Welcome to the PHASE Learning Community!
Webinar Housekeeping

1. Lines are muted.

2. Chat in questions or unmute your line by pressing *7 to ask a question (*6 to re-mute).

3. Webinar is being recorded and will be posted on the PHASE Support site. A link will be sent via email.

4. Please fill out our feedback survey at the end of the webinar
THREE-PART SERIES:
Nurse-Run Hypertension Care
THE CASE FOR NURSELED CARE & OPTIONS FOR IMPLEMENTATION
Today!

DEVELOPING THE GUIDELINES AND PROCEDURES
April 27, 12-1pm

MOVING TO ACTION: TRAINING & IMPLEMENTATION
May 16, 12-1pm
THE VOICES YOU'LL BE HEARING THROUGHOUT THE SERIES

KATE COLWELL, MD
CCI Consultant

MICHELLE ROSASCHI, MPH
Redwood Community Health Coalition

JUDITH SANSONE, RN, MS
San Francisco Health Network

ERIC MAHONE, PHARMD
Alameda Health System
Facilitated By

KATE COLWELL, MD
POLL

Are you doing some form of team care with RNs caring for patients under some protocol/procedure, etc.?
WHY DO WE NEED NURSE-RUN HYPERTENSION CARE?

THE QUADRUPLE AIM

- Improved Population Health
- Satisfied Patients
- Satisfied Staff
- Reduced Care Cost
POPULATION HEALTH

75M
Number of American adults with high blood pressure

54%
Proportion of people with high blood pressure who have their condition under control

$46B
Cost of high blood pressure nationwide

PHASE aims to improve the health of our population and avoid unnecessary pain, suffering, and deaths through improved diagnosis and treatment.
PATIENT ENGAGEMENT & SATISFACTION

- Patients need **intensive assistance** to make **lifestyle changes** that are the crux of hypertension treatment.

- Behavior change requires **more** than education.

- Physicians are **not always trained to be behavior change agents** and rarely have the time needed to do intensive self-management work with patients.
JOY IN THE WORKPLACE

- **Nurses are more satisfied** when they are able to use their education to work with patients.

- **Clinicians are more satisfied** when they are relieved of some of the tasks of primary care and can concentrate on things that require their training and experience.
COST-EFFECTIVE CARE

- Financial restrictions and physician shortages throughout the safety net require all of us to work at the top of our abilities and training.

- Team-based care is well-suited to fairly routine work of hypertension treatment.
TEAM-BASED CARE IS FOUNDATIONAL

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensive-ness and care coordination
10. Template of the future

Bodenheimer T, Annals of Family Medicine March/April 2014 vol. 12 no. 2 166-17
CHANGE REQUIRES LEADERSHIP

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
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Bodenheimer T, Annals of Family Medicine March/April 2014 vol.12 no.2166-17
**SOME MODELS**

**Specific Orders**
- i.e. to educate, order a lab, do a test etc.

**Standing Orders**
- Referenced in chart

**Protocols**
- The steps

**Standard work**
- LEAN process: the current best known practice to produce a product or perform a service

**Co-visits**
- Licensed provider physically “sees” the patient during a visit with an RN and reviews history and plan + can bill as a clinician visit.

**Pharmacist-run clinics**
- Similar to standardized RN procedures. **SB 493** allows PharmDs to independently adjust medicines

**Standardized Registered Nurse Procedures**
- RN with specific training can carry out specific protocols.
MICHELLE ROSASCHI, MPH
Program Manager
Why RCHC decided to move to nurse-run care and the models they are using
JENNIFER HIEB
Nurse Manager
West County Health Centers
CommuniCare Health Centers

AILEEN BARANDAS
Chief Quality Officer
CommuniCare Health Centers
ERIC MAHONE, PHARMD
Clinical Pharmacist
Why AHS decided to move to nurse-run care and the models they are using
JUDITH SANSONE, RN, MS
Director of Nursing, Primary Care

Why SFHN decided to move to nurse-run care and the models they are using
VISION FOR SFHN PRIMARY CARE

BUILD A FOUNDATION OF A HEALTHY, ENGAGED, AND SUSTAINED PRIMARY CARE WORKFORCE

WE PROVIDE HIGH QUALITY HEALTH CARE THAT ENABLES ALL SAN FRANCISCANS TO LIVE VIBRANT, HEALTHY LIVES
METRIC: Hypertension Control

TARGET:
Increase BP control for B/AA patients with hypertension from 62.0% to 68.0% (15% RI or 71.0% threshold).

