



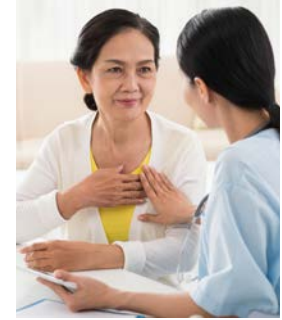
BUILDING COMMUNITY, SAVING LIVES

INTERNATIONAL COMMUNITY HEALTH SERVICES

CHAMPIONS HYPERTENSION CONTROL

Million Hearts®—Success in Blood Pressure Control

Keeping blood pressure under control helps prevent heart attacks and strokes and saves lives. Million Hearts® launched the Hypertension Control Challenge in 2012 to recognize clinicians and health systems who make blood pressure control their goal. The Hypertension Control Champions use evidence-based strategies to achieve blood pressure control rates in their practices at or above the Million Hearts® goal of 70% of adult patients. As of 2015, CDC has recognized 59 clinicians, health care practices, and health systems as Million Hearts® Hypertension Control Champions.



THE CHALLENGE

International Community Health Services (ICHS) is a federally qualified health center (FQHC) serving a largely Asian and Pacific Islander patient population at seven locations around the greater Seattle, Washington, area. Interim Medical Director Dr. Lucy Sutphen explained that people in this cultural group traditionally have healthy diets. Exercise, from walking to tai chi, is a regular part of life in this community. “That sort of gives us a head start on the interventions that we look to do,” she said.

But ICHS faces other challenges in controlling hypertension in its patient population. These include treating an aging population, encouraging medication adherence in patients whose primary language is not English, and combatting the tendency of patients from immigrant communities to adopt a less healthy American diet and lifestyle. It took a combination of multidisciplinary approaches for ICHS to achieve a hypertension control rate of 70%.

WHAT THEY DID

- **Gained trust from the community.** ICHS began as a small storefront clinic in Seattle’s International District in 1973. The neighborhood still serves as ICHS’s main site.

“We are literally in the midst of the community...Many of our patients know and respect ICHS as being part of the community.”

—Dr. Lucy Sutphen,
Interim Medical Director, ICHS

“We are literally in the midst of the community,” said Dr. Sutphen. Over the decades, ICHS has engaged community leaders in its efforts and employed staff from the community.

“Many of our patients know and respect ICHS as being part of the community,” Dr. Sutphen said. That respect trickles down to more trust between patients and the health care team, allowing for better hypertension control results.

Altogether, ICHS’s patients speak close to 50 languages, and for almost two thirds, English is not their preferred language. ICHS uses trained medical interpreters to communicate with its patients about hypertension, including medication adherence, diet, and exercise.

“The interpreters not only literally translate words, but they also understand the cultural context. Maybe there’s a term that’s more commonly used in

Cantonese that doesn't translate exactly from English. The interpreters know how to get that message across," said Dr. Sutphen.

- **Used multidisciplinary health teams and quality measures.** ICHS uses a team approach to caring for patients, which includes doctors, physician assistants, nurses, nurse practitioners, medical assistants, and, in many cases, dietitians, clinical pharmacists, and health educators. Members of the team review patient charts and brainstorm ways to better control hypertension. This helps identify patients who might need an interpreter, preventive services, or other support.

Many patients need help learning how to adhere to their medicines. Dr. Sutphen noted that a patient may be less likely to continue taking a medicine if its positive effects are not as easily noticed by the patient as its negative side effects are. Each team member, from the prescribing doctor to the pharmacist handing the patient medicine, talks to the patient about the importance of regularly taking his or her antihypertensive medication.

Each month, ICHS provides health care teams and departments with score cards that show where the teams stand in terms of patient blood pressure control. Members of the teams can receive financial incentives for demonstrating excellence in hypertension control.

"[Score cards] are a great way to provide feedback," Dr. Sutphen said. "We try to do it in a timely manner, because that's the best way to get improvements in performance."



- **Delivered individualized and culturally appropriate care.** ICHS recognizes that controlling high blood pressure requires different approaches for each patient. For some patients, that means discussing diet changes with a nutritionist.

"Sometimes we encourage the patient to bring in whoever is the cook, whoever buys the food, and have a family discussion about healthy eating. That's been very successful," said Dr. Sutphen.

It helps that many of ICHS's staff come from the communities they serve. "Our dietitians may know, for example, a specific grocery store in the neighborhood," Dr. Sutphen said. "They understand some of the specific foods that are commonly used in different cultures, and they will cater their recommendations to the cultural background of a patient or family."

Other patients, especially those coming from other countries, might need support from health educators to understand the health care system in the United States. "It's not only about a patient's own individual health, but [also] helping them navigate health care insurance and services," said Dr. Sutphen.

Dr. Sutphen pointed out that nearly 20% of ICHS patients are age 65 or older. ICHS works with patients in assisted living facilities and adult day cares in the neighborhood to find ways to better control hypertension in those settings. Older patients likely take multiple medications, so pharmacists pay close attention to potential drug interactions.

ADVICE FOR OTHERS

Although ICHS serves specific communities in the Seattle area, Dr. Sutphen believes its multidisciplinary, community-based, and individualized approach is translatable to health organizations across the country.

"You really have to [meet] patients where they are, whether that's cultural, whether that has to do with language, or whether that has to do with willingness to change a lifestyle," said Dr. Sutphen. "We go a long way toward the patient, and they come toward us, and we meet in the middle."