



FOR IMMEDIATE RELEASE

**Media Contacts:**

Emily Lynn Anderson for Health Center Partners

[HCP@havasformula.com](mailto:HCP@havasformula.com)

619-234-0345

**Health Center Partners Shares Results of the Million Hearts National Pilot Program, a Quality Improvement Project Supported by the Centers for Disease Control and Prevention**

*Two Health Center Partners Members Participated in the Two-Year Program to Assess Quality Improvement Tools for Detecting and Controlling High Blood Pressure*

SAN DIEGO—(Feb. 23, 2017)— [Health Center Partners](#), a leading consortium of community health centers in San Diego, Riverside and Imperial Counties, today shared results of the [Million Hearts](#) two-year collaborative program with [National Association of Community Health Centers](#) (NACHC) and the Centers for Disease Control and Prevention (CDC) to pilot quality improvement tools to improve detection and control of high blood pressure. Health Center Partners member centers, La Maestra Community Health Centers and Neighborhood Healthcare, were among 11 federally qualified health centers (FQHCs) chosen to participate in the pilot project, which aimed to assess the efficacy of certain strategies to systematically improve diagnosis and treatment of hypertension in populations disproportionately burdened with high blood pressure.

Over the course of two years, participating community health centers leveraged IT-based algorithms and population health management software to properly diagnose patients with high blood pressure, systematically scheduled follow up visits and provided patient education and self-management support to help patients properly control hypertension.

The primary care teams in the participating FQHCs developed new care processes, such as designing and implementing a diagnostic protocol to eliminate the open loop of “two or more elevated readings” in the current diagnostic guidelines. In this way, patients with potentially undiagnosed hypertension were flagged in electronic health records (EHR) systems to improve pre-visit planning and outreach, and scheduling follow-up blood pressure screenings. Of the approximately 200,000 patients for whom data was collected at the 11 health centers, 36 percent had hypertension, and about 100,000 additional patients had high blood pressure readings but remained undiagnosed with hypertension. Approximately 32 percent of the patients who had a follow-up blood pressure screening were ultimately diagnosed. Full results of the pilot program can be viewed [here](#).

“The ability to accurately diagnose and treat patients who otherwise may have gone undiagnosed is a significant proof point of the benefit of leveraging healthcare IT in supporting improvements to patient care,” stated Nicole Howard, executive vice president for Health Quality Partners, a Health Center

Partners subsidiary that supported member centers' involvement in the Million Hearts program. "Health Center Partners and our members are committed to taking advantage of available technology and leading quality improvement tactics to provide the best possible care for our patients. By participating in quality improvement projects such as the Million Hearts program and collaborating with health care providers across the country, we are at the forefront of care innovation."

There are 75 million Americans who have hypertension. About half of these individuals do not have the condition under control, increasing their risk of heart attack or stroke. A significant contributing factor is that approximately 12 million people do not know they suffer from high blood pressure, and are therefore not receiving treatment to control it. One of the key initiatives of the Million Hearts collaborative program is to identify strategies to accurately and systematically diagnose patients with hypertension, in order to provide treatment and get patients back on the path to wellness.

"Participating in the Million Hearts program was an incredibly valuable and educational experience for our center," said Dr. Jim Schultz, chief medical officer of Neighborhood Healthcare. "Although we started with a relatively high blood pressure control rate of 72.4 percent, we were still able to improve to a control rate of 76.2 percent by leveraging the IT-based and population health management tactics leveraged in the pilot. We are implementing several tactics as part of our ongoing screening and treatment protocols to ensure all patients are receiving the highest level of care possible."

"As a member of Health Center Partners, we are grateful for opportunity to access and participate in leading quality improvement projects such as the Million Hearts program. The results of this pilot clearly demonstrate the benefit of leveraging healthcare IT and population health management tactics to accurately and thoroughly identify patients with chronic diseases such as hypertension," said Sonia C. Tucker, quality improvement director at La Maestra Community Health Center. "We saw notable improvement in our patients' blood pressure control rates, particularly in the final months of the project when we engaged pharmacists in our expanded care teams—demonstrating the importance of collaboration across the entire care spectrum to provide optimal results for patients."

At the conclusion of the two-year program, the 11 participating health centers collectively improved blood pressure control rates by 8.7 percent, to a final center average of 60.5 percent. Patients whose blood pressure was not brought to control benefited from a reduced overall risk of heart attack and stroke, as evidenced by an average reduction in systolic and diastolic blood pressure of 8.4 mmHg and 4.1 mmHg, respectively, across the participating health centers.

"We are proud to have had 11 federally qualified community health centers that have demonstrated notable success in making a difference in their patients' lives participate in this pilot program with Million Hearts," stated Meg Meador, director of clinical integration and education at NACHC.

"Cardiovascular disease is the leading cause of death in the United States, and it is encouraging to see how the effective use of data, healthcare IT tools, team-based care models and population health management can significantly help control hypertension, and thus reduce risk of heart attack and stroke."

### **About Health Quality Partners**

Health Quality Partners of Southern California, a subsidiary of Health Center Partners of Southern California, supports community health centers and other safety net partners in taking the best possible care of their patients. Health Quality Partners accomplishes this through the development and implementation of a broad portfolio of innovative and collaborative grant-funded programs and

research projects that focus on improving efficient and effective access to care, patient engagement, quality of care and clinical outcomes. Health Quality Partners believes that quality health care is a right, and collaboration and resources are essential to meeting this basic need. For more information, visit [www.hqpsocal.org](http://www.hqpsocal.org).

**About Health Center Partners**

Health Center Partners (formerly Council of Community Clinics) and its subsidiaries serve as the nexus for its members and partners to transform primary care through the power of innovation and collaboration. Our health policy, public affairs and advocacy efforts enhance the development of and recognition for our members who enrich the patient experience and improve the human condition through access to quality health care and related services for their diverse communities, with an emphasis on low-income and uninsured populations. For more information, visit [www.hcpsocal.org](http://www.hcpsocal.org).

###