



Disease Management to Promote Blood Pressure Control Among African Americans Fishbowl

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Scaling and Spreading Innovation
Strategies to Improve Cardiovascular Health
April 19, 2012





African American Hypertension – The Facts

THE DATA



Compared to Whites, African Americans **have a higher prevalence of hypertension^{1,2}**

African Americans also have **higher rates of cardiovascular mortality, stroke, hypertension-related heart disease, congestive heart failure, hypertensive nephropathy, and end stage renal disease^{1,2}**

Controlling blood pressure reduces cardiovascular morbidity and mortality. **A 12 to 13 point reduction in blood pressure can reduce the number of heart attacks by 21%, strokes by 37% and all deaths from cardiovascular disease by 25%**

Estimated direct and indirect cost of hypertension for 2009 is **\$73.4 billion**

¹Archives of Internal Medicine, 1997

²AHA 2001 Heart and Stroke Statistical Update

³JNC VII 2004

⁴Circulation 2009



Aetna's African American Hypertension Study

GOALS

Increase the rate of **clinically acceptable blood pressure** measurements among African American members

Measure the impact of initiative on blood pressure and self care knowledge and behaviors of a Culturally Competent Disease Management Program (CCDMP) relative to a Light Support Program (LSP)

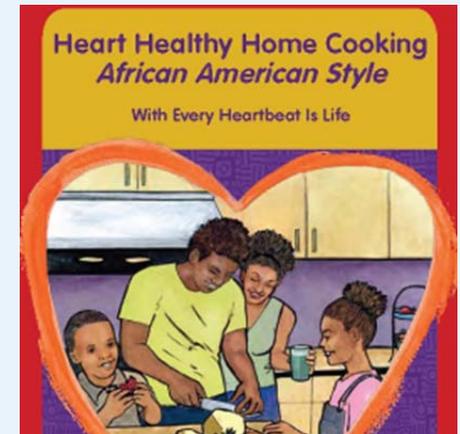
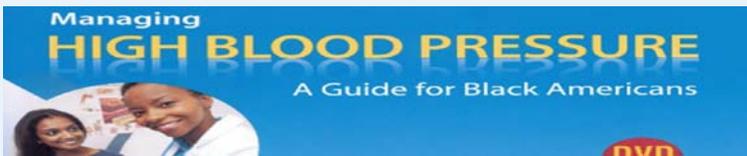
INITIATIVE

Two arm study evaluating CCDMP and LSP disease management program
CCDMP components include:

- **culturally appropriate mailings**
- **outbound member care calls**
- **physician cultural competency training**
- **quarterly reporting to physicians**

RESULTS

The CCDMP was effective in **increasing** the percentage of members with clinically acceptable blood pressure by **36%** compared to the members in the LSP





Hypertension Pilot Program Overview

- The Commercial hypertension pilot program is based on two different initiatives.
 - One focused on the Medicare population and the other focused on the Commercial African American population, both showing improvements in clinically acceptable blood pressure control
- The main goal is to improve blood pressure control to within clinical practice guidelines through program outreach, educational support and monitoring
- The program is expected to have a favorable impact on blood pressure control, productivity and health care costs



Hypertension Pilot Program – Elements

- Member Identification
- Member Outreach
- Member Health Education
- Biometric Monitoring
- Member Follow-up



Measures of Success

- Program enrollment rates
- Improved compliance with BP monitoring
- Maintain and/or improve medication adherence for anti-hypertension medications
- Improvement in blood pressure control



Lessons Learned – Moving from Research to Practice

- Value demonstration
- Resource requirements
- Cross functional integration
- Speed to market / time to implementation



Disclaimer

The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Agency for Healthcare Research and Quality.