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KHC Office Hours:

Journey To Success: Best Practices for Hypertension Control

February 26, 2025

Tim Nikolai, Sr. Rural Health Director
American Heart Association

KANSAS MEDICAL SOCIETY Established 1859

Kansas Healthcare COLLABORATIVE

KHA Kansas Hospital ASSOCIATION

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Save the Date!

August 7, 2025
8:00 a.m. to 4:00 p.m.
Wichita State University
Rhatigan Student Center
Wichita, KS

Registration will open later this Spring!

Kansas Healthcare COLLABORATIVE

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Today's Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
- Q&A 5 Mins
- Closing Comments 2 mins

Kansas Healthcare Collaborative

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American Heart Association. Outpace CVD

Journey To Success: Best Practices for Hypertension Control

Tim Nikolai,
Sr. Rural Health Dir., Midwest

American Heart Association.

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The American Heart Association's Outpace CVD™ suite offers technology solutions and quality improvement support for healthcare organizations participating in AHA programs and partnered initiatives as they target cardiovascular disease. We support and recognize your organization's commitment to improving patient outcomes.

Engage
Build relationships with health care organizations.

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

Equip
Sharing evidence-based tools and resources

Transform
Integrating systems changes into workflows, policies, and procedures

Quality Improvement for Outpatient Care

TARGET: BP

American Heart Association. Check. Change. Control. Cholesterol

American Heart Association. Target: Type 2 Diabetes

& more.

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Our Work in Outpatient/Ambulatory Quality

TARGET: BP | American Heart Association. | AMA

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

American Heart Association. Check. Change. Control. Cholesterol™

MIPS #438 or eCQM CMS347v6

American Heart Association. Target: Type 2 Diabetes™

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

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both providers and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Offer recognition opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.

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

American Heart Association. Outpace CVD

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American Heart Association.
Outpace CVD
American Heart Association.
Target: BP™
An initiative of the American Heart Association and the American Medical Association

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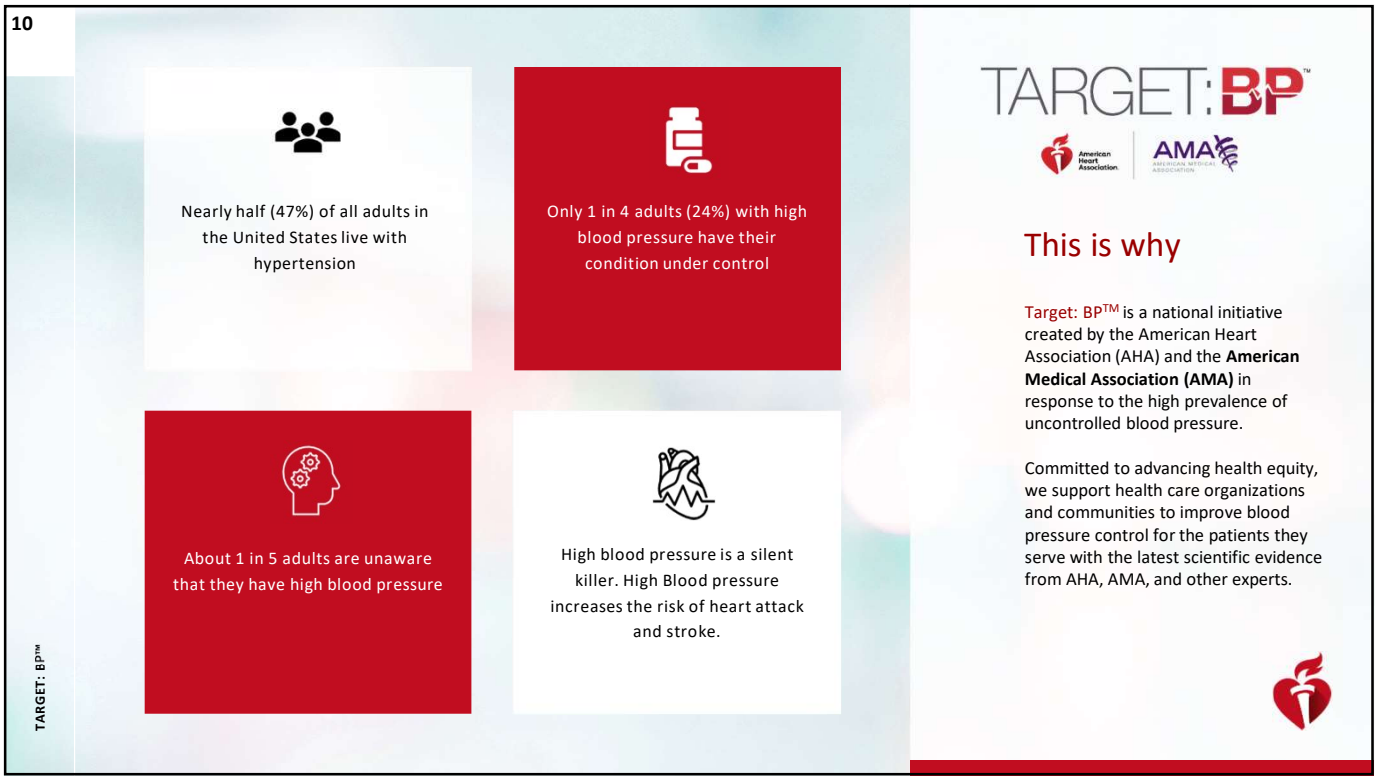
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Nearly half (47%) of all adults in the United States live with hypertension
Only 1 in 4 adults (24%) with high blood pressure have their condition under control
About 1 in 5 adults are unaware that they have high blood pressure
High blood pressure is a silent killer. High Blood pressure increases the risk of heart attack and stroke.
TARGET: BP™
TARGET: BP™
This is why
Target: BP™ is a national initiative created by the American Heart Association (AHA) and the American Medical Association (AMA) in response to the high prevalence of uncontrolled blood pressure.
Committed to advancing health equity, we support health care organizations and communities to improve blood pressure control for the patients they serve with the latest scientific evidence from AHA, AMA, and other experts.

