

# **HYPERTENSION CANADA ANNUAL REPORT 2020**

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**NOVEMBER 16, 2020**



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## President's Message



**Dr. Ross T. Tsuyuki**  
**President**

Dr. Khan transitioned the presidency to me in June. Our appreciation goes out to Dr. Khan for 4 years of service as our President. We also acknowledge the contributions of past board members Dr. Swapnil Hiremath, Dr. Raj Padwal, and Mr. David Lui. At our September Board meeting, the Board voted to replace the vacant board positions with Dr. Laurel Taylor and Mr. David Henley. These individuals are also standing for election at this meeting. In order to maintain the financial health of the association, the Board decided to move to a different staffing model to bring efficiency in all aspects of its operation. All Hypertension Canada staff were given severance packages. After a national search, we have selected the Association Management Company, Zzeem. Our deepest appreciation and best wishes go to Angelique Berg, Paul Landers, Nancy Beshay, Crystal Ceres, and Rebecca Sedore. We welcome our new Executive Director, Mr. Asif Ahmed. Please bear with us while we make the transition to our new administration (but please let us know if you notice something “falling through the cracks”).

Our membership has been declining. We need to recruit new members.

Member engagement is critical to the success of our association. We are working on creating a robust Member Value Proposition which will help in member recruitment and retention. We have relaunched the Finance Committee (led by Trevor Hudson). We are reviewing our processes for the Guidelines Committee, led by Drs. Rabi and Daskalopoulou. In concert with the review of the Guidelines Committee, we are also reviewing the Education and Implementation Committee (Drs. Bell and Tsuyuki) and the Research and Evaluation Committee (Drs. Leung and Quan). These reviews will harmonize activities with the Guidelines Committee. Finally, we plan to relaunch the CHC in May 2021 in a virtual format.

The Board felt that it was important to focus our efforts. Our priorities are:

- Immediately achieve, and sustain, a balanced budget to maintain organizational financial viability.
  - We will focus on our 2 revenue-generating programs: The Hypertension Canada Professional Certification Program (HC-PCP) and the Device Recommendation Program.
- Mentor the next generation and develop future leaders. Maintain the YI forum and research day.
- Reassess the Guidelines, their format, content and role.
- Re-establish meaningful partnerships with primary care, nursing, dieticians, PHAC, government, and other critically important stakeholders. Strongly refocus on guideline implementation to address the plummeting control rates in Canada in women.

A handwritten signature in blue ink, appearing to read 'Ross T. Tsuyuki'.

**Ross T. Tsuyuki, BSc (Pharm), PharmD, MSc, FCSHP, FACC, FCAHS**  
**President**

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## Executive Director's Message



**Asif Ahmed**  
**Executive Director**

This is the time of year where we take a moment to reflect over the past year and identify our accomplishments. One of our many accomplishments have been to commit to bringing efficiencies in our operations, as Dr. Tsuyuki mentioned in his message. Earlier this year, Hypertension Canada brought in a new management team to do exactly that.

As the new Executive Director, I'll be working with the Board collaboratively toward attaining our 2020-2022 Priorities. My efforts will be focused on serving you – the members of our association – as it is through the work of its members, that an association's mission is carried out.

Additional focus will be given to enhancing membership recruitment and retention. In order to keep our association going strong, we need a steady flow of new members joining our association. I will also look at developing new resources and programs and offer strong leadership.

I want to take this opportunity to thank all our partners for their generous contribution toward the success of Hypertension Canada and for their continued commitment to the promotion of hypertension prevention, control, research, advocacy and education. I'd also like to thank all our device manufacturing companies for participating in our BPM (Blood Pressure Measurement) Device Recommendation Program.

Our success is the success of the entire Hypertension community. With the ongoing support of our funders, corporate partners, Board and volunteers, Hypertension Canada is ready for the challenges and opportunities that await us in 2021 and beyond.

