



NATIONAL LGBT HEALTH
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



LGBT Health Disparities & Blood Pressure Control Opportunities



Alex Keuroghlian, Alex Gonzalez, Benjamin Perkins

The National LGBT Health Education Center

Continuing Medical Education Disclosure

- Program Faculty: Alex Keuroghlian, MD MPH
- Current Position: Director of Education and Training Programs at The Fenway Institute; Assistant Professor of Psychiatry, Harvard Medical School
- Disclosure: No relevant financial relationships. Presentation does not include discussion of off-label products.

It is the policy of The National LGBT Health Education Center, Fenway Health that all CME planning committee/faculty/authors/editors/staff disclose relationships with commercial entities upon nomination/invitation of participation. Disclosure documents are reviewed for potential conflicts of interest and, if identified, they are resolved prior to confirmation of participation. Only participants who have no conflict of interest or who agree to an identified resolution process prior to their participation were involved in this CME activity.

Continuing Medical Education Disclosure

- Program Faculty: Alex Gonzalez, MD MPH
- Current Position: Medical Director, Fenway Health
- Disclosure: No relevant financial relationships. Presentation does include discussion of off-label products as follows: both estradiol and testosterone will be discussed as first line treatments for gender dysphoria, even though neither lists gender dysphoria as an indication for treatment.

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EDUCATION CENTER

www.lgbthealtheducation.org

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Continuing Medical Education Disclosure

- Program Faculty: Benjamin Perkins, MA, MDiv
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The Fenway Institute

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBT community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy
- Integrated primary care model, including HIV services and transgender health
- Serve over 30,000 patients of which 50% are LGBT
- Over 3,000 patients are transgender/non-binary and 2,200 patients are people living with HIV
- 3 clinic sites around Boston (Fenway, South End, Sidney Borum)

The Fenway Institute

- Research, Education, Policy

LGBT Education and Training

The National LGBT Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender and queer (LGBT) people.

- Training and Technical Assistance
- Grand Rounds
- ECHO Programs
- On Line Learning
 - Webinars and Learning Modules
 - CE, and HEI Credit
- Resources and Publications
- www.lgbthealtheducation.org



The National LGBT Health Education Center



Training and Technical Assistance in 43 states, plus Washington D.C. and Puerto Rico

Learning Objectives

This session will enable participants to:

1. Explain LGBT terminology and demographics
2. Describe disparities with respect to cardiovascular health that apply to LGBT populations
3. Apply best practices for lowering blood pressure among LGBT patients by implementing the American Heart Association Target BP program

AHA 2020 Impact Goal

20%
2020

“By 2020, to improve the cardiovascular health of ALL Americans by 20% while reducing deaths from cardiovascular diseases and stroke by 20%.”

AHA & LGBT: The Next Frontier



More attention should be paid to heart health of lesbian, gay and bisexual adults, study suggests

By AMERICAN HEART ASSOCIATION NEWS



Lesbian, gay and bisexual adults are more likely than heterosexuals to have poor cardiovascular health, according to preliminary findings from a new study.

The study, presented Tuesday at the American Heart Association's Epidemiology and Lifestyle conference in New Orleans, analyzed data collected from 2,445 adults participating in the 2011-2012 National Health Examination and Nutrition Survey, a long-running federal study of U.S. children and adults.

Of the study participants, about 5 percent self-identified as lesbian, gay or bisexual.

The researchers looked at the participants' answers to questions related to their cardiovascular health, such as smoking status, blood pressure and blood sugar levels. Based on their responses and

4/25/2017

LGBT health disparities the 'next frontier' - News on Heart.org



LGBT health disparities the 'next frontier'

By AMERICAN HEART ASSOCIATION NEWS



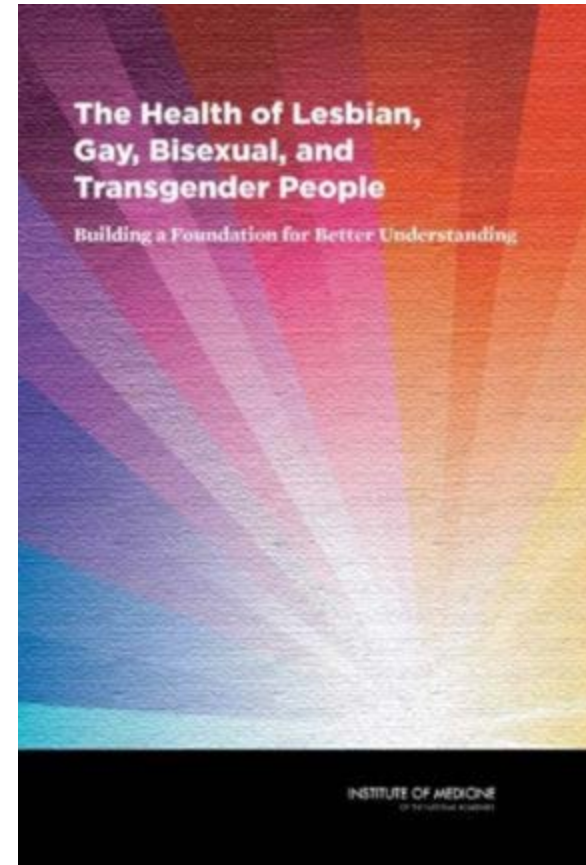
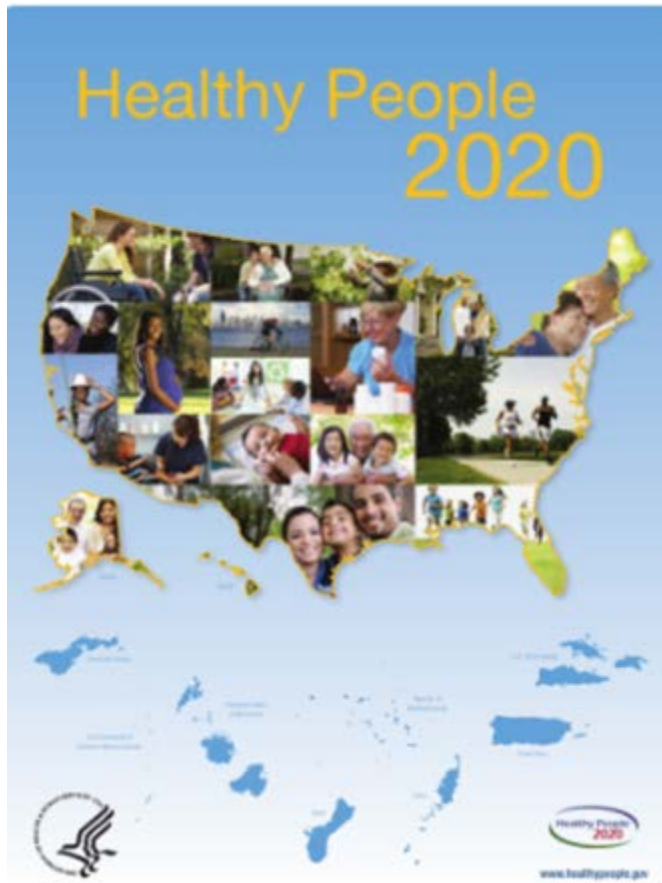
The Supreme Court ruled Friday in a 5-4 decision that the Constitution guarantees same-sex partners the right to marry. The looming decision has dominated public discussion about rights in the lesbian, gay, bisexual and transgender community, but advocates say a critical "next frontier" is health disparities.

