KAISER PERMANENTE®

PHASE

PREVENTING HEART ATTACKS & STROKES EVERY DAY

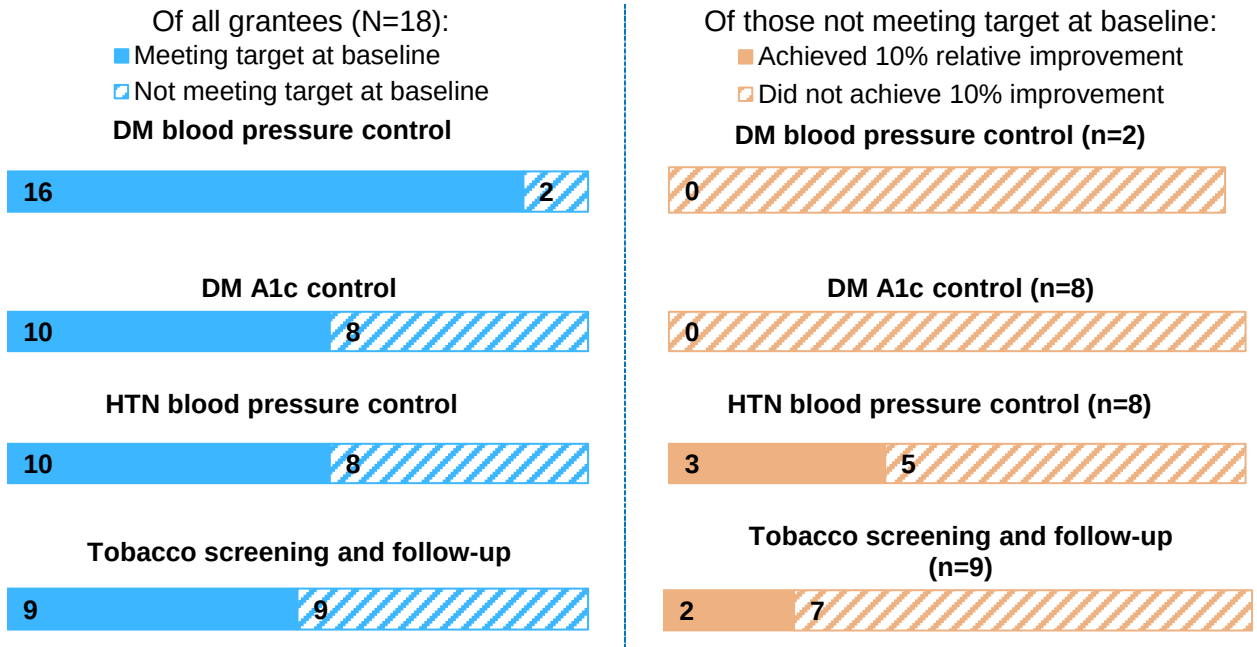
Reach of the PHASE initiative in Q2 2017

- HTN patients: 113,000
- DM patients: 81,000
- ASCVD patients: 18,000
- Total patients: 175,000
- Hospital sites and HCs: 67

Key Outcomes

66% of patients with diabetes (DM) are on a statin

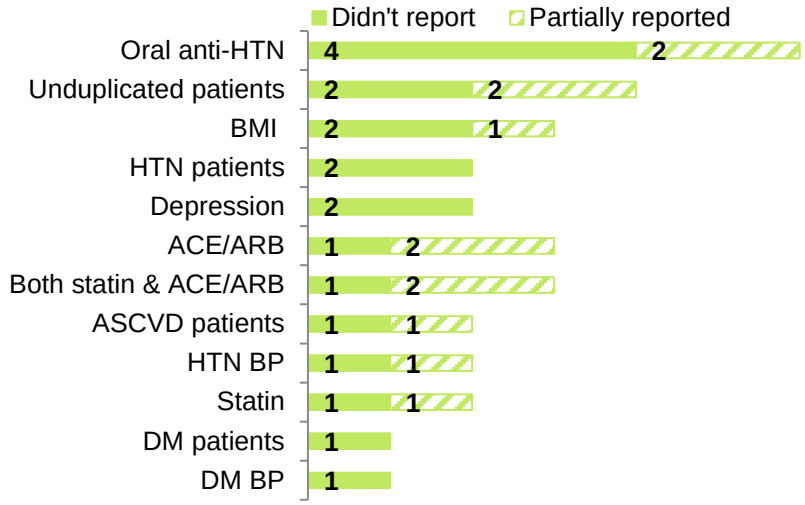
68% of patients with hypertension (HTN) are on an anti-hypertensive



If a grantee did not report or have a reliable value for the measure at baseline, they are "not meeting target at baseline." Those that still haven't reported or have a reliable value in Q2 for that measure are "not achieving 10% improvement."