A handwritten signature in black ink, appearing to read 'Asif', written in a cursive style.

**Asif Ahmed**  
**Executive Director**

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## **About Hypertension Canada**

Hypertension Canada is Canada's only national non-profit organization dedicated solely to the prevention and control of hypertension and its complications.

We publish the country's clinical practice guidelines on hypertension, and work tirelessly to reach Canada's clinicians – chiefly, primary care physicians, pharmacists, and nurses – who have the greatest influence on individual behaviours and health outcomes. Hypertension Canada works with leading minds across medical and health disciplines to advance research and professional and public education, as well as with policy makers to ensure Canadians can avoid the potentially deadly complications of hypertension. Health care professionals and practitioners know Hypertension Canada and rely on us for expert guidance.

### **Mission**

Advancing health through the prevention and control of high blood pressure and its complications.

### **Vision**

Canadians will have the healthiest and best-managed blood pressure in the world.

Hypertension Canada delivers against mission/vision by striving for excellence in three core service areas:

1. Research: Knowledge generation through research and innovation.
2. Education: Knowledge translation by turning discovery into practice.
3. Advocacy: Creating supportive environments through healthy public policy and lifestyles.



**Board of Directors for 2019-2020**



**Dr. Ross T. Tsuyuki**  
*President*



**Dr. Robert Gros**  
*Vice President*



**Trevor Hudson**  
*Treasurer*



**Dr. Alan D. Bell**  
*Director*



**Dr. Janusz  
Kaczorowski**  
*Director*



**Dorothy Morris**  
*Director*



**Laurel K. Taylor**  
*Director*



**David G. Henley**  
*Director*

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## Hypertension Canada Committees

The role of a committee is to assist the board in the decision-making process by providing needed information. There are numerous committees that work in different areas. If you're interested in joining any of these committees, contact the office at [info@hypertension.ca](mailto:info@hypertension.ca).

### Hypertension Advisory Committee

The role of the Advisory committee is to provide advice to the Hypertension Chair with regard to priorities for action to prevent and control hypertension in the context of the national health care and public health organizations on the advisory committee and to consider the advice of organizations outside the advisory committee regarding priorities.

One element of our role is to aid the development of and facilitate the broad knowledge translation of policy statements that would directly or indirectly prevent and control hypertension and that could receive broad endorsement from national health care and public health organizations.

Another element of our role is to assist in advocacy efforts to government and non-government organizations for the prevention and control of hypertension including population-based interventions, optimized (from a societal perspective) health care delivery systems and increased capacity for community-based programs especially those aimed at vulnerable populations who have been identified to have hypertension management gaps. The committee Chair is Dr. Janusz Kaczorowski.



**Dr. Janusz Kaczorowski**

### Awards Committee

The Awards Committee is established by Hypertension Canada's Board of Directors to do the pre-work of the Board in regard to implementation of the selection process for the annual recognition awards, submission of names of recommended award recipients to the Board of Directors, review of awards policy, criteria and recommendations to the Board of Directors for any changes or additions. The committee Chair is Dorothy Morris.



**Dorothy Morris**

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## CHC Planning Committee

The CHC (Canadian Hypertension Congress) Planning Committee is an Operations sub-committee established to set the goals for, and guide the planning of, Hypertension Canada's annual scientific congress, the only national congress focused solely on hypertension.

Their objective is to build and strengthen the Canadian Hypertension Congress' appeal and value to increase attendance and revenues.



**Dr. Alan D. Bell**



**Dr. Robert Gros**

## Education & Implementation Committee

The Education & Implementation Committee is an operations sub-committee established to build Hypertension Canada's value and reputation as the trusted hypertension resource, create needs-based education materials for increased health care professional and patient adoption of the Hypertension Canada Guidelines. The committee co-chairs are Dr. Ross Tsuyuki and Dr. Alan Bell.



