

Division of General Internal Medicine

Hypertension Impact Project

September 21, 2017
Integrated Network Summit

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Background

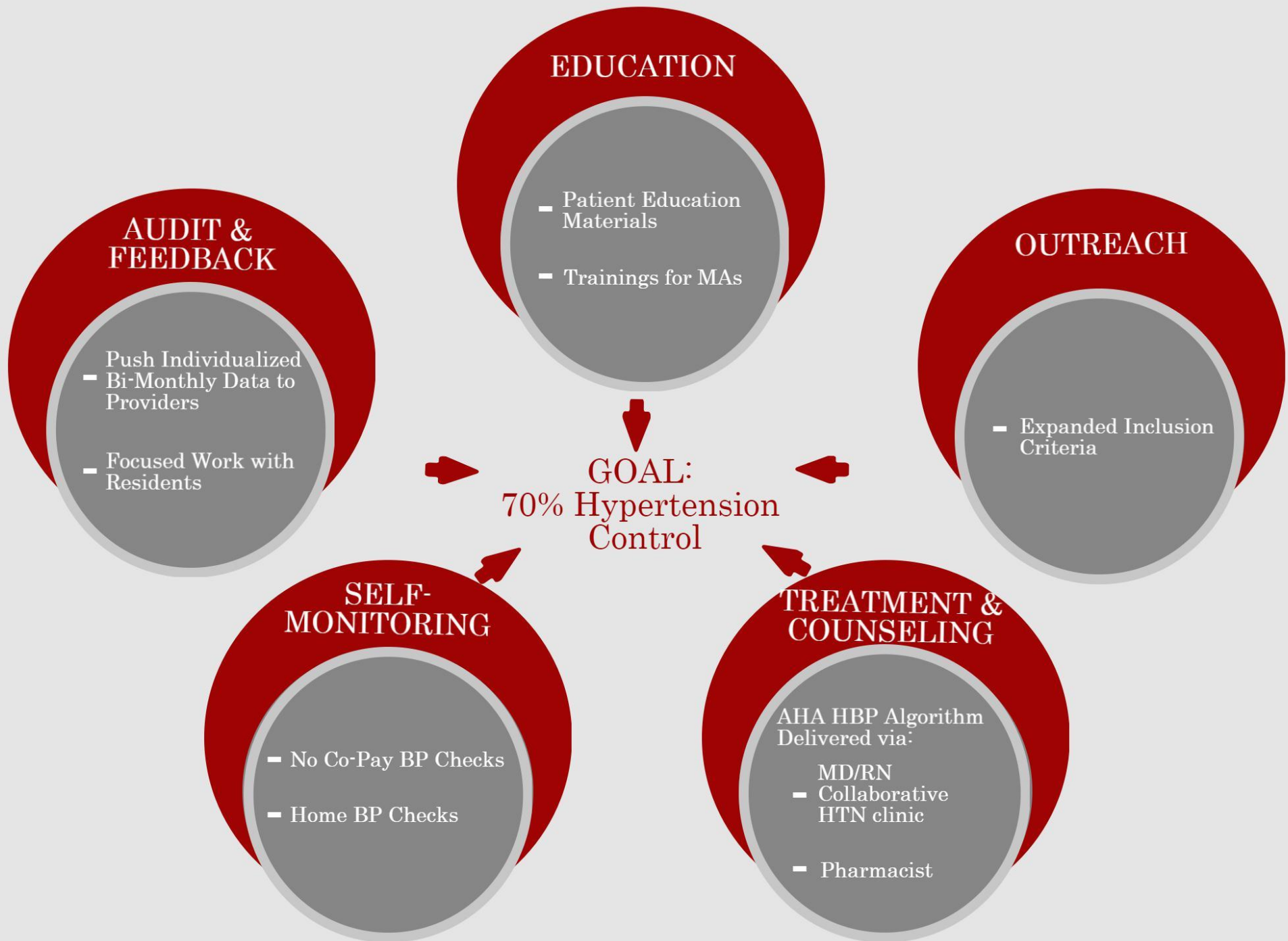
- **Goal:** To achieve 70% hypertension control across both our General Internal Medicine practices.
- Strategy: Five evidence-based domains with 1-3 strategies each
- Setting
 - Anschutz Internal Medicine ~ 4,700
 - Lowry Internal Medicine ~ 2,400



