John Clymer: – this first experiment by the National Forum with a virtual mid-year meeting. We have tremendous attendance today; we've had over 170 people register for this webinar and we're very excited to have you participating with us today.

We have a very full agenda so I will move along very rapidly. This mid-year meeting will focus on best practices in hypertension control, an update on the 2017 National Forum Annual Meeting, and our programs to celebrate World Hypertension day which is today.

We have a great panel lined up and we're excited for you to learn more from them. So without further ado I want to move ahead to our featured speaker today who is Dr. Mary McIntyre, the Chief Medical Officer of the Alabama Department of Public Health.

Alabama is a member of the ASTHO Million Hearts Learning Collaborative. This collaborative has transformed the way that state public health helps prevent, detect and treat hypertension and chronic diseases. The collaborative helps states reach more people living with diagnosed and undiagnosed hypertension, spread blood pressure control actions to other communities, and leverage results to ensure sustainability and secure additional funding.

Dr. McIntyre will be followed by several organizations who will have speakers or representatives sharing very briefly their actions to improve hypertension control, and these speakers will include Amy Ciarochi, who is the American Heart Association's High Blood Pressure Strategic Alliances Manager. We'll then hear from Judy Hannan from the Centers for Disease Control and Prevention. Judy is Senior Advisor for Million Hearts.

She'll be followed by Debra Simmons, the Executive Director of the Consortium for Southeastern Hypertension Control. And then we'll have the President of the World Hypertension League, Daniel Lackland, who is from the Medical University of South Carolina.

And finally Laura Gordon, who is General Manger with Edelman and is also Secretary Treasurer at the National Forum, and she'll be sharing highlights and a brief preview of the 2017 National Forum Annual Meeting.

I now would like to turn the microphone over to Dr. Mary McIntyre to present Finding Patients Hiding in Plain Sight. Dr. McIntyre.

Dr. Mary McIntyre: Good afternoon, and thank you John. Next slide please.

So I want to say good afternoon from Alabama. The goal of the Million Hearts Campaign you've heard a little bit about but it's to prevent a million heart attacks in five years. Alabama was selected along with 21 other states in that first group to tackle this problem.

Although the first challenge has passed a new Million Hearts Campaign has begun and the current states are working furiously to actually get in that last year of data for the first challenge and we have until June the 21st to do that – to turn in all of the data. So you're going to see some of the information that we have. Next slide.

So what does Hiding in Plain Sight refer to? It refers to those patients who may have had high blood pressure readings a few times but those readings were overlooked. They may make an excuse such as traffic or being stressed is the reason for the blood pressure being elevated, or the doctor may even feel that that elevation is due to the syndrome that we all know of as White-Coat syndrome when some people get anxious and that anxiety itself can cause the blood pressure to be elevated. Or it may be due to the fact that visits are missed or infrequent so that it doesn't get picked up on.

So one of the solutions to this is adopting a blood pressure algorithm – and this is what I'll talk about – that's either performed manually or is embedded in an EHR that triggers a response to _____ more high readings.

So one of the things that we've done as part of this process and this project is to actually work with patients with a self-monitoring program that allows them to monitor their blood pressure, and over a minimum period of four months they can actually begin to understand the impact of certain actions and reactions that they have with their blood pressures – diet, exercise or lack of it, medication adherence, and daily stress and that role that it can play on their blood pressures.

So Alabama, in collaboration – or the ABPH in collaboration with The American Heart Association – we actually work with the Stanford University's interns – pharmacy interns – and they were actually trained to be health coaches. Each coach was assigned a group of patients and they call these patients at least every other week getting the list of their blood pressure readings from them – and these were from electronic monitors and the notes from the

patients as far as whatever activities and actions they were doing or had been doing prior to those BP readings.

Our analysts then took this data and they created a chart that was given to the patient with an extra copy for their doctors. Next slide please.

This was really a landmark collaboration in Alabama and pulled together actually the top three insurers within the state to get a true picture of hypertension in our state. We are one of those states that we actually lack in all _____ claims database and we also lack a hospital in-patient and discharge database. So this gave us an opportunity to actually get an idea of what the true picture of the disease within the palette.

It can deliver – we actually use the software program called Tableau that you'll actually see some information from, and the great thing about this is is that it was simple enough that it didn't require hours and hours to produce the data and it also didn't require a person to have to have a specialized degree or training to actually utilize it.