**Dr. Ross T. Tsuyuki**



**Dr. Alan D. Bell**



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## Finance Committee

The Finance Committee is a standing committee of the Board of Directors established to assist the Board in fulfilling its oversight responsibilities with regard to financial reporting, financial policies, strategies and activities, and financial risk management. These responsibilities are carried out in accordance with approved policies that comply with generally accepted accounting principles (GAAP). The committee Chair is Trevor Hudson.



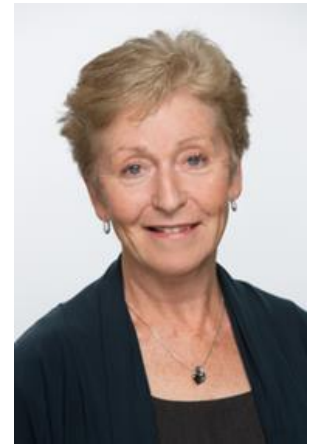
**Trevor Hudson**

## Governance Committee

The Governance Committee is a standing committee of the Board of Directors established to recommend the organizational structure, including Committee structure and composition, nominees for Board and standing committee appointments, required policies, processes, and by law revisions to support the decision-making model. The committee co-chairs are Dr. Robert Gros and Dorothy Morris.



**Dr. Robert Gros**



**Dorothy Morris**

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## Guidelines Committee

The Guidelines Committee is a Hypertension Canada Committee established to build the Hypertension Canada Guidelines quality for increased professional uptake and encourage and enhance innovation in Hypertension Canada's clinical practice guidelines process. The committee co-Chairs are Dr. Doreen Rabi and Dr. Stella Daskalopoulou.



**Dr. Doreen Rabi**



**Dr. Stella Daskalopoulou**

## Research and Evaluation Committee

The R&E Committee is an integral part of the guidelines cycle. The committee's primary goal is to promote hypertension research with a focus on surveillance, treatment and control, provide impact numbers on the landscape of hypertension guidelines and identify impact of specific health behaviour recommendations and/or changes in society. The Co-Chairs of the committee are Dr. Alexander Leung and Dr. Hude Quan.