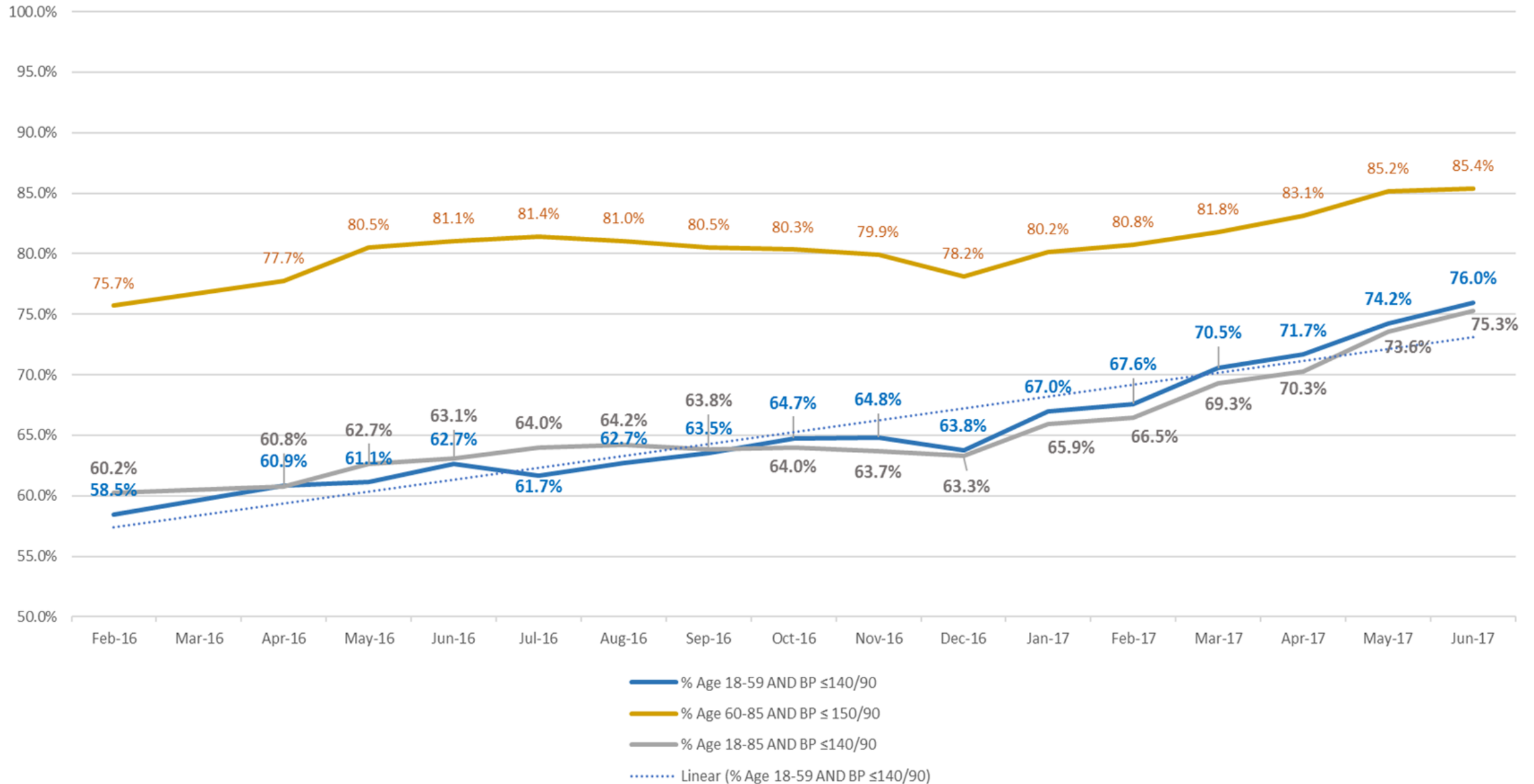
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