Once the data was pooled it was actually just a matter of minutes to actually display the maps, the graphs and the charts. So we will show you this data in just a minute.

So all of this data that was actually pooled of a course – because of the three partners – was proprietary, so a process to pull the raw data together was implemented and the combined final numbers were done for each agency to create what you're going to see and that we call heat maps showing the prevalence of hypertension in Alabama counties. Next slide please.

So this is the heat map and this is claims data but it also incorporates the information that you're going to see in a little while with what we've done just from the information also related to the blood pressure readings.

So this was produced and it shows counties in dark red that have the highest prevalence of hypertension. The darker green has a lower prevalence. But approximately 40 percent do not have control of their blood pressure and this is something that we know that we looked also with the national data that even people who know they have hypertension don't always have control of that hypertension. Next slide please.

So when we look at the intervention counties – Perry County was one of them and it is one of the counties that I think a lot of people from the national area heard something about the tuberculosis outbreak that occurred – followed by Madison County – and both of these received the self-monitoring program with the health coaches and they did very well.

And Mobile County had two staff in-services to raise awareness of diagnosing hypertension with their providers and actually put this program into place within the county health department. Next slide please.

This is an example – go ahead and hit the next part – the next slide – this is an example of a chart – example of a 69-year-old female, insured, with hypertension and diabetes where you can actually see the baseline readings along with the average blood pressure reading taken from their first three readings.

This was a patient in Perry County, the first county that the intervention was taken to, and the patient did have modest reductions in their blood pressure over the period of January 21, 2014 until April 13, 2014. Next slide please.

Here we see – actually these charts are showing that there were good decreases in both systolic and diastolic blood pressure readings over the two interventions. These were solid results and we were able to do a six-month followup with the Perry County patients with the same interns as their heath coaches and 86 percent had continued to lower their blood pressure even more.

So several were sharing what they learned with family members and in doing that actually were spreading the intervention and they were also talking to others – neighbors and the like – next slide please – and you'll see when you see the Madison County versus the Perry County numbers with the information related to those readings what those changes were.

Some people would consider those not to be a huge difference but it does make a difference when you're looking at the complications that can occur from failure to control. Next slide please.

So when we look at Mobile County – we talked a little bit about how we varied a little with the training of the staff and the providers as far as being able to make sure that they understood what they were looking at with the implementation of the algorithm that went into place.

The algorithm itself is designed so that it can be used either manually for those practices or locations that do not have an electronic health record, or it can be actually put into the electronic health record so that the information will actually be flagged.

So this slide shows that in a seven-month period 12.49 percent of the patients with hypertension were newly diagnosed. That's significant. And 7.41 percent of the patients with diabetes were newly diagnosed. Count it too: it was almost 1,000 additional patients identified that would not have been for hypertension and over 150 with diabetes and hypertension.

These are the patients that Dr. Freeding of the CDC refers to as Hiding in Plain Sight. Although no actual intervention has taken place awareness has been raised and physicians have become more sensitive to blood pressure rates and diabetes and therefore they actually identify patients that may not have been diagnosed and treated as quickly under other circumstances.

Using their EHR data they receive notifications when a patient whose last two reading have been higher than normal was actually identified and flagged for them. The results of the Mobile County Health Department were featured as one of the top-five success stories in the US by ASTHO Million Hearts. Next slide please.

So what I wanted to do was to leave you with information related to how you can followup and contact us. There's information here for Brandi Pouncey who is the Hypertension/Cardiovascular Program Manager. Here e-mail address and phone number. My e-mail address is here and also information related to the ADPH.org website.

We are celebrating World Hypertension Day today. We actually had an actual interview this morning on one of the news stations. We have stuff posted on our regular ADPH.org website and all over the social medias including Facebook.

So at this time I'm going to actually turn it over to our next speaker who's with the American Heart Association and that is Mrs. Amy Ciarochi. Thank you.

Amy Ciarochi: Hi. Hello everyone and thank you to the National Forum for this opportunity to share with you all today.

Once again this May we joined with our friends at The World Hypertension League and their Know you Numbers Campaign and

wanted to contribute to their goal of 25 million readings worldwide by setting our own goal of 5 million readings.

In addition to this goal we also had some other objectives this campaign where we wanted to increase awareness of the consequences of high blood pressure as well as increase use of the AHA website as the premier source of information on blood pressure management.

