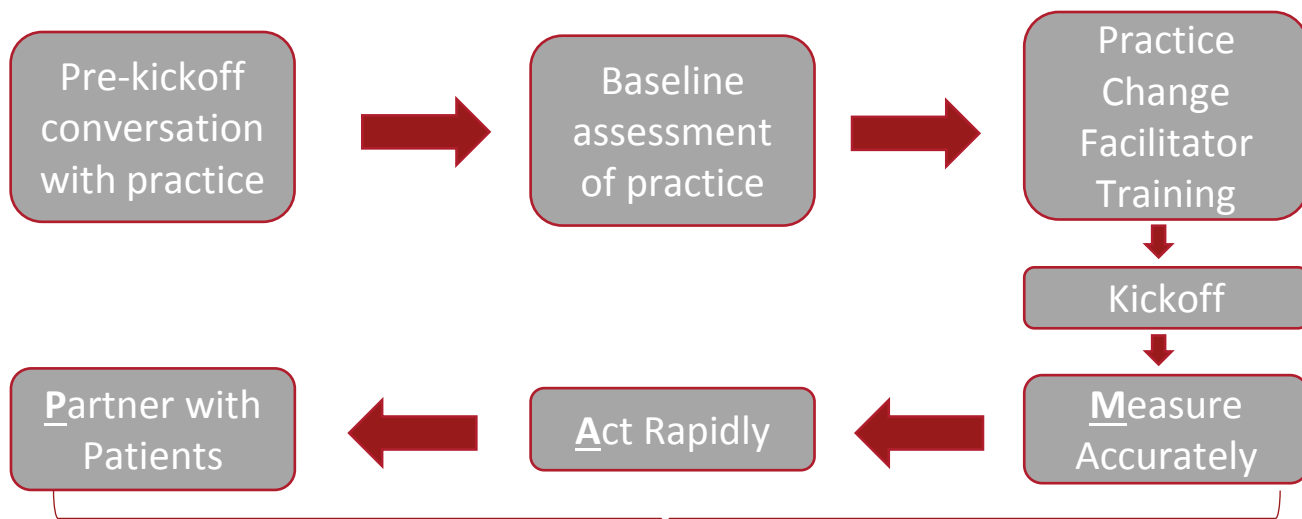
This Prepare, position, measure handout was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at <https://www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources>.

TARGET:BP™



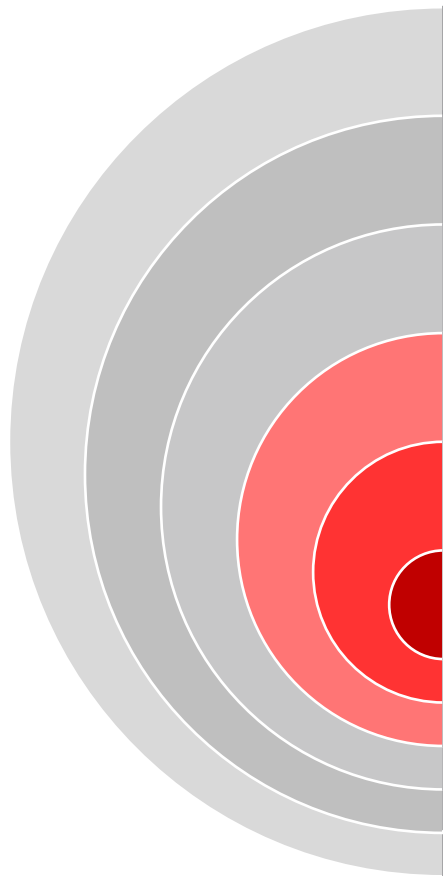


## Facilitation Customization



- 6 month program
- Practice facilitation
- Evidence-based tools and resources
- Data used to drive improvements-dashboard with M.A.P. metrics and control rates

# TARGET:BP™ Community in 2018



Healthcare Organizations (HCOs) registered with Target: BP	• 1,672
HCOs submitting data (Total)	• 802 (up from 329 in 2017)
People with HTN from HCOs submitting data to Target: BP	• > 8,750,000
HCOs with $\geq 70\%$ control (NQF18)	• 347
HCOs engaged in MAP BP Improvement Program	• 15-30
TargetBP.org Users	• 114,000 <sup>+</sup>

# AMA AHA Ad Council BP awareness campaign



## Target Audience

Adults 35-64 who have uncontrolled high blood pressure (>130/80).

## Call To Action

Talk with your doctor to create or evolve a treatment plan. Visit **LowerYourHBP.org**.  
(BajeLaPresion.org for Spanish)



# Real stories



182  
100

JODI, heart attack and stroke survivor.

