



VERMONT LEARNING COLLABORATIVE

VERMONT STATE HEALTH DEPARTMENT

Million Hearts in Action

[Strategies for Achieving Million Hearts Goals]



While Vermont's hypertension statistics are generally better than the national average - less than one in three residents have hypertension - the state is working collaboratively to make a change in even more residents' lives. The Vermont Department of Health held a stakeholders workshop in 2014 and has since partnered with payers, health IT partners, local health systems, public health departments, and even libraries to create programs to improve blood pressure control.

[Fast Facts]

- About 27 percent of Vermont residents report having hypertension, according to Behavioral Risk Factor Surveillance System (BRFSS)
- More than 30 percent of Americans, nearly 68 million people total, have high blood pressure
- Hypertension, also called high blood pressure, increases an individual's risk of heart disease and stroke, which are two of the leading causes of death in the United States

[What We Did]

- Initially, the state team worked in three areas – Saint Johnsbury, Rutland and Burlington, which included about a third of the state's total population. Together, the practices sited included 138,503 adults of the 496,508 adults in the state. In Saint Johnsbury and Rutland the target population was Vermonters of lower socio-economic status who are disproportionately affected by hypertension.
- We worked with the state health regulatory agency, the Green Mountain Care Board (GMCB) to advocate for hypertension control (the NQF18 measure) as a payment measure for the state's three Accountable Care Organizations participating in Medicare, Medicaid, and Commercial Shared Savings plans.



[What We Accomplished]

- We developed a two-page handout for patients that offers a sample eating plan, portion guides, and label reading tips to facilitate following the Dietary Approaches to Stop Hypertension (DASH) diet.
- Clinical partners were using our simplified DASH diet with ambulatory patients. We produced two videos – One eight-minute video for health professionals: <https://youtu.be/UrHISFNGJnw>, about the science behind the eating plan and how to use motivational interviewing as a part of a short patient visit to help with behavior change. The second, four-minute video is for consumers: <https://youtu.be/mRxIIMFflyA>
- We provided 12 libraries with six digital blood pressure monitors each for about five months, and we surveyed them twice. Most of the libraries are keeping one to three monitors for ongoing lending, and new libraries are asking about obtaining some.
- We trained Vermont Department of Health analysts to use the state’s All Payer Claims Database, and to use the data to create county-level hypertension prevalence “heat maps.”

[What We Learned]

- Having the NQF 18 as a payment measure facilitates data collection and promotes quality improvement (QI) in the state’s patient centered medical homes (PCMHs). Many of them have hypertension as one of their important medical conditions.
- Not all clinical partners are at the same readiness level in using data. We are applying lessons learned and now working with a pharmacist embedded in a primary care site who will provide helpful information that is “actionable”.
- One of the biggest lessons learned is the difference between annual reports that practice sites run compared to detailed queries for managing the practices patient population (panel management). The latter is what drives quality improvement.
- Use state meetings and forums attended by potential partners to informally interview and identify “natural allies” likely to benefit by working on similar activities or striving for similar outcomes.

DASH Eating Plan



Dietary Approaches to Stop Hypertension

Eating nutritious foods will help you control your blood pressure. The DASH diet emphasizes fruits and vegetables, low fat milk products, and whole grains. It is a Mediterranean diet full of nutrients that are good for your heart and good for your health. This eating plan is for 1,800 calories per day. The sample menu on the following page is based on this plan.

Food Group	Servings	Serving Size	Examples
Vegetables	4-5 per Day	1 cup raw leafy greens 1/2 cup chopped raw or cooked vegetables 1/2 cup vegetable juice	Lettuce, kale, spinach, broccoli, carrots, green beans, squash, sweet potatoes, tomatoes, asparagus, green peppers, low sodium tomato juice
Fruits	4 per Day	1 medium fruit 1/2 cup cut fresh, frozen or canned fruit 1/4 cup dried fruit 1/2 cup 100% fruit juice	Apples, bananas, berries, oranges, pineapple, peaches, pears, grapes, melons, raisins, dried apricots <i>Limit juice to one serving a day</i>
Grains	6-7 per Day	1 slice of bread 1/2 - 1 cup dry cereal 1/2 cup cooked rice, pasta or grain	Whole wheat bread and rolls, whole wheat pasta, English muffin, brown rice, pita bread, popcorn, oatmeal, quinoa, unsalted pretzels
1% Fat or Non-Fat Milk and Dairy Products	2-3 per Day	1 cup milk or yogurt 1 1/2 ounce cheese	1% fat or non-fat milk, reduced fat cheese, fat free or low fat regular or frozen yogurt
Poultry, Fish, Lean Meats	4-6 ounces per Day	1 ounce cooked meat, poultry or fish 1 egg = 1 ounce serving	Choose lean meat and trim visible fat, remove skin from poultry. Bake, broil or poach
Beans, Nuts, Seeds	4 per Week	1/3 cup or 1 1/2 ounce nuts 2 tablespoons peanut butter 2 tablespoons or 1/2 ounce seeds 1/2 cup cooked beans or dry peas	Almonds, walnuts, sunflower seeds, peanuts, peanut butter, kidney beans, pinto beans, lentils, split peas
Oils, Fats	2 per Day	1 teaspoon soft margarine 1 teaspoon vegetable oil	Soft margarine, vegetable oils (canola, corn, olive or safflower), low fat mayonnaise, light salad dressing
Desserts, Sweets, Added Sugars	4 or less per Week	1 tablespoon jelly 1/2 cup sorbet 1 small cookie	Jams and jellies, fruit punch, hard candy, maple syrup, sorbet and ices, sugar

[What We Are Doing Now]

We continually seek other opportunities to fund collaborative work with our partners. We will continue to be actively engaged with regulators and health policy leaders through the Vermont Blueprint for Health, a state-led initiative to transform primary care and comprehensive health services.

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<http://healthvermont.gov/research/chronic/disease.aspx>