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Nurse Leaders Collaborate to Improve Hypertension Prevention, Detection, and Management

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Background

Chronic conditions contribute to high morbidity, mortality, and economic costs in the United States. One major chronic condition is hypertension (HTN). HTN puts people at greater risk for heart disease and stroke, which are the leading causes of death in the United States. More than 400,000 Americans die every year due to HTN, that is more than 1,110 deaths each day.

In the United States, one in three adults, approximately 75 million Americans, has HTN. Almost half (54%) do not have their HTN under control. 11 million Americans are unaware that their blood pressure (BP) is high and they do not seek treatment to control it; yet most have healthcare access and insurance. These Americans are they are “hiding in plain sight” in our healthcare centers.

Similarly, in Wisconsin, about one of three adults, 1.3 million, has HTN. Approximately 16% of adults in WI are unaware they have HTN. Less than 50% of these adults with HTN has their BP controlled. Because 82.5% of adults with uncontrolled HTN have healthcare access, they are “hiding in plain sight” in our healthcare centers in WI. Nurse leaders are ideally situated to improve control of HTN in a variety of roles and strategies.

Purposes:

- 1) To describe how nurse leaders created an interdisciplinary, statewide collaborative to improve HTN prevention, detection, and management
- 2) To stimulate interest and engagement by other nurse leaders to create similar collaboratives and initiatives.

Methods

Nurse leaders in public health and the Wisconsin Nursing Association (WNA) collaborated with the Chronic Disease Prevention Program (CDPP) of Wisconsin Department of Health Service, Division of Public Health to secure funding. With funding from the Centers for Disease Control, aims were to: (1) Increase HTN prevention, detection, and treatment; (2) Improve systems for prevention, and (3) Advance a new model of patient-centered, team-based care.

Results

WNA established an Interprofessional Clinical HTN Expert Panel with 20 members and 10 consultants, including nurse leaders. This Panel generated 10 overall recommendations with practical strategies to improve systems to control HTN, based on evidence from both national and international databases. For example, if RNs could work to the top of their licenses, then they could contribute greatly to HTN control. WNA developed an evidence-based program, *Beyond the 50%: It Starts with Blood Pressure Measurement*, with resources from the American Medical Association, to increase accuracy of BP

measurement. More than 125 nurses participated in *Beyond the 50% Program*. All participants identified evidence based strategies they could incorporate into their practice to help prevent and treat HTN.

Conclusions

Nurses and health professionals across the country can adopt many of these strategies. Clinicians can implement the Expert Panels' practical strategies for HTN control, utilize programs such as *Beyond the 50%*, and collaborate to implement and evaluate a new patient-centered, team-based model. With these efforts, nurse leaders could build capacity to control HTN with clients, clinics, and populations, and reduce illness and death due to HTN in the US.

Next steps

To improve prevention, detection, and treatment of HTN, nurses can:

- Participate in *Beyond the 50% Program* to ensure they assess and maintain highest standards in BP measurement wherever they work.
- Facilitate partnerships among a breadth of stakeholders, including state health departments, professional nursing organizations, health care organizations, schools of nursing, community groups, and funders
- Collaborate with health care administrators to review the Expert Panel's recommendations and choose which strategies they could adopt feasibly in their organizations
- Partner with nurse scholars to conduct QI projects to a) identify how nurses can address system-related barriers to HTN prevention, screening, and referral as well as b) evaluate implementation strategies for a new person-centered, team-based model of care
- Work with nurse researchers to test the effects of patient-centered interventions designed to prevent or control HTN, delivered by nurses, based on theories and research.

Title:

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Keywords:

Nurse leaders, collaboration and hypertension

References:

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Abstract Summary:

Nurse leaders in public health and the Wisconsin Nurses Association collaborated with Wisconsin's Chronic Disease Prevention Program, and secured funding to increase HTN prevention, detection, and treatment in Wisconsin. Nurse leaders established an Interprofessional HTN Expert Panel and generated recommendations with practical strategies to improve systems to control HTN.

Content Outline:

- I. Introduction to Hypertension
 - A. Chronic conditions contribute to high morbidity, mortality, and economic costs in the United States.
 - i. Hypertension (HTN) is one example of a chronic condition.
 - ii. HTN puts people at greater risk for heart disease and stroke, which are the leading causes of death in the United States (U.S.).
 - iii. More than 400,000 Americans die every year due to HTN (that is more than 1,110 deaths each day).
 - iv. HTN costs the nation \$48.6 billion each year in health care services, medications to treat HTN, and missed days of work.
 - A. In the U.S., about one in three adults, 75 million Americans, has HTN.
 - i. Almost half (54%) do not have their HTN under control.
 - ii. 11 million Americans are unaware that their blood pressure (BP) is high and they do not seek treatment to control it; yet many have healthcare assess and insurance.
 - iii. These Americans are they are "hiding in plain sight" in our healthcare centers.
 - B. Similarly, in Wisconsin, about one of three adults, 1.3 million, has HTN.
 - i. Approximately 16%, 97,000 adults in Wisconsin (WI), are unaware they have HTN.
 - ii. Less than 50% of WI adults, 612,000, with HTN have their blood pressure controlled.
 - iii. 82.5% of WI adults with uncontrolled HTN have healthcare access.
 - iv. They are "hiding in plain sight" in our healthcare centers in WI.
 - C. Behaviors can prevent and control chronic conditions such as HTN.
 - i. National Institute of Nursing Research has called for nurses to address self-management for control of chronic conditions such as HTN.

II. Related Issues in Nursing

- A. Nurses encounter patients with HTN in all healthcare settings.
- B. Nurse-leaders are ideally situated to improve control of HTN in a variety of roles and strategies.
- C. Nurses have biopsychosocial perspective to inform education, prevention, screening, and referral related to HTN and care coordination.

III. Purpose

- A. To describe how nurse leaders created an interdisciplinary, statewide collaborative -- to improve HTN prevention, detection, and management in one Midwestern state.
- B. To stimulate interest and engagement by other nurse leaders to create similar collaboratives.

IV. Body

- A. Nurse leaders in public health and Wisconsin Nursing Association (WNA) collaborated with the Chronic Disease Prevention Program (CDPP) of Wisconsin Department of Health Service, Division of Public Health to secure funding.
 - i. With funding from the Centers for Disease Control, aims of this project were to:
 - a. Increase HTN prevention, detection, and treatment;
 - b. Improve systems for prevention;
 - c. Advance a new model of patient-centered, team-based care.
- B. WNA established an Interprofessional Clinical HTN Expert Panel with 20 members and 10 consultants, including nurse leaders across Wisconsin.
 - i. This Panel generated 10 overall recommendations with practical strategies to improve systems to control HTN.
 - a. Incorporate the American Medical Association's (AMA) '7 Simple Tips' into process for taking BPs.
 - b. Ensure an evidence-based protocol guides prevention and treatment of HTN in all healthcare settings.
 - c. Utilize evidence-based communication strategies to keep patients more engaged in learning about HTN.
 - d. If RNs could work to the top of their licenses, then they could contribute greatly to HTN control.
- C. WNA developed an evidence-based program, *Beyond the 50%: It Starts with Blood Pressure Measurement*, with resources from the AMA, to increase accuracy of BP measurement.
 - i. This program was designed for all healthcare professions who encounter patients with HTN.
 - a. More than 125 WI nurses participated in *Beyond the 50% Program*.
 - b. All participants identified at least one evidence based strategies they could incorporate into their practice to help prevent and treat HTN.

V. Conclusion

- A. Nurses and health professionals across the country can adopt many of these strategies.
- B. Healthcare professionals can implement the Expert Panels' practical strategies for HTN control, utilize programs such as *Beyond the 50%*, and collaborate to implement and evaluate a new patient-centered, team-based model.
- C. With these efforts, nurse leaders could build capacity to control HTN with clients, clinics, and populations, and reduce chronic illness and death due to HTN in the U.S.

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Professional Experience: Dr. Lauer has worked as a nurse practitioner in a variety of primary care settings and as a nurse educator especially with NP and PhD students. As a nurse researcher, Dr. Lauer has focused her studies health-related behaviors, guided by evidence-based theories. For example, she has studied primary preventive behaviors (e.g., physical activity and diet) and secondary prevention (breast and cervical cancer screening). Currently, she is co-I on a study of coaching young adults to manage their hypertension.

Author Summary: Dr. Lauer has worked as a nurse practitioner in a variety of primary care settings and

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Author Summary: Ms. Orshak is a Registered Nurse for the Department of Veterans Affairs. She is also a PhD student in the School of Nursing at the University of Wisconsin – Madison. She had the pleasure of collaborating with nurse leaders from the Wisconsin Nurses Association (WNA); and was responsible for data analysis for WNA’s evidence-based program, Beyond the 50%: It Starts with Blood Pressure Measurement, as part of a policy practicum.

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Professional Experience: Margaret Schmelzer has worked as a public health nurse in a breadth of roles -- in practice, education and as a leader in state government and professional organizations, including state nursing association. Most recently she has been a creative collaborator and coordinator of a Chronic Disease Prevention Grant from the CDC to the Wisconsin Nurses Association.

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