We kicked off our campaign on April 17 and we looked at a target audience of people with high blood pressure ages 35 to 50 and then as a secondary audience African-Americans and Hispanics because we know there's a prevalence there. Next slide please.

We saw the Blood Pressure Check Campaign as a great way to engage staff and strategic partners. And so we developed a tool kit with approved messaging and design images and shared that with them.

We have field staff nationwide and saw this as a great opportunity for them to engage with their local partners. Our two largest programs focused on hypertension are Check. Change. Control. and Target BP. Check. Change. Control. is our community based program and focuses on patients and teaching them the importance of measurement techniques and tracking as well as education and lifestyle changes. And Target BP is our clinical based program with the American Medical Association focused on the team-based health care approach.

We really encouraged our staff to have fun and get creative and encourage blood pressure readings during this campaign. We also saw this as a great way to open doors with new partners or someone who may not quite be ready to register for Target BP or to start a Check. Change. Control. program, we could get them to have an event and take blood pressure readings and share that with us. Next slide please.

So for our campaign results the way we are going to measure our success is we're going to look at a couple different things. The first being of course our blood pressure check totals. We are pulling data from our online tools and the partner reports are rolling in. Today is the day. So we are happy with our results, although not quite to goal yet but we are seeing some great integration and local engagement and we're looking at ways now that we can tell those stories and keep the conversation going.

We also had a radio media tour on April 26 that featured Dr. Willie Lawrence and it covered managing high blood pressure. The tour was well received and included national radio networks such as USA Radio and American Urban Radio. We had 192 broadcasts with 16.2 million impressions.

We will look at our social media reach and impressions including the shared messaging from our influencers. We're pleased with our quick analysis – it looks like we are at about 150 percent in reach from the previous four months. And finally we will look at our website analytics, pull those and analyze them.

And then the last slide is contact information. Please feel free to reach out to me and my information is there, or my colleague Maggie Francis with any communications questions.

And now I am turning it over to the next speaker Judy Hannan.

Judy Hannan: Thank you Amy. And thank you John and National Forum for the invitation to speak quickly about some of the CDC's efforts to address hypertension.

I want to briefly call attention to a couple of large programs that CDC has – The Division for Heart Disease and Stroke Prevention has in the field. We fund all 50 states, four large cities, 12 tribes and I think 11 or 12 tribal organizations – NDC – to have prevention programs on cardiovascular health.

We also have the Wise Women Program that provides services to low-income women in 19 states and 2 tribal programs. And our Sodium in Reductions Community is a program that provides – funds 8 communities to implement strategies to reduce sodium by working with entities that provide food service and collaborating with food industry partners.

We also in The Division for Heart Disease and Stroke Prevention co-lead the Million Hearts Initiative for which I am extremely pleased and thankful to be the senior advisor for that program.

Million Hearts 2022 details the goals for keeping people healthy, optimizing care and improving outcomes in priority populations. And controlling hypertension remains a major driver for getting to the Million Event Prevented. Next slide.

So I want to call your attention to something that is going on now – the Million Hearts Hypertension Control Challenge. The purpose

of this challenge is to bring attention to the achievability of better blood pressure control. We just heard from Mary about what a number of people in Alabama were able to do and we know that better blood pressure control is achievable.

So the challenge brings attention to it and we through it have the ability to elevate high-performing practices, clinicians and systems and the processes and approaches that they use. Next slide.

Since 2011, since its launch, Million Hearts has recognized 59 hypertension control champions all achieving a blood pressure control rate of 70 percent or better. These champions serve more than 13.8 million patients and have an average blood pressure control rate of 78.2.

What's been really rewarding is that as we've talked to the practices that have become our champions they really reinforce many of the strategies that we are promoting within Million Hearts. They talk about using treatment protocols, they talk about using self-measured blood pressure monitoring, they talk about frequent check-ins with the patients with high blood pressure and the use of sort of proactive outreach, and they really also talk about delivering their care in a team-based fashion. Next slide.

I'd like to call your attention to some resources that are available to you all on the Million Hearts website. These next two slides show a variety of resources. I'm going to call your attention to just a couple.

In the Action Guides what I really would encourage you to be familiar with and consider promoting is the first one there – the Hypertension Control Change Package for Clinicians. We have tested this change package with federally qualified health centers and many others. It helps providers sort of focus on where they may want to do their quality improvement and it includes proven tools from the field where people have done – whether it's improving the taking of blood pressure to the use of registry, et cetera.

