HEART HOUSE ROUNDTABLES

AMERICAN COLLEGE of CARDIOLOGY®

KEY TAKEAWAYS

The Heart House Roundtable on **Navigating the Impact of Hypertension on Cardiovascular Disease** identified the following key takeaways.

1. **Need standardization of blood pressure (BP) monitoring and management**
2. **Provide equitable care**
3. **Maximize efficiency of care delivery (team-based care)**
4. **Need for consensus on a refined definition of uncontrolled BP and resistant hypertension (HTN)**
5. **Develop consensus on best strategies for managing uncontrolled BP**
6. **Implications for advocacy, technologies, and implementation science/quality improvement efforts**

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The Heart House Roundtable on **Navigating the Impact of Hypertension on Cardiovascular Disease** identified the following key takeaways.

1 Need standardization of BP monitoring and management

- Accurate BP measurement in the clinic and out-of-office (OOO) is crucial but challenging due to variability in techniques, equipment, care decisions, resource distribution, and evaluating "time in therapeutic range."
- Guidance is needed to reconcile differences between clinic and OOO measurements to include the role of ambulatory BP monitoring.

Possible Solutions:

- Standardize protocols through expert consensus or societal statements for clinic and OOO BP measurements to include how to incorporate home BP readings into clinical decision-making.
- Develop educational materials/toolkits for clinicians and patients/caregivers for implementation of the above protocols into practice.
- Implement remote monitoring to utilize BP data from OOO readings.
- Advocate for reimbursement of devices for OOO BP measurement, clinician education time, and management of home BP data via electronic health records (EHRs).
- Conduct implementation science and quality improvement projects to evaluate solutions and inform policy decisions for better care.

2 Provide equitable care

- Major gaps persist in care for underserved populations with uncontrolled BP, often linked to social determinants of health (SDoH).
- Standardized SDoH assessment tools exist, but lack uniform use and consistency in addressing identified needs.
- The PREVENT risk calculator captures SDoH, but is not fully validated or integrated into EHR, posing implementation challenges.
- Hypertensive disorders of pregnancy (HDPs) are among the leading causes of maternal mortality and morbidity, needing prioritized care.

Unmet Needs:

- Clinician education on SDoH importance and standardized assessment.
- EHR interoperability for SDoH data and consistent follow-up on identified needs.
- Reimbursement for SDoH assessment and management.
- Research on SDoH impact on BP control and management of HDPs.
- Data on risk reclassification by PREVENT.

Possible Solutions:

- Obtain expert consensus on assessing and addressing SDoH, including EHR integration and efficient workflows.
- Develop clinician educational materials on SDoH significance, assessment tools, and best practices.
- Advocate for reimbursement for SDoH assessment and management.
- Achieve broad consensus on integrating PREVENT into clinical practice, updating guidelines, and evaluating its long-term use.
- Deseminate best practice toolkit(s) for early intervention in HDPs, including patient education on accurate BP measurement and early recognition of preeclampsia.

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3 Maximize efficiency of care delivery (team-based care)

- Team-based coordinated care, consistent with the ACC's strategic plan is needed by leveraging community resources and ensuring all team members practice at the top of their license.
- Current payment models do not reimburse team-based care adequately.

Possible Solutions:

- Support fair reimbursement for all members of the HTN care team and telehealth across state lines.
- Provide resources for health care professionals on care pathways, order sets, and automation for team-based care. Incorporate diverse roles such as MDs, NPs, PAs, PharmDs, social workers, and community health workers.
- Promote algorithmic care models that are billable and showcase successful global examples.

4 Need for consensus on a refined definition of uncontrolled BP and resistant HTN

- Current definitions of uncontrolled BP and resistant HTN are inadequate. Consider defining partial vs. complete resistance to improve treatment algorithms.
- Uncontrolled HTN is BP above the 2017 ACC/AHA High Blood Pressure Guideline target of <130/80 mmHg despite maximal doses of antihypertensive medications from two or more classes or intolerance to these therapies.
- Resistant HTN is BP above target despite three medications from different classes (including a diuretic) or controlled BP on four medications.
- Need for consensus on:
  - Differentiating between partial and complete resistant HTN.
  - Determining referral criteria to specialists or interventionalists
  - Identifying candidates for new invasive treatments (e.g., renal denervation [RDN]) and pharmacotherapies (e.g., injectables).
  - Assess the impact of potentially new definitions on coding and billing.

Possible Solutions:

- Obtain expert consensus on refined definitions of uncontrolled BP and resistant HTN.
- Develop educational materials for clinicians and patients that align with the expert consensus.
- Advocate for updated reimbursement codes reflecting new definitions.

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5 Develop consensus on best strategies for managing uncontrolled BP

- Establish a robust, evidence-based standard for a risk-based treatment algorithm for high BP, considering cardiovascular conditions, comorbidities, and SDoH.
- For patients with uncontrolled HTN, treatment with first-line antihypertensive therapy should not be delayed or deferred in order to implement goal-directed medical therapy for comorbid conditions that may have potential anti-hypertensive effects.

Unmet Needs:

- Guidelines for integrating goal-directed medical therapy, RDN, and new BP-lowering medications with existing treatment strategies.
- Strategies to reduce pill burden and improve adherence, including single pill combinations.
- Practical guidance on potassium supplementation as a salt substitute to understand theorized risks to people with kidney insufficiency or those on potassium sparing diuretics.
- Best practices for assessing and improving adherence to pharmacological therapies.

Possible Solutions:

- Develop expert consensus from the ACC on RDN referral practices.
- Provide clarity on the roles of new medications and goal-directed medical therapy in HTN management.
- Issue societal statements on potassium supplementation and adherence assessment.
- Advocate for practical and accessible guidelines to support clinicians and patients.

6 Implications for advocacy, technologies, and implementation science/quality improvement efforts

- Technologies such as wearables and data transfer systems promise improved HTN care, but face challenges with validation and interoperability.
- Cuffless BP devices lack standardized validation protocols for clinical settings and may lead to incorrect treatment if used improperly.
- Standardized protocols for utilizing patient-generated data are needed, along with improved data sharing among healthcare systems.
- New technologies may increase care inequities due to cost and lack of internet access for vulnerable populations.

Possible Solutions:

- Develop global clinical validation protocols for cuffless devices and translate international standards into clinical settings.
- Broaden validation protocols to include clinical validity, ensuring measures relate to existing devices and outcomes.
- Use implementation science to integrate patient-generated data into clinical workflows.
- Advocate for payment models that support reviewing BP data.