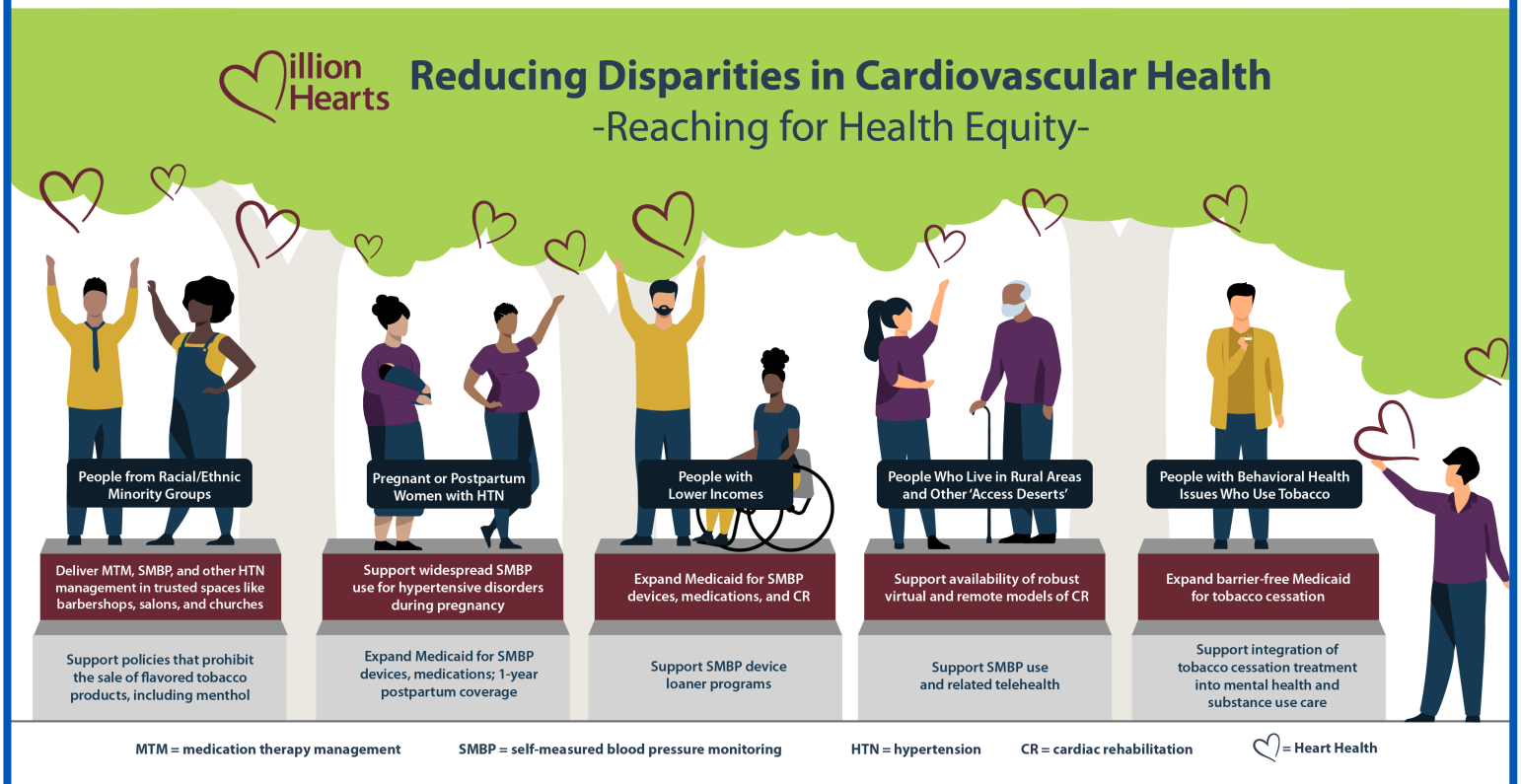
NATIONAL ASSOCIATION OF CHRONIC DISEASE DIRECTORS
Promoting Health. Preventing Disease.

Million Hearts® Health Equity Implementation Project

Celebration and Results-Sharing Meeting Summary – July 26, 2023

The Million Hearts® Health Equity Implementation funded six organizations from across the US to effectively implement Million Hearts® strategies among priority populations between January – July 2023.

