ARKANSAS

State Health Agency: Arkansas Department of Public Health
State Health Official: Nathaniel Smith, MD, MPH

The Arkansas Department of Public Health, state and local partners collaborated to standardize protocols to increase the rate of diagnosed hypertension patients, follow up with patients who have a hypertension diagnosis but are not under control, and establish care teams between clinical and community points of contact, including collaborating with Hospital emergency department, and pharmacies in two target counties (Nevada and Poinsett Counties).

Aim Statement
By June 2015, the Arkansas Million Hearts Learning Community Team will improve HTN diagnosis, treatment, and control in Arkansas communities to increase the percentage of newly diagnosed hypertensive patients by 5% (from baseline) and decrease the percentage of uncontrolled hypertensive adults by 5% (from baseline) among persons aged 18-85 years, starting in Nevada and Poinsett Counties, AR, through data driven team-based care and improving performance metrics to expand comprehensive systems of care across the state.

Burden of Hypertension
More than 40% of adults in Arkansas have been diagnosed with hypertension, compared to the national rate of 32.5%.

Target Populations
Arkansas residents of Nevada and Poinsett Counties. Nevada County has a hypertension rate of 40% or 3,600 people, according to the Behavior Risk Factor Surveillance System (BRFSS). In 2009, Poinsett County has a hypertension rate of 38.8%, or 7,126 with a hypertension diagnosis.

Key Partners

State
• Arkansas Department of Health
• Arkansas Medicaid, Blue Cross Blue Shield
• Arkansas Center for Health Improvement
• University of Arkansas Medical School and School of Public Health
• Arkansas Pharmacy Association
• American Heart Association

Community/Clinical
• 2 PCMH providers in Nevada County
  • Dr. Young
  • Dr. Vermont
• 1 PCMH provider in Poinsett County
  • Dr. Houchin

Local/Regional
• Nevada County local health unit
• Poinsett County local health unit

Project Reach
Current Reach: 5,826 from two rural underserved (Poinsett and Nevada county) counties in Arkansas between July, 2014, and June, 2015
Potential Reach: Nevada County has an overall population of 9,000 and Poinsett County has a population of 24,000.
Evidence-base/Best-Practices Used
Arkansas fostered a public-private partnership between ADH’s Local Health Unit and private providers to provide community team-based care for patients with uncontrolled hypertension through local health unit nurse care managers.

Key Project Successes
- The total population reach for this project was 5,826 from two primary care practices in Poinsett and Nevada counties between July, 2014, and June, 2015
- All identified hypertensive patients who did not have their blood pressure under control in spite of optimizing their medical management (100%) were referred for team-based care to Local Health Unit (LHU) HTN Care Managers (N=218) during the period December 2014 through June 2015.
- The percentage of referred HTN patients who followed up with LHU HTN Care Managers was 35.8%
- 85.9% of HTN patients who followed up with LHU HTN Care Managers were adherent to anti-hypertensive medication
- 54.1% of HTN patients who received ≥2 episodes of care from LHU HTN Care Managers had reduced systolic blood pressure (SBP) at their last visit
- Among HTN patients who were uncontrolled at their first visit and received ≥2 episodes of care from LHU HTN Care Managers, 46.2% had controlled SBP at their last visit

Project Scalability and Spread
- Our goal is to spread the community team-based care management program to this rural underserved region of the state, with the intent to improve blood pressure control and increase our capacity to reach the Million Hearts target of preventing 1 million heart attacks and strokes by 2017.
- Arkansas was able to leverage its resources by securing additional funding through the Preventive Health Services block grant. These funds will assist in established new team-based care programs in other rural underserved communities in the state.
- Currently, we are exploring other options such CDC, SIM grant, or third party payers to leverage additional funding to spread the program.