Transcript Details

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Implementing the AMA MAP™ Hypertension Program: A Clinician's Experience

Announcer:
You're listening to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. Here's your host, Dr. Brian McDonough.

Dr. McDonough:
This is *Perspectives with the AMA* on ReachMD, and I'm Dr. Brian McDonough. Joining me to discuss his experience with the AMA MAP™ Hypertension quality improvement program is Dr. Willie Lawrence. Not only is he an award-winning interventional cardiologist, but he's also an ambassador for heart health and health equity, an AMA member, and the Executive Sponsor of the AMA MAP™ Hypertension Program at Corewell Health in Grand Rapids, Michigan. Dr. Lawrence, welcome to the program.

Dr. Lawrence:
Oh, it's a pleasure to be here.

Dr. McDonough:
So if we start with some background, Dr. Lawrence, what are some of the challenges faced by the patient population you serve?

Dr. Lawrence:
Well, I serve a number of different populations: a rural population, but also a small urban population here in Benton Harbor, which is in southwest Michigan. Benton Harbor is a community of less than 10,000 people who are predominantly Black and predominantly poor. It lost its healthcare system a couple of decades ago and is largely ignored by the healthcare system and the nearby community.

Dr. McDonough:
And as a quick follow-up to that, can you explain the relationship between improving hypertension rates and health equity, and why hypertension deserves more focused attention?

Dr. Lawrence:
Well, when you look at the drivers of disparities in health in Black Americans, hypertension is at the top. It's a driver for heart disease, for kidney disease, and for stroke. And we know—the data is clear—that if we can decrease the disparities and inequities in hypertension management for Black populations, then you can lead to improvements in health and decrease some of the overall disparities.

Dr. McDonough:
Now if we zero in on the Corewell enterprises implementation of the AMA MAP Hypertension program, it's my understanding that less than 130/80 is the blood pressure control threshold. So with that being said, why is advocating for that threshold important to you? And why is achieving it so important to patients?

Dr. Lawrence:
Well, just think, it's been 7 years since the SPRINT data was released. The SPRINT trial showed us that if you use a blood pressure goal of 120/80 instead of a blood pressure of 140/90, you saved lives. You prevented strokes, another endpoint. Seven years, and yet we're still, in most instances, using 140/90; 130/80 was a compromise. The data actually supports much more aggressive blood pressure control. So if we want to decrease the disparities that exist and want to improve the health of all of our patients, we need to have a more aggressive goal. And we found, even in our system, we have control rates of close to 70 percent for 140/90, but for

130/80, it's closer to 30 percent, and that's typical.

Dr. McDonough:
I know that you use a scorecard as part of this MAP program. Tell me a little bit about how that helps patients and helps provide better care.

Dr. Lawrence:
Well, the scorecard allows you to look at individual patient care and individual physician care to better understand what may be the factors involved in not having better blood pressure control rates. For instance, we know that when someone comes into your office, if that first blood pressure is high, getting a second confirmatory blood pressure is beneficial in getting a more accurate assessment of what their actual blood pressure is. So that's one of the things that we follow. How often does this individual provider actually get a secondary blood pressure?

We also know that, for instance, seeing someone within 30 days of that initial interaction can lead to better and more aggressive control. It helps you to act rapidly. And so we measure that as well, and sometimes we see disparities in how often, for instance, Black patients are seen in follow-up compared to white patients. Now that's not necessarily the provider's fault, but we can then ask the question: how can we decrease this follow-up time? And putting in place a system of care that leads to earlier follow-up is important. And we say, "Oh, I tell you what, maybe we'll work with our community health workers, and we'll send them out to get a blood pressure early." Maybe the patient doesn't have to come into the office. We'll set up a self-measure home blood pressure program using Bluetooth-enabled devices so that we can follow blood pressures without the patient having to come into the office. That overcomes issues related to travel, for instance. And that's particularly important sometimes in our rural communities, where travel can be even more of a challenge than in our urban communities.

So again, the MAP program provides a large amount of data that allows us to tease out the systemic problems that we may be having in trying to improve blood pressure.

Dr. McDonough:
For those just tuning in, you're listening to *Perspectives with the AMA* on ReachMD. I'm Dr. Brian McDonough, and I'm speaking with Dr. Willie Lawrence about how Corewell Health has implemented and used the AMA MAP™ Hypertension program.

So, Dr. Lawrence, this program comes with metrics and reports and data visualizations that are accessible to the team. What kind of impact does that have?

Dr. Lawrence:
Well, it's important that we understand not only that disparities exist, but we try to figure out why they exist and try to figure out what we can do collectively and individually to improve blood pressure control and to decrease those disparities. Most of what most physicians know about hypertension, they may have learned in medical school, and in my case, that might have been 30 or 40 years ago. We've learned so much more about hypertension and hypertension management, and most physicians don't know that data. So the AMA program, beyond the data that comes out, it's helped us in better educating providers about new thoughts about how to actually manage the individual patient who has hypertension. And then when you see that there are disparities or you see even without disparities a control rate for most of your patients, some might be less than 60 percent, you can tease out why that is. You can figure out whether or not you see that patient in follow-up within 30 days, you can see whether or not you get a second blood pressure reading when the first blood pressure is elevated, and how often you do that. And when you make efforts to improve some of these specific parameters, you can see over from a month-to-month basis whether you're making progress and whether that progress makes a difference in overall control rate.

Dr. McDonough:
If we focus on multidisciplinary care for just a moment, can you tell us how the AMA MAP™ Hypertension program has influenced team-based care within your organization?

Dr. Lawrence:
Well, first of all, it helped us to understand that we need team-based care. You can't create a system of care around hypertension that's dependent upon interventional cardiologists. If you want a scalable program that's effective, you've got to have a team-based approach, and you have to get away from using MDs and specialists to manage most of the hypertension in your system because you can't scale it. It may take me 10 minutes to figure out what blood pressure medicines my patient is on. I mean, it's complicated. Hypertension management is much harder than I thought when I took on this really intense effort several years ago. We know that using community health workers, pharmacists, and nurse practitioners allows us to really focus on the individual patient to better understand what's going on in that individual's life that may be impacting the management of their blood pressure.

Dr. McDonough:
Lastly, Dr. Lawrence, what are some key takeaways you'd like our audience to remember from our discussion today? You've already made some excellent points.

Dr. Lawrence:
The take-home messages that I would give is that overall, beyond issues of equity and disparity, we don't do a good job of managing blood pressure in most of our patients, and that one of the values of focusing on health equity is that everybody wins. We can improve the blood pressure control of all of our patients, and then at the same time, decrease those disparities. We have to focus on that. We have to not blame the patient for their blood pressure continuing to be high. We know that the main driver of poor control is the failure of providers to intensify blood pressure regimens when needed or not following current guidelines. Historically, what we do when someone has hypertension is we choose one medication, and we take it to its highest dose, and then we start another medication. And we know now that there is greater efficacy and less in the way of drug intolerance if we use multiple medications at lower doses. So there's a lot that we know, and just the education that one will receive as a provider and understanding MAP will help you to do a better job of managing all of your patients.

Dr. McDonough:
With those key takeaways in mind, I want to thank my guest, Dr. Willie Lawrence, for joining me to share his experience with the AMA MAP™ Hypertension program. Dr. Lawrence, it was great to have you on the program and thank you for sharing so much.

Dr. Lawrence:
Well, thank you. It's a pleasure being here.

Announcer:
This was *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. To access this and other episodes in this series, visit *Perspectives with the AMA* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!