I also would like to call your attention to the hypertension treatment protocols. We have protocols for tobacco cessation and cholesterol also but given today's date I will talk about the hypertension treatment protocols.

There are a number of protocols that are up on our website from practices from major health systems that have gotten to good blood

pressure control and there's a customizable template for any practice to be able to do – generate one that is consistent with guidelines that they would want to use. Next slide.

And then some additional resources. Another one that I'd want to call to your attention to is the second to last one under the tools: The Hypertension Prevalence Estimator Tool. Again, Mary talked about what they were able to do to find a thousand people who had been previously undiagnosed with hypertension.

It is estimated that there are about 11 million people with uncontrolled hypertension who don't know that they have it. The majority of them are in care, the majority of them have seen a provider two or more times in the last year.

This estimator tool is intended for practices to put in their population data and being able to see what prevalence might be given the demographics that they were able to put in and they can compare that to their own known population of people with hypertension.

And then along with this prevalence estimator tool there's a number of things to help if once a practice decides that they may actually have some undetected that they'd like to lean into the numerous ways that one can go about improving it from, as Mary talked about, embedding something in the electronic health record that keys up that somebody has had two or more elevated blood pressures and trying to make sure that you get to the third.

This is a huge problem in the nation and we need everyone's attention to it. Next slide.

And then lastly I would just like to call everyone's attention to the fact that our hypertension control challenge for 2017 the nominations are currently open and applications are accepted online through June 2, so if you can help us get the word out, share the announcement about the challenge, submit your own nomination – and most importantly what we have learned is if you are aware of a high-performing practice and you have some type of relationship with them tapping them on the shoulder and encouraging them to apply is what usually makes the difference. So we could really use your help in calling attention to the Hypertension Control Challenge which is open for the next couple weeks.

I now turn it over to Debra from the Consortium for Southeastern Hypertension Control.

Debra Simmons: Great. Thank you very much. And I also want to acknowledge the National Forum for this outstanding opportunity today for the various partners to come together and talk about what we're doing around hypertension control.

I've been impressed with what I've heard so far and I think the thing that we'll learn is that we pretty much are in sync as organizations try to tackle this very important condition across our country. Next slide please.

I just want to talk a little bit about the Consortium for Southeastern Hypertension Control. We probably are not quite the known entity as far as an organization that the rest of the partners are speaking to today.

We have been around for about 25 years. We have focused on improving not only blood pressure control but really cardiovascular health across the southeast region. We are a professional organization, so really the organization started by a group faculty really and subject experts in the field of hypertension management.

And then over the 25-year period really have moved more towards risk factors – cardiovascular risk factors – and working with clinicians across the southeast to make those important decisions as far as how you manage these cardiovascular risk factors and obviously blood pressure being one of the primary risk factors that really affects all types of conditions, so we do focus a lot on blood pressure management. Next slide please.

I just want to talk about two programs that we have implemented that really focuses on blood pressure management and improvement. And we focus primarily with the clinicians: those individuals treating blood pressure management and not so much with the public.

And I've been fascinated by hearing some of the details around some of the public initiatives that really can tie in very nicely with some of the work we're doing with physicians and other types of clinicians across the US now.

This program called At Goal was launched about 10 years ago. And what I'm showing you here is really how some of the practices

that we're engaged with us as they enrolled in this program really started at a fairly high benchmark. You know, they really were looking at a baseline coming into our system with some fairly high control rates.

Much of that is because many of those practices had been engaged with us for quite a while before this initiative really even started and so they, if you will, sort of already had drunk the lemonade. I mean we had been working with practices for many years around specific areas around protocols, education, blood pressure management, how you really approach this to really make target goals – and so they came in at a baseline of 82 percent, as you can see – or 81 percent.

But I think what's impressive is that this same group of practices has maintained that sustainability so those pressures and that management really has stayed at high levels across the course of this initiative. And again, that's largely because of some of the work we've done with them on an ongoing basis around education protocols, measuring and reporting back what their control levels really look at – look like – and the trends that we're seeing. Next slide.

The second program I want to talk about briefly is we have been funded by the Centers for Medicare and Medicaid Services through what is called The Transforming Clinical Practice Initiative. Many of you may have heard of this. There were 29 what are called PTNs or Practice Transformation Networks that were funded across the US and _____ is really to help practices transform from a fee-for-service environment to a value-based environment. And obviously that includes improving the value of care, the quality of care, meeting certain measures and demonstrate that you're achieving that quality care.

