

Considerations to establish a hypertension program

Agenda

Considerations to establish a hypertension program

- 1 The urgency to act
- 2 A manageable approach to build a hypertension program
- 3 Program examples
- 4 Assessment and tools to get started



Disclaimer

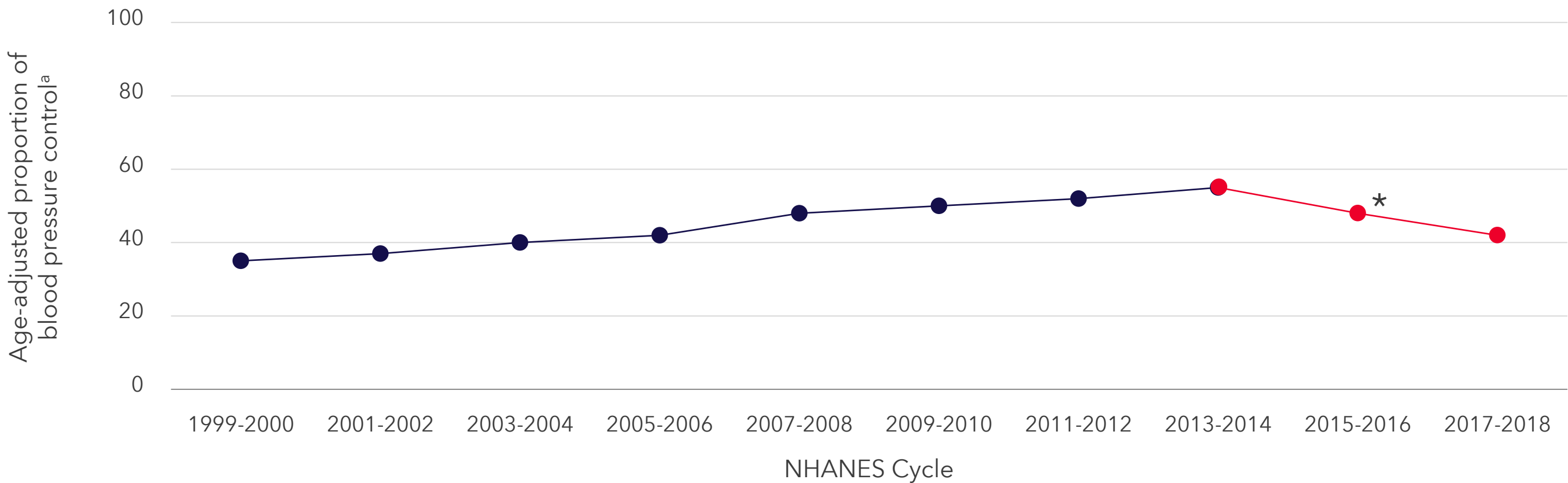
This presentation is provided for general education purposes only and should not be considered the exclusive source for this type of information. The presentation is intended to highlight disease state awareness, resources, program examples, and tools for developing a hypertension program.

Urgency to act

Fewer HTN patients are achieving controlled hypertension¹

While cardiovascular events continue to be the leading cause of death in the U.S.²

BP control is decreasing among U.S. adults taking antihypertension drugs¹



*from 2013-2014 through 2017-2018, P = 0.03 for trend

¹ Muntner P, et al. JAMA. 2020;324:1190-1200

² 2021 Heart Disease and Stroke Statistics Update Fact Sheet


Even modest BP reduction can impact cardiovascular events

Lancet Publications – 2016 and 2021^{1,2}; analysis of nearly 1M hypertensive patients

N = 613,815

Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis

Dena Ettehad, Connor A Emdin, Amit Kiran, Simon G Anderson, Thomas Callender, Jonathan Emberson, John Chalmers, Anthony Rodgers, Kazem Rahimi





// Every **10 mm Hg reduction** in systolic blood pressure significantly reduced the risk of major cardiovascular disease events... "heterogeneity for major cardiovascular disease events was 41%, for coronary heart disease 25%, for stroke 26%, for heart failure 37%, for renal failure 28%, and for all-cause mortality 35%."

N = 348,854

Pharmacological blood pressure lowering for primary and secondary prevention of cardiovascular disease across different levels of blood pressure: an individual participant-level data meta-analysis

The Blood Pressure Lowering Treatment Trialists' Collaboration*

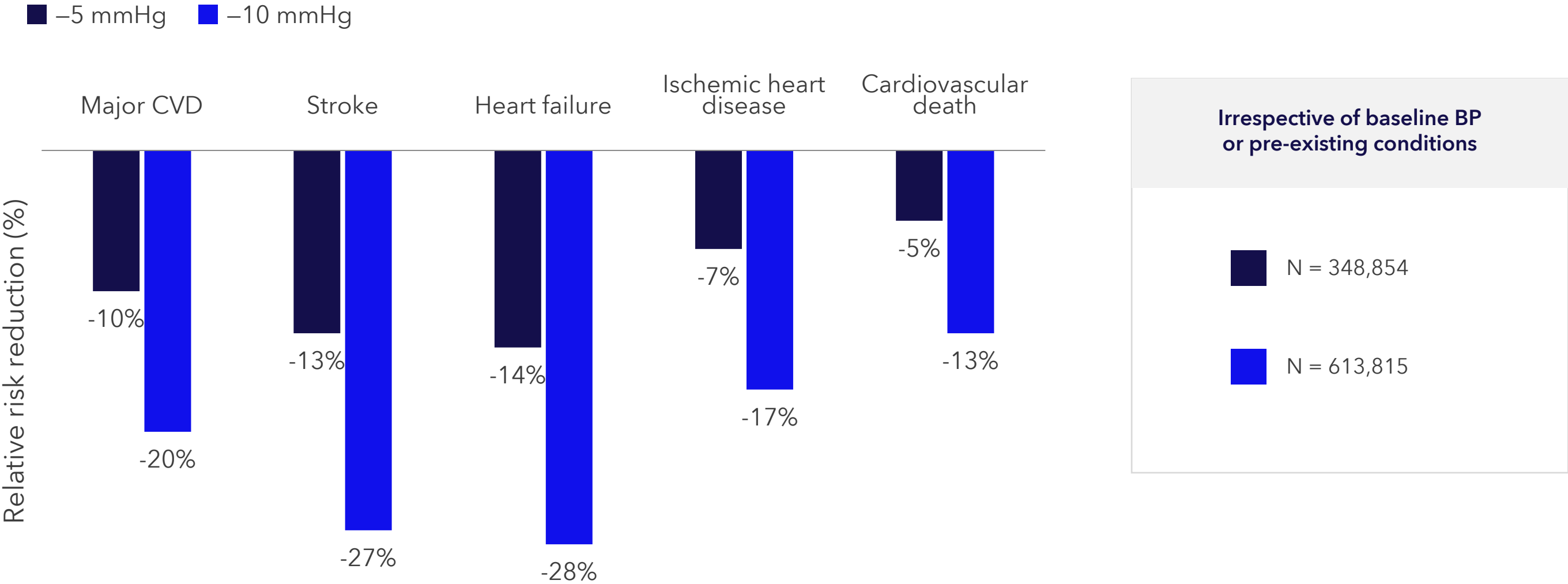


// These findings suggest that a fixed degree of pharmacological blood pressure lowering is similarly effective for primary and secondary prevention of major cardiovascular disease, even at blood pressure levels currently not considered for treatment. Physicians communicating the indication for blood pressure lowering treatment to their patients should **emphasize its importance on reducing cardiovascular risk rather than focusing on blood pressure reduction itself.**

1. Ettehad D, et al. Lancet. 2016;387:957-967.
2. Rahimi K, et al. Lancet. 2021;397:1625-1636.

5 or 10 mmHg^{1,2} drop in OSBP can be meaningful as reported in meta analysis

Correlates to a 10% or 20% relative risk reduction in CV events



¹ Rahimi K. Blood pressure-lowering is even more beneficial than previously thought. Presented at ESC Congress 2020.
² Ettehad D, et al. *Lancet*. 2016;387:957-967.

