

## Introduction

Million Hearts® is a federal government (HHS) sponsored website with tools for addressing cardiovascular health. The program’s key goal is to prevent 1 million heart attacks and strokes by 2022.

### Million Hearts® Website Resources – Clinicians

Resource Type	Description and links
<i>Articles</i>	<p><a href="#"><u>Development and Validation of a Hypertension Prevalence Estimator Tool for Use in Clinical Settings</u></a></p> <p>Study describing the development and validation of a tool that health systems can use to compare their reported hypertension prevalence with expected prevalence. (<i>Journal of Clinical Hypertension</i>, January 2016)</p>
	<p><a href="#"><u>A Technology-Based Quality Innovation to Identify Undiagnosed Hypertension among Active Primary Care Patients</u></a></p> <p>Study demonstrating the move from patient identification to diagnosis using a technology-based strategy and illustrating how finding undiagnosed hypertensive patients is not a documentation issue. (<i>Annals of Family Medicine</i>, July 2014)</p>
	<p><a href="#"><u>Undiagnosed Hypertension Among Young Adults with Regular Primary Care Use</u></a></p> <p>Study comparing the rates of new hypertension diagnosis for different age groups and identifying delay predictors in the initial diagnosis among young adults who regularly use primary care. (<i>Journal of Hypertension</i>, January 2014)</p>
	<p><a href="#"><u>Identifying Patients with Hypertension: A Case for Auditing Electronic Health Record Data</u></a></p> <p>Study examining electronic health record data application to find potentially undiagnosed hypertensive patients and the variability in the magnitude of the “hiding in plain sight” problem across 11 community health centers. (<i>Perspectives in Health Information Management</i>, April 2012)</p>
	<p><a href="#"><u>Underdiagnosis of Hypertension Using Electronic Health Records</u></a></p> <p>Study showing how diagnosis leads to treatment by examining and identifying the diagnosis rates of prevalent and incident hypertension cases in a large outpatient health care system. (<i>American Journal of Hypertension</i>, January 2012)</p>

Brief

### [What Health Care Providers Should Know about Particle Pollution and Cardiovascular Risk](#)

This handout from the Environmental Protection Agency explains how air pollution can trigger heart attacks and strokes and worsen heart conditions in people with known heart disease, and points physicians to other resources for them and their patients.

Case Studies

Several Million Hearts® partners have demonstrated success in lowering blood pressure by using SMBP. Read more about how they incorporated SMBP into their practices.

- [The Veterans Health Administration in the US Department of Veterans Affairs \[PDF-377K\]](#)
- [ThedaCare—Appleton, Wisconsin \[PDF-429K\]](#)
- [Nilesh V. Patel, MD, FRCS—Audubon, Pennsylvania \[PDF-263K\]](#)
- [Federally Qualified Health Centers \(FQHCs\) \[PDF-102K\]](#)
- [The Whitney M. Young, Jr. Health Center \(WMYHC\)—Albany, New York \[PDF-552K\]](#)

### [Federally Qualified Health Centers](#)

This two page case-study highlights how seven Federally Qualified Health Centers achieved a rate of more than 70 percent in controlling high blood pressure.

Change Package

### [Featured Resource: National Association of Community Health Centers Undiagnosed Hypertension Change Package](#)

Compilation of materials to help clinicians map and identify enhancements to clinical workflows that improve detection and diagnosis of hypertension. (National Association of Community Health Centers, January 2016)

Clinic IT Guides

### **Hypertension Control Change Package (CDC)**

*The Hypertension Control Change Package for Clinicians (HCCP) presents a listing of process improvements that ambulatory clinical settings can implement as they seek optimal hypertension (HTN) control. It is composed change concepts, ideas, evidence- or practice-based tools and resources. Change concepts are general notions useful in the development more specific ideas changes lead to improvement. Change ideas are actionable, specific ideas for changing process. Change ideas be rapidly tested on small scale determine whether result local environment. With each change idea HCCP lists evidence- or practice based tools and resources that can be adapted or adopted in a healthcare setting to improve HTN control.*

- The document includes links to additional resources, some of which are require a login or purchase.
- Also includes case studies.