And so we have engaged with now 5,000 different clinicians across primarily again mainly the southeast – we do have some outside of that territory but primarily the southeast region – 9 states – and what we're doing here is collecting data through a population health pool: we're pulling that data from each practices EHR, so we're looking across their population. We can identify where their control rates are, we can drill down to the physician level, we can drill down to the patient level, we can identify those patients that are hiding, if you will, because we see their data, and we can then intervene with protocols and some of our education programs and track this data over periods of time and see how we're influencing decisions around improving blood pressure management.

And what I'm showing you here is this is just essentially almost a year's worth of data; those practices that came in at baseline what they look like as far as control rates and within less than a year how they've improved, and not only just around blood pressure management – or optimal blood pressure management – but looking at some of those chronic cardiovascular disease that are so important as well – how they've improved their blood pressure management and those conditions. Next slide please.

And then finally just a summary slide of what over time what we have learned that works. Teaching proper techniques – you know, that foundation information and education that is so important, and we know that there's a variability across the system – the health care system as far as the technique that's used in measuring blood pressure.

Using an HIT platform. Again, we use a population help tool. A lot of EHRs provide this opportunity but you really have to have some way of looking across the population rather than in an individual patient if you're trying to really look at an impact to identify where those patients may be hiding.

And making that transparent actual data. So it's not just a report but what else is in that information that can help you determine what else you may need to do to improve blood pressure.

Identifying and outreaching to patients who have not been seen or that they haven't had a risk factor measurement or their blood pressure is out of range. We recommend as we talk with our clinicians in our practices, "You know, these patients need to be coming back every three months if they're not in control." So it can be controlled – blood pressure can be controlled but you really have to have that frequency of visits to get that accomplished.

Provider reports and de-identified peer comparison reports. You know, we do this a lot. There is a great opportunity to provide these reports back to clinicians. De-identify them but showing them how they compare to their peers, how they compare to their region – that type of reporting really seems to work.

Protocols have been mentioned a number of times today. We use those. And I think also aligned with protocols are those standing orders that perhaps staff can engage with so not everything is left to the clinician but reaching out to a patient if their blood pressure's not good and setting up those appointments – those types of things – doing labs prior to appointments.

And then I think the last two: really ensuring the blood pressure's measured in every clinic visit regardless of who is seeing a patient. For those that detect an abnormal blood pressure making sure that patient is referred back to the PCP. We see that a lot also with sort of public campaigns around doing blood pressure management – or excuse me – blood pressure checks but then that information needs to get back to the patient's PCP in order for it to really be managed well.

And then for us Champion Leaders to assist in keeping the adoption – finding those key individuals within a practice – that really helps and really disseminate the information and lead the charge within a practice.

And finally – not on here – measure, measure, measure. I mean just continue to again bring those patients back, make sure that they're being measured and that that treatment is put into place to manage that blood pressure.

So with that I would like to turn it over to our great friend Dr. Lackland.

Oh, I'm sorry, I missed one slide. Give me two seconds – and I won't spend any time on this – I would just say that these are other strategies that we have considered across our practice transformation and you can quickly see they have to do really with a lot of processes that augment some of the clinical initiatives and some of the clinical interventions that really go along with managing blood pressure – and I really had alluded to many of them in this previous slide.

And we do have an opportunity through our population health team and our population health solution to help identify the practices that really are leading the criteria for Million Hearts and we'll be offering those practices up and providing assistance to get them submitted for application.

Sorry Dan. I'm going to turn it over to you now. Thank you.

Dr. Daniel Lackland: Not one bit. Absolutely. Debra thank you very much. This is wonderful. And I would like to say that The World Hypertension League is very appreciative to be a part of this program, very thankful for the National Forum to be thinking about us.

As we think about The World Hypertension League, we're an organization of organizations and member societies and partners,

and our role is to try to facilitate all the great things that we've heard, and I must tell you that we're very excited that our members are the National Forum, our AHA, CDC, COSEC, state health departments like we've heard from Alabama, so we very much cherish this.

Our interest is to try to facilitate these works through one big umbrella so as we move forward we're discussing The World Hypertension League – go to the next slide – these are – again, our goals are to help facilitate: we want to optimize, as we control the blood pressure through collaboration with our member organizations and government and non-government groups, identifying what are those best practices and really implement evidence-based interventions that we've heard about today, so this is exciting.

