Hypertension Control
Adapting to Remote Chronic Care Management

San Francisco Health Network

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San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

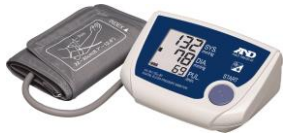
KAISER PERMANENTE

PHASE

PREVENTING HEART ATTACKS & STROKES EVERY DAY

Our Desired Future for PHASE

A hypertension control strategy that is well-adapted to remote care and that maximizes telehealth visits for chronic care management where…



All patients with uncontrolled HTN have BP cuffs at home

All patients with HTN have access to MyChart

All patients with uncontrolled HTN receive a pre-telehealth visit call to collect blood pressure vitals, to check-in on medications, and offer lifestyle education and health coaching

Blood pressure vital is recorded at all telehealth and in-person PCP visits and patient has ability to regularly upload BP vitals

Care Teams conduct regular outreach to patients with uncontrolled HTN

Our Desired Future for PHASE
Key Changes & Priority Process Measures

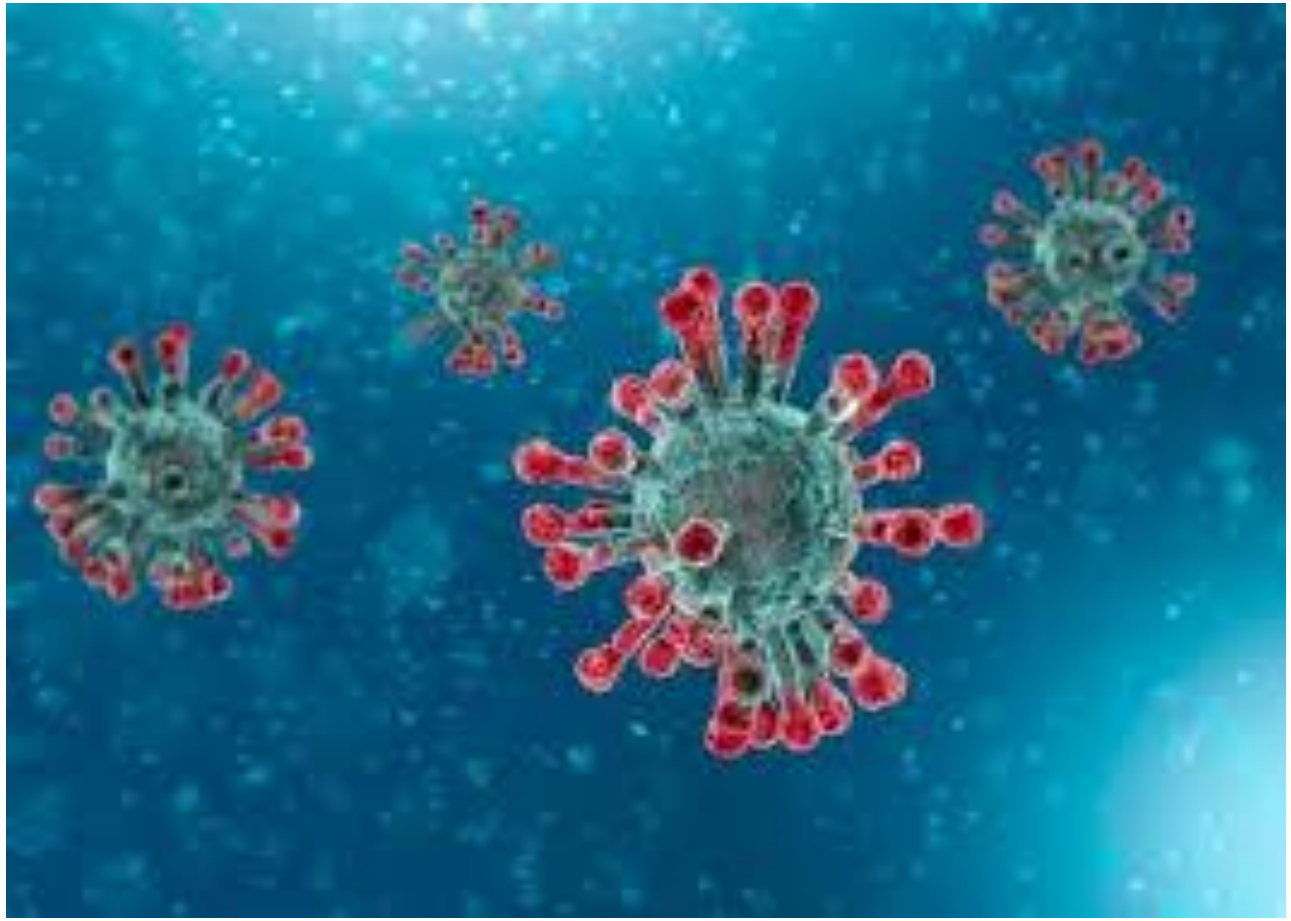
By December 31, 2021, our network will implement 3 key changes to our hypertension control strategy at all our primary care clinic sites to achieve our goal.