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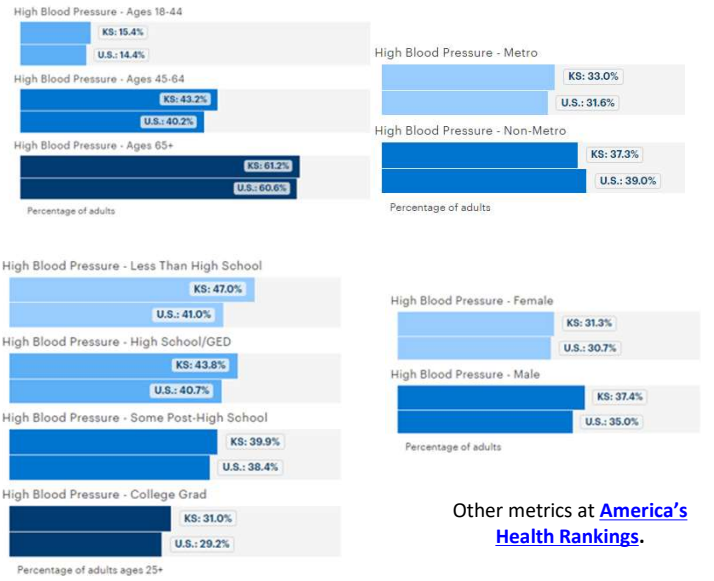
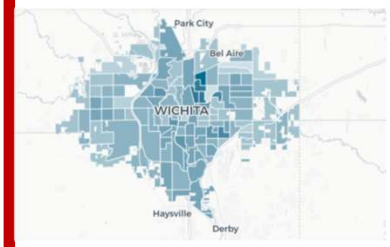
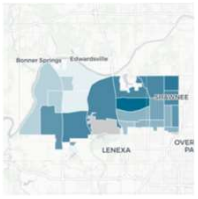
High Blood Pressure in Kansas







Other cities available at [City Health Dashboard.]

Other metrics at [America's Health Rankings].

American Heart Association.

2/26/2025 Kansas Healthcare Collaborative www.khconline.org 11

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Translating Science into Practice

Target: BP

Leverages AHA guidelines and scientific statements and the AMA MAP™ framework, to help care teams organize their approach to providing evidence-based care. The framework includes Measure Accurately, Act Rapidly and Partner with Patients.

Assists health care organizations in their journeys to improve and sustain BP control with professional education, practice tools, and resources, including additional support through AHA and AMA quality improvement programs.

Recognizes health care organizations annually with achievement awards by celebrating those that have committed to improvement, adopted evidence-based BP activities, and achieved BP control rates ≥ 70 percent with the patients they serve.

Available resources accessible through AHA:

- Public Awareness & Patient Education
- Professional Education & Practice Resources
- Regional Support & Events
- Data Tools & Registries
- National Practice & Outcome Achievement Awards
- Advocacy for Federal, State & Institutional Policy

TARGET: BP

AMA

Because access to high-quality care is something that everyone should have.

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TARGET: BP™

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TARGET:BP | American Heart Association. AMA

Target: BP Pillars of Evidence-Based Activities

M	A	P	SMBP	EHO
Measure Accurately	Act Rapidly	Partner with Patients	Self-Measured Blood Pressure	Equitable Health Outcomes

Through our achievement awards, we encourage adoption of evidence-based activities that align with the AMA MAPTM framework, self-measured blood pressure (SMBP), and equitable health outcomes.

Each pillar contains:

1. An element of institutional policy or a defined standard of care
2. An element of practice assessment
3. Specific content with strong scientific evidence to improve BP

TARGET: BP™

Target: BP has expanded the scope of evidence-based activities to include 5 pillars of practice. These pillars emphasize aspects from the 2017 Hypertension Clinical Practice Guideline and the AMA MAP™ framework helping health care professionals prioritize evidence-based practices and organize quality improvement efforts

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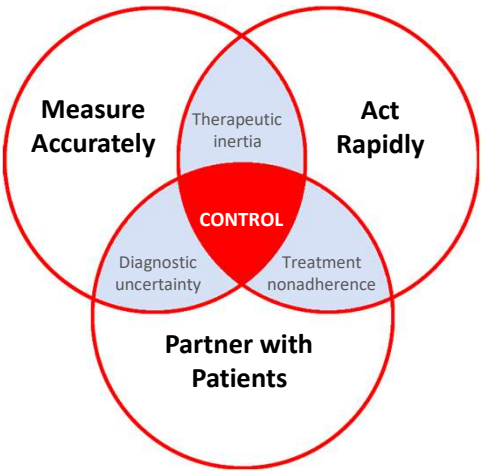
AMA MAP Framework

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/

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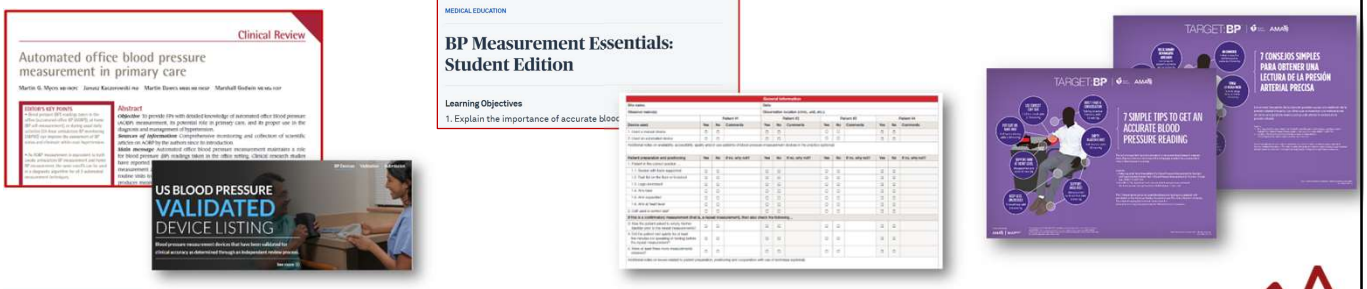
Pillar 1: Measure Accurately

BP measurement is the first step in accurately diagnosing and managing hypertension as well as estimating CVD risk. Device accuracy, measurement knowledge and skills, and systems of care are essential evidence-based BP activities.

- Calibrate devices per guideline
- Check device validation
- Train team in BP measurement
- Test team in BP measurement
- Adopt protocol for repeat measurement
- Post infographic where BP is measured



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Poll Question #1

1. How often should all staff be trained in BP Measurement?
   a) Only upon hire during new employee orientation
   b) Every 6-12 months
   c) Every 2 years
   d) Every 5 years
   e) Unsure

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Evidence-based BP activities to Improve *Accurate Measurement*

View website

Equipment Calibration & Validation

1) Calibrate all BP measurement devices
2) Check to see if devices are validated,

Staff Knowledge & Skills

3) Strengthen staff knowledge every 6-12 months
4) Test staff skills every 6-12 months

System of care

5) Use a protocol to consistently measure BP
6) Post the red graphic next to every device

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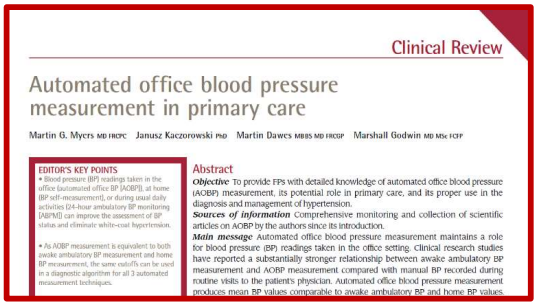
The Value of Automated Devices

- The 2017 Hypertension Guidelines and subsequent publications are clear – Automated Monitors are preferred. They are:
  - More accurate initially.
  - Maintain accuracy better - requiring less frequent calibration.
  - Less prone to human error in technique and reading the values.
- Devices that allow for a series of readings without staff present may:
  - Help reduce white coat hypertension
  - Automatically calculate average BP value
  - Save time and improve efficiency

