Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**.
Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	*Identify point person, telephone number, e-mail address* Sang-Mi Oh, (650) 739-6641 , sang-mi.oh@heart.org *Which organizations were involved in developing this project suggestion?* American Heart Association (AHA), Centers for Disease Control & Prevention (CDC), American College of Cardiology (ACC), American Medical Association (AMA)
Project Title	*Target BP: Washington*

Rationale for the Project

80 million adults (1 in 3 Americans) are living with high blood pressure. Our country's number one killer, heart disease, is largely preventable. Despite improved access to care, effective therapies, and proven lifestyle interventions, achieving success in hypertension control remains an increasing challenge. Nearly 46% (36.7 million) of adults with high blood pressure are not controlled to goal. Recognizing the urgent need to address inadequate blood pressure control, the AHA has set forth an aggressive goal to move 13.6 million Americans to control because it seeks to improve the cardiovascular health of all Americans by 20% and reduce deaths from cardiovascular disease and stroke by 20% by 2020. Today, HBP costs American employers $46 billion annually and by 2030, the costs of HBP are estimated to climb to $274 billion per year. Blood pressure greater than 140 mmHg systolic or greater than 90 mmHg diastolic is too high, and a plan to control blood pressure should be in place for every person with HBP. In November 2013, the AHA, ACC, and CDC jointly published a new science advisory that urged doctors, other healthcare providers and hospitals to collaborate on programs that help patients control high blood pressure (Go, S., et al, 2013). In November 2015, AHA and AMA announced a joint commitment to *Target: BP*™ a new nationwide initiative to help healthcare providers and patients achieve better blood pressure control at the best levels to improve health. Through *Target: BP*, healthcare providers will pledge their commitment to improving blood pressure control in their patient population using tools such as our AHA/ACC/CDC algorithm. We believe that the identification of best practice, evidence-based management algorithms leading to standardization of treatment is a critical element in helping to achieve these ambitious national goals at a population level. This project serves as a catalyst for institutions within the boundaries of Washington to make hypertension a priority by adopting guidelines and a team-base care approach to improve performance measures around hypertension management.

Project Description

Which Medicaid Transformation Goals[i] *are supported by this project/intervention? Check box(es)*

X Reduce avoidable use of intensive services
X Improve population health, focused on prevention
☐ Accelerate transition to value-based payment
☐ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

X Health Systems Capacity Building
X Care Delivery Redesign
X Population Health Improvement – prevention activities

Washington is home to 5 million adults (18+), of those 27% live with high blood pressure (BRFSS 2006-2012). Of the 700,000 Washington residents on Medicare, 44% have high blood pressure (CMMS, 2012). 51% of Medicaid patients have controlled blood pressure compared to national average of 70% (Healthier Washington Report, 2015). Hypertension is higher among multicultural audiences with 28% Black, 45% of Hispanics, and 33% Other Races with uncontrolled blood pressure (BRFSS, 2010) compared with the state average of 28%.

In addition to the impediments to good health associated with poverty and race, Washington is not unique in having other known impediments to effective identification and control of hypertension. As stated previously, Washington has data revealing the correlation between low economic status and poor health. While hypertension is detectable through regular hypertension screening, our health systems are not able to conduct such screening to the full extent needed. There are a number of impediments to this, the first of which is that physicians are often challenged by limitations on the time they have to treat the medical issues for which a patient may be presenting. Secondly, physicians often lack resources necessary to institutionalize regular screening, as well as limitations on educational materials and guidance for their patients. Recognizing the health threat that hypertension represents for Washington's most vulnerable residents, particularly for low income and multicultural patients, the AHA envisions creating a multi-pronged and collaborative model to control hypertension in Washington that has the following goals: 1.To develop a community-wide model to optimize community-based and clinical prevention, identification, treatment and control of hypertension in Washington that leverages the expertise and support of the local health care delivery system, public health agencies and the community at large, with special emphasis on addressing hypertension among high risk and low income patients who may not currently have a regular source of medical care; 2.Help Medicaid and Medicare patients and uninsured patients identify appropriate health care coverage created under the Accountable Care Act so that they can take advantage of resources for preventing or controlling hypertension; 3.To document the development and success of this model in improving health, so that it can be replicated in other communities. The AHA, ACC, CDC, and other organizations continue to foster effective activities regarding hypertension that include surveillance, education and media, organizational partnerships, and environmental and policy changes. Building on such programs as the • AHA's Life's Simple 7 program, with a longitudinal cardiovascular health tracking system, patient-oriented clinical decision support tool Heart 360, individual patient-oriented cardiovascular health performance measures, and data feedback, and • ACC's CardioSmart Patient Education Portal, with a customized patient dashboard for blood pressure management, an interactive workbook to educate and motivate better health, and a patient text messaging program providing heart healthy tips aimed at primary prevention.

