SUMMIT MEDICAL GROUP

Measure Up/Pressure Down

Medical Group Success

Deborah A. Molina, MPA, MBA
Manager, Quality

Jamie L. Reedy, MD, MPH
Medical Director, Population Health

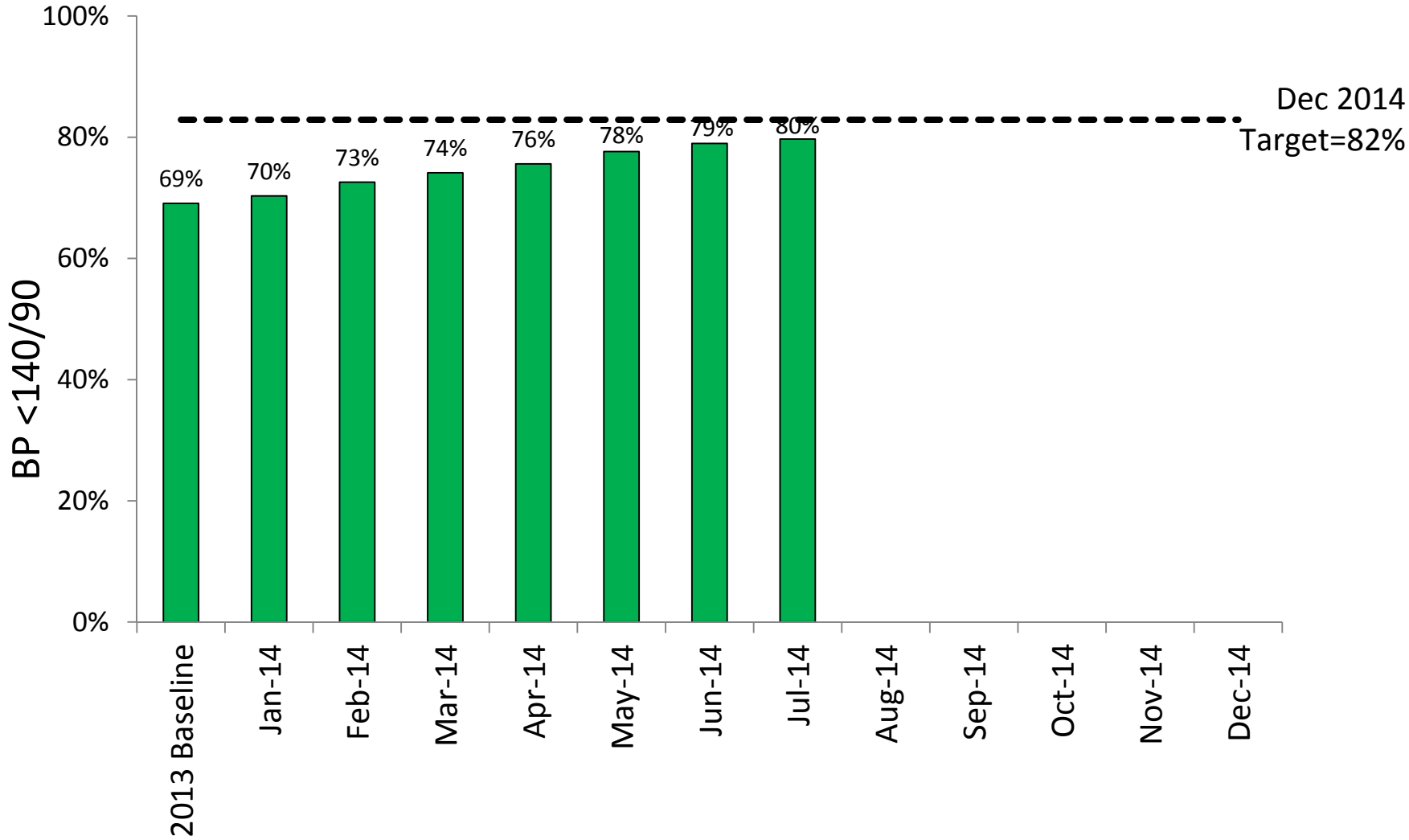
Laura Balsamini, Pharm D, BCPS
Director, Pharmacy Services

