REDUCING DISPARITIES

IN THE MANAGEMENT OF HYPERTENSION IN AFRICAN AMERICAN PATIENTS

AmeriHealth Caritas®
District of Columbia

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Why did we create this informational toolkit?

Nationally, an estimated 55% of all African American adults have hypertension.[1] In an effort to reduce disparities within the population, AmeriHealth Caritas District of Columbia (DC) is offering this informational toolkit to support our network providers in addressing hypertension-related disparities experienced by African American patients.

Within this toolkit you will receive information about:

- How this toolkit was developed
- Barriers to care within the African American population
- Information on best practices for working with community-based organizations to reach your patient population
- Supportive best practices, tools, and strategies to work to reduce high blood pressure for your African American patient population
- Continuing education resources
- CPT codes and other billing information
- How to connect with AmeriHealth Caritas DC to support your patients

In your role, you can build trust and educate yourself to support your African American patients through an equitable lens. Together we can effect change.

Together we can effect change.

How this toolkit was developed

This toolkit was developed through a combination of research and learning from our community.

Reviewing the field

Using best practices in literature review, we provide the leading recommendations and research to support management of hypertension in African American patients, as well as barriers to care and supportive resources.

Community-based organizations: listening to our communities

Using a community-based participatory approach, we surveyed community-based organizations (CBOs) and found that they largely focus their efforts on education, blood pressure readings, case management, and counseling when working with their African American clients with hypertension. During our outreach, CBOs reported that these areas have been most successful in helping their clients manage hypertension.

Service offerings from AmeriHealth Caritas DC

We compiled helpful resources like CPT codes and informaton on how to connect with the plan to support the reduction of high blood pressure in the African American community.

1. "High Blood Pressure Among Black People," American Heart Association, May 24, 2024, https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer/high-blood-pressure-and-african-americans.

Barriers to care and what you can do

Multiple factors have been documented that contribute to disparities in hypertension treatment and control. Some of your patients may be experiencing all, some, or none of these barriers. However, knowledge is an important step in improving care. Below is a list of common evidence-based barriers and how you and your practice can overcome them.

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Historical and contemporary disparities in social determinants of health

According to the U.S. Office of Disease Prevention and Health Promotion, social determinants of health (SDOH) are defined as "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[2] Other researchers report that "lack of access to healthy food options and the presence of food deserts .... contribute to the racial inequities in hypertension management and control. In particular, lack of access to affordable, healthy, and nutritious food has been linked to poorer health outcomes, with food insecurity associated with a 14% to 77% increased risk of hypertension."[3] In 2019, the United States Department of Agriculture reported that Black, non-Hispanic households experienced food insecurity at significantly higher rates (19.1%) than their white, non-Hispanic counterparts (7.9%).[4]

What you can do:

- **Consider adding an SDOH screener tool** as part of your practice. Gathering this data can help you identify experiences that are negatively affecting your patients' health. Having a better understanding of your patients' experiences can help you to more effectively recommend interventions and resources, which can lead to increased access to care.
- **Stay up to date on resources** and opportunities to connect with individuals who may experience food insecurity.
- **Include Z codes in your documentation** as some may be reimbursable. Contact us for more information.
- **Contact AmeriHealth Caritas DC today** to learn about supportive services for some qualifying members.

Bias and discrimination

The "weathering effect" is the theory that chronic stress can have a negative effect on health and lead to racial disparities.[5] Discrimination, as a chronic stressor, can contribute to hypertension by increasing the levels of certain hormones. These hormones can narrow the blood vessels, leading to an increase in heart rate and blood pressure.[6]

What you can do: Adopt these six interventions to address implicit bias, recently adapted for health care professionals by **The National Center for Cultural Competence**:[7]

1. Accept that everyone has implicit biases that may appear in various ways and have significant impacts on health care.
2. Take responsibility for addressing implicit bias in yourself and in your practice.
3. Reflect on and assess your own implicit biases.
4. Use neuroscience to combat the way your brain is hard-wired to develop implicit bias.
5. Collect patient data to identify and address ways implicit bias may be contributing to disparities in patient care.
6. Train your staff in cultural and linguistic awareness.