Our goal is very consistent with what we've heard: we want to see global blood pressure control between 25 and 80 percent. While 25 percent looks really low – remembering, we're a global organization and there's some places where hypertension control is really at zero – so we want to take that into a relative comparison, but I think very much, as you can see, a consistent pattern all the way through.

And our vision is to basically, with the joint efforts and the collaborations of all of our member societies in our groups, we want to work with the World Health Organization, international groups such as the International Society of Hypertension, to bring all of this together on a global hypertension control and prevention. Okay. Next slide please.

And our priorities – very similar to what we've heard all the way through – one of them that we bring in on the population basis is to reduce salt intake, and so that's a major emphasis of ours as well as well as the other groups that have spoken very nicely today – we want to enhance, control the blood pressure, number one by awareness and having awareness of what blood pressure and the diagnosis of hypertension that we've heard – again, our collaborations are going this way.

We also want to work with governmental and non-governmental organizations to try to take a basic cost-effective strategy because we don't want something that's going to be developed. But as you've heard already beautifully with what they're doing in Alabama this is a very cost-effective mode and all the programs we've heard about today from the AHA, CDC and from COSEC –

cost-effective methods that we want to have – and then we want to convey the knowledge. Next slide.

As we look, one of our major emphasizes that we've been hearing about and what we are today with World Hypertension Day, this is basically our awareness campaign on a global aspect of it and it's so exciting to see this. We want to see blood pressure screening and developing these resources and basically settings that have a low resource – so the communities, the information that we've had – the underserved is a direction that we would like to help facilitate areas here.

We want to, again, look at areas where we want to bring in these recommendations or what did we report with different types of surveys, and so we work with other types of groups.

The major theme of World Hypertension Day has been already stated beautifully, is Know Your Numbers. And so that part – the World Hypertension Day is a campaign.

We also are working with the International Society of Hypertension and our other partners to kind of develop maybe something more for a surveillance activity, and in this case with the International Society of Hypertension this would be May Measurement Month. Okay, next slide.

And I guess this is the exciting part. You've heard wonderful reports but we'd like to go with this and this is kind of the report that we brought in from last year. This is looking at last year's where we had set a goal of maybe 5 million – I'm so excited to see AHA saying we can do 5 million by ourselves and it's exciting.

And again, what we did last year was 6.5 million blood pressures measured with an overall goal of maybe looking towards 25 million or something that's up there. The whole idea is to just get these going.

Last year's goal was 3 million and we got 6.5 million. This is an indication – also I show you the lighting of Niagara Falls – and this is just one campaign in recognition of World Hypertension Day.

So again, this World – and it's so exciting – with our partners I think we can achieve these types of numbers. Okay, next slide.

One thing that we do think that World Hypertension League has to offer you for this audio is getting the information out. These are

out two – in addition to our website – that were announced too – we also – we have our WHL Newsletter and we have The Journal of Clinical Hypertension – these are available to anybody. We can go to these through our member societies and so for example COSEC has access to this and they can distribute or if they would like us to distribute it – however it wants to be – this is our mechanism of reporting the results of where we go with World Hypertension Day – and also these wonderful initiatives that we've been hearing – an opportunity to maybe get the word out and develop this through these mechanisms. And next.

And with this – again, we're just excited to be here, we're excited to facilitate and it's my pleasure to turn this on over to Laura Gordon.

Laura Gordon: All right, I'll take just a few minutes to hear about he annual meeting.

The National Forum's 15th Annual Meeting is called Paths to Engagement and there's a reason for that that I'll mention in a moment. It will examine the current state of cardiovascular health in the United States and how we can successfully advocate for prevention and population health in the current environment.

And the reason we call it Paths to Engagement is because of the risk of cardiovascular health is not enough to make a difference: we have to find ways to truly engage all the stakeholders; whether that's health care providers or community leaders or consumers themselves if we're going to make real changes that lead to improvements in individual's people health and the population at large.

Having attended the National Forum for the past several years I truly cannot say enough about it's value from both a learning and from a networking perspective. Every time I go I come back with some piece of inspirational learning so I promise you would have the same.

Because this is a group of true thought leaders who attend this meeting – people from all around the country who are really engaged in trying to prevent heart attack and strokes through their various organizations activities – and these are the key people who go back and activate where they work and where they practice and actually make real progress.