A manageable
approach to build
a hypertension program

Different approaches to developing HTN care pathways

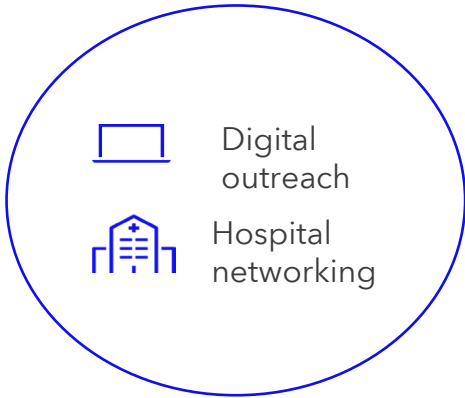
Informal

Semi-formal

Formal

HTN referral networking

Proactive outreach to further serve uncontrolled HTN patients



Hypertension program

Integrated care team evaluating current HTN patient path, adjusting where needed, advancing communication internal and external



AHA certified HTN center

Center of Excellence for Hypertension



Four key criteria to develop a hypertension program

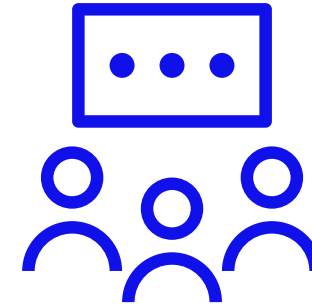
May improve long-term reduction of CV events



1. Develop HTN care team



2. Build HTN focus



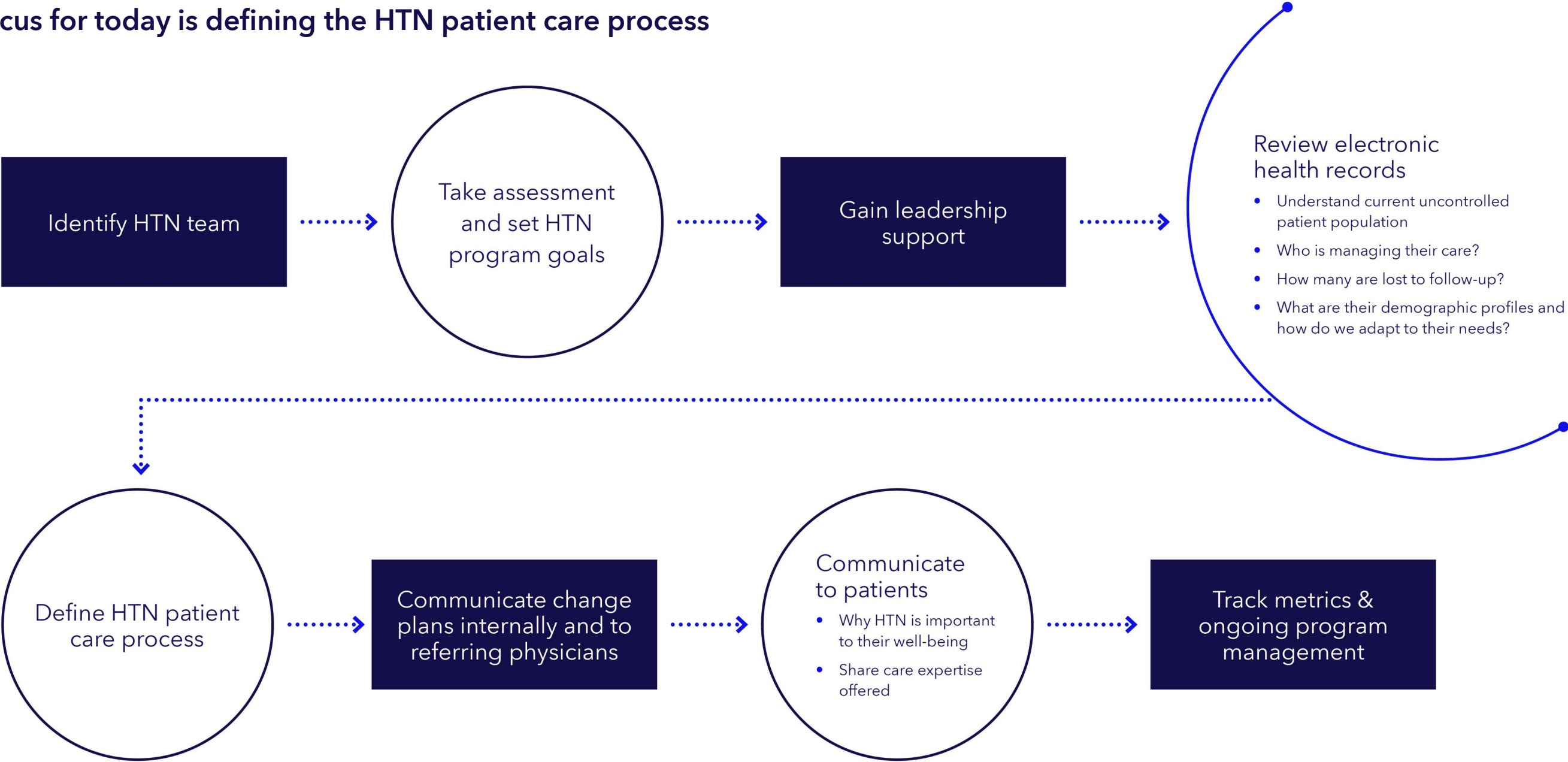
3. Educate referrers



4. Educate patients

Framework to establish an HTN program

Focus for today is defining the HTN patient care process



Defining the hypertension patient care process

To develop a HTN care process, gain alignment on



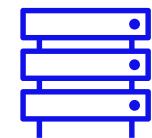
Program goals



HTN guidelines and current practice protocols



Health equity considerations



Accurate measurements



Leadership support

Goals to consider



Increased collaboration

across specialties to improved HTN control rates



Increased referring physician confidence

that patients will return to their primary physician for follow-up



Increased patient awareness of and commitment

to the importance of lifestyle and adherence



Improved BP rates

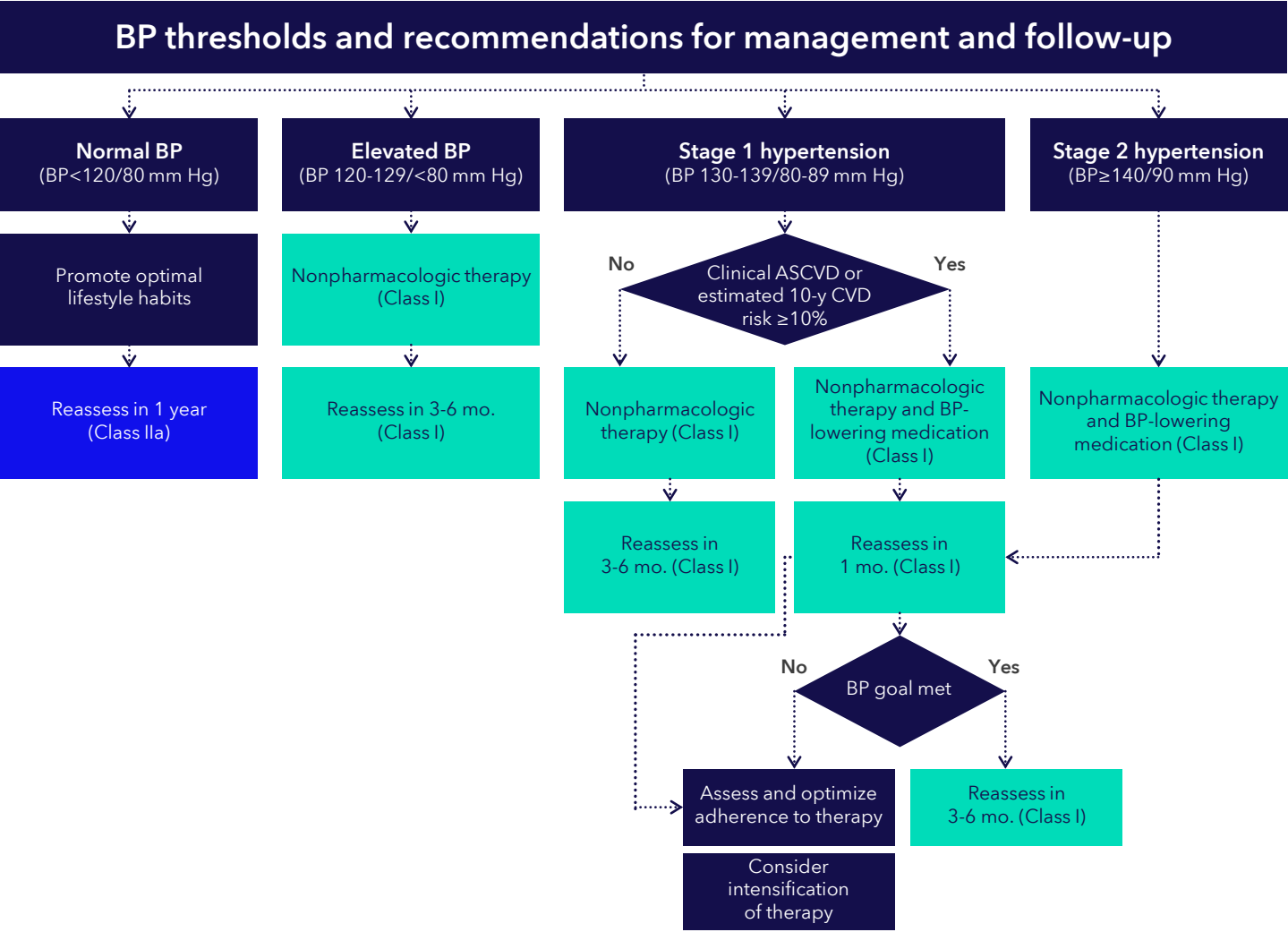
for overall **CV risk reduction** is helpful even if goal pressure is not achieved