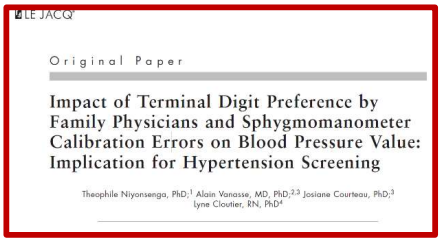

Clinical Review

Automated office blood pressure measurement in primary care

Martin G. Myers MD FRCPC Janusz Kaczorowski PhD Martin Dawes MBBS MD FRCGP Marshall Godwin MD MSc FCFP

EDITOR'S KEY POINTS

Abstract


LE JACQ

Original Paper

Impact of Terminal Digit Preference by Family Physicians and Sphygmomanometer Calibration Errors on Blood Pressure Value: Implication for Hypertension Screening

Theophile Niyonsenga, PhD;[1] Alain Vanasse, MD, PhD;[2,3] Josiane Courteau, PhD;[3] Lyne Cloutier, RN, PhD[4]

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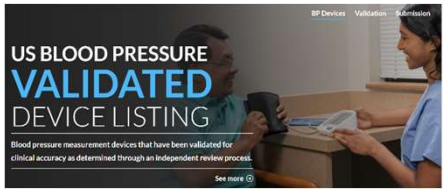
Selection and Care: Is your equipment accurate?

Validation

- Choose devices that have been validated for clinical accuracy
  - US Blood Pressure Validated Device Listing™ (VDL)
  - Check back periodically to see more devices being reviewed and added
- Consider other reliable sources
  - Hypertension Canada Stride BP British and Irish Hypertension Society



Calibration

- Aneroid sphygmomanometers
  - every 2–4 weeks for handheld devices
  - every 3–6 months for wall-mounted devices
- Oscillometric
  - most recommend every 1 or 2 years
- Biomedical engineering often just look for cracks in tubing and holes in bladders, not accuracy
- When appropriate, HBPM devices may be brought to a healthcare provider's office to assess calibration.
- See 2019 AHA Scientific Statement: Measurement of BP in Humans for more details

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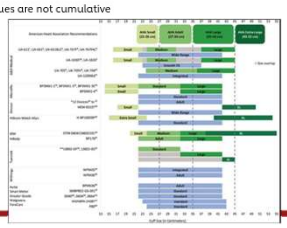
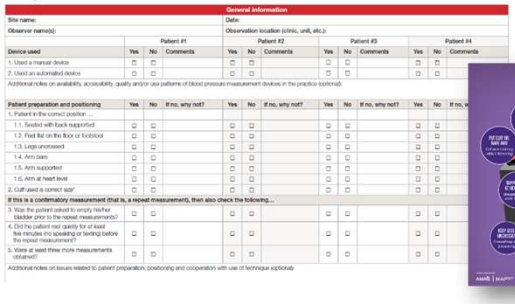
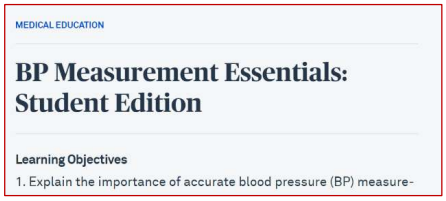
Training & Technique: Is your team prepared?

When the patient has:	*Blood pressure can change by an estimated*:*
Crossed Legs	2–8 mm Hg[1]
Cuff over clothing	5–50 mm Hg[2]
Cuff too small	2–10 mm Hg[2]
Full bladder	10 mm Hg[2]
Talking or active listening	10 mm Hg[2]
Unsupported arm	10 mm Hg[1,2]
Unsupported back / feet	6.5 mm Hg[3]

*These values are not cumulative







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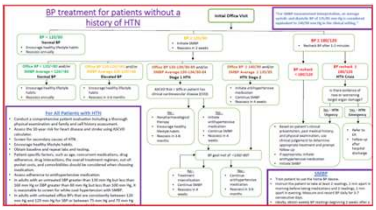
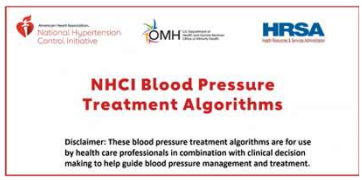
Pillar 2: Act Rapidly

The Act Rapidly evidence-based activities emphasize the adoption and systematic use of a practice-wide hypertension treatment protocol that includes elements related to treatment goals, medication intensification, medication adherence strategies, and timely follow-up.

- **Adopt a treatment algorithm**
- **Monitor care team adherence to algorithm**
- **Specify a treatment goal of <130 / 80 mm Hg***
- **Intensify treatment if not at goal**
- **Use single pill combos or other Rx adherence strategies**
- **Follow-up within 1 month if not at goal**

Treatment intensification rate to ≥62% would achieve BP control rates of ≥80%





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Poll Question #2

What single factor is the most impactful on achieving BP control?

a) Improving patient medication adherence

b) Shortening the time between office visits

c) Intensifying treatment by adding a medication class

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Relative impact on US blood pressure control rate

Assuming BP control rate of 45.6%, independently improving:

- **Patient adherence** to 100% would increase BP control rates to **57.0%**
- **Return visit interval** to 1 week would increase BP control rates to **67.6%**
- **Treatment intensification rate** to ≥62% would achieve BP control rates of **≥80%**

Bellows BK, Ruiz-Negrón N, Bibbins-Domingo K, King JB, Pletcher MJ, Moran AE, Fontil V. Clinic-based strategies to reach United States million hearts 2022 blood pressure control goals. *Circ Cardiovasc Qual Outcomes.* 2019;12:e005624. DOI: 10.1161/CIRCOUTCOMES.118.005624

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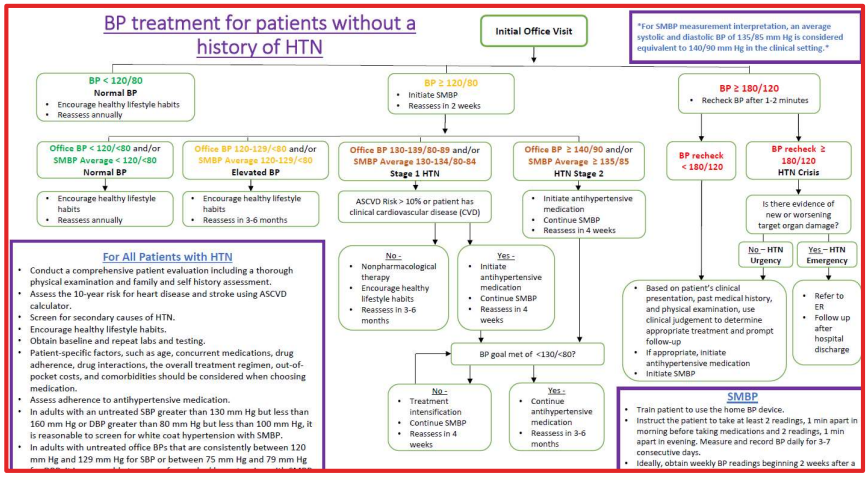
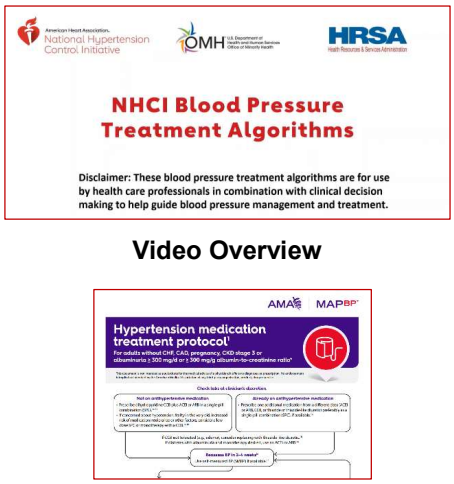
BP Treatment Algorithms