So as you can see on this slide the one-day meeting will be held on Wednesday, October 18. It's at the Kaiser Family Foundations Barbara Jordan Conference Center. You can see the link there to registration, but also at the end of this webinar you'll be taken directly to the registration site so you can quickly and easily sign up.

We would love for you to be among the nearly-100 organizations and experts who attend this inspiring meeting. And for those of you who have been before – and for everyone – we'll be introducing a new format, so fewer PowerPoint slides, which I'm sure everyone can agree on, and more dialogue with the speakers and other participants. So we tried very hard to make sure that this is as interactive as meeting as possible.

It will include free town hall sessions; we'll have discussions on policies, strategies, programs, all of those aspects on improving cardiovascular health.

Also to note, Dr. Steve Sydney from Kaiser Permanente, who chairs the National Forum Surveillance Workgroup, will release his first annual report on Trends in Cardiovascular Health, so that will be important to hear.

And as always networking opportunities will happen throughout the day.

So again, just to recap, there will be an opportunity at the end of the call to register directly, and I want to just thank you so much for hearing a little bit about this and I truly do hope to see all of you there this year.

John Clymer: All right, thank you very much Laura. Appreciate that preview of the annual meeting. Thank you to Mary McIntyre for a great presentation and to Amy, Judy, Debra and Dan for your really interesting updates. Your presentations and updates generated a lot of questions so it would take us half-an-hour to get through them all – to do so adequately – so I am going to – we don't have that time so I'm going to try to speed through a very brief report on our World Hypertension Day Thunderclap and then we'll get to some of the questions and brief answers.

So the Thunderclap was designed to give National Forum members and your members an easy way to inform and remind people of the importance of know their blood pressure and – it's a tie – getting it under control.

We set our goal for this Thunderclap at 1 million people reached. This is the highest goal that the National Forum has ever set and let's see how we did. May we have the next slide please.

All right, the Thunderclap took place just less than 2 hours ago at noon eastern time today and we reached over 1.1 million people together. So thank you very much for your efforts and your members' efforts that help make that possible. That's a lot of people who we reached with this important message about the importance of knowing your blood pressure and controlling it. So thank you.

Now I'd like to move on to questions and answers. And we have a number – the first one is really quick and it's one that I can answer so I'll begin there. The question is "Will we be able to obtain a copy of the PowerPoint? There's a lot of important information here." And I'm glad that you feel that way and yes, you will be able to get a copy of the PowerPoint. We will make it available along with the recordings of today's presentations and updates and you'll receive a message directly from the National Forum letting you know that those have been posted and where to get them.

I also, while we're on that, want to mention very briefly that following up on Judy Hannan's comments that there are 10 podcasts about – or 10 podcasts, many of them with Million Hearts Hypertension Control Champions sharing their success formulas and those are available on the National Forum's website. It's easy to find, just go to the NationalForum.org homepage, scroll down to Million Hearts, click there and then look for Blood Pressure Control Podcasts. I commend those to your attention.

And now we have a question. This one I believe is for Debra Simmons. The question is "What population health tool is being used? Are all practices on the same EHR?" And given our time and number of questions here I'm going to ask each speaker to try to answer the question within 60 seconds. So Debra.

Debra Simmons: Sure. Thank you John. We actually use a population health tool that's developed by a company called Symphony Performance Health Analytics but the population health tool is called MD Insight and no, they are able to pull data from very disparate EHRs, so we have a number of different EHRs that are able to export data into that population health.

John Clymer: All right, great. Thank you very much. The next question is "What are examples of clinical practices reviewing patient data and acting

on this? For example, do they use case managers, data registry staff? How do we know there is action and not just a report being generated?" So Dr. McIntyre, can you answer that?

Dr. Mary McIntyre: Yes. We know because the actual physicians, or actually the alerts that are coming up, because it's an actual alert from a EHR system. So those alerts can be tracked and at the same we are making sure that there are actions that have bee taken because of that. So there's a review process that actually looks at that and actually identified how many of those patients – which is how we ended up wit the 900-plus – were actually identified and actually treated because they had previously been identified, so we know that the actions are taking place.

And we're working now to actually – even though we've got the same algorithm in a manual format we're working to implement it throughout the health department with our EHR once we get it operational, okay?

John Clymer: All right. Thank you very much. So our next question is for Judy Hannan and it is "Could you discuss affective ways to implement the protocols that you referred to?"