The key changes & process measures are:

- All HTN patients have a blood pressure monitor at home
  - *10% relative improvement in the percent of HTN patients with at least one self-measured blood pressure recorded*
- Self-measured blood pressure is documented for every PCP telehealth visit
  - *10% improvement in missed opportunity rate for telehealth BP since February baseline for all clinics*
- Outreach to B/AA patients with uncontrolled HTN is conducted regularly
  - *10% relative improvement in rate of B/AA patients with HTN who have not had a PCP visit in more than 6 months having an outreach encounter documented within the last 3 months*

Why It's Not Possible Now

- **Limited staff capacity** as many of our nurses and MEAs have been deployed for citywide COVID-19 response
- **Limited leadership capacity** and reduced QI infrastructure due to COVID-19 restrictions



Why It's Not Possible Now

- Lack of synchronous, coordinated approach to remote chronic care management

Chronic care nurse visits

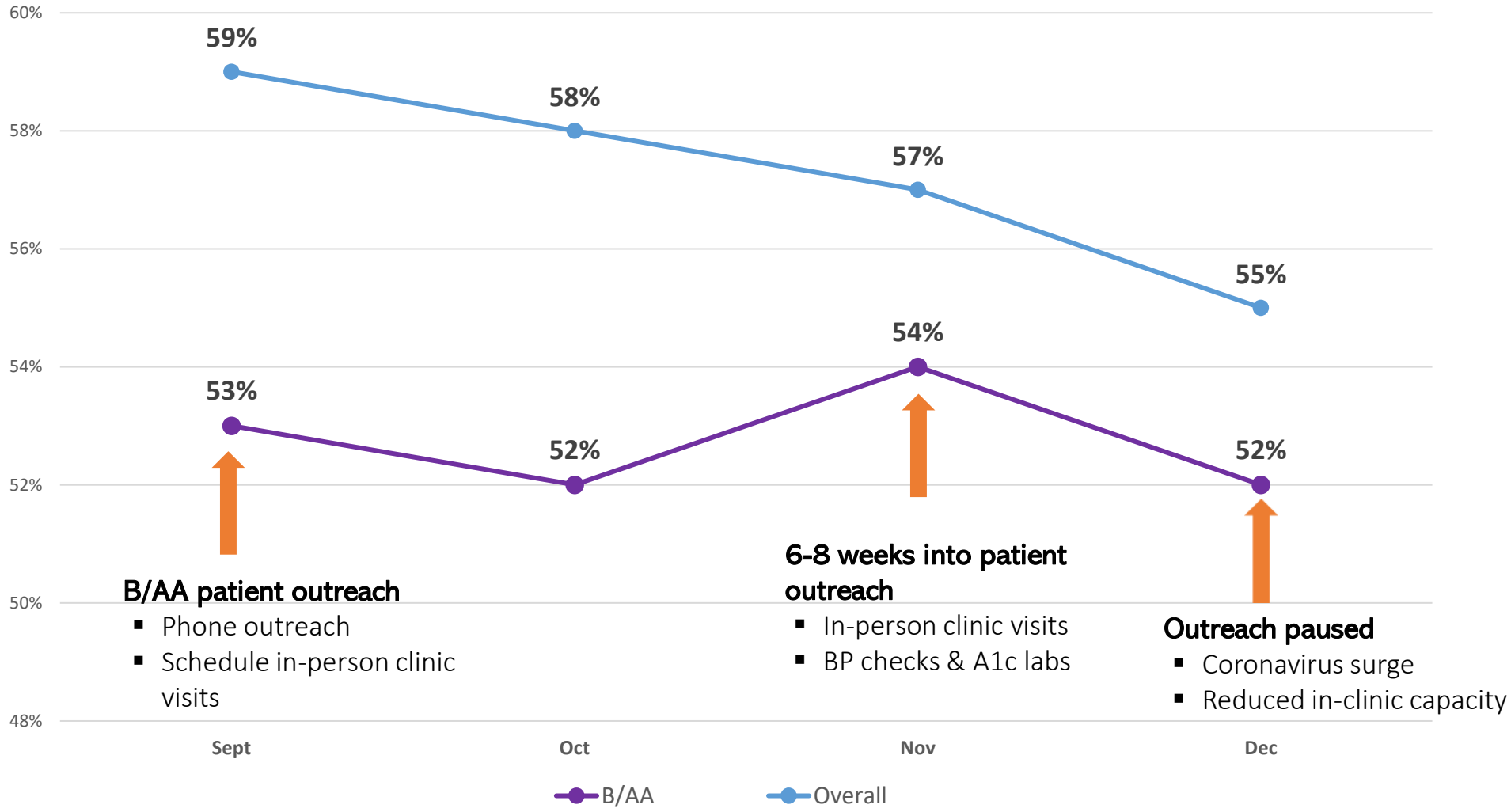
Pre-telehealth visit calls

Patient outreach

Learnings that Inform Our Desired Future

- Prioritizing B/AA patients for outreach helped maintain BP control while overall rates declined
- Inclusion of patient-reported BP improved HTN control rate

Hypertension Blood Pressure Control
Richard Fine People's Clinic (Test Clinic)
September through December 2020