10/16/14

- Largest independent multispecialty group in NJ
- 500 providers, 80 specialties, 50 locations
- 80,000 visits/month

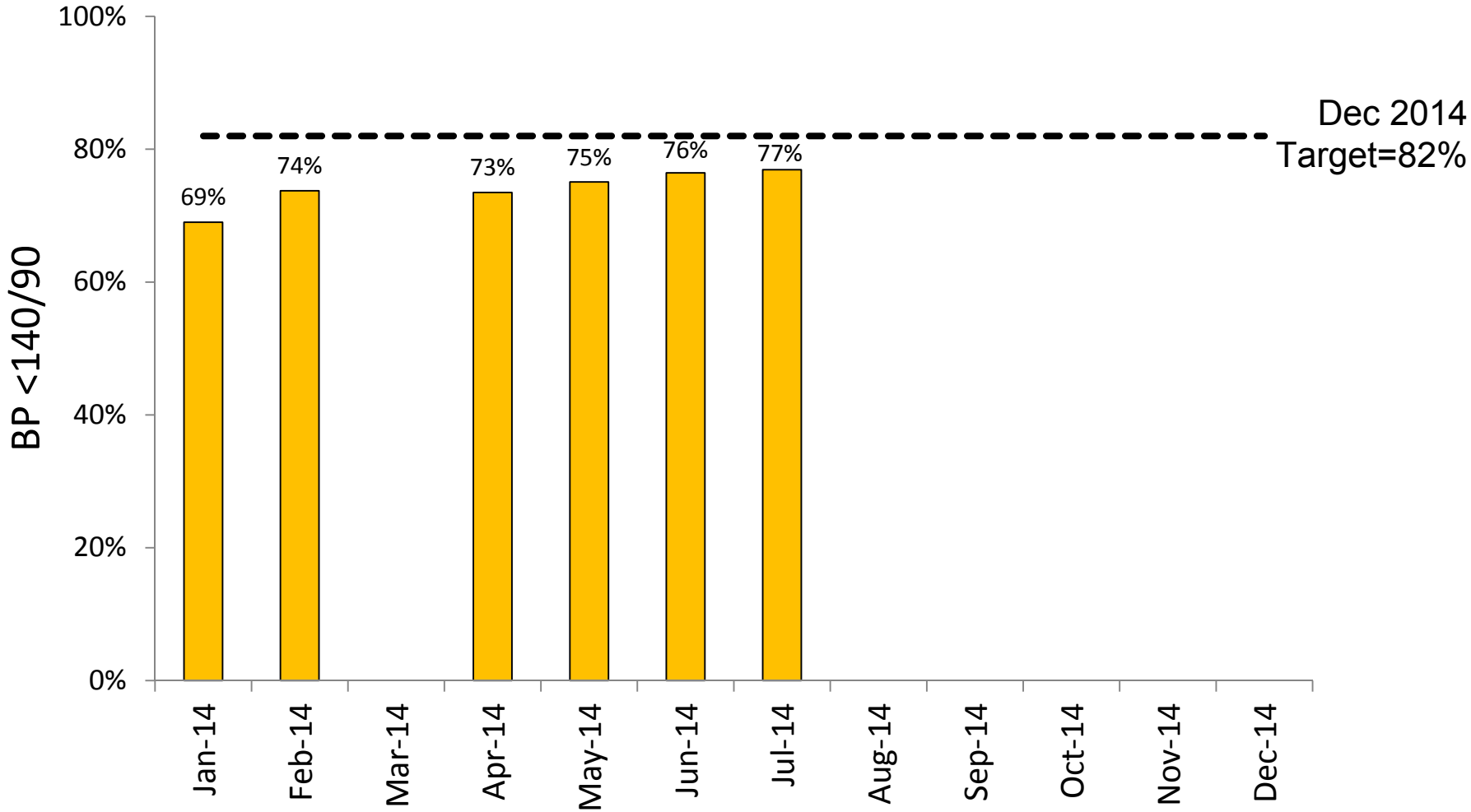
Primary Care BP in Control

N=14,767 unique patients



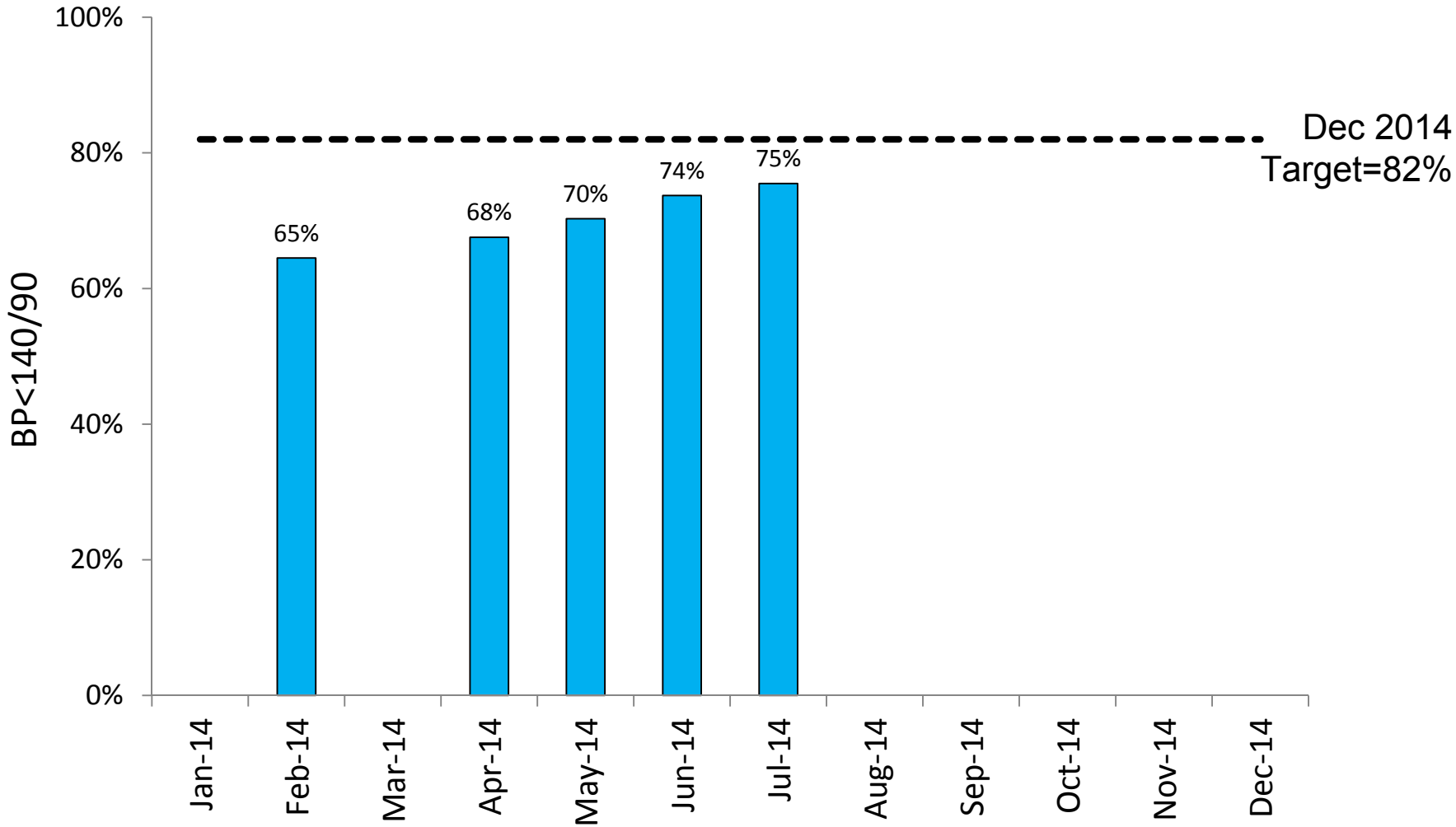
Endocrinology BP in Control

N=2,400 unique patients



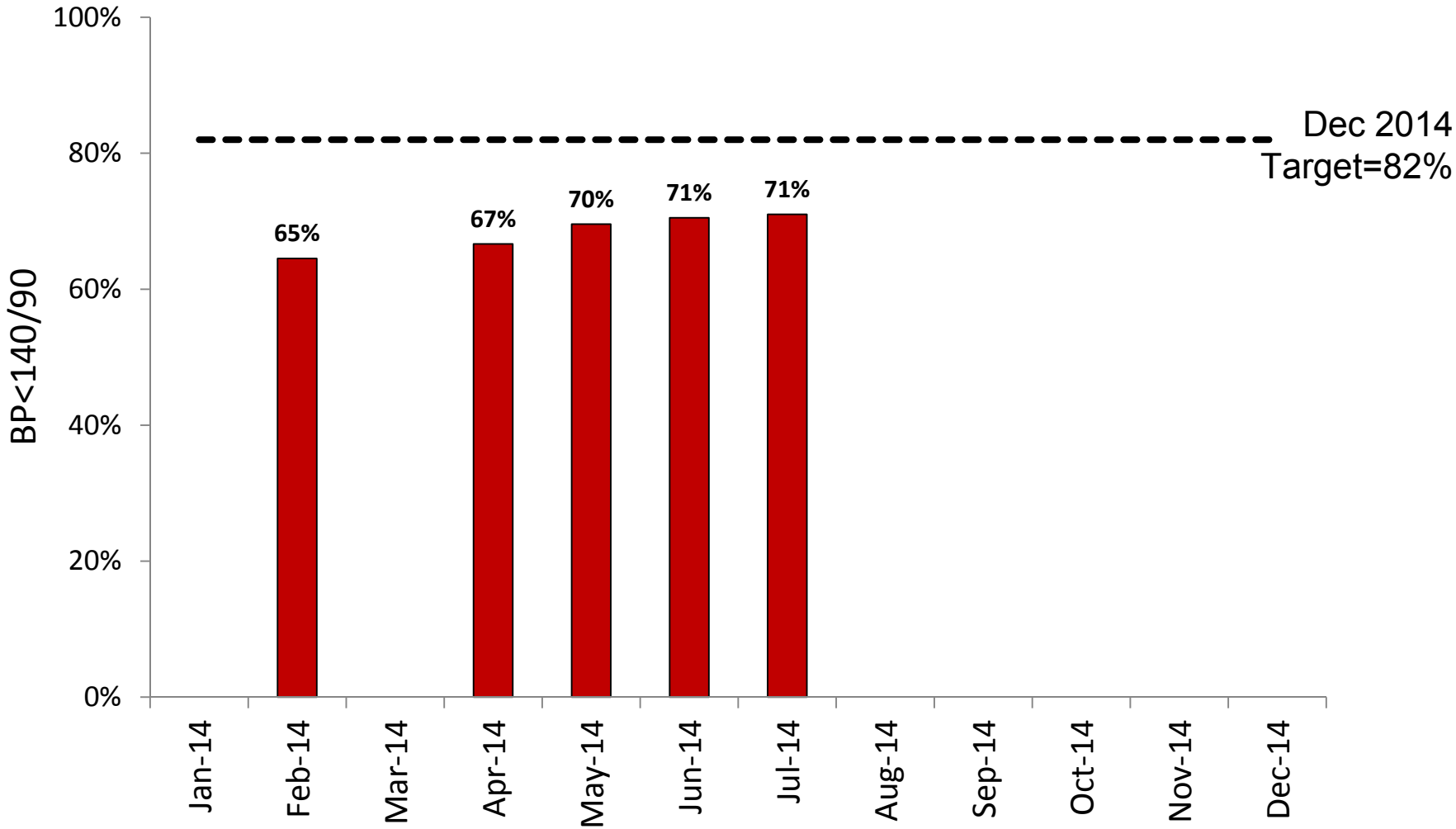
Cardiology BP in Control

