



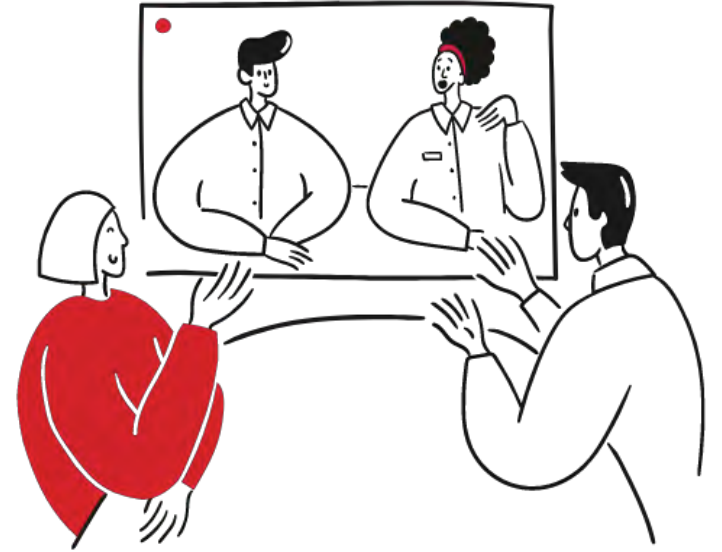
# **The Formula for 100% Blood Pressure Control: Guidelines, Data & Tools in Action**

**September 22nd, 2025**



# Housekeeping

- Welcome!
- Let's get to know each other - Take a moment to introduce yourself in the chat!
- **Please change your name to your full First and Last Name**
- **Please add your Health Center/Organization Name next to your name!**



# Speakers



**Andrew Moran, MD, MPH**

Associate Professor of Medicine, Columbia University

Director, Global Hypertension Control, Resolve to Save Lives



**Amelia Fox**

Senior Clinical Improvement Specialist, Azara Healthcare





# Bridging the gap: Translating 2025 US hypertension guidelines into practice

**Andrew E. Moran, MD, MPH**

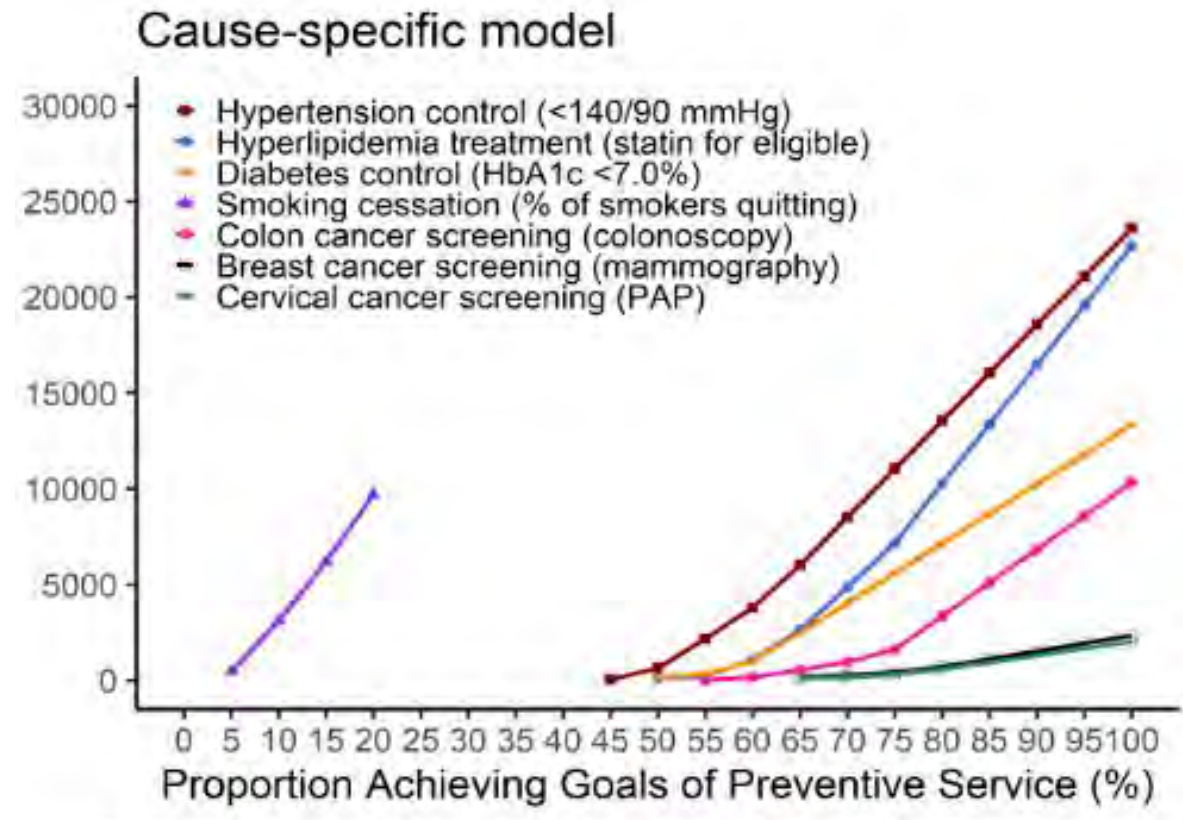
Associate Professor of Medicine, Columbia University

Director, Global Hypertension Control, Resolve to Save Lives

# Motivation

# Hypertension control = lives saved

- Of all primary care preventive services, **hypertension control saves the most lives**

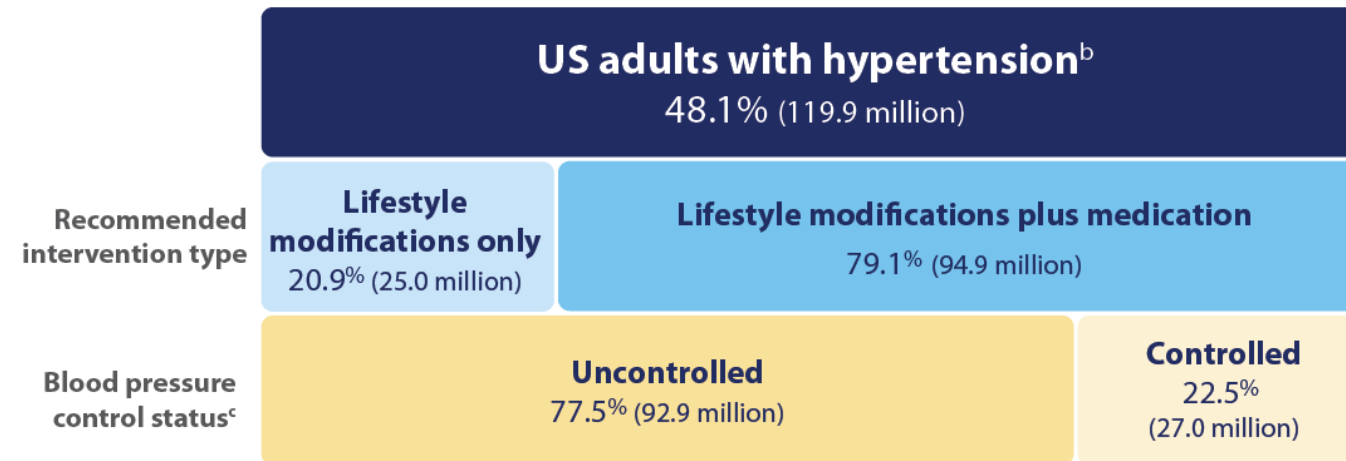


# Hypertension in the US population\*

- Fewer than 1 in 4 US adults with HTN have their BP controlled <130/80 mmHg (less than half are <140/90).

## Estimated Hypertension Prevalence, Treatment, and Control (Blood Pressure <130/80 mm Hg) Among US Adults<sup>a</sup>

Applying the criteria from the American College of Cardiology and American Heart Association's (ACC/AHA) 2017 Hypertension Clinical Practice Guideline - NHANES 2017- March 2020



Data source: National Center for Health Statistics, Centers for Disease Control and Prevention, National Health and Nutrition Examination Survey (NHANES) 2017-March 2020. Definitions: ACC/AHA criteria adapted from Ritchey MD, Gillespie C, Wozniak G, et al. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/AHA Hypertension Guideline. *J Clin Hypertens*. 2018; 1377-1391. <https://doi.org/10.1111/jch.13364>

# Hypertension in the NY State Community Health Centers\*

## UDS Data Five-Year Summary

Age and Race/Ethnicity

Patient Characteristics

Services

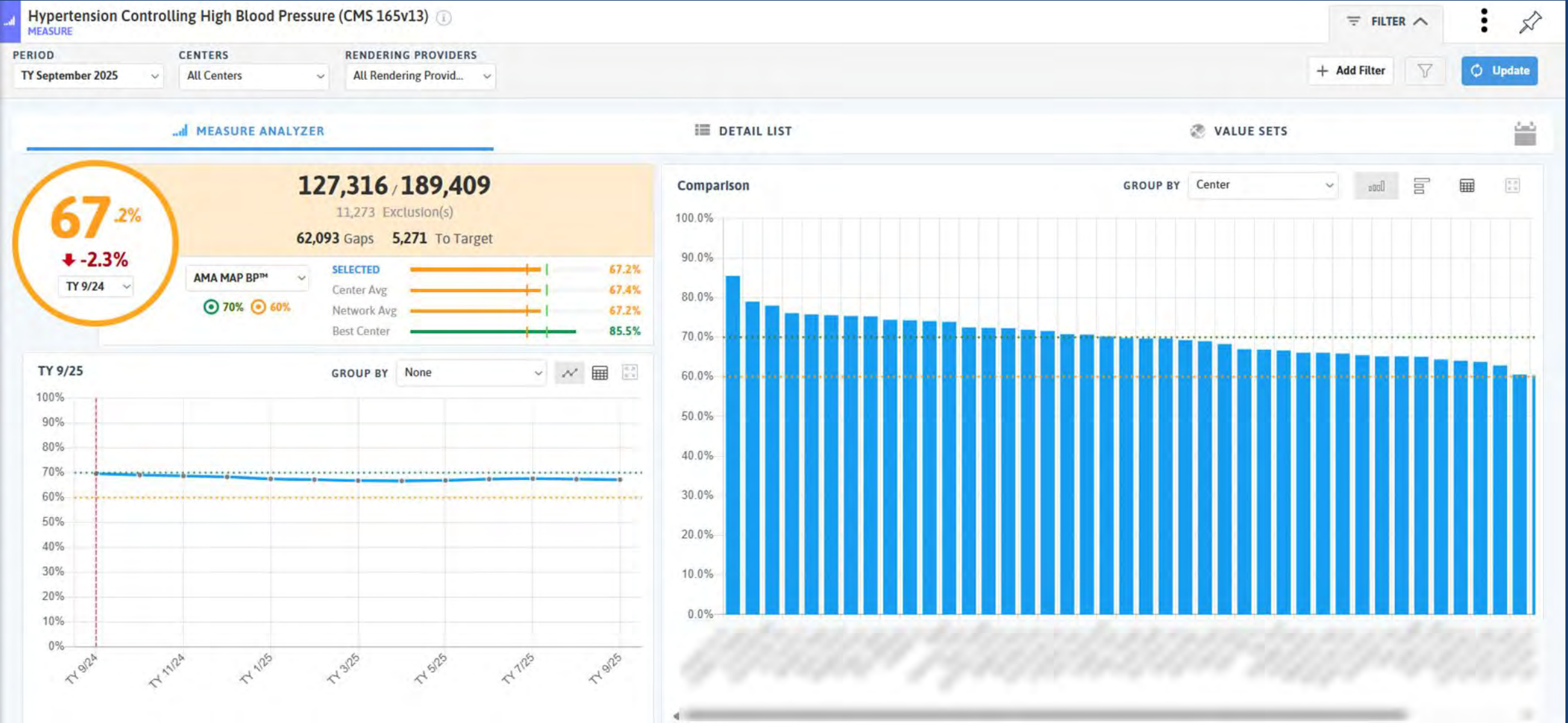
Clinical Data

Cost Data

Clinical Data	2020	2021	2022	2023	2024
Controlling High Blood Pressure *	60.46%	62.56%	66.40%	67.85%	69.74%

- Overall, within NY adults with HTN treated in participating centers (1.3 million adults); **HTN control is ~70%**
- This estimate does not account for people without healthcare access or not accessing their care
- As we will see later in this webinar, **HTN control around 65% is typical for health systems where the system and clinicians are working toward a goal BP <140/90 mmHg**

# CPCI HTN Control Rates



# US hypertension guidelines

- **Up til 2003:** Guidelines issued by US government bodies until 2012, then
- **2012:** controversial JNC8 guideline, confusion among clinicians and health system managers. Subsequently guidelines taken over by American College of Cardiology/American Heart Association (ACC/AHA)
- **2015 SPRINT trial:** value of intensive vs standard treatment (goal <120 vs <140)
- **2017 ACC/AHA guideline** recommends *lower diagnostic threshold and intensive treatment goals*
- **Low adoption of 2012 guideline and wait until 2017 for ACC/AHA guideline meant that 2003 JNC7 guidelines were mainstay for 14 years**—the JNC7 "140/90" for most patients firmly entrenched in clinical practice, performance metrics, and value-based reimbursement schemes
- **Adoption of 2017 guideline slow at national level**—lower, 2017 guideline BP thresholds considered but not adopted by NCQA in 2025
- **September 2025:** release of 2025 ACC/AHA hypertension guideline

# Implementing the 2025 HTN guidelines in practice, reaching 100% HTN control

- Guidelines only save lives if they are successfully implemented and scaled!
- [AMA MAP quality improvement tools](#)
- WHO HEARTS—similar
  - Simple HTN treatment protocols
  - Team-based care
  - Data & dashboards for monitoring/QI
- **Success stories, population level:** Hypertension Canada, South Korea HTN initiative—over ~60% population-level control (<140/90)
- **Success stories, health systems:** Kaiser System, VA, (>90% at <140/90) San Francisco safety net clinics (>70% at <140/90)\*

\*Fontil, V., et al, Circ CVQO 2018



## Measure Accurately

Measure Accurately to obtain accurate, actionable data to diagnose and treatment.