Evaluate what you do today versus guidelines

To determine if any updates to patient care protocols could be beneficial

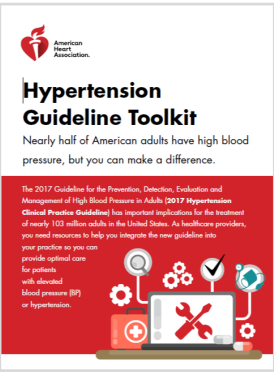
Patient pathway



Patient follow-up

BP status	Recommended follow-up/Reassessment
Normal	1 year
Elevated	3-6 months
Stage 1 hypertension	<ul style="list-style-type: none">Monthly until BP goal met with BP lowering medication + nonpharmacologic interventions3-6 months after BP goal met
Stage 2 hypertension	<ul style="list-style-type: none">Monthly until BP goal met with BP lowering medication + nonpharmacologic interventions3-6 months after BP goal met

Guidelines reference tool



- > <http://aha-clinical-review.ascendeventmedia.com/books/aha-high-blood-pressure-toolkit/>
- > <https://www.ahajournals.org/doi/pdf/10.1161/HYPERTENSIONAHA.120.15026>

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Casey, et al. Am Journal of Medical Quality. 2021 May doi: 10.1097/01
Whelton et al . Hypertension ; 2018 June; e13-115

Improve health equity within the screening and care process

Utilize the CMS screening tool to



Evaluate

- ⦿ Transportation needs
- ⦿ Adequate access to a healthy diet
- ⦿ Access to lost cost medications
- ⦿ Safe environments for exercise
- ⦿ Homelessness
- ⦿ Behavioral issues

Integrate

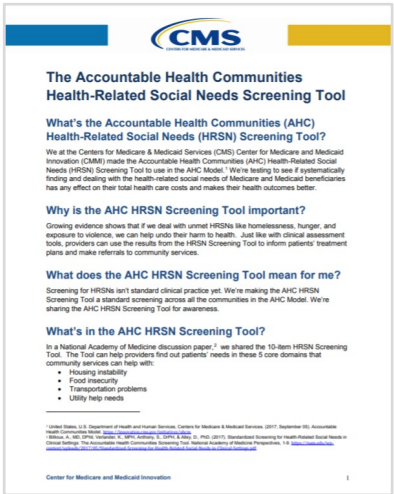
- ⦿ EMR system to document and monitor
- ⦿ Community health workers or social workers

Partner

- ⦿ Community organizations to help with nutrition
- ⦿ Pharmacies for home delivery options and adherence support
- ⦿ Community-based education: barber shops, salons, churches, workplaces, retail health clinics

Adopt

- ⦿ Community organizations to help with nutrition



Higher at-risk groups include¹:

- | | |
|--|---|
| <ul style="list-style-type: none">• Young• Non-Hispanic black | <ul style="list-style-type: none">• Uninsured• Lack of access to a consistent clinic |
|--|---|

<https://innovation.cms.gov/files/worksheets/ahcm-screeningtool.pdf>
¹ Casey, et al. *Am Journal of Medical Quality*. 2021 May doi: 10.1097/01.

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Ensure accurate measurements across the system

Suggest refresh or annual training

Proper technique

Variations in technique can affect reading by 2 to 50 mm Hg

- Properly position the patient
- Use proper measuring technique and cuff sizing
- Take proper measurements
- Properly record readings
- Average the readings
- Provide readings to the patient

- > https://targetbp.org/tools_downloads/achieving-accuracy-bp-measurement-e-module/
- > https://targetbp.org/tools_downloads/cme-course-measuring-blood-pressure-accurately-step-1-in-hypertension-control/

ACVD risk assessment

- > https://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calculate/estimator/

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BP classifications

BP category	BP (MM HG)		
	Systolic		Diastolic
Normal	<120	and	<80
Elevated	120-129	and	<80
Hypertension			
Stage 1	130-139	or	80-89
Stage 2	≥140	or	≥90
Hypertensive crisis	>180	and/or	>120

Corresponding BP values

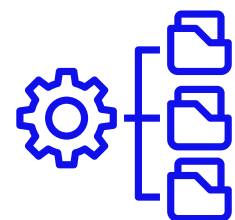
Table 11. Corresponding Values of SBP/DBP for Clinic, HBPM, Daytime, Nighttime, and 24-Hour ABPM Measurements (Table view)

Clinic	HBPM	Daytime ABPM	Nighttime ABPM	24-Hour ABPM
120/80	120/80	120/80	100/65	115/75
130/80	130/80	130/80	110/65	125/75
140/90	135/85	135/85	120/70	130/80
160/100	145/90	145/90	140/85	145/90

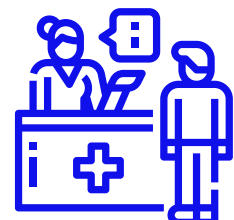
ABPM indicates ambulatory blood pressure monitoring; BP, blood pressure; DBP, diastolic blood pressure; HBPM, home blood pressure monitoring; and SBP, systolic blood pressure.

Casey, et al. Am Journal of Medical Quality. 2021 May doi: 10.1097/01.

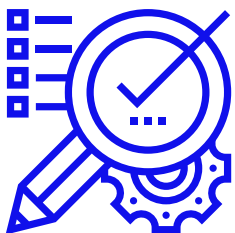
Get leadership support to create focus and program updates