Judy Hannan: And I would love to give a couple quick answers but talk to some of the other clinicians who may have had more real-world experience in implementing it.

What we learned from those that we interviewed – the stakeholder insights that were early adopters of using a protocol – I think they talked about things that most people would consider pretty scattered when you want to try to make a change of identifying a key influencer to serve as the champion – the need to be able to make hypertension control a priority and including the patient and family as key members.

One of the sort of piece of advice that I would offer is – and you can implement a protocol within whatever system you are currently using to help direct the care. So those that have an electronic health record, the ability to make sure that it is giving intelligent alerts to go onto the next stage of the protocol would be helpful. But if that's not how the clinicians are generally guiding their practice the ability to have a hard copy or a clinician whose job it is is to make sure that it is assigned with every patient to sort of help make sure that they make it through the protocol.

I think what the protocol helps do is not let us give up on patients who have uncontrolled hypertension and so whatever the system can do to sort of employ that they aren't giving up, that they're continuing to go to the next stage is helpful. But I'd love to hear to others if they have successful ways that protocols have been implemented.

Debra Simmons: This is Debra, and I would confer with what Judy has mentioned. I think those are all key success factors and ensuring that again there's that – those adopters that can really disseminate and really champion the protocols and review those protocols in a practice.

Dr. Mary McIntyre: And for Alabama we – you know, keeping it as simple as possible is extremely important and that was what was done and just basically identify those people with elevated blood pressures and make sure that they were flagged if that was more than – if they had already been identified previously so someone could at least look at it and pay attention to it because they may be separated as far as those elevations and not actually be followed, okay?

John Clymer: All right, great. Anybody else? Okay, we will move onto our next question. And it's a great question for which I certainly don't know the answer. It is "If someone has identified hypertension how long should they take their blood pressure at home?" Do any of our clinicians or scientists…?

Dr. Mary McIntyre: As a physician and being in primary care for over 14 years before coming to the State _____: you never stop taking your blood pressure. And I'm just going to say that when my patients – the ones that were controlled I recommended that they still do it on a weekly basis. The ones not under control need to be doing it as frequently as they can remember to do it. But you need to just keep an eye on it and just make sure that you're staying under control.

And that's not a difficult thing with the availability of monitors to allow you to be able to do that.

Amy Ciarochi: And John, this is Amy.

John Clymer: Yes, go ahead Amy.

Amy Ciarochi: I was just also going to say our Check. Change. Control. program, which is the patient-based program, we have – our data shows that four months is really a pivotal point. We agree: you should never stop. Always take your blood pressure at home. But we see that the

largest impact once patients commit to at least two blood pressure readings a month for four months.

John Clymer: All right, thank you Amy. And Dan Lackland did you have an answer?

Dr. Daniel Lackland: I was just going to agree with that but I think it's so very, very important measuring that blood pressure and only maintain it because you can actually see it much like with weight: if I lose weight I want to see it, and you can see also the impact: you can actually see what's going on and it's such valuable numbers that you're able to provide to your physician of what blood pressures is at home, so I absolutely agree with this; you want to take it and be very familiar with your blood pressure and the situations where you measured it.

John Clymer: Okay, great. Thank you. And I think the next question is right in Amy's wheelhouse. The question is "Are you able to include nutrition and dietary interventions in the reduction of hypertension?"

Amy Ciarochi: Well, we sure try to. That's a good point John, yes. We have a whole section of our website called Healthy for Good and that's where we talk about eating smart, adding color, moving more and being well. That is what American Heart is trying to encompass all of those things because we know, yes, it's important to track blood pressure, to know your numbers, but then to also have those better lifestyle choices and make those modifications for a healthier life.

John Clymer: All right, that's great. Well, I'm glad we were able to work so many questions into this webinar into a brief time, so thank you very much to all of the participants who offered up questions and to our panel members for your very excellent and concise answers.

And now I'd like to thank everybody who has joined us today. Thank you as well to the National Forum members who on this webinar shared their practices, and thanks to everyone for being members of the National Forum.

I hope that you'll watch for information about the posting of the recording of the webinar and the slides, and we hope as well that you will register to attend the 2017 National Forum annual meeting, that you will be participating in it, and we look forward to seeing you there.

Thank you very much everyone for your participation in the first National Forum Mid-Year Member Convening and for helping us celebrate World Hypertension Day by exceeding our ambitious goal and reaching over a million people with our blood pressure control message.

We are adjourned.

[End of Audio]