CHRONIC DISEASE PREVENTION & HEALTH PROMOTION

WEBINAR SERIES

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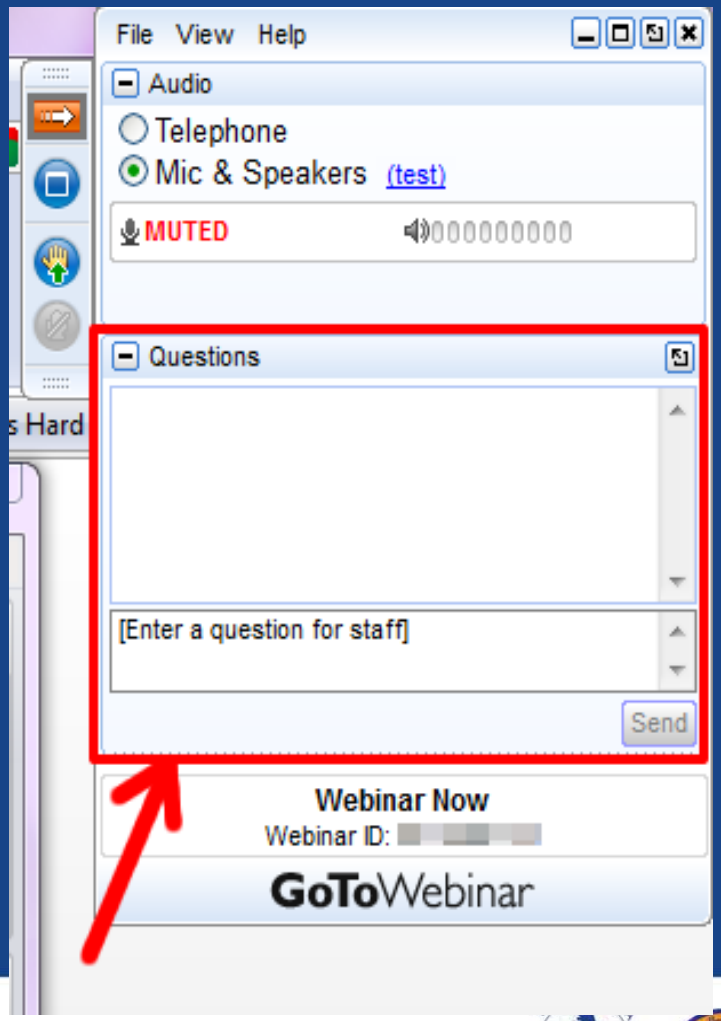

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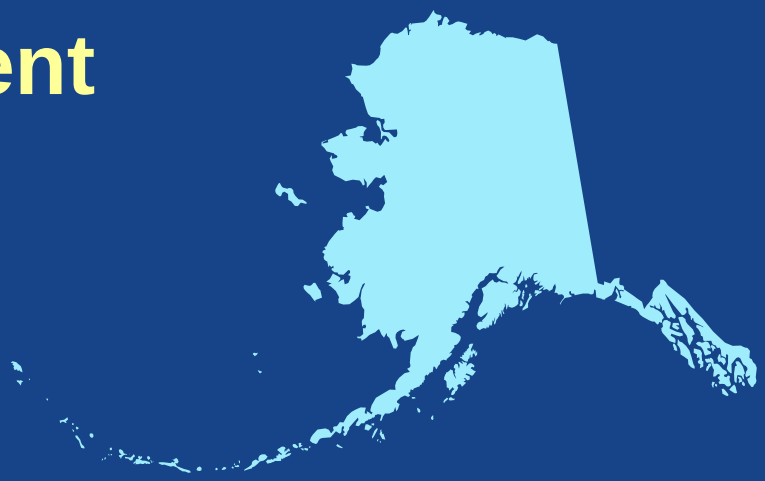
High Blood Pressure Control

FQHC Quality Improvement Project Overview



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Section of Chronic Disease Prevention and Health Promotion, DPH, DHSS

19 April 2015

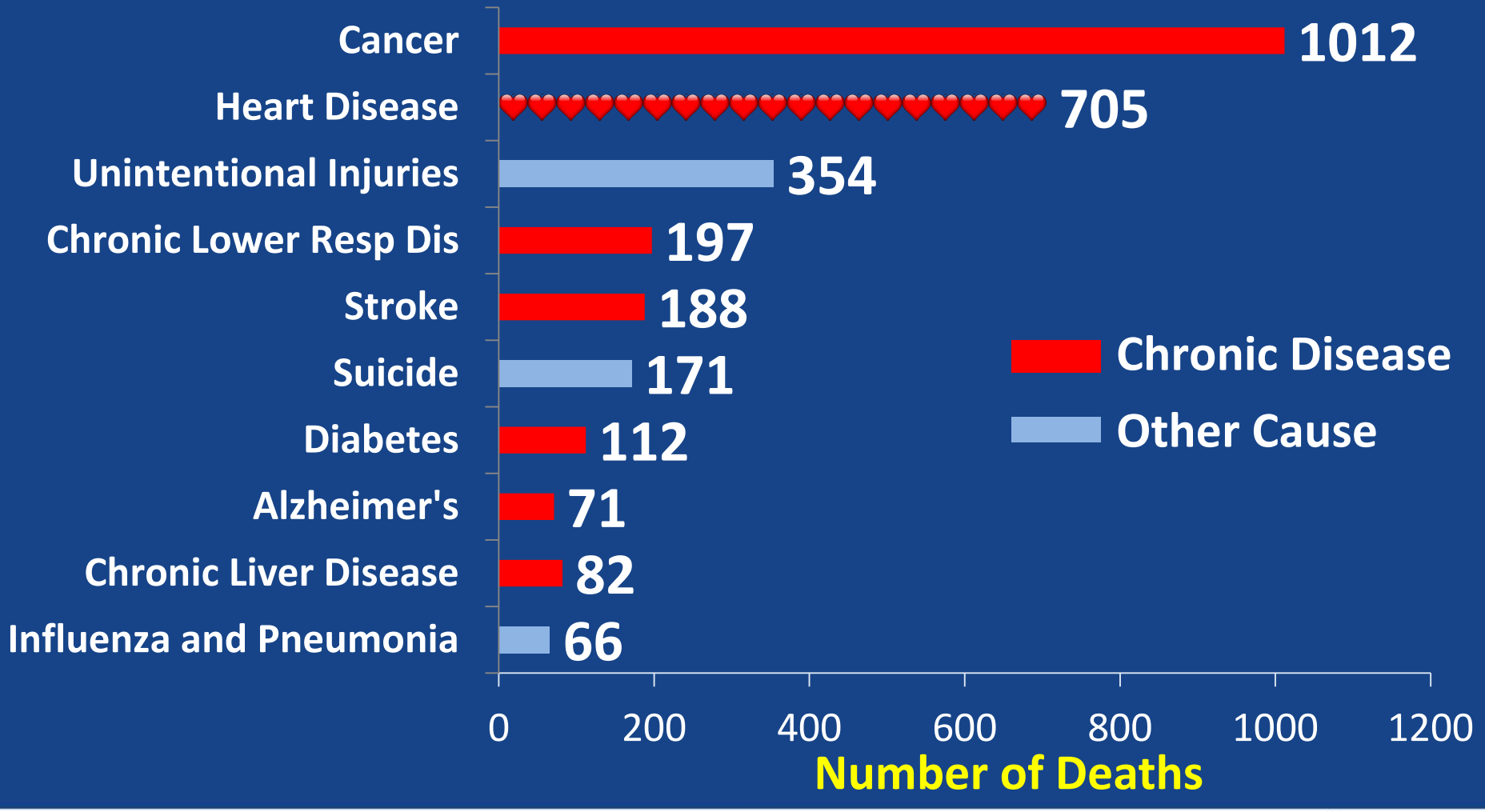
Teleconference/Webinar

Objectives

- Review the need for high blood pressure control
- Provide an overview of the QI coaching project with the Alaska Primary Care Association (APCA) and the State of Alaska
- Review data from the 28 Federally Qualified Health Centers (FQHCs) on high blood pressure control
- Provide blood pressure control resources for clinics