American Heart Association. National Hypertension Control Initiative





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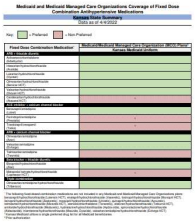
Key Points with Act Rapidly

Use single pill combination medications

Use a treatment protocol/algorithm

Follow up frequently until control is achieved

1. Intensifying treatment when indicated enhances survival
2. When intensifying treatment for high blood pressure, adding a new medication class is more effective at reducing BP than increasing the dose of an existing medication
3. Initiating treatment with 2 medications at low-to-standard doses is more effective at reducing BP and getting BP to goal than monotherapy with less adverse effects
4. A treatment protocol can help increase the use of evidence-based treatment for patients with high blood pressure
5. Health care organizations, care teams, and providers must all work together to reduce therapeutic inertia and improve blood pressure control



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Pillar 3: Partner with Patients

The Partner with Patients pillar emphasizes systematic lifestyle risk factor assessment and intervention.

Adopt a modifiable lifestyle risk factor policy

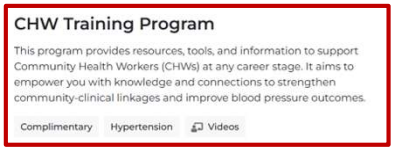
Monitor care team adherence to policy

Assess modifiable lifestyle risk factors – nutrition, physical activity, weight

Intervene with modifiable lifestyle risk factors – nutrition, physical activity, weight

Assess modifiable lifestyle risk factors – alcohol and tobacco use

Intervene with modifiable lifestyle risk factors – alcohol and tobacco use



KanQuit! 1-800-QUIT-NOW (784-8669) KSquit.org

American Heart Association. Health Care & Food™ Accelerating the Integration of Food Is Medicine in Health Care

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Poll Question #3

Which element impacting cardiovascular health was added to the original "Life's Simple 7" in 2022?

a) Dental health

b) Sleep

c) Stress

d) Kidney health

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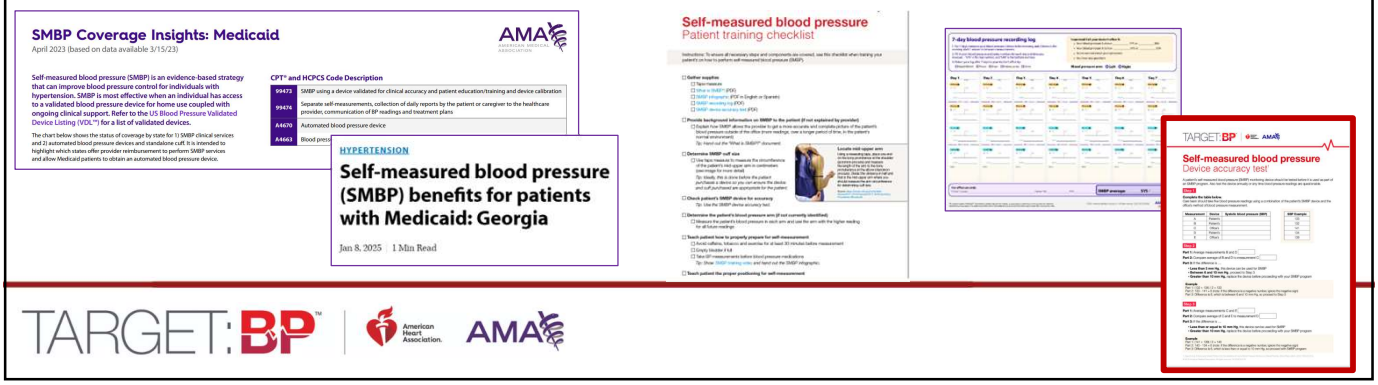
Pillar 4: Self-Measured Blood Pressure

The SMBP pillar emphasizes training patients in measurement technique and evidence-based use of SMBP monitoring by clinicians to inform diagnosis and treatment.

Adopt a policy to prepare patients for SMBP	Monitor care team adherence to policy	Train patients in measurement technique and device use	Establish a measurement schedule	Receive and average readings to inform diagnosis and treatment decision	Use SMBP with 30 or 10% of patients with hypertension*



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Poll Question #4

What percentage of the most popular home blood pressure monitors on Amazon were validated as of a recent study?

a) 20%

b) 30%

c) 50%

d) 60%

HYPERTENSION

Why a validated device listing is important for BP control

By **Sara Berg, MS**, News Editor

Feb 7, 2023 | 5 Min Read

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What is self-measured blood pressure?

Self-measured blood pressure (SMBP) is when you measure your blood pressure outside of the doctor's office or other health care settings.

Table 1. Financial impact of SMBP (ROI, NPV) from the perspective of a private insurer. Estimates are for all use cases bundled together.

Age Group	Return on Investment (ROI) [a] (average per individual)			Net Present Value (NPV) [b] (average per individual)		
	1-Year ROI [c]	3-year ROI [d]	Lifetime ROI [e]	1-Year NPV [c]	3-Year NPV [d]	Lifetime NPV [e]
Age 25–34	499%	479%	470%	$322	$395	$442
Age 35–44	451%	430%	422%	$280	$342	$379
Age 45–54	365%	339%	330%	$227	$278	$309
Age 55–64	163%	139%	130%	$105	$123	$135
Age 65–74	79%	59%	53%	$50	$53	$56
Age 75–84	36%	20%	15%	$22	$17	$16
Age 85+	-64%	-72%	-75%	-$37	-$60	-$70
Total Per Individual				**$190**	**$229**	**$254**

Improve the accuracy of diagnosing hypertension

Out-of-office BP measurements are recommended to confirm the diagnosis of hypertension.

Rule-out Masked Hypertension or White-Coat Hypertension

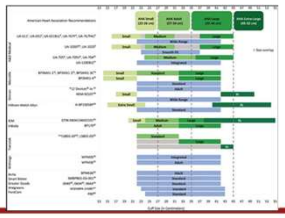
Better manage patient blood pressure

Recommended for titration of BP-lowering medication, in conjunction with telehealth counseling or clinical interventions.