Availability & Quality

Not all of the 18 grantees currently report all of the measures. Additionally, due to quality concerns, 1 grantee's data was excluded from the initiative data and 1 grantee's BMI data was excluded due to use of an inconsistent definition (only reporting screening not follow-up).



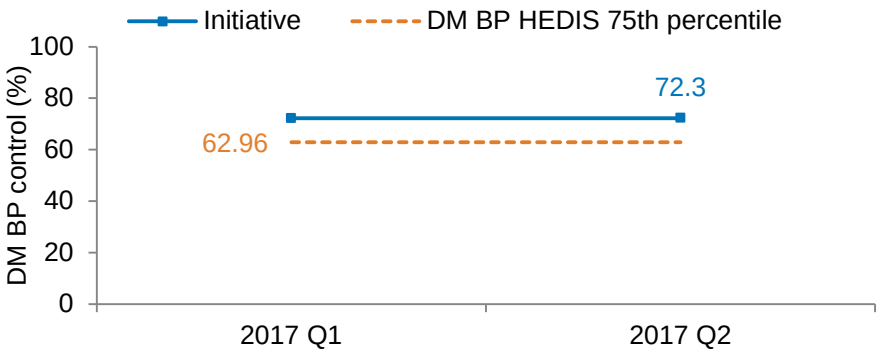
Intiative results – all outcomes

Kaiser Permanente Northern California Community Benefit program supports the PHASE initiative to prevent heart attacks and strokes in high-risk patient populations served by the safety net. The aspirational goal of the program is to eliminate preventable cardiovascular disease from our communities so that all people in our communities have controlled blood pressure, controlled Hemoglobin A1C levels, and are tobacco-free.

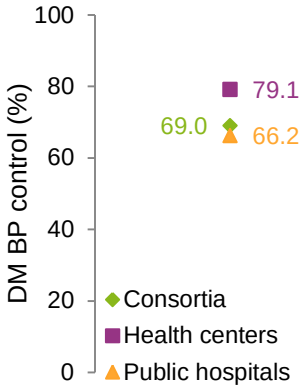
Key outcomes

At baseline, grantees as a cohort achieved the HEDIS 75th percentile for **blood pressure control for those with diabetes**, and performance has remained stable. The health center grantees have the highest percent of patients with DM with their blood pressure controlled (an absolute 13% above the public hospitals), though the averages for each type of grantee are still all above the 75th percentile.

Percent of patients with diabetes with blood pressure controlled (N=17)

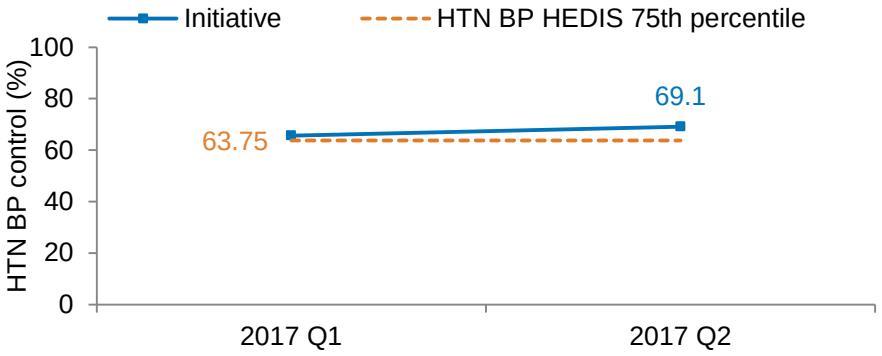


Average by grantee type in Q2 2017

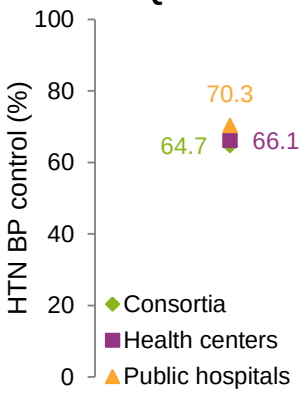


Grantees as a cohort also have remained above the HEDIS 75th percentile for **blood pressure control for those with hypertension**. The public hospital grantees have the highest percent of patients with hypertension with their blood pressure controlled, though there is less variation across grantee types in this measure than in the blood pressure control for those with diabetes.

