

ATTACHMENT 1

STANDARDS OF CARE FOR THE TREATMENT OF HYPERTENSION

APS Healthcare follows the standards of care for the diagnosis and treatment of hypertension issued by the **National Heart, Lung and Blood Institute (NHLBI)**. You can access this website at <http://www.nhlbi.nih.gov/index.htm>.

The **Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7)** can be found online at <http://www.nhlbi.nih.gov/guidelines/hypertension/>.

MEDICATION RECOMMENDATIONS

One of the most important concepts for hypertension prevention and management is healthy lifestyle modification. According to the Wyoming Drug Utilization Review, a 22 pound weight loss yields about the same blood pressure lowering and decrease in both mortality and morbidity as any of the antihypertensive medications. Weight loss and regular exercise should be the treatment of choice for hypertension. When that treatment option fails, a **diuretic** should be added. Patients who are not currently taking a diuretic would benefit from adding one. Additionally, alpha-blockers should be avoided because of poor outcomes.¹

The JNC 7 has provided some key points regarding medication recommendations:

- **Thiazide-type** diuretics should be used in drug treatment for most patients with uncomplicated hypertension, either alone or combined with drugs from other classes. Certain high-risk conditions are compelling indications for the initial use of other antihypertensive drug classes (angiotensin converting enzyme inhibitors (ACEI), angiotensin receptor blockers (ARB), beta-blockers, calcium channel blockers).²
- If blood pressure is >20/10 mmHg above goal blood pressure, consideration should be given to initiating therapy with two agents, one of which usually should be a **thiazide-type** diuretic.²
- Most patients with hypertension will require two or more antihypertensive medications to achieve goal blood pressure of <140/90 mmHg or <130/80 mmHg for patients with diabetes or chronic kidney disease.²

When the Wyoming Drug Utilization Review examined the use of antihypertensive medications in the Wyoming Medicaid population, they found that less than 25% of the patients were on a diuretic. Switching these patients to a diuretic or adding a diuretic could save 27 patients from heart failure, 25 patients from cardiovascular disease, and 6 patients from a stroke annually. Total savings would be \$500,000. The cost of antihypertensive medications for Wyoming Medicaid recipients is \$2,000,000/yr.¹ The cost estimates for a one month supply of drugs for hypertension is available online at: <http://www.drugstore.com>.

ATTACHMENT 2

MEDICATION RECOMMENDATIONS CONTINUED

Wyoming Medicaid Hypertension Medication Usage¹

Drug Class	Number of Medicaid Clients
ACEI	20,464
ARB	7,582
ACEI/ARB with diuretic	5,200
Alpha-blocker	1,948
Beta -Blockers	12,643
Calcium blockers	11,702
Diuretics	9,479

References

1. Johnston, Scott (2005, April). Essential Hypertension. Wyoming Drug Utilization Review Newsletter.
2. JNC 7 Express, The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. December 2003. Retrieved January 4, 2006 from Internet Source: <http://www.nhlbi.nih.gov/guidelines/hypertension/index.htm>

EDUCATION AND SUPPORT; APS HEALTHCARE

The APS Healthcare and EqualityCare **Health Management** program provides telephonic support to clients by **APS Health Coaches**, which are registered nurses with specific experience in various clinical areas. The **Health Coaches** reinforce information provided by the clients' providers, helping them incorporate that information into their healthcare decisions. The goal is to create better informed clients that are more compliant with their prescribed therapy.

Because you have exposure to clients enrolled in the **Health Management** program, and are part of the healthcare team it is helpful to inform you of the guidelines the **APS Health Coaches** are using. To those clients diagnosed with hypertension, Health Coaches:

- **Encourage clients to use their medications appropriately and consistently as prescribed.** Clients are educated on side effects of their medication and to report adverse reactions to their provider.
- **Encourage clients to be more active in their own care and be compliant with their prescribed treatment plans.** Clients are educated and information is provided regarding life style modifications such as:
 - Weight reduction
 - Regular exercise
 - DASH eating plan
 - Dietary sodium reduction
 - Moderation of alcohol consumption
 - Smoking cessation
- **Encourage clients to perform self monitoring of blood pressure.** Clients are provided reinforcement of the importance of monitoring, recording and maintaining acceptable blood pressure control. Clients are given appropriate community resources to assist in obtaining their outlined goals.
- **Encourage client compliance with follow-up visits to their providers.** Stressing the importance of routine follow up and monitoring, rather than crisis to crisis intervention that we see all too often.

ATTACHMENT 3

PATIENT INFORMATION TOOLS

The following online sites have been provided and contain patient education tools which you may find useful in educating and promoting healthy lifestyle modifications for you patients.

- **National Heart, Lung and Blood Institute:** <http://www.nhlbi.nih.gov/hbp/index.html>
- **American Heart Association:** <http://www.americanheart.org>
 - ✓ **High Blood Pressure Health Risk Calculator**
- **Healthwise:** http://www.healthwise.org/m_consumers.aspx
- **US Department of Health and Human Services:** <http://www.smallstep.gov>
 - ✓ **Activity tracker**
 - ✓ **Body mass index calculator**
 - ✓ **Interactive menu planner**
 - ✓ **Introduction to a heart healthy diet**
- **American College of Cardiology:** <http://www.acc.org/media/patient/index.htm>
 - ✓ **CARING FOR YOUR HEART. Do You Have the Facts?**
- **American Diabetes Association:** <http://diabetes.org/home.jsp>
- **WYOMING QUITNET:** <http://wy.quitnet.com>
- **Wyoming Quit Tobacco Program:** http://www.whrn.org/quit_tobacco.htm
- **Wyoming QuitLine:** 1-866-WYO-QUIT (1-866-996-7848)

HEALTH MANAGEMENT PROGRAM: DISEASE PREVALENCE IN WYOMING

The maps on the following pages demonstrate where EqualityCare's Coronary Artery Disease (CAD) and Congestive Heart Failure (CHF) clients are located across the state, according to claims analysis performed by APS Healthcare.