**Dr. Alexander Leung**



**Dr. Hude Quan**

## Committee Members

<p><b>Advisory Committee</b>            Carolyn Pullen            Dorothy Morris            Eric Mang            Janusz Kaczorowski            Karey Shuhendler            Kevin Doucette            Manny Arango            Marie-Adèle Davis            Nadia Khan            Norm Campbell            Ross Tsuyuki            Seema Nagpal            Shelita Dattani            Shelley Duggan            Simon Bacon</p> <p><b>Awards Committee</b>            Brian Penner            Donna McLean            Dorothy Morris            Ellen Burgess            Pavel Hamet            Ricky Turgeon            Ross Feldman</p> <p><b>Education &amp; Implementation Committee</b>            Alan Bell            Norman Campbell            Ross Tsuyuki</p> <p><b>Finance Committee</b>            David G. Henley            Henry Lee            Trevor Hudson</p> <p><b>Governance Committee</b>            Dorothy Morris            Robert Gros            Ross Tsuyuki</p> <p><b>2020 Guidelines Committee</b>            Alain Milot            Alan D. Bell            Alexander A. Leung            Alexander G. Logan            Alexandre Y. Poppe            Ally P.H. Prebtani            André Michaud            Andrew Don-Wauchope</p>	<p>Andrew Pipe            Anne Fournier            Anne-Marie Côté            Ashkan Shoamanesh            Birinder K. Mangat            Cedric Edwards            Charlotte Jones            Donna Mclean            Doreen M. Rabi            Ellen Burgess            Ernesto L. Schiffrin            Evelyne Rey            Fady Hannah-Shmouni            François Audibert            Geneviève Benoit            George Honos            George K. Dresser            Gordon W. Moe            Gregory L. Hundemer            Janis Dionne            Janusz Kaczorowski            Jean C. Grégoire            Jeffrey E. Alfonsi            Jesse Bittman            JoAnne Arcand            Jonathan Howlett            Jonathan Y. Gabor            Kara A. Nerenberg            Karen Tran            Kelly B. Zarnke            Kerry A. McBrien            Kevin C. Harris            Kim L. Lavoie            Laura A. Magee            Laura M. Kuyper            Lawrence A. Leiter            Luc Trudeau            Lyne Cloutier            Marcel Ruzicka            Maxime Lamarre-Cliché            Meranda Nakhla            Nadia Khan            Patrice Lindsay            Peter Selby            Philip A. McFarlane            Praveena Sivapalan            Raymond R. Townsend            Richard E. Gilbert            Michael D. Hill            Michaela Roerecke</p>	<p>Michel Vallée            Mike Sharma            Milan Gupta            Richard Lewanzcuk            Robert A. Hegele            Robert J. Herman            Ross D. Feldman            Ross T. Tsuyuki            Ruth Sapir-Pichhadze            S. Brian Penner            Sandra M. Dumanski            Sheldon W. Tobe            Simon Bacon            Simon Rabkin            Sofia B. Ahmed            Sonia Butalia            Stella Daskalopoulou            Steven E. Gryn            Steven Grover            Swapnil Hiremath            Tabassum Firoz            Tavis S. Campbell            Vincent Woo</p> <p><b>Research and Evaluation Committee</b>            Alexander Leung            Hude Quan</p> <p><b>Scientific Program Committee for the CHC</b>            Alan Bell            Dorothy Morris            Dylan Burger            Ernesto Schiffrin            Gemma Cheng            Guillaume Voghel            JoAnne Arcand            Julie Lavoie            Kristin Terenzi            Michelle Graham            Nicolas Dugre            Noriko Daneshtalab            Paula Harvey            Robert Gros            Ross Tsuyuki            Shao Ling Zhang            Stella Daskalopoulou            Swapnil Hiremath</p>
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## Committee Reports

### Education and Implementation Committee

#### 1. Hypertension control in mature women

- a. Results of the recent Canadian Health Measures Survey (CHMS) from our Research Committee (Leung AA et al Can J Cardiol 2020;36:732-739) demonstrated a significant decline in awareness treatment and control of hypertension in women over 60 years.
- b. The Committee has achieved the following:
  - i. World Hypertension Day press release “Women Under Pressure” October 16, 2020.
  - ii. Publication of commentary in the Canadian Pharmacists Journal in September 2020 and the Canadian Family Physician in CFP October 2020.

#### 2. Knowledge translation HC Guidelines and directions of future HC Guidelines

1. Committee created to focus on best approach – *Guidelines Advisory Council*
  - i. Members: Stella Daskalopoulou, Alan Bell, Ross Tsuyuki, Kerry McBrien, Ray Townsend, Swapnil Hiremath, Nadia Khan, Doreen Rabi, Noah Ivers, Jeremy Grimshaw and Norm Campbell.
  - ii. Meetings held Aug 25, Sep 25/20, Oct 28/20
  - iii. General Principles
    1. We will work hand in hand with the Guidelines Committee.
    2. Activity Prioritization: We will undertake a number of *focused* projects relating to Implementation and Education.
    3. Anyone wishing to conduct a project will be asked to complete a request form.
    4. The E & I Committee will review each request in light of how it will help us achieve our goals.
    5. Any activities requiring major resources must be brought forward to the Board for approval.
    6. Ideally, activities should be linked to our 2 major programs
      - a. The Hypertension Canada Professional Certification Program.
      - b. Device Recommendation Program.
    7. Utilization of Implementation Science approach
      - a. Step 1: Specify each key behaviour required for pharmacists and family physicians.
      - b. Step 2: Try to understand why those actions aren’t happening reliably now (barriers) and what might enable this.
      - c. Step 3: Generate ideas for strategies that match to the key determinants identified in Step 2.
2. KT on current guidelines - Narrow focus on 2 key topics:
  - i. Highlight the importance of accurate measurement, with emphasis on the use of home BP monitoring.
  - ii. Treat to target BP with an emphasis on patient-specific thresholds and targets
3. Direction of future HC Guidelines:
  - i. Focus on being responsive and simple
    1. Conduct a very quick, broad-based survey of primary care to determine needs re: hypertension care guidance and implementation support; what evidence review/grading method is most helpful.

