

*John Clymer:* Larry Sperling has a multi-dimensional perspective on hypertension prevention and management. The executive director of Million Hearts, Dr. Sperling also chairs the Federal Hypertension Control Leadership Council, and serves as the CATS professor in preventive cardiology at Emory University School of Medicine, and chair of the World Heart Federation Roadmap on the prevention of cardiovascular disease in people living with diabetes.

Marcus Plescia has served as chief of Chronic Disease and Injury Prevention in North Carolina, as the Charlotte Mecklenburg County health official, a CDC division director, and currently as Chief Medical Officer at ASTHO. He is the chair of the National Forum. During our next segment, Dr. Plescia is going to interview Dr. Sperling about successful strategies on hypertension management. Dr. Plescia?

*Marcus Plescia:* Larry, preventing and managing hypertension would make a huge positive impact on the public's health. And we have many evidence-based tools at our disposal. We know they work, yet they're underutilized. I'm really pleased to have a chance to talk to you a little bit today, as the Million Hearts executive director, about actions that those participating in this convening can take to improve hypertension control. So let's jump into that. Larry, can you talk to us a little bit about what you see as some of the lessons of the Million Hearts hypertension control champions, some of the lessons that other practices and systems might be able to apply to address some of this issue of having evidence-based practices that are underutilized?

*Larry Sperling:* Yeah, Marcus, this is a great way to start our conversation. We know that hypertension control remains a challenge across our nation. However, the lessons learned from the Million Hearts hypertension control champions tell us that hypertension control is very possible in all kinds of clinical settings across the country. Over the past ten years, we have recognized now 143 Million Hearts hypertension control champions in 42 states, caring for over 15 million American lives.

What are the lessons learned that we can apply that can be actionable? Million Hearts is all about the implementation of proven and effective strategies. And so as we look at hypertension control, we've learned a lot of lessons from the champions. Lessons like implementation of SMBP, self-measured blood pressure, connected to clinical care. Critically important is team-based care, is utilization of protocols that are well-validated. And in addition,

using fixed dose combination agents, as a first line for many individuals with hypertension. The definition of a champion is greater than 80 percent hypertension control for a clinician, a practice, a hospital, or a health system.

And so I would love for the members of The National Forum to challenge, those that they know, to become hypertension control champions. The more champions we have, the greater we close the gap in the inequitable hypertension control across our nation.

*Marcus Plescia:* Yeah, that's great. And you mentioned we have champions; we have teams. Talk a little bit more about what is a, you know, what makes up a good hypertension control team? What's that whole team-based approach to hypertension?

*Larry Sperling:* Yeah. So I think the first starting point for a team is a champion. And that's typically a clinical champion. So hypertension control becomes a priority, whether it's for that office, or practice, or hospital or health system. But as you know, it takes a team. It takes a village. And clinical care is complex. The most important member of the team is those living with hypertension; the patient. And the patient needs to be engaged in improving hypertension control.

If we think about SMBP, self-measured blood pressure, this is a great example of clinical partner care, the partnership between the patient and the clinician, and providing real-time useful information about home blood pressures, or blood pressures out of the office, to fine-tune and accelerate hypertension control. But the team often takes many other members. It takes often medical assistants, nurses. There's a lot of data that utilizing a pharmacist as part of that clinical team with validated protocols can accelerate care.

And now we're in an era of using telehealth and telemedicine. And so we need to start thinking out of the box. How can we create and design protocols, pathways, and ways of engaging and evolving our patients that are utilizing the ability to visit with them in their home, as opposed to in the office?

*Marcus Plescia:* Yeah, that's great. Thank you, Larry, for going into a little more detail on that. You know, what I think one of the challenges is, in some clinical practices, you know, hypertension control, it's hard for providers and members of the practice, and members of the team, to really prioritize hypertension control. And, you know, some of this is our own frustration with, you know, being difficult

to control these chronic diseases. Some of that it is maybe they don't have the incentives. Maybe they don't have the attention, or payments to make that happen. So what are some ideas that you and your team have, as far as, you know, how to make the case for hypertension control and clinical practice, and how to really, you know, help push practices to make this a higher priority?

*Larry Sperling:*

Yeah, thanks, Marcus. The clinical case is clearly there. The public health case is clearly there. In terms of population attributable risk, there is no other condition that impacts the health and well-being of the American population and hypertension. And this is where we see the greatest gaps in health equity. So I think the case is there, but your point is well-taken. How do we make the case in clinical practice? And, here, it's all about and aligning incentives.

And because we have different ways of, I guess, approaching healthcare economics across our nation, we need to figure out how to make hypertension control a priority. One out of every two Americans is living with hypertension. And let's be honest, the data we have says that only one out of every four, if we use the 2017 Hypertension Guidelines of less than 130 over 80 is controlled hypertension, have their hypertension under control. There are significant medical costs related to uncontrolled hypertension, the disparities in hypertension control. And so this must be a priority.

*Marcus Plescia:*

So I know you have helped organize this group, the Federal Hypertension Control Leadership Council. Tell us a little bit about that group and what they're up to.

*Larry Sperling:*

Yeah, so I certainly I would first say that I've been honored to be a part of the Federal Hypertension Control Leadership Council. Many have contributed to its success. The council now is in its third year, and the Council meets monthly. There are high level representatives of 12 different agencies and offices from HHS, who were part of this Hypertension Leadership Council. The priority of the council is to make hypertension control a national priority for all. So health equity is at the core of the vision mission, and output of the Hypertension Control Leadership Council.