CHRONIC DISEASE PREVENTION

10 Leading Causes of Death in Alaska - 2013



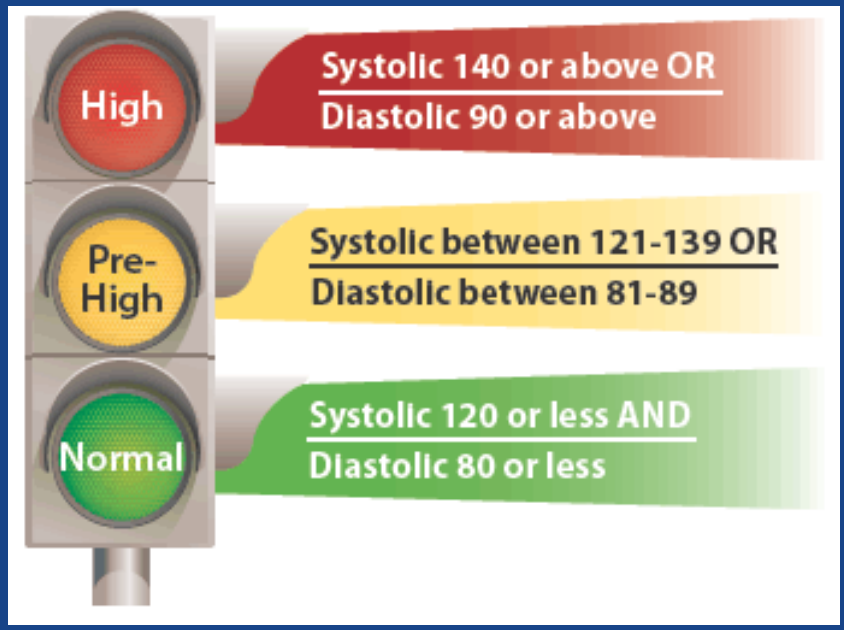
Source: Alaska Bureau of Vital Statistics

