

PHASE

Preventing Heart Attacks & Strokes Everyday



Welcome to the PHASE Learning Community!

 KAISER PERMANENTE®

PHASE



PREVENTING HEART ATTACKS
& STROKES EVERY DAY

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

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

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,
PHARM D**

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.?

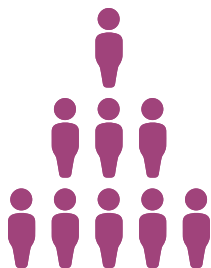


WHY DO WE NEED NURSE-RUN HYPERTENSION CARE?

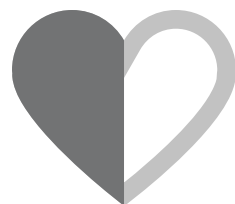
THE QUADRUPLE AIM



POPULATION HEALTH



75M



54%



\$46B

Number of American
adults with high blood
pressure

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

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.

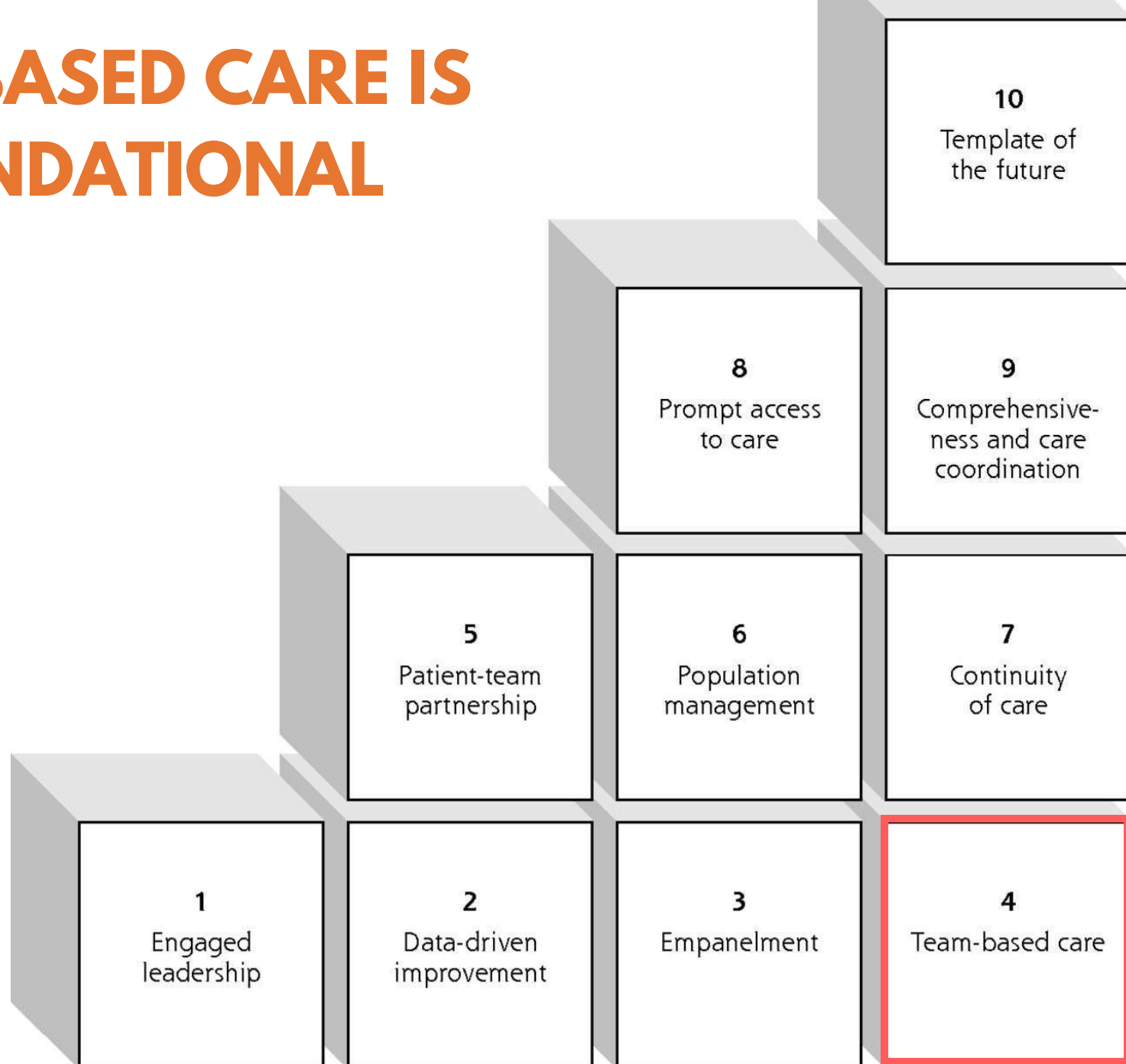




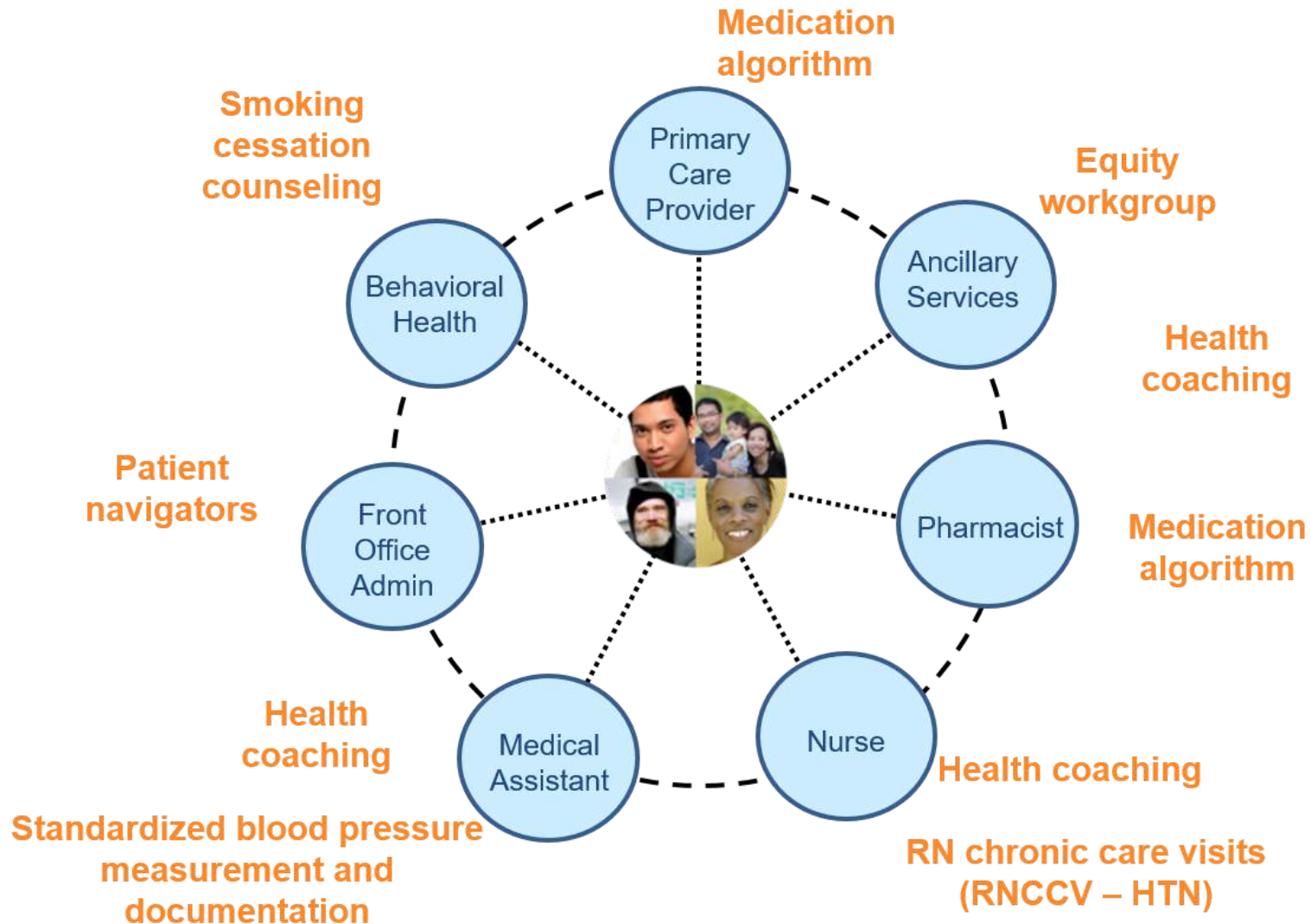
COST-EFFECTIVE CARE

- **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.