Despite the awareness that some segments of the LGBT community have specific risk factors – such as elevated prevalence of cardiovascular disease, high smoking rates and lack of preventative care – there are few studies that explore the reasons or the solutions. In fact, recent scientific papers urge more and detailed study, as well as the importance of not viewing sexual and gender minorities as a homogenous group.

"There are increasing numbers of studies that include LGBT people, but it's often small studies, regional and with a very limited scope and framework," said Dr. Juno Obedin-Maliver, an obstetrician and gynecologist and an Advanced Fellow in Women's Health at the San Francisco VA Medical Center and The University of California, San Francisco. "And though those studies are critical and help sometimes accomplish focused aims, they don't necessarily describe the picture, unifying what's specific to LGBT or sexual minority people. ... It's crucial that LGBT people are helping frame that health discussion because a lot of what's happened in same-sex marriage, for example, has been framed by other people."

That's where The PRIDE Study hopes to make a difference. Based at UCSF, the project is designed as the first large-scale, long-term study of people who identify as lesbian, gay, bisexual, transgender, queer or another

Why Programs for LGBT People



L,G,B,T Concepts



Gender Identity and Sexual Orientation: The Basics



Sexual Orientation and Gender Identity are Not the Same

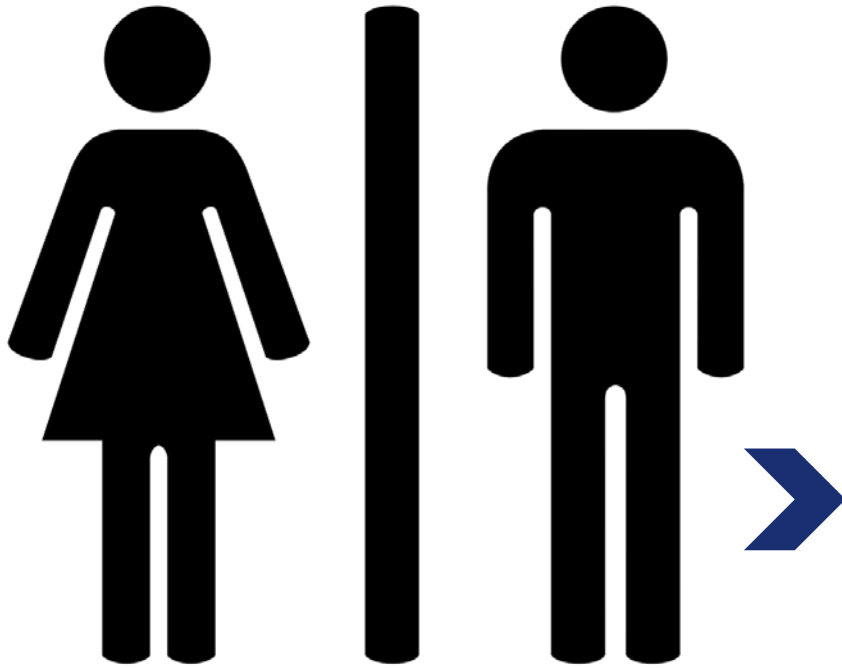
- All people have a sexual orientation and gender identity
 - How people identify can change
 - Terminology varies
- Gender Identity ≠ Sexual Orientation