HIGH BP CONTROL

Define High Blood Pressure

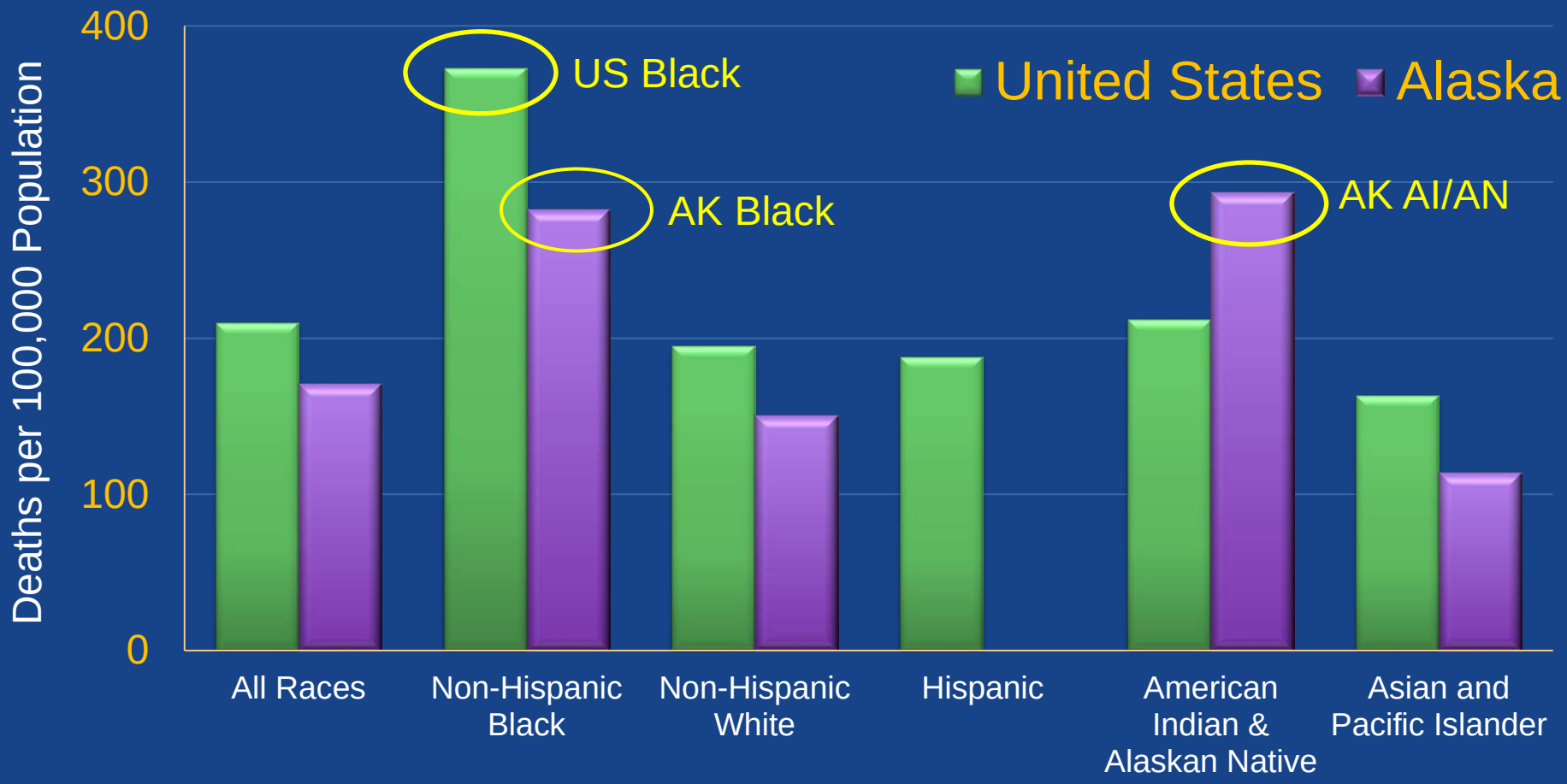
> 139/89 High

Systolic blood pressure
≥140 mmHg
or
Diastolic blood pressure
≥90 mmHg



< 120/80 Normal

US, Alaska Hypertension Death Rates, 2008-2010

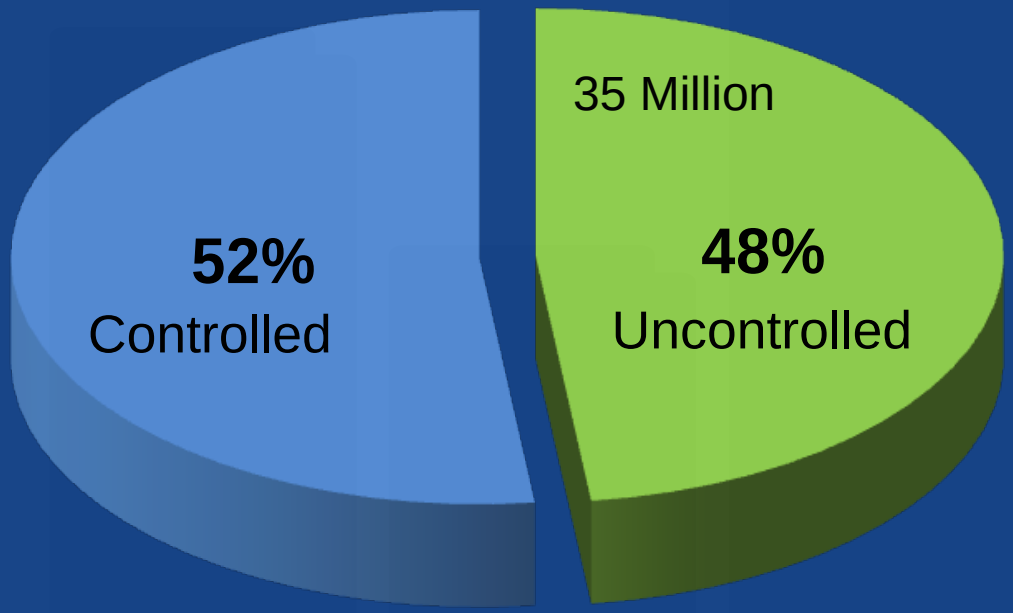


Age 35+, All Race, All Gender, 2008-2010

http://apps.nccd.cdc.gov/DHDSPAtlas/reports.aspx

Only Half of Americans with Hypertension Have It Under Control

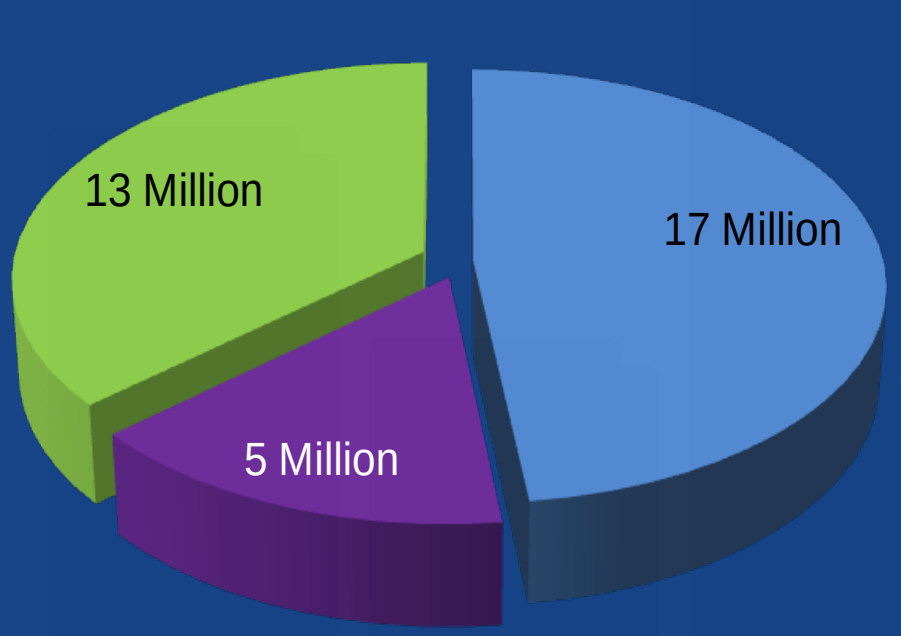
1 in 3 ADULTS – 72 MILLION –
HAVE HIGH BLOOD PRESSURE



SOURCE: National Health and Nutrition Examination Survey 2011-2012.

Awareness and Treatment among Adults with Uncontrolled Hypertension

35 MILLION
ADULTS HAVE UNCONTROLLED HYPERTENSION

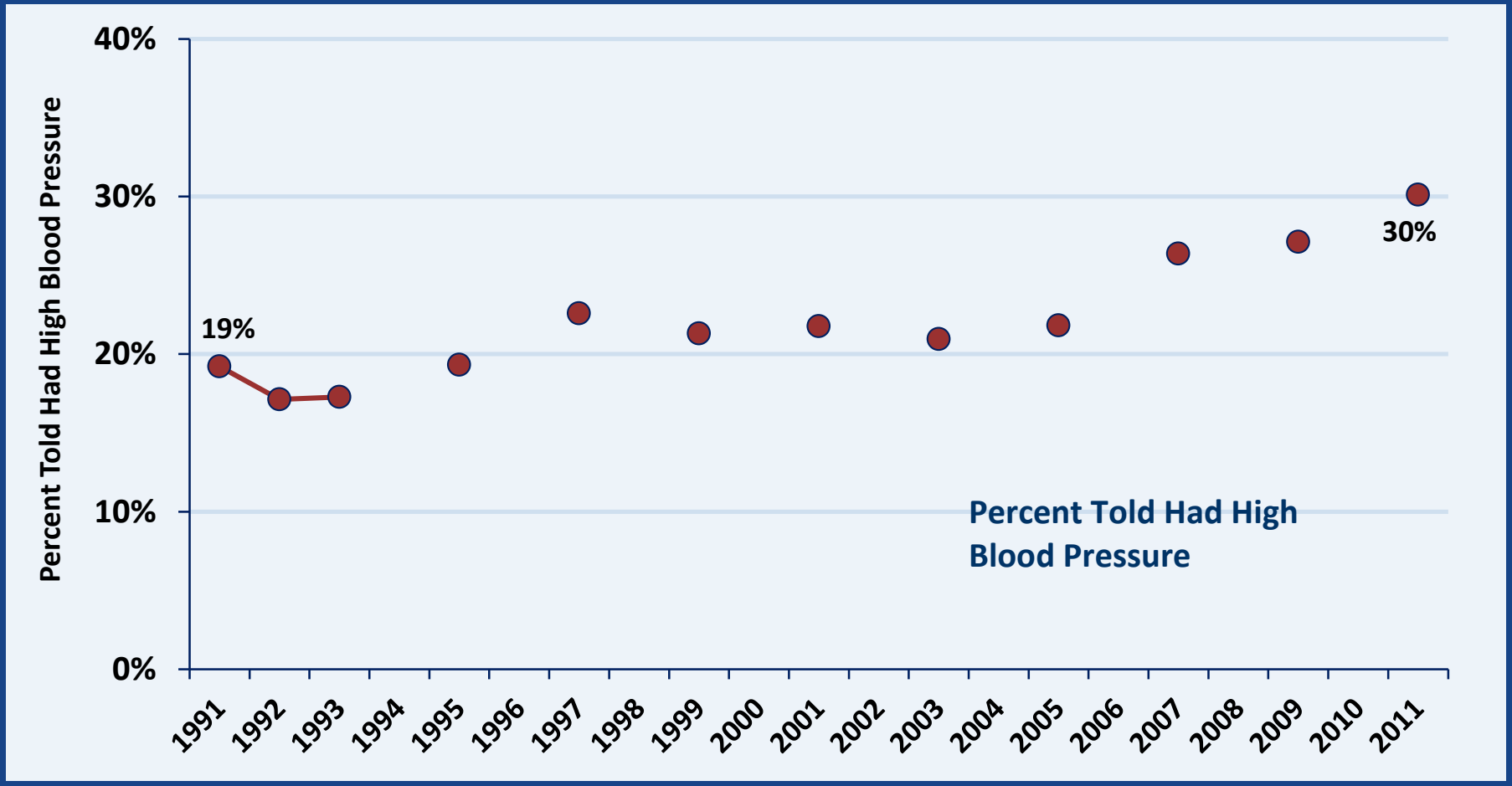


Most people with uncontrolled high blood pressure:

- ↑ Know they have high blood pressure
- ↑ See their doctor
- ↑ Take prescribed medicines

SOURCE: National Health and Nutrition Examination Survey 2011-2012.