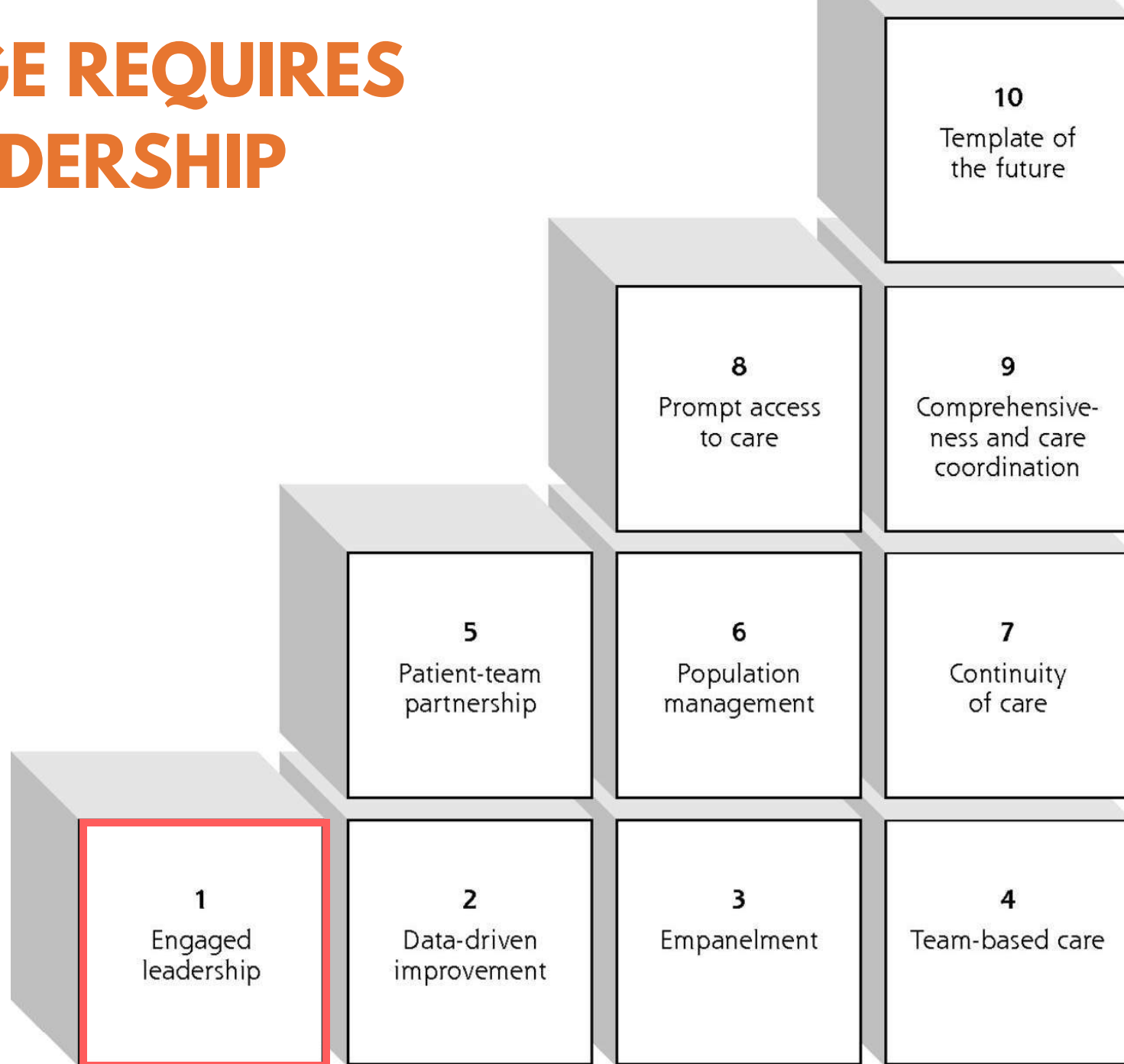
TEAM-BASED CARE IS FOUNDATIONAL



TEAM-BASED CARE MODEL FOR HYPERTENSION MANAGEMENT



CHANGE REQUIRES LEADERSHIP



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.

Standardized Registered Nurse Procedures