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2. Create a rapid review process to generate guidance for topics identified by primary care.
  3. Present these responsive recommendations as single topic papers vs. within dense guideline compendium.
  4. Create tools and resources similar to the “What’s new” booklet for quick reference.
  5. Create webinar series focused on key objectives.
  6. Ensure presentations at all major meetings including:
    - a. Family Medicine Forum
    - b. Canadian Cardiovascular Conference
    - c. Canadian Society of Internal Medicine
    - d. Canadian Diabetes Association
    - e. Canadian Society of Nephrology
    - f. Canadian Nursing Association
    - g. Canadian Pharmacist Association
- ii. Find new ways to engage and connect our experts:
1. Consider dismantling the sub-groups structures.
  2. Consider reviewing 3-4 topics per year (as individual papers).
  3. Consider a compendium document if need is suggested by our user community.

## Research and Evaluation Committee

The primary objective of the REC is to promote hypertension research with a focus on the surveillance of hypertension awareness, treatment, and control. The priorities of the REC are informed by the Guidelines Committee and the Implementation and Evaluation Committee.

In the last couple of years, as part of an effort to increase guideline recommendation uptake, the REC evaluated the potential impact of implementing intensive systolic blood pressure targets in high-risk patients, and demonstrated that a large number of Canadians would potentially benefit (Can J Cardiol. 2018;34:670-675).

Following Hypertension Canada’s recent report where it was indicated that finding reversible causes of hypertension was a research priority in Canada (J Clin Hypertens (Greenwich). 2017;19:1063-1069), the REC conducted a study which found that many risk factors for high blood pressure were reversible (Health Rep. 2019; 30:3-13).

The REC’s current work is focused on evaluating the changing epidemiology of hypertension in Canada. We found that Canadian hypertension treatment and control rates, particularly among women, have recently fallen to the lowest levels recorded in decades (Can J Cardiol 2020; 36:732-739). This particular finding has led to urgent calls for national action (Can Pharm J (Ott) 2020;153:264-269 and Can Fam Phys 2020;66:726-731). Our future directions are to explore clinical outcomes that may be associated with the apparent reduction in blood pressure control among women, as well as to look for potential barriers to hypertension treatment and control.

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The REC is looking for volunteers to help with this work, particularly those skills in data analysis and experience in using complex health survey data.

## Membership

Hypertension Canada was founded in 2010 as an amalgamation of Blood Pressure Canada, Canadian Hypertension Society and the Canadian Hypertension Education Program that had been in existence since 1990. Since this time, the membership has grown to over 200 members with an annual congress attendance of approximately 220.

Join us to receive the latest hypertension news, be featured in our publications and receive exclusive discounts on educational resources. Membership lasts one year and is open to all current and former health care professionals and any member of the public.

### Membership Categories:

1. **Associate** (\$25) – This category of membership is for students, fellows or residents training to practice in the field of hypertension.
2. **Individual** (\$100) – This category is for individuals.
3. **Pharmacy** (\$525) – This category is for pharmacies, small businesses and universities.
4. **Hospitals, clinics** (\$625) – This category is for hospitals and clinics.

## Hypertension Canada Key Activities

### Guidelines

The Hypertension Canada Guidelines are the nation's clinical practice guidelines for the management of hypertension. Developed by an expert volunteer network, the Guidelines are evidence-based, rigorously reviewed, and updated regularly to keep Canada's healthcare professionals informed of best-practices in hypertension management.