2. "Social Determinants of Health," U.S. Department of Health and Human Services: Office of Disease Prevention and Health Promotion, https://health.gov/healthypeople/priority-areas/social-determinants-health.
3. Aleksandra A. Abrahamowicz et al., "Racial and Ethnic Disparities in Hypertension: Barriers and Opportunities to Improve Blood Pressure Control," *Curr Cardiolo Rep*, Vol. 25, No. 1, January 9, 2023, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9838393/.
4. Alisha Coleman-Jensen et al., "Household Food Security in the United States in 2019," U.S. Department of Agricultural Economic Research Service, https://www.ers.usda.gov/webdocs/publications/99282/err-275.pdf?v=6912.2.
5. Allana T. Forde et al., "The Weathering Hypothesis as an Explanation for Racial Disparities in Health: A Systematic Review," *Annals of Epidemiology*, 33:1-18.e3, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10676285/.
6. Chester Hedgepeth III, "Discrimination, High Blood Pressure, and Health Disparities in African Americans," Harvard Health Blog, Harvard University, https://www.health.harvard.edu/ blog/discrimination-high-blood-pressure-and-health-disparities-in-african-americans-2020092120943.
7. "Six Interventions to Tackle Unconscious or Implicit Bias," National Center for Cultural Competence, https://nccc.georgetown.edu/bias/module-4/2.php.

Low-value care

Low-value care is defined as services that have little benefit to patients and can sometimes even cause harm. African Americans are more likely to be the recipients of low-value care.[8]

> **What you can do:** Utilizing clinical decision support tools and timely information and care recommendations, and involving patients in the clinical decision-making have been found to reduce low-value services.[9] Shared decision-making is an approach discussed more on page 6.

At AmeriHealth Caritas DC, we know that you cannot have high quality of care without equity. We work diligently to address health disparities within our membership. As a provider, you play an integral role.

Get involved: steps to working with community-based organizations (CBOs)

- **Connect with AmeriHealth Caritas DC:** We are constantly working with our local CBOs. Reach out to see how you can participate and get connected.
- **Volunteer:** Seek opportunities to volunteer with CBOs that are working to reduce hypertension in African American populations.

Community-based organizations: Collaboration to accelerate change

CBOs are the ears and eyes of any community.

A CBO is an organization whose primary focus is on a specific community.

- Most of the organization's leaders and staff are members of the community, and the main offices are located in the community.[10]
- The issues the organization focuses on are determined by community members.[10]
- It is the community members who develop solutions.[10]
- CBOs are located in the communities they serve and are led primarily by community members, they often have an enhanced understanding of the needs of the community, particularly with regard to social and health care needs. This allows them to partner with you to help you reach out to your patients and provide the care and services community members need the most.[11]

By partnering with and participating in local CBOs, you and your practice can stay up to date on information in your community and its needs and connect with others that can help support your patients. They also can serve as an excellent resource to stay current on opportunities to get involved and know your community.

Approaches to supporting blood pressure management

The following best practices have been identified by multiple research studies and are recommended by the American Heart Association, Million Hearts, and the Centers for Disease Control and Prevention for providers who are working with African American patients to help control high blood pressure. They are also effective interventions for the barriers the CBOs identified in our survey.

8. William L. Schpero et al., "For Selected Services, Blacks and Hispanics More Likely to Receive Low-Value Care Than Whites," *Health Affairs*, Vol. 36, No. 6, June 1, 2017, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5568010/.
9. "Low-Value Care: What It Is, and 3 Strategies to Reduce It," Guideway Care, https://guidewaycare.com/low-value-care-3-strategies-to-reduce/.
10. "What Is a CBO?" National Community-Based Organization Network, https://sph.umich.edu/ncbon/about/whatis.html.
11. "Partnerships With Community-based Organizations: Opportunities for Health Plans to Create Value" (brief), Aging and Disability Business Institute, Partnership to Align Social Care, and the Camden Coalition, June 21, 2023, https://nccc.georgetown.edu/index.php.