- RN with specific training can carry out specific protocols.

Pharmacist-run clinics

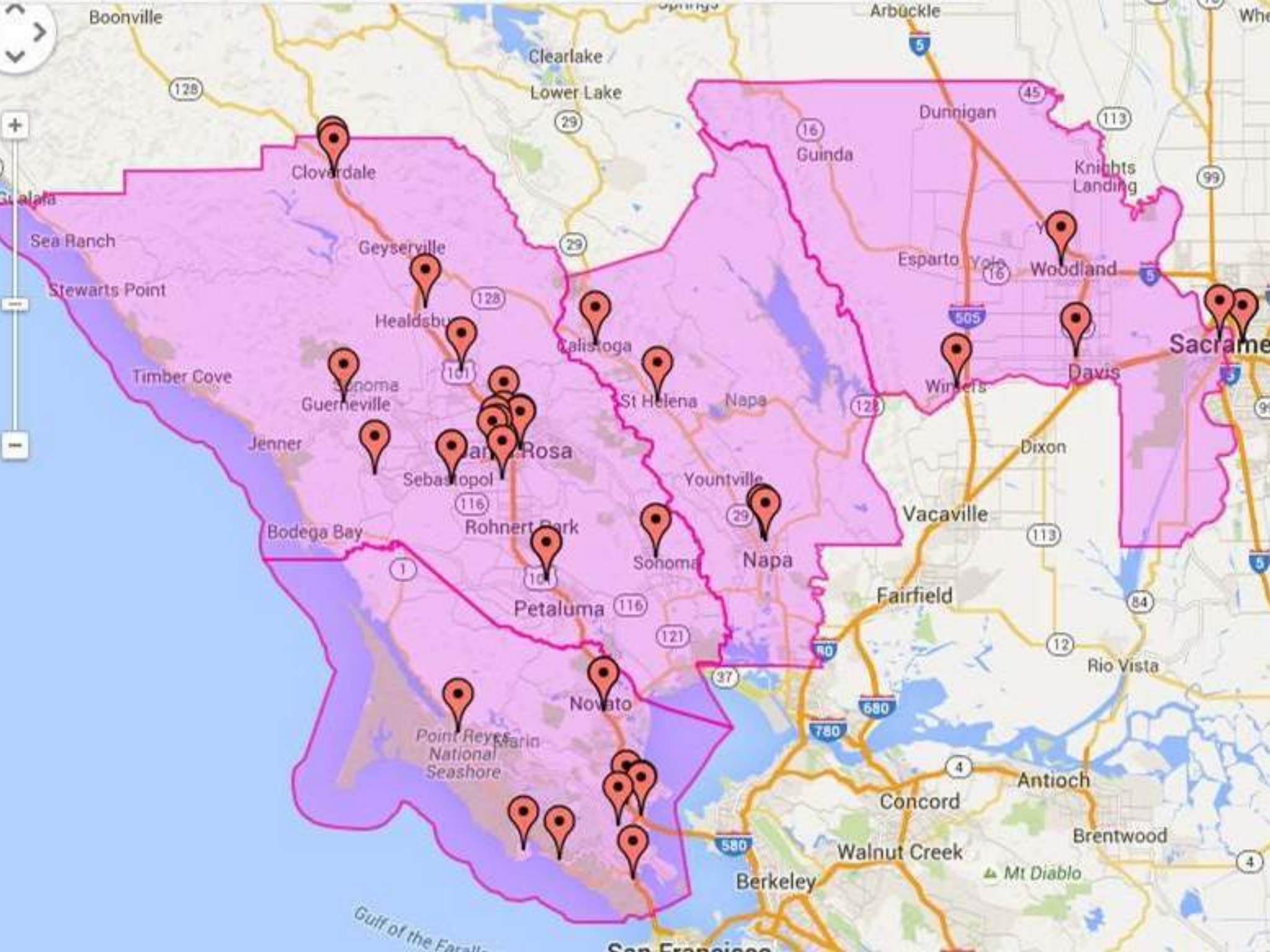
- Similar to standardized RN procedures. **SB 493** allows PharmDs to independently adjust medicines

