Hypertension Ad Hoc Meeting Recommendations

A presentation at the Justus-Warren Heart Disease and Stroke Prevention Task Force (JWTF) on January 15, 2014 prompted a follow-up meeting to address how lessons could be expanded statewide to address hypertension and cardiovascular risk. The Hypertension Ad Hoc Committee met on **May 15, 2014** with representation from NC Division of Public Health (DPH), Area Health Education Centers (AHEC), Community Care of North Carolina (CCNC), East Carolina University, Duke Health, University of NC-Chapel Hill, Blue Cross Blue Shield NC (BCBS), NC State Health Plan for Teachers and State Employees, local health directors, NC Institute of Medicine, NC Academy of Family Physicians, Community Health Center Association, Medical University of South Carolina, and other partners.

The Medical University of South Carolina, CCNC, and AHEC presented systematic approaches to addressing patient risk for hypertension and cardiovascular disease, and BCBS NC and State Health Plan shared their vision.

The group discussion during the meeting led to four main **recommendations**:

1. Raise public awareness about the importance of hypertension and cardiovascular risk.
    a) Increase the numbers of people who know their blood pressure
    b) Describe downsides of having high blood pressure (e.g., higher health care costs, poorer quality of life and decreased overall health status)
    c) Promote the benefits of treatment

2. Expand clinician awareness, education and technical support about hypertension and cardiovascular risk and burden. This would include creating a sense of urgency among clinicians about hypertension so all would prioritize this topic. Strategies include promoting treatment at the practice level by linked data systems (with promotion of the Health Information Exchange [HIE]) and expanded support for Electronic Health Records (EHRs) and providing technical support for providers.

3. Prioritize prevention in local communities by improving access to healthy food options, safe places for physical activity, and tobacco-free environments. The messages would need to come from many voices including health care providers, public health, insurers, commerce, professional associations, patients and families, community organizations, and policy makers. In addition, we must link clinical settings and community resources to address lifestyle changes for those patients with hypertension or other cardiovascular risks such as obesity and tobacco use.

4. Invest in the data system infrastructure to target the areas of highest risk for hypertension and cardiovascular burden and measure the outcomes of statewide and practice-based interventions. NC would support data management systems such as the HIE or a population-based query system such as the Behavioral Risk Factor Surveillance System (BRFSS).

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