THIS IS WHAT **HIGH BLOOD PRESSURE** LOOKS LIKE.

You might not see or feel its symptoms, but the results – a heart attack or stroke – are far from invisible or silent. If you've come off your treatment plan, get back on it, or talk with your doctor to create a new exercise, diet and medication plan that works better for you.


Go to [LowerYourHBP.org](http://LowerYourHBP.org) before it's too late.

Ad Council

American Heart Association

American Stroke Association

AMA  
AMERICAN MEDICAL ASSOCIATION



180  
110

JOMY, stroke survivor.

THIS IS WHAT **HIGH BLOOD PRESSURE** LOOKS LIKE.

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Go to [LowerYourHBP.org](http://LowerYourHBP.org) before it's too late.

ad

American Stroke Association

AMA  
AMERICAN MEDICAL ASSOCIATION



160  
110

FRANCISCO, stroke survivor.

THIS IS WHAT **HIGH BLOOD PRESSURE** LOOKS LIKE.

You might not see or feel its symptoms, but the results – a heart attack or stroke – are far from invisible or silent. If you've come off your treatment plan, get back on it, or talk with your doctor to create a new exercise, diet and medication plan that works better for you.

Go to [LowerYourHBP.org](http://LowerYourHBP.org) before it's too late.

ad

American Stroke Association

AMA  
AMERICAN MEDICAL ASSOCIATION

# Results highlights

*Nov '17 – Sept '18*

**552K**

*Users to Campaign Microsite*

**\$20.4M**

*Donated Media*

- Store-boards in 500 CVS locations
- Print materials to 250 predominantly African American churches



# Strengthening TARGET: **BP** MAP for African-American Men



Men	Prevalence New BP Guidelines*	Prevalence Previous Guidelines	BP Control Rate <sup>+</sup>
<b>Black</b>	<b>59%</b>	<b>42%</b>	<b>42.7%</b>
White	47%	31%	54.9%
Asian	45%	29%	40.0%
Hispanic	44%	27%	40.9%

\*NHANES 2011-2014

<sup>+</sup>Circulation 2018

# Approach to improving blood pressure control for Black men

CVD is the largest contributor to the mortality difference between black and white populations in the US. Hypertension was the single largest contributor, accounting for 15% of the disparity.

**AMA and our collaborators want to make a difference.**

**Our approach is to ask questions for problem framing before problem solving; to learn, then lead.**

## **Question 1**

**What do Black men and their physicians say are the barriers and possible solutions?**

## **Question 2**

**Are Black patients with hypertension (and all patients) receiving guideline-recommended medications?**

## **Question 3**

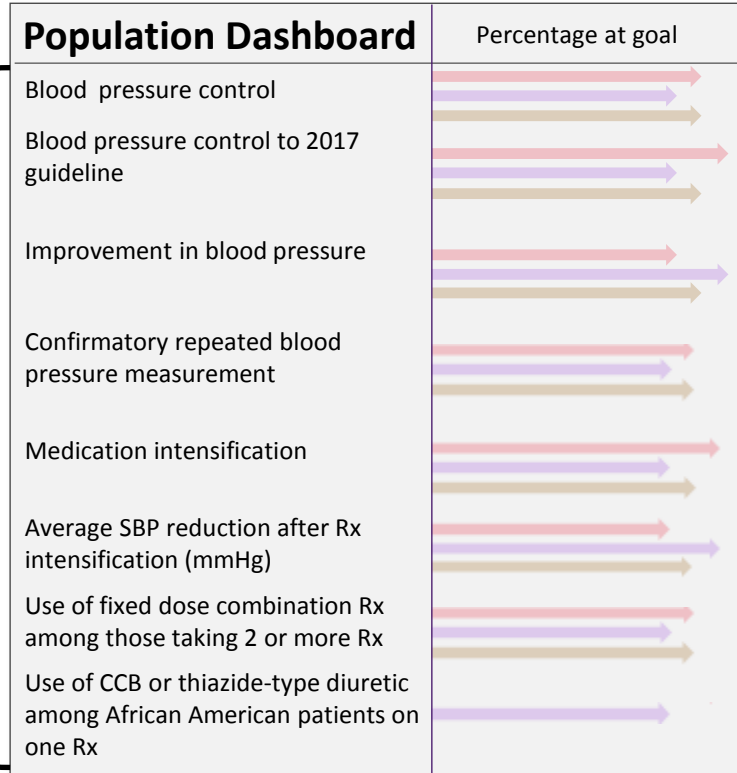
**Which community programs are effective and for which aspect of BP control for Black men?**

## **Question 4**

**How can every primary care practice have a population-level dashboard for BP stratified by race and ethnicity?**

# How can every primary care practice have a population-level dashboard for BP, stratified by race and ethnicity?

MAP metrics  
stratified by  
race, ethnicity



## Pursuing options:

- AHA/AMA Target: BP Data Platform



# The evidence for our support to individuals and clinical teams to prevent type 2 diabetes

**DPP Research Study:** People with prediabetes who took part in a structured lifestyle change program reduced their risk of developing type 2 diabetes (at average follow-up of 3 years) compared to placebo.

