Editorial

Hypertension Self-Management
A Home Run for Patients and Payers

David J. Magid, MD, MPH; Steven A. Farmer, MD, PhD

“The book Moneyball tells the story of Billy Beane, the general manager of the Oakland Athletics, who collected detailed data and applied advanced statistical techniques to identify high-value baseball players. Beane’s data-driven, evidence-based approach to evaluating players ran counter to traditional baseball scouting techniques, which relied on subjective assessments (a batter’s swing, a pitcher’s mechanics) and time-honored performance measures (batting average, stolen bases) that correlate poorly with the ultimate outcome of winning games.”

—Michael Lewis, Moneyball: The Art of Winning an Unfair Game

T

The study by Maciejewski et al 12 offers a new opportunity for CMS to review its coverage policy. As with many national coverage determinations, there are additional factors to consider. In the short term, the cost of HSM is likely to be higher than conventional office-based hypertension management, whereas the benefits of reduced hypertension sequelae and an associated decrease in overall costs will take years to materialize. In addition, the generalizability of clinical trials results to routine practice is always an issue. However, multiple studies from a variety of settings have found improved BP outcomes with HSM.

© 2014 American Heart Association, Inc.

Circ Cardiovasc Qual Outcomes is available at http://circoutcomes.ahajournals.org
DOI: 10.1161/CIRCOUTCOMES.114.000885

The opinions expressed in this article are not necessarily those of the editors or of the American Heart Association.

From the Institute for Health Research, Kaiser Permanente Colorado and Colorado Permanente Medical Group, Denver, CO (D.J.M.); Colorado School of Public Health, University of Colorado, Denver (D.J.M.); Office of Clinical Practice Innovation, Washington, DC (S.A.F.); and Division of Cardiology, School of Medicine and Health Sciences, The George Washington University, Washington, DC (S.A.F.).

Correspondence to David J. Magid, MD, MPH, Institute for Health Research, 10065 E, Harvard Ave, Suite 300, Denver, CO 80231. E-mail david.j.magid@kp.org

(Circ Cardiovasc Qual Outcomes. 2014;7:205-206.)

© 2014 American Heart Association, Inc.
Furthermore, several healthcare trends support adoption of HSM into routine practice including implementation of the Patient-Centered Medical Home and adoption of electronic health records.16,17

Potential concerns about HSM should be weighed against the tremendous need for innovation in US healthcare delivery. The American healthcare model is by far the most costly in the world, yet quality is middling.18 Despite effective treatments, fewer than half of Americans with hypertension reach guideline-based BP targets.19 HSM takes advantage of the convenience and efficiencies of the internet, leverages national investments in health information technology, and can be delivered by pharmacists or nurses, extending the reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.

American health care is like a baseball team that spends lavishly on players but does not perform as well as the economical Oakland A’s. Using objective data to find high-value treatments, fewer than half of Americans with hypertension reach of primary care physicians. HSM allows for frequent, low-cost interactions between providers and patients that reinforce behavioral change while facilitating early intensification of medication treatment for patients who do not reach their BP goal. CMS needs to identify areas where medical care can be delivered more effectively and efficiently, and HSM is one place to start.
Hypertension Self-Management: A Home Run for Patients and Payers
David J. Magid and Steven A. Farmer

Circ Cardiovasc Qual Outcomes. 2014;7:205-206; originally published online March 11, 2014; doi: 10.1161/CIRCOUTCOMES.114.000885
Circulation: Cardiovascular Quality and Outcomes is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2014 American Heart Association, Inc. All rights reserved.
Print ISSN: 1941-7705. Online ISSN: 1941-7713

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circoutcomes.ahajournals.org/content/7/2/205

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Circulation: Cardiovascular Quality and Outcomes can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Circulation: Cardiovascular Quality and Outcomes is online at:
http://circoutcomes.ahajournals.org//subscriptions/