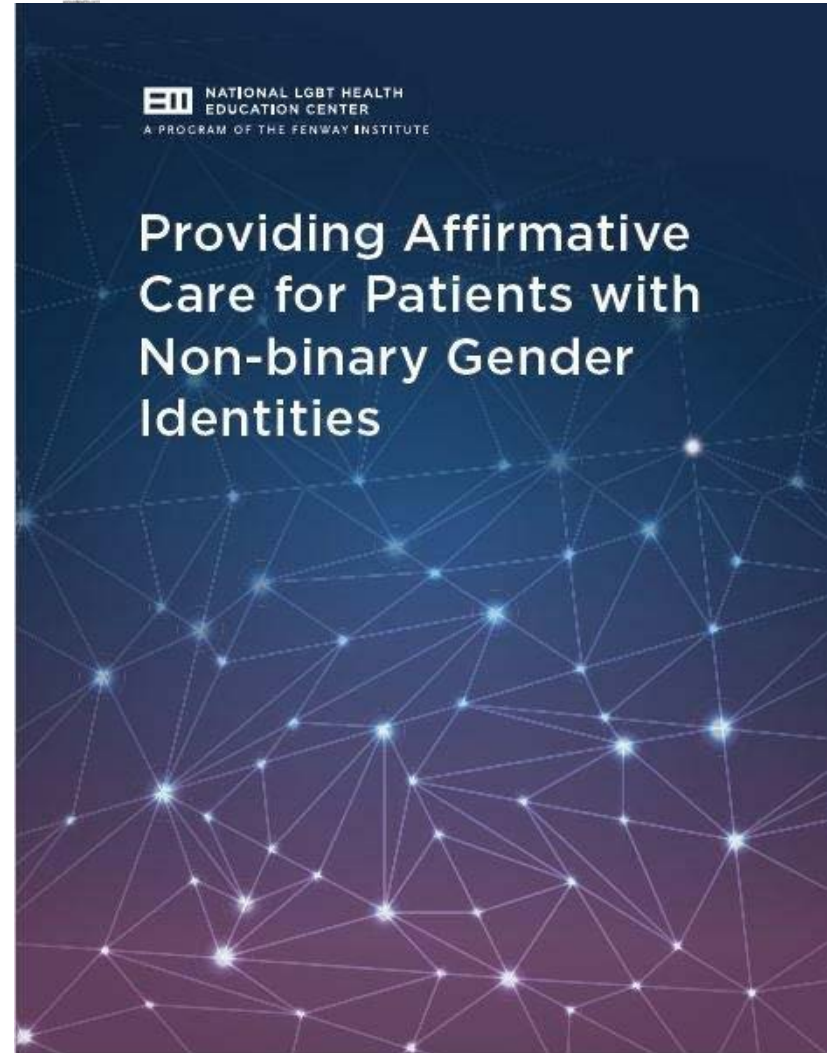
Gender Identity and Gender Expression

- Gender identity
 - A person's inner sense of being a boy/man/male, girl/woman/female, another gender, or no gender
 - All people have a gender identity
- Gender expression
 - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
 - May be on a spectrum

A complete glossary of terms is available at www.lgbthealtheducation.org/publication/lgbt-glossary/



In a 2013 community-based survey of 452 transgender adults, 40.9% of respondents described themselves as having a “non-binary gender identity.”¹



The T in LGBT: Transgender

- Gender identity not congruent with the assigned sex at birth
- Alternate terminology
 - Transgender woman, trans woman, male to female (MTF)
 - Transgender man, trans man, female to male (FTM)
- Non-binary, genderqueer
 - Genderqueer person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as being on a spectrum



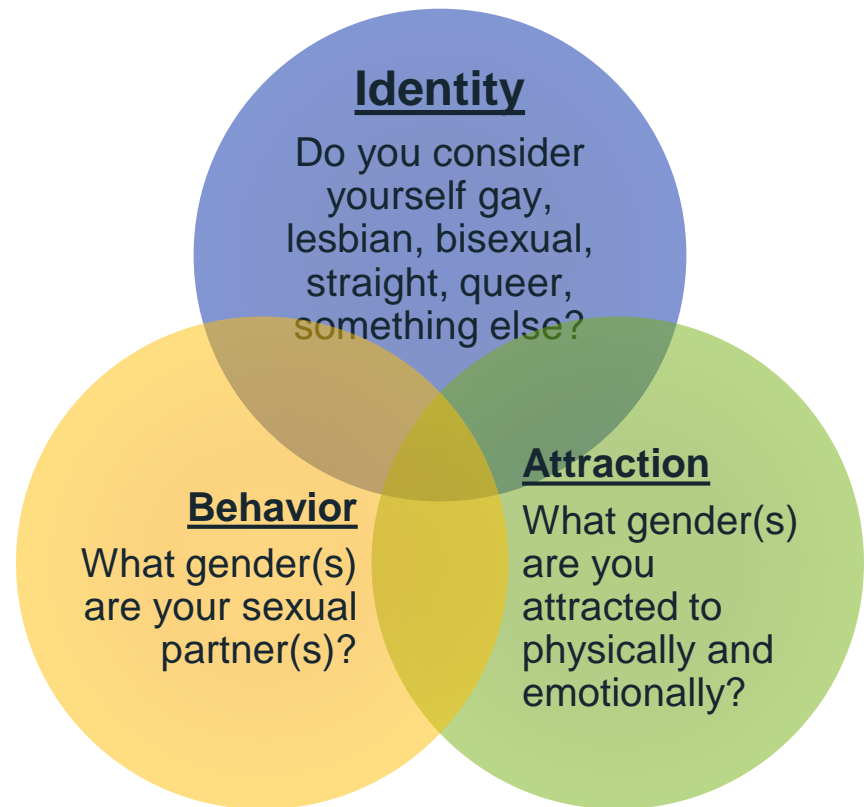
Terminology: Understanding “Transition” or “Affirmation”

- The process of changing from living and being perceived as the gender assigned at birth according to the anatomical sex (M or F) to living and being perceived as the individual sees and understands themselves
 - Social affirmation
 - Legal/document changes
 - Hormone therapy
 - Surgical affirmation
- Many prefer the term “gender affirmation” or “gender confirmation” over “transition”

Sexual Orientation

- Sexual orientation: how a person identifies their physical and emotional attraction to others
- Desire
- Behavior
 - Men who have sex with men-MSM (MSMW)
 - Women who have sex with women-WSW (WSWM)
- Identity
 - Straight, gay, lesbian, bisexual, queer, other

Dimensions of Sexual Orientation:



What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their sexual orientation, attraction to men, women, both, or neither.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight but also don't identify with gay, lesbian or bisexual identities. The term queer is particularly commonly used among younger people, and also used by people of all ages.

Intersectionality



Intersectionality

Intersectionality is the study of intersections between forms or systems of oppression, domination or discrimination. An example is black feminism, which argues that the experience of being a black woman cannot be understood in terms of being black, and of being a woman, considered independently, but must include the interactions, which frequently reinforce each other.