Percent of patients with HTN with blood pressure controlled (N=16)

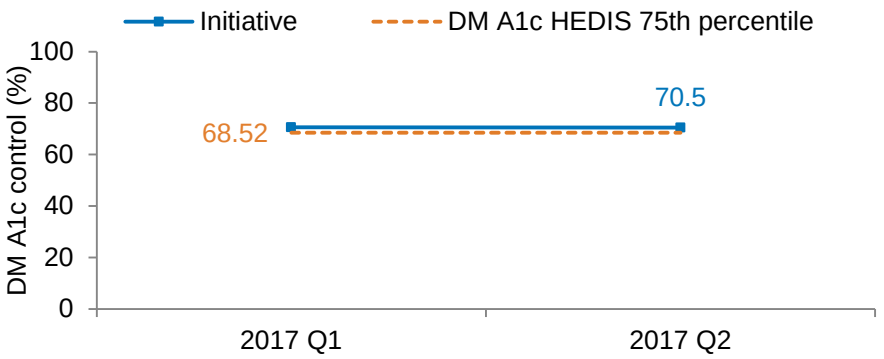


Average by grantee type in Q2 2017

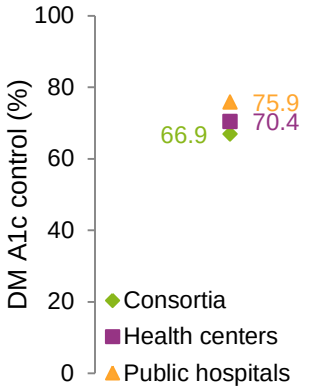


Grantees are just above the HEDIS 75th percentile for **control of A1c** within the population of patients with diabetes. There is some variation across grantee types, with health centers around an absolute 5% lower than the other grantee types. On average, the health center grantees are not yet meeting the HEDIS 75th percentile, though they are close to it (within 2 percentage points).

Percent of patients with diabetes with A1c controlled (N=17)

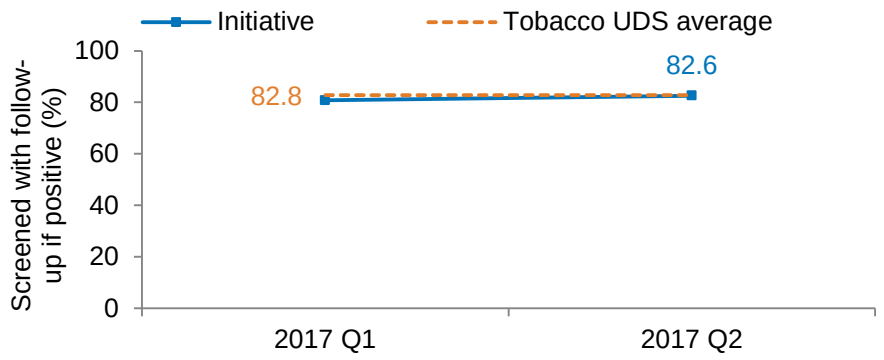


Average by grantee type in Q2 2017

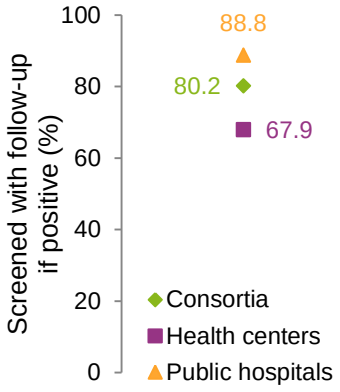


Tobacco use is a significant risk factor for cardiac events. The grantees perform well on the measure for **tobacco screening and follow-up**, falling just short of the UDS average of 82.8%.There is about an 20% absolute difference between public hospitals and health centers on this measure, which could indicate a need for tobacco screening & counseling TA for the health centers. When looking at the averages of the different grantee types separately, only the public hospitals are meeting the UDS average.