## Act Rapidly

Act Rapidly to initiate and intensify evidence-based treatment.



## Partner with Patients

Partner with Patients, Families and Communities to support patient engagement and improve adherence to treatment.

# AMA MAP™ HTN Metrics

## Measures

**Measures**

- Hypertension Monitoring
  - AMA MAP BP - HTN-Repeat Blood Pressure Measurement
  - AMA MAP BP - Uncontrolled HTN Follow-Up
  - AMA MAP Confirm BP
  - AMA MAP Follow-up
- Hypertension Prescribing
  - Adult HTN Guideline Recommended Therapy
  - AMA MAP BP - HTN-Medication Intensification
  - AMA MAP BP - SBP Change After Med. Intensification
  - AMA MAP Med Intens.
  - AMA MAP SBP Reduction

## Scorecards

**Scorecards**

- Dental
- Diabetes
- HIV
- HTN
- AMA MAP BP Metrics
- AMA MAP™ HTN
- AMA MAP™ HTN Prescribing
- Hypertension Control
- Care Effectiveness

## Dashboards

**Dashboards**

- UDS
- Azara
- AMA MAP BP Metrics
- AMA MAP™ Hypertension
- Cancer Screening
- Data Health - Lab Volume
- Data Health - Questionable Values
- Diabetes
- Panel Management
- Patient Risk Stratification
- Point of Care Alert Closure
- Predominant Conditions
- Referral Management
- Social Needs All Patients
- Social Needs Assessed

# AMA MAP™ HTN Targets

## AMA MAP™ HTN Recommended Targets

⚙️

⏪ Target Administration ⏩

Search Targets...

🔍

Updated AMA MAP HTN Targets

NAME ▾	MEASURE ↓	PRIMARY TARGET	SECONDARY TARGET	
AMA MAP HTN	Hypertension Controlling High Blood Pressure (CMS 165v13)	70%	60%	⚙️
AMA MAP HTN	AMA MAP™ SBP Reduction After Med Intensification	70%	60%	⚙️
AMA MAP HTN	AMA MAP™ Med Intensification for Uncontrolled HTN	30%	20%	⚙️
AMA MAP HTN	AMA MAP™ Follow-up for SBP >140 or DBP >90	50%	40%	⚙️
AMA MAP HTN	AMA MAP™ Confirmatory BP Measurement In-Clinic	70%	60%	⚙️

# 2025 ACC/AHA Guidelines

- highlights for clinicians
- translation into practice

# Five\* take-aways, 2025 hypertension guidelines



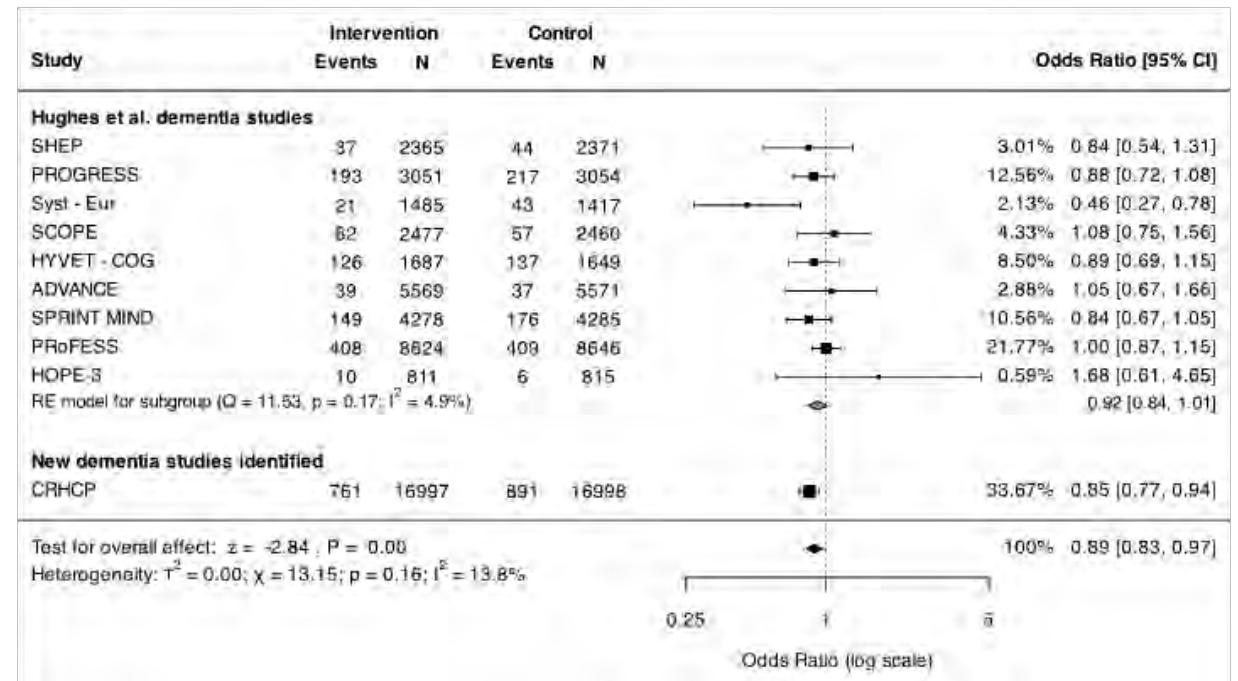
1. Hypertension treatment prevents dementia!
2. Revised HTN treatment groups
3. Risk based-treatment of stage 1 HTN using *AHA PREVENT score*
4. HTN management recommendations
  - 4a: Stage 2 hypertension
  - 4b: Stage 1 hypertension with low risk
5. Team-based care recommended

*\*Home BP monitoring recommendation—NOT covered in this webinar, to be covered in subsequent webinar...*

# 1. Hypertension treatment prevents heart disease, strokes...and dementia

- Dementia is a disabling and costly condition, costing the U.S, \$345 billion annually
- No effective treatment
- But there is a way to prevent dementia—hypertension treatment!

- ACC/AHA 2025 Hypertension guideline  
"recommends early treatment for people diagnosed with high blood pressure with a goal of systolic blood pressure...goal of <130 mm Hg for adults with high blood pressure to prevent cognitive impairment and dementia"
- *People care about avoiding dementia! Need to find ways to communicate with patients*



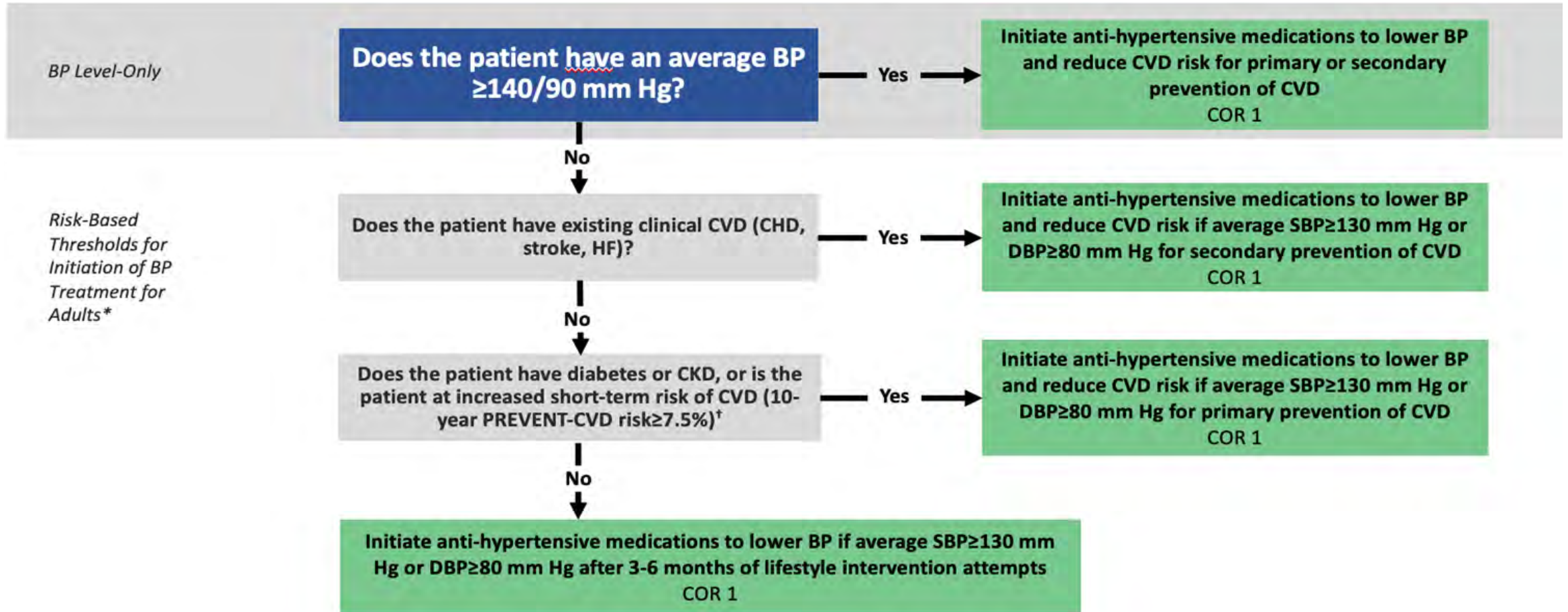
## 2. HTN categories (same as 2017)

- 2025 Hypertension Categories

Blood Pressure Category	SBP		DBP
Normal	< 120 mmHg	and	< 80 mmHg
Elevated	120 to 129 mmHg	and	< 80 mmHg
Hypertension			
Stage 1 Hypertension	130 to 139 mmHg	or	80 to 89 mmHg
Stage 2 Hypertension	≥ 140 mmHg	or	≥ 90 mmHg