A Black Gay Man

“A gay man has to deal with homophobia. A black man has to deal with racism. But a black gay man will have to deal with homophobia and racism (often at the same time). It is often the case that he will face racism inside the LGBT community and homophobia in the [straight] black community”.²



Minority Stress Framework

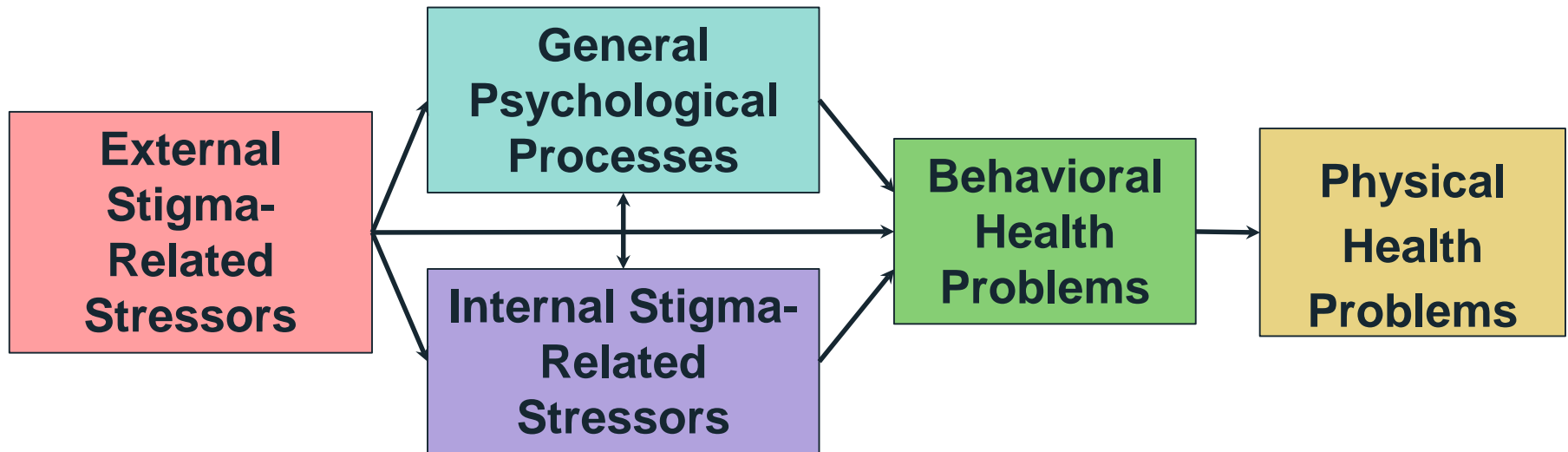


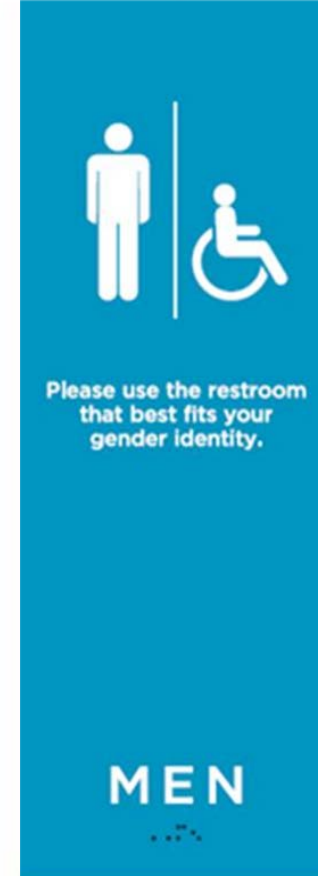
Fig. 1: Adapted from *Introduction to the special issue on structural stigma and health*³

Interpersonal Stigma



Structural Stigma

- Structural, or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of certain people, as well as policies that unintentionally restrict these opportunities.



Intrapersonal Stigma:

“...And to the degree that the individual maintains a show before others that they themselves does not believe, they can come to experience a special kind of alienation from self and a special kind of wariness of others.”⁴



Anti-Transgender Discrimination and Victimization

- The 2015 U.S. Transgender Survey found that:⁵
 - 10% reported that a family member was violent towards them because they were transgender
 - 8% were kicked out of the house because they were transgender
 - Many experienced serious mistreatment in school, including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%) because they were transgender
 - 17% experienced such severe mistreatment that they left a school

Vulnerability to Poverty

- Children of LGB parents are especially vulnerable to poverty.⁶
 - African American children in gay male households have the highest poverty rate (52.3%) of any children in any household type.
 - The rate for children living with lesbian couples is 37.7%.