Percentage of Alaskans Reporting High Blood Pressure
(as told by a Health Care Professional)



Source: Alaska BRFSS
"Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?"

Hypertension Control Strategies from CDC

- Promote reporting of BP measures
- Promote awareness of HBP among patients
- Increase implementation of QI processes
- Increase use of team-based care

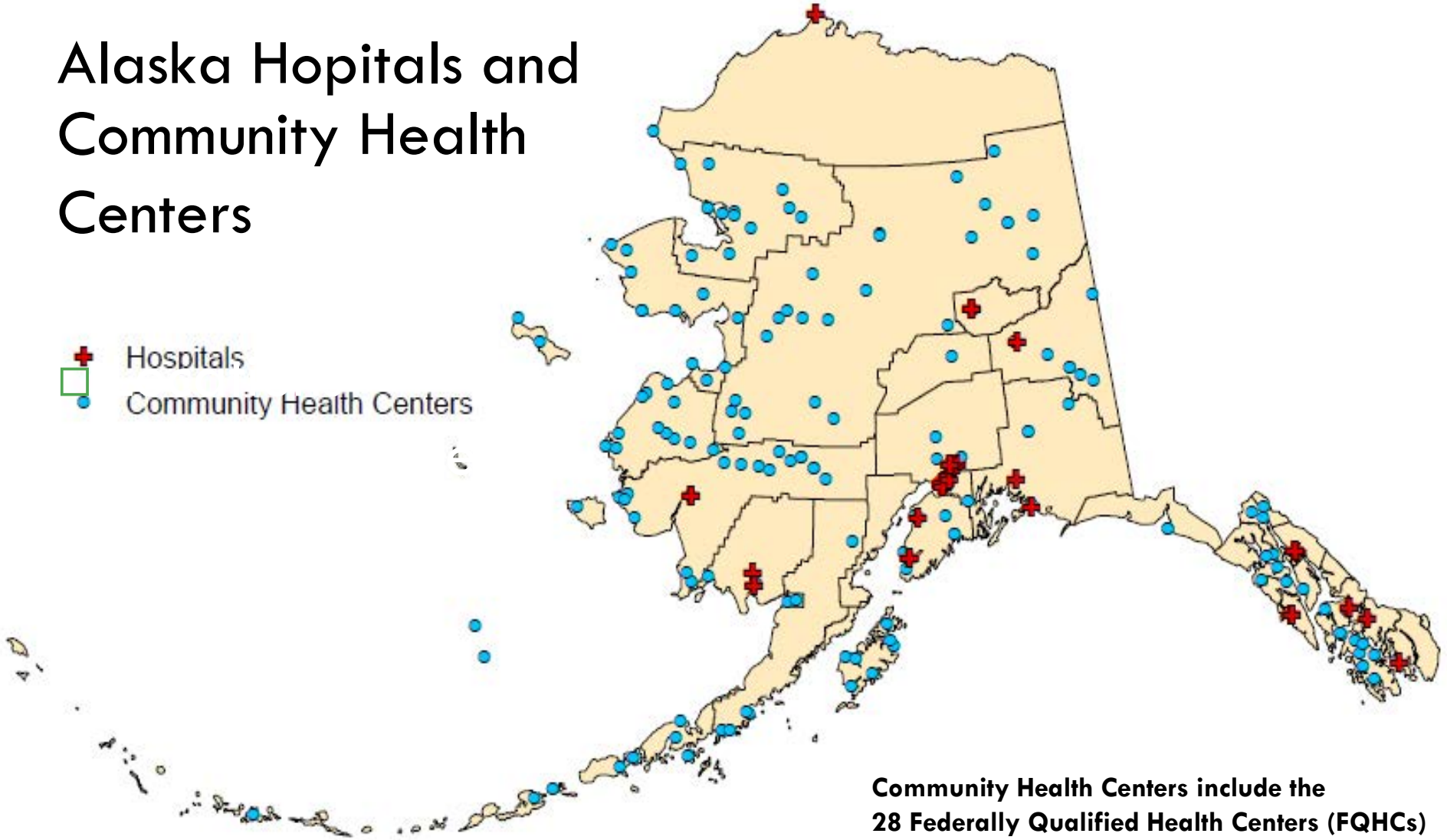
How did we get to a QI project?

- Find a way to do the most good for the most people.
- Empower care givers to make meaningful changes in their health care systems.
- Effectively use data to know where we were starting and to know when we had made a difference.

Why FQHCs?

- FQHCs had the best, most specific data available to measure blood pressure control
- FQHCs are located throughout the state including many rural areas

Alaska Hopitals and Community Health Centers



Community Health Centers include the 28 Federally Qualified Health Centers (FQHCs)

Goals of the QI Facilitator Coaching Project

1. To improve the % of patients 18-85 with a diagnosis of hypertension and whose BP was adequately controlled (<140/90).
2. To establish a facilitated peer network of FQHC/CHC clinic staff and providers to allow a platform for sharing best practices and methods among the 29 Alaska FQHCs.

The QI Facilitator Coaching Project

- The purpose of the project is to provide QI process training and on site coaching for FQHC staff
- Provide resources for improving blood pressure control processes

Methods to Achieve Project Goals

Use established QI processes, including:

- Electronic health record (EHR) data evaluation
- Coaching clinic staff to make process changes using Plan-Do-Study-Act (PDSA) process improvement cycles
- Adoption of best practice protocols

APCA also hosted a 3-day Quality Improvement Academy

ABOUT THE DATA

FQHC Hypertension Survey* Results

Best Practice	Adopted at 0-<50% sites	Adopted at >50% sites	Adopted at 100% sites	Don't know
Direct care staff trained in accurate BP measurement	10%	5%	85%	0
Hypertension guideline used	5%	9%	76%	9%
BP addressed at each visit	11%	11%	68%	11%
All HTN patients not at goal or on new med seen within 30 days	26%	11%	32%	32%
HTN prevention, engagement, and self-management program in place	38%	5%	33%	22%
HTN registry used to track patients	42%	0	58%	0
All team members trained in importance of BP goals and metrics	28%	5%	50%	16%
All specialties intervene w/pts not in BP control	28%	5%	50%	17%

*Online survey administered to FQHCs October 2013. The survey was completed by 23 FQHCs representing 107 community health centers.