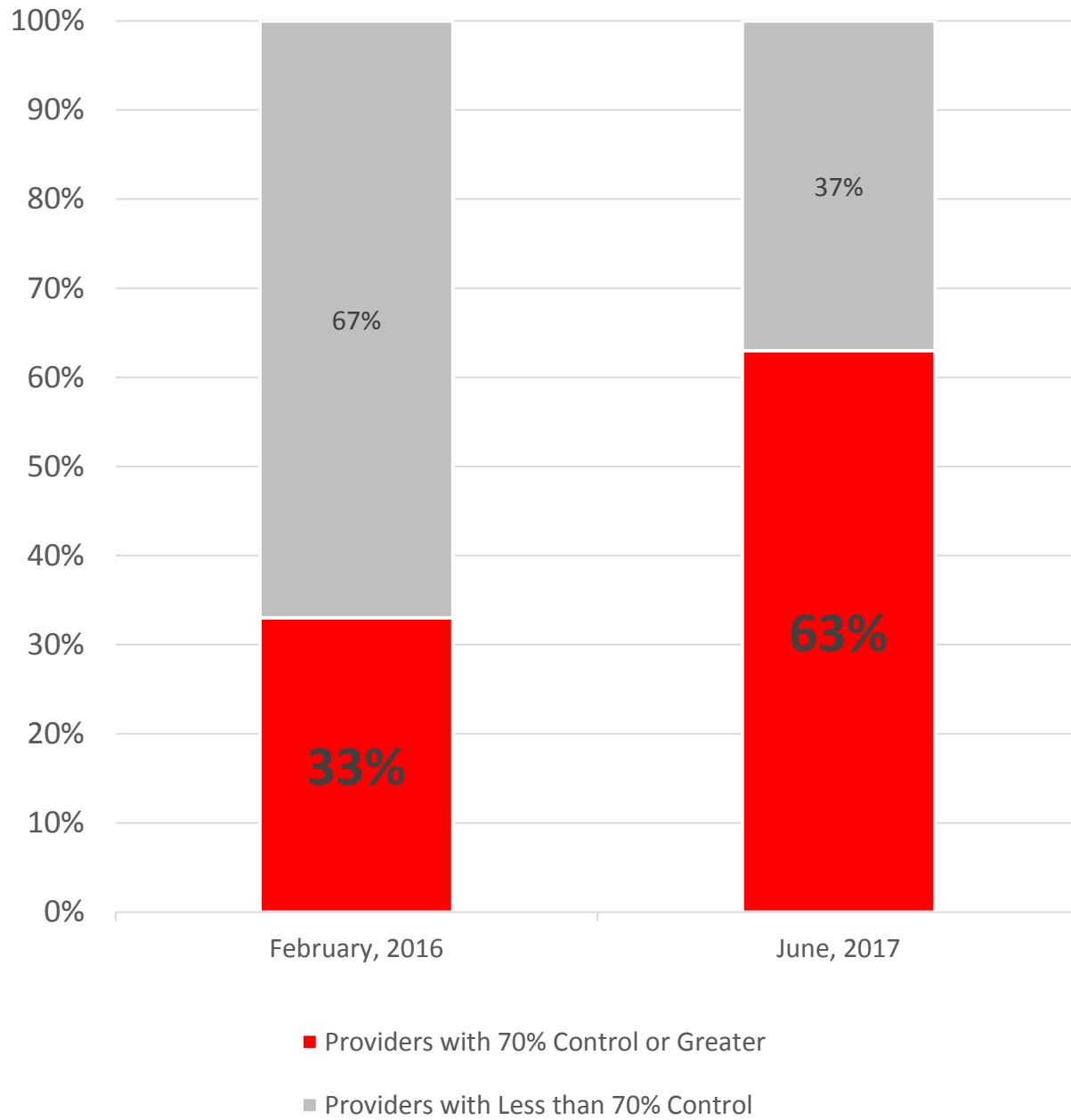
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