The resources provided through this opportunity supported work in reducing health disparities and improving cardiovascular health. All funding recipients shared their results and celebrated a job well done during a virtual meeting on July 26, 2023 that included representatives from CDC, NACDD, and cardiovascular health staff from State Health Departments.



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Huddle Up Moms – Virginia

Project overview

This community-based organization provided blood pressure cuffs and care navigation to underserved pregnant women. The women engaged in an education and monitoring program with a care coordinator, who also connected them to community resources to address social drivers of health-related needs. Other local community-based organizations and clinical partners were encouraged to refer pregnant women to the program.

Highlights

- Four community partnerships, two pending clinical partnerships, 17 cuffs distributed to underserved women.
- *Patient success story*: A pregnant woman discovered she had very high blood pressure on the day she received a cuff kit. This resulted in an emergency delivery and resuscitation of the infant. Mom and baby have now recovered and are grateful for the blood pressure cuff kit.

4 community partnerships

2 pending clinical partnerships

17 cuffs distributed

UConn Health – Connecticut

Project overview

UConn Health's Maternal-Fetal Medicine practice supplied pregnant and postpartum women at risk for hypertensive disorders of pregnancy with a Preeclampsia Foundation Cuff Kit and blood pressure monitoring education. The practice serves many women with low incomes.

The project also offered providers the option to refer women for a telephone visit with a pharmacist to promote medication adherence.

211 cuff kits provided to patients

Highlights

- 211 cuff kits provided to patients, many of whom have low incomes, from April-July, 2023. 60 cuffs were distributed to inpatients and 151 to outpatients.
- EPIC (an electronic medical record system) workflow to support the project was easily implemented by staff and allowed for simple reporting.

Midvale Community Building Community (CBC) – Utah

Project overview

This charitable clinic serving low-income, uninsured Latino patients supplied blood pressure cuffs to patients with hypertension and screened adults served in their mental health and dental programs for tobacco use.

Community Health Workers (CHWs) provided education, follow-up, and connections to community resources. Midvale CBC also subscribed to the Dispensary of Hope, enabling the clinic to provide free medications to patients at the time of their visit.

Highlights

- Of the blood pressure tracking logs collected from patients: 22% with controlled blood pressure, 21% with Stage I hypertension, 51% with Stage II hypertension, and 2% with hypertensive crisis.
- The clinic obtained a pharmacy license from the State of Utah to utilize the Dispensary of Hope subscription and began a weekly half-day hypertension clinic to manage patients' medications.
- *Patient success story*: A client was offered a blood pressure cuff for herself after inquiring about a cuff for her father. After reluctantly accepting, she began tracking her blood pressure and learned it was dangerously high on a regular basis. She made an emergency appointment with her doctor to begin treatment and is now thankful she was encouraged to participate in the program.

Of the blood pressure tracking logs collected from patients:

- 2% with hypertensive crisis
- 21% with Stage I hypertension
- 22% with controlled blood pressure
- 51% with Stage II hypertension

University of Pittsburgh / Pennsylvania Pharmacists Care Network – Pennsylvania

Project overview

PittPharmacy and PPCN supported teams serving low-income patients with hypertension at 5 pharmacies in underserved areas of the state.

A pharmacist champion and intern at each site identified Medicaid patients to receive services including, but not limited to:

1) blood pressure (BP) screenings and follow up;
2) medication adherence support;
3) BP medication therapy management;
4) care coordination;
5) lifestyle modification counseling;
6) social drivers of health (SDOH) screening and linkages to resources.

Highlights

- The program logged 154 encounters with Medicaid patients: 115 for BP medication adherence education, 76 for home BP cuff education and monitoring, 73 for BP monitoring, 64 SDOH screening, and others.
- Each of the participating pharmacies created and shared their own policies and procedures, as well as patient engagement materials.
- Knowledge gained from this project will be spread across the PPCN of over 200 pharmacies.
- *Patient success story:* The community pharmacy caring for a woman with uncontrolled hypertension assisted her with blood pressure control through a change to medication adherence packaging and by coordinating with her primary care doctor to obtain a home blood pressure monitor. She also shared employment and transportation challenges through a screening for social drivers of health-related needs and the pharmacy connected her to resources in her area.

154 encounters with Medicaid patients logged

for BP medication adherence education, home BP cuff education and monitoring, BP monitoring, SDOH screening, and others.