1. Create an open, supportive environment[12,13]

From the receptionist and administrative staff to medical assistants and providers, your practice needs to create a positive environment that allows patients to discuss how their personal beliefs, experiences, and culture play a role in managing their health. African American patients are more likely to have been the recipient of low-value care,[8,14] and taking time to encourage your patients to share their previous health care experiences creates the opportunity to clarify information. Creating an environment where patients can speak openly about their health beliefs allows them to draw a connection between their symptoms, hypertension, and medication nonadherence.

All patients have personal and familial beliefs and values that contribute to how they interpret information, health conditions, and the care they receive for those conditions. Delivering care in plain language, with no medical jargon, can be key to creating trust. Increased trust improves health literacy and medical outcomes. Utilizing the teach-back method can also help improve your patients' health literacy.[15] Contact AmeriHealth Caritas DC at Provider Services at **202-408-2237** or **1-888-656-2383** to learn about our health literacy program.

2. Motivational Interviewing (MI)[16,17,18]

Research has proven through various case studies that MI can be used to improve systolic blood pressure rates and increase medication adherence within the African American population. It has been proven that utilizing MI with African American patients has led to a steady maintenance of medication adherence over time. Research has also shown that MI is more effective than usual care in improving systolic blood pressure among hypertensive African American patients. Ask your AmeriHealth Caritas DC Account Executive about opportunities to attend MI trainings.

3. Shared decision-making (SDM)[13,19,20]

SDM can have a positive impact on adherence to hypertension treatment plans, including medication adherence, in African American patients:

Improves health equity by allowing patients to engage in their health care

Lessens anxiety associated with medication side effects and costs, and constant tracking of blood pressure

4. Self-monitoring blood pressure (SMBP)

Research demonstrates that SMBP, coupled with physician support, helps to lower blood pressure.[21,22] However, SMBP device costs can prove to be barriers for both patients and clinicians. One of the methods that can help address the cost barriers is improving health coverage costs at sufficient levels. Some providers offer SMBP loaner programs for patients who are uninsured or lack comprehensive coverage.[22] **Check with** AmeriHealth Caritas DC **to see if your patient has access to a blood pressure cuff and an SMBP device.**

12. Seyedeh Belin Tavakoly Sany et al., "Communication Skills Training for Physicians Improves Health Literacy and Medical Outcomes Among Patients With Hypertension: A Randomized Controlled Trial," BMC Health Services Research, Jan. 23, 2020, https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-4901-8.
13. Maureen George et al., "African Americans Want a Focus on Shared Decision-making in Asthma Adherence Interventions," *Patient*, Vol. 13, No. 1, Feb. 2020, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6960328/.
14. Samuel L. Dickman et al., "Trends in Health Care Use Among Black and White Persons in the US, 1963-2019," *JAMA Netw Open*, June 14, 2022, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9198752/.
15. Kimberly Tchang and Daphne Pierce-Smith, "The Teach-back Method: A Tool to Help Support Minority Health," Krames, April 12, 2023, https://www.krames.com/insights/teach-back-method-and-minority-health.
16. Gbenga Ogedegbe and William Chaplin, "Motivational Interviewing Improves Systolic Blood Pressure in Hypertensive African Americans," *American Journal of Hypertension*, Vol. 18, issue S4, May 2005, https://academic.oup.com/ajh/article/18/S4/212A/136914.
17. Gallus Bischof et al., "Motivational Interviewing: An Evidence-Based Approach for Use in Medical Practice," *Dtsch Arztebl Int.*, Vol. 118, No. 7, Feb. 2021, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8200683/.
18. Justin Lee Mifsud and Joseph Galea, "Motivational Interviewing and Outcomes in Primary Preventive Cardiology," *Br J Cardiol*, November 2021, https://bjcardio.co.uk/2021/11/motivational-interviewing-and-outcomes-in-primary-preventive-cardiology/.
19. Aisha T. Langford, "Partnerships to Improve Shared Decision Making for Patients with Hypertension - Health Equity Implications," *Ethn Dis.*, Feb. 21, 2019, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6428173/.
20. Gbenga Ogedegbe et al., "A Practice-Based Trial of Motivational Interviewing and Adherence in Hypertensive African Americans," *American Journal of Hypertension*, Oct. 2008, https://academic.oup.com/ajh/article/21/10/1137/209272.
21. Gbenga Ogedegbe et al., "Counseling African Americans to Control Hypertension (CAATCH) Trial: A Multi-level Intervention to Improve Blood Pressure Control in Hypertensive Blacks," *Circulation: Cardiovascular Quality and Outcomes*, Vol. 2, No. 3, pp. 249 - 256. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2800792/.
22. Hilary K. Wall et al., "How Do We Jump-Start Self-measured Blood Pressure Monitoring in the United States? Addressing Barriers Beyond the Published Literature," *American Journal of Hypertension*, Vol. 35, No. 3, March 2022, https://academic.oup.com/ajh/article/35/3/244/6544848.