***And the lifestyle change program was nearly twice as effective as metformin.***



**58%** risk reduction

## DPP

Intensive Lifestyle Change Program  
(71% reduction for patients over age 60)



**31%** risk reduction

## METFORMIN

Glucose Lowering Drug  
(Currently, there is no FDA approval for metformin for the indication of diabetes prevention)

.Knowler et al. *N Engl J Med* 2002;346:393-403.

# AMA catalyzes the **diabetes prevention** ecosystem

2013

2018

## Coverage of the DPP

Only United Healthcare in some markets

No Medicare or Medicaid coverage

Medicare and 10 Medicaid programs

23 states (employees)

Over 33 private plans

More employers (eg, Boeing)

AMA Advocacy/IHO work toward Medicare virtual DPP

## Awareness

Public campaign yields 1M risk tests completed; campaign refresh launch Nov. 13

New portal for Medical Societies

## Client service

CMMI demo: YUSA, AMA engages physicians to refer Medicare beneficiaries to YDPPs

AMA successful client service model for HCOs

AMA digital program to support more HCOs

## Payment incentives

CPT codes

IAs in MIPS/QPP

## DPPs

480 CDC-recognized DPPs

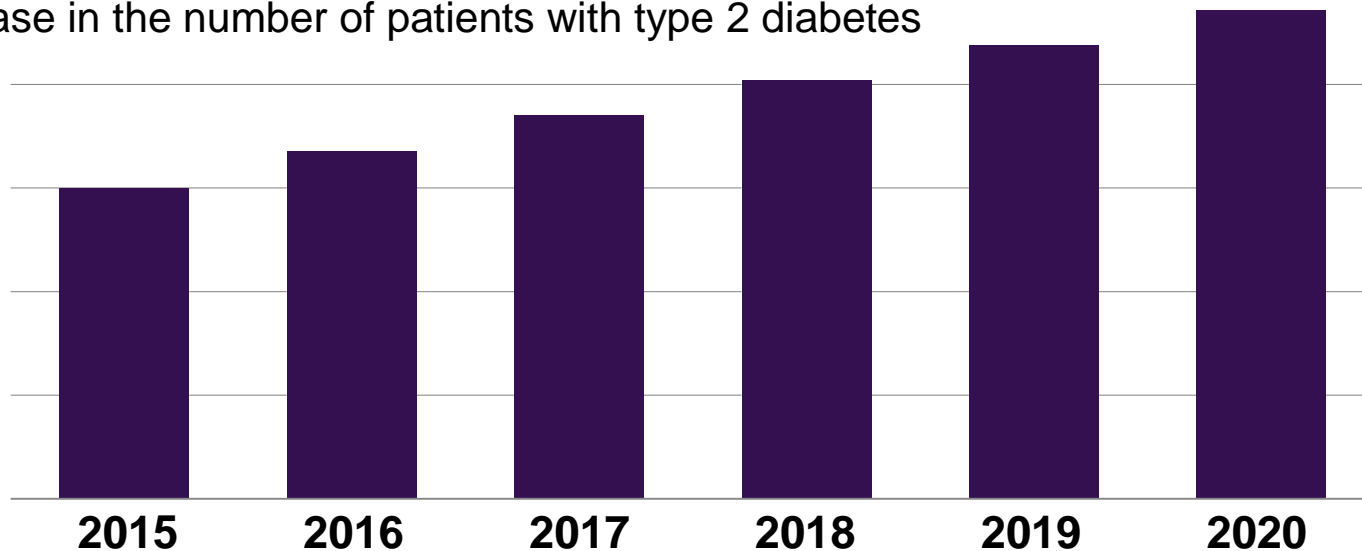
Prediabetes quality measures

1,627 DPPs (>600 clinical settings)

First Mile Care launches

## The urgency: primary care cannot handle the expected increase in type 2 diabetes

Over the next 5 years, a typical large clinical practice could experience a 32% increase in the number of patients with type 2 diabetes