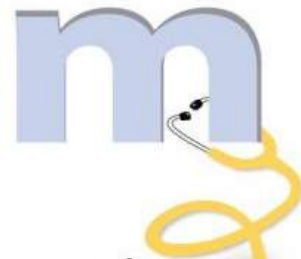


MICHELLE ROSASCHI, MPH

Program Manager

Why RCHC decided to move to
nurse-run care and the models they
are using





marin community clinics

connecting for health

ADRIENNE GIAMPAOLI

Quality Improvement Nurse
Marin Community Clinics



JENNIFER HIEB

Nurse Manager

West County Health Centers



AILEEN BARANDAS

Chief Quality Officer

CommuniCare Health Centers



ERIC MAHONE, PHARM.D

Clinical Pharmacist

Why AHS decided to move to
nurse-run care and the models they
are using



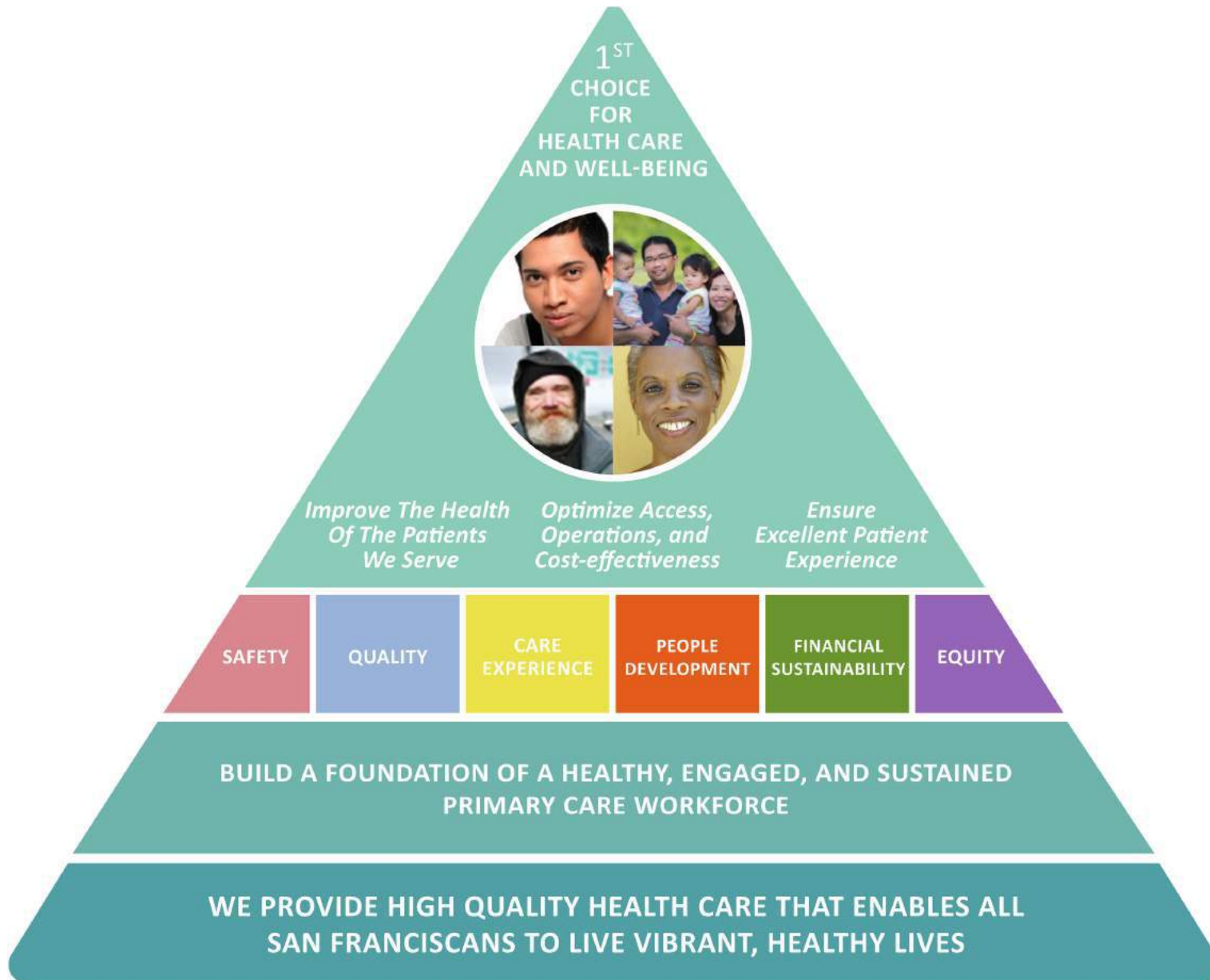
San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

