Preventing Heart Attacks and Strokes

Getting **BP Control** under control as we approach the light at the end of the COVID-19 pandemic tunnel

Community Health Center Network
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Our Desired Future for PHASE
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• CHCN PHASE populations reach 2019 HEDIS 90th percentile blood pressure control (71%) rates by December 31, 2022 while continuing to reduce the racial/ethnic disparities in outcomes.

• How?
  – Bringing patients back into care
  – Strengthen Self Monitored Blood Pressure (SMBP) and telehealth
  – Provide data and support for equity interventions.
Why It’s Not Possible Now

MARTY, WHATEVER HAPPENS

DONT EVER GO TO 2020!
Why It’s Not Possible Now

We were unable to reach this goal in 2020 due to multiple factors brought on by the pandemic:

- Patients not coming in for in-person visits
- Extremely strained staff resources
- Social/psychological factors contributing to poorer outcomes in patient population.
- Lack of resources to roll out a robust SMBP program
- Supply chain issues with home blood pressure cuffs
What We Learned that will Help Us Moving Forward

Bright Spots/Accomplishments

- Clinic resilience and creativity
  - Telehealth
  - Outdoor services
  - Food Farmacy
  - Integrated Tobacco Referrals
  - BP cuffs direct from Plan

Activities We will Keep Doing Based on Learnings

- Efficient workflow and EHR build support
- QI training and tools
- Provide actionable data and reports
- Equity focus for clinical quality measures
What Else is Possible?

- Vaccinations as opportunity—entry point back into care
- Find the right balance of telehealth and bringing patients in for visits
- Dramatically expand SMBP and other remote monitoring
- Enhance Care Coordination and partnerships to address social determinants
Benefits of Achieving Desired Future

• Better patient outcomes—healthier community!
• Health center staff receive needed support
• Patient engagement increases by responding to their identified needs
• We can address disparities with targeted interventions
Challenges if We Don’t Move Forward with Solution

• Uncontrolled hypertension leads to increased morbidity and mortality.

• Telehealth and remote monitoring are here to stay—if we don’t embrace these new modalities, our patients will suffer/find care elsewhere.

• Without the support CHCN can provide, clinic activities will be less robust and data driven.
What We Need from Our Leaders to Make it Happen

- Support for Population Health and QI Analyst as a continued staff position
- Engagement of Executive and Clinical Leadership in QI activities
- Support and Resources for Innovative Community Partnerships
THANK YOU FOR YOUR TIME!

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