Used before subsequent office visits to determine if their blood pressure is controlled.

Help patients adhere to treatment – non-pharmacological and pharmacological

Patients who engage in SMBP may be more likely to take action to improve their health in other ways.



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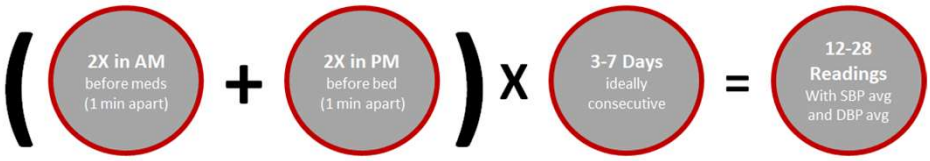
Duration of Device Use

Consider the clinical purpose of the device first

- **During diagnosis,** the device might only be needed for 1-2 weeks, or a sufficient time to obtain a representative BP reading including:



- **During treatment intensification,** the device will be needed until a patients' response to treatment can be assessed and BP control goal is achieved, which could take weeks to months depending upon prescribing practices, visit frequency, patient adherence, and other variables
- **During ongoing management,** the device will be needed longer periods while lifestyle changes can be achieved and sustain or to provide continuous monitoring of a chronic condition

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Medicaid Coverage & Reimbursement

SMBP Coverage Insights: Medicaid

April 2023 (based on data available 3/15/23)

AMA AMERICAN MEDICAL ASSOCIATION

Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the US Blood Pressure Validated Device Listing (VDL™) for a list of validated devices.

The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure devices and standalone cuff. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.

CPT® and HCPCS Code Description

99473	SMBP using a device validated for clinical accuracy and patient education/training and device calibration
99474	Separate self-measurements, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP readings and treatment plans
A4670	Automated blood pressure device
A4663	Blood pressure cuff only

	SMBP Service Codes					BP Device Codes						
	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663			Source
	Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required	
Kansas	●	$7.50	●	$9.27	↗	●	$75.00		●	$30.00		↗

SOURCE

Summary	99473	99474	A4670	A4663
Total states with coverage	22	19	37	32
Total states with coverage and covered amount data available	22	19	31	20
Average covered amount	$9.90	$11.32	$62.84	$21.91

HYPERTENSION

Self-measured blood pressure (SMBP) benefits for patients with Medicaid: Georgia

Jan 8, 2025 · 1 Min Read

TARGET:BP | AMA

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SMBP Device Comparison

CHOOSING A HOME BLOOD PRESSURE MONITOR FOR YOUR PRACTICE AT-A-GLANCE COMPARISON

LEGEND: Y = YES N = NO

				DEVICE FEATURES							DATA/TECHNOLOGY FEATURES		
DEVICE MANUFACTURER	DEVICE NAME	RETAIL PRICE (Per Device)	ON U.S. VALIDATED DEVICE LISTING	UPPER ARM DEVICE	LARGE CUFF SIZE (arm circumference range in inches)	XL CUFF SIZE	AC ADAPTER AVAILABLE	NUMBER OF USERS	MEMORY STORAGE CAPACITY (measurements per user)	AVERAGING CAPABILITY	BLUETOOTH-ENABLED SELF-REPORTING	INTEGRATES WITH VENDOR-NEUTRAL SMARTPHONE APP	CELLULAR DATA TRANSMISSION OPTION
A&D Medical	Essential Blood Pressure Monitor (UA-611)	$30	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	15	N	N	N	
A&D Medical	Essential Blood Pressure Monitor (UA-651)	$35	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	N	N	N	
A&D Medical	Manual Inflate Blood Pressure Monitor (UA-705V, UA-705VL)	$53	Y	Y	9.4 - 14.2 and 14.2 - 17.7	N	N	1	30	N	N	N	
A&D Medical	Wireless Blood Pressure Monitor (UA-651BLE)	$61	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	Y	Y	Y	
A&D Medical	Premium Blood Pressure Monitor (UA-767F)	$62	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	4	60	N	N	N	
A&D Medical	Talking Blood Pressure Monitor (UA-1030T)	$83	Y	Y	9 - 14.6 and 12.2 - 17.7	N	Y	1	90	Y	N	N	
A & D Medical	Ultraconnect Wireless Blood Pressure Monitor (UA-1200BLE)	$90	Y	Y	8.6 - 16.5	N	Y	5	100	Y	Y	N	
BodyTrace	Cellular Blood Pressure Monitor (BT105)	$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y	
CareSimple	BT105	$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y	
ForaCare	Fora TN'G BP	$140	Y	Y	9.4 - 16.9	N	N	1	200	Y	Y	N	
Greater Goods	Greater Goods BP	$65	Y	Y	8.6 - 16.5	N	Y	2	60	N	Y	N	
Hillrom-Welch Allyn	Welch Allyn Home Blood Pressure Monitor 1700 Series	$100	Y	Y	8.75 - 16.5	15.7 - 21.2	Y	1	99	N	Y	Y	
Microlife	WatchBP Home	$138	Y	Y	12.6 - 16.5	12.6 - 20.5	Y	1	250	N	N	N	
Microlife	WatchBP Home A BT (with Atrial Fibrillation detection)	$150	Y	Y	12.6 - 16.5	N	Y	1	250	Y	Y	N	
Microlife	WatchBP Home A (with Atrial Fibrillation detection)	$173	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N	
Microlife	WatchBP Home N (AF detection with nocturnal mode)	$207	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N	
Omron	Bronze Upper Arm	$39	Y	Y	9 - 17	N	Y	1	14	N	N	N	N

Device Features

- Retail price
- Validated
- Upper arm
- Cuff sizes
- # Users
- Memory
- Averaging
- Blue-tooth enabled
- Vendor-neutral integration with smartphone
- Cellular option