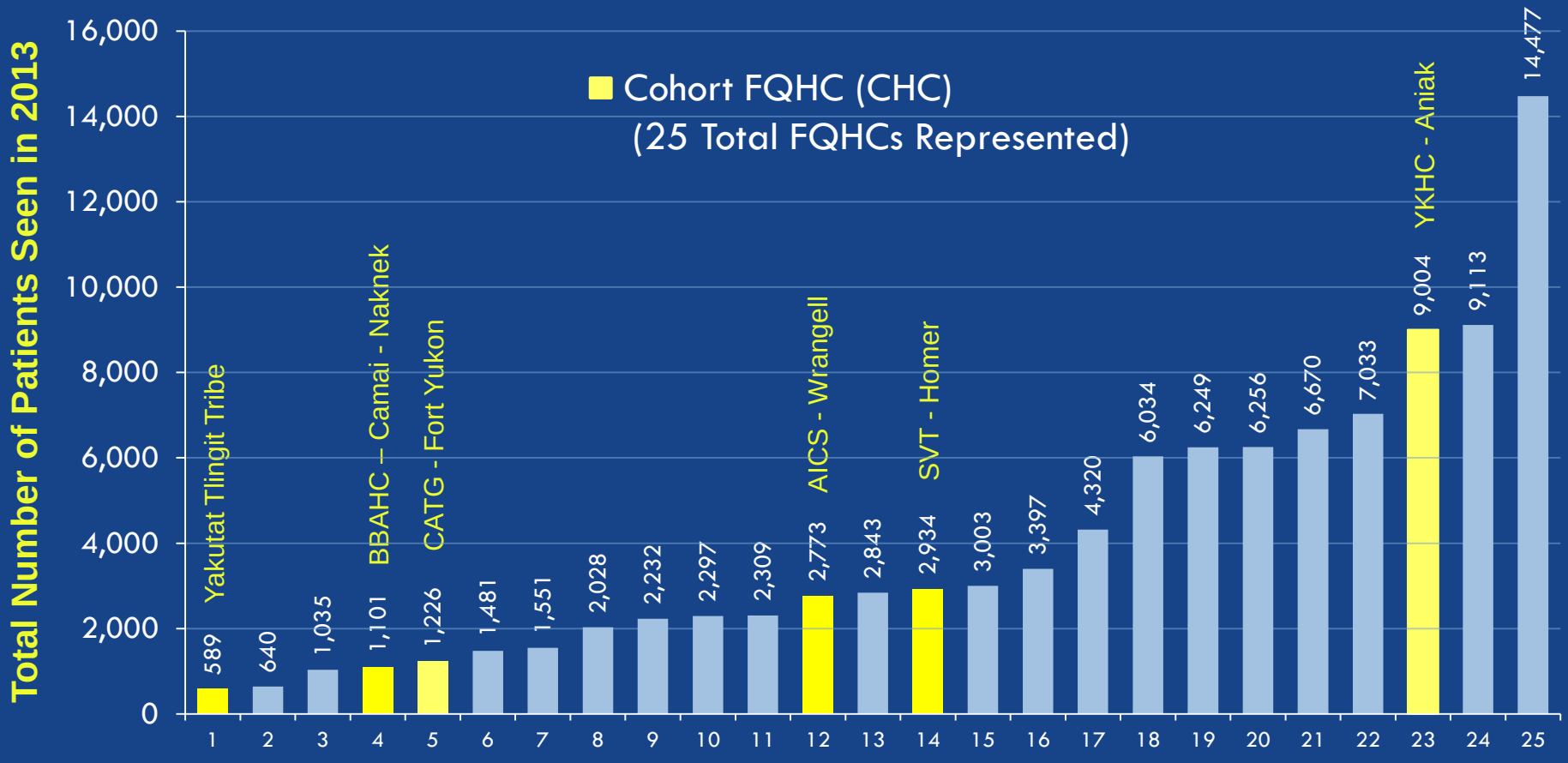
FQHC UDS Data

2013 UDS data elements used to choose which FQHCs to invite:

- Control of high blood pressure
- Size of the population served
- Adoption of an EHR

Once the Alaska Primary Care Association was chosen as the facilitator, the APCA staff helped decide the clinics invited.

