

What the Care Team Needs to KNOW

- PHASE is a population health management program developed by Kaiser Permanente that aims to reduce heart attacks and strokes for patients at elevated risk with medication and lifestyle changes. *Learn More:* [Participant's Guide to PHASE](#)
- There is very strong evidence that the PHASE approach works to significantly reduce heart attacks and strokes.
- Participating in PHASE provides opportunities to receive training, clinical expertise, peer sharing, coaching, customized support and access to online resources. *Learn More:* [Participant's Guide to PHASE](#)
- PHASE involves tracking and continuous improvement of blood pressure control and several other markers (diabetes management, screening & follow-up for tobacco, BMI, depression), for reducing heart attacks and stroke. The outcomes tracked are HEDIS (Healthcare Effectiveness Data and Information Set) standardized performance measures. *Learn More:* [PHASE Reporting Template](#)
- PHASE implementation requires capability building in 5 key domains that are important for population health management (engaged leadership, team based care, data driven decision making, panel management, quality and process improvement). *Learn More:* [Building Blocks Summary](#)
- The PHASE model and process of implementation is applicable to many performance improvement targets beyond hypertension and diabetes. *Learn More:* [HRSA Guide to Improving Care Processes and Outcomes](#)
- PHASE-supported quality improvement is a win/win for patients and the care team. Care processes become more efficient and effective, leading to better patient outcomes and better staff satisfaction.
- BP must be carefully measured according to established protocols to accurately diagnose and manage hypertension. *Learn More:* [Measure Up Pressure Down Proper BP Measurement Guidelines](#), [TargetBP: Measuring Blood Pressure](#)
- There is a comprehensive body of evidence to guide hypertension management. *Learn More:* [PHASE Support Resource Hub – Hypertension Guidelines](#)
- Successful PHASE implementation and targeted improvements hinge on a dedicated cross-functional team supported by a Clinical Champion. *Learn More:* [Participant's Guide to PHASE](#)

What the Care Team Needs to DO

- **Full Care Team:** Examine current care processes to identify opportunities for improvement. Help design and implement effective work and information flows. Participate in annual review/completion of PHASE Clinic Assessment to support ongoing practice transformation and care team enhancements. *Learn More:* [Building Blocks Summary \(coming soon!\)](#)
- **Providers:** Participate in developing and practicing effective, hypertension guideline implementation and workflows. Deliver evidence-based, patient-focused care supported by practice protocols and clinical decision support (CDS) including huddle reports, order sets, and care gap reports from registries.
- **MA's:** Learn and apply appropriate techniques for collecting key data, including proper BP measurement. Gather data and provide patient support per protocol (during huddles, patient visit intake, follow-up). Support other roles such as health coaches, nutritionists, diabetes educators, CHWs.
- **RNs:** Lead efforts to provide health coaching, patient education and manage uncomplicated HTN under standardized procedures or through co-visits with MDs.
- **Pharmacist:** Support medication management and adherence for patients needing additional assistance. Support/train RNs on medication titration under standing orders/protocols.
- **Staff with Population Management Responsibilities:** Use practice protocols to search registries to find patients who have not yet reached targeted outcomes and do corresponding outreach.