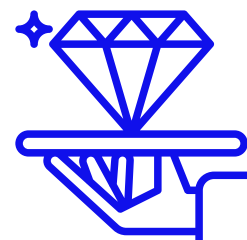
HTN strategic imperative



Engaged patients



Accreditation agencies



Quality outcomes



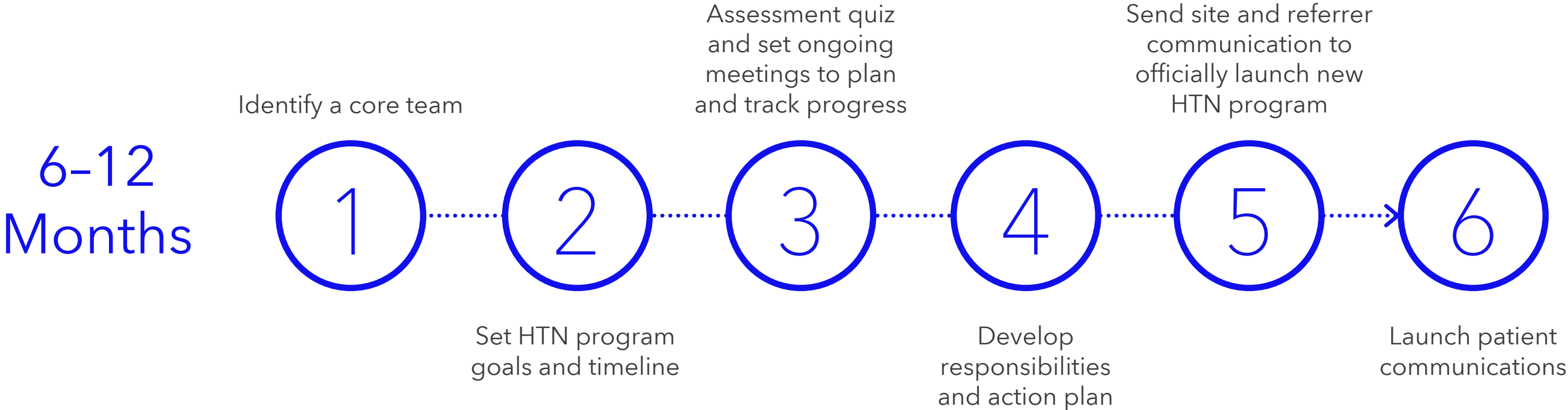
Adequate funding



Electronic health
record analytics

Timeline to build a hypertension patient care program

Illustrative process



Program examples

Where should I start and who has a clinic I can model after?



- 1 Target BP.org
- 2 Hospital/practice website: Services offered
- 3 AHA certification program requirements and network
- 4 Community hospital and academic institution models

Join the target BP program

Take the assessment. Build it. Get recognized

You can make a difference

By using an evidence-based protocol to guide the way you and your team assess and manage people with high blood pressure, following clinical best practices, and enabling patient self-measurement where appropriate, you can have an impact on one of the biggest health challenges we face today.

Levels of Recognition

There are several levels at which your organization may be recognized.

Gold Status

Recognizes practices that have 70 percent or more of their adult patient population with high blood pressure controlled.



Participant Status

Recognizes practices that have submitted data and committed to reducing the number of adult patients with uncontrolled blood pressure.



New for 2021! In addition to submitting annual data for BP control rates, participants can be recognized for their team's commitment to accuracy in BP measurement. Is your practice completing these [evidence-based BP activities](#)?

Gold+ Status

Recognizes practices that meet the Gold status criteria and attest to completing at least 4 of 6 [evidence-based BP activities](#).




Silver Status

Recognizes practices that submit data and attest to completing at least 4 of 6 [evidence-based BP activities](#).



Pre-assessment

Act rapidly



Instructions: Check all the boxes that apply to your practice.

1. What office protocols are in place?

- ☐ Provider is notified if patient has high blood pressure (BP)
- ☐ High BPs are flagged in electronic health record (EHR)

2. What treatment protocol is used?

- ☐ None
- ☐ Your practice's customized protocol
- ☐ Clinical decision support guidance within EHR (including embedded treatment protocol)
- ☐ AHA/ACC/CDC high blood pressure algorithm
- ☐ Million Hearts* protocol for controlling hypertension in adults
- ☐ Kaiser Permanente Clinical Practice Guideline for Adult Hypertension
- ☐ National Institute for Health and Care Excellence (NICE) protocol for hypertension in adults
- ☐ Other: _____

3. How are medical records used?

- ☐ Identify patients with uncontrolled BP using EHR report
- ☐ Identify clinical inertia
 - ☐ Initiation or intensification of antihypertensive medication
 - ☐ Initiation or continuation of non-pharmacological therapy
 - ☐ Schedule follow-up visits
 - ☐ Use of self-measured BP measurements
 - ☐ Use of 24-hour ambulatory BP monitoring
- ☐ Identify contributing factors of clinical inertia
 - ☐ Provider's lack of knowledge on treating hypertension
 - ☐ Unsure about "true" BP
 - ☐ Medication complexity
 - ☐ Medication adherence
 - ☐ Patient does not want or agree with treatment plan
 - ☐ Follow-up issue

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Build patient awareness for hypertension services

Patients and caregivers are looking services offered online for experts to help them

Include high blood pressure as a service offered along with differentiated descriptions

Go beyond just ,“We are experts in hypertension”



Explain the goal of the hypertension team



Review how the team approaches advanced HTN work up



Discuss why controlling HTN is important to reducing CV risk



Provide contact information to make it easy for patients to get an appointment

Review examples from AHA certified HTN centers for ideas

Consider what certified HTN centers are offering

Network to connect with others for guidance

Potential benefits of certification



Patient

- Greater confidence in management plan
- Assurance that center has been vetted and recognized by AHA



Provider

- Promote and recognize role and function of the HTN experts
- Referral source for other non-HTN specialists
- Establish pathway for appropriate reimbursement
- Access to AHA live and online education



Research and Training

- Opportunity to participate in research
- Serve as impetus to expand HTN training at all levels



Center Name	City	State	Medical Director	Type of Certification
Allegheny Health Network – General	Pittsburgh	PA	Khaled Nashar	Comprehensive HTN Center
Allegheny Health Network – Western Pennsylvania	Pittsburgh	PA	Raghu Tadikamalla	Comprehensive HTN Center
Beth Israel Deaconess Medical Center Hypertension Center	Boston	MA	Jennifer Cluett	Comprehensive HTN Center
Cleveland Clinic Nephrology and Hypertension	Cleveland	OH	George Thomas	Comprehensive HTN Center
Loyola University Comprehensive Hypertension Center	Maywood	IL	Karen A. Griffin	Comprehensive HTN Center
The Christ Hospital Advanced Hypertension Center	Cincinnati	OH	John Joseph Szawaluk	Comprehensive HTN Center
The Nephrology Group	Fresno	CA	Sreedhar Adapa	Comprehensive HTN Center
The Stanford University Hypertension Center	Stanford	CA	Vivek Bhalla	Comprehensive HTN Center
Thomas Jefferson University Hypertension Program	Philadelphia	PA	Sayed Mehrdad Hamrahan	Comprehensive HTN Center
University of California – Irvine (UCI)	Orange	CA	Ekamol Tantisattamo	Comprehensive HTN Center
University of Chicago Medicine Comprehensive Hypertension Center	Chicago	IL	George Bakris	Comprehensive HTN Center
University of North Carolina Hypertension Clinic	Chapel Hill	NC	Raven Voora	Comprehensive HTN Center
University of Miami	Miami	FL	Maria Delgado-Lelievre	Comprehensive HTN Center
University of Pennsylvania Hypertension Program	Philadelphia	PA	Raymond Townsend	Comprehensive HTN Center
University of Rochester Medical Center Hypertension Center	Rochester	NY	Hanna Mieszcanska	Comprehensive HTN Center
University of Texas Southwestern	Dallas	TX	Wanpen Vongpatanasin	Comprehensive HTN Center
University of Wisconsin Advanced Hypertension Program	Madison	WI	Theresa Gassman	Comprehensive HTN Center
Vanderbilt Hypertension Center	Nashville	TN	Nancy Brown	Comprehensive HTN Center
Alexian Brothers Specialty Group, Amita Health	Elk Grove Village	IL	John Furiase	HTN Practice Center
King's Daughters Medical Center - Nephrology	Ashland	KY	Charbel Salem	HTN Practice Center
Kidney & Hypertension Group of South Florida	Ft. Lauderdale	FL	Gabriel Valle	HTN Practice Center
New Jersey Kidney Care, Fresenius Medical Care	Jersey City	NJ	Narender Goel	HTN Practice Center
OSF St. Francis Hypertension Center	Peoria	IL	Robert Sparrow	HTN Practice Center
Princeton Hypertension - Nephrology Associates	Princeton Junction	NJ	Michael C. Ruddy	HTN Practice Center
RTANE – Renal Transplant Associates of New England	Springfield	MA	Barbara Greco	HTN Practice Center
St. Clair Specialty Physicians Hypertension Clinic	Roseville	MI	Christopher R. Provenzano	HTN Practice Center

Last Updated: June 2021

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Consider AHA’s framework as a best practice