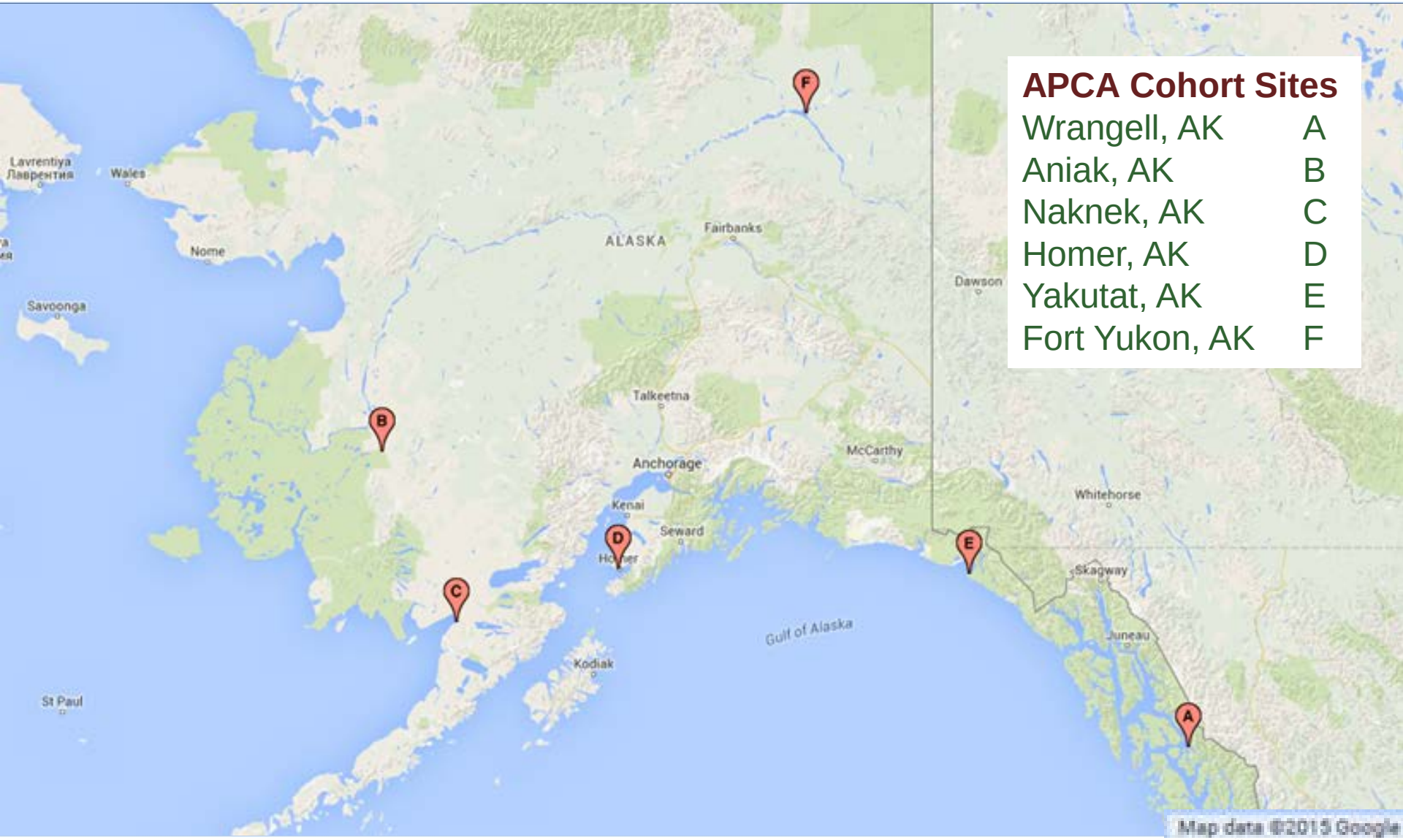
2013 Total FQHC Patients



FQHC: Federally Qualified Health Center CHC: Community Health Center

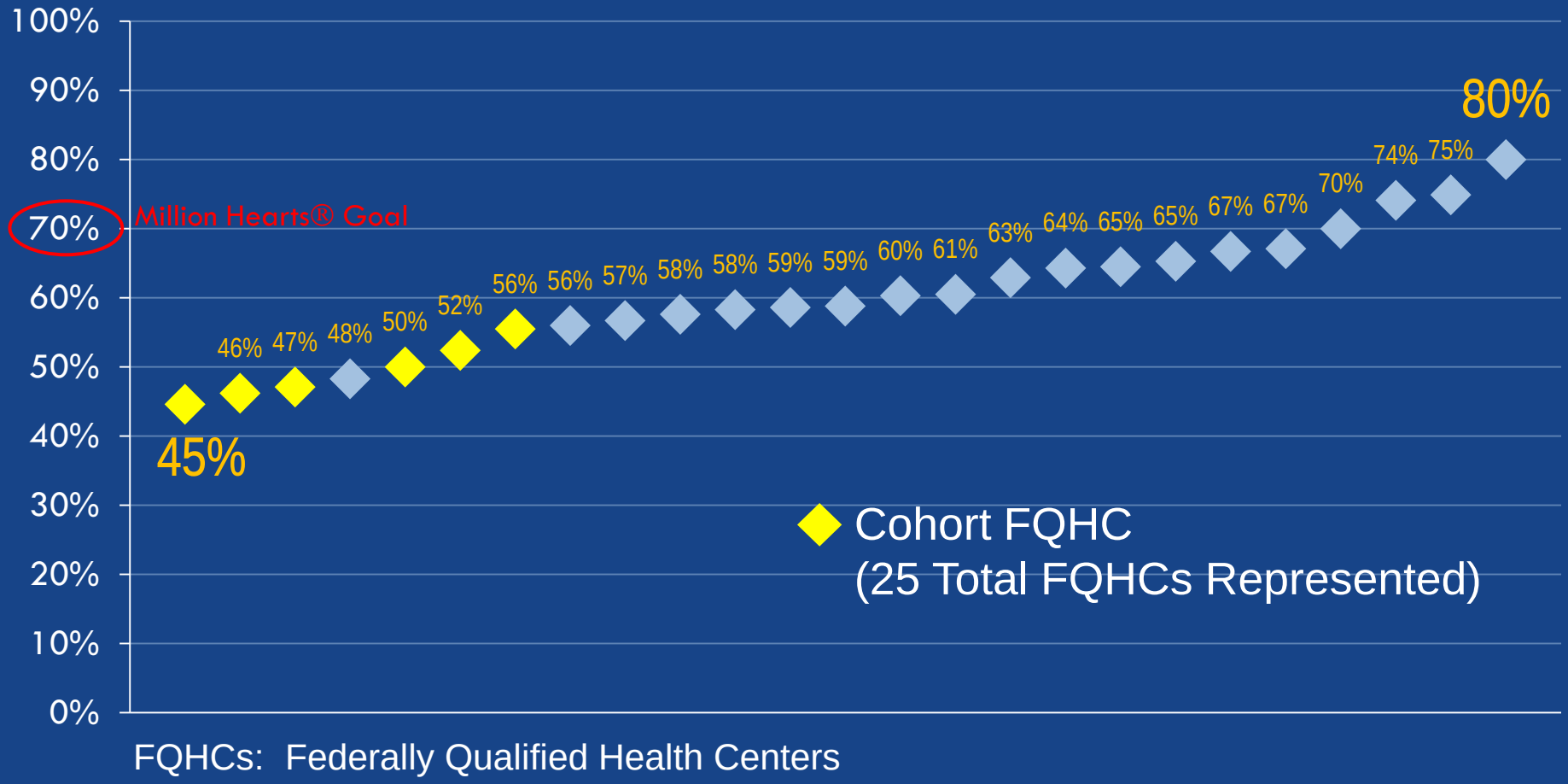
Source: 2013 Alaska UDS Data: http://bphc.hrsa.gov/uds/datacenter.aspx

The QI Facilitator Coaching Project Overview



APCA: Alaska Primary Care Association

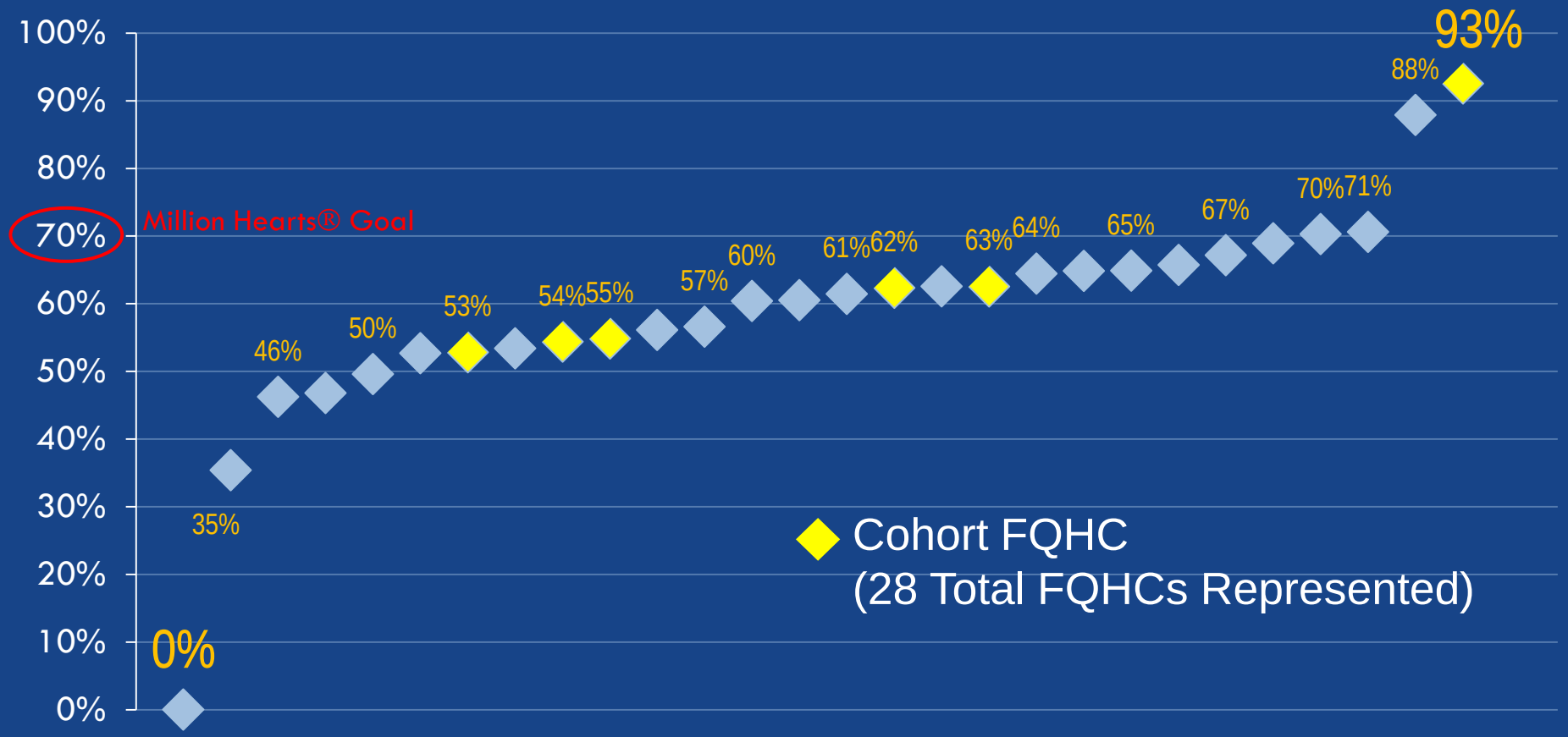
2013 Percent of Patients with HBP in Control (<140/80) by FQHC