West Virginia University (WVU) – West Virginia

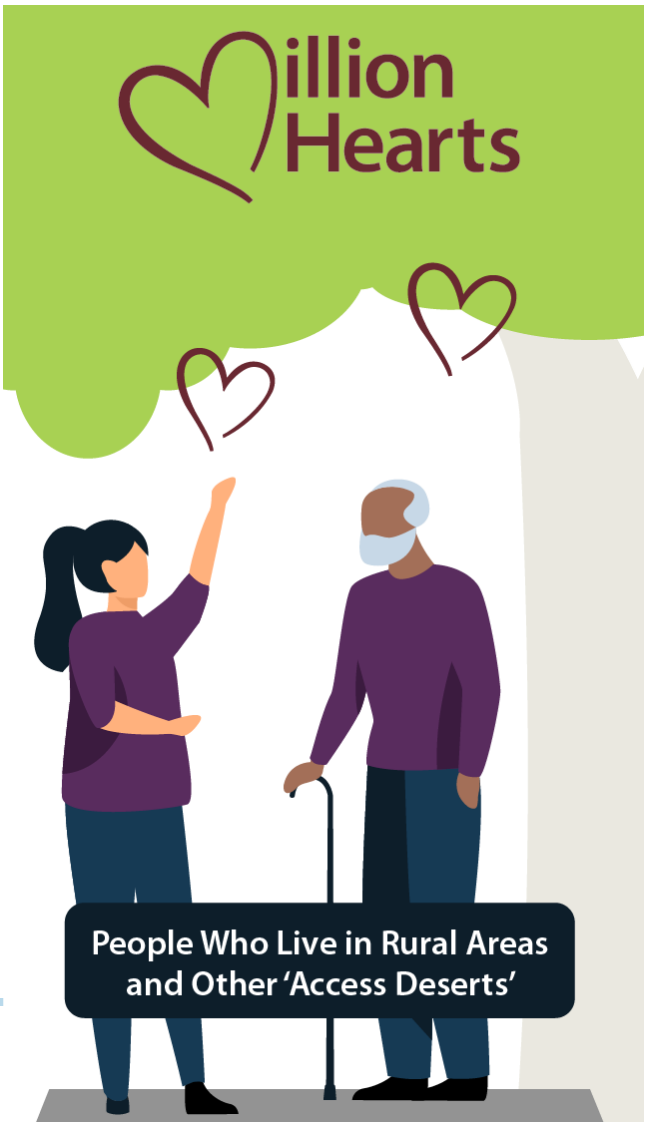
Project overview

The WVU Medicine Heart Failure clinic expanded a pharmacist-led telemedicine heart failure medication optimization program internally and in select primary care clinics in the West Virginia Practice-Based Research Network (WVPBRN). Blood pressure cuffs and scales were provided to patients in rural Appalachian areas. The project aimed to reduce barriers to specialty care access; improve the percent of heart failure patients receiving appropriate medications; and improve heart failure symptoms, quality of life, cardiac function, and mortality.

Highlights

- 140 patients were enrolled in the program: 110 from within WVU Medicine and 30 from the WVPBRN. These patients, most of whom live in rural settings, worked with the pharmacist through 144 telehealth visits.
- Project leaders aim to use collected data to advocate for WV Medicaid to cover the cost of blood pressure cuffs for enrolled members.

140 patients enrolled in the program



St. James Healthcare – Montana

Project overview

This rural hospital serving a 7-county region in Southwest Montana provided blood pressure cuffs and scales to patients admitted with a diagnosis of heart failure, with an emphasis on residents of rural areas. Participants received education on their diagnosis, medications, and use of the cuff and scale. A pharmacist and a Cardiac Rehab Therapist also followed up with participants after hospital discharge, and coordinated with the care team as needed.

Highlights

- One hundred percent of eligible patients were enrolled in the program from April 1 through June 30, most of whom live in rural settings.
- The readmission rate for heart failure patients decreased from 34% prior to the program to 7.9% at its lowest and is at 12.9% as of July 31.

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After seven months of hard work from these dedicated groups of professionals, their partners, and program participants, all have demonstrated how a relatively small amount of funding can have a significant positive impact on the health of priority populations. Each project team has been thoughtful and creative in finding ways to sustain their work, as well as to spread lessons learned so that others may benefit from their findings. Please visit NACDD Cardiovascular Health in the coming months to learn about the ongoing impact of the Health Equity Implementation.