Leverage this guidance even if you do not seek certification

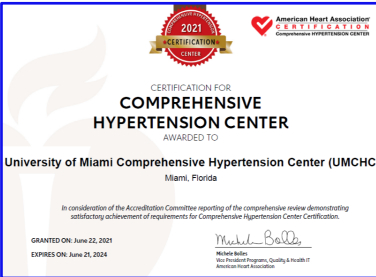
REQUIREMENT NUMBER	HYPERTENSION CENTER CERTIFICATION ELIGIBILT Y OVERVIEW	PRACTICE CENTER	COMPREHENSIVE CENTER
1	Director must be a Certified as a Hypertension Specialist by the American Hypertension Specialist Certification Program. (Resources located here: www.ptcny.com)	✓	✓
2	Director must hold an academic appointment		✓
3	Director must be a current Premium Professional or Premium Professional Plus member of the American Heart Association with membership on the Council on Hypertension. (www.professional.heart.org)	✓	✓
4	Practice must be registered for the Target: BP program (www.targetbp.org).	✓	✓
5	Majority of practice must be devoted to patients with hypertension and related disorders.	✓	✓
6	Recognition as referral and treatment resource for resistant and secondary hypertension, and alternative therapies.	✓	✓
7	Personnel are competent in recording blood pressure and in maintaining equipment for both the Center and self-monitoring for patients	✓	✓
8	Performs and interprets 24-hour ambulatory blood pressure recording	✓	✓
9	Has facilities available to perform extensive multi-specialty examination and treatment to assess complicated hypertension problems	✓	✓
10	Participates in investigator-initiated research and/or in appropriate multi-center trials and observational studies	✓	✓
11	Center performs ongoing quality improvement	✓	✓
12	Personnel participate in ongoing hypertension educational activities	✓	✓
13	Personnel participate in teaching hypertension to medical students, house officers and fellows		✓
14	Personnel participate in the publication of scholarly articles or abstracts related to the field of hypertension and related disorders		✓

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REQUIREMENT NUMBER	HYPERTENSION CENTER CERTIFICATION REQUIREMENT OVERVIEW	PRACTICE CENTER	COMPREHENSIVE CENTER
1	The Hypertension Center defines its mission, goals, scope, and organizational structure. Outlines rationale for application and desired pursuit of certification as a Hypertension Center	✓	✓
2	Center performs or has access to risk assessments, diagnostic evaluation tools, and interventions to perform extensive multi-specialty examination and treatment to assess complicated hypertension process.	✓	✓
3	The Center has a process in place to monitor staff competence in the accurate measurement and documentation of blood pressure.	✓	✓
4	The Center has a process in place for the selection of independently validated stationary blood pressure monitoring equipment.	✓	✓
5	The Center has a process in place that addresses patient education including the anticipation of the patient’s individualized needs and patient-centered goals.	✓	✓
6	The Center has a protocol for 24-Hour Ambulatory Blood Pressure Monitoring.	✓	✓
7	The Center performs ongoing quality improvement measuring adherence to evidence-based guidelines aimed at improving hypertension control and related outcomes of the patient population.	✓	✓
8	The Center’s staff have education, experience, training or certification consistent with scope of hypertension services and care provided.	✓	✓
9	The Center participates in research activities		✓

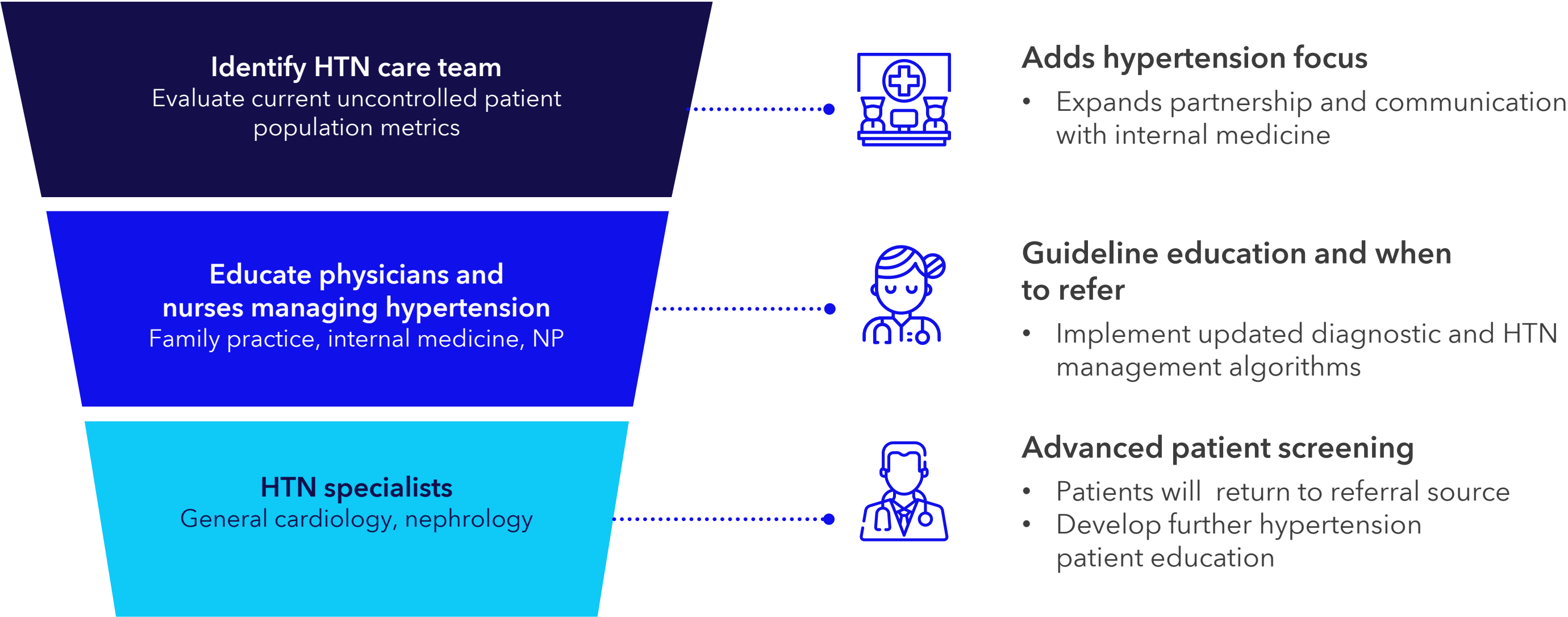
<https://www.heart.org/-/media/files/professional/quality-improvement/healthcare-certification/hypertension-2020/hypertension-program-overview-282020.pdf?la=en>