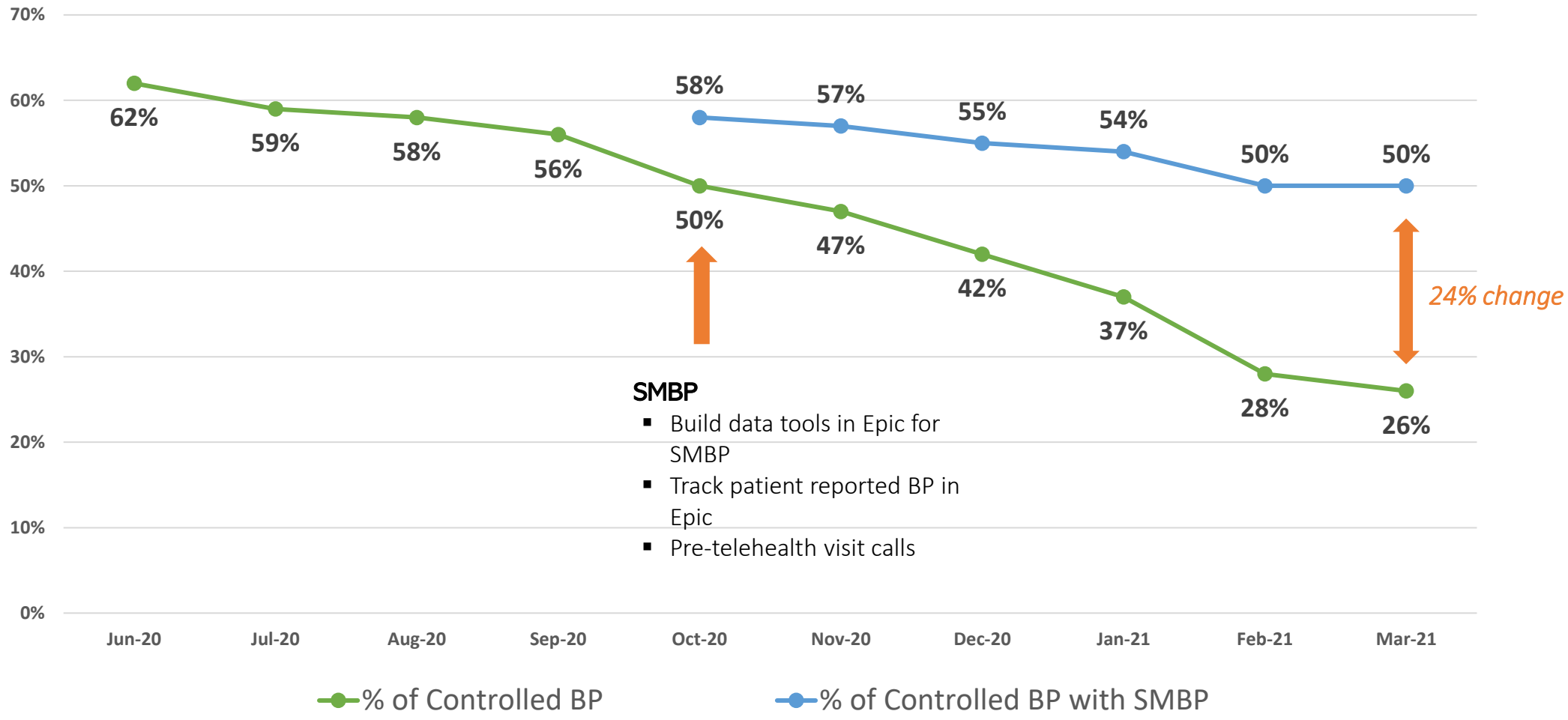
B/AA patient outreach
- Phone outreach
- Schedule in-person clinic visits

6-8 weeks into patient outreach
- In-person clinic visits
- BP checks & A1c labs

Outreach paused
- Coronavirus surge
- Reduced in-clinic capacity

Hypertension Blood Pressure Control with Self-Measured BP (SMBP) at Ocean Park Health Center

