Welcome to the PHASE Learning Community!
Webinar Housekeeping

1. Lines are muted.

2. Chat in questions or unmute your line by pressing *7 to ask a question (*6 to re-mute).

3. Webinar is being recorded and will be posted on the PHASE Support site. A link will be sent via email.

4. Please fill out our feedback survey at the end of the webinar
THREE-PART SERIES:
Nurse-Run Hypertension Care
Facilitated By

KATE COLWELL, MD
RECAP OF PART 1: THE CASE FOR NURSE-LED CARE & OPTIONS FOR IMPLEMENTATION
WHY NURSE-RUN HYPERTENSION CARE?

THE QUADRUPLE AIM

- Improved Population Health
- Satisfied Patients
- Satisfied Staff
- Reduced Care Cost
# Models Used by Your Phase Peers

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Model</th>
<th>Visits Scheduled w/ RN?</th>
<th>Face to face?</th>
<th>Can RN Adjust Rx?</th>
<th># Visits per week</th>
<th>Panel/Population size per RN</th>
<th>Billable?</th>
<th>EHR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marin Community Clinics</td>
<td>Co-visits with pod nurse</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
<td>5-10</td>
<td>Panels of 4-5 providers</td>
<td>Yes because is co-visit with provider</td>
<td>NextGen</td>
</tr>
<tr>
<td>CommuniCare</td>
<td>One co-visit then phone follow-up</td>
<td>Provider</td>
<td>Warm handoff, then phone f/u</td>
<td>Yes, per PHASE algorithm</td>
<td>10</td>
<td>Not empaneled: RNs belong to multiple care teams</td>
<td>No unless coincides w/ provider visit</td>
<td>ECW</td>
</tr>
<tr>
<td>West County</td>
<td>- Care team with 1 RN for several MDs.</td>
<td>No</td>
<td>Mostly phone + in-reach</td>
<td>No</td>
<td>7</td>
<td>?</td>
<td>No unless coincides w/ provider visit</td>
<td>ECW</td>
</tr>
<tr>
<td>San Francisco Health Network</td>
<td>- Standard work for RNs.</td>
<td>Yes</td>
<td>Face to face</td>
<td>Yes</td>
<td>Varies &amp; decided by clinic</td>
<td>Not empaneled</td>
<td>No unless coincides w/ provider visit</td>
<td>ECW</td>
</tr>
<tr>
<td>Alameda</td>
<td>- PCP referral to nurse paired with PharmD in each clinic.</td>
<td>Yes</td>
<td>Warm handoff; schedule face-to-face or phone</td>
<td>Yes</td>
<td>? - RNs seeing multiple types of patients</td>
<td>Not empaneled</td>
<td>No unless coincides w/ provider visit</td>
<td>NextGen</td>
</tr>
</tbody>
</table>
THE CASE FOR NURSE LED CARE & OPTIONS FOR IMPLEMENTATION

DEVELOPING THE GUIDELINES AND PROCEDURES
Today!

MOVING TO ACTION: TRAINING & IMPLEMENTATION
May 16, 12-1pm
MAYBE START SMALL, BUT START SOMEWHERE
BRANDON BETTENCOURT, RN
Director of Quality Improvement
Model: MAs Check BP and Improve Access for HTN Care
EHR System: eClinicalWorks
NEW CARE TEAM PROCESS

1. Evidence-Based Guideline
2. Agreed upon by clinical staff
3. Protocols & procedures based on legal scope of practice
4. Approved by appropriate authorities
5. Defined workflow
6. Accepted by Stakeholders
7. New Team-Based Care Process
GUIDELINES BASED ON BEST CURRENT EVIDENCE

• 2014 Joint National Committee on Hypertension
• 2017 American College of Cardiology/American Heart Association Clinical Practice Guideline for High Blood Pressure in Adults
PROTOCOLS, STANDARDIZED PROCEDURES AND SCOPE OF PRACTICE

Nursing Scope of Practice mostly defined in California Business & Professions Code 2725

Nurses taking on functions traditionally done by MDs work under standardized procedures.