### Professional Certification Program

The Hypertension Canada Professional Certification Program is designed to arm pharmacists with the knowledge and confidence to identify and manage patients with hypertension. Through online learning modules covered in Level 1 and practical application using real-world cases in Level 2, this comprehensive certification program provides the opportunity to examine and execute the core competencies of hypertension management to improve patient care. This program is designed to:

- Provide the knowledge and confidence to identify and manage patients with hypertension
- Use practical application and skill-building to implement hypertension management strategies at the pharmacy level
- Provide evidence-based learning with a goal to improve guidelines adoption and adherence

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## Device Recommendation Program

Hypertension Canada's Recommended BPM Devices Listing is designed to help consumers in their purchasing decisions by easily identifying devices that are validated in studies as accurate. Devices used to measure blood pressure at home can be purchased from most pharmacies and stores that sell health care equipment.



Recommended by  
Recommandé par  
**Hypertension Canada**  
Gold | Or

## Congress/YI Forum

Due to COVID-19, Hypertension Canada could not host the Annual Congress and the Young Investigator Forum this year. It's now scheduled to be held virtually in May 2021.

## Webinars

Hypertension Canada, in collaboration with the Canadian Society of Nephrology, has organized a webinar titled "Challenges & Strategies to improve BP Measurement during the COVID-era" scheduled for November 17<sup>th</sup>. We plan on offering similar events throughout 2021. Stay tuned!

## Financial Update

### A Year of Transformation

The fiscal year ended April 30, 2020 was a significant challenge. It was a year that may be characterized by declining revenue amidst a global pandemic which led to financial turmoil in the markets and uncertain timelines for recovery. Accordingly, in order to mitigate a further decline in the organization's financial position, significant measures were undertaken in order to restore fiscal stability. In effect, Hypertension Canada has transformed its operations from a staffing model to a volunteer-based model supported by external management services. This new model restores financial stability while maintaining a focus on our fundamental objectives. We believe the steps taken in fiscal 2020 should position Hypertension Canada for many years of success.

### Declining revenues

In recent years, it had become apparent that the financial trajectory of the organization was not sustainable. Several years ago, HC had undertaken a strategy focused on significant revenue growth with the objective of

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achieving financial sustainability by 2020. While the efforts of our team and organization were significant, headwinds in the NPO marketplace proved challenging and growth targets were not achieved. The significant costs associated with business development and revenue generating activities were no longer sustainable.

### **Covid-19**

As the global pandemic of Covid-19 descended upon the world, the challenges to revenue generating activities continued to be exacerbated. The impact was devastating to our operations resulting in further pressure on top line growth and profits, while costs stayed consistent. In addition, the impact of Covid-19 on the financial markets directly impacted our investment funds in early 2020. Subsequently, the requirement to liquidate assets before year end in order to meet short term cash needs prevented any subsequent short-term recovery on investment valuations.

### **Stabilizing the organization and transforming for the future**

In order to mitigate the potential for further financial losses and asset erosion, significant staff reductions were undertaken in April which was then followed by voluntary departures of certain staff members. As a result, significant costs were incurred in order to fund these reductions. These decisions were made following considerable analysis in the context of positioning Hypertension Canada for financial sustainability.

### **Transforming for the future**

Looking ahead with new opportunities on the horizon, we are targeting to operate at a break-even. We are optimistic that the restructuring undertaken in 2020 has positioned Hypertension Canada for future success with minimal financial risk. Operating under a responsible cost structure that suits our operational needs has restored our financial health and our ability to weather any challenges that may present in the future.



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## Corporate partners

The Executive of Hypertension Canada gratefully acknowledges the following companies for their generous contribution toward the success of Hypertension Canada and for their continued commitment to the promotion of hypertension prevention, control, research, advocacy and education:



Thank you to the following device companies for participating in our BPM (Blood Pressure Measurement) Device Recommendation Program:

