KAISER PERMANENTE®

PHASE

PREVENTING HEART ATTACKS & STROKES EVERY DAY

Reach of the PHASE initiative in Q3 2017

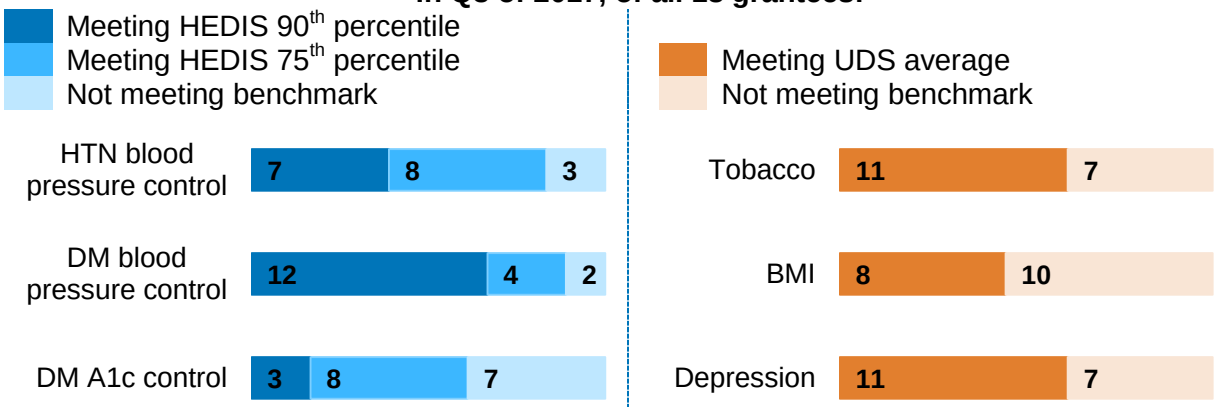
- HTN patients: 132,200
- DM patients: 96,900
- ASCVD patients: 20,800
- Total patients: 186,300
- Hospital sites and HCs: 69

Key Outcomes

72.3% of patients with diabetes (DM) are on a statin

70.5% of patients with hypertension (HTN) are on an anti-hypertensive

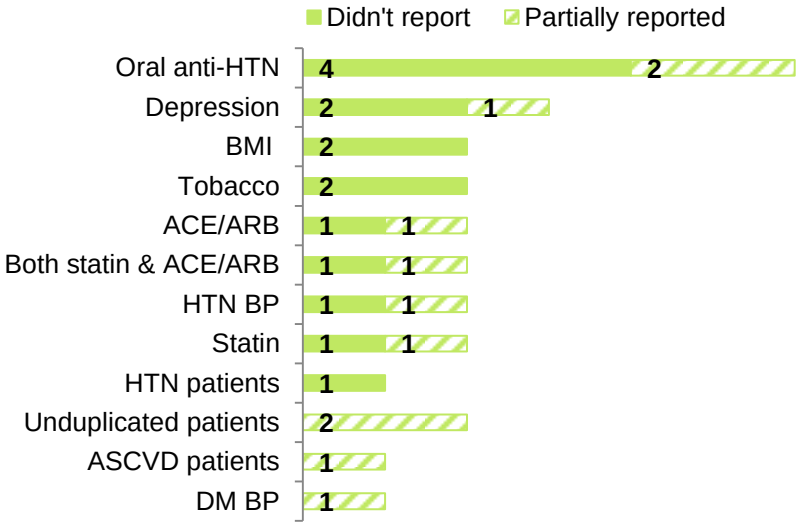
In Q3 of 2017, of all 18 grantees:



If a grantee did not report or have a reliable value for the measure, they are considered "not meeting benchmark."

Availability & Quality

Not all of the 18 grantees currently report all of the measures. Partial reporting is when a consortium or hospital reports the measure for only some of their clinics. Due to quality concerns, 1 grantee's data was excluded from the initiative data and 2 grantees' BMI data were excluded due to use of an inconsistent definition (they only reporting screening as opposed to screening and follow-up).



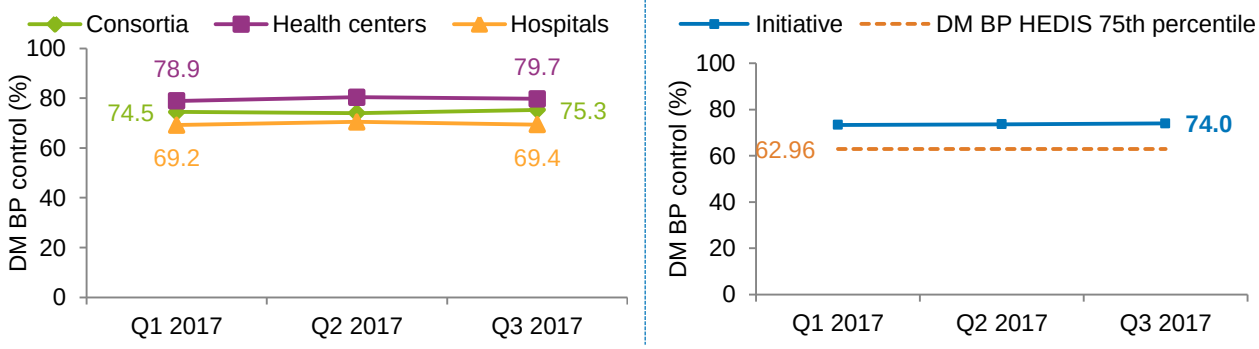
Intiative results – clinical data outcomes

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

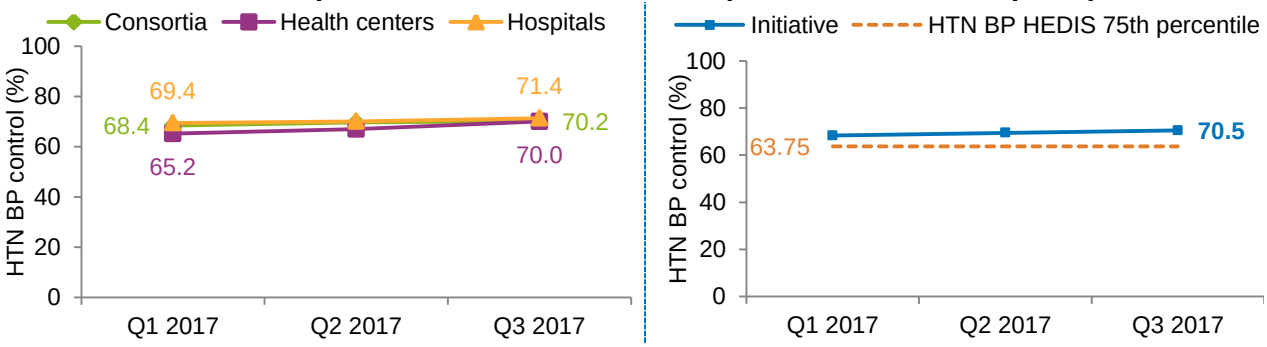
The initiative has attained **74.0% of patients with diabetes who have their blood pressure in control**. At the start of the initiative, the average was above 62.96% (the HEDIS 75th percentile) and has remained steady above it. The health center grantees have the highest percent of patients with diabetes with their blood pressure controlled (an absolute 10% above the public hospitals), though the averages for each type of grantee are still all above the benchmark of of 62.96%.

% of patients with diabetes with blood pressure controlled by grantee type (N=17)



Across the initiative, there is an average of **70.5% of patients with hypertension with their blood pressure in control**. The initiative average has remained above 63.75%, which is the HEDIS 75th percentile for blood pressure control for those with hypertension. There is less variation across grantee types in this measure than in the blood pressure control for those with diabetes. The health centers have made the largest gains thus far in the grant (from 65.2% to 70%). The consortia and public hospitals have remained between 68% and 71%.

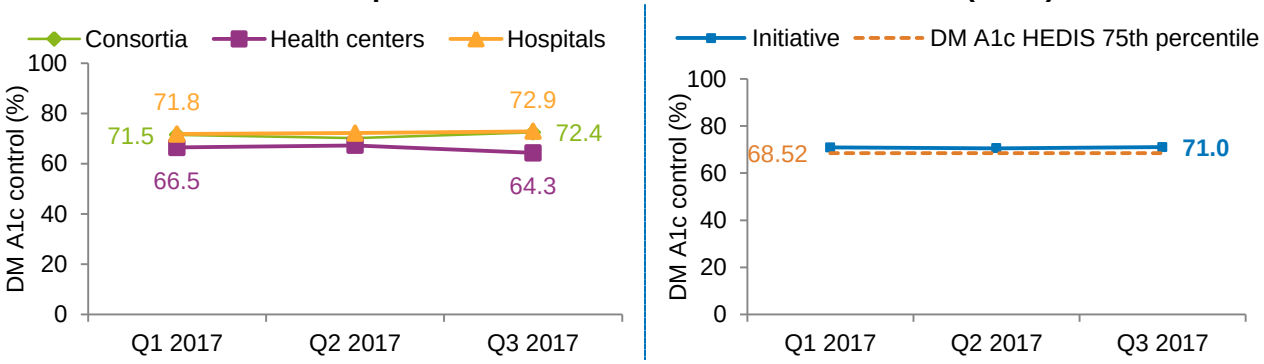
Percent of patients with HTN with blood pressure controlled (N=16)



Of patients with diabetes, 71.0% have their A1c controlled. This is just above the HEDIS 75th percentile for control of A1c, which is 68.52%. There is some variation across grantee

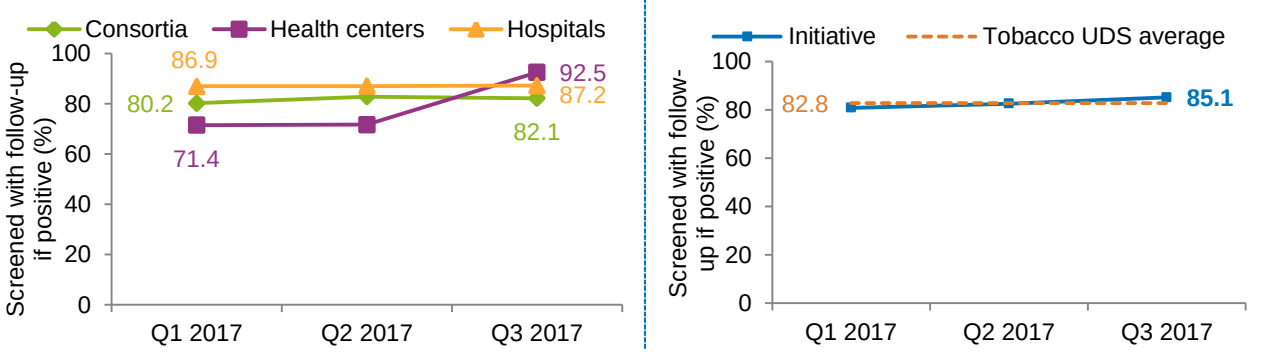
types, with health centers around an absolute 8% lower than the other grantee types. On average, the health center grantees are not yet meeting the HEDIS 75th percentile, though they are close to it (within 4 percentage points).

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



Tobacco use is a significant risk factor for cardiac events. **The grantees perform well on the measure for tobacco screening and follow-up, reaching 85.1%**, which surpasses the UDS average of 82.8%. From baseline, the health centers have made much progress in this measure, now surpassing the other types of grantees. All grantee types are meeting the benchmark of the UDS average.

Percent of patients screened for tobacco use and received follow-up if screened positive for smoking (N=16)

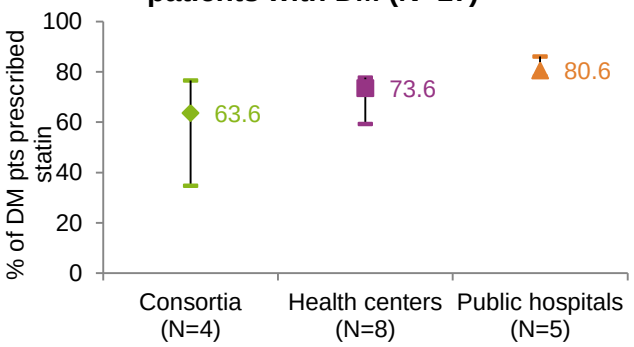


Additional outcomes

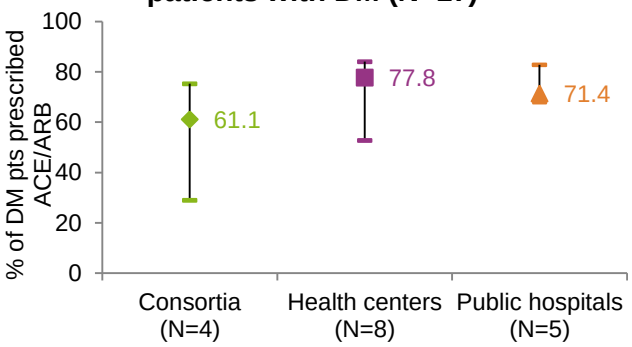
In addition to the outcomes that were identified in the initiative-wide goal, the evaluation is also tracking process measures that relate to reducing risk of CVD and managing chronic conditions. A key contribution of Kaiser Permanente to the safety net is PHASE-on-a-page—a medication algorithm that, 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. For all but one measure, the public hospitals have higher rates than other grantee types. Health center grantees have decreased the range of prescription rates for each of the measures since baseline. The increase in prescriptions of these medications is seen across all cohorts. 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.