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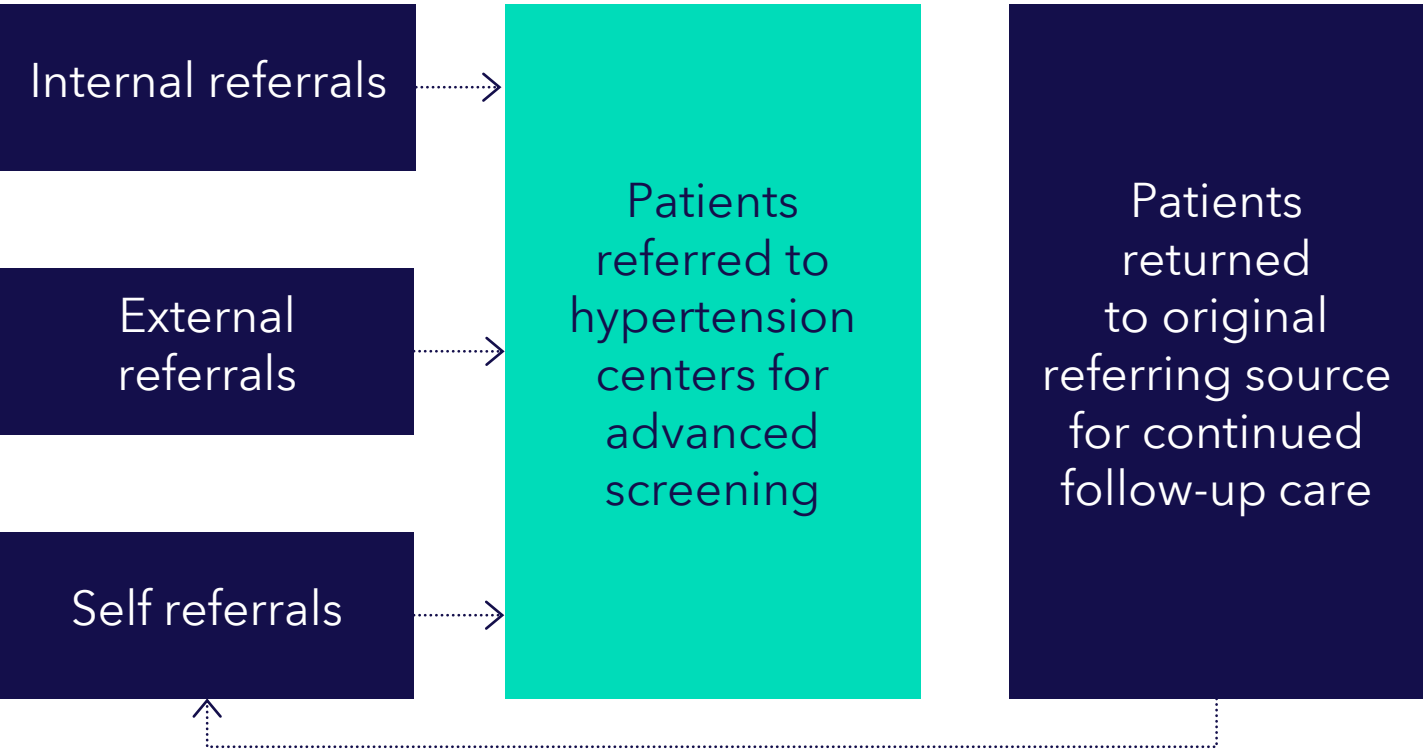
How to advance to the next level of care with current resources

Community hospital example



How to advance patients to a full-scale hypertension clinic

Academic program



Build referring network knowledge of expertise



Improve care and return patients to referral source



Develop further hypertension patient education

Site assessment and tools to get started

Change ideas to develop “the best HBP care”

2021 hypertension blueprint for change aligns with guidelines

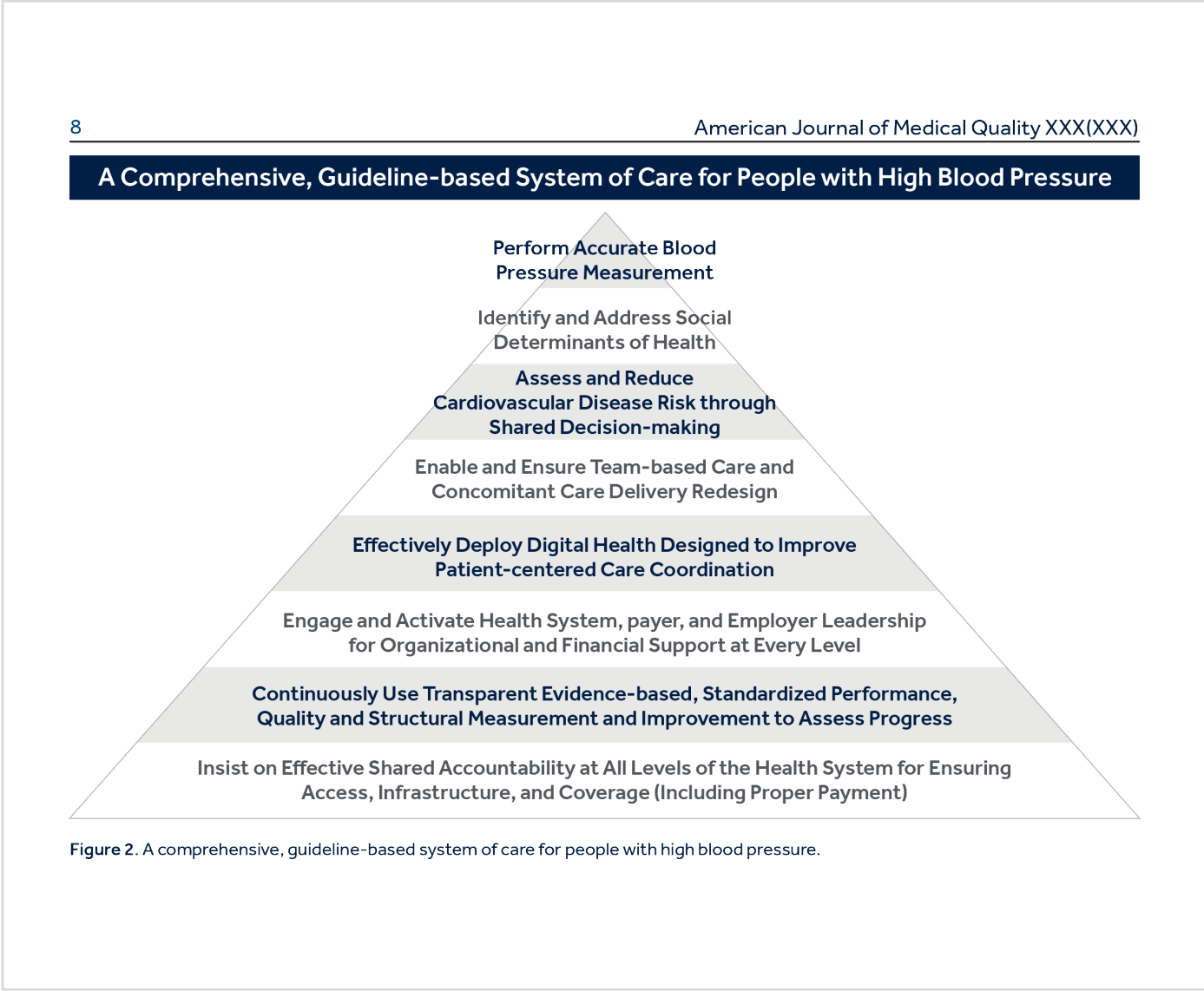
Article

OPEN

AMERICAN COLLEGE OF
MedicalQuality

Controlling High Blood Pressure: An Evidence-Based Blueprint for Change

Donald E. Casey Jr, MD, MPH, MBA¹⁻³, Donna M. Daniel, PhD^{4*}, Jay Bhatt, DO, MPH, MPA⁵, Robert M. Carey, MD⁶, Yvonne Commodore-Mensah, PhD, MHS, RN^{7,8}, Aline Holmes, DNP⁹, Alison P. Smith, MPH, RN^{10,11*}, Gregory Wozniak, PhD^{11*}, and Jackson T. Wright Jr, MD, PhD¹²



Casey, et al. Am Journal of Medical Quality. 2021 May doi: 10.1097/01.

Target bp toolkit downloads and newsletter

Templates from aha to get started and beyond

HOW WELL DO YOU MEASURE?

Check the boxes that apply to your practice.

Do you...

☐ Have a nurse or medical assistant take a patient's BP?

☐ Use a

☐ Measure

☐ Support

☐ Proper

☐ Patient

☐ Take

HOW RAPIDLY DO YOU ACT?

Check the boxes that apply to your practice.

Do you...

☐ No

☐ Fla

☐ Us

☐ Ide

☐ Ide

HOW WELL DO YOU PARTNER?

Check the boxes that apply to your practice.

Do you...

☐ Enga

☐ Enco

☐ Direc

☐ Prom

☐ Fost

HOW WELL DO YOU USE SMBP?

Check the boxes that apply to your practice.

Do you...

☐ Train your staff on the correct use of SMBP techniques?

☐ Identify patients who would benefit from SMBP?

☐ Train patients on how to correctly self-measure their BP (e.g., device and cuff selection, preparation, positioning, timing)?

☐ Inform patients how to share their SMBP results?

☐ Average and interpret SMBP results?