N=2,668 unique patients



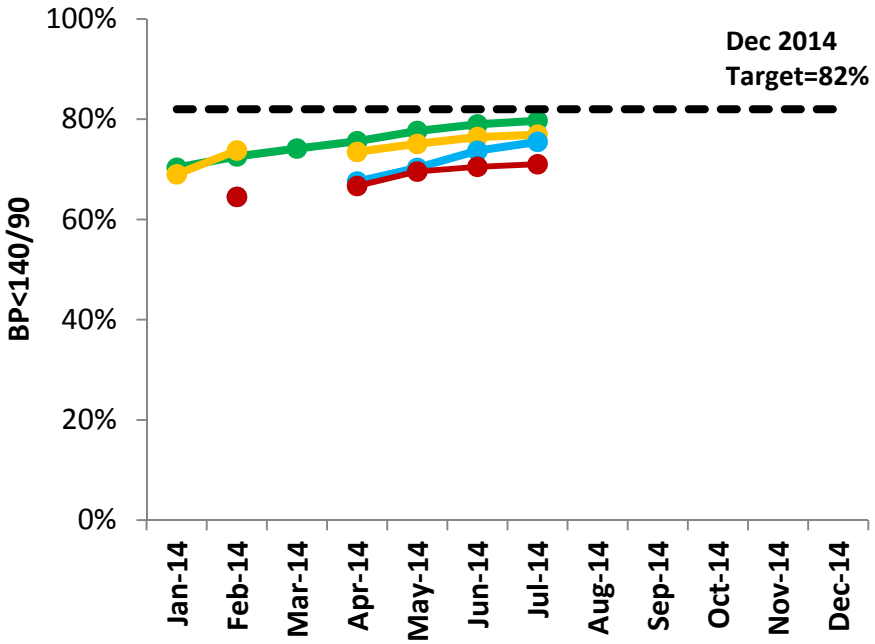
Nephrology BP in Control

N=207 unique patients



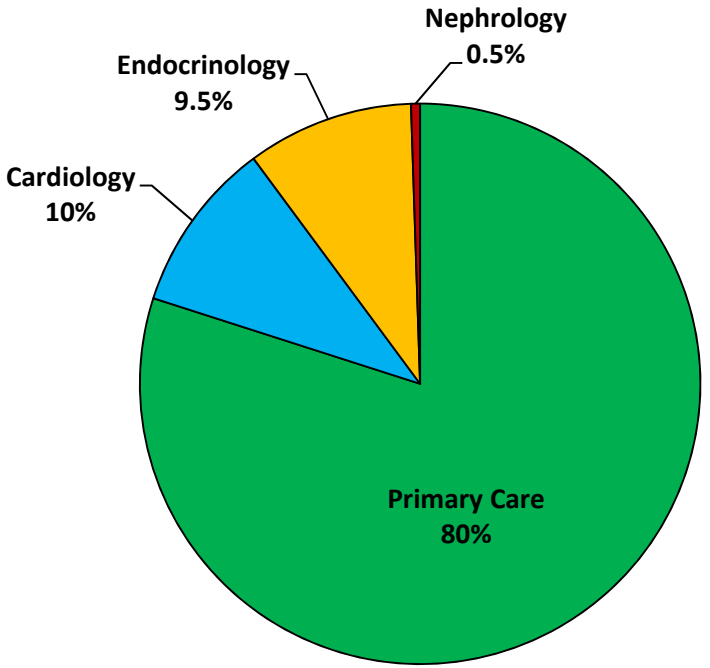
SMG BP in Control

N=18,472*



*Unique Patients

18,472 Patients with Hypertension



SMG Overall BP Control Rate: 79%

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Jamie L. Reedy, MD, MPH

Medical Director, Population Health

