

PRACTICE RESOURCES DURING COVID-19

A postcard resource guide that can be used by providers

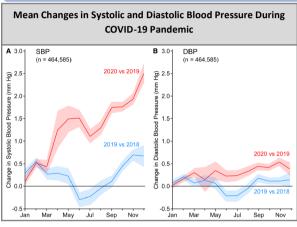


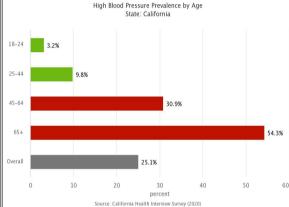
CONTROLLING HIGH BLOOD PRESSURE (CBP) PART 1

Hypertension affects almost half of U.S. adults, and blood pressure (BP) control is a national public health priority. The coronavirus disease 2019 (COVID-19) pandemic has disrupted both daily life and routine medical care, including the treatment of chronic diseases such as hypertension (HTN).

American Heart Association Journals

HYPERTENSION PREVALENCE IN THE US AND CALIFORNIA





n systolic BP during COVID-19 could signal an increase in forthcoming cardiovascular mortality.

CA is <u>ranked #3 in the</u> <u>United States</u> for prevalence of HTN.

HTN is responsible for about <u>one in</u> three deaths in CA.

PROVIDER RESOURCES FOR ADDRESSING HYPERTENSION

High-quality blood pressure management is multifactorial and requires the engagement of patients, healthcare delivery systems and communities.

ENHANCE WORKFLOW PROCESSES

- Share patient data between specialty clinics and PCPs.
- Enhance EHRs with a patient registry, decision support and reminders.

COLLABORATION

- Form <u>collaborative practice</u> <u>agreements</u> between Physicians and Pharmacists.
- Collaborate with <u>Community Health Workers</u> to support members.

EDUCATION

- Utilize the <u>Hypertension</u> <u>Prevalence Estimator Tool.</u>
- Retrain staff on proper BP <u>measurement</u> techniques and utilize the <u>Hypertension Tools and Training</u> materials.



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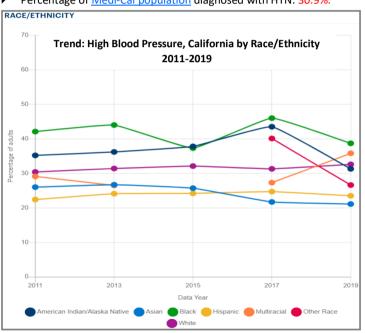
CONTROLLING HIGH BLOOD PRESSURE (CBP) PART 2

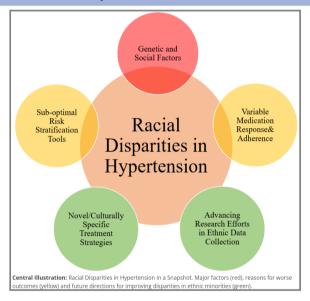
The COVID-19 pandemic magnified health inequities for people with high blood pressure.

Journal of the American Heart Association Report

HYPERTENSION AND HEALTH EQUITY

- The Medi-Cal population had higher rates of HTN than the CA population.
- Percentage of Medi-Cal population diagnosed with HTN: 30.9%.





- Use <u>culturally tailored communication</u> tools to build trust and improve care.
- Improve <u>care coordination</u> and provide self-management support to patients from different racial and socioeconomic backgrounds.

PROVIDER RESOURCES FOR IMPROVING HEALTH EQUITY IN HYPERTENSION

- ▶ Utilize a Road Map to help organizations integrate disparities reduction into all health care quality improvement efforts.
- Collaborate with health coaches to help patients understand their data and create actionable steps.
- ▶ Utilize <u>hybrid community approaches</u> and partner with <u>community pharmacists</u> to address health disparities.
- Analyze patient populations holistically with information gathering during patient visits.
- Educate and collaborate with barbers in barbershops to engage patients with health promotion.
- ▶ Implement <u>patient-centered counseling</u> and utilize <u>culturally appropriate hypertension education</u> (CAHE) with clinic staff.