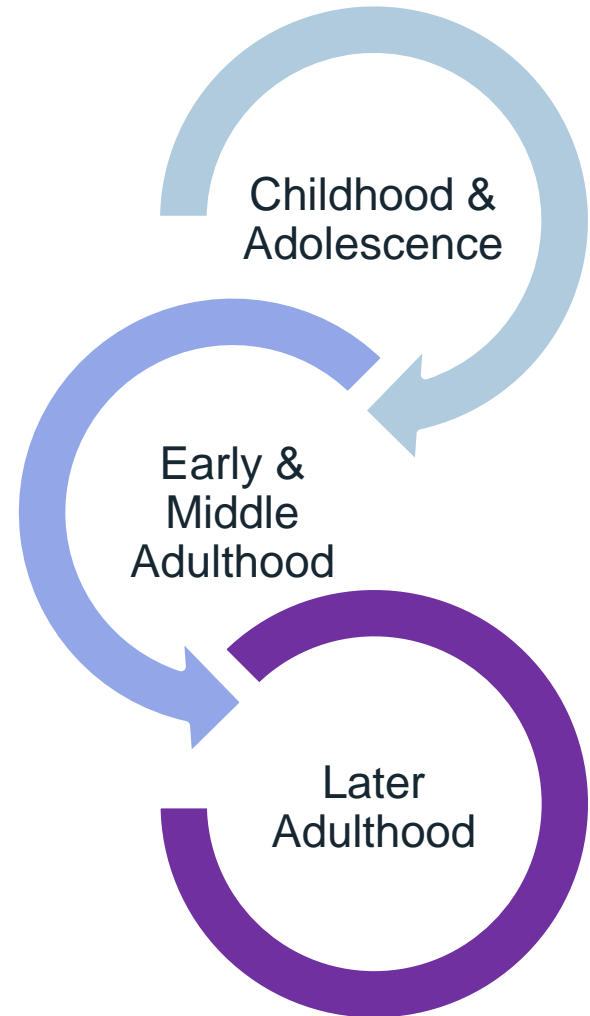
Vulnerability to Poverty

- The 2015 U.S. Transgender Survey found that:⁷
 - 29% of transgender people live in poverty, compared to 14% in the U.S. population
 - Transgender people have a 15% unemployment rate (compared with 5% in the U.S. population)
 - 16% of transgender people report homeownership, compared to 63% of the U.S. population
 - Nearly 30% of transgender people experienced homelessness in their lifetime
 - 12% report past-year homelessness due to being transgender

Effects of Stigma on Health

- Internalized homophobia, experiencing discrimination, and expectations of rejection, were associated with HIV risk behavior.⁸
- Enacted and anticipated stigma resulted in approximately a 40% increase in delaying needed urgent and preventive care in a sample of 2,578 trans masculine people.⁹

Health Issues Throughout the Life Course



LGBT Disparities:

- Youth
 - 2 to 3 times more likely to attempt suicide
 - More likely to be homeless (20-40% are LGBT)
 - Risk of HIV and other STIs
- Despite an overall decrease in HIV incidence from 2008-2014 reported for the first time in 2017, incidence remains high and stable among black MSM, and is now increasing among gay and bisexual Latino men (20%) and those aged 25-34 (35%).¹⁰

Health Disparities

- LGBT populations have high rates of tobacco, alcohol, and other drug use.
- Lesbian women and bisexual women are less likely to get preventive services for cancer.
- The 2011 National Transgender Discrimination Survey found that:¹¹
 - 26% used drugs/alcohol to cope with discrimination
 - 30% smoked cigarettes daily or occasionally (compared to 20% of US adults)

Health Disparities

- The 2015 U.S. Transgender Survey found that:¹²
 - 39% of respondents experienced serious psychological distress in the month prior, compared with only 5% of the U.S. population
 - 40% had lifetime suicide attempt (compared to 4.6% of US population)
 - 55% of those who sought coverage for gender-affirming surgery in the past year were denied, and 25% of those who sought coverage for hormones in the past year were denied

Health Disparities

- The 2015 U.S. Transgender Survey found that:
 - 33% had at least one negative experience with a health care provider such as being verbally harassed or refused treatment because of gender identity
 - 23% of transgender people report not seeking needed health care in the past year due to fear of gender-related mistreatment
 - 33% did not go to a health care provider when needed because they could not afford it



LGBT Disparities: Healthy People 2020

- Older LGBT individuals face additional barriers to health because of isolation, fewer family supports, and a lack of social and support services.





CARDIOVASCULAR DISEASE IN LGBT POPULATIONS

Alex González, MD MPH

Medical Director, Fenway Health

Clinical Instructor, Harvard Medical School & BIDMC

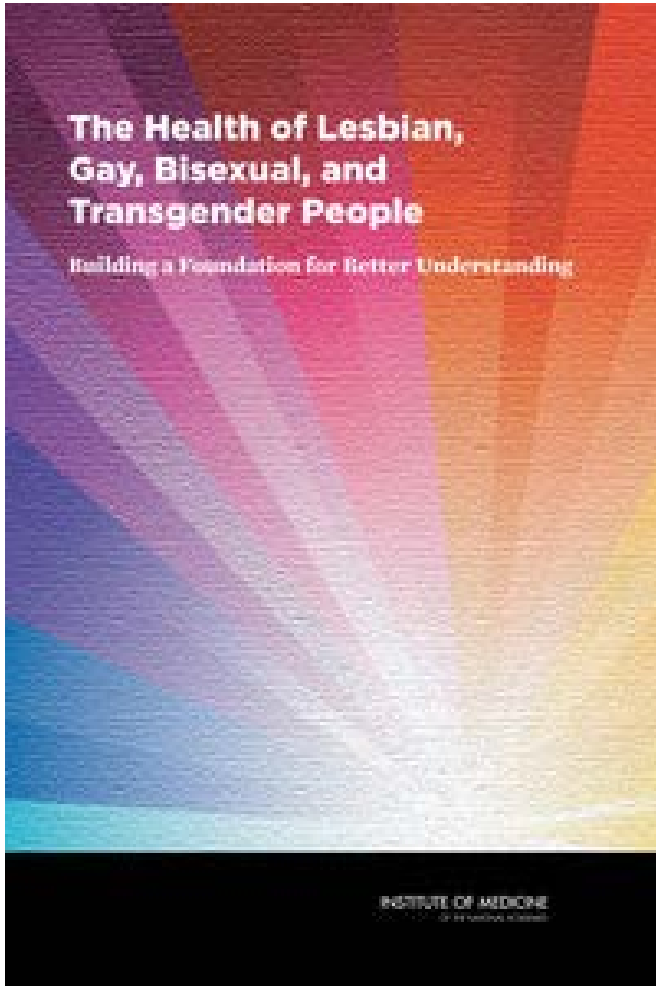
CVD IN THE GENERAL POPULATION¹

1. Leading cause of death in men AND women in the US
 - Almost 1 in every 4 deaths (610,000 deaths per year)
 - Kills more men than women each year
2. Leading cause of death for people of most races/ethnicities in the US
 - Yes: Black, Hispanic, White
 - No: Native American, Asian, Pacific Islander (2nd behind cancer)
3. Death rate from cardiovascular disease has decreased substantially in US for all groups over past 30 years, but disparities exist along race/ethnicity and gender lines with respect to both rate of change and/or absolute number of deaths

CVD IN THE LGBT POPULATION



INSTITUTE OF MEDICINE REPORT - 2011²



“Although a modest body of knowledge on LGBT health has been developed, these populations, stigmatized as sexual and gender minorities, have been the subject of relatively little health research. As a result, a number of questions arise:

- What is currently known about the health status of LGBT populations?
- Where do gaps in the research exist?
- What are the priorities for a research agenda to address these gaps?”