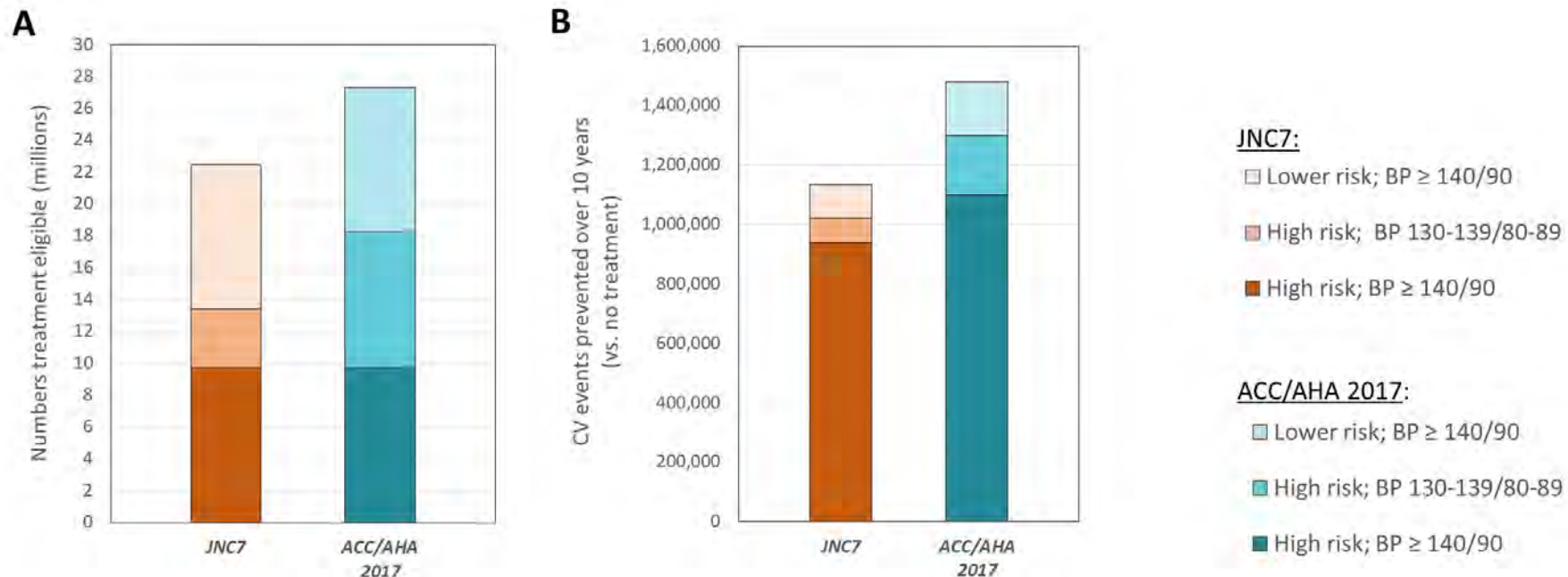
## 2. Revised treatment groups

- 2025 treatment indications and BP goals



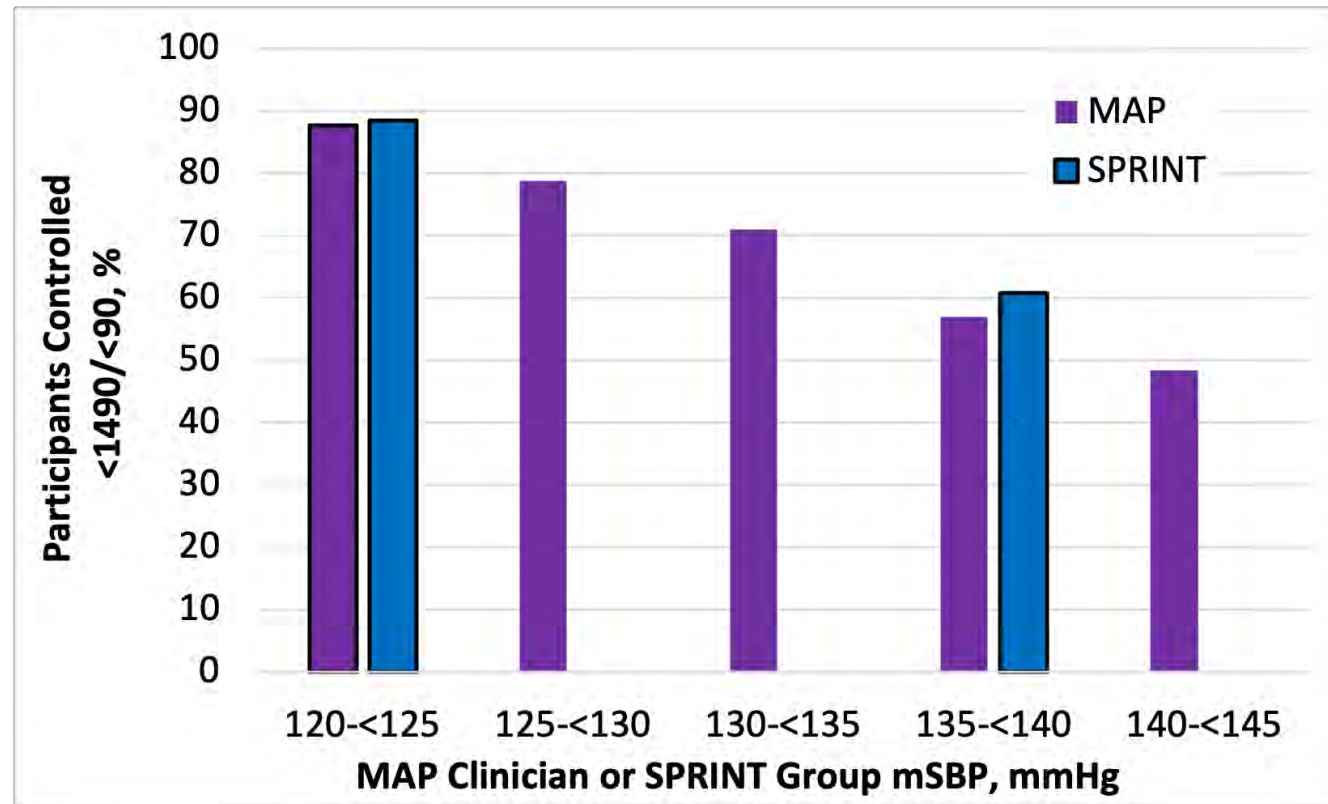
# Lower BP threshold & targets

- Setting diagnosis threshold at  $\geq 130/80$  **increased treatment eligible population by ~5 million people** (2017 guideline; 2025 guideline will increase treatment-indicated by another 2 million...)
- **Greatest prevention benefit in treating high CVD risk stage 2 HTN (baseline  $\geq 140/90$ ) to intensive goal ( $<130/80$ )\***



# Lower average BP: key to 100% control (to <140/90)

- AMA MAP program health system data and SPRINT trial
- mSBP = mean systolic blood pressure (mean = average)



# Going Beyond the Gap List

**Hypertension Controlling High Blood Pressure (CMS 165v13)**

PERIOD: TY September 2025 RENDERING PROVIDERS: All Rendering Provid...

+ Add Filter Export Excel

### Hypertension Controlling High Blood Pressure (CMS 165v13)

Endorser: None  
Steward: NCQA

Patients 18-85 years of age who had an active diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period and whose most recent blood pressure during the measurement period was adequately controlled (<140/90mmHg).

**Numerator:**  
Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period\*

- Most recent systolic blood pressure in measurement period < 140 mmHg
- Most recent diastolic blood pressure in measurement period < 90 mmHg

\*If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled." If multiple readings are taken on the same day, measure will look for the lowest diastolic and lowest systolic values from all readings. The Detail List includes a "Multiple BP" column that shows the lowest systolic and lowest diastolic readings. This means the final reported diastolic and systolic numbers may be a composite of values from different readings. For example, on reading of 150/95 and another of 135/100 would result in a reported value of 135/95.

OUTPATIENT ENCOUNTER DATE	HTN E CODE	DATE	SYSTOLIC BLOOD PRESSURE	DIASTOLIC BLOOD PRESSURE	MULTIPLE BP	CONTROLLED
6/30/2025	99214	10/14/2024	110	92	110/92	Y
6/18/2025	99214	10/12/2024	110	92	110/92	Y
7/7/2025	99214	6/28/2024	110	92	110/92	Y
7/14/2025	99214	10/14/2024	110	92	110/92	Y
10/24/2024	99442	12/2/2023	110	92	110/92	Y
10/7/2024	99442	3/1/2023	110	92	110/92	Y
8/13/2025	99214	2/28/2020	110	92	110/92	Y
8/11/2025	99214	12/18/2015	110	92	110/92	Y
12/18/2024	99214	12/18/2024	110	92	110/92	Y
3/5/2025	99214	11/17/2021	110	92	110/92	Y
8/15/2025	99213	1/30/2019	110	92	110/92	Y
7/11/2025	99214	8/25/2022	110	92	110/92	Y
8/18/2025	99214	4/21/2021	110	92	110/92	Y
7/18/2025	99213	10/14/2015	110	92	110/92	Y
1/17/2025	99214	8/11/2022	110	92	110/92	Y

1 to 15 of 166 Page 1 of 12

**In order to achieve 100% blood pressure control, we need to tailor our workflows to align with these new standards.**

**But how?**



Plns

PVP

CMP

Reports

Dashboards

Measures

Registries

Admin

UDS 2024 CQMs

FULL REPORT >

TY September 2025

MEASURE	RESULTS
Childhood Immunization Status (CMS 117v12)	71.9%
Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v12)	71.9%
BMI Screening and Follow-Up 18+ Years (CMS 69v12)	71.9%
Depression Remission at Twelve Months (CMS 159v12)	71.9%
Screening for Depression and Follow-Up Plan (CMS 2v13)	71.9%
Tobacco Use: Screening and Cessation (CMS 138v12)	71.9%
Colorectal Cancer Screening (CMS 130v12)	39.1%
Cervical Cancer Screening (CMS 124v12)	46.2%
Breast Cancer Screening Ages 50-74 (CMS 125v12)	52.0%
Hypertension Controlling High Blood Pressure (CMS165v12)	76.1%

Center Overview

TY September 2025

41,900

41,537

MENTS

VISITS

Hypertension Controlling High BP (CMS

er 2025

76%

Events & Announcements

EVENT

NEW

October Webinars

Join us for our October webinars! Back to Basic...

SEP 12

ANNOUNCEMENT

NEW

We're Listening: Share Your Feedback for a Chance to Win \$150

Your Opinion Matters! Take the Client

SEP 09

ANNOUNCEMENT

What's New in DRVS? August

What's New in DRVS? New features and

SEP 08

ANNOUNCEMENT

UDS Table 6b Updates Released

Let's Explore!

# Prompting Providers at the Point of Care

6:53 AM Tuesday, November 14, 2023

Visit Reason: Office visit Departure

**Wilcher, Talitha**  
MRN: 1103221  
DOB: 2/6/1943 (80)

**Phone:** 508-443-3742  
**Lang:** Arabic  
**Risk:** Low (30)

**Portal Access:** Y  
**Cohorts:** Adults Sys > 110, Clinical Pharmacy

**PCP:** Black, Ronda  
**Payer:** Medicare  
**CM:** Eric Gunther

DIAGNOSES (7)		
ASCVD	Cancer	Depression
HCV	HIV	HTN-NE
IVD		
RISK FACTORS (7)		
ANTICOAG	Chronic Opioid Tx	IDD
MSM	Pre-DM	SMI
TOB		
EMPLOYMENT	HOMELESS	LANGUAGE
MED/CARE	MIGRANT	RACE
STRESS	TRANSPORT-MED	UTILITY
VIOLENCE		

ALERT	MESSAGE	DATE	RESULT
LDL	Out of Range	1/17/2023	154
BP	Out of Range	1/17/2023	158/77

OPEN REFERRAL W/O RESULT	SPECIALIST/LOCATION	ORDERED DATE	APPT. DATE
Allergist	Samantha Frost / Brookline	1/17/2023	1/25/2023
Radiology	Samantha Frost / Burlington	1/17/2023	2/7/2023
Accupuncture	John Smith / Burlington	1/15/2023	2/4/2023

Demo Data

# Configure Your Alerts

Edit

GENERAL

DATE CRITERIA

RESULT CRITERIA

POPULATION DEFINITION

NUMERIC RESULTS

Observations can also be triggered by numeric data associated with the observation, such as a lab result or BP reading. For observations with multiple results, like BP, use the numeric 2 threshold field, otherwise leave it empty.

MESSAGE

Out of Range

ALERT IF

Numeric result >=

NUMERIC 1 THRESHOLD

140

NUMERIC 2 THRESHOLD

90

ALPHANUMERIC RESULTS

Alphanumeric observation results can trigger results as well. An alert will be triggered if the observation result is equal to the specified value.

MESSAGE

ALPHA VALUE

Cancel

Confirm

Edit

GENERAL

DATE CRITERIA

RESULT CRITERIA

POPULATION DEFINITION

NUMERIC RESULTS

Observations can also be triggered by numeric data associated with the observation, such as a lab result or BP reading. For observations with multiple results, like BP, use the numeric 2 threshold field, otherwise leave it empty.

MESSAGE

Out of Range

ALERT IF

Numeric result >=

NUMERIC 1 THRESHOLD

120

NUMERIC 2 THRESHOLD

80

ALPHANUMERIC RESULTS

Alphanumeric observation results can trigger results as well. An alert will be triggered if the observation result is equal to the specified value.

MESSAGE

ALPHA VALUE

Cancel

Confirm

# Other Alerts to Consider

Enable appropriate BP Alerts, assign alert owner, and update PVP name if needed

Alert Administration

blood pressure

All Enabled Disabled

All In POC Measure Not in POC Measure

CATEGORY	NAME	PVP NAME	DESCRIPTION	OWNER ↑	CREATED
Vitals	BP	BP	Alert will trigger if Most Recent Blood Pressure has not occurred in the last 1 years, or if numeric_1 value is $\geq 140$ and numeric_2 value is $\geq 90$ . Alert only applies to patients $\leq 8$ 5 yrs old. Patient must have IVD or AMI or CABG or PCI or Hypertension or Diabetes.		02/09/2018
Vitals	BP Stage 1 Repeat	Blood Pressure Repeat Measurement	Alert will trigger for all patients where a Stage 1 or higher blood pressure ( $\geq 130/80$ ) was recorded at the most recent visit with a blood pressure check where there was no repeat blood pressure recorded at that visit. This alert is not configurable		10/18/2023
Vitals	Elevated BP Stage 1 or 2	BP High Stage 1 or 2 No Dx	Alert will trigger for patients who had at least a Stage 1 or Stage 2 blood pressure reading in the last year with no record of an active diagnosis for essential hypertension, or other secondary hypertension diagnosis. This alert is not configurable		10/04/2023

# Tracking BP Trends

Who are my patients coming in this week with HTN?

Search Patients ...

BLOOD PRESSURE				BP 2ND MOST RECENT		BP 3RD MOST RECENT		MOST RECENT BMI		CHOLESTEROL			TRIG		HDL
VITALS DATE	VALUE	SYSTOLIC	DIASTOLIC	DATE	RESULT	DATE	RESULT	DATE	VALUE	DATE	CODE	RESULT	DATE	RESULT	DATE
8/28/2025	134/77	134	77	7/30/2025	150/77	6/17/2025	133/65	8/28/2025	31.16	3/17/2025	2093-3	186	3/17/2025	66	3/17/2025
8/12/2025	124/76	124	76	7/29/2025	124/80	6/3/2025	128/82	8/12/2025	28.72	7/29/2025	2093-3	190	7/29/2025	42	7/29/2025
5/16/2025	197/80	197	80	4/23/2025	169/85	4/16/2025	203/106	5/16/2025	16.64	7/15/2024	2093-3	131	7/15/2024	63	7/15/2024
8/18/2025	131/80	131	80	7/28/2025	133/83	4/24/2025	119/80	8/18/2025	30.41	7/28/2025	2093-3	197	7/28/2025	194	7/28/2025
9/2/2025	132/82	132	82	5/30/2025	148/87	5/16/2025	143/87	9/2/2025	39.25	5/16/2025	2093-3	198	5/16/2025	67	5/16/2025
9/2/2025	135/71	135	71	8/15/2025	153/63	7/15/2025	159/80	9/2/2025	28.89	1/30/2025	2093-3	149	1/30/2025	108	1/30/2025
7/24/2025	121/87	121	87	5/21/2025	146/103	5/13/2025	132/92	7/24/2025	30.56	9/26/2024	2093-3	139	9/26/2024	75	9/26/2024
8/26/2025	150/82	150	82	4/2/2025	134/81	2/4/2025	136/90	8/26/2025	28.41	8/26/2025	2093-3	225	8/26/2025	103	8/26/2025
6/11/2025	130/77	130	77	4/18/2025	132/70	3/24/2025	111/68	6/11/2025	23.17	2/20/2025	2093-3	160	2/20/2025	129	2/20/2025
7/17/2025	118/79	118	79	6/17/2025	125/77	4/16/2025	100/53	7/17/2025	31.27	11/27/2024	2093-3	145	11/27/2024	65	11/27/2024
8/19/2025	149/64	149	64	7/18/2025	117/50	7/15/2025	136/68	8/19/2025	26.85	12/7/2024	2093-3	158	12/7/2024	105	12/7/2024
8/25/2025	106/77	106	77	8/18/2025	117/79	8/5/2025	115/68	8/25/2025	27.80	12/16/2024	2093-3	128	12/16/2024	45	12/16/2024
8/12/2025	150/79	150	79	6/20/2025	133/76	5/13/2025	153/84	8/12/2025	37.20	6/20/2025	2093-3	178	6/20/2025	107	6/20/2025
9/8/2025	136/96	136		8/15/2024	126/85	7/9/2024	128/85	9/8/2025	36.04	8/15/2022	2093-3	173	8/15/2022	131	8/15/2022
8/26/2025	122/74							8/26/2025	32.44	7/18/2024	2093-3	287	7/18/2024	213	7/18/2024

And how have their blood pressures been trending over their last three visits?