5. Collect and utilize race, ethnicity, and language (REL) data

Collecting and utilizing REL data helps you "identify and address differences in care for specific patient populations.[23] The American Medical Association promotes the collection of patients' REL data. As a provider, you can use this data to "[d]istinguish which populations do not achieve optimal interventions" and "develop additional patient-centered services."[23]

Continuing education opportunities

Ongoing provider training and education is an important factor in reducing the risk of patients developing other serious conditions such as stroke, heart attacks, and kidney disease. We have identified five training courses* that will help you to address racial disparities in hypertension. To learn about educational opportunities offered by AmeriHealth Caritas DC, visit www.amerihealthcaritasdc.com/provider/resources/training.aspx.

***All training courses listed are offered at no cost to you and carry CME credits from 0.75 to 1.00. All courses can be found at https://professional.heart.org/en/education under the** Lifelong Learning Catalog **tab.**

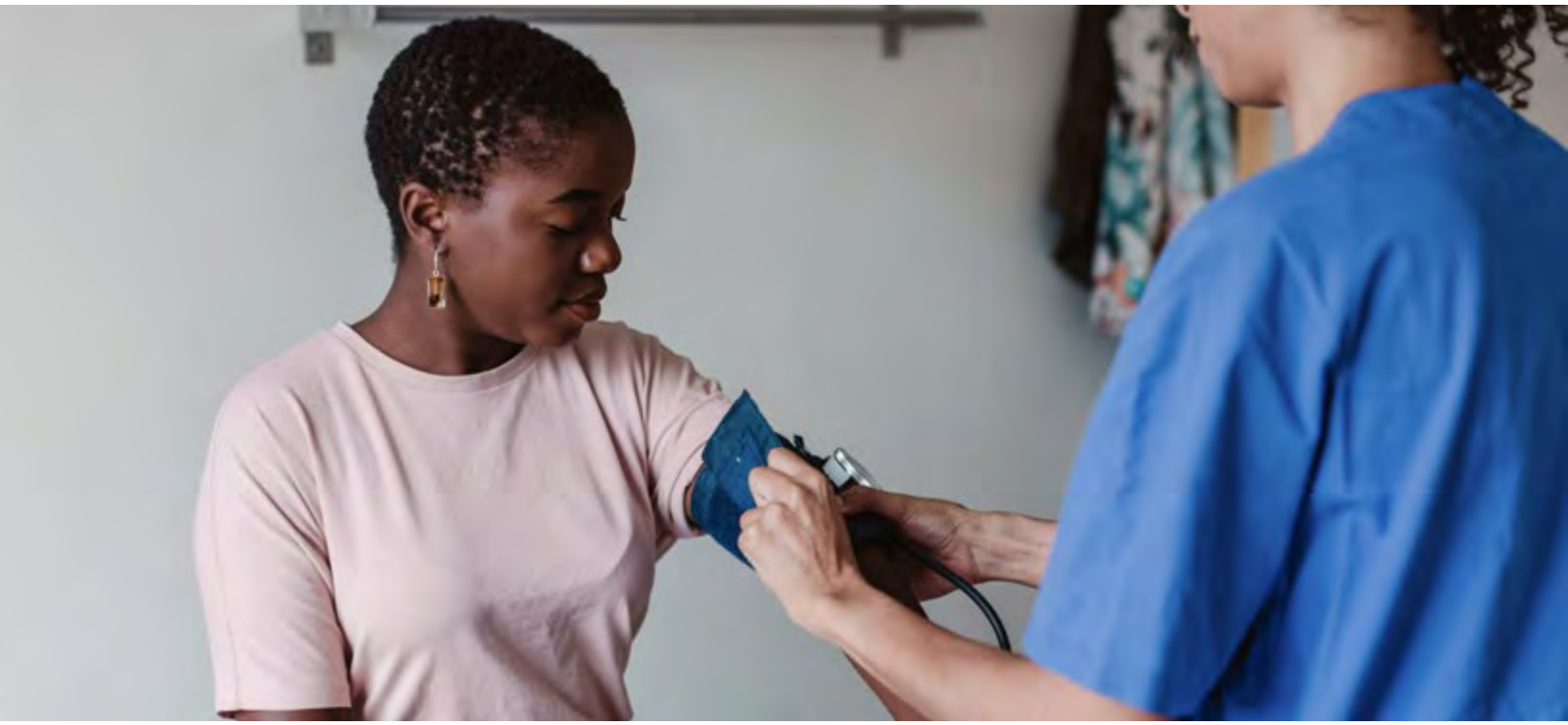
Shared Decision-Making and Hypertension Treatment

