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GAP IN MEDICATION COVERAGE REDUCES BLOOD PRESSURE CONTROL IN VA PATIENTS FROM 2000 TO 2011

Moderated Poster Contributions

Prevention Moderated Poster Theater, Poster Hall B1

Sunday, March 15, 2015, 10:15 a.m.-10:25 a.m.

Session Title: Hypertension: Causes, Consequences and Care

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Background: The Veterans Affairs (VA) Electronic Health Record (EHR) contains data on serial blood pressure (BP) measurements over many years and may be used to examine if a gap in medication coverage is associated with suboptimal BP control, overall and by race.

Methods: We examined VA EHR data on vital signs (2000-2011) and medications (2004-2011). Hypertension (HTN) was defined as systolic BP >140 or diastolic BP >90 mmHg on 3 separate days and subsequent lower BP values were considered "control". The number of daily doses of anti-HTN medications was compared with timing of refills to determine % monthly coverage.

Results: Of the 7,361,848 patients with 274,162,609 BP measurements, 4,055,558 had HTN, and from 2004 to 2011, HTN control improved from 50% to 73% for Blacks and from 51% to 77% in Whites. BP control for Blacks was 4.5% lower than Whites despite higher average monthly anti-HTN medication use (1.6 vs. 1.4 for white; $p < .0001$) with respective average monthly coverage of 82% and 85% ($p < .0001$). Coverage was consistently lower among Blacks for all classes except hydralazine (Fig 1). A >90% (vs. lower) monthly coverage of diuretic achieved improved BP control (Fig 2). Data on other anti-HTN drugs will be presented.

Conclusion: There was a substantial improvement in BP control over the last decade at VA hospitals. Improving coverage > 90% might further improve BP control in all races. EHR reminders to clinicians about timely renewal of medications may help achieve this goal.