WHAT WE KNOW

GAY & BISEXUAL MEN	LESBIAN & BISEXUAL WOMEN	TRANSGENDER & NONBINARY PEOPLE
Higher rates of tobacco use		
Higher rates of risky alcohol use		
Higher rates of illegal drug use		
Higher prevalence of obesity		
Higher rates of body image problems	Higher rates of physical inactivity	
		Higher prevalence of DM2 and lipid disorders
		FTM: testosterone does not increase CVD risk
		MTF: less clear if estrogens increase CVD risk

INTERSECTIONALITY

	Black/African American	Asian American/Pacific Islander	Non-White Hispanic
Disease Impact	<ul style="list-style-type: none"> • 30% more likely to die from heart disease • Twice as likely to have a stroke • Higher rate of MI • Higher rate of heart failure • Higher functional impairment from ACS • Higher death rate from ACS 	<ul style="list-style-type: none"> • Coronary artery disease occurs earlier in life and in a higher percentage of the population in Asian Indians than in other ethnic groups 	<ul style="list-style-type: none"> • Lower rates of overall CVD • Puerto Rican Americans have the highest HTN related death rates of all Hispanic subgroups. • Rate of heart failure for Hispanics is lower than for African Americans, but higher than for non-Hispanic whites
Risk Factors	<ul style="list-style-type: none"> • 40% more likely to have high blood pressure • 10% less likely than their white counterparts to have their blood pressure under control. • Twice as likely to be diagnosed with Diabetes • Higher rate of PVD • Higher rate of Obesity 	<ul style="list-style-type: none"> • Lipoprotein levels are higher in Indians than any other ethnic group • South Asians have more nontraditional CVD risk factors, including differences in inflammatory markers as well as insulin resistance • South Asians were less likely to undergo systematic screening than white males • Korean Americans, Vietnamese Americans and Filipino American males have some of the highest smoking rates 	<ul style="list-style-type: none"> • Awareness that heart disease is the leading cause of death was lowest for Latino women • Mexican Americans have a higher prevalence of HTN • Higher BMI and waist circumference among Mexican Americans • Mexican Americans and Puerto Ricans have twice the rate of DM compared to non-Hispanic whites • Higher rate of triglycerides • Lower rates of CAC • Mexican Americans have the highest rate of age-adjusted prevalence of metabolic syndrome compared to other race/ethnic groups
What to Do	<ul style="list-style-type: none"> • Improved awareness and better HTN control • Increased awareness of stroke symptoms • Improved access to appropriate intervention. • Tailored drug treatment for heart failure 	<ul style="list-style-type: none"> • Earlier screening for heart disease • Emerging factors such as genetic polymorphism and dysfunctional high-density lipoprotein (HDL) in assessing risk factors 	<ul style="list-style-type: none"> • Increased awareness around risk factors • Improved targeted strategies around diabetes control

LGBT HEART HEALTH TIPS

- Eat a healthy diet
- Maintain a healthy weight
- Exercise regularly
- Limit alcohol, stimulant, and tobacco use
- Cholesterol screening
- Blood pressure screening
- Connect to primary care that is compassionate and nonjudgmental
- For HIV pts: Adhere to HIV meds, avoid abacavir or protease inhibitors



BARRIERS TO LGBT HEART HEALTH

- Homo/Trans-phobia
- Stigma
- Discrimination
- Lack of access to culturally appropriate medical and support services
- Heightened concerns about confidentiality
- Fear of losing job, housing, family, friends
- Fear of talking about sexual orientation, gender identity, sexual behavior



PROVIDING INCLUSIVE SERVICES AND CARE FOR LGBT PEOPLE

A Guide for Health Care Staff

NI NATIONAL LGBT HEALTH
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TARGET:BP™



American
Heart
Association®



AMERICAN MEDICAL
ASSOCIATION

**An overview of the AHA/AMA initiative to help physicians and patients
control high blood pressure.**

TARGET:BP™





Introduction



It's time to get serious

The number of people with high blood pressure is growing at an alarming rate. Nearly half of all American adults – about 103 million people – has high blood pressure and that number is increasing despite the fact high blood pressure can usually be easily treated., is living with the silent killer, putting them at an increased risk for heart attack, heart failure, stroke and other health problems.

Fortunately, high blood pressure can be treated and managed. As you know, maintaining lower blood pressure can reduce the risks of significant health events and lead to better outcomes. That's why we need to work together, along with patients, to build a healthier nation.

It starts with the comprehensive national initiative—Target: BP™. We're counting on you, in your important role, to help raise awareness of high blood pressure's impact and to work with your patients to help them get it controlled. The materials outlined in the Tools and Resources portion of this deck are available to support your hypertension management efforts.



Insights

An opportunity for change

Most physicians are confident in their ability to treat high blood pressure. They understand the condition, its causes and the approaches to treating it. However, the number of Americans living with high blood pressure continues to rise as the time physicians are able to spend with each patient declines.

What's more, you know that people living with high blood pressure often don't have the necessary level of urgency surrounding their condition. Patients may start a treatment plan, but short-term improvements can lead to an assumption that returning to their previous lifestyle is acceptable (there can also be cultural influences that are difficult to change). It can be frustrating that patients often don't do everything they should be doing to get, and stay, healthy.

Everyone is looking for the tools, resources and support that can help them create successful partnerships and yield better outcomes.





Initiative Overview

An opportunity seized

Committed to a common mission, the AHA and AMA developed and piloted Target: BP™ in 2015 to improve blood pressure control. Devoted to building a healthier nation, this national initiative aims to reduce the number of Americans who have heart attacks and strokes by urging medical practices, health service organizations and patients to prioritize blood pressure control.