SOURCE

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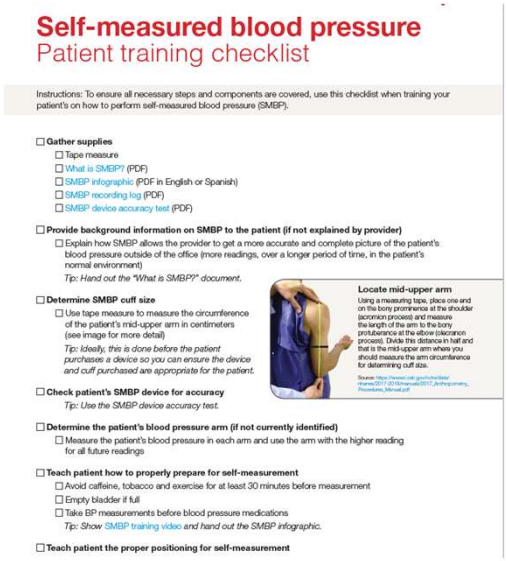
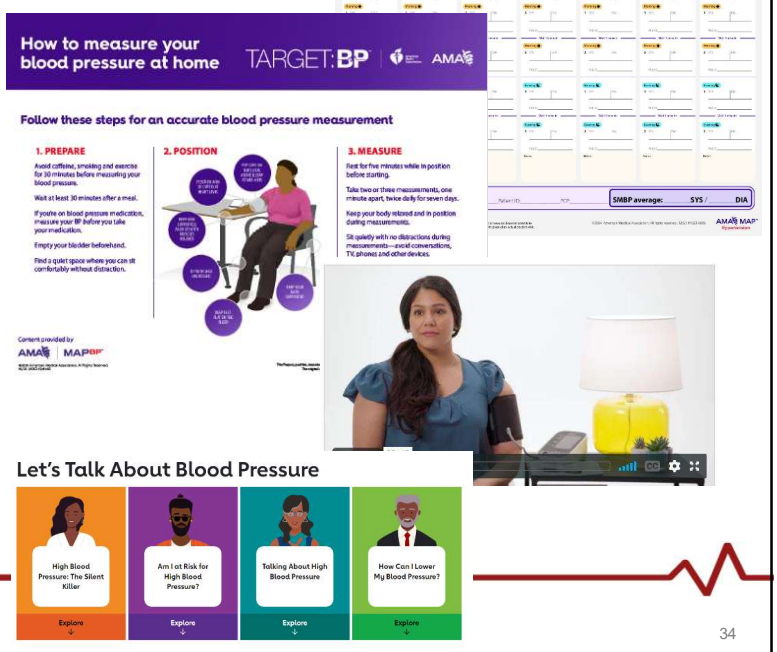
Preparing Patients for Success





TARGET:BP | American Heart Association. | AMA

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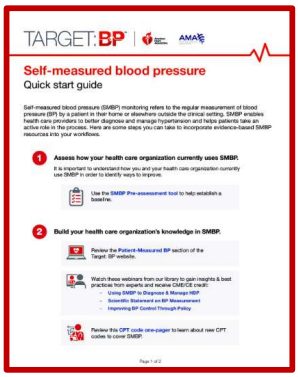
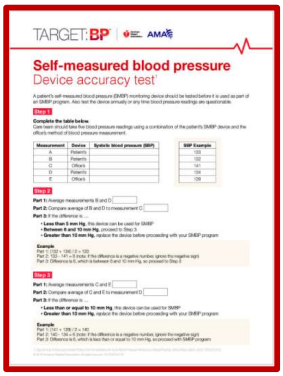
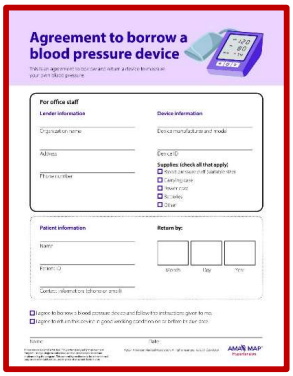
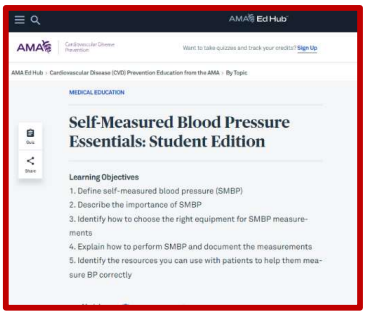
Preparing Your Team for SMBP Success









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Source

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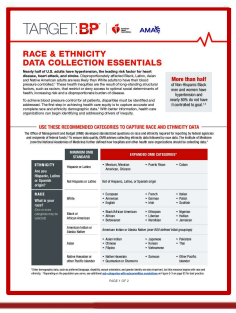
Pillar 5: Equitable Health Outcomes

The Equitable Health Outcomes pillar emphasizes the use of race and ethnicity (R/E), and social determinants of health (SDoH) data to stratify blood pressure control rates and to identify and address possible disparities.

- Adopt a policy to gather R/E data
- Adopt a policy to gather SDOH
- Train care team to gather data per policy
- Monitor care team adherence to policy(s)
- Stratify BP control rate data by 2 sub-groups
- Examine data for gaps and take action



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UNITE US

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Benefits of Award Achievement

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The Target: BP initiative celebrates physician practices and health systems, who treat patients with hypertension, for achieving blood pressure control rates at or above 70 percent within the populations they serve and for their commitment to evidence-based blood pressure activities.

- **An award certificate and digital award icons for use on your website and other materials**
- **National Achievement Award recognition on the Target: BP Initiative Website**
- **Awards Toolkit that includes a press release template, and images**
- **Promotion from the AHA and the AMA via media and event recognition**

GOLD+ STATUS

Submit data and report ≥70% BP control among patients served with hypertension and attest to ≥ 4 of 6 evidence-based BP activities in the Measure Accurately Pillar, the Act Rapidly Pillar, and 1 additional Pillar

GOLD STATUS

Submit data and report ≥70% BP control among patients served with hypertension

SILVER+ STATUS

Submit data and attest to ≥ 4 of 6 evidence-based criteria in the Measure Accurately Pillar, the Act Rapidly Pillar and 1 additional Pillar

SILVER STATUS

Submit data and attest to ≥ 4 of 6 evidence-based practices in the Measure Accurately Pillar

PARTICIPANT STATUS

Submit data for the first-time and commit to reducing the number of adult patients with uncontrolled BP

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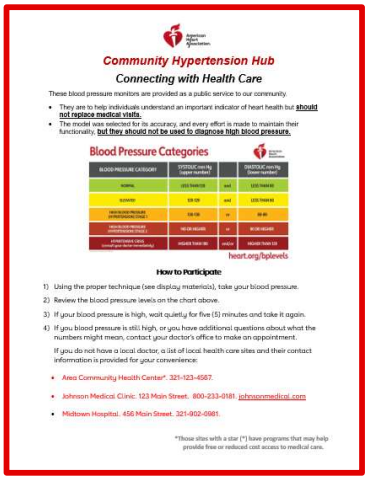
Community Hypertension Hubs

- Meet people where they are.
- Foster community-clinical linkages and connections.
- Help spark conversation on chronic disease, nutrition and more.
- Can be facilitated in:
  - Churches
  - Libraries
  - Employers
  - & More!

Hub Resource Collection in Dropbox



Community Hypertension Hub

Connecting with Health Care

These blood pressure monitors are provided as a public service to our community.

- They are to help individuals understand an important indicator of heart health but **should not replace medical visits.**
- The model was selected for its accuracy, and every effort is made to maintain their functionality, **but they should not be used to diagnose high blood pressure.**

Blood Pressure Categories

heart.org/bplevels

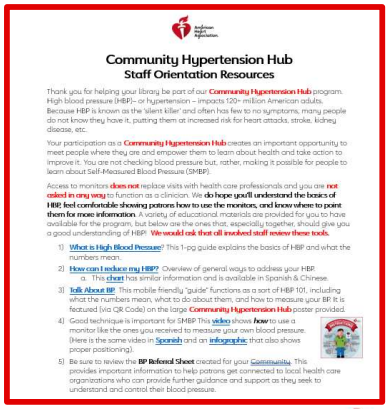
How to Participate:

1) Using the proper technique (see display materials), take your blood pressure.
2) Review the blood pressure levels on the chart above.
3) If your blood pressure is high, wait quietly for five (5) minutes and take it again.
4) If you blood pressure is still high, or you have additional questions about what the numbers might mean, contact your doctor's office to make an appointment.