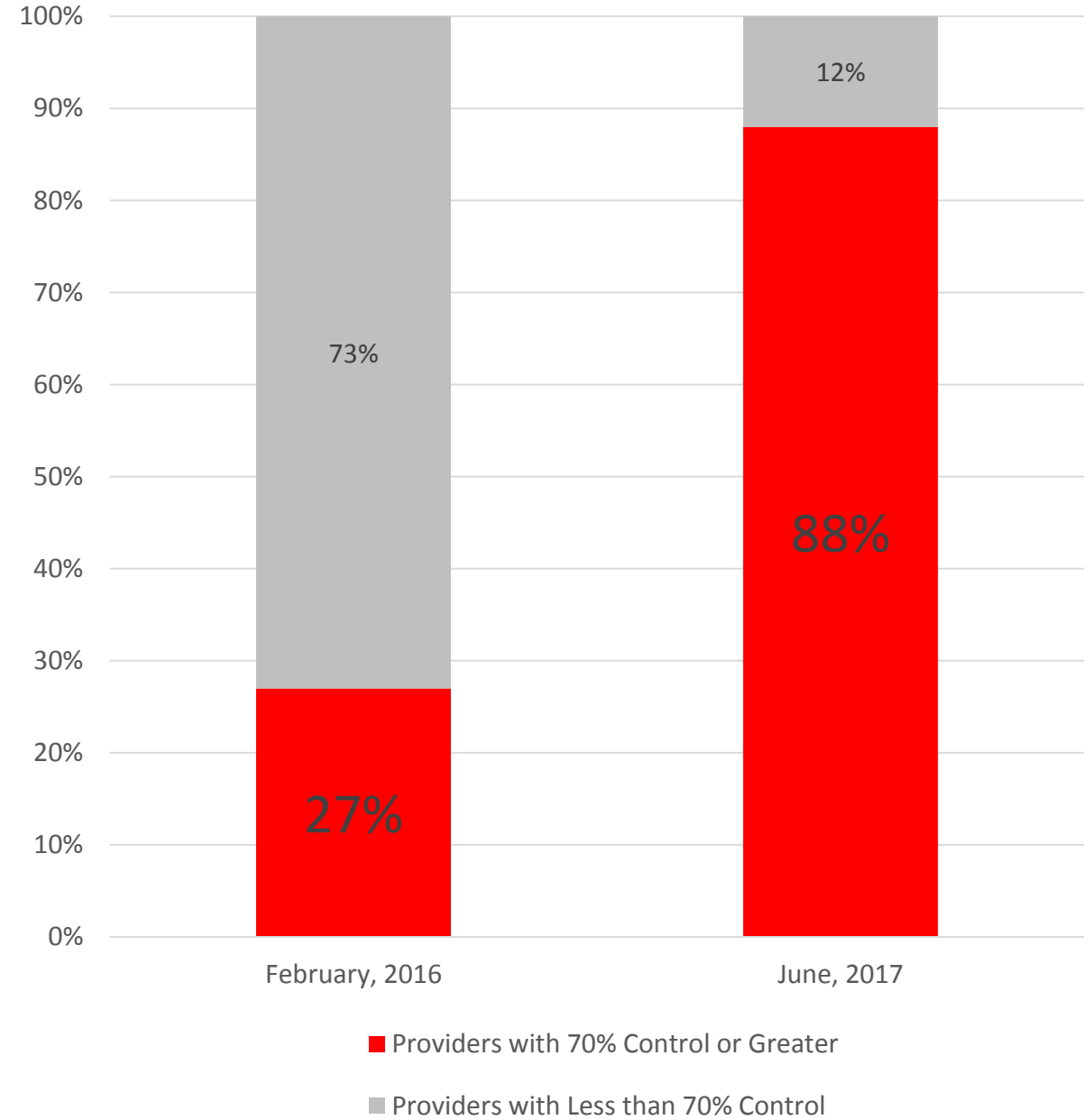
Lowry Clinic Hypertension Control Over Time