16 CA ADC § 1474
16 CCR § 1474
Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:
(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
(b) Each standardized procedure shall:
(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.
(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.
(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.
(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.
(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.
(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.
(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.
(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.
(10) Specify patient record keeping requirements.
1. Uncomplicated hypertension and hypertension with stage 1-3 chronic kidney disease, diabetes mellitus, stroke, or transient ischemic attack
2. Adult, aged 18 and older
3. May be on other anti-hypertensive medications other than those listed which will not be titrated.
4. Referring provider is responsible for initiating Hydrochlorothiazide, Lisinopril, Lisinopril/Hydrochlorothiazide, or Amlodipine.
5. Referring provider is responsible for ordering serum sodium, potassium and serum creatinine within 2 weeks of starting an ACEI or thiazide.
6. Exclusion criteria: Coronary artery disease, stage 4 or 5 chronic kidney disease, heart failure, or pregnancy.
SCOPE OF PRACTICE FOR NURSES AND PHARMACISTS

Model: PCP referral to nurse paired with PharmD in each clinic. Nursing notes sent to PCP.
Scheduled with RN: Yes
Face-to-Face?: Warm hand-off + scheduled face-to-face or phone
Adjust Meds: Yes
Visits/Week: Uncertain - RNs see multiple patient types
Billable: No, unless visit coincides with provider visit.
Empanelled: No
EHR: NextGen
SCOPE OF PRACTICE FOR NURSES AND PHARMACISTS

Model: One co-visit then phone follow-up
Scheduled with RN: Yes
Face-to-Face?: Warm handoff, then mostly phone follow-up
Adjust Meds: Yes, per PHASE algorithm
Visits/Week: 10
Billable: No, unless visit coincides with provider visit.
Empanelled: No, RNs belong to multiple care teams.
EHR: eCW
GETTING OPERATIONAL APPROVAL FOR YOUR PROGRAM

APPROVAL FACTORS:

- Financial Considerations
- Nursing Role
- Medical Considerations
- Strategy

GET BUY IN FROM...

- COO and/or CFO
- CNO
- CMO
- CEO
GETTING LEGAL APPROVAL FOR YOUR PROGRAM

Hospital-Based System
- Hospital System Interdisciplinary Practice Committee
- Medical Executive Committee
- Possibly quality or other committees

Community Health Centers
- Community Clinic Board
- Others per governance bylaws
LEGAL ISSUES: SCOPE OF PRACTICE AND getting approval in your system

ERIC MAHONE, PHARMD
Clinical Pharmacy Manager - Ambulatory Care

- Model: PCP referral to nurse paired with PharmD in each clinic. Nursing notes sent to PCP.
- Scheduled with RN: Yes
- Face-to-Face?: Warm hand-off + scheduled face-to-face or phone
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LEGAL ISSUES: SCOPE OF PRACTICE AND GETTING APPROVAL IN YOUR SYSTEM

Model: One co-visit then phone follow-up
Scheduled with RN: Yes
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WORKFLOW DEVELOPMENT

Workflows needed:

- Criteria and workflow for referral to RN visit
- Workflow for the RN visit
- Criteria for discharge and return to clinician
Chronic Care Visit – high level workflow

- Patient with HTN identified for chronic care management
- Refer to RN, PharmD, or PCP?
  - RN Chronic Care Visit
    - RN follow up as needed, until BP controlled
  - PharmD Chronic Care Visit
    - PharmD follow up as needed, until BP controlled
  - PCP visit

Risk Stratification Guidelines
Referral Algorithm
Worklist
RN Standard Work
Home BP Monitoring Toolkit