Health Equity and Hypertension Treatment

Addressing Unmet Needs in Hypertension Treatment

Breaking Down Barriers: Defining and Addressing Healthcare Disparities in ATTR-CM

Empowering Patients to Understand ATTR-CM



23. Sara Berg, "Improve Health Equity by Collecting Patient Demographic Data," American Medical Association, May 15, 2018, https://www.ama-assn.org/delivering-care/population-care/improve-health-equity-collecting-patient-demographic-data.

Submit your patients' blood pressure readings

CPT II codes can now be used to report your patients' blood pressure readings. In addition, as part of the AmeriHealth Caritas DC provider network, you have access to data aggregators at no cost to further support the capture of blood pressure readings. This step is crucial for African American patients because it lets us know when to reach out and engage members in care management to provide added support to counter those historical and contemporary barriers discussed earlier. The CPT II codes for various systolic and diastolic blood pressure readings are listed here and can be submitted electronically. Please note that it is the submitting provider's responsibility to code claims correctly and submit them. Contact AmeriHealth Caritas DC at Provider Services at **202-408-2237** or **1-888-656-2383** to learn about possible incentives for submitting blood pressure readings.

CPT II codes for systolic and diastolic blood pressure readings[24]

Code	Description
3074F	Most recent systolic blood pressure less than 130 mm Hg
3075F	Most recent systolic blood pressure 130 - 139 mm Hg
3077F	Most recent systolic blood pressure greater than or equal to 140 mm Hg
3078F	Most recent diastolic blood pressure less than 80 mm Hg
3079F	Most recent diastolic blood pressure 80 - 89 mm Hg
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm Hg

Let Us Know

AmeriHealth Caritas DC and the provider community have partnered to create the Let Us Know program to better engage and manage our chronically ill members. In addition to clinical resources for the management of your patients, we have support teams and tools accessible to help us identify, reach out to, and educate these members. Visit www.amerihealthcaritasdc.com/provider/resources/let-us-know.aspx for more information or to access our Member Intervention Request Form.

We hope you have found this toolkit helpful, and we welcome your feedback. Please consider completing our brief survey by clicking on our survey link or scanning the QR code to let us know how we can best support you. You can also contact us at Provider Services at **202-408-2237** or **1-888-656-2383** or amerihealthcaritasdc.com.

Take our survey

24. "Alphabetical Clinical Topics Listing," American Medical Association, June 23, 2003, https://www.ama-assn.org/system/files/cpt-cat2-codes-alpha-listing-clinical-topics.pdf.

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