If you do not have a local doctor, a list of local health care sites and their contact information is provided for your convenience:

- Area Community Health Center*. 321-123-4567.
- Johnson Medical Clinic. 123 Main Street. 800-233-0181. johnsonmedical.com
- Midtown Hospital. 456 Main Street. 321-902-6981.

*Those sites with a star (*) have programs that may help provide free or reduced cost access to medical care.



Community Hypertension Hub

Staff Orientation Resources

Thank you for helping your library be part of our Community Hypertension Hub program. High blood pressure (HBP) – or hypertension – impacts 120+ million American adults. Because HBP is known as the 'silent killer' and often has few to no symptoms, many people do not know they have it, putting them at increased risk for heart attacks, stroke, kidney disease, etc.

Your participation as a Community Hypertension Hub creates an important opportunity to meet people where they are and empower them to learn about health and take action to improve it. You are not checking blood pressure but, rather, making it possible for people to learn about Self-Measured Blood Pressure (SMBP).

Access to monitors **does not** replace visits with health care professionals and you are **not asked in any way** to function as a clinician. We **do hope you'll understand the basics of HBP, feel comfortable showing patrons how to use the monitors, and know where to point them for more information.** A variety of educational materials are provided for you to have available for the program, but below are the ones that, especially together, should give you a good understanding of HBP. **We would ask that all involved staff review these tools.**

1) What is High Blood Pressure? This 1-pg guide explains the basics of HBP and what the numbers mean.
2) How can I reduce my HBP? Overview of general ways to address your HBP.
   a. This chart has similar information and is available in Spanish & Chinese.
3) Talk About BP. This mobile-friendly "guide" functions as a sort of HBP 101, including what the numbers mean, what to do about them, and how to measure your BP. It is featured (via QR Code) on the large Community Hypertension Hub poster provided.
4) Good technique is important for SMBP. This video shows **how** to use a monitor like the ones you received to measure your own blood pressure. (Here is the same video in Spanish and an infographic that also shows proper positioning.)
5) Be sure to review the **BP Referral Sheet** created for your Community. This provides important information to help patrons get connected to local health care organizations who can provide further guidance and support as they seek to understand and control their blood pressure.

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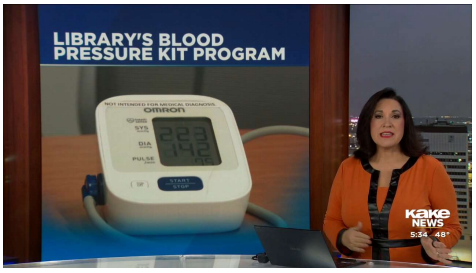
Hallmarks of these Hubs

- Access to validated, "home" blood pressure monitors.
  - For use onsite, and optionally, for checkout through your "Library of Things."
- Educational materials for:
  - Staff to ensure a general level of comfort with the process (Blood Pressure 101).
  - Patrons to ensure their comfort in using the device and understanding what those numbers mean / how to keep blood pressure low.



- Resources to support referrals to healthcare for those who have additional questions or (may) have concerning blood pressure levels.

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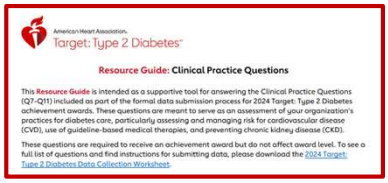
Getting Started with Outpace CVD

Register at heart.org/RegisterMyOutpatientO



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A Special Opportunity

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American Heart Association. Center for Telehealth™

New Professional Learning Series on Telehealth.

Premium classes in the portfolio include:

- **CORE Concepts in Telehealth Certificate Program**;
- **TelePrimary Care Certificate Program**;
- **Basics of Telestroke Course Package**; and
- **Telebehavorial Health Certificate Program**.

While these classes normally cost ~$149/each, we are proud to offer a special opportunity for rural* health care organizations during American Heart Month.

American Heart Association. Outpace CVD

Details on Eligibility* for Free Courses

Because effective telehealth is best facilitated by organizations utilizing other best practices for managing (cardiovascular) health, this opportunity is tied to participation in our **Outpace CVD** efforts. Therefore, your organization can receive **two** free (individual) licenses when you,

- By 03/15/25, **register** for a new component of **Outpace CVD** and/or
- By 05/01/25, submit your **complete data** for one or more of the **Outpace CVD** component.

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Additional Work & Resources

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AHA'S COMMITMENT TO

WOMEN'S HEALTH

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Addressing Hypertension/ Preeclampsia

- Encouraging awareness/education
- Supporting BP Self Monitoring.
  - Validated Device List now includes devices for use during pregnancy.
  - Iowa Medicaid offers coverage for BP Monitors.
- Systematic opportunities for workflow integration within healthcare, doulas, attached to WIC, etc.

PREECLAMPSIA FOUNDATION

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Professional Education

The Role of Cardiovascular Health in Maternal Health

Hypertensive disorders of pregnancy are one of the major causes of maternal mortality globally and cause short- and long-term morbidity in mothers and offspring. Explore the latest education and resources on maternal cardiovascular health. CE and MOC credits are available on select activities.

New Digital Learning: Hypertensive Disorders in Pregnancy

Learn more about the diagnosis and management of hypertensive disorders of pregnancy and their role in long-term maternal cardiovascular health for patients of childbearing age. CE and MOC credits are available.

New Podcast: Managing Chronic HTN During Pregnancy

Maternal fetal medicine specialists outline the appropriate work-up to diagnose hypertensive disorders of pregnancy and address recommended medications, as well as postpartum care. CE and MOC credits are available.

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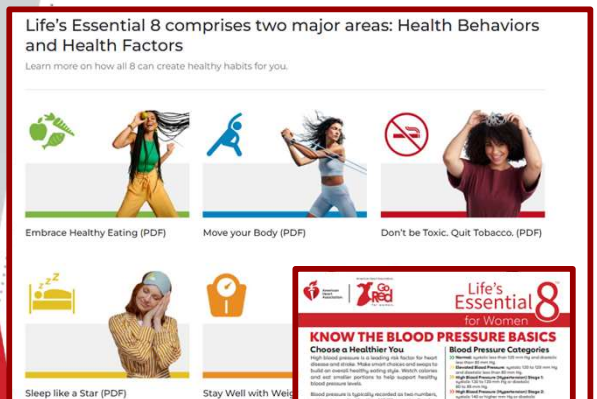
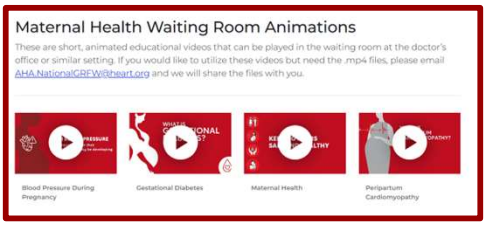
More Resources





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AMERICAN HEART MONTH 2025: YOUR CHILD. YOUR HEART.