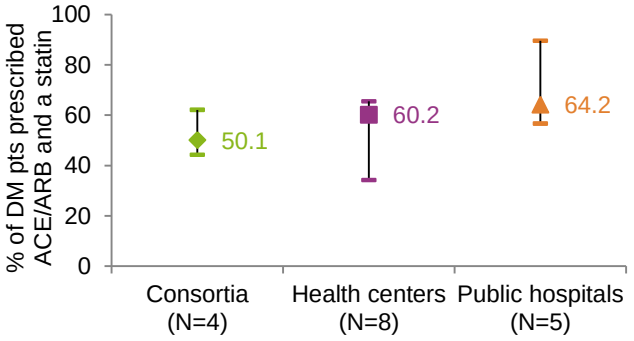
Statin prescription rate for patients with DM (N=17)



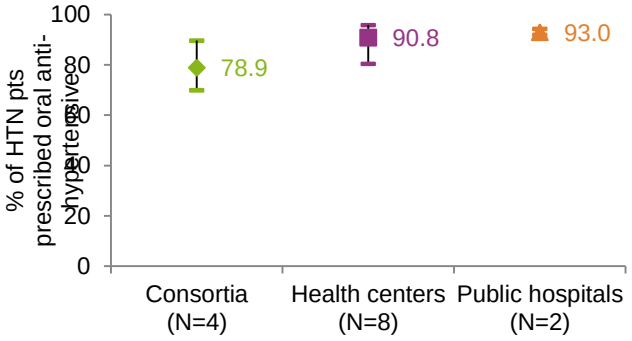
ACE/ARB prescription rate for patients with DM (N=17)



Statin and ACE/ARB prescription rate for patients with DM (N=17)

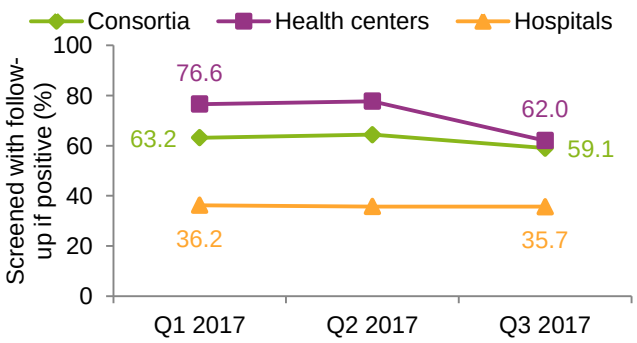


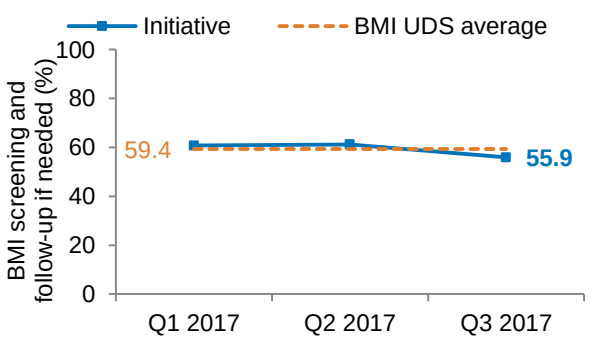
Oral anti-hypertensive prescription rate for patients with HTN (N=14)



Initiative-wide **55.9% of patients receive BMI screening and follow-up if needed. This is slightly lower than** the UDS average of 59.4% in Q3 of 2017. There was a slight decline from Q2, driven almost entirely by the health center cohort. As they have improved data validation of this measure, their rates declined to more fully reflect what is happening in clinic.

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





Grantee performance on **depression screening with follow-up if positive is at 54.0% of patients**. This quarter, the grantee average crossed the threshold of the UDS average (50.6%). As with BMI screening, there is a wide variation across grantees, with health centers and consortia reaching higher rates than the hospitals. 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=14)