Check My Score

Tools kit offering: 50+ downloads

- Measure and diagnose high BP
- Create and update a management plan
- Manage BP
- Patient measured BP
- Recognition program
- Best practices

<https://targetbp.org/tools-downloads/?sort=topic&>

Target BP Newsletter Sign up

<https://targetbp.org/receive-newsletter/>

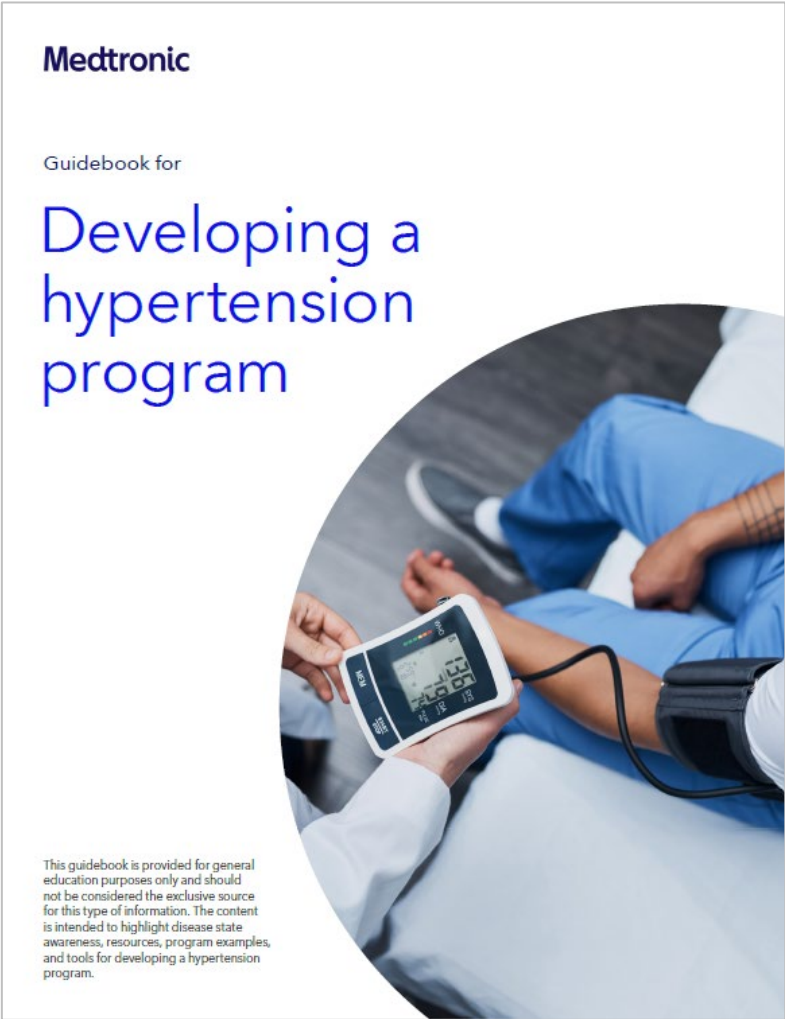
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New HTN program planning tool

Coming in June 2022

HTN Program Planning Guidebook



Guidebook for developing a hypertension program

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- Checklist for meeting prep and agendas
- Topics and links by chapter to help organize key discussion points for each meeting

Use this resources reference sheet

HYPERTENSION RESOURCES REFERENCE SUMMARY



As you develop a hypertension program or advance your current program, the following resources may be useful to further educate hospital staff and/or hypertensive patients.

AHA BLOOD PRESSURE FACT SHEETS



AHA Blood Pressure Fact Sheets



Fact sheets are an educational resource for patients to help them better understand hypertension (also available in Spanish).

AHA HYPERTENSION GUIDELINE TOOLKIT



AHA Hypertension Guideline Toolkit



This toolkit covers hypertension guideline-related resources including CVD risk factors, normal and elevated blood pressure definitions, and diagnosing hypertension.

AHA HYPERTENSION CERTIFICATION OVERVIEW



AHA Hypertension Certification Overview



This webpage describes the benefits and details of becoming a certified hypertension center.





CDC HYPERTENSION CALL TO ACTION



CDC Hypertension Call to Action



This call to action seeks to avert the negative health effects of hypertension by identifying evidence-based interventions that can be implemented, adapted, and expanded in diverse settings across the United States.

CDC HYPERTENSION CALL-TO-ACTION PARTNER TOOLKIT



CDC Hypertension Call to Action Partner Toolkit



This toolkit helps the CDC inform others of what can be done to control hypertension by sharing these **Call-to-Action** resources.

EXECUTIVE SUMMARY VIDEOS

Social Media Messages

TWITTER, LINKEDIN, AND FACEBOOK POSTS



SHARABLE GRAPHICS



POWERPOINT® (WITH SPEAKER NOTES)

MILLION HEARTS HYPERTENSION CHANGE PACKAGE



Million Hearts Hypertension Change Package



This package presents a list of process improvements that outpatient clinical settings can implement as they work toward hypertension control.

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- 1
- Quick reference to guidelines
- 2
- What do the best HTN clinics offer?
- 3
- What can I present to others around hypertension awareness?
- 4
- What can we do on social media to build education for patients and our employees?
- 5
- What does an ideal hypertension program include?

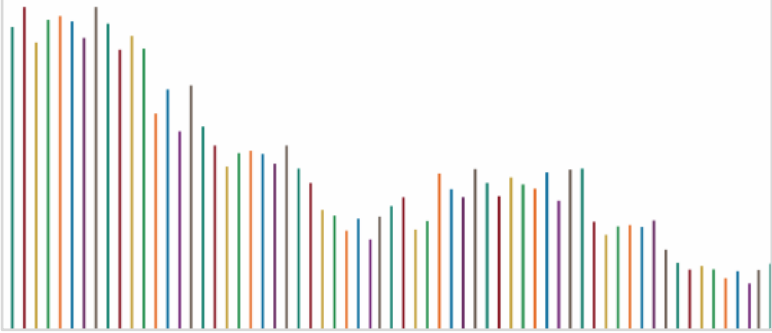
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AHA and CDC awareness toolkits

Available online for site and [patient education](#)

Hypertension Management Program

Implementation Toolkit



https://www.cdc.gov/dhdsp/hmp-toolkit/Overview/HMP_Toolkit_508.pdf

Surgeon general's call to action

<https://www.cdc.gov/dhdsp/pubs/toolkits/hmp-toolkit/index.htm>

Follow @CDCHeart_Stroke and @MillionHeartsUS on Twitter to share our hypertension tweets directly on your pages.

Share hypertension posts and resources directly from MillionHearts® on Facebook.


Connect with other health care professionals and share the latest in hypertension control from the MillionHearts® LinkedIn page.

Sign up for the MillionHearts® e-Update to stay up to date on all the latest MillionHearts® news and activities.

Take charge of your #BloodPressure—a healthier #heart can lead to a healthier life. The @Surgeon_General's Call to Action provides tools and strategies to control high blood pressure. www.cdc.gov/hypertensionCTA #HypertensionCTA

The @Surgeon_General's Call to Action breaks down what we know about #hypertension and what works to get it under control. Read the report to learn more. www.cdc.gov/hypertensionCTA #HypertensionCTA @CDCHeart_Stroke

Help Patients Take Blood Pressure Medicines as Directed



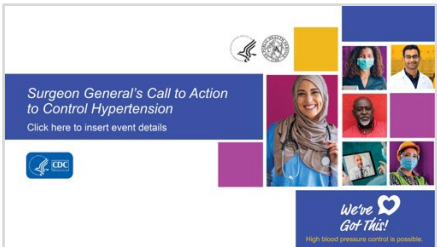
Where to follow

Social posts (FB, TW, LI)

