Welcome to the PHASE Learning Community!
Please mute your phone to minimize background noise
Jerry Osheroff, MD, FACP, FACMI
TMIT Consulting, LLC

Danielle Oryn, DO, MPH
Petaluma Health Center

Alexis Wielunski, MPH
Center for Care Innovations

PHASE: All Health Centers Office Hours
September 2017
Webinar Housekeeping

1. Lines are NOT muted
   - Please use your phone’s mute feature when not speaking

2. To listen to the audio for this webinar, please call 303.248.0285, access code: 5617817.

3. Remember to chat in questions!

4. Webinar is being recorded and will be posted on PHASEsupport.org and a link will be sent via email
Agenda

Introduction & Burning Issues (Alexis & Jerry: 10 min)

Finding & Fixing Uncontrolled HTN (Jerry, Danielle, You: 45 min)
- Seeded Discussion on Tools for Team/Patient/Population Management Work
- Open Discussion, Q&A, Problem Solving

Wrap Up (Alexis: 5 min)
- Resources & Upcoming Convening
Desired Outcomes

• Reinforce key steps to move the Hypertension needle
• Learn successful practices in these areas from a high performing health center
• Use peer sharing to enhance everyone’s blood pressure control efforts
• Answer any burning questions
Burning Questions/Issues?
July – September Coaching Calls:
Steps to Move the Needle on Hypertension Control
Some Key Steps to Move HTN Needle

1. • Solidify Foundations: e.g. data, engagement

2. • Focus on drivers: Who is not in control? Why?

3. • Get them into clinic ‘control machine’

4. • Help providers Rx (timely POAP titration)

5. • Help patients to adhere (e.g. visits, meds)
Petaluma Health Center

Currently caring for 29,000 patients via 150,000 annual visits

Sites:
2 large primary care sites
1 homeless shelter
3 school based health centers

- Full spectrum family centered primary medical care for children and adults
- Adult and pediatric dental care
- Women’s health including pregnancy care and gynecology consultation
- Integrated behavioral health and psychiatry consultation

Wellness services:
- Acupuncture
- Chiropractic care
- Integrative Medicine consultation
- Nutrition
- Shared medical visits
- Community exercise programs

Specialty Care:
- Ophthalmology and Optometry
- Podiatry
- Endocrinology
- Rheumatology (telehealth)
Compliance:
- 76% of 2167 out of 2867
- 0 exclusions

Target:
- Locations: All
- Payer Groups: All
- Genders: All

Compliance trend:
- 2014: 67%
- Current: 76%

Compliance by Provider Team:
- Petaluma Team 1: 80%
- RP Team 2: 80%
- Petaluma Team 2: 76%
- OB Team: 75%
- Petaluma Team 3: 74%
- RP Team 1: 70%
- Locum: 33%
It Took Many Systemic Changes to Improve Hypertension Control

Pre-visit
Standard care team huddle identifies patients with uncontrolled hypertension

Office Visit
Standard BP measurement and data collection process used by Medical Assistant
PCP or RN co-visit uses:
*Standard guideline for treatment
*Standard template
*Standard Order Set

Team Based Population Health
1. Care teams monitor performance using Relevant (Included in QI plan and provider incentive program)
2. Care teams make individual treatment plans for patients with uncontrolled hypertension during “team time”

Outside of Visit
Standard Patient Recall Protocols:
1. Patients who have a last BP reading over 140/90
2. Patients with hypertension diagnosis who have not had a visit in 6 months.
Key Initiatives for Discussion

- Standard template
- Standard order set
- Recall protocols
- “Team-time” for management of uncontrolled hypertension
Hypertension Documentation Template

Subjective:

Chief Complaint(s):

HPI:
- Cardiac Risk Assessment
  - EXERCISE ____.
  - DIET: ____.
- Cardiovascular
  - HYPERTENSION ____.
  - HOME BP MONITORING ____.
  - MEDICATION ADHERANCE ____.
  - ASSOCIATED SYMPTOMS ____.
  - DENIES ____.

Self-Management
- LAST SELF MANAGEMENT GOAL: see last note for details.
- SELF MANAGEMENT GOAL: Documented in Preventive Medicine.
- Hypertension Goal for 18 - 59 and / or CKD or DM: <140/90
- Hypertension Goal > 60 without CKD or DM: <150/90.
Hypertension Order Set – Part 1

- **Diagnosis (Trigger):** Unknown
- **Diagnosis (Linked):** (Same as Trigger)
- **Age (Trigger):** 18 yrs to 79 yrs
- **Gender (Trigger):** Unknown

**MESSAGE:**
*REFERRAL REQUIREMENTS: Referral not indicated. BEST PRACTICES: STEP 1 - Consider starting an ACE Inhibitor and HCTZ as first line treatment. If not tolerated, start diuretic. IF NOT CONTROLLED STEP 2 is add a CCB (Amlodipine). IF NOT CONTROLLED STEP 3 ADD Spironolactone or an ARB. ALL MEDICATIONS BELOW Covered by PHP & 48 drug programs except Amlodipine and losartan which are both less than $10 at pharmacy. PLEASE SEE KAISER INTERNATIONAL HTN GUIDELINES BELOW.*