Two Theme Approach

Engage stakeholders

- Physicians, APNs & PAs
- Clinical Staff
- Patients

Reduce variation

- Medication profiles
- Accurate BP measurement
- Team-based care

Provider Engagement

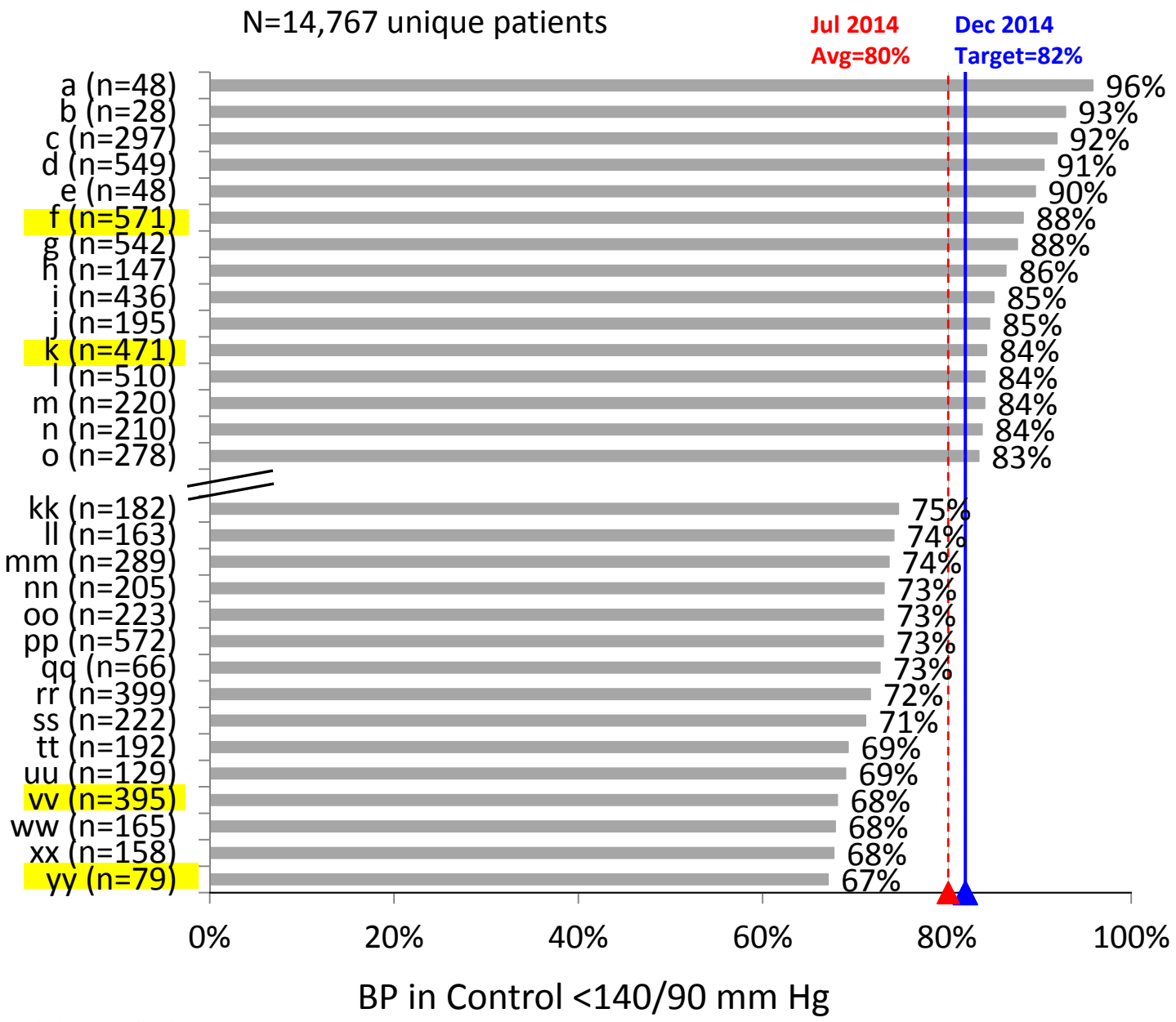
Individual Engagement

- Group-wide “Kick-Off” meeting Dec. 2013
- Physician-led HTN committee
- Physician compensation tied to quality outcomes
