John Clymer: Now we will hear from two leaders who are advancing real world solutions to improve hypertension control. Please join me in welcoming Dr. Celeste Philip, Professor of Public Health Practice at the Meharry School of Global Health and a National Foreign Board Member, and Crystal Decuir, Chief Nursing Officer at the Southwest Louisiana Center for Health Services. Crystal will share how her team has raised the priority on hypertension management in clinical settings and use the self-measured blood pressure protocol to empower patients and improve outcomes. Despite being a proven, cost-effective strategy, SMBP remains vastly underused. As you will hear, with the right systems in place, it can be a game changer. Dr. Philip?

Celeste Philip: Thank you, John. I am delighted to be here talking with Ms. Crystal Decuir on her self-management blood pressure program that I think listeners, participants will learn so much from, as I know I did when we chatted earlier. Crystal, if you would not mind just starting out with telling us about your program and how you incorporated the self-monitoring of blood pressure into your very comprehensive program?

Crystal Decuir: Thank you. Yes, the inception of our program began in 2022 with this particular program. We chose to have an interdisciplinary approach where it included multiple members of the team. Our program, we utilize the target BP components of it to be able to help educate our staff, and also the medication algorithm from the American Heart Association, who we have worked closely with to be able to achieve the goals that we did achieve over the last several years.

Celeste Philip: The approach that you described incorporated many different partners. There was some of the workflow changes that you made, if you could talk a little bit about that. But also, in those changes it required collaboration from many different partners within your organization and then some out. If you could start first with what did you do internally to help get folks on board with what you were trying to do with your vision.

Crystal Decuir: First of all, we planned. We had a battle plan. We actually got together with an interdisciplinary team that included leadership – I am the chief nursing officer, so I pretty much direct a lot of the clinical components – me and the chief medical officer, the pharmacists, the outreach department, and the overall clinical team. What we did was we carefully looked at certain workflows already in the clinic and we wanted to be able to sound the alarm.

What we did was a "Sound the alarm" campaign. This expanded prior to us actually implementing anything, and what that included was we put flyers outside of the clinic doors of all of the patients that had blood pressures in that range between that 138, 140 systolic and anything greater than 90 diastolic. That was able to give everyone a perspective of "We have to address this" whether the patient was symptomatic or not. Another thing that we did is included the pharmacists. With the pharmacists we looked at being able to look at what was some of the best protocols in regards to addressing our patients who did not have access to transportation. We started the mail-in delivery. We started actually delivery services where we delivered medications to the patients. We do live in an area where our clinic outpatients have a food desert. We partnered with Second Harvest. We partnered with our local mayor. We partnered with several entities within the community to be able to help us to achieve this goal. It was truly a multidisciplinary approach.

Celeste Philip: Change is always hard, but what you have described incorporates so many different leaders within your organization and outside of the walls and truly is a community-based approach. So, I want to say kudos to you –

Crystal Decuir: Thank you.

Celeste Philip: – and your community for what you have been able to achieve. If you could share with our participants some of the numbers to show your success, which is really quite impressive, not to brag, but to serve as inspiration for others that this can be done?

Crystal Decuir: Yes. I do want to emphasize it was truly a collaborative team approach where what we did was put the patient at the center. Initially, when we took on this project we had a new leadership team. Our clinic just went through two hurricanes. That was during the time of Hurricane Laura, Hurricane Delta. We had 30,000 square feet of our organization was actually destroyed. When we looked at the numbers coming in, basically only 45 percent of our patients were controlled with their blood pressure. Keep in mind a lot of patients did not have internet access, and so we had those issues that we were dealing with. That is why we chose to be able to do this collaborative approach.

We started with the 40 percent compliance and by the end of the year we had a 70 percent compliance of blood pressures being controlled. We started with 700 participants. When we looked at our patients, 700 patients chose to participate in the program.

When we finished off, 500 was our number that was left due to just people moving away, those types of different things. Overall, we went from a year's time from that 45 percent to a 70 percent compliance and control rate. A lot of our patients today are still compliant. Currently, we are at the 69 percentile.

There are things that we are definitely looking at to increase, but we did want to hardwire those workflow processes to make sure that we have a sustainable success for our patients. Not so rigid. Listen to our patients. We incorporated since then nutrition, so all of those patients speak with a registered dietitian in that component. A lot of those patients also have co-diabetes. That is the time where we kind of want to make sure that we focus on hypertension, but we are focusing on all the other co-diagnoses that sometimes comes with patients who are limited to access and not have the healthiest foods.

Another component of that was we started a community garden, and the patients were able to receive the harvest of the fresh fruits. Those are some of the things that we did to help with the numbers. It was a multi-approach.