Anschutz Internal Medicine



Lowry Internal Medicine



EDUCATION

Patient Education Materials



Quarterly BP Measurement Technique Trainings

- Medical Assistants (MAs) participate in ongoing educational sessions
- Includes:
 - Overview of BP
 - Cuff sizing
 - Patient positioning
 - Automatic BP machines
 - Manual readings



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OUTREACH

Previous outreach criteria:

- Patients age 18-59
- Last BP > 140/90
- Average of the last 3 BP Readings > 150/90
- Last PCP visit 6 months ago or longer

Expanded outreach criteria:

- Patients age 18-59
- Last BP >140/90
- Average of the last 3 BP readings > 140/90
- Last PCP visit 3 months ago or longer

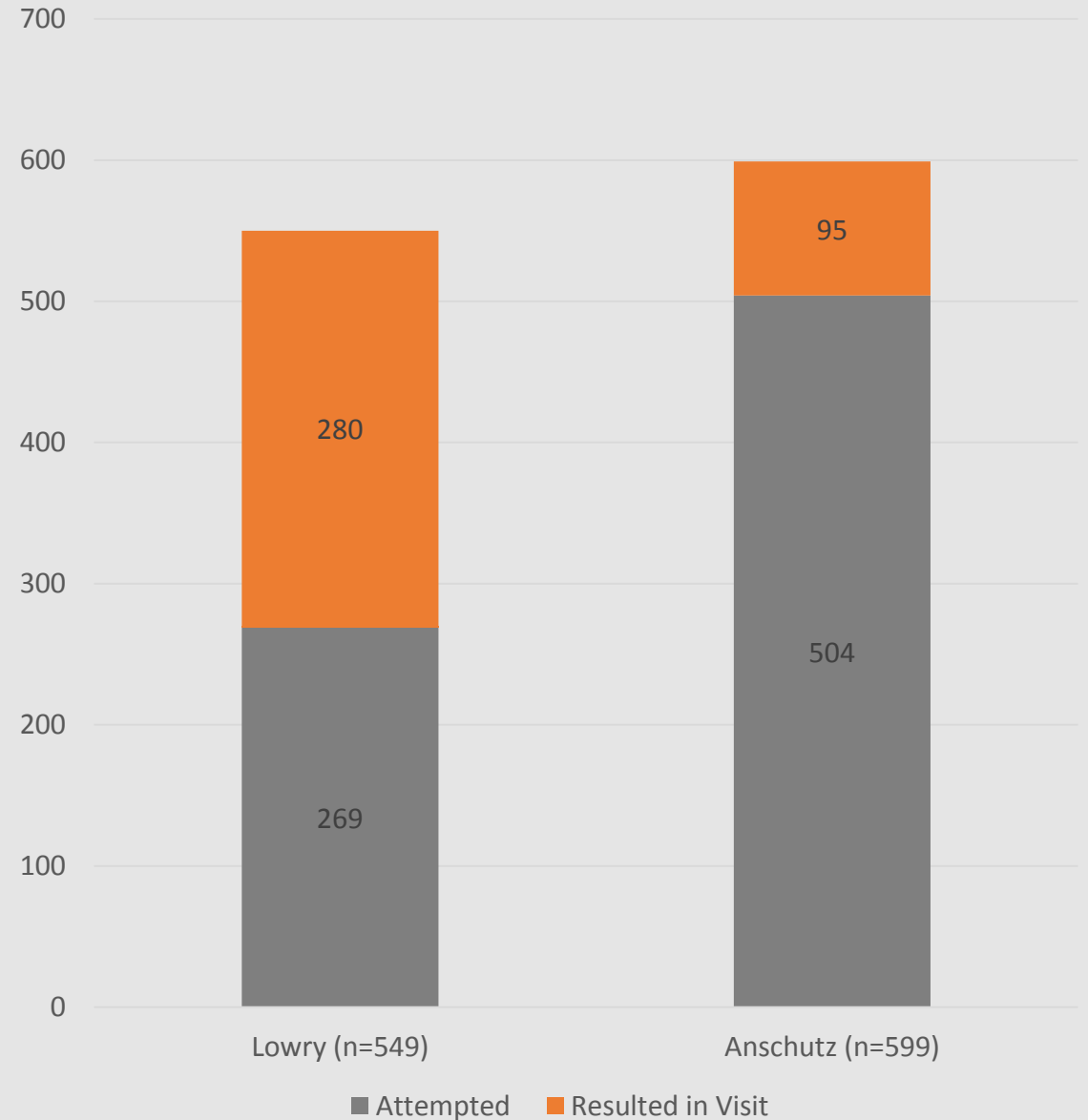


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Outreach Results



TREATMENT & COUNSELING

AHA HBP Algorithm Including:

- Patient education
- Medication titration
- Lifestyle modifications

Anschutz

- Pharmacy
- Recheck & review
- Encourage Self-monitoring

Lowry

- Physician paired with a trained RN
- Collaborate & manage complex hypertensive patients
- RN provides education & support via telephone / MHC
- Recheck & review



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SELF MONITORING

No Co-Pay BP Checks

<u>Summary</u>	<u>n</u>	<u>%</u>
Total # no-charge BP Checks	94	
# Unique patients	84	
BP \leq 140/90	57	60.6%
Escalated to RN	32	34.0%
Escalated to MD	2	2.1%
Sent to ED	1	1.1%

Home BP Checks

- Encouraged self-monitoring as part of treatment via the MD/ RN HTN clinic and the Pharmacy HTN clinic



