

Commonwealth of the Northern Mariana Islands: Controlling High Blood Pressure

Under the Centers for Disease Control and Prevention's (CDC) *6|18 Initiative*, officials from the Commonwealth of the Northern Mariana Islands (CNMI) Medicaid agency and the Commonwealth Healthcare Corporation's (CHCC) Division of Public Health are working collaboratively to reduce the prevalence of high blood pressure within their Medicaid population.

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS: KEY FACTS

- State population: [53,890](#)
- Medicaid population: [15,472](#)
- Medicaid enrollees in managed care: **0**
- Prevalence of hypertension among adults: [56 percent](#)



Commonwealth of the Northern Mariana Islands' 6 | 18 Accomplishments

- ✓ **Analyzed CHCC pharmacy data** to create a database of patients for targeted outreach and assess the supply of self-monitoring blood pressure devices prescribed by Family Care Clinic primary care providers and distributed by pharmacy staff at the CHCC outpatient pharmacy.
- ✓ **Targeted outreach to providers** with patients who were not compliant with their hypertension medication schedules to increase medication adherence.
- ✓ **Developed and distributed blood pressure log booklets** to assist patients in monitoring their blood pressure at home accurately and consistently.

6 | 18 Project Activities

Under the 6|18 Initiative, CNMI's Medicaid-public health team worked to:

- Understand the burden of hypertension medication non-compliance among CHCC patients;
- Increase patient adherence to anti-hypertensive medications; and
- Improve access to and use of self-monitoring blood pressure devices.

Specific activities undertaken included:

1. Target Patient Outreach to Improve Medication Adherence and Self-Monitoring



In 2016, CNMI conducted a [household survey](#) to examine non-communicable disease risk factors across its population. The survey found that 56 percent of adults in the CNMI had hypertension, and approximately half of those individuals were unaware of their condition. Additionally, the survey identified numerous barriers influencing the prevalence of high blood pressure, including inaccurate beliefs about hypertension (e.g., thinking that medications only need to be taken when one “feels bad”) and lack of access to insurance coverage for hypertension medications and equipment, including self-monitoring blood pressure devices. In 2017 the CHCC, in partnership with the Association of State and Territorial Health Officials (ASTHO) and the Northern Marianas College, implemented a program to identify and assist individuals with hypertension to improve their self-management and control of blood pressure.

Recognizing attrition of medication compliance from the 2017 program with CHSS and ASTHO, CNMI’s 6|18 team came together in 2019 with the goal of improving compliance for patients with a prescription for anti-hypertensive medications who visited the Family Care Clinic (FCC) and the CHCC pharmacy. Building on existing relationships, CNMI’s Medicaid-Public Health team established an agreement with the CHCC pharmacy to share data on CHCC patients with a prescription for anti-hypertensive medications. Using the data collected, the 6|18 team identified CHCC patients with a prescription for anti-hypertensive medications for monthly/bi-monthly telephonic outreach to assess their medication compliance. The 6|18 team developed a patient call script to help staff solicit information on the use of hypertension medication and home blood pressure devices. The script was also designed to gather detailed information about why patients were non-compliant with their hypertension medications.

2. Engage Providers to Increase Hypertension Medication Compliance and Use of Blood Pressure Devices



Using data from the CHCC pharmacy and calls with targeted FCC patients, CNMI’s 6|18 team followed up with providers whose patients were non-compliant with hypertension medications to encourage them to have additional conversations about blood pressure management during patient appointments. The 6|18 team also encouraged providers to promote prescriptions for self-monitoring blood pressure devices, noting that the cost of the device is covered for Medicaid beneficiaries. Finally, CNMI’s 6|18 team worked with providers to verify the contact information of patients whom they were not able to reach by telephone.

3. Develop a Blood Pressure Log Booklet for Patients



In addition to their outreach to FCC patients, the CNMI 6|18 team developed a [blood pressure log booklet](#) for patients. The booklet provides educational information about high blood pressure and why it is important for individuals to monitor their blood pressure regularly. The booklet also includes information on how to correctly use a self-monitoring blood pressure device at home and provides a guide for patients to record their readings.

The blood pressure log booklets were distributed to patients along with self-monitoring blood pressure devices at the CHCC pharmacy. Patients were instructed to log their blood pressure readings daily and bring the booklet to all future appointments with their doctor for review. Following an extremely positive response from both patients and providers, a second batch of blood pressure log booklets was distributed to Medicaid and non-Medicaid patients. The CNMI 6|18 team is working to sustain their activities to control high blood pressure by increasing adherence to anti-hypertensive medications and access to and use of self-monitoring blood pressure devices.

STATE SPOTLIGHTS: MEDICAID-PUBLIC HEALTH COLLABORATION IN CDC'S 6 | 18 INITIATIVE

This series of profiles, developed by the Center for Health Care Strategies and made possible by the Robert Wood Johnson Foundation, showcases how state Medicaid and public health departments are using the [Centers for Disease Control and Prevention's \(CDC\) 6/18 Initiative](#) to accelerate the adoption of evidence-based prevention efforts focused on improving health outcomes and controlling health care costs. The CDC's *6/18 Initiative* links proven prevention activities to health coverage and delivery with a focus on six high-burden, high-cost health conditions — tobacco use, high blood pressure, inappropriate antibiotic use, asthma, unintended pregnancies, and diabetes. For more information, visit www.618resources.chcs.org.