Celeste Philip: I will call it a humble brag, but it really is very impressive being able to pull in all of those different partners and think holistically about what it requires. We are talking about hypertension and self-management of blood pressure, but we know that once you start down that path, there are so many other factors. We talk about the vital conditions, and that is exactly what you have been able to improve broadly with this approach that you have taken. With all of the success, I know there were some challenges and some barriers. If you could share it briefly maybe one or two of the top issues that you faced but were able to overcome with all of your folks that were involved?

Crystal Decuir: Yes. The first thing was interoperability. I mentioned, a lot of the patients did not have access to Wi-Fi, so we had to deliberately select certain cellular blood pressure monitors that are able to connect to various platforms. During that time, it was so few of them that were able to integrate with the EHR systems, and so that took us a little while to be able to do that. We had to bring on additional members of our team that solely monitored those types of blood pressures. The success that I really should say, we have had four patients that ended up having from the self-monitoring that we were able to intervene from them going to the hospital or escalating the situation. With that being said, one was having not as many patients with Wi-Fi, so we had to take the cellular

approach. We decided to do the monitors with the cellular approach. Another thing is just the phones. Sometimes because they were relocating a lot of times the housing, we would call one number and we could contact the patient.

Those were some of the things that we found in the beginning was very challenging. However, we had to readjust our workflows with that and really be able to bring the patients together in other forms of communication. We started doing the portable messaging. There was just different options that we did not think about initially. Of course, the mail, but we wanted to be able to address those blood pressures in real time. That was the biggest barrier was really having that limited internet.

However, what I can say what we found was literally once the patients were educated, they came in, they knew the signs. A lot of those patients was looking forward to their success when they came back to the doctor. We celebrated that. Some of the barriers initially was just not having that holistic approach to be able to give them resources with medications, but other resources once they were able to maintain their blood pressure, because that was one of the biggest things. In the South people eat very unhealthy. Really being able to be creative, just the registered dietitian with them, not feeling that something was taken away from them. Better yet, they were gaining better outcomes with their health.

Celeste Philip: Yeah, absolutely. Thank you so much, Crystal. There is so much here to unpack. I suspect some people may want to listen to this a few times. I think the key takeaways are if you know the best practices, you have a vision, you bring in leadership, you bring in team members, but most importantly you bring in community. This can be done anywhere. You talked about some of the limited resources and some of the technology challenges and you were still very successful. I want to thank you for all that you have done for your community, sharing with us. I look forward to hearing more in the future.

Crystal Decuir: Thank you so much.

Celeste Philip: Thank you so much. I will turn it back over to John Clymer.

John Clymer: Thank you, Dr. Philip and Crystal, for sharing such a powerful example of what is possible when clinical leadership, systems thinking, and patient-centered care come together. Crystal, your work demonstrates that hypertension control and the broader adoption of self-measured blood pressure monitoring do not

require us to reinvent the wheel. What they do require is commitment, coordination, and a clear focus on implementation, the things that you outlined and that you clearly brought to the successful initiative. Thank you for giving us strategies and maybe even more importantly hope that we can do better because all of us must do better.

Now, we are going to open the floor for questions. To those in the audience, this is your opportunity to ask follow-up questions of Crystal and Celeste Philip and reflect on how these lessons can be applied in your own work. Please use the Q&A feature in Zoom to submit your questions and we will get to as many as time allows. Let us begin, Crystal, with the first question that has come in for you. How did you train your clinical and non-clinical staff to adapt to new workflows like SMBP and nutrition counseling, especially after the hurricanes?

Crystal Decuir: Thank you for giving me this opportunity. It was actually done in phases because we have over 10 sites. We did a pilot site to be able to truly get all of the kinks out, but we used a lot of the material. I wanted it to be evidence-based. With American Heart Association, a lot of the target BP resources and a lot of the videos, the same videos that the patients actually viewed in the front lobby. We had the nurses – from the nurses to the providers. We had a lot of our nurses and MAs every six months really making sure that they were engaged with the webinars, the monthly webinars with target BP. It was a concerted effort.

We also did lunch and learns to make sure that those specific workflows were hardwired. It was effort because we had a lot of huddles. A lot of times the providers initially with the flags on the door, I think it really prompted them to see it. They had to address it. That was different. With the leadership team, we wanted to make sure we took a different approach. It was an all-hands-on approach. I think what happened, what we had seen was after the first three, four weeks, it is like anything else. It became hardwired. Then, when that worked, we have seen a lot of success. Then we brought it to the next site. Then, from there we said. "This works. This really works."

