Community-Clinical Linkages: Strategies to Address Hypertension and Cardiovascular Disease

Michael Sells, MS, CHES
Division of Heart Disease and Stroke Prevention
May 7, 2019
Objectives

- Describe the specific approaches to address hypertension, cardiovascular disease and high cholesterol.

- Provide examples from CDC partners and recipients of community-clinical linkages (CCL) to address diabetes management and type 2 diabetes prevention.

- Share resources with REACH recipients as they work on CCL strategies for addressing hypertension, cardiovascular disease and high cholesterol.
Specific Approaches to Addressing Community-Clinical Linkages (CCL)

- Brings together comprehensive multi-sector state teams,
- Develop a State Systems Profile to identify barriers and strategies
- Increases engagement of community health workers
- Increases engagement of community pharmacists
- Implements systems to facilitate bi-directional referral

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.
1422 CCL and HDSP


- Key Activities: Role of CHWs, Protocols and Procedures, Promoting Lifestyle Interventions, and Access to Community Resources
1817 CCL and HDSP

Strategy: Link Community Resources and Clinical Services that support bi-directional referrals, self-management, and lifestyle change for patients with high blood pressure, high blood cholesterol, and/or who have had a cardiac event.
The three major focus areas for this strategy are:

• A systematic referral process needs to be established or enhanced that facilitates and tracks provider referrals to lifestyle programs. Ideally this is done via the EHR.

• Patients are referred to evidence-based community programs and resources that must contain a lifestyle change component, with evidence of effectiveness in controlling hypertension and/or high blood cholesterol; and

• Patients are followed-up to support maintenance of their behavior change.
1817 CCL HDSP

• The Following recipients are funded for 1817:
CO, Los Angeles, MN, MO, FL, Fresno County, NY State, NY City, GA, IL, KS, KY, LA, MA, MI, MT, ME, NV, NC, Philadelphia, Prince Georges County, RI, SC, TX, UT, VA, WA, and WI
Practical Examples of Addressing CCLs
Practical CCL Examples

• Kansas
  – Connect evidence-based lifestyle program staff with clinic staff to establish a process for referral and enrollment of HTN and/or high blood cholesterol patients; assist new and existing DPP and/or YMCA BPSM programs to expand their capacity for providing lifestyle change support to HTN and/or high blood cholesterol patients referred by the clinics.
Practical CCL Examples

• Maryland
  – Complete an inventory and geomap the locations of evidence-based community programs/resources; engage evidence-based community programs (e.g., TOPS, Weight Watchers, Curves Complete) to join Be Healthy Maryland and to accept referrals; and engage 4 pharmacy partners to screen and refer to community based evidence-based programs and improve HTN and cholesterol management.
Practical CCL Examples

- West Virginia
  - Work with 2 health systems partners to develop standard operating procedures for leveraging EHRs data to identify patients with hypertension and/or high cholesterol in need of referral to community-based programs and resources; work with health system partners to establish protocols to refer patients to community resources...
Practical Examples of Addressing CCLs

- ASTHO Learning Collaborative Cohort 3
  - State teams created sustainable, effective connections between healthcare, public health, and other states to improve access to hypertension services and support throughout the care continuum, as well as increase data sharing among states.
Practical Examples of Addressing CCLs

- ASTHO Learning Collaborative Cohort 3
  Example activities included:
  - Data feedback loops
  - Standardize BP Screening
  - Team-based care in community Settings
CDC/ASTHO CCL

• Implementing CDC HDSP Strategies with:
  – Non-traditional partners and systems
  – PDSA Cycles
  – Learning Collaboratives
Key Community-Clinical Linkages Resources
ASTHO Community Clinical Linkages Change Package Toolkit

ASTHO Community Clinical Linkage Issues Brief

Community Clinical Linkages Guide

- Community-Clinical Linkages for the Prevention and Control of Chronic Disease-A Practitioner’s Guide
YMCA of the USA Self-Measured Blood Pressure Program

• http://www.ymca.net/blood-pressure-self-monitoring/
Thank You!

Questions?