Based on a panel size of approximately 100,000 patients

Slide courtesy of Ronald T. Ackermann, MD, MPH, Northwestern University Feinberg School of Medicine

## The urgency: As a nation, we cannot afford the costs

Annual  
additional health care  
spending for someone who  
progresses from  
prediabetes to type 2  
diabetes relative to those  
who do not transition:

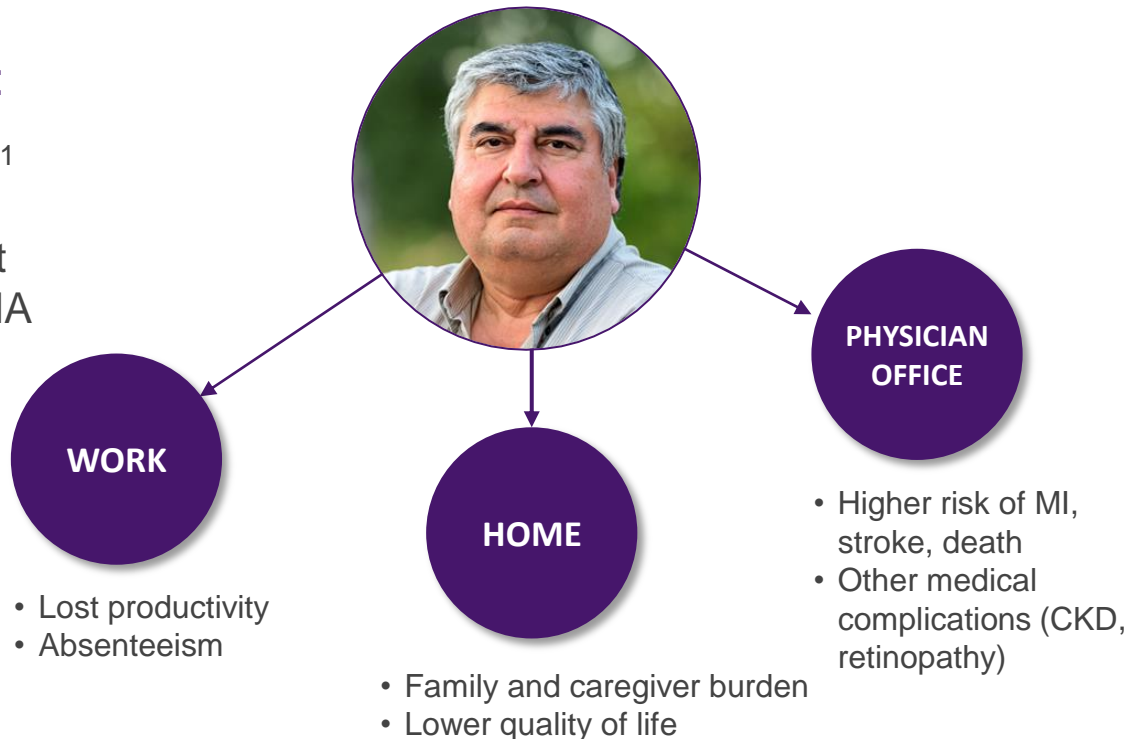
**\$2,671**  
**PER YEAR\***

\* T Kahn et al *Population health management* 20.5 (2017): 389-396.

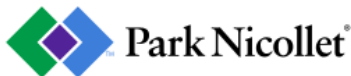
# The urgency: Cardiovascular disease places a heavy burden on individuals and families and negatively affects wellbeing

Among working-age adults:

- **18.9M** have **type 2 diabetes**<sup>1</sup>
- **44M** have **hypertension**, but under the new 2017 ACC/AHA Hypertension Guideline, that increases to **71.9M**<sup>2</sup>



Among the growing list of health care organizations we have worked with to prevent type 2 diabetes



We offer client services and educational products to all health care organizations to achieve for your populations:



Fewer cases of type 2 diabetes



Improved blood pressure control

“The AMA is focusing on the management of blood pressure in hypertension patients and has developed an evidenced based program that is being deployed throughout the U.S. and in many of our Trinity health networks.

It is clear that what the AMA is providing is hitting the sweet spot for our ambulatory teams!”

**-Kevin Taylor, MD, FACP**  
*Senior Medical Director*  
**Trinity Health**

“We partnered with the American Medical Association to increase physician awareness and create a referral process. Their guidance and expertise have been invaluable.”

**- Colleen Kristbaum, MS, RDN, CD, FAND**  
*Statewide Director of Diabetes Programs*  
**Ascension Wisconsin**