Percent of patients screened for tobacco use and received follow-up if screened positive for smoking (N=17)



Average by grantee type in Q2 2017

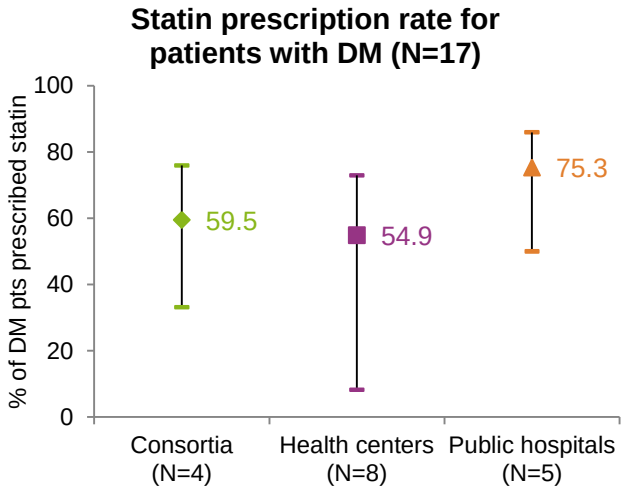


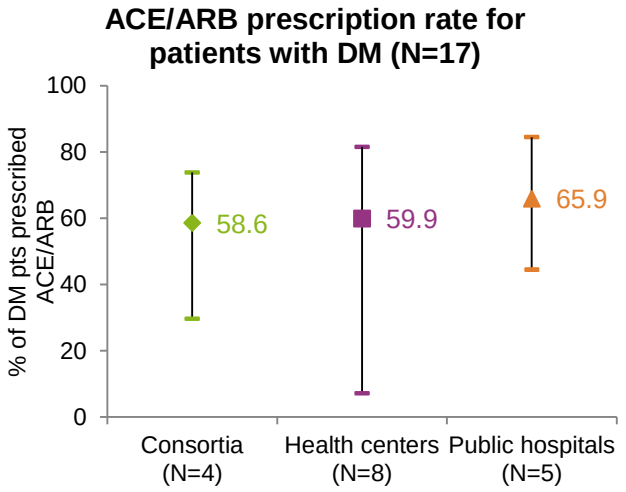
Additional outcomes

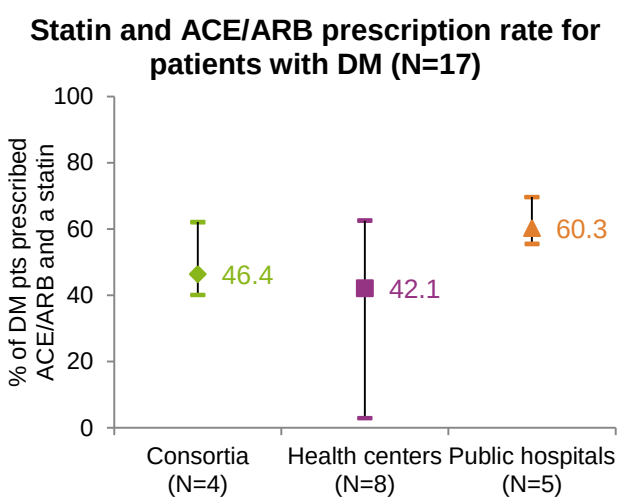
In addition to the outcomes that were identified in the initiative-wide goal, the evaluation is also tracking process measures that relate to reducing risk of CVD and managing chronic conditions. A key contribution of Kaiser Permanente to the safety net is PHASE-on-a-page—a medication algorithm that, when applied to patients at risk for cardiovascular events, reduces their risk. The medication algorithm includes statins, ACEs and ARBs, and anti-hypertensives, and so the

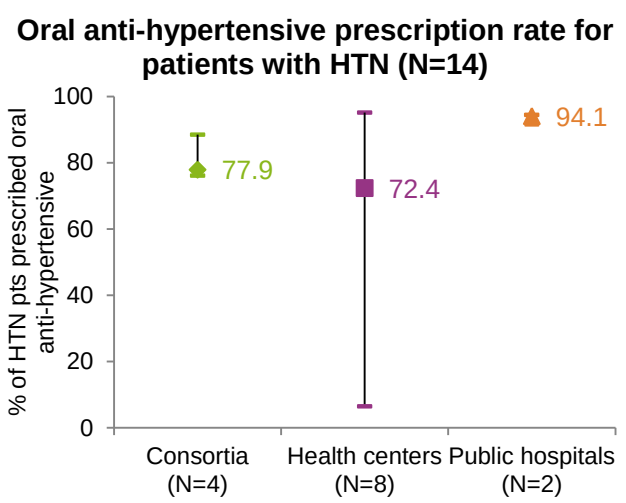
evaluation data captures prescription rates of these medications. Additionally, because high BMI is related to CVD risk, data on BMI calculation and follow-up if out of the healthy range is collected. Many individuals with chronic conditions also experience depression. Because of these co-occurring conditions, it is important to the management of these populations to also screen for and manage depression care, when needed.