[https://millionhearts.hhs.gov/files/HTN\\_Change\\_Package.pdf](https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf)

Million Hearts® EHR Optimization Guides, developed by the ONC, help healthcare professionals leverage their EHR systems to excel in the ABCS. Through helpful step-by-step instructions, the guides illustrate how providers can use their EHR products to find, use, and improve data on the Million Hearts® clinical quality measures. Ultimately, these guides facilitate the identification of at-risk patients, helping clinical teams across the country protect their patients from heart attacks, strokes, and other cardiovascular events.

Allscripts: [https://www.healthit.gov/sites/default/files/allscripts\\_ehr\\_guide.pdf](https://www.healthit.gov/sites/default/files/allscripts_ehr_guide.pdf)

NextGen: [https://www.healthit.gov/sites/default/files/nextgen\\_ehr\\_guide.pdf](https://www.healthit.gov/sites/default/files/nextgen_ehr_guide.pdf)

Cerner: [https://www.healthit.gov/sites/default/files/cerner\\_ehr\\_guide.pdf](https://www.healthit.gov/sites/default/files/cerner_ehr_guide.pdf)

#### **[Guide to Improving Care Processes and Outcomes in Health Centers for Disease Control and Prevention](#)**

The Health Resources and Services Administration (HRSA) created the guide to help improve performance on targets like hypertension control. It provides proven strategies and tools that providers can use to enhance care processes and outcomes for the Million Hearts® ABCS measures, and beyond. The approach provides a framework and tools for documenting, analyzing, sharing, and improving key workflows and information flows that drive performance on high-stakes care performance measures.

#### **[Guide for Implementing e-Referral Using Certified EHRs \[PDF-1.8M\]](#)**

The North American Quitline Consortium created these recommended set of standards using established EHR technology to create bidirectional e-referrals between healthcare systems and providers of tobacco cessation counseling.

The Massachusetts Department of Public Health has created a bi-directional e-referral system for tobacco cessation, diabetes self-management, and beyond. [View the PDF \[PDF-196K\]](#)

#### **[“What is a patient portal?” FAQ](#)**

This page from the Office of the National Coordinator for Health Information Technology (ONC) provides guidance and resources to clinicians to implement a patient portal. A patient portal is a secure online website that gives patients convenient 24-hour access to personal health information from anywhere with an Internet connection.

<i>Fact Sheet</i>	<p><a href="#">Community Health Workers and Million Hearts®</a>  <a href="#">Los promotores de salud y la iniciativa Million Hearts®</a></p> <p>Community health workers can play a key role in team-based care for patients with chronic diseases, particularly for individuals facing health disparities.</p>
<i>Guides</i>	<p><a href="#">Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians</a></p> <p>Strong evidence suggests that SMBP—when combined with regular support from trained health care professionals—is effective in lowering blood pressure among hypertensive patients. This Centers for Disease Control and Prevention (CDC) guide targets clinicians with evidence-based action steps and resources to help patients monitor their blood pressure and engage in their treatment.</p>
	<p><a href="#">Self-Measured Blood Pressure Monitoring Program: Engaging Patients in Self-Measurement</a></p> <p>This program, from the American Medical Association and Johns Hopkins Medicine, is designed for use by physician offices and health centers to engage patients in SMBP. This program describes various ways that the patient can obtain blood pressure measurements outside of the clinical office either through the purchase of a device or a physician-led blood pressure monitor loaner program.</p>
	<p><b>Million Hearts Initiative</b> - This is a national initiative co-led by the Centers for Disease Control and Prevention and the Centers for Medicare &amp; Medicaid Services to prevent 1 million heart attacks and strokes in 5 years.</p> <ul style="list-style-type: none"> <li>• <a href="#">Million Hearts 2022</a>: Partner materials website includes a fact sheet, sample presentation and newsletter and social media messages about the initiative.</li> <li>• <a href="#">Million Hearts 2022 Framework</a>: The framework includes recommendations for keeping people healthy, optimizing care, and improved outcomes for priority populations.</li> </ul>
<i>Infographics</i>	<p><a href="#">Self-Measured Blood Pressure Monitoring Interactive Infographic for Clinicians</a></p> <p>This interactive infographic, from the Office of the National Coordinator for Health Information Technology, can be used to inform health care providers about SMBP, the burden of high blood pressure, and the medical and financial advantages of an SMBP monitoring program.</p>
	<p><a href="#">Million Hearts Cardiac Rehab Infographic [PDF-485K]</a></p> <p>This infographic shares key statistics about the existing infrastructure and service delivery needs to maximize uptake of cardiac rehab programs in the United States.</p>
<i>Interactive Tools</i>	<p><a href="#">Interactive Protocol for Controlling Hypertension</a></p> <p>This tool, designed for use by health care practitioners to assist in controlling their patients’ hypertension, is meant to enhance the management of blood pressure in adults 18-85 years. It will continue to be updated as evidence and guidelines evolve.</p>
	<p><a href="#">Medication Adherence: Interactive Module for Health Care Providers</a></p> <p>This online module from the American Medical Association provides eight steps to improve medication adherence. Moving through the module, providers can find answers to common questions about how to involve staff and patients in identifying nonadherence and changing behaviors.</p>