Given the current urgency, Target: BP raises awareness and provides additional tools and resources for physicians and their care teams to help the patients they treat. Target: BP can also help optimize the limited time physicians have with patients to help get patients healthier sooner.

In addition, our recognition program offers additional practice-building and recognition incentives.





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Promoting success



OVERVIEW

Improving control

A plan for managing high blood pressure



Initiative Process

Working toward a healthier America



Step 1: Customize a Plan

After registration, a Target: BP™ staff member will work with you to create a customized implementation plan for your practice. At the center of every plan is the Target: BP Improvement Program. The BP Improvement Program leverages the M.A.P. framework, which focuses on three key aspects of successful care for patients with hypertension.²

Target: BP supports you by offering access to:

- Tools, resources and improvement plans, including a customizable algorithm with proven efficacy
- Best practices and success stories from other Target: BP participants
- Easy-to-use tools and resources to help your patients better understand the importance of controlling blood pressure



Step 2: Measure Improvement and Report Results

Staff will offer support to you by helping to identify quality improvements, providing guidance on data reporting and giving feedback on measurement results.



Step 3: Promote Recognition

Target: BP recognizes and rewards participating practices for improving the outcomes of their patients with hypertension. All practices who join Target: BP and submit patient data will be recognized, and those that achieve a 70-percent or greater blood pressure control rate within their adult patient population will receive additional incentives to acknowledge their above-and-beyond efforts.

2. Boonyasai RT, Rakotz MK, Lubomski LH, et al. Measure accurately, Act rapidly, and Partner with patients: an intuitive and practical three-part framework to guide efforts to improve hypertension control. *J Clin Hypertens (Greenwich)*. 2017;19(7):684-694.

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Target: BP™ Improvement Program

Click a circle below to view detailed information

Measure

Act

Partner

Target: BP Improvement Program

The Target: BP Improvement Program leverages the latest clinical evidence to make it easier for you to more effectively manage your patients with high blood pressure. The BP Improvement Program has three main parts, which can be remembered using the acronym M.A.P.: Measure accurately; Act rapidly; and Partner with patients, families and communities.



M is for MEASURE blood pressure accurately every time

Proper measurement is critical to controlling blood pressure. Build a protocol to ensure accuracy of blood pressure readings.



A is for ACT rapidly to address high blood pressure readings

This step requires rapid action during a patient visit and prioritizes follow-up appointments and a clear treatment plan to help patients achieve blood pressure control.



P is for PARTNER with patients, families and communities to promote self-management

Real change comes when patients take ownership of their health. Engage with patients, their families and communities helps to promote sustainable lifestyle change, thus supporting the improvement of overall health.

The BP Improvement Program uses a team-based care approach where data drives improvement. Your practice will utilize hypertension quality-improvement metrics to monitor the impact of your efforts. Furthermore, you are encouraged to reach out to uncontrolled patients who need to return to the office for follow-up. Typically, within a six-month period, a practice that implements the BP Improvement Program can expect to see lower blood pressure and improved control rates in patients with hypertension.



TOOLS AND RESOURCES

Making a connection

Additional resources to help reach Target: BP goals



Target: BP™ Resources


Resources for every step of the process

In order to ensure a successful experience with Target: BP, valuable resources are being made available to you and your practice, as well as to the general public and to patients who have made the choice to re-engage with their high blood pressure management plan. Used together, your practice will be more prepared to treat the condition, and patients will be aware of what they need to do to get and stay healthy.



For Practices

- Recognition Plaque
- Target: BP Starter Kit
- Conversation Guide for Discussions With Patients
- Target: BP HCP Website



For Patients

- **LowerYourHBP.org** Website for Public Awareness and Patients



RECOGNITION PROGRAM

Promoting success

Rewarding your contributions and encouraging participation



Recognition Program

The right rewards at the right time

The Target: BP™ Recognition Program was designed to allow practice sites and health systems to get the recognition they deserve for making a commitment to prioritize blood pressure management within the patient populations they serve. This program rewards Target: BP registrants who have set goals and are working to implement clinical protocols to help at-risk patients meet and sustain blood pressure control rates of 70 percent or greater.





Recognition Levels

All efforts recognized

The Target: BP™ Recognition Program is as dynamic as the physicians and care teams being recognized. With that in mind, a comprehensive list of items, ranging from self-promotion to national-level acknowledgments, was created to showcase your practice's commitment. In 2017, there are two levels of recognition: Participant and Gold, which are based on the level of blood pressure control achieved within your practice's patient population.



Participant-Level Achievement

Practices that join the Target: BP initiative and submit patient data qualify for recognition



Gold-Level Achievement

Practices reaching 70-percent blood pressure control or greater in their patient population will receive premier recognition



Participant- and Gold-Level Recognition



Something for everyone

This comprehensive offering of recognition items was carefully selected for physicians and their care teams.

By participating in the Target: BP™ initiative and submitting patient data, practices at the Participant- level receive multiple recognition items throughout the year.