June 2020-March 2021

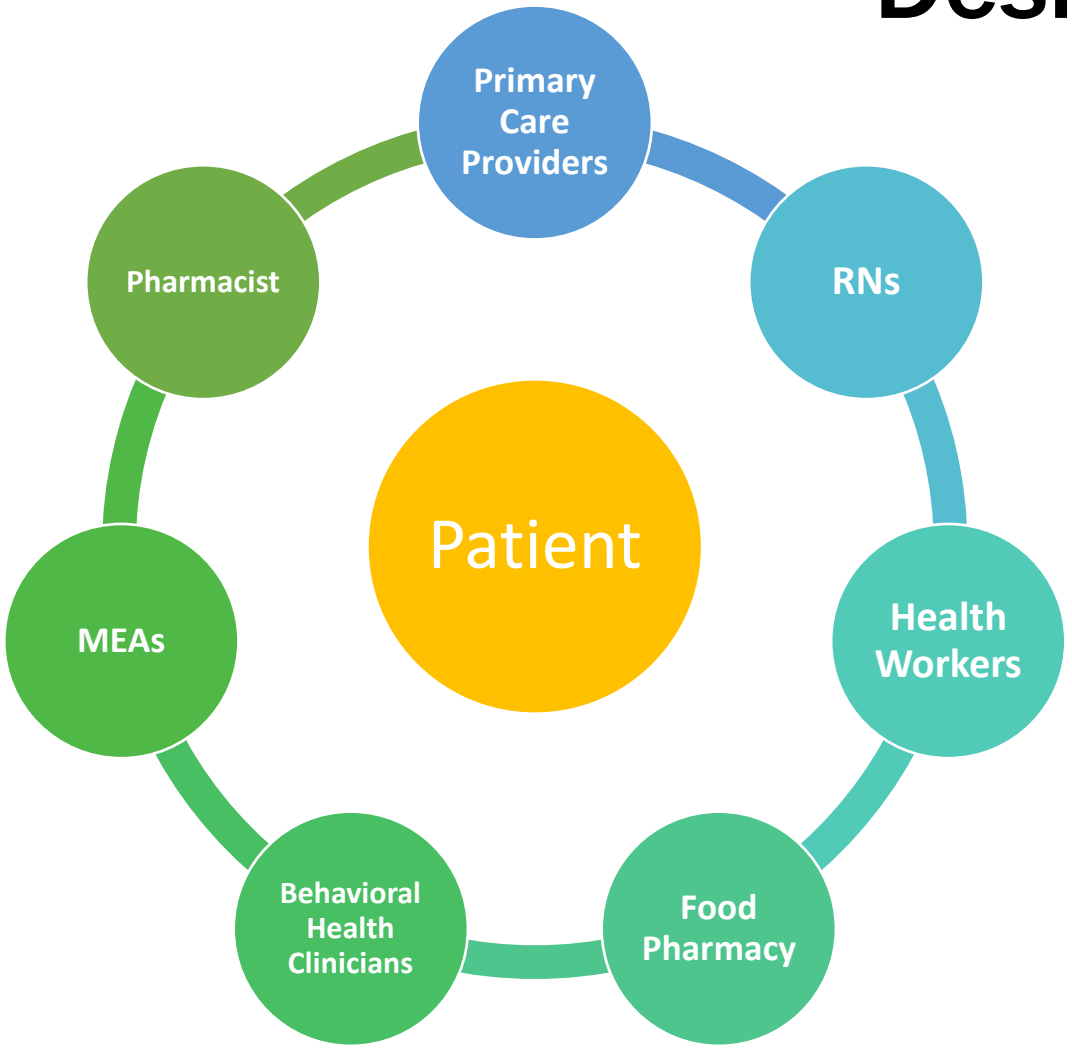


Working Towards our Desired Future

Activities we will keep doing based on what we've learned

- Maintain efforts to provide **home BP cuffs** to all HTN patients who do not have one
- Conduct **pre-telehealth visit calls**
- Document **patient-reported BP** vitals in Epic
- **Outreach** to B/AA patients with uncontrolled HTN

What Else Can Contribute to Our Desired Future?



Team based care

Remote RN hypertension visits

Benefits of Achieving Desired Future

- Home blood pressure monitoring will help **patients** with hypertension control their blood pressure
- Pre-telehealth workflows will improve both **patient and provider experience** with remote care
- Prioritized outreach will improve hypertension control for **B/AA patients**
- Quality Incentive Program (QIP) and financial metric performance

"The pandemic has made it more difficult for me to manage my blood pressure."
~Clinic Patient

"My doctor keeps me on my toes and gets me to come in and get my BP checked."
~Clinic Patient

Challenges if We Don't Move Forward with Solution

- Lack of comprehensive remote care will lead to poor quality healthcare
- Limited patient access
- Poor staff and provider morale if they feel like they can't provide high quality remote care
- Our network will fall behind and potentially lose patients to other clinics that are better equipped for remote care
- Risk losing pay for performance dollars

What We Need from Our Leaders to Make it Happen

- Prioritize quality improvement funds for purchasing home BP monitors
- Advocate to payors to reimburse home monitoring devices including BP monitors
- Dedicate resources for MyChart sign-up including staff, tablets and electronics (e.g., camera, microphone, monitors)
- Include telehealth workflows as part of centralized onboarding and training for MEAs
- Hold clinic leadership accountable to spotlight quality improvement initiatives for remote chronic care management
- Prioritize team-based quality improvement for remote chronic care management by ensuring dedicated time for panel management for nurses and pharmacists and chronic care visits
- Hire 5 FTE health workers as part of a central outreach team

Thank you for your time!

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