- Regular group updates to increase awareness

Population Health Support

- Transparent unblinded reporting by provider & pod
- Monthly lists of patients not in control
- Singular quality improvement focus group-wide for 2014
- New EMR: assure all BP reminders are “on”

Primary Care BP in Control, by Provider, Jul 2014



Date Range: 1/1/2014-7/28/2014

Number Needed to Treat (NNT)

For every 36 patients with BP in control for 5 years we avoid 1 event (AMI and stroke)

Timeframe	Population	BP Control Rate	Patients in Control	Avoided AMI/Strokes	Avoided Costs
Baseline (2013)	15,000	69%	10,350	**288**	**$7,776,000**
BP Improvement (to Jul 2014)	15,000	+11%	1,650	**46**	**$1,242,000**
Total	15,000	80%	12,000	**334**	**$9,018,000**

Costs based on:

Event cost	$15,000 each
Subsequent 5-yr cost	$12,000 each
Total Cost	$27,000 each

Clinical Staff Engagement

Training

- Clinical Services “Kick-Off” meeting Dec. 2013
- BP training, competency assessment & re-training

Tools

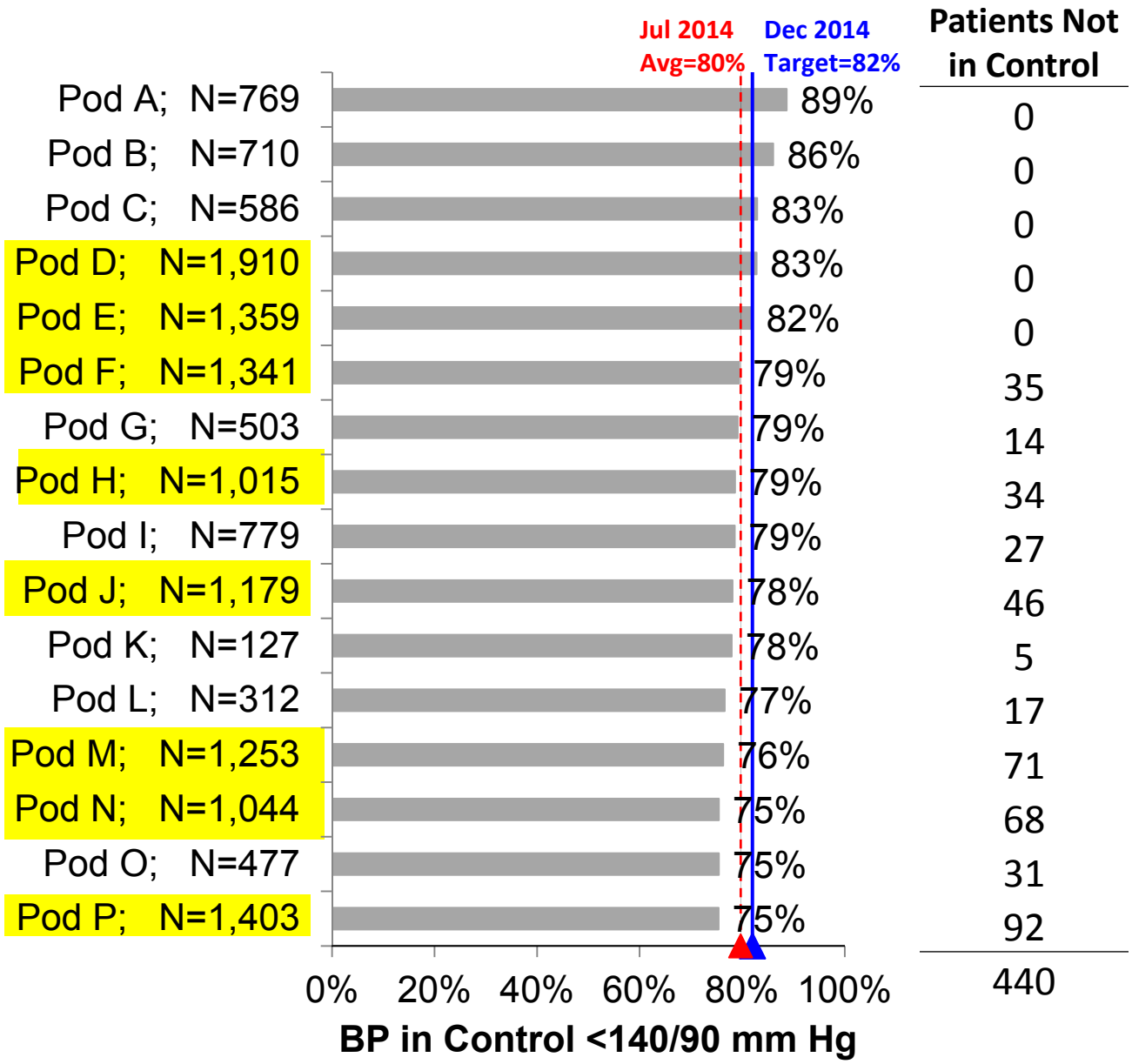
- BP Point-of-Care (POC) Triage tool
- Monthly list of patients not yet at BP goal
- Pod workflow for patient outreach and f/u appointments