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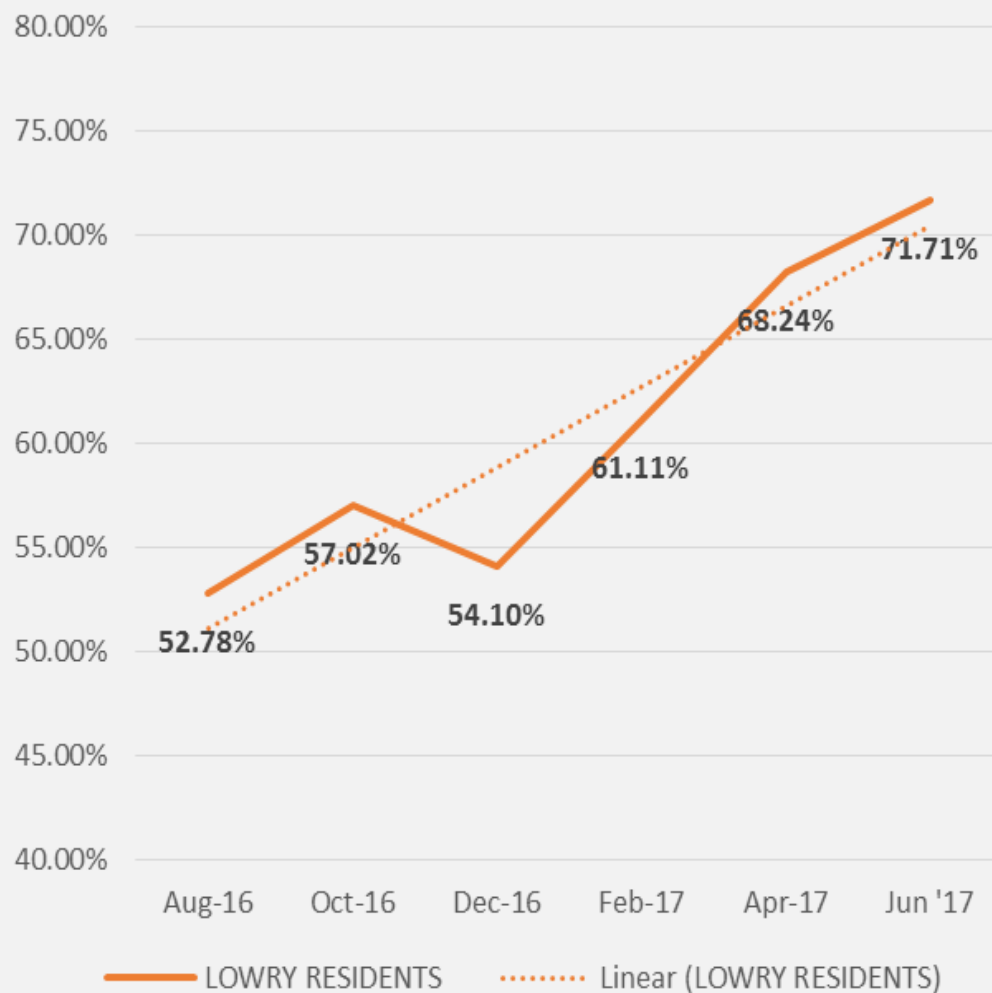
AUDIT & FEEDBACK

Department	Provider	BP < 140/90	Patient Name	MRN	Age	Last Practice Visit	Last PCP Visit	Last BP Systolic	Last BP Diastolic	Average BP Systolic
LOWRY IM OP	TEST, DOCTOR	NO	TEST, PATIENT	888888	53	12/11/2015	06/16/2015	152	96	132
LOWRY IM OP	TEST, DOCTOR	YES	JOHNSON, TEST	222222	62	6/24/2015	09/09/2014	133	80	144
LOWRY IM OP	TEST, DOCTOR	YES	DOE, JANE	131313	68	6/17/2015	06/17/2015	138	75	143
<div># Patients with HTN: 3</div> <div># Patients with last BP <= 140/90 2</div> <div>% Patients with last BP <= 140/90 66.67%</div>										