**AMA MAP Hypertension Care Effectiveness Patients**

DATE RANGE: 09/22/2025-09/26/2025 | RENDERING PROVIDERS: All Rendering Provid... | PATIENT DIAGNOSES: All Patient Diagnoses | SERVICE LINES: All Service Lines

**Overview - Population: Dyn - OOC Blood Pressure**

**BLOOD PRESSURE CONTROL (BP)**

- Stage 2 Severe ( $\geq 160$  or  $\geq 100$ ): 282
- Stage 2 HTN (140-159 or 90-99): 1,113
- Stage 1 HTN (130-139 or 80-89): 1,000
- Elevated BP (120-129 and  $< 80$ ): 304
- Normal ( $< 120/80$ ): 298
- No Score: 6

**137.0**  
AVG SYSTOLIC BLOOD PRESSURE  
-2.6 Last 12 mths.

**1.8**  
AVG Class Count  
0.1 Last 12 mths.

**981**  
SYS BP PTS WITH A  $\geq 10$  MM/HG DROP

**ANTIHYPERTENSIVE MEDICATION CLASS COUNT**

- >5: 2
- 4-5: 142
- 3: 342
- 2: 581
- 1: 689
- 0: 1,247

3,003 PATIENTS

Search Patients ...

Reset Columns | SAVED COLUMNS

BP CONTROL STATUS	FIRST SYSTOLIC BP IN LAST 12 MTHS	FIRST DIASTOLIC BP IN LAST 12 MTHS	MOST RECENT SYSTOLIC BP LAST 12 MTHS	MOST RECENT DIASTOLIC BP LAST 12 MTHS	FIRST ANTIHTN MED COUNT LAST 12 MTHS	
ELEVATED BP	135		126	5/23/2025		
NORMAL	136		130	6/11/2025		
No Score	128		133	8/25/2025		
STAGE 1 HTN			143	7/23/2025		
STAGE 2 HTN			154	7/7/2025		
STAGE 2 SEVERE	129		110	7/2/2025	77	
	133	9/13/2024	69	7/1/2025	71	
	11/4/2024	132	11/4/2024	89	3/18/2025	131
	11/4/2024	153	11/4/2024	66	8/25/2025	144
	11/11/2024	122	11/11/2024	68	5/12/2025	118
	9/18/2024	144	9/18/2024	98	7/23/2025	145
	10/17/2024	128	10/17/2024	81	8/15/2025	128

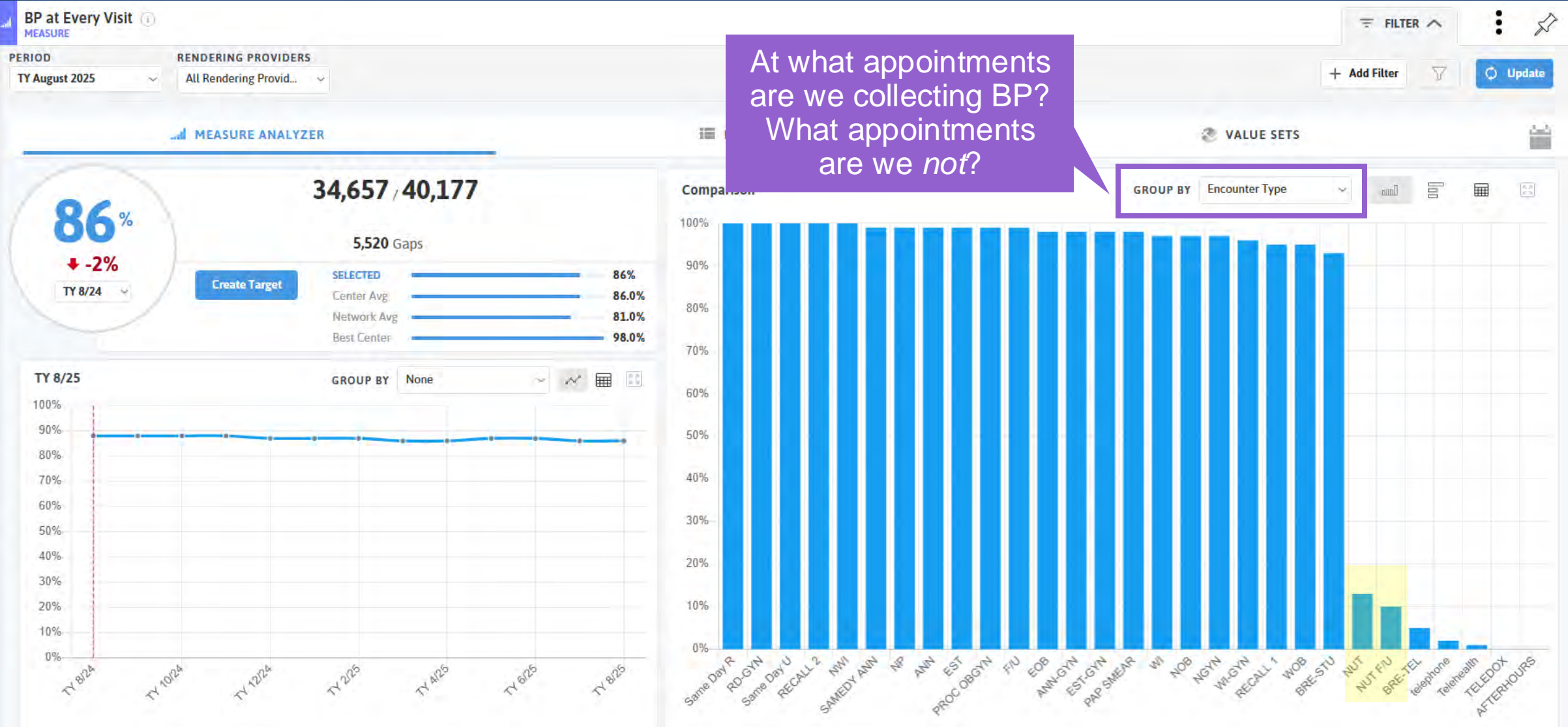
Easily identify patients with different levels of HTN

Easily identify patients with increasing systolic BP in the last 12 months

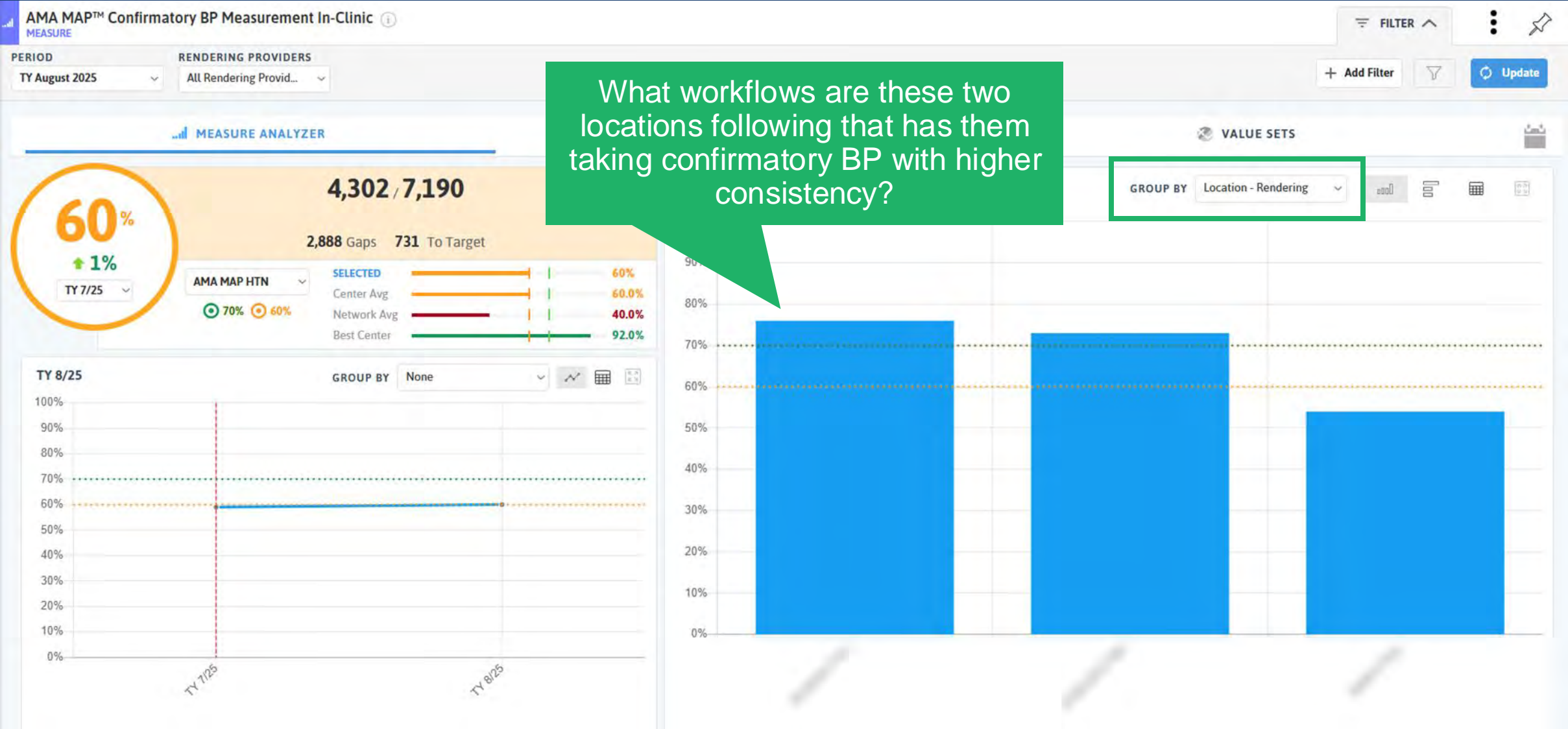
Don't just evaluate the  
outcomes, evaluate your  
**process!**



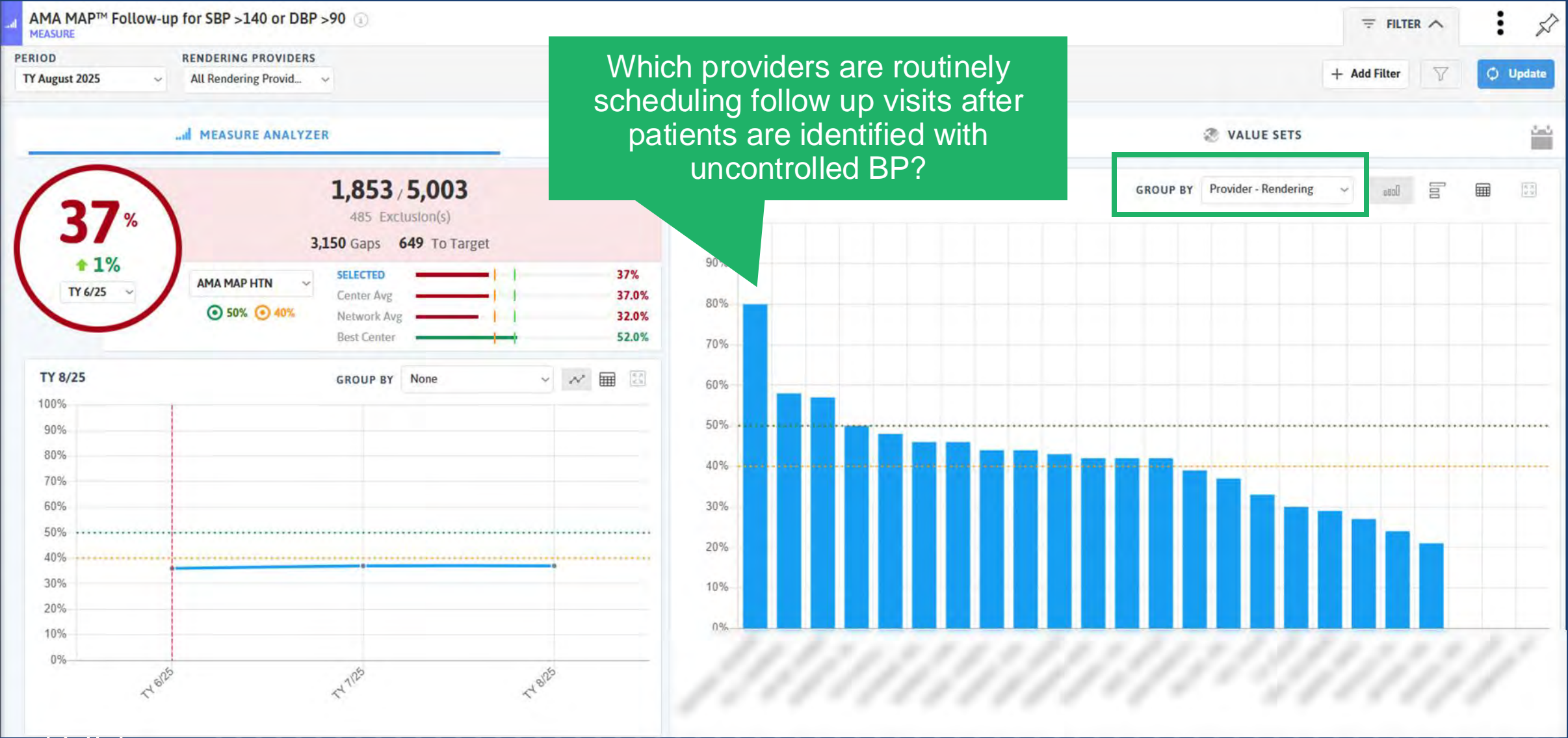
# Process Metrics | Collecting BP Every Visit