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#### Immunizations

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#### Therapeutic Injections

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#### Appointments

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#### Physician Education

**PDF**
- Kaiser - Hypertension Guidelines - 2013
- RCHC - HTN Guidelines - 2016

**WEB REFERENCE**

#### Patient Education

**PDF**
- Blood Pressure Chart
- Home Blood Pressure Log
- Balanced Plate - English & Spanish
- AAPP Hypertension - English
- AAPP Hypertension - Spanish
- Hypertension Lifestyle Plan - English & Spanish

**WEB REFERENCE**
Hypertension Control – Recall Protocols

- High risk / Complex – RN or Case Management
  Risk >5

- Patients with uncontrolled chronic conditions – Teamlet management MA based recalling
  Risk Score 3-4

- Well Patients / Patients with controlled chronic condition – Tech based Reminders
  Risk Score 0-2
Recall Protocols – email, portal, text, phone message

1. Patients with last BP uncontrolled
2. Patients with controlled BP but no visit in 6 months
Uncontrolled BP Recall Messages Sent

Count of Successful Messages Sent

From 01/01/2016 To 07/01/2017

Counts

- Message Count
- Unique Patient Count

Thursday, Jan 1, 2017
Message Count: 4
Hypertension Control

- Care teams began using one team meeting a month to review uncontrolled hypertension cases and make individual plans for patients.
- Web-based system is available for teams to track progress and identify patients for intervention.
INCENTIVE - Hypertension Control

**Compliance**

- Compliance: 76%
- Total: 2867
- Achieved: 2167
- Exclusions: 0

Compliance is 1 percentage point above the organization's target of 75%.

**Compliance by Provider Team**

- Polkuma Team 1: 80%
- RP Team 2: 80%
- Polkuma Team 2: 76%
- Polkuma Team 3: 74%
- RP Team 1: 70%

**Compliance by Provider**

- Choo, Jonathan: 80%
- Licht, Nuri: 80%
- Bretherton, Ann: 65%
- Powell, Hilary: 84%
- Kornelius, Judith: 84%
- Hoet, Jon: 62%
- Orin, Danielle: 82%
- Hefgen, Erin: 61%
- Williams, Lauren: 88%
- Oregia, Marina: 80%
- Ull, Anhthi: 80%
- Benoist, Leesa: 80%
- Moore, Jessica: 79%
- Baylor, Anna: 76%
- Gomez-Mor, Christina: 76%
- Hamed, Rash: 76%
- Sandhu, Amrita: 75%
- Dusud, Nicole: 76%
- Katz, Robocca: 76%
- Shaw, Emily: 73%
- Edouard, Philippe: 72%
- Wong, Melissa: 73%
- Nitu, Carmen: 73%

**Measurement period:** July 1, 2016—June 30, 2017
INCENTIVE - Hypertension Control

COMPLIANCE

85%

56
66

0 exclusions

TARGET

10

Compliance is 10 percentage points above the organization's target of 75%.

FILTERS

Locations → All
Payer Groups → All
Provided by → Brotherton, Anne
Provider Teams → All
Genders → All
Races → All
Ethnities → All

Compliance by Provider Team

Compliance by Provider
### Uncontrolled BP List by Provider/Team

#### Measure Results

Displaying 10 of 11 results

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Danielle Oryn, DO MPH
Chief Medical Informatics Officer
Petaluma Health Center

danielleo@phealthcenter.org
707-559-7500
Moving the Needle on HTN Control

1. Solidify Foundations: e.g. data, engagement
2. Focus on drivers: Who is not in control? Why?
3. Get them into clinic ‘control machine’
4. Help providers Rx (timely POAP titration)
5. Help patients to adhere (e.g. visits, meds)
Discussion/Q&A, Other Topics
Resources to Support Your Care Reengineering

- **QI Resources:** PHASESupport.org > Resources > QI Resources

- **Training Opportunities:** PHASESupport.org > Training > Training/TA Opportunities

- **Responsive Assistance:** PHASESupport.org > Training > Support Request Form

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### Newsletter

**Monthly newsletter – 2nd Thursday**

- Evaluation news
- Upcoming webinars and convenings
- Upcoming training opportunities
- Resource highlights
- Other PHASE news
PHASE Convening
Thursday, November 16 | 8:30am - 4:30pm
Marriot Convention Center  Oakland, CA

*Look for the agenda and registration link later this week!*

Lodging
Room block at Courtyard Oakland Downtown – reserve your room by October 25th!
PHASE Convening Workshops

Hunter Gatewood, MSW, LCSW
Signal Key Consulting
Using Performance Data to Light a Fire for Change

Michael Cox
Kaiser Permanente
Motivational Interviewing for Medication Adherence

Michael Rakotz, MD, FAHA, FAAFP
American Medical Association
Engaging Clinical Teams & Patients in Self-measured Blood Pressure Monitoring (SMBP)
Bright Spots “Trading Cards”

Promising Practices & Impactful Changes
• Your creative intervention/change/re-engineering effort
• Outcomes, results or progress
• Advice for others interested in making this change or idea
• Template for trading card coming soon
• Collect and trade on November 16th
QUESTIONS?
Don’t hesitate to reach out as your 2017 PHASE work unfolds!

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