HEARTS in the Americas

Continuous Quality Improvement Methodology

Improving Clinical Management and NCD Surveillance in the Context of COVID-19 through HEARTS Implementation
Saint Lucia – 16-18 May, 2023

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WHAT IS THE HEARTS QUALITY MODEL BASED ON?

DRIVERS FOR HYPERTENSION CONTROL

• The HEARTS Innovation Group in the Americas defined 8 drivers for hypertension control (17 evidence-based and action-oriented interventions)

• These drivers, implemented together, increase the likelihood of better retention, coverage and control indicators.

• These drivers are aimed at improving processes to identify, measure, monitor and follow patients with hypertension with a more cost-effective model compared to the traditional model.
Continuous Quality Improvement Methodology

How is it implemented?

The clinical pathway: which establishes the step-by-step implementation of drivers at the health center level.

The HEARTS Monitoring and Evaluation System: which offers the platform for timely measurement and space for the evaluation of results under a focus on efficiency, effectiveness and equity.
Continuous Quality Improvement Methodology

How is it implemented?

Implementation starts with:

- **Advocacy** in Ministry of Health and health centers for the construction of a culture based on a quality approach.
- **Training to health centers** on quality approach and use of the M&E system.
- **Use of HEARTS BOOSTER** as a methodology for implementation in health centers.
Continuous Quality Improvement Methodology

How is it implemented?

The implementation maturity index consolidates in one metric the progress of processes at the health center level, based on quality drivers.

The HEARTS M&E system provides a platform for critical analysis of each driver and connects with resources and socio-demographic factors.
Continuous Quality Improvement Methodology

Concept and Purpose

**Quality**: capacity of a country's health system to effectively treat and control the hypertensive population.

High control rates can be understood as a proxy for the quality of a health system.

In the LATAM and Caribbean region, the control rate among those treated is 53.4%. This means that almost half of hypertensive patients are not receiving adequate treatment to control patients with high blood pressure.

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**ADVANTAGES FOR HEALTH SYSTEM**

- HEARTS with a quality approach is more cost-effective than the traditional model
- Contributes to the improvement of coverage and control rates at the population level
- More effective follow-up of the population with hypertension
HEARTS Accelerator in the Americas (Booster)

**Purpose**
Build a space to initiate and strengthen the first cycle of the quality improvement process for all centers by implementing HEARTS, guided by the drivers for the control of HTA and using the M&E system.

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**QUALITY IMPROVEMENT CYCLE**

1. Initiate and strengthen the first cycle of the quality improvement process and energize all the HEARTS implementing centers to carry out this task.

2. Identify and implement clinical and management interventions to improve the management of hypertension in primary care, guided by the Key Drivers for Hypertension Control.

3. Carry out a standardized evaluation of the level of maturity and performance of health establishments that implement HEARTS by adopting the HEARTS Monitoring and Evaluation System.
HEARTS Accelerator in the Americas (Booster)

**Plan**

- Plan to implement the key clinical and managerial interventions to improve the management of hypertension

  - 6 month implementation plan including commitments, priorities, schedule, budget

  - Establish SME and allow all HEARTS Implementing Centers to report. Training

  - Identification and training of HEARTS leaders

  - Complete introductory training courses for implementation teams

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**Drivers and scorecards to improve hypertension control in primary care practice:**

Recommendations from the HEARTS in the Americas Innovation Group - The Lancet Regional Health – Americas

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**Hypertension Clinical Pathway**

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**Level 1**

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>0–7</td>
<td>8–10</td>
<td>11–14</td>
<td>15–18</td>
<td>19–21</td>
</tr>
</tbody>
</table>

Table 2: HEARTS maturity index.

* The levels describe incremental implementation from lowest level 0, assigned to highest level 5, mature.
HEARTS Accelerator in the Americas (Booster)

**Implementation**

- Initiate implementation of the first key clinical and managerial interventions to improve the management of hypertension
- Execute all the steps of the plan according to the established time frame
- Primary health facilities use the platform to enter data and/or generate a synchronization process to collect data.
- HEARTS Leaders
- Training, communication, network, teamwork.

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The HEARTS app: a clinical tool for cardiovascular risk and hypertension management in primary health care - PubMed (nih.gov)


Curso virtual sobre impulsores de Control de la Hipertensión Arterial en los Centros de Atención Primaria de Salud. [https://www.campusvirtualsp.org/en/node/30810](https://www.campusvirtualsp.org/en/node/30810)
HEARTS Accelerator in the Americas (Booster)

Study (use evidence to assess results)

- Evaluation and socialization of results of the interventions to improve management of Hypertension
- Reporting and analysis of performance
- Identification of clinical opportunities and management for improvement
- HEARTS Leaders
- Recognition of the best centers HEARTS implementers

<table>
<thead>
<tr>
<th>Hypertension control drivers</th>
<th>Recommendation for implementation</th>
<th>Goals</th>
<th>Score (max/total %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. BP measurement accuracy</td>
<td>Increase BP measurement in health care providers and all staff involved with BP measurement.</td>
<td>5.40%</td>
<td>1</td>
</tr>
<tr>
<td>2. CCM tool assessment</td>
<td>Increase the use of CCM tool by all HEARTS teams.</td>
<td>5.40%</td>
<td>1</td>
</tr>
<tr>
<td>3. Treatment</td>
<td>Increase treatment adherence and clinical follow-up.</td>
<td>5.40%</td>
<td>1</td>
</tr>
<tr>
<td>4. Reporting</td>
<td>Improve reporting of outcomes.</td>
<td>5.40%</td>
<td>1</td>
</tr>
<tr>
<td>5. Identification</td>
<td>Identify clinical opportunities for improvement.</td>
<td>5.40%</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Level of performance, goal, and scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor (&lt;5%)</td>
<td>Incipient (≥5%)</td>
</tr>
<tr>
<td>Coverage</td>
<td>0</td>
</tr>
<tr>
<td>Control (≤40 mmHg) among all hypertension treated</td>
<td>0</td>
</tr>
<tr>
<td>Control (≤13 mmHg) SBP among all hypertension-high CV risk treated</td>
<td>0</td>
</tr>
</tbody>
</table>

HEARTS Performance Index: Poor: Below <35%, Incipient: 35-55%, On Track: 56-74%, High: 75-90%, Excellent: 91-99%

HEARTS Performance Index: Poor: Below <35%, Incipient: 35-55%, On Track: 56-74%, High: 75-90%, Excellent: 91-99%

Table 2a: Hypertension control drivers, recommendations for implementation and scoring for Maturity Index.

<table>
<thead>
<tr>
<th>Level</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Level 5</th>
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</thead>
<tbody>
<tr>
<td>&lt;7</td>
<td>7-15</td>
<td>11-15</td>
<td>15-18</td>
<td>18-21</td>
</tr>
</tbody>
</table>

Table 2b: HEARTS maturity index.*

* The levels demonstrate implementation from lowest level (q) to highest level (g) matrix.
Systematization
(Act and plan for next)

- Next phase of a continuous quality improvement cycle

- Definition of a work plan for the next 6 months

- Scaling up the implementation of the M&E system, using champions from countries as facilitators to create a learning community among countries

- HEARTS champions on the ground

- Coaching, communication, networking, teamwork.

**Hypertension Clinical Pathway**

**Table 2b: HEARTS maturity index**.

<table>
<thead>
<tr>
<th>Level 1</th>
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<tbody>
<tr>
<td>&lt;7</td>
<td>7–10</td>
<td>11–14</td>
<td>15–18</td>
<td>19–21</td>
</tr>
</tbody>
</table>

* The levels demonstrate implementation from lowest level (1), incipient to highest level (5) mature.

**Table 3: HEARTS performance index.**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Level of performance, goal, and scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage*</td>
<td>Poor (&lt;50%)</td>
</tr>
<tr>
<td>Control (&lt;140/90 mmHg) among all hypertensives treated</td>
<td>0</td>
</tr>
<tr>
<td>Control (&lt;130 mmHg SBP) among all hypertensives-high CVD risk treated</td>
<td>0</td>
</tr>
</tbody>
</table>

* Coverage: Proportion of people in the catchment area (clinical facility) who have been registered as hypertensive out of the best estimate of expected prevalence in the catchment area or larger geographical unit in a specific period of time.

[Hypertension Control Drivers at Primary Health Care Centers. Virtual Course.](https://www.campusvirtualsp.org/en/node/30810)

Virtual Course on accurate automated blood pressure measurement.