There is a wide range of prescription rates for each of the key cardio-protective medications across grantees. Health center grantees have the largest range of prescription rates for each of the measures as compared to the other types of grantees. Given this is the newest cohort, there may be some data quality and reporting issues that need to be addressed. Additionally, as noted on page 1, some grantees are not yet able to report on these metrics. We will continue to assess data quality issues related to these measures.





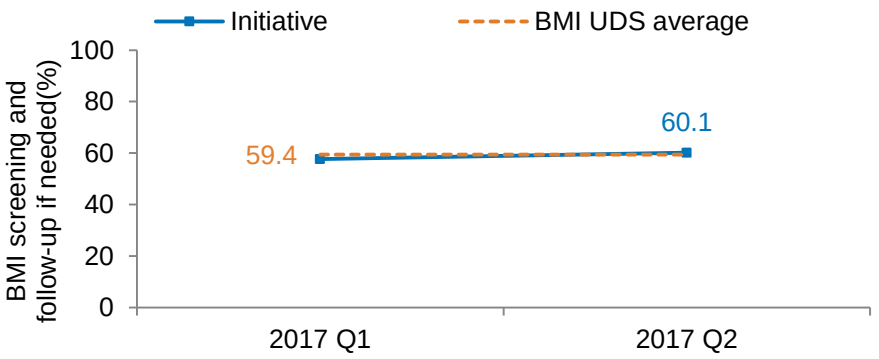




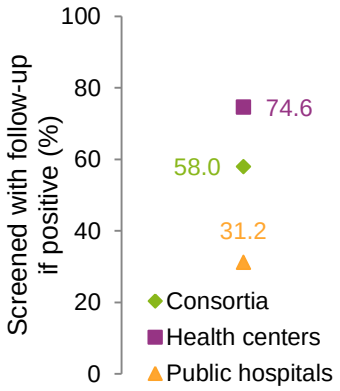
Initiative-wide, the rate of **BMI screening and follow-up** if BMI is outside of the normal range exceeded the UDS average of 59.4% in Q2 of 2017. There is a large difference between the types of grantees, with health centers reporting higher performance than the UDS average and the consortia and public hospitals. This is an area in which we will continue supporting grantees; not all grantees are able to document follow-up in a standardized way. This is an ongoing

challenge for consortia and public hospitals. There also may be some data quality issues in the health center cohort that is inflating performance in this area, which we will continue to monitor.

Percent of patients with BMI calculated and with follow-up if BMI is outside the healthy range (N=14)

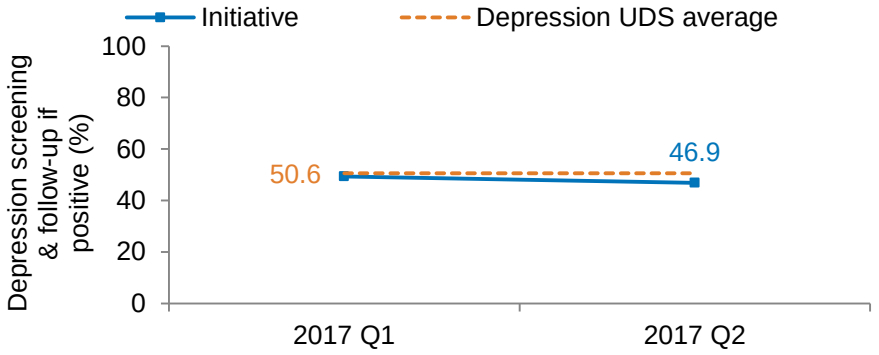


Average by grantee type in Q2 2017



Grantee performance on **depression screening with follow-up if positive** is slightly below the UDS average. As with BMI screening, there is a wide variation across grantees, with health centers and consortia reaching higher rates. This, too, is a potential area for TA given that grantees which have been participating in PHASE continue to struggle with this measure. Some grantees have also indicated that lower performance on this measure may be due to a reluctance to screen for depression when they do not have the resources or ability to provide the follow-up care needed if the patient screens positive.

Percent of patients screened for depression with follow-up if they are positive for depression (N=15)



Average by grantee type in Q2 2017