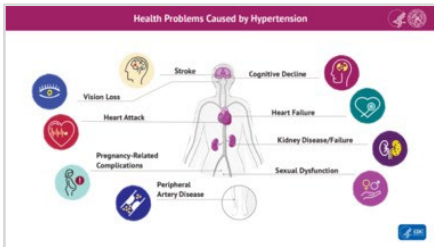
Videos

Surgeon General's Call to Action to Control Hypertension

Click here to insert event details




Health Problems Caused by Hypertension

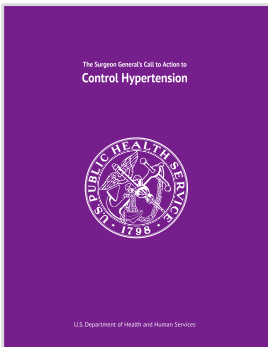


The Surgeon General's Call to Action to Control Hypertension

Executive Summary



The Surgeon General's Call to Action to Control Hypertension



PPT (with speaker notes) executive summary

Shareable graphics

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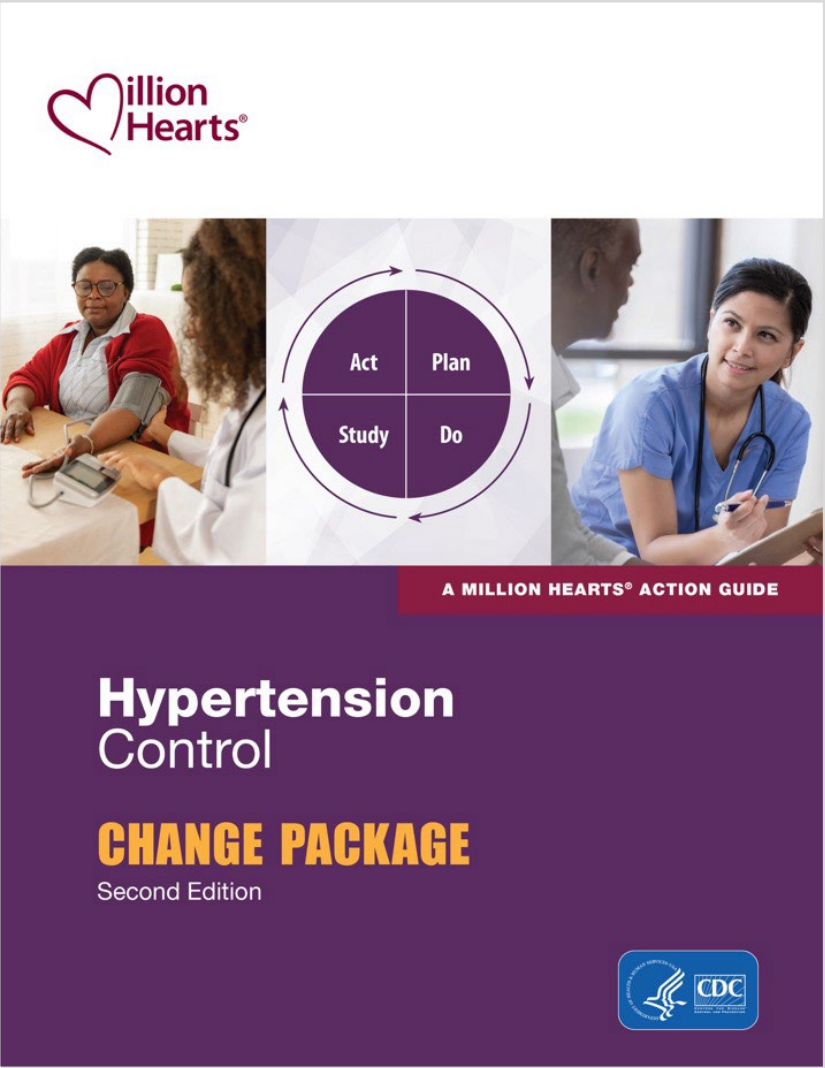
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Hypertension change control package includes best practices

And cases studies from comprehensive HTN programs



Focus areas:



Make HTN
a priority



Train and evaluate



Identify patients
and practice
data to make
improvements



Patient education
and support

Case studies within change package

Case Study by Provider or Setting Name	Location	Description
Ellsworth Medical Clinic	Ellsworth, WI	Small rural practice
Jennifer Brull, MD	Plainville, KS	Small rural practice
Broadway Internal Medicine	Queens, NY	Small urban, Spanish-speaking family practice
Community Health Centers, Inc.	West Valley City, UT	Community health center

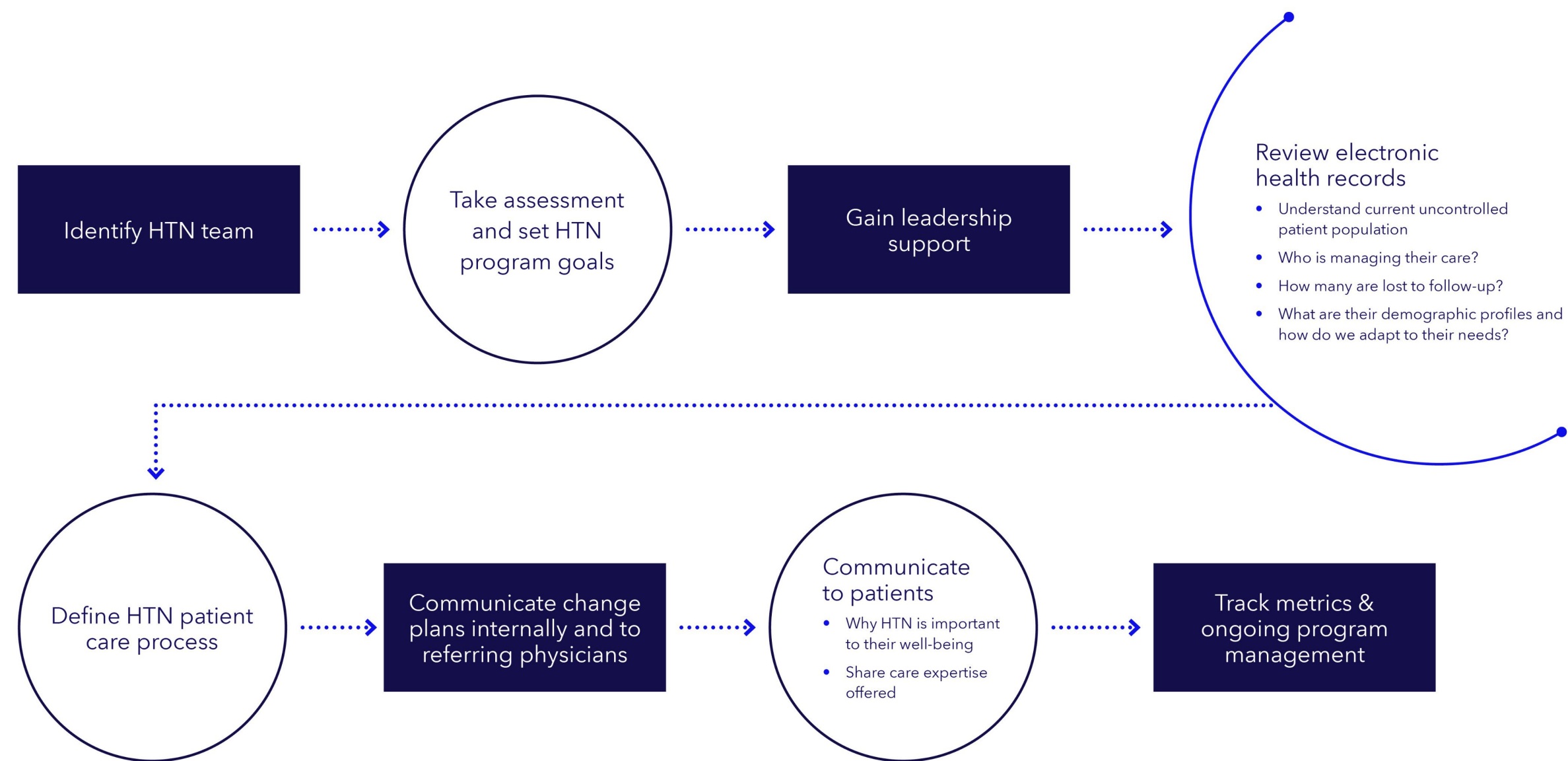
Case Study by Provider or Setting Name	Location	Description
Zufall Health	Dover, NJ	Community health center
Reliant Medical Group	Worcester, MA	Large multi-specialty group practice
Cheshire Medical Center/ Dartmouth-Hitchcock Keene	Keene, NH	Large health system
NorthShore Health Centers	Northwestern IN	Large multisite primary care organization

https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf

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Framework to establish an HTN program



Discussion

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