Refer back to PCP
BUY-IN = CHANGE MANAGEMENT

RIGHT CHANGE > RIGHT PEOPLE > RIGHT MESSAGE > RIGHT TIME
GETTING NURSE PARTICIPATION

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

JUDITH SANSONE, RN, MS
Director of Nursing, Primary Care

- **Model**: Standard work for RNs. Some co-visits with Pharm D. MD or pharmacists sign off to alter meds.
- **Scheduled with RN**: Yes
- **Face-to-Face?**: Yes
- **Adjust Meds**: Yes
- **Visits/Week**: Varies & decided by clinics
- **Billable**: No, unless visit coincides with provider visit.
- **Empanelled**: No
- **EHR**: eCW
GETTING NURSE PARTICIPATION

ADRIENNE GIAMPAOLI, RN
Quality Improvement Nurse

- Model: Co-visits with pod nurse
- Scheduled with RN: No, scheduled with Provider
- Face-to-Face?: Yes
- Adjust Meds: No
- Visits/Week: 5-10
- Billable: Yes, co-visit is with provider
- Empanelled: Yes
- Panel Size: 4-5 providers
- EHR: NextGen
GETTING PHYSICIAN BUY-IN

San Francisco Health Network

ELLEN CHEN, MD
Primary Care Director of Population Health and Quality

- **Model**: Standard work for RNs. Some co-visits with Pharm D. MD or pharmacists sign off to alter meds.
- **Scheduled with RN**: Yes
- **Face-to-Face?**: Yes
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- **Empanelled**: No
- **EHR**: eCW
GETTING PHYSICIAN BUY-IN

- **TIME** to discuss and agree on clinical evidence re HTN protocol (incl. CME)
- **DATA** for improvement
- **PROVIDER EDUCATION** about RN education
- **TIME** to build relationships and trust
- **SYSTEM PROTOCOLS** for referral and communication within team
- **CLEAR EXPECTATIONS** of professionalism & communication with team
GETTING PATIENT BUY-IN

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

JUDITH SANSONE, RN, MS
Director of Nursing, Primary Care

- **Model:** Standard work for RNs. Some co-visits with Pharm D. MD or pharmacists sign off to alter meds.
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WHERE ARE YOU IN THIS PROCESS?

- Evidence-Based Guideline
- Agreed upon by clinical staff
- Protocols & procedures based on legal scope of practice
- Approved by appropriate authorities
- Defined workflow
- Accepted by Stakeholders
- New Team-Based Care Process

START
Today, presenters will answer questions about Scope of Practice, Approval, Workflow, & Buy-In Issues
Final Thoughts

Thank you!

Questions? Contact:

SA Kushinka
Program Director
sa@careinnovations.org

Angela Liu
Program Coordinator
angela@careinnovations.org

Please remember to fill out the post webinar brief survey!!
Save the date!
In-Person PHASE Convening

Tuesday, June 5 | DoubleTree, Berkeley Marina
References for Guidelines and Scientific Information

- UpToDate https://www.uptodate.com/home
- National Guideline Clearinghouse
  - https://www.guideline.gov/
- JAMA network Hypertension Guidelines https://sites.jamanetwork.com/jnc8/
- ACC/AHA 2017 Guidelines
  - https://jamanetwork.com/journals/jama/article-abstract/2664350?redirect=true
- JNC 8 2014
  - https://jamanetwork.com/journals/jama/fullarticle/1791497
References for Protocols and Team Roles

• Nursing Practice

• Standardized procedure guidelines

• Standing orders versus specific orders re MAs
  http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=2069.&lawCode=BPC

Standing orders and Team care
ACCESSING RESOURCES DISCUSSED IN THIS SERIES

- RCHC’s RN Standardized Procedures Templates:
  https://www.rchc.net/POPULATION-HEALTH/EVIDENCE-BASED-CARE/

- AHS RN Standardized Procedure for Medication Titration
  https://phasesupport.files.wordpress.com/2017/12/standardized-procedure_-_htn.pdf

- AHS Nursing Standardized Procedure Training
  https://phasesupport.files.wordpress.com/2017/12/nursing-standardized-procedure-training-htn.pptx

Or, go to PHASEsupport.org Resource Hub > Protocols & Change Packages:
https://www.careinnovations.org/phasesupport/resources/#protocols