

Aiming to Save Lives One Patient At A Time

Stroke remains a leading cause of death and disability for Californians. Stroke is the third¹ leading cause of death for Californians and claimed the lives of 18,364 adults in 2021 alone². People who have had a stroke are at an increased risk of having another stroke⁴, which can result in serious life-threatening outcomes. Uncontrolled high blood pressure is a main risk factor for stroke³ and half of all Americans have high blood pressure⁴ and over one quarter of Californians have high blood pressure⁵. Identifying and supporting individuals who have had a stroke to assist them in successfully managing their high blood pressure post-discharge from the hospital is significantly influential in helping to reduce their risk of having another stroke.

The Comprehensive Medication Management (CMM) approach aims to identify, prevent, and resolve medication and treatment-related problems and encourage patients to take an active role in their health management after a stroke. The Cardiovascular Disease Prevention Program, in partnership with several organizations, developed a CMM pilot project in Riverside County. The purpose of the pilot is to identify people who have had a stroke and are admitted to the hospital, then connect them with a CMM care team which can include pharmacists, emergency department staff, and Community Health Workers (CHWs). This CMM care team works with patients post-discharge to ensure the patients are successfully taking prescribed medications which, in turn, leads to better high blood pressure management and reduced risk of stroke recurrence for those patients. The Cardiovascular Disease Prevention Program (CDPP) successfully partnered with Desert Hospital Outpatient Pharmacy Ambulatory Health and Desert Regional Medical Center for patient recruitment and intervention, with Inland Empire Health Plan for reimbursement, and with Vision y Compromiso to integrate CHWs into the pilot, and the CMM Statewide Implementation Workgroup to promote CMM throughout California. Despite significant delays in Institutional Review Board (IRB) and reimbursement approvals, the CMM pilot kicked off on February 6, 2023 and, as of July 5, 2023, CDPP has exceeded its initial goal of recruiting and following thirty patients as thirty-two patients have been contacted and are receiving follow-up. These thirty-two patients have all completed at least one visit with a CMM care team member and, depending on the patients' needs, completed additional visits as appropriate. Eighteen patients completed two to four visits, and five patients completed five or more visits. Additionally, of the thirty-two patients receiving follow-up care, fifteen patients (or 47%) connected with a CHW.

The consequential impacts of this pilot project can be seen on multiple levels. The first impact is that over thirty patients involved in the project are receiving high-quality, potentially life-saving care. The second impact is that the pilot is providing invaluable learnings to the team. These learnings and best practices support this pilot and accompanying workflows' expanding to other parts of the State, from which countless other Californians may benefit. This includes the approval of reimbursement for CMM

services, which can be modeled by other agencies and programs. This pilot project will collect 30, 60, and 90-day data on the enrolled patients and will aim to increase hypertension control in approximately 60% of the post-stroke patients discharged from hospital care.. The CMM services are also effective in ensuring medication adherence and linking patients to community resources and health services for the management and prevention of CVD and other associated clinical conditions, thereby reducing stroke recurrence and its associated disabilities and improving the patients' quality of life. CDPP is working with different stakeholders to promote this project so this evidence-based care team approach may be further implemented throughout California. PHHSBG funds are integral for CDPP to implement and promote this project.

References

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Federal Fiscal Year 2022 Preventive Health and Health Services Block Grant Success Story by the Cardiovascular Disease Prevention Program