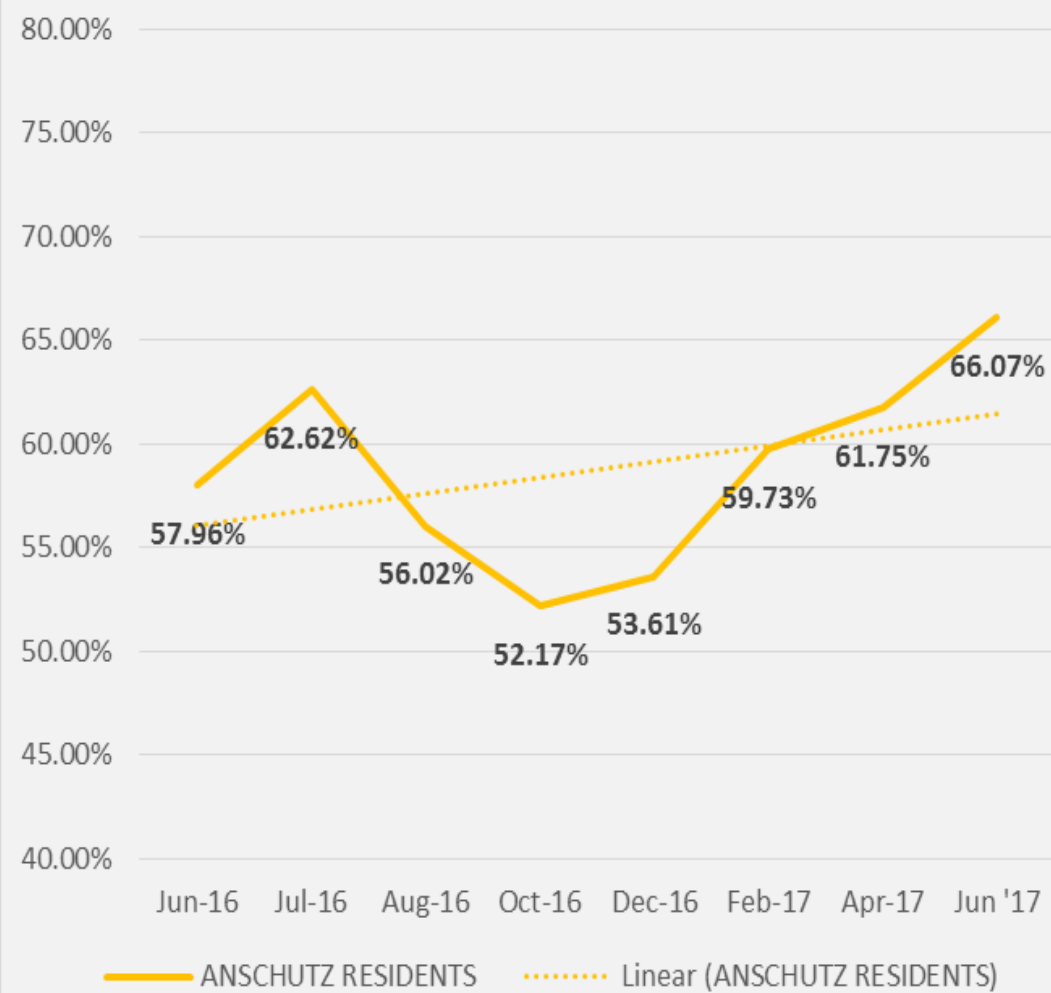


**AUDIT &
FEEDBACK**

Lowry Resident Hypertension Control
(Ages 18-59)



Anschutz Resident Hypertension Control
(Ages 18-59)



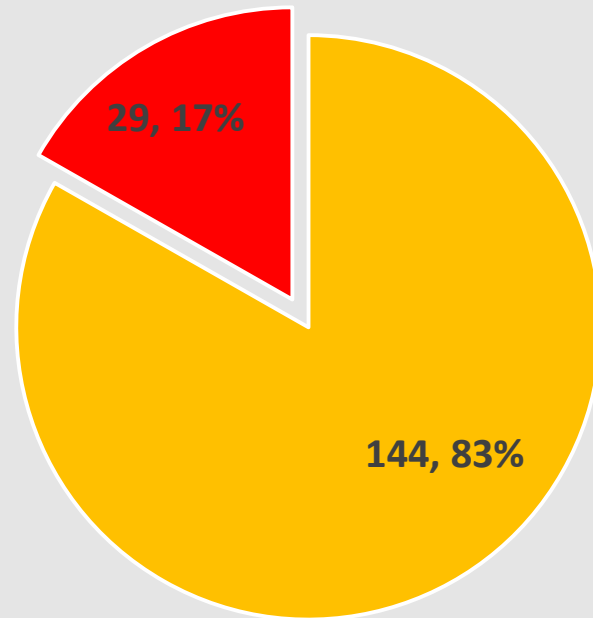
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Uncontrolled Patients: A Deep Dive