Increase BP control for patients with hypertension from 70.0% to 71.0% (10% RI or 71.0% threshold).

WHY WE MEASURE THIS:
1 in 4 SFHN PC patients have hypertension. Research indicates that with a reduction of blood pressure by 12mm Hg for every 11 patients, 1 death is prevented in 10 years. Of the 11,000 B/AA patients within the SFHN, approximately 35% have hypertension. While BP control rates for B/AA patients improved from 57% to 62% over 2016/2017, the disparity gap between B/AA and the total population remained at 8%.

February 2018
(Data as of January, 2018)

Additional B/AA patients with controlled blood pressure this month.

1

From 62.0% baseline

63.1%

186

B/AA patients needed to control to reach equity goal

1/12 Met relative improvement goal of 15% this month for B/AA patients

Met equity & total goals

Met total goal, not equity goal

Met equity goal, not total goal

At her visit with her PCP, Ms. Lee was advised to return to the clinic and visit with the nurse next week for follow-up. Ms. Lee declined, stating she would rather see her provider. Her PCP explained more about the nurse visit and offered to introduce Ms. Lee to the nurse. Ms. Lee smiled and said, “This is going to work out!” and now comes in for drop in BP clinic.
## THE MODELS: COMPARE & CONTRAST

<table>
<thead>
<tr>
<th>Model</th>
<th>Advantages</th>
<th>Challenges</th>
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<tbody>
<tr>
<td>Co-visits</td>
<td>- Improved BP control</td>
<td>- Timing can be tricky</td>
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<tr>
<td></td>
<td>- Easier acceptance by staff/patients</td>
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<td></td>
<td>- Reimbursable</td>
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<tr>
<td></td>
<td>- Fewer legal challenges</td>
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<tr>
<td>Standing Orders</td>
<td>- Improved compliance with guidelines</td>
<td>- Cannot alter medications; provider visit still needed to control HTN</td>
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<tr>
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<td>- Easier acceptance</td>
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<td>- Fewer legal challenges</td>
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<tr>
<td>Standard Work</td>
<td>- Improved compliance with guidelines</td>
<td>- May increase provider work cosigning notes and Rx</td>
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<tr>
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<td>- Easier acceptance</td>
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<td></td>
<td>- Fewer legal challenges</td>
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<tr>
<td>Standardized RN Procedures</td>
<td>- Improved compliance with guidelines</td>
<td>- Laborious to set up</td>
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<tr>
<td></td>
<td>- Improved BP control</td>
<td>- May have issues with provider, nurse, patient acceptance</td>
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<td>- Increased patient access for HTN care</td>
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<tr>
<td>Pharmacist-Run Clinics</td>
<td>- Improved compliance with guidelines</td>
<td>- Lack of Pharmacists</td>
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<tr>
<td></td>
<td>- Improved BP control</td>
<td>- Cost?</td>
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<tr>
<td></td>
<td>- Increased patient access for HTN care</td>
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01

THE CASE FOR NURSE LED CARE & OPTIONS FOR IMPLEMENTATION
Today!

02

DEVELOPING THE GUIDELINES AND PROCEDURES
April 27, 12-1pm

03

MOVING TO ACTION: TRAINING & IMPLEMENTATION
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Q&A: YOUR TURN

Today, presenters will answer questions about WHY they choose to do nurse-run care and WHICH MODEL their system chose, as well as questions about how their program is working.
Save the date!

In-Person PHASE Convening

Tuesday, June 5 | DoubleTree, Berkeley Marina
Final Thoughts

Thank you!

Questions? Contact:

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Program Director
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Angela Liu
Program Coordinator
angela@careinnovations.org

Please remember to fill out the post webinar brief survey!!
The 10 Building Blocks of High-Performing Primary Care
Thomas Bodenheimer, MD, et al
Annals of Family Medicine March/April 2014 vol. 12 no. 2 166-17

CDC Hypertension data accessed 2.22.2018
https://www.cdc.gov/bloodpressure/facts.htm

Shelley Oberlin, Susan Chapman, Renae Waneka, Joanne Spetz
Impact of the 2010 Affordable Care Act on the California Health Care Labor Force
Nov. 16, 2015

Erin Fraher, Joanne Spetz, Mary Naylor
Nursing in a Transformed Health Care System: New Roles, New Rules
Jun. 26, 2015

PHASE Resources: https://www.careinnovations.org/phasesupport/resources/

Practical Considerations of New HTN Guidelines Wireside Chat:
https://www.careinnovations.org/resources/practical-considerations-new-hypertension-guidelines/