

Million Hearts® Website Resources – Health Systems

Resource Type	Description and links
Articles	<p>Patients with Undiagnosed Hypertension: Hiding in Plain Sight Article explaining the “hiding in plain sight” phenomenon and summarizing what large health systems have done to find patients with undiagnosed hypertension. (<i>JAMA</i>, November 2014)</p>
	<p>Increasing Cardiac Rehabilitation Participation From 20% to 70%: A Road Map From the Million Hearts Cardiac Rehabilitation Collaborative [PDF-595K] The Million Hearts Cardiac Rehab Collaborative road map outlines the key action steps and best practices to increase cardiac rehab participation rates from 20% to 70%. (<i>Mayo Clinic Proceedings</i>, 2016)</p>
Briefs	<p>Hypertension Prevalence — AMGA Results Using Dx Code, Problem List, and Elevated Blood Pressure Readings This data snapshot shows the differences between hypertension prevalence estimates of AMGA data calculated using three distinctive criteria and the CDC Hypertension Prevalence Estimator Tool for the period of July 2013–June 2014.</p>
	<p>Factors That Promote Antihypertensive Medication Adherence, 2009 vs. 2014 [PDF-1M] This data snapshot shows improvements and areas for improvement in trends for antihypertensive medicine (AHM) and compares the number of AHM fills with low or no copays for that period. Million Hearts®, September 2016)</p>

<i>Case Study</i>	<p>Large Health Systems This two page case-study highlights how three large health systems achieved a rate of more than 70 percent in controlling high blood pressure.</p>
<i>Electronic Tool</i>	<p>Hypertension Prevalence Estimator Tool There are millions of US adults who have hypertension (elevated blood pressure) and have recently received medical care, but their hypertension remains undiagnosed and, therefore, untreated. This places them at increased risk for having a heart attack or stroke. The Million Hearts® Hypertension Prevalence Estimator Tool provides the user with a health system’s expected hypertension prevalence, which is the estimated percentage of patients receiving care within the health system who have hypertension. Health systems (including practices) can compare their expected hypertension prevalence calculated using the Estimator Tool with their measured prevalence to assess if they potentially have a large percentage of their patient population who have undiagnosed hypertension.</p>
<i>Measure Alignment Guidance</i>	<p>Million Hearts® Clinical Quality Measures Alignment To reduce the reporting burden on professionals and focus quality efforts to achieve the greatest impact on outcomes, Million Hearts® staff worked with public and private partners to align and embed a focused set of evidence-based clinical quality measures into major quality reporting initiatives. These measures represent key outcomes related to the ABCS (Aspirin when appropriate, Blood pressure control, Cholesterol management, and Smoking cessation).</p>
<i>Organizational Statements</i>	<p>Call to Action on Use and Reimbursement for Home Blood Pressure Monitoring: A Joint Scientific Statement From the American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association [PDF-468K] A joint scientific statement from American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association encourages increased regular use of SMBP by clinicians for the majority of patients with known or suspected hypertension as a way to increase patients’ engagement and ability to self-manage their condition. (<i>Hypertension</i>, July 2008)</p> <p>U.S. Preventive Services Task Force Final Recommendation Statement for Hypertension in Adults: Screening and Home Monitoring The US Preventive Services Task Force (USPSTF) continues to give screening for high blood pressure in adults aged 18 years and older an “A” recommendation. In the latest recommendation, the USPSTF included additional guidance for obtaining blood pressure measurements away from the clinical setting, such as ambulatory or SMBP to confirm a hypertension diagnosis before starting treatment. (US Preventive Services Task Force, October 2015)</p>

*Programs***Heart 360**

This pharmacist-led, home blood pressure monitoring program asked participants to upload their home blood pressure measurements 3–4 times a week to the American Heart Association's Heart360 website. Brief videos and accompanying slides describe the innovation, its implementation, and lessons learned.

[Video: Part I – Outline of Program and Evidence Base](#)

[Video: Part II – Stakeholder Interest and External Factors Affecting Spread](#)

[Associated Slides](#)

[Mall Walking: A Program Resource Guide \[PDF-300K\]](#)

The mall walking guide provides information about the health benefits of walking, explains why mall walking programs can help people walk more, and provides practical strategies for starting and maintaining walking programs.

Reports

[Agency for Healthcare Research and Quality Self-Measured Blood Pressure Monitoring: Comparative Effectiveness \[PDF-1.7M\]](#)

A 2012 comparative effectiveness review by the Agency for Healthcare Research and Quality (AHRQ) examined the effectiveness of SMBP alone compared with SMBP plus additional clinical support and with usual care. AHRQ found that the strength of evidence is high for the effectiveness of SMBP with some form of additional clinical support in lowering blood pressure and improving control among patients with hypertension, compared with usual care. (Agency for Healthcare Research and Quality, January 2012)

The Community Preventive Services Task Force Recommendations on Self-Measured Blood Pressure Monitoring Interventions

The Community Preventive Services Task Force conducted a systematic review evaluating the effectiveness of using SMBP with additional clinical support to manage high blood pressure and SMBP alone. The results of this review demonstrated strong evidence of effectiveness for interventions using SMBP plus additional clinical support to improve high blood pressure outcomes and sufficient evidence of effectiveness for SMBP interventions used alone. Additionally, economic evidence indicates that SMBP monitoring interventions are cost-effective when used with additional patient support or team-based care. (Community Preventive Services Task Force, June 2015)

- [SMBP combined with additional support](#)
- [SMBP used alone](#)
- [Economic evidence](#)

The 6|18 Initiative: Accelerating Evidence into Action

As of 2015, coverage for SMBP is not universal and varies by state, insurance plans, or is not covered at all. The CDC 6|18 Initiative includes SMBP as one of its evidence-based interventions to control high blood pressure and is partnering with health care purchasers, payers, and providers to promote SMBP as a proposed payer intervention. The Initiative supports providing access for SMBP for home-use and creating individual, provider, and health-system incentives for compliance and meeting goals.