# Process Metrics | Collecting Confirmatory BP

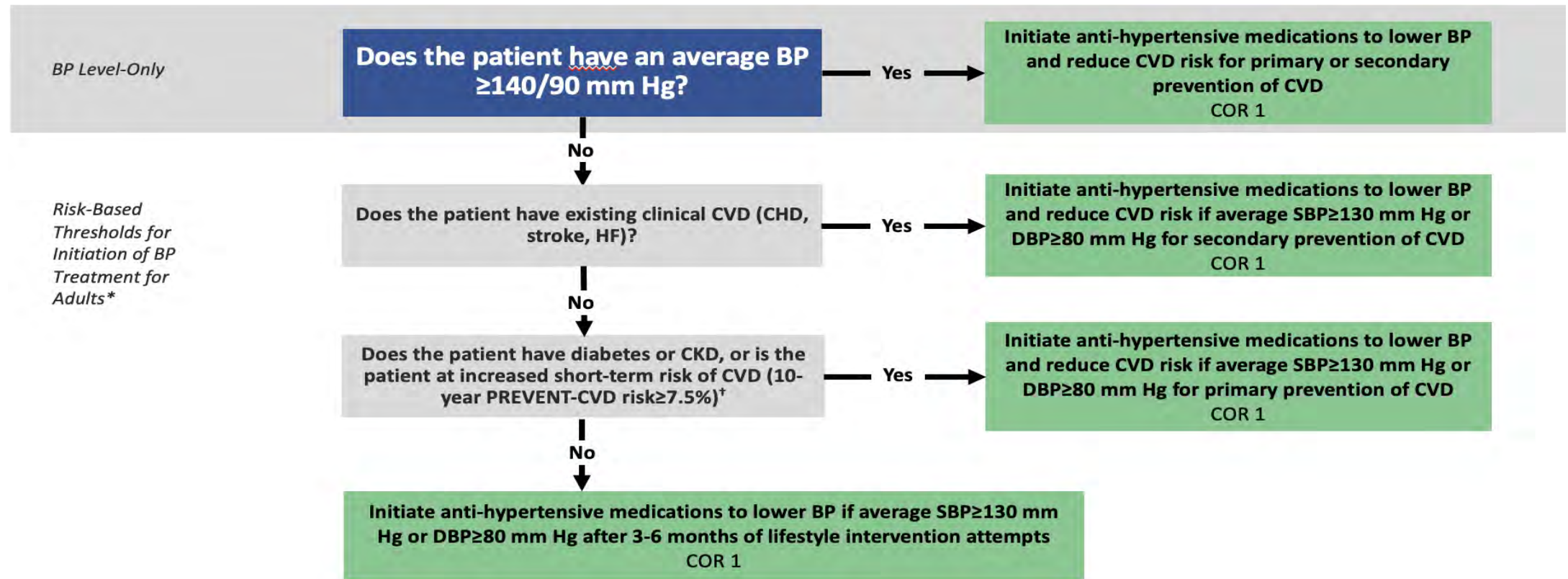


# Process Metrics | Scheduling Follow Up Visits



# 3. CVD risk-based patient selection

- For all patients with stage 1 HTN (130-139/80-89), risk-based approach

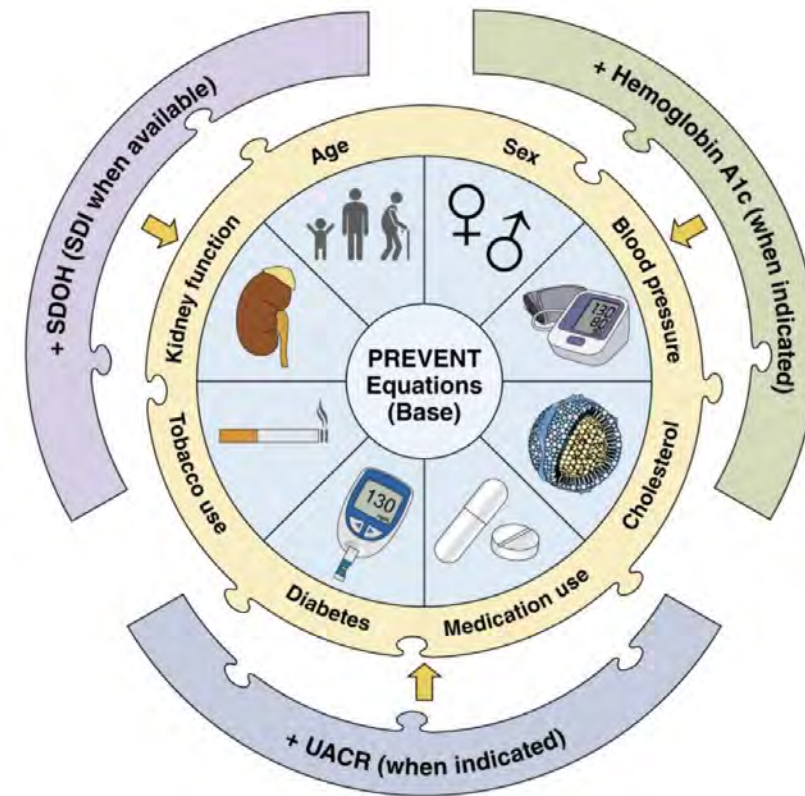


# CVD risk-based patient selection: AHA PREVENT score

AHA PREVENT score (2024) has 3 advantages over prior "pooled cohorts equations" for assessing 10-year CVD risk:

1. **PREVENT is based on more contemporary** data; cohort and health system data—leading to more accurate risk assessment in today's adults
2. **Just as good at ranking** patients from high to low risk—for patient selection for treatment
3. **CVD is more than "atherosclerotic CVD" (ASCVD)**--PREVENT CVD equation includes hemorrhagic stroke and heart failure outcomes. More appropriate for hypertension-related risk assessment

AHA PREVENT Score—core set and expanded risk factors



# DRVS & AHA PREVENT Alignment | Custom Registry

## AHA PREVENT Components:

- Age
- Sex
- Total Cholesterol
- HDL Cholesterol
- SBP
- BMI
- eGFR
- Diabetes Dx
- Smoking Status
- Anti-Hypertensive Medication
- Lipid-Lowering Medication

## Optional Components:

- UACR
- HbA1C
- Zip Code (social deprivation)

Edit

GENERAL

POPULATION DEFINITION

DATA ELEMENTS

Select from the options below, double click to add from the left or double click from the right to remove.

TITLE

next app

CATEGORIES

All

Claim

Demographics

Dental

Diabetes

Diagnosis

Encounter

Immunization

Immunizations

Incarceration

OPTIONS

Next Appointment Time

Next Appointment Type

SELECTED

BMI

Estimated Glomerular Filtration Rate (eGFR) Result

Diabetes

Smoking Status

Anti-Hypertensive Pharmacologic Therapy

Statin

UACR Result

A1c

SDOH Triggers

Next Appointment

Qualifying Encounter

Cancel

Confirm

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+

Add Filter

Update

REGISTRY

VALUE SETS

Search Patients

Reset Columns

SAVED COLUMNS

CHOLESTEROL				HDL		BLOOD PRESSURE				MOST RECENT BMI		EGFR		DIABETES DX		
AGE	DATE	CODE	RESULT	DATE	RESULT	VITALS DATE	VALUE	SYSTOLIC	DIASTOLIC	DATE	VALUE	DATE	CODE	RESULT	DATE	CODE
47	2/25/2025	2093-3	206	2/25/2025	43.00	7/11/2025	150/100	150	100	7/11/2025	37.40	5/30/2025	98979-8	111	2/20/2025	E11.65
72	9/12/2025	2093-3	221	9/12/2025	36.00	8/25/2025	115/78	115	78	8/25/2025	32.20	9/12/2025	98979-8	52		
51	2/4/2025	2093-3	183	2/4/2025	37.00	1/8/2025	150/82	150	82	1/8/2025	43.00	2/4/2025	50210-4	104.20		
65						8/4/2025	138/88	138	88	8/4/2025	22.30	11/2/2024	50210-4	82.40		
75										4/18/2025	26.90					
55	3/1/2025	2093-3	194	3/1/2025	62.00	2/26/2025	122/86	122	86	2/26/2025	26.50	3/1/2025	98979-8	75.00	1/31/2024	E11.9
54																
42																
33	1/29/2025	2093-3	185	1/29/2025	41.00	9/8/2025	120/80	120	80	9/8/2025	38.60	5/12/2025	98979-8	117.00		
37	12/13/2024	2093-3	185	12/13/2024	35.00	12/13/2024	128/84	128	84	12/13/2024	20.50	12/13/2024	98979-8	108.00		
69										3/14/2025	35.90					
32	10/15/2024	2093-3	185	10/15/2024	35.00			121	78	4/9/2025	33.80	3/21/2025	98979-8	85.00		
42	4/3/2025	2093-3	185	4/3/2025	35.00			112	83	2/19/2025	25.40					
60								116	72	1/13/2025	32.20					
62	6/11/2024	2093-3	185	6/11/2024	35.00			120	70	9/3/2025	22.60	6/11/2024	98979-8	99.00		
65	4/15/2025	2093-3	185	4/15/2025	35.00			145	76	4/15/2025	24.20	3/25/2025	98979-8	82.00		
50	6/19/2025	2093-3	214	6/19/2025	81.00	6/11/2025	142/82	142	82	6/11/2025	31.30	6/19/2025	50210-4	99.00		

1 to 17 of 12,281

Page 1 of 723

Out of the ~12,000 patients that have been to my practice in the last 12 months who do not have a CVD Dx...

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY

JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+ Add Filter

Update

REGISTRY

VALUE SETS

Search Patients ...

Reset Columns

SAVED COLUMNS

Greater than or equals

200

Clear

Who are my patients with a Cholesterol level higher than 200

1 to 17 of 2,140

Page 1 of 126

azara

healthcare

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY

JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+

Add Filter

Update

REGISTRY

VALUE SETS

Search Patients ...

Reset Columns

SAVED COLUMNS

CHOLESTEROL				HDL		BLOOD PRESSURE		MOST RECENT BMI		EGFR		DIABETES DX			
AGE	DATE	CODE	RESU...	DATE	RESULT	VITALS DATE	VALUE	SYSTOLL...	VALUE	DATE	CODE	RESULT	DATE	CODE	
47	2/25/2025	2093-3		206	2/25/2025	43.00	7/11/2025	150/100		37.40	5/30/2025	98979-8	111	2/20/2025	E11.65
65	4/15/2025	2093-3		218	4/15/2025	90.00	4/15/2025	145/76		24.20	3/25/2025	98979-8	82.00		
50	6/19/2025	2093-3		214	6/19/2025	81.00	6/11/2025	142/82		31.30	6/19/2025	50210-4	99.00		
43	10/25/2024	2093-3		224	10/25/2024	50.00	10/25/2024	154/108		46.40	10/25/2024	98979-8	77.00		
47	2/13/2024	2093-3		220	2/13/2024	35.00	4/30/2025	143/90		29.80	2/13/2024	62238-1	68.00	2/13/2024	E11.65
71	2/19/2025	2093-3		218	2/19/2025	62.00	8/5/2025	150/72	150	72	8/5/2025	37.20	2/19/2025	98979-8	69.00
61	3/14/2025	2093-3		206	3/14/2025	73.00	6/10/2025	130/86	130	86	6/10/2025	34.18	3/14/2025	98979-8	73.00
44	12/28/2023	2093-3		202	12/28/2023	74.00	6/5/2025	130/94					90.00		
40	6/13/2024	2093-3		245	6/13/2024	80.00	9/9/2024	138/86					96.00		
75	12/21/2023	2093-3		208	12/21/2023	46.00	7/22/2025	130/74					80.40		
53	1/12/2024	2093-3		297	1/12/2024	72.00	5/29/2025	150/100					59.00		
53	3/17/2025	2093-3		204	3/17/2025	51.00	5/8/2025	140/90					105.00		
66	3/19/2024	2093-3		267	3/19/2024	45.00	4/2/2024	194/83					74.00		
49	1/24/2025	2093-3		214	1/24/2025	38.00	9/12/2025	145/90	145	90	9/12/2025	33.00	1/24/2025	50210-4	86.80
43	2/3/2025	2093-3	262	2/3/2025	49.00	9/2/2025	130/81	130	81	9/2/2025	39.60	2/3/2025	98979-8	113.00	
36	10/1/2024	2093-3		220	10/1/2024	64.00	9/9/2025	152/88	152	88	9/9/2025	23.40	2/7/2025	98979-8	118.00
67	9/3/2025	2093-3		206	9/3/2025	56.00	9/3/2025	137/81	137	81	9/3/2025	27.90	9/3/2025	98979-8	95.00

1 to 17 of 1,005

Page 1 of 60

Greater than or equals

130

Clear

And a systolic BP higher than 130

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY

JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+ Add Filter

Update

REGISTRY

VALUE SETS

Search Patients

Reset Columns

SAVED COLUMNS

1 to 17 of 161

And a diagnosis of Diabetes

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

RENDERING PROVIDERS

PERIOD TENSE

09/16/2024-09/16/2025

All Rendering Provid...