FQHCs: Federally Qualified Health Centers

Source: 2013 Alaska UDS Data: http://bphc.hrsa.gov/uds/datacenter.aspx

2014 Percent of Patients with HBP in Control (<140/80) by FQHC

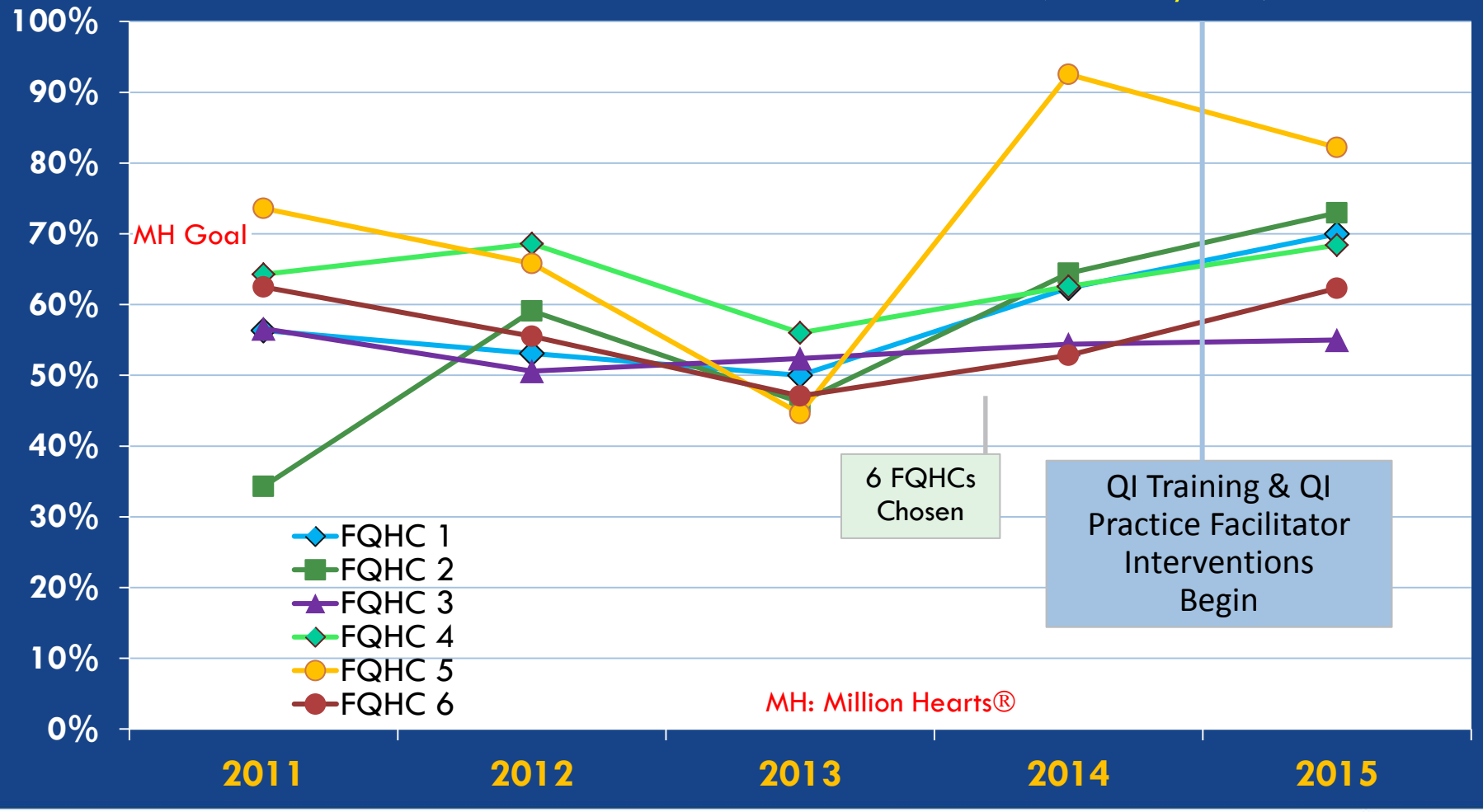


FQHCs: Federally Qualified Health Centers

Source: 2014 Alaska UDS Data: http://bphc.hrsa.gov/uds/datacenter.aspx

FQHC QI Cohort 1, 2011-2015

Percent of Patients with HBP in Control (<140/80)*



* The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90) during the measurement year.

The QI Facilitator Coaching Project Future

- Starting July 2016 add 6 clinics
- Continue relationships with all clinics
- APCA will do "on the road" QI Process trainings at the clinic sites
- Expand the FQHC peer network
- Continue to add FQHCs through June 2018
- Hold a second QI Academy Training in ANC for FQHC staff (possibly)

BEST PRACTICES

Million Hearts®

Goal: Prevent 1 million heart attacks and strokes by 2017

- US Dept. of Health and Human Services initiative, co-led by CDC and CMS (Medicare and Medicaid).

Purpose: focus efforts of public and private partners to:

- Reduce the number of people who need treatment
- Improve the care for those who do need it

The ABCS to Prevent Heart Attacks and Strokes

Aspirin	People who have had a heart attack and stroke who are taking aspirin
Blood pressure	People with hypertension who have adequately controlled blood pressure
Cholesterol	People with high cholesterol who are effectively managed
Smoking	People trying to quit smoking who get help

Million Hearts®

Sources: National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

Targets for the ABCS

Intervention	Pre-Initiative Estimate (2009-2010)	2017 Population-wide Goal	2017 Clinical Target
Aspirin when appropriate	54%	65%	70%
Blood pressure control	53%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	22%	65%	70%

National Ambulatory Medical Care Survey, National Health and Nutrition Examination Survey