*Programs***[Living Well with Chronic Conditions](#)**

This is Oregon's version of the Chronic Disease Self-Management Program (CDSMP) developed by Stanford University. The Chronic Disease Self-Management Program is a workshop given two and a half hours, once a week, for six weeks, in community settings such as senior centers, churches, libraries and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with a chronic disease themselves.

**[Walk with a Doc](#)**

Developed by a cardiologist, Walk with a Doc is a program whose mission is to encourage healthy physical activity in people of all ages through physician-led walking groups.

**[Arthritis Foundation: Walk with Ease](#)**

Walk with Ease is a community-based walking program developed by the Arthritis Foundation. It is offered in a group or a self-directed format and helps people learn to walk safely and develop the habit of walking regularly.

**[The National ParkRx Initiative](#)**

ParkRx is an initiative that encourages people to be physically active in parks and public land through Park Prescription programs.

**[Oregon Tobacco Quit Line](#)**

The Quit Line is a telephone and web-based counseling service to help Oregonians quit using tobacco and nicotine products.

[Quit Line in English](#)

[Quit Line in Spanish](#)

**[Roadmap to Reform \(R2R\)](#)**

This initiative from the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) provides turnkey strategies to improve enrollment and adherence in cardiac rehab programs.

*Tip Sheets***[Patient Visit Checklist: Supporting Your Patients with High Blood Pressure](#)**

Effective provider-patient communication improves health outcomes and saves time. Use this checklist with sample questions to communicate better with your patients during every visit.

**[Improving Medication Adherence Among Patients with Hypertension](#)**

Medication adherence is critical to successful hypertension control for most patients. Find out how you can help.

*Videos***[Self-Measured Blood Pressure Monitoring to Control Hypertension](#)**

This Medscape video highlights ways health care providers can help patients manage hypertension. (To view the video, you may have to register with Medscape.) (Medscape, May 2013)

**[Finding Undiagnosed Hypertensive Patients](#)**

Watch this CDC-produced video to learn more about the four steps to finding patients “hiding in plain sight” with undiagnosed hypertension:

1. Establish clinical criteria for potentially undiagnosed hypertension.
2. Search electronic health record data for patients who meet the established clinical criteria.
3. Implement a plan to diagnose these patients, and to treat those with hypertension.
4. Calculate your health practice’s or system’s hypertension prevalence and compare your data against local, state, or national data.

Start with the steps that make the most sense for your practice or system. The most important action to take is beginning the search for these patients. Treating uncontrolled hypertension dramatically reduces patients’ risk for heart attack and stroke. Bringing individuals “hiding in plain sight” into clear view will help protect millions from unnecessary and preventable events.

*Webinar***[EHR Innovations for Improving Hypertension Challenge](#)**

The goal of the EHR Innovations for Improving Hypertension Challenge is to gather specific descriptions of health IT tools and approaches used by individual practices to implement an evidence-based blood pressure (BP) treatment protocol that has led to improvement in practice-wide blood pressure control. The winning clinics are small- to medium-sized, one is located in suburban Maryland, and the other in suburban Wisconsin. While the focus is on EHR innovations, many of the changes the clinicians describe in the webinar focus on taking a team-based approach and initiating small, low-tech changes to the work flow.

Webinar: <https://www.youtube.com/watch?v=vy8Nfnmlbbl&feature=youtu.be>

Webinar slides: <http://bit.ly/1HtxtuV>