John Clymer: Dr. Thompson, since you ended there on women's health, I know that the symptoms of heart attacks are different for women than they are for men. What about hypertension? Are the rates—I know you did talk about the rates for women, but are they similar or different for men and are there strategies that may work better for women than ones that we use with men?

Betsy Thompson: You know, the control rates, as I said, are really pretty similar. There are differences by age in terms of—gender differences in hypertension prevalence by age. I don't really wanna get into those specifics so much, but I think—I wanted to re-emphasize what others have already said really works in terms of control. And this is what we focus on in our programs as well as in Million Hearts, and it's great to hear folks on the phone saying this.

But it's (1) a team based approach, (2) it's using electronic information in different ways. Things were mentioned like data transparency, feedback to providers, there's also remote monitoring. There's a number of things that—where we can really use electronic health information effectively. And then the third is the community clinical linkages, whether it's—Healthy BR had a couple of those. They didn't call it that, but they had several, and I think all of the other sites did as well. Because, it's not just what's done in the clinic; it really does matter what's going on in the community, whether it's in a barbershop or the YMCA or a church. I mean, there's many different community settings.

So, I'd say those three things as well as seizing the opportunities where they exist. The catalyst that was mentioned in Tennessee, which was a very unfortunate one with a death, but they seized that as an opportunity to make it personal and more meaningful for their community.

John Clymer: Great, thank you. That's really helpful. Thank you very much. And Dr. Benjamin, I think you're still on the line. If you can come off mute and I can put you on the spot for a moment. I know that you are in an FQHC, you've certainly visited a lot of clinics around the country and eliminating socioeconomic and geographic health disparities is one of your priorities.

Based on what you heard in your interview with Trish at Mountain Peoples, are the practices that they used to get above 90 percent in their clinic things that other practices could use as well, other clinics?

Regina Benjamin: Certainly, they could use it, and I think many of them are trying. It does come down to leadership, somebody to be the shepherd to take that and make it a priority. HRSA has made it, particularly for the Federally Qualified Health Centers, as you measure things, and that's a measurement and they monitor that. But it needs to be a little bit more. It just needs to be somebody who looks at it every day, who's putting it front and foremost, and the number of lives we save.

And when we talk about population health and the health of a community, this is one of the things that really could improve the entire health of a community just by bringing the blood pressure down to a normal level could do a lot for population health, particularly in—in any community, but particularly small communities.

John Clymer: So, a sweeping impact for large numbers of people.

Regina Benjamin: And the other thing I would add would be education, because the education is always at the base of everything, particularly when we talk about prevention. The more you know, the better you can help yourself, the better doctors can help, but just the fact that they're transparent or seeing it, knowledge can lead to action.

And so, it has to be, again, some leadership, but the knowledge really helps. And in the past, we didn't have a way to look at those numbers and big trends like we do now, because we have electronic records.

John Clymer: Alright. Well, thank you very much. We've had one question submitted for Preeti, and Preeti, we have about 30 seconds, so this will need to be concise.

You mentioned quality measures that are associated with MAP. The question is—are these measures considered quality metrics for MIPS? In other words, for reimbursement reporting?

Preeti Kolanakarai: We are working on that right now. And so, we think that will be there shortly.

John Clymer: Okay. That was concise. Thank you very much.