No Match

FILTER

+

Add Filter

Update

REGISTRY

VALUE SETS

Search Patients

Reset Columns

SAVED COLUMNS

		DIABETES DX		SMOKING STATUS		ANTI-HTN MED		STATIN MED		UACR		A1C OR GM	
CODE	RESULT	DATE	CO_	DATE	DETAIL	DATE	NAME	NAME	DATE	CODE	RESULT	VALUE	DATE
98979-8	111.00	5/8/2025	E11.65										
50210-4	116.30	3/18/2025	E11.9										
98979-8	94.00	1/1/2025	E11.69										
98979-8	39.00	8/13/2024	E11.319										
98979-8	111.00	9/12/2025	E11.42	2/11/2021	Y								
98979-8	68.00	12/20/2021	E11.65	3/21/2022	N								
50210-4	92.00	11/18/2024	E11.65										
50210-4	74.50	6/19/2018	E10.3299										
50210-4	129.70	5/4/2022	E11.65										
98979-8	98.00	6/16/2025	E11.9										
98979-8	96.00	4/1/2025	E11.9										
98979-8	95.00	2/5/2025	E11.42										
50210-4	91.90	7/23/2025	E11.9										
98979-8	87.00	4/4/2025	E11.9										
50210-4	115.60	10/28/2024	E11.9										
98979-8	98.00	8/7/2025	E11.9	11/15/2020	R								
98979-8	106.00	9/25/2020	E11.65	11/17/2021	Y								

1 to 17 of 30

Page 1 of 2

Who are NOT prescribed a hypertension medication

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY JUST AMELIA.FOX@AZARAHEALTHCARE.COM

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+ Add Filter

Update

REGISTRY

VALUE SETS

Search Patients

Reset Columns

SAVED COLUMNS

DIABETES DX		SMOKING STATUS		ANTI-HTN MED		STATIN MED		UACR		A1C OR GM					
CODE	RESULT	DATE	CO...	DATE	DETAIL	DATE	NAME	START DATE	RXNORM	NAME	RESULT	VALUE	DATE		
98979-8	111.00	5/8/2025	E11.65								0 mg/g	7.00	5/14/2025		
98979-8	39.00	8/13/2024	E11.319										4/10/2025		
50210-4	129.70	5/4/2022	E11.65								0 mg/g	5.60	5/27/2025		
98979-8	99.00	8/29/2024	E11.69								-300 mg/g	95.70	7/2/2025		
98979-8	86.00	10/5/2023	E11.9								0 mg/g	19.00	8/29/2025		
98979-8	82.00	10/1/2018	E11.9								0 mg/g	3.33	5/28/2025		
98979-8	102.00	8/7/2025	E11.69								0 mg/g	6.60	8/7/2025		
50210-4	65.70	3/1/2024	313436004								30000-4		1/29/2025		
98979-8	77.00	3/16/2025	E11.319										8/26/2025		
98979-8	77.00	1/6/2025	E11.9	1/25/2022	R								4/8/2024		
98979-8	60.00	6/10/2025	E11.69										6/16/2025		
98979-8	88.00	11/10/2021	E11.9								2/20/2024	9318-7	<30 mg/g	4.00	6/9/2025

Search

(Select All)

(Blanks)

atorvastatin 10 mg tablet

atorvastatin 20 mg tablet

atorvastatin 40 mg tablet

Or a statin medication

1 to 12 of 12

Page 1 of 1

# AHA PREVENT | Custom Registry

AHA PREVENT Risk Registry

REGISTRY

VISIT DATE RANGE

09/16/2024-09/16/2025

RENDERING PROVIDERS

All Rendering Provid...

PERIOD TENSE

No Match

FILTER

+

Add Filter

Update

REGISTRY

VALUE SETS

Search Patients

Reset Columns

SAVED COLUMNS

1 to 7 of 7

Page 1 of 1

AND do not have an upcoming appointment

Let's call and schedule these patients in for visits!

# Custom Registry Use Cases



Run for the day ahead for patients seeing a specific provider to proactively identify patients for elevated levels of engagement



Run for the last year to identify high-risk patients with social needs barriers for referral to care management services



Run for the week ahead to identify high-risk patients without anti-hypertensive and statin prescriptions and connect patients to clinical pharmacy



What else?

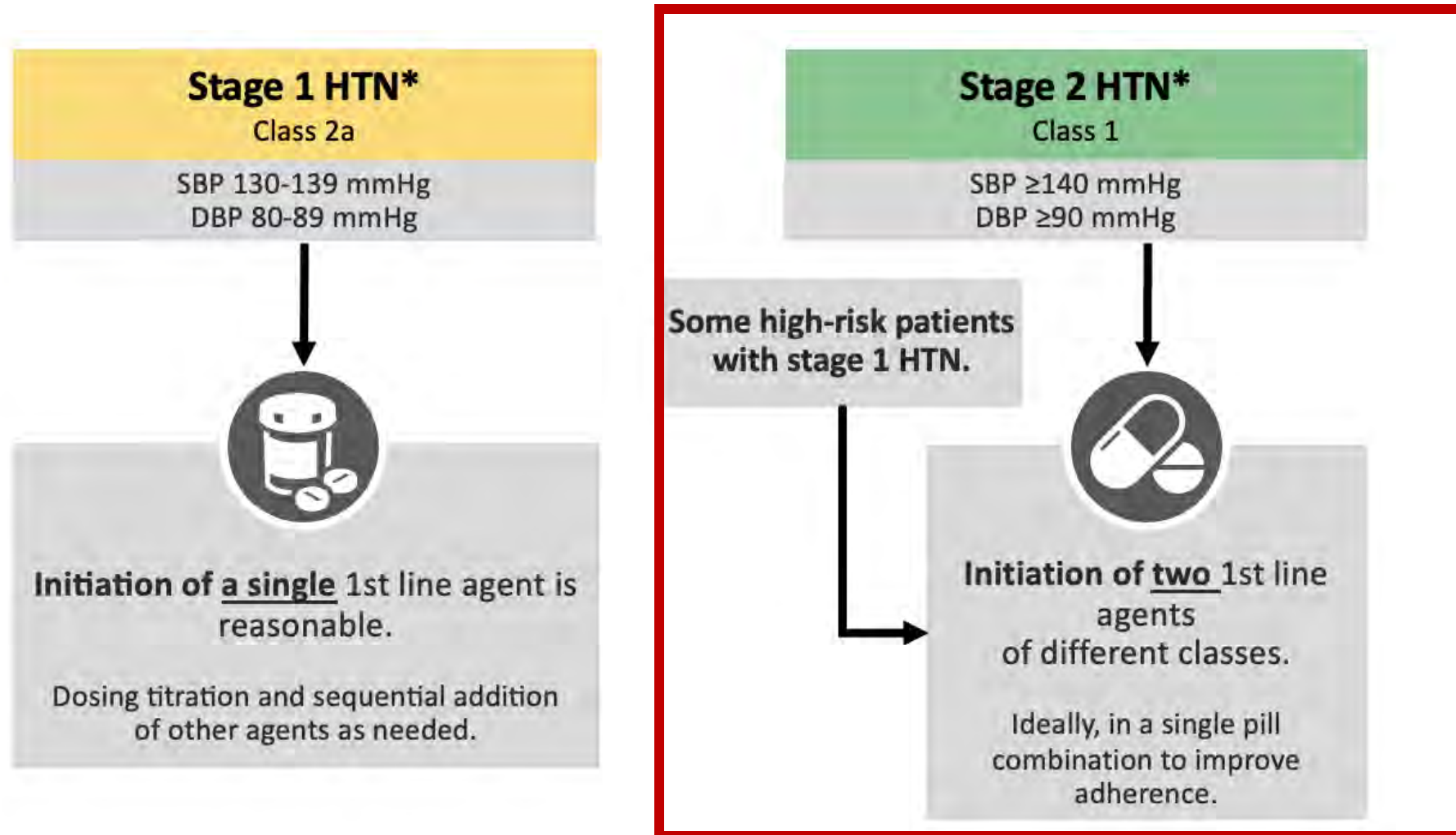


## 4a. Management of stage 2 HTN( $\geq 140/90$ )

- Let's focus on management of Stage 2 HTN in the 2025 guideline



# Stage 2: initial 2-drug combo



# The evidence: dual combination meds for stage 2 HTN

## Evidence: initial single pill dual drug combinations vs monotherapy

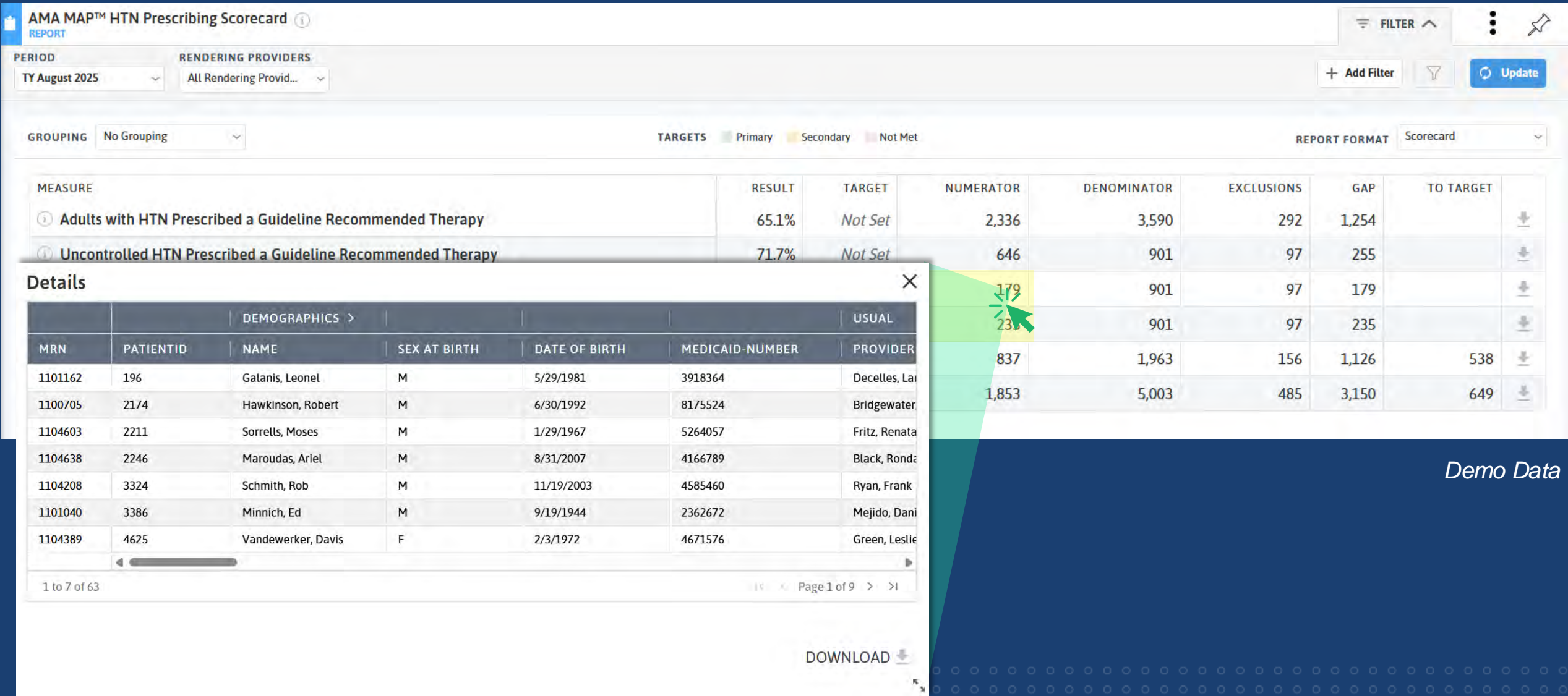
- Superior performance consistent across multiple RCTs
- Dual therapy vs monotherapy – initial dual drug treatment lowers mean systolic BP by >7.0 mmHg and improves hypertension control by >40%\*

Dual	Trials/Pts.	Diff. in mean SBP & 95% CI		Trials/Pts.	Diff. in mean DBP & 95% CI		Trials/Pts.	RR for BP control & 95% CI	
<1 + <1	13/2842		-2.8 (-4.0 to -1.6)	15/3151		-0.7 (-1.5 to 0.1)	7/1872		1.11 (0.92 to 1.34)
1 + <1	8/1679		-4.7 (-6.3 to -3.2)	10/3151		-2.8 (-3.3 to -2.3)	9/2724		1.25 (1.16 to 1.35)
1 + 1	7/1938		-7.5 (-9.5 to -5.4)	8/1983		-4.5 (-5.3 to -3.6)	7/1825		1.42 (1.27 to 1.58)
		-10.0   -5.0   0.0 Favours Dual   Favours Mono		-6.0   -3.0   0.0 Favours Dual   Favours Mono			0.5   1   2 Favours Mono   Favours Dual		

<1+<1=dual low dose; 1+<1= standard and low dose; 1+1= dual standard dose.