Million Hearts® Hypertension Treatment Protocol Template

http://millionhearts.hhs.gov/Docs/Hypertension-Protocol.pdf

Million Hearts®

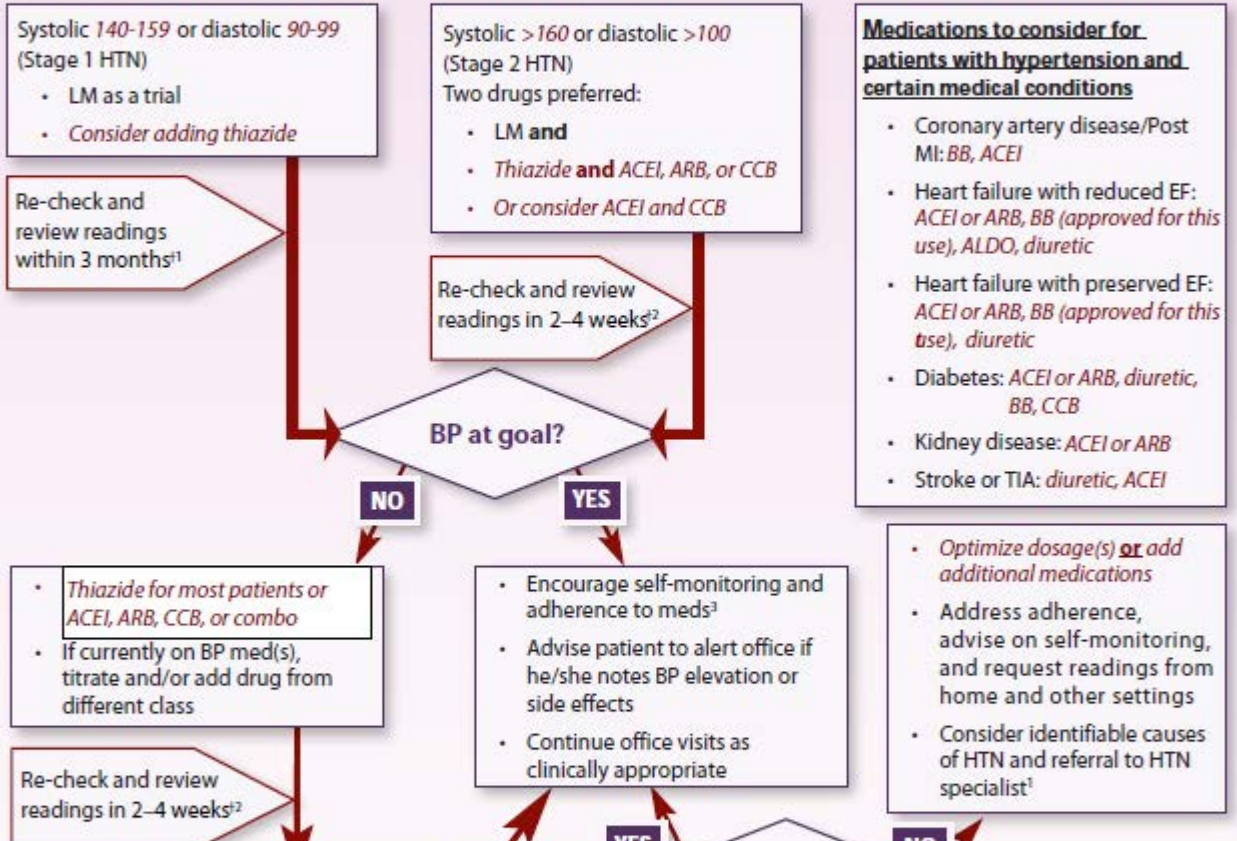
The red, italicized text may be modified by the user to provide specific drug names.

Reset Form

Name of Practice

Protocol for Controlling Hypertension in Adults[1]

The blood pressure (BP) goal is set by a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90; however some individuals may be better served by other BP goals. Lifestyle modifications (LM)* should be initiated in all patients with hypertension (HTN) and patients should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring is encouraged for most patients throughout their care and requesting and reviewing readings from home and community settings can help in achieving and maintaining good control. For patients with hypertension and certain medical conditions, specific medications should be considered, as listed in the box on the right below.



Best Practice Protocols and Guidelines

American College of Cardiology/AHA Joint Guidelines:

2015 The SPRINT Research Group: A Randomized Trial of Intensive versus Standard Blood-Pressure Control

2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults (JNC 8) →JNC 7 is also still being used

2014 An Effective Approach to High Blood Pressure Control: ACC/AHA/CDC Science Advisory

2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults

2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk

2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk

Health Care Practice Toolkits

Improving the Screening, Prevention, and Management of Hypertension

An Implementation Tool
for Clinic Practice Teams

Health

Blood Pressure Measurement Toolkit:
Improving Accuracy, Enhancing Care

Wisconsin Heart Disease and Stroke Prevention Program
Bureau of Community Health Promotion
Division of Public Health
Wisconsin Department of Health Services

PROVIDER TOOLKIT
TO IMPROVE HYPERTENSION CONTROL

American Medical Group Foundation
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Washington Toolkit: http://here.doh.wa.gov/materials/bp-management-implementation-tool/13_BPtoolkit_E13L.pdf
Wisconsin Toolkit: https://www.dhs.wisconsin.gov/publications/p0/p00623.pdf
American Medical Group Toolkit: http://www.measureuppressuredown.com/HCProf/toolkit.pdf

RESOURCES

Alaska Resources

- Take Heart Alaska Cardiovascular Health Coalition: www.takeheart.alaska.gov
- State of AK Heart Disease and Stroke Prevention Program: http://dhss.alaska.gov/dph/Chronic/Pages/Cardiovascular/default.aspx
- State of AK Diabetes Prevention and Control Program: http://dhss.alaska.gov/dph/chronic/pages/diabetes/default.aspx
- AK Diabetes (DSME) and Pre-diabetes (DPP) Programs: http://dhss.alaska.gov/dph/Chronic/Pages/Diabetes/education.aspx
- Living Well Alaska (Alaska CDSMP Program): http://dhss.alaska.gov/dph/chronic/pages/selfmanagement/default.aspx
- Mountain-Pacific Quality Health (Quality Improvement Organization): http://mpqhf.com/QIO/alaska/
- Alaska eHealth Network (Regional Extension Center): http://www.ak-ehealth.org/

National Resources

- Centers for Disease Control and Prevention: www.cdc.gov
- National Heart Lung and Blood Institute: www.nhlbi.nih.gov
- National Quality Forum: http://www.qualityforum.org/Qps/
- American Heart Association: www.americanheart.org
- National Stroke Association: www.stroke.org
- Institute for Healthcare Improvement (IHI): www.ihi.org
- DASH Diet: http://www.nhlbi.nih.gov/health/public/heart/hbp/dash/new_dash.pdf

Million Hearts® Resources

- Million Hearts: http://millionhearts.hhs.gov/
- Hypertension Treatment Protocols http://millionhearts.hhs.gov/resources/protocols.html
- *NEW* The Hypertension Control Change Package for Clinicians http://millionhearts.hhs.gov/Docs/HTN_Change_Package.pdf
- Hypertension Control: Action Steps for Clinicians http://millionhearts.hhs.gov/Docs/MH_HTN_Clinician_Guide.PDF
- Self-Measured Blood Pressure Monitoring Guide http://millionhearts.hhs.gov/Docs/MH_SMBP.pdf
- Million Hearts® CDC Grand Rounds http://www.cdc.gov/about/grand-rounds/archives/2012/february2012.htm
- CDC Hypertension Grand Rounds: Detect, Connect, and Control http://www.cdc.gov/about/grand-rounds/archives/2013/May2013.htm
- Cardiovascular Health: Action Steps for Employers http://millionhearts.hhs.gov/Docs/MH_Employer_Action_Guide.pdf
- Million Hearts® E-update http://millionhearts.hhs.gov/stayconnected/eupdate.html


Thank You!
Questions?
Contact Information:
Janice Gray, RN, BSN – janice.gray@alaska.gov

Discussion

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