I think it was just more of taking it really one step at a time and having the open mind just to say, "If this does not work, let us try something else," and sticking to it and then tweaking it as we go. I think for me it was really just being determined to say that we can change if we need to change. And if it does not work – and just getting all of the input from all levels of the staff.

John Clymer: Thank you. It is amazing to me how something as simple as the flag on the door can make a meaningful difference. We have heard examples of that over and over from Million Hearts Hypertension Control Champions. I love that you use that and brought it back to light.

Dr. Philip, we have all heard Crystal talk about what she and SWLA achieved in Southwestern Louisiana. What would you as a public health leader say to others in public health? What advice would you give about how this success can be replicated, these kinds of community clinic partnerships can be replicated in other localities, other regions?

Celeste Philip: Thank you, John. Thank you, Crystal. Again, so inspiring to hear how investing time in bringing folks together is really one of the key takeaways that I learned from our conversation, and that often gets overlooked because we are excited and we want to just jump in. I think many public health initiatives in the last few years, one in particular that required a lot of partnership to address COVID. That happened.

We talked about that quite a bit to say some of these strengthened relationships that came out of spending lots and lots of time talking, maybe not together because we were all virtual, but building on those partnerships to now talk about other health conditions, such as hypertension. What are ways to transition those efforts in that system that was strengthened during those several years to take on these other big challenges within health?

I think hearing Crystal's story and she talked about the destruction that occurred in their community, there is growth that can come out of these challenges. I would say that is something we have all experienced in the last few years. For those who are listening, if you are in a setting where you are still part of a group that is working closely together on any number of issues, to think about how you can build in focus on hypertension, building in the self-management aspects. I saw in the chat that we have someone who may be offering some devices.

In thinking about what are those issues, Crystal talked about some of the barriers. We now have a lot of technology that has come available in the last few years with Wi-Fi and Bluetooth-enabled devices, biometric wearables. There is so much potential in the last few years that can really help us advance what we are trying to

achieve. I do think that planning in partnership with the community is really the key first step.

John Clymer: That is great. Thank you, Dr. Philip. I love your suggestion about your advice to make positives out of hardships that do bring people together. Thank you.

Crystal, we have about one minute left, so that is a challenge for a quick answer. Given the challenges with the internet and EHR integration that you have faced, how did you select appropriate blood pressure devices? What advice do you have to share with other clinics that may be facing similar types of technology gaps?

Crystal Decuir: That was the biggest challenge because, like Dr. Phillips said, we were in the height of the pandemic at that time. The first thing that we looked at was making sure, that the blood pressures are validated devices, all of those monitors. However, the challenge was at that time the interoperability because not a lot of the EHRs in the devices actually connected. We had to go to an outside vendor that actually at that time would be able to allow that information to be transmitted. Then, it was the next step of literally having to increase our workflow and our support team. However, what I did find was for us, because we still have not yet started building. Hopefully next month we will start. We lost 30,000 square feet. At the end of the day, we had to pivot on that as well. We actually had to utilize resources from other programs to be able to fund the newer and the latest devices that is integrated in our EHR system. The reason being, with that integration, the providers are able to see the blood pressures. They are able to act and respond more quickly. The patient navigator is able to reach out to those patients in regards to questions with med adherence and everything is there.

With technology, one of the things that I could say if I have to, please, before you go out and purchase anything make sure the machines are validated. If you are not an IT person, a lot of that does not come natural for the questions to ask in regards to that interoperability. Then with upgrades, that is another thing I would definitely ask in regards to that from a technology perspective.

With that being said, a lot of the data, whatever you are looking at, you want to make sure you have good data hygiene. That was one of the things that we made sure when we looked at kind of the accuracy of the data, what we did see was that even though we had this subset of group of patients, it impacted our whole UDS score. It was awesome because the bigger goal was to show across the

help center as a whole that we were improving in such fast pace. Then, with the data that we knew that was sufficient. It made us feel really good in regards to making sure that we selected and purchase new monitors.

John Clymer: No, that is very helpful, Crystal. Thank you so much. Data fidelity, very important. I think Nar Ramkissoon from AMA is with us, so I am sure your nod to validated devices was music to his ears. Thanks, Nar, for all the great work that you are leading with the AMA and the AHA. Crystal, congratulations: 45 to 70, and more important, maintaining it, that is tremendous. Thank you for sharing your learnings. Dr. Philip, thank you for sharing your insights and for leading this conversation. Thanks to everyone who submitted questions and engaged in the discussion. We really value your curiosity and commitment to advancing hypertension control. These kinds of practical patient-centered and system-level strategies are what are going to drive this work forward. Thank you again to our speakers for your thoughtful and inspiring contributions.

John Clymer: Thank you.

Crystal Decuir: Thank you.

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