WDAE= withdrawal due to adverse event

# Evaluate Your Prescribing Practices



# Prescribing Practices by Provider

AMA MAP™ HTN Prescribing Scorecard

REPORT

PERIOD

TY August 2025

RENDERING PROVIDERS

Adult Providers

What do prescribing practices look like by provider?

FILTER

+ Add Filter

Update

GROUPING

Provider - Rendering

TARGETS

Primary

Secondary

Not Met

REPORT FORMAT

CrossTab

PROVIDER - RENDERING	ADULT HTN GUIDELINE RECOMMENDED THERAPY	UNCONTROLLED HTN GUIDELINE RECOMMENDED THERAPY	HTN >=140/90 AND NO MEDICATION	HTN >=140/90 ON MONOTHERAPY	AMA MAP SBP REDUCTION	AMA MAP FOLLOW-UP
DR. J. SMITH	66.2%	73.9%	17.6%	21.8%	27.0%	27.4%
DR. M. JONES	73.3%	77.0%	18.0%	26.2%	50.0%	46.2%
DR. K. BROWN	62.8%	72.6%	25.3%	18.9%	42.7%	44.5%
DR. L. GREEN	50.7%	75.0%	18.8%	56.3%	45.9%	57.9%
DR. N. WHITE	64.3%	75.0%	22.0%	31.8%	39.4%	39.2%
DR. P. BLACK	65.0%	65.0%	23.6%	23.6%	33.8%	20.7%
DR. Q. GRAY	63.4%	67.1%	17.1%	27.6%	41.3%	45.9%
DR. R. RED	61.9%	61.1%	27.8%	33.3%	50.5%	33.3%
DR. S. BLUE	72.4%	85.6%	14.4%	22.2%	47.1%	44.0%
DR. T. PURPLE	68.8%	77.9%	5.8%	22.1%	47.3%	30.3%
DR. V. PINK	65.0%	72.2%	19.5%	36.1%	41.0%	42.4%
DR. W. BROWN	65.2%	81.0%	9.5%	19.0%	20.0%	48.5%
DR. X. GREEN	76.0%	78.6%	10.3%	23.0%	44.0%	24.3%

What do prescribing practices look like by provider?

# Prescribing Practices by Provider

AMA MAP™ HTN Prescribing Scorecard

REPORT

PERIOD

TY August 2025

RENDERING PROVIDERS

Adult Providers

FILTER

+ Add Filter

Update

GROUPING

Provider - Rendering

TARGETS

Primary

Secondary

Not Met

REPORT FORMAT

CrossTab

PROVIDER - RENDERING	ADULT HTN GUIDELINE RECOMMENDED THERAPY	UNCONTROLLED HTN GUIDELINE RECOMMENDED THERAPY	HTN >=140/90 AND NO MEDICATION	HTN >=140/90 ON MONOTHERAPY	AMA MAP SBP REDUCTION	AMA MAP FOLLOW-UP
DR. J. SMITH	66.2%	73.9%	17.6%	21.8%	27.0%	27.4%
DR. B. JONES	73.3%	77.0%	18.0%	26.2%	50.0%	46.2%
DR. C. DAVIS	62.8%	72.6%	25.3%	18.9%	27.0%	44.5%
DR. D. WILSON	50.7%	75.0%	18.8%	56.3%	27.0%	57.9%
DR. E. BROWN	64.3%	75.0%	22.0%		27.0%	39.2%
DR. F. GREEN	65.0%	65.0%	23.6%		27.0%	20.7%
DR. G. MILLER	63.4%	67.1%	17.1%		27.0%	45.9%
DR. H. WILSON	61.9%	61.1%	27.8%		27.0%	33.3%
DR. I. DAVIS	72.4%	85.6%	14.4%		27.0%	44.0%
DR. J. SMITH	68.8%	77.9%	5.8%		27.0%	30.3%
DR. K. BROWN	65.0%	72.2%	19.5%	36.1%	41.0%	42.4%
DR. L. WILSON	65.2%	81.0%	9.5%	19.0%	20.0%	48.5%
DR. M. DAVIS	76.0%	78.6%	10.3%	23.0%	44.0%	24.3%

Provider B has highest SBP reduction rates and low rates of hypertensive patients w/o medication. What are their best practices / workflows?

Provider B has highest SBP reduction rates and low rates of hypertensive patients w/o medication. What are their best practices / workflows?

# Prompting Medication Intensification

**Sankary, Fermin**  
MRN: 1101240  
DOB: 9/15/1997 (26)

**Phone:** 351-149-9059  
**Lang:** Mandarin

**Portal Access:** N  
**Cohorts:** High Risk w/HTN

**PCP:** Black, Ronda  
**Payer:** BCBS  
**CM:** Patrick Crowley

DIAGNOSES (0)		ALERT	MESSAGE	DATE	RESULT	OWNER
RISK FACTORS (0)		Hypertension Medication Intensification	Missing			MA
		Tobacco Scr	Missing			MA
		BMI & FU	Missing			Provider
		I/P Encounter	Occurred	8/2/2023		

FPL<200%

HISP/LAT

HOMELESS

LANGUAGE


RACE

RAF G

CATEGOR...	NAME	PVP NAME	ENABLED	DESCRIPTION	OWNER
Vitals	HTN Med Intensification	Hypertension Medication Intensification	N	Alert will trigger for patients who had the most recent blood pressure reading greater than 130/80 in the last year with an active diagnosis of Essential Hypertension who do not have a record of a prescription for a new class of Anti-Hypertensive medication as defined as one that was not prescribed in the in the year prior to the last 12 months This alert is not configurable	

Demo Data

# Proactively Identify Prescribing Gaps

AMA MAP BP™ - HTN-Medication Intensification 

PERIOD: TY August 2023 RENDERING PROVIDERS: All Rendering Provid... + Add Filter Update

MEASURE ANALYZER DETAIL LIST VALUE SETS

Search Patients ... All Gaps Num Excl SAVED COLUMNS

DEMOGRAPHICS >		HTN					HTN MEDICATION INTENSIFICATION				
NAME	MRN		TYPE	REASON	DIAGNOSIS DATE	DIAGNOSIS	SBP	DBP	ENC DATE	PRESCRIPTION	DRUG CLASS
Terkelsen, Douglass	1100022	ate	Physical		2/25/2022	I10	158	87			
Pewitt, Royal	1102662	ate	High BP		6/13/2022	I10	148	79			
Flanagan, Celeste	1102594	ate	Mental Health and Counseling		10/2/2022	I10	141	94			
Loftin, Raul	1102624	ate	Sick Visit		3/8/2022	I10	165	93			
Fenny, Dario	1102376	ate	Annual Visit		12/17/2022	I10	165	97			
Fenny, Dario	1102376	ate	Annual Visit		12/17/2022	I10	139	99			
Betance, Luther	1103243	ate	High BP		12/6/2022	I10	141	82			
Helmerts, Stefan	1103256	ate	Sick Visit		9/23/2022	I10	140	90			
Helmerts, Stefan	1103256	ate	Sick Visit		9/23/2022	I10	167	85			
Carnero, Hershel	1103094	ate	Sick Visit		11/25/2021	I10	150	93			

1 to 10 of 32 Page 1 of 4

Outreach to these 32 patients and engage them in care and/or clinical pharmacy

# Intensifying Services | Care Management Candidates

AMA MAP BP™ - HTN-Average Systolic BP Change After Medication Intensification ①

MEASURE

PERIOD: TY February 2024 RENDERING PROVIDERS: All Rendering Provid...

+ Add Filter FILTER ^ Update

MEASURE ANALYZER DETAIL LIST VALUE SETS

Search Patients ...

All Gaps Num Excl Reset Columns SAVED COLUMNS

BASE ENC				F/U			
BASE ENCOUNTER	SBP	LOCATION	PROVIDER	ENCOUNTER	SBP	LOCATIONS	PROVIDER
1/3/2023	151			10/18/2023	166		
2/2/2023	185			6/1/2023	140		
3/2023	159			5/18/2023	136		
16/2023	142			12/14/2023	162		

1 to 4 of 84

Page 1 of 21

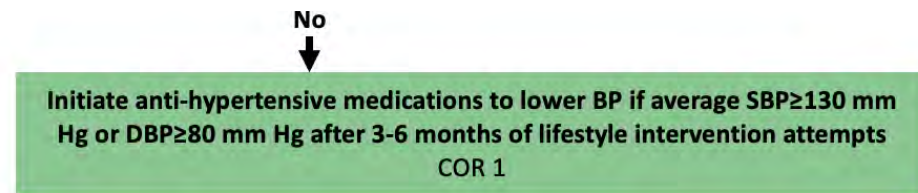
84 patients haven't experienced a change in BP after medication intensification. Are there other barriers at play? Could they benefit from care management services?

Demo Data



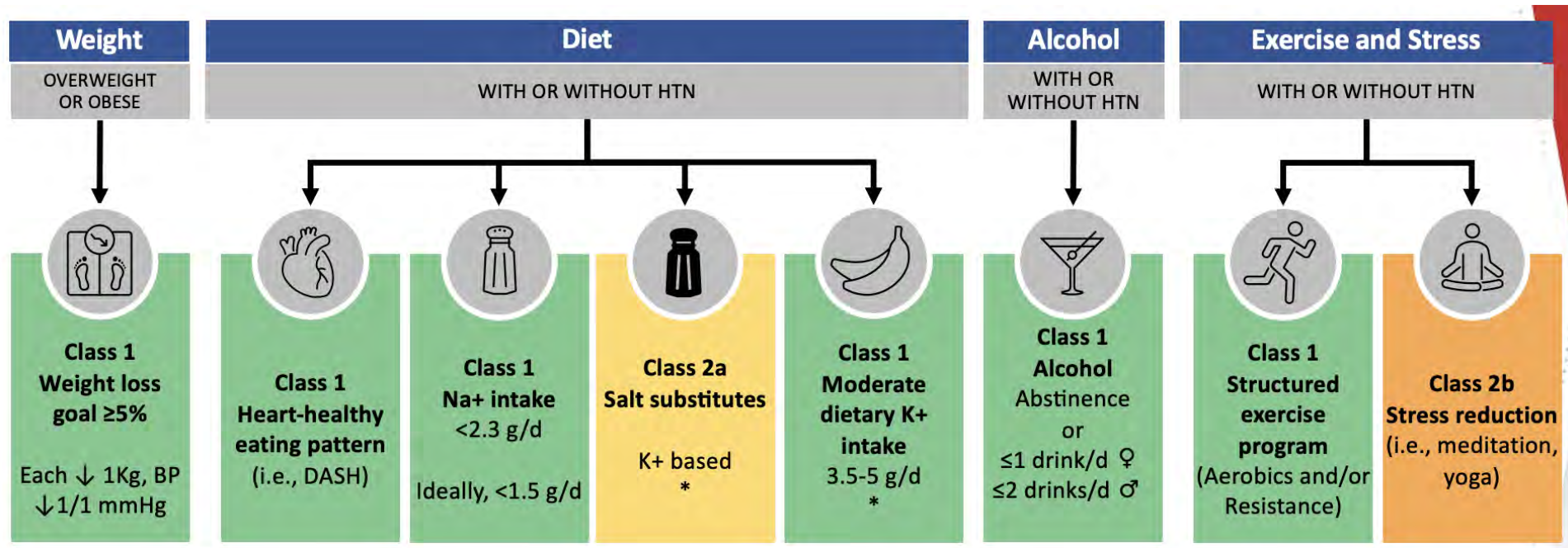
## 4b. Management of Stage 1, low risk

- Now let's move to the Stage 1 patients with PREVENT risk <7.5%



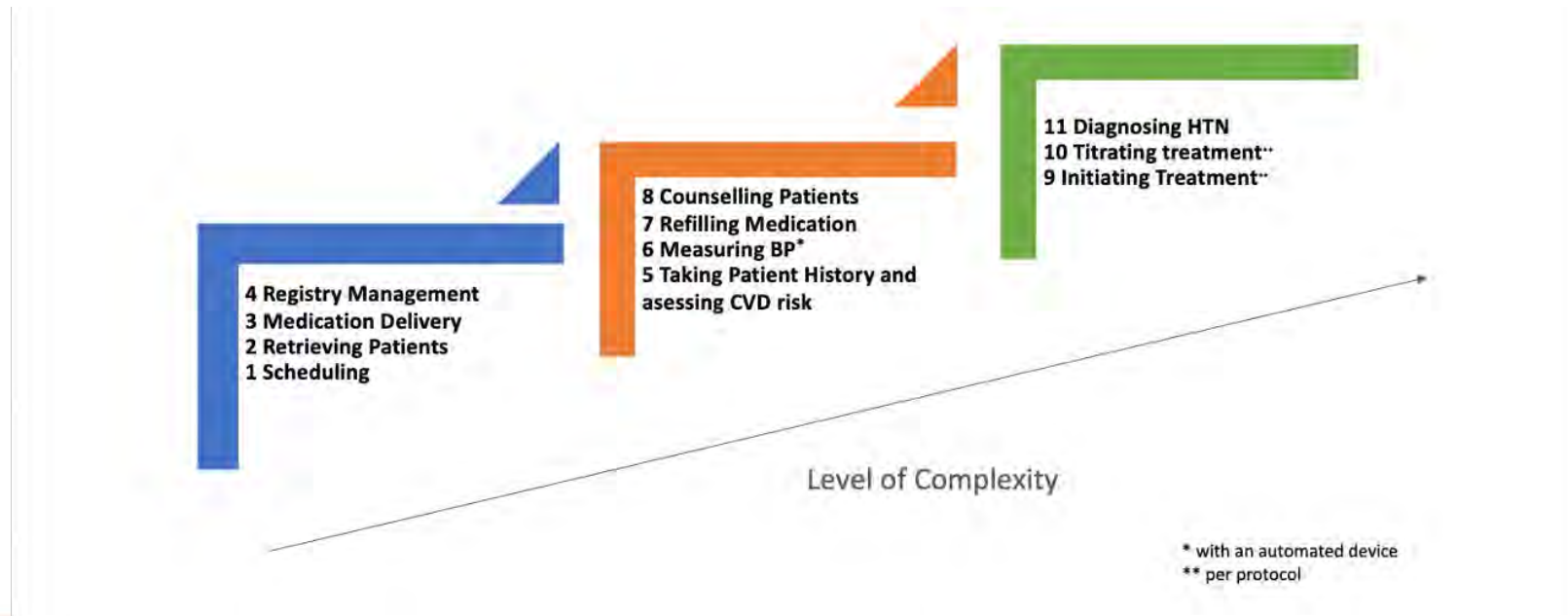
# Initial HTN management: stage 1, low risk