Monitoring

- Unblinded monthly reporting by pod
- BP competency tied to continued employment

Primary Care BP in Control, by Pod, Jul 2014

N=14,767 unique patients



Date Range: 1/1/2014-7/28/2014

POC Triage Tool

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Measure Up Pressure Down

Blood Pressure Follow-up Interventions

Recommendation: To provide safe care for patients of SMG, blood pressures will be taken on all patients, including those patients being seen in non-primary care areas.

Recommended BP interventions for adult patients without acute end organ damage

The following are guidelines for those patients with elevated blood pressure (includes patients with and without existing diagnosis of HTN).

- If patient's BP is elevated, please have patient sit for 5 minutes and repeat BP.
- If the BP remains elevated, staff member will notify physician, prior to implementing any of the following scenarios.
- If the appointment provider treats hypertension, he/she should initiate or modify treatment based on the SMG hypertension treatment algorithm.

SYSTOLIC		DIASTOLIC	INTERVENTION
>220	OR	>120	Requires urgent evaluation. Send pt to SMG UCC or ER (depending on office location). Communicate referral to receiving physician.
>180	OR	>110	Have the patient wait in the office and a licensed clinical staff will call the PCP or treating physician for guidance. If the patient has no PCP, then refer within SMG as a new patient interval follow up. If after normal office hours, and patient is clinically stable, either call the PCP or treating physician the following morning, or assure that the patient has called for follow up appointment.
>160	OR	>100	Ask the patient to schedule a follow up with their PCP within 2 weeks. If SMG PCP, and scheduling is permissible, then schedule the appointment for the patient.
>140	OR	>90	If BP is not at patient's goal, ask the patient to schedule a follow up with their PCP within 1 month. If SMG PCP, and scheduling is permissible, then schedule the appointment for the patient.

Patient Engagement

In-office Engagement

- Posters in all exam rooms reinforce BP technique
- POC patient self-management tool

BP Awareness Campaign

- Electronic & mailed newsletters
- Expert interviews & podcasts
- Public lectures
- Social media
- Video streaming
- Website postings

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Exam Room Poster

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