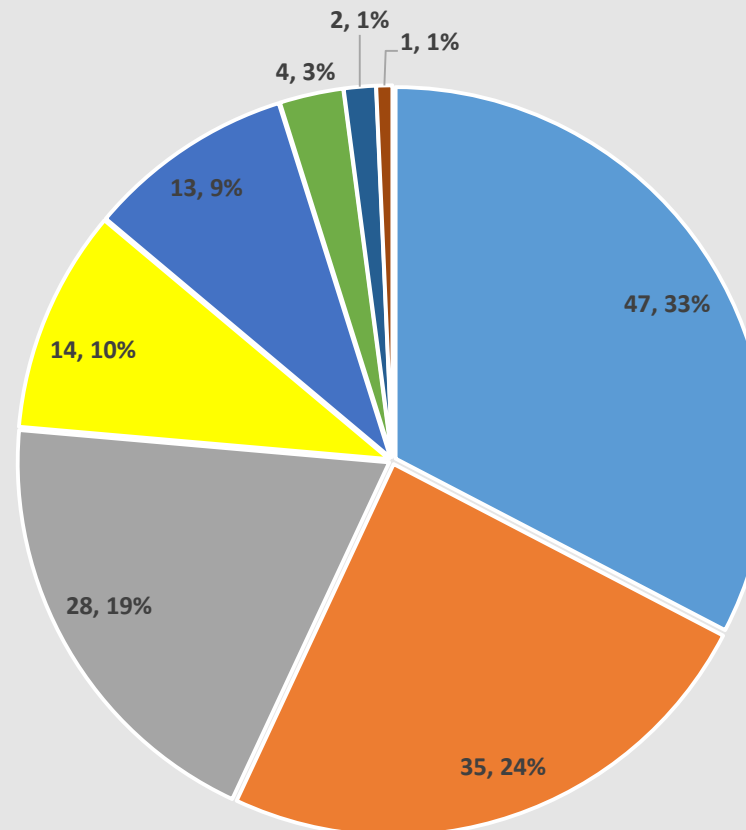
Hypertensive Patients with Uncontrolled BP
(N=173)



■ Uncontrolled patients who are NOT actionable

■ Uncontrolled patients who are actionable and may benefit from an intervention

Reasons Patients Were Not Actionable
(N = 144)



- BP is adequately controlled in Primary Care/ home measurement
- Patient did not follow up
- Provider is actively intervening on patient. (lifestyle modifications or med titration)
- Following PCP's most recent intervention, BP is now controlled
- Medication non-adherence
- Other medical issues have taken priority
- No longer a patient with this provider/ clinic
- Patient refused intervention



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In Summary

- Push individualized bi-monthly data to providers
- Focused work with residents
- Patient education materials
- Training for MAs
- Outreach
- AHA HBP Algorithm
- No co-pay BP checks
- Home BP monitoring



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Lessons Learned

- Pursue improvement in multiple domains
- Monitoring the multiple data streams used to support hypertension improvement is key for improvement work
- Accurate panel attribution is imperative
- Pushing actionable patient-level data is a meaningful exercise

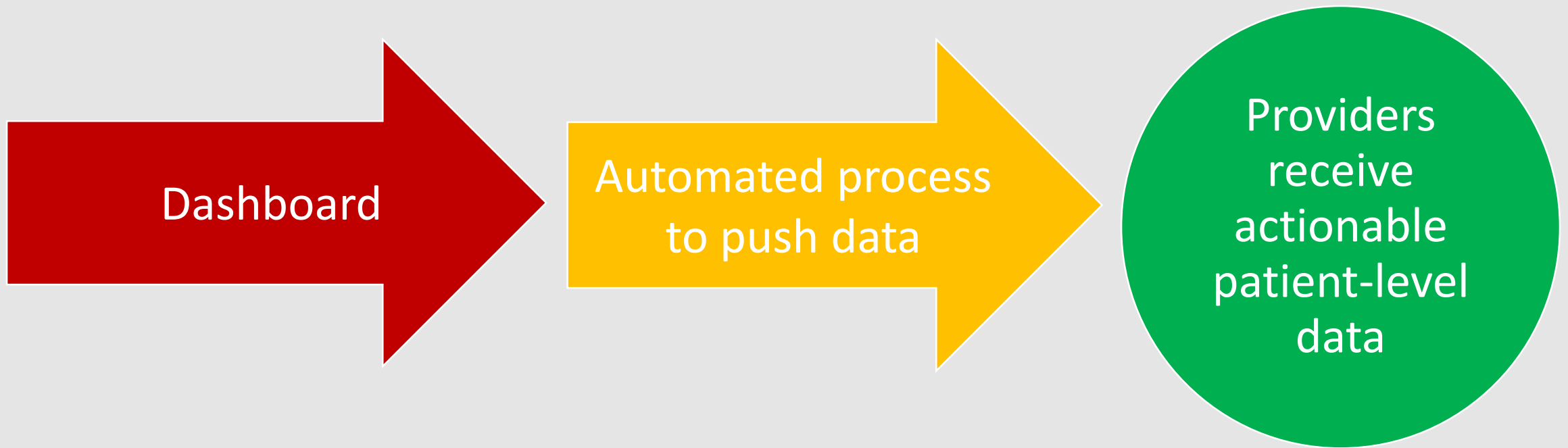


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Future Applications for Population Health



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Discussion



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