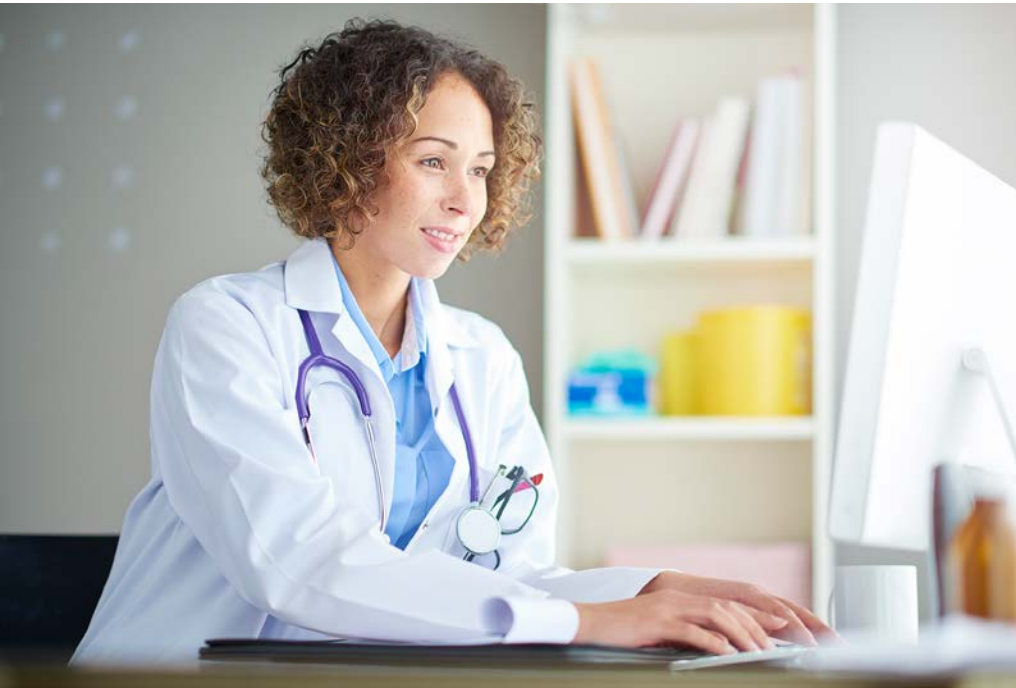
Practices reaching 70-percent blood pressure control or greater in their patient population are at the Gold level and receive premier recognition.

DIGITAL PROGRAM STATUS SEAL: For use by practices in social media, emails, websites or other marketing materials to help show their commitment to managing high blood pressure	✓	✓
SOCIAL MEDIA MESSAGES: Images and content to be used in social media to highlight participation with Target: BP and to raise awareness of high blood pressure risks	✓	✓
LOCAL PRESS RELEASE: A press release template that practices can distribute to share their commitment to Target: BP	✓	✓
NATIONAL PRESS RELEASE: A joint AMA/AHA press release highlighting and celebrating the commitment of Target: BP practices across the country (note: individual practice names will not be included)	✓	✓
ANNUAL AMA/AHA MEETING MENTION: At the AMA and AHA annual meetings, practices will be acknowledged for their active participation in the Target: BP program	✓	✓
PRACTICE PROFILE*: A special practice profile to be featured in the Target: BP newsletter	✓	✓
RECOGNITION ON TARGET: BP WEBSITE: Practices will be recognized on the Target: BP website	✓	
PREMIER RECOGNITION ON TARGET: BP WEBSITE: Practices will receive a more prominent listing on the Target: BP website		✓
RECOGNITION WALL ACKNOWLEDGMENT: Practices to be featured on the Target: BP Recognition Wall, which will be displayed at prominent industry events	✓	
PREMIER RECOGNITION WALL ACKNOWLEDGMENT: Gold-level practices to be displayed more prominently on the Target: BP Recognition Wall		✓
PRINT AD LISTING: Practices to receive acknowledgment in a Target: BP print ad to be placed in health care trade publications, including an AHA publication	✓	
PREMIER PRINT AD LISTING: Gold-level practices to receive a more prominent acknowledgment in a Target: BP print ad to be placed in health care trade publications, including an AHA publication		✓
SPEAKING OPPORTUNITIES*: Have an opportunity to speak about practice accomplishments with Target: BP at an AHA or AMA event		✓

**Only select practices will be eligible for these items.*



Recognition—Data Overview



Data submission

The data submission process occurs annually, beginning in the first quarter of each year. You will be notified of the opening of the submission window via the Target: BP Newsletter.

Your practice will need to submit data for the prior calendar year to calculate the blood pressure control rate measure based on NQF #0018/PQRS #236/ACO #28.*

Participating sites will receive a message if the data they submit has errors. Data will be saved as a draft with errors to allow the practice to review and resolve the issue(s).

*NQF #0018 is endorsed by the National Quality Forum (NQF). In CMS programs, it's designated as "PQRS #236." It's also used for quality benchmarking and reported as ACO #28 for accountable care organizations (ACOs) participating in the Medicare Shared Savings Program.



Recognition—Data Overview



Qualifying data to provide

- Number of adult patients with a diagnosis of hypertension (measure denominator)
- Number of adult patients with a diagnosis of hypertension whose blood pressure was controlled at <140/90 mm Hg (measure numerator)

Data inclusion/exclusion:

Target: BP™ collects data for adult patients ages 18 to 85 for the reporting year data.

- Patients with end-stage renal disease, dialysis, renal transplant or pregnancy are excluded from this patient population

Additional patient population elements:

- Age, gender, race and ethnicity data (for the Million Hearts Hypertension Prevalence Estimator Tool)



Recognition—Data Overview

Data support within reach

Target: BP staff will be available to walk you through the data submission process. They will be able to support your efforts to improve patient outcomes with an in-depth knowledge of your practice, your reporting capabilities and the needs of your patient population.

For more information on data submission and related resources, please visit targetbp.org/recognition-program/.





TARGET:BP™



American
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The National LGBT Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, and transgender (LGBT) people.

The Education Center is a part of [The Fenway Institute](#), the research, training, and health policy division of [Fenway Health](#), a Federally Qualified Health Center, and one of the world's largest LGBT-focused health centers.



Advice from one health care provider to another.

JANUARY 18, 2017



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- www.lgbthealtheducation.org
- www.acponline.org/fenway



TRANSGENDER TRAINING FOR
HEALTHCARE PROVIDERS

RESOURCES

- National LGBT Health Education Center
<https://www.lgbthealtheducation.org/>
- National Resource Center on LGBT Aging
<https://www.lgbtagingcenter.org/>
- SAGE: Advocacy & Services for LGBT Elders
<https://www.sageusa.org/>
- UCSF Center of Excellence for Transgender Care
www.transhealth.ucsf.edu
- HRC: Human Rights Campaign; Health Equality Index
<https://www.hrc.org/hei/>
- GLMA: Health Professionals Advancing LGBT Equality
<http://glma.org/>

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