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





EQUITY

METRIC:

Hypertension Control

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%.

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).

February 2018

(Data as of January, 2018)

1

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

 **63.1%** From 62.0% baseline



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



CHC



CMHC



COLE



CPHC



CSC



FHC



LARKIN



MHHC



OPHC



PHHC



PHP



RFPC



SAFHC



SEHC



TWUHC



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

Model	Advantages	Challenges
Co-visits	<ul style="list-style-type: none"> ○ Improved BP control ○ Easier acceptance by staff/patients ○ Reimbursable ○ Fewer legal challenges 	<ul style="list-style-type: none"> ○ Timing can be tricky
Standing Orders	<ul style="list-style-type: none"> ○ Improved compliance with guidelines ○ Easier acceptance ○ Fewer legal challenges 	<ul style="list-style-type: none"> ○ Cannot alter medications; provider visit still needed to control HTN
Standard Work	<ul style="list-style-type: none"> ○ Improved compliance with guidelines ○ Easier acceptance ○ Fewer legal challenges 	<ul style="list-style-type: none"> ○ May increase provider work cosigning notes and Rx
Standardized RN Procedures	<ul style="list-style-type: none"> ○ Improved compliance with guidelines ○ Improved BP control ○ Increased patient access for HTN care 	<ul style="list-style-type: none"> ○ Laborious to set up ○ May have issues with provider, nurse, patient acceptance
Pharmacist-Run Clinics	<ul style="list-style-type: none"> ○ Improved compliance with guidelines ○ Improved BP control ○ increased patient access for HTN care. 	<ul style="list-style-type: none"> ○ Lack of Pharmacists ○ Cost?

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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:

SA Kushinka
Program Director
sa@careinnovations.org

Angela Liu
Program Coordinator
angela@careinnovations.org

Please
remember to fill
out the post
webinar brief
survey!!



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<https://healthforce.ucsf.edu/publications/impact-2010-affordable-care-act-california-health-care-labor-force>

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

<https://healthforce.ucsf.edu/publications/nursing-transformed-health-care-system-new-roles-new-rules>

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/>