1. CPR CAN SAVE LIVES. FOR ADULTS AND TEENS, HANDS-ONLY CPR CAN DOUBLE OR EVEN TRIPLE CHANCE OF SURVIVAL. INFANTS AND CHILDREN NEED CPR INCLUDING BREATHS.

2. MORE THAN 23,000 CHILDREN EXPERIENCE CARDIAC ARREST OUTSIDE OF THE HOSPITAL EACH YEAR. 40% ARE RELATED TO SPORTS. NEARLY 20% ARE INFANTS.

3. CARDIAC ARREST ACCOUNTS FOR 10-15% OF SUDDEN UNEXPECTED INFANT DEATHS.

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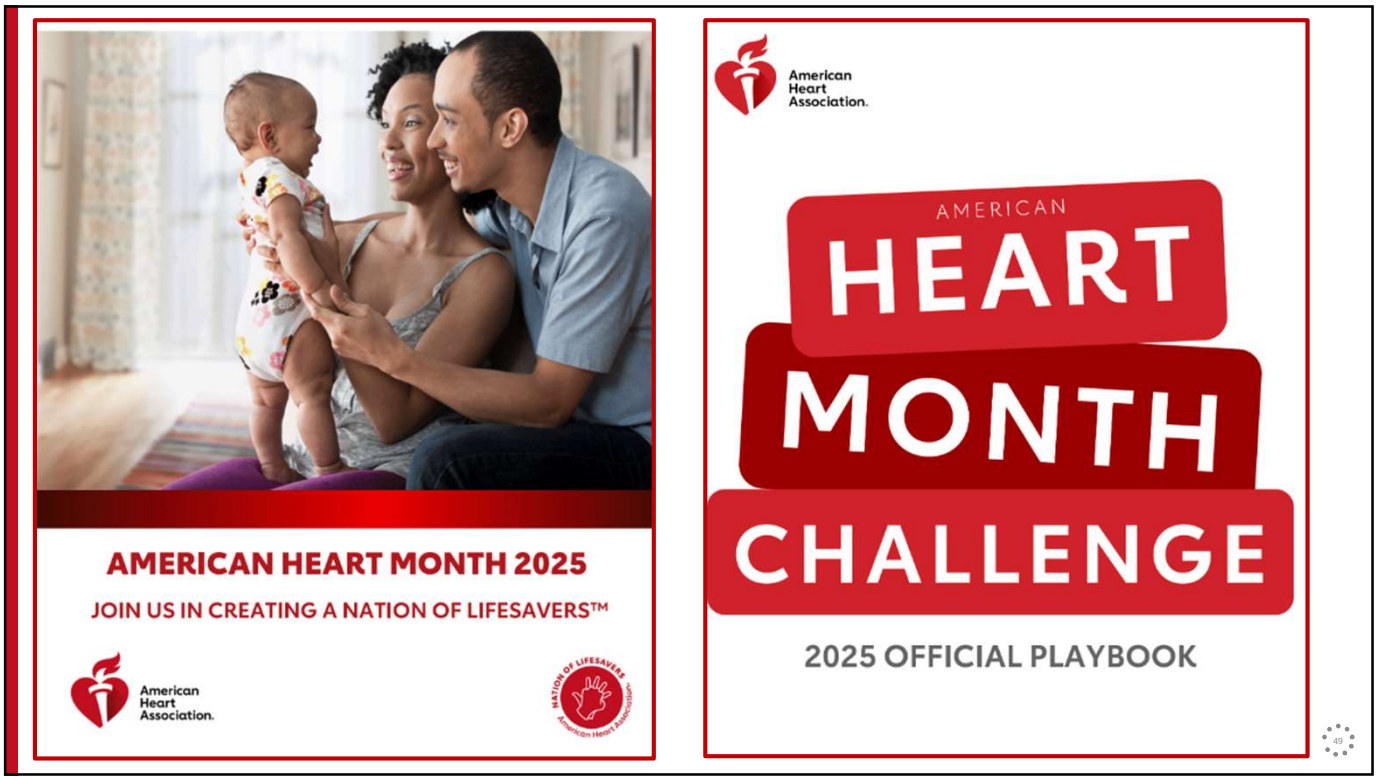

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COMMUNITY FACING

Answers By Heart includes dozens of fact sheets on Cardiovascular Conditions, Treatments and Tests, and Lifestyle and Risk Reduction. A great way to help make health information accessible. Many sheets are also available in Spanish.

Life's Essential 8 are the defining markers of good heart health. Resources include infographics for adults (also in Spanish) and kids, along with the MyLifeCheck heart health score tool.

Healthy For Good has a series of infographics on nutrition, physical activity and more in both English & Spanish.

Empowered To Serve Modules are turnkey presentations on a variety of topics.

PROFESSIONAL EDUCATION

American Heart Association. Intelligo Professional Education Hub™

A mix of free / $$ options.

- Health Equity
- Hypertension
- Resuscitation
- Stroke & Brain Health
- Telehealth Professional Cert.
- Tobacco Treatment Certification.

TARGET:BP | AMA

Future & Past webinars.

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Summary/Next Steps

- Join/encourage health care organizations around the country in **Target: BP**, **Target: (Type 2 Diabetes**, and/or **Check. Change. Control. Cholesterol)** at heart.org/RegisterMyOutpatientOrg. **Celebrate and enhance your success!**
- Look for opportunities for process improvement.
  - Are you conducting annual staff training around BP measurement technique? Are you evaluating that same technique?
  - Do you have validated, calibrated blood pressure monitors? A blood pressure treatment algorithm?
  - Could you help implement or enhance a Self- Measured Blood Pressure Program or help facilitate the launch of a Community Hypertension Hub in your community?

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Questions or Assistance

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Erin Gabert
Sr. Community Impact Director, Kansas City
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Subscribe!

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Questions?

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Upcoming Education and Important Dates

- 3/6-3/7 KHA Critical Issues Summit for Hospital Boards (Wichita)
- 3/12 QPR Gatekeeper Training
- 3/13-3/14 Infection Prevention Conference, Wichita
- 3/17-19 NARHC Spring Institute, OKC
- 3/25 KHC Clinic Assistance Program Lunch and Learn Series
- 3/26 KHC Office Hours - Best Practices for Success in APMs
- 3/31 MIPS Submission Window Closes - Last Day to Submit

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Kansas Healthcare COLLABORATIVE

Malea Hartvickson
Executive Director

Mandy Johnson
Senior Director, Programs

Treva Borcher
Director of Operations

Eric Cook-Wiens
Data & Measurement Director

Liz Warman
Quality Improvement Advisor

Jill Daughhetee
Director of Education and Communications

Azucena Gonzalez
Health Care Quality Data Analyst

Erin McGuire
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Quality Improvement Advisor

Rebecca Wagner
Grants Coordinator

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→ Find contact info and more at:
www.KHConline.org/staff

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