The principles on which our project goals will be achieved include the following: 1) This is a community-wide project that seeks to leverage the capabilities, support and collaboration of three key parts of the community to reduce and control hypertension: the local health care delivery system, public health agencies and community health organizations, and the community at-large; 2) The project is intended to be supportive and collaborative with the local health care delivery system, offering participating physicians and health care delivery systems with tools, incentives, and support to help them set internal goals for controlling and preventing hypertension. Success will be measured on community-wide health metrics (rates of hypertension, stroke, heart attack, etc.); 3) To promote improvement in hypertension prevention and control, best practices will be shared among the participating health systems in the project, and tools will be tailored to the individual needs of each system and patients it serves. 4) Medically proven protocols and evidence-based system approaches will be utilized to improve hypertension awareness, identification, control and prevention; 5) Public health strategies, programs and resources should be utilized to the fullest extent possible to improve prevention and identification of hypertension; and 6) Community organizations and other trusted sources of encouragement/guidance should be engaged as much as possible to promote patient engagement in hypertension prevention and control.

Core Investment Components

Enhancing System of Care & Equipping Providers:

- Blood Pressure Treatment & Control
- Empower patients, healthcare mentors and medical professionals via trainings, community assessments
- Screen, Identification & Stratification
  - Adoption the American Heart Association Hypertension Treatment Algorithm

***Hypertension Community Based Efforts*:**

- Increase Awareness & Public Education

- Health Screenings Events, Community Events, Tracking Systems & Devices
- Newspaper, Social Media, Radio, Television, Talks/ Dialogues, Public Education Materials

- Identify, Follow-up, Data & Manage
  - Check.Change.Control – hypertension program
  - Heart360: www.heart360.org/AHA-ECHD-BP
- Recruiting and training Community Health Workers based on AHA evidence based curriculum.
  - AHA Community Health Worker Training Program

***Clinical Recognition for Hypertension Control Efforts*:**

- Incentivizing and recognizing FQHC efforts towards controlling HPB
  - Target: BP –nationwide initiative to help healthcare providers and patients achieve better blood pressure control. AHA & AMA will recognize providers that attain high levels of target adherence.

The scope of work is designed to promote the adoption of a system-level approach to reduce the prevalence of hypertension and help systems achieve a minimum 70% control rate for hypertensive patients and through our plan of action.

Project Metrics

In the case of hypertension, system-level methods can address multiple factors in a coordinated manner
And our metrics will include: 1) Identifying all patients eligible for hypertension management; 2) Monitoring at the practice/population level; 3) Increase of patient and provider awareness about blood pressure control; 4) Implementation of an effective diagnosis and treatment guideline for hypertension; 5) Systematic follow-up with patients for initiation and intensification of therapy; 6) Clarifying roles of healthcare providers to implement a team-based approach; 7) Reducing barriers for patients to receive and adhere to medications as well as to implement lifestyle modifications; and 8) Leverage electronic medical record systems to drive improved performance and identify patients HBP controlled.

We strive to help make hypertension control a priority for healthcare systems and encourage the full use of the expertise and scope of practice of every member of the health care team to drive better hypertension control rates. Oversight by project leadership, as well as guidance and recommendations from partners and subject matter experts, will provide effective activity and deliverable mapping/tracking to keep the project moving forward toward established benchmarks and goals. The AHA understands Washington may engage a third-party evaluator or have internal evaluation standards to track hypertension with expertise not only in the area of content but also with a high level of cultural and community competency with our target demographic and clinical settings. It should be expected that a complete and robust formative and impact evaluation design, detailed objectives and descriptions of analytic measures will be proposed and that the evaluator(s) selected to conduct the evaluation will work collaboratively with the input of the American Heart Association.

Though new measurement processes may be developed recommended measurement includes the following:

- Quarterly Reporting: # of hypertensive patients controlled and uncontrolled
- Annual Reporting
  - Participant Demographic Data (Age, Gender, Ethnicity)
  - Trends in BP Readings By Various Demographic Cuts and Levels of Engagement (i.e. Men, Women, Age, Patients meeting our algorithm principles)
  - Data analysis
  - Sites are expected to submit data on a quarterly basis to meet benchmarking needs of the platform.
  - Qualitative information on program participation collected quarterly through a series of In additional to these satisfaction surveys, creating quarterly surveys in alignment with data submission timelines to review end of quarter QI results, identify new goals (clinical or process related), and provide other platform/quality improvement feedback.