- For Stage 1, low risk, recommend a high potassium, low sodium (DASH + low sodium) diet and consider low-sodium/high potassium salt substitutes for 3-6 months
- Prior US Preventive Task Force analysis found that primary care based diet and exercise advice interventions lowered systolic BP by ~1.0 mmHg\*
- *This means most of these patients (unless they're right on the border of 130/80 threshold) will be recommended drug treatment at 6 months*



# 5. Implement team-based care

- **Evidence:** team-based care led by non-physicians lowers BP/achieves HTN control the best\*
- **Nurses, clinical pharmacists, community health workers**
- **Divide, assign HTN control process tasks (see Figure)**
- **Task assignment may be limited by/dictated by local scope of practice regulations**



# Team-Based Approach to Hypertension

Research has shown that team-based care in hypertension control can show a significant reduction in systolic and diastolic BP as well as a statistically significant increase in disease knowledge score pre- and post-intervention

## Team-based Care Interventions

Facilitate communication and coordination of care support among various team members

Enhance the use of evidence-based guidelines by team members

Establish regular, structured follow-up mechanisms to monitor patients' progress and schedule additional visits as needed

Actively engage patients in their own care by providing them with education about blood pressure medication, adherence support, and tools and resources for self-management

Anand V. Team-Based Approach in Hypertension Management: A Quality Improvement Project. J Nurs Care Qual. 2024 Jan-Mar 01;39(1):76-83. doi: 10.1097/NCQ.0000000000000726. Epub 2023 Jun 2. PMID: 37267122; PMCID: PMC10655909.

# Facilitating Team-Based Care | PVP

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DOB: 10/10/1964 (59)

**Phone:** (123) 456-7891  
**Lang:** English  
**Risk:** Moderate (25)

**Portal Access:** Y  
**Cohorts:** Clinical Pharmacy, Q1 2024 DM Cohort

**PCP:** Fox, Amelia  
**Payer:** INDEPENDENT HEALTH ASSOCIATION - ENCOMPASS 65 (MEDICARE REPLACEMENT HMO)  
**CM:** Knapp, Emma






DIAGNOSES (3)		
Anxiety	HTN-E	HyLip
RISK FACTORS (2)		
ASCVD Intermediate (10.75)	BMI	
TRANSPORTATION - MED		
INSURANCE		
RAF GAPS DIAGNOSIS CATEGORIES (1)		
Morbid Obesity		

ALERT	MESSAGE	DATE	RESULT	OWNER
Colon CA 45+	Missing			
Mammo	Missing			
A1c	Out of Range	3/25/2024	9.5 %	
HIV	Missing			
LDL	Out of Range	6/21/2023	157	
	Missing			CHW
BP	Out of Range	3/25/2024	157/84	
Flu - Seasonal	Missing			
Ctrl Sub	Missing			

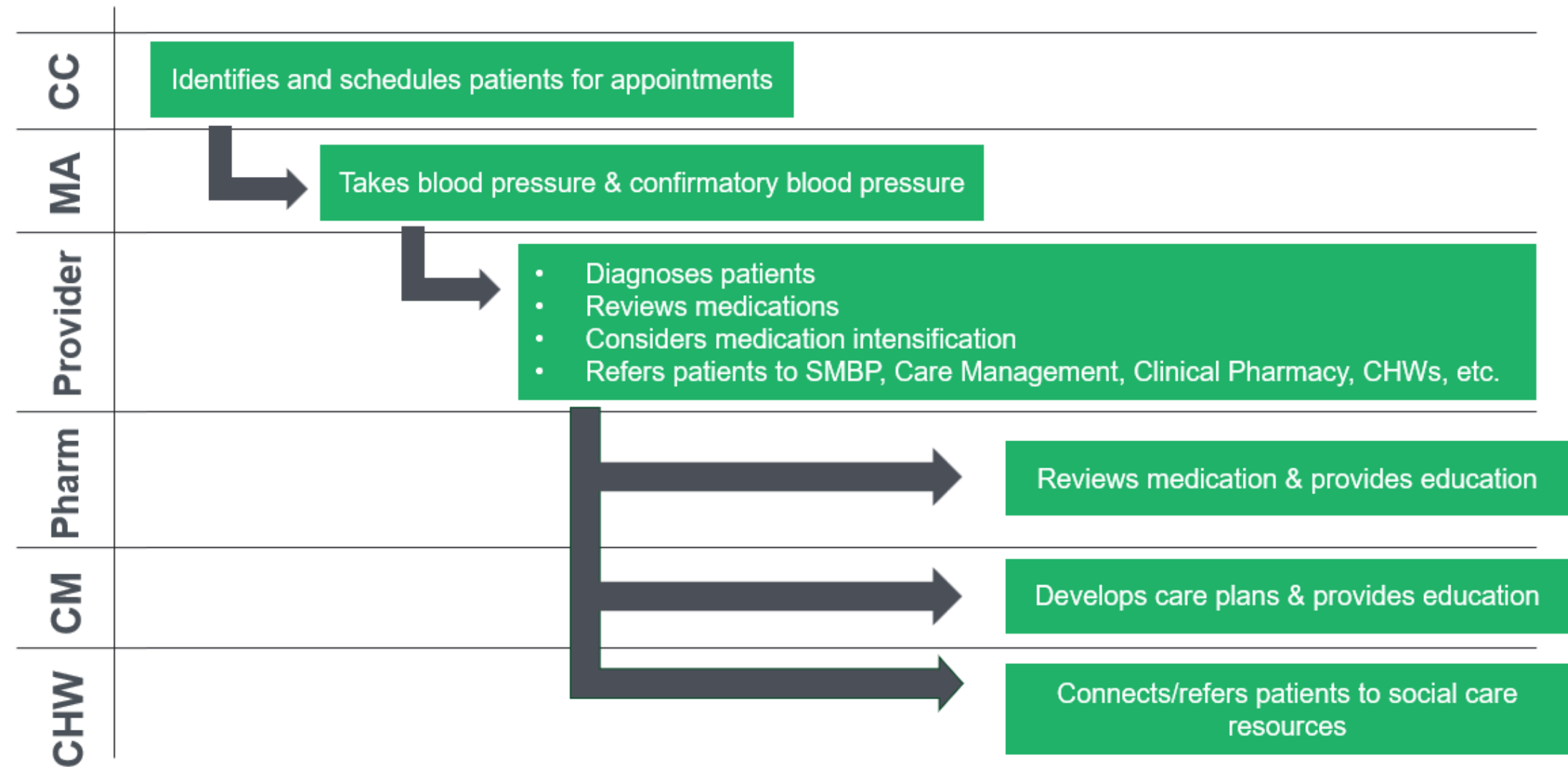
OPEN REFERRAL W/O RESULT	SPECIALIST/LOCATION	ORDERED DATE	APPT. DATE
CONSULT   RHEUMATOLOGIST REFERRAL	RHEUMATOLOGY WELLNESS CARE OF BURLINGTON / 2355 UNION RD, BURLINGTON	2/15/2024	
CONSULT   ENDOCRINOLOGY REFERRAL	BURLINGTON MEDICAL / 70 BLANCHARD RD, BURLINGTON	8/3/2023	

Demo Data

# HTN Activities by Role

Role	Activities
 <b>Quality Team</b>	<ul style="list-style-type: none"> <li>• Monitor practice, team, provider performance</li> <li>• Create cohorts based on focus for intensification, pharmacy intervention, care manager engagement</li> <li>• Track &amp; visualize impact of quality improvement efforts</li> </ul>
 <b>Care Team</b>	<ul style="list-style-type: none"> <li>• Review/discuss/manage patients with treatment inertia</li> <li>• Identify hypertension care needs at the point of care</li> <li>• Participate in Care Team huddles</li> </ul>
 <b>Care Manager</b>	<ul style="list-style-type: none"> <li>• Actively oversee/manage patients with changes in medication (cohort)</li> <li>• Provide home BP monitoring instruction/teach back</li> <li>• Self management goal setting / care planning</li> <li>• Conduct SDOH screens</li> <li>• Provide education or enabling resources</li> <li>• Participate in Care Team huddles</li> </ul>
 <b>Care Coordinator</b>	<ul style="list-style-type: none"> <li>• Identify &amp; outreach to patients with undiagnosed hypertension, high risk ASCVD without treatment, hypertensive tobacco users, etc.</li> </ul>
 <b>CHW</b>	<ul style="list-style-type: none"> <li>• Conduct social needs screens</li> <li>• Refer patients for social care needs</li> <li>• Monitor social needs screening rates for patients with HTN</li> </ul>

# Team-Based Care Workflow



# Summing Up

# 2025 HTN guidelines: summing up

- **Spread the news, and motivate patients to take their daily medicines: HYPERTENSION TREATMENT PREVENTS DEMENTIA**
- **GO FOR IT!** Overcome inertia and **treat BP <120 mmHg** as long as no side effects or polypharmacy concerns. **Target mean systolic BP of 120** at provider and clinic levels
- **Ensure access to dual drug single pill combinations** in formularies, pharmacy shelves—for Stage 2 HTN patients
- **Implement and improvise on Team-Based HTN Care**
- **Advocate in Albany** to increase scope of practice for non-physician workers (PAs, NPs, clinical pharmacists, community health workers)



Thank you!

Andrew Moran

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# Literature cited in this webinar

- Aggarwal R, Yeh RW, Joynt Maddox KE, Wadhera RK. Cardiovascular Risk Factor Prevalence, Treatment, and Control in US Adults Aged 20 to 44 Years, 2009 to March 2020. *JAMA*. 2023 Mar 21;329(11):899-909. doi: 10.1001/jama.2023.2307. PMID: 36871237; PMCID: PMC9986841.
- Penko JM, Bellows BK, Hennessy S, Kazi DS, Boylan R, Zhang Y, Coxson PG, Goldman L, Bibbins-Domingo K, Moran AE. Cost-Effectiveness of Hypertension Treatment According to 2017 American College of Cardiology and American Heart Association Guidelines. *Circ Cardiovasc Qual Outcomes*. 2025 Aug;18(8):e011872. doi: 10.1161/CIRCOUTCOMES.124.011872. Epub 2025 Aug 19. PMID: 40827400; PMCID: PMC12367062.
- Writing Committee Members\*; Jones DW, et al. AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/NMA/PCNA/SGIM Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. *Circulation*. 2025 Sep 16;152(11):e114-e218. doi: 10.1161/CIR.0000000000001356. Epub 2025 Aug 14. PMID: 40811497.
- Egan B, Sutherland SE, Martin B, Riesser B, Moran A, Rodgers A, Rakotz M. Does mean systolic blood pressure less than 130 mm Hg ensure high rates of control to <140/<90 mm Hg? A cross-sectional analysis of two cohorts. *BMJ Open*. 2025 Apr 7;15(4):e090440. doi: 10.1136/bmjopen-2024-090440. PMID: 40194880; PMCID: PMC11977477.
- Khan SS, Page C, Wojdyla DM, Schwartz YY, Greenland P, Pencina MJ. Predictive Utility of a Validated Polygenic Risk Score for Long-Term Risk of Coronary Heart Disease in Young and Middle-Aged Adults. *Circulation*. 2022 Aug 23;146(8):587-596. doi: 10.1161/CIRCULATIONAHA.121.058426. Epub 2022 Jul 26. PMID: 35880530; PMCID: PMC9398962.
- O'Connor, Elizabeth A., et al. "Behavioral counseling to promote a healthy diet and physical activity for cardiovascular disease prevention in adults with cardiovascular risk factors: updated evidence report and systematic review for the US Preventive Services Task Force." *Jama* 324.20 (2020): 2076-2094.

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# Thank you!

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