The framework we designed is a DCP, so detection, control, and Prevention. And it's all about actions. So I know today's meeting is talking about actionable ways to improve hypertension prevention and management. So we have created priorities in each of these lanes. For prevention; it's focusing on safe areas to be active in community, supporting physical activity guidelines.

Detection is about what we call “hiding in plain sight”. There are many people who have poorly-controlled hypertension, who are not even aware of this. And so how can we utilize and optimize health technology, like an electronic medical record, to find these people, and make their hypertension control an area of focus? And then the control area, our priority here is utilizing SMBP related to clinical care. And the council; it’s been a phenomenal experience. I would say there’s high-level commitment from leaders across the nation to make hypertension control a priority.

*Marcus Plescia:*

Great, thanks. Another thing I know we’ve seen a lot of is some of the tools and supports that you all have put into place to try to help practices and help communities really address hypertension better. And one of those is the National Best Practices for Heart Disease and Stroke, an interactive clearing house and guide. Can you tell us a little bit about some of the highlights of that, and how people would go about accessing that?

*Larry Sperling:*

Yeah, certainly. So this CDC Division for Heart Disease and Stroke Prevention Best Practices Guide for Heart Disease and Stroke is a resource for many. It’s a resource for state and local health departments, decisionmakers, public health professionals, and clinicians. It’s all about implementation of effective strategies to improve both cardiovascular and cerebrovascular health. There are five approaches, and 18 evidence-based strategies. Some of the highlights here are, first of all, what’s new across these 18 strategies.

What’s new is utilization of cardiac rehabilitation as part of the recovery of an acute cardiovascular event. This is one of the priority areas, by the way, of Million Hearts. And Million Hearts hopes to raise the participation in cardiac rehabilitation from about 20 to 29 percent across our nation, to a 70 percent goal for those eligible. Other highlights from the best practices guide are EMS systems for stroke treatment, stroke center certification, use of telehealth.

We’ve learned a lot about telehealth and telemedicine, many opportunities, but I think we really want to decide, how do we use this in all the best ways to not further the digital divide we have. And we can really use health, telehealth and telemedicine, potentially, as a tool to reduce health disparities. And then the last new areas pharmacy based interventions to improve medication adherence. So it comes back to that team-based approach. And how can we utilize experts at the top of their license to contribute to the team for betterment of care.

*Marcus Plescia:* Well, I think this has been great. You clearly have pulled together the right stakeholders. There's a lot of resources out there for clinicians and communities, and others, to really begin to address hypertension more aggressively. So in closing, you know, for the people who are here at the conference today, can you give us some thoughts about, you know, hopefully, everybody's inspired to go out and make a difference? What are some things to do right away? What are some actions The National Forum members and stakeholders can take right now in the next week when they go back to their homes and communities?

*Larry Sperling:* Yeah, I think leaders, that are participating in today's midyear session, need to realize it's time for action. In fact that it was time for action, even BC, before COVID. The trends we have, even before COVID have raised a significant red flag, that hypertension control is declining across our nation, and the gaps in health equity are widening. There are significant signals during the COVID pandemic that tell us that hypertension control continues to decline. We've used telehealth and telemedicine. I'm still a clinician. I'm a preventive cardiologist.

And although telehealth and telemedicine has a lot of positives, often we see patients living with hypertension or cardiovascular disease, who don't have a home device. And so we're not only optimizing this opportunity for care, but in the electronic record, there are missing blood pressures because, you know, we don't have a blood pressure. They're not in the office. There's also a paper in circulation from the Cleveland Clinic of over 500,000 Americans telling us that blood pressure is increasing across the nation in all 50 states in both men and women.

So what can we do that's actionable? We'll come back to those champions. Actionable is the champions and leadership Council. Make hypertension control a priority at a local level. Right? Each and every one of us can contribute to better hypertension control across the nation. So we need champions. We need teams. What's actionable? I'll come back to the work of the Division for Heart Disease and Stroke Prevention, and Million Hearts. Actionable is proven and effective strategies. There have been two CPT codes that have been in place since right before the pandemic, and there are significant gaps in using these CPT codes.

One, to teach patients about how to measure resting blood pressure. That's a one-time code. But there's a monthly code that can be used, that is related to utilizing home blood pressure readings, to titrate, and improve upon blood pressure controls. So

Million Hearts has a tool that relates to the economics of using these CPT codes to invest back in improving hypertension control for a practice, a clinic, a hospital, or health system. There are two campaigns that the CDC Foundation, the Division for Heart Disease and Stroke Prevention, and Million Hearts have launched over the past several years.

One is called “Live to the Beat”. It’s developed by Black people for Black people, ages 35 to 54. It allows them to be more aware, people who have risk for heart disease to be more aware of their risks, to be empowered to make change. There’s a wonderful sizzle reel, and our team will put this in the chat. But this reel is about a minute and 30 seconds. It will, first of all, give you a lot of energy, tell you about the power of this campaign, and the breadth of it across the nation. And the other campaign is called “Heart Healthy Steps” for those aged 55 and older.

So coming back to the theme of the meeting, health equity is critically important in improving hypertension control across our nation. And so is partnered care. We must partner with patients, communities, and we must partner together across clinical realms, public health. But hypertension control absolutely needs to be a priority today, tomorrow, and moving forward. And I think you might be on mute there, Marcus.

*Marcus Plescia:* Yeah. Great. Thank you, Larry. I agree. Hypertension really does need to be a priority going forward. I think that’s the challenge for us. And you’ve done a great job really laying out some of your thoughts, and some of the work of Million Hearts on this issue. I think it’s going to be very helpful for us. So thank you for taking a little bit of time to talk to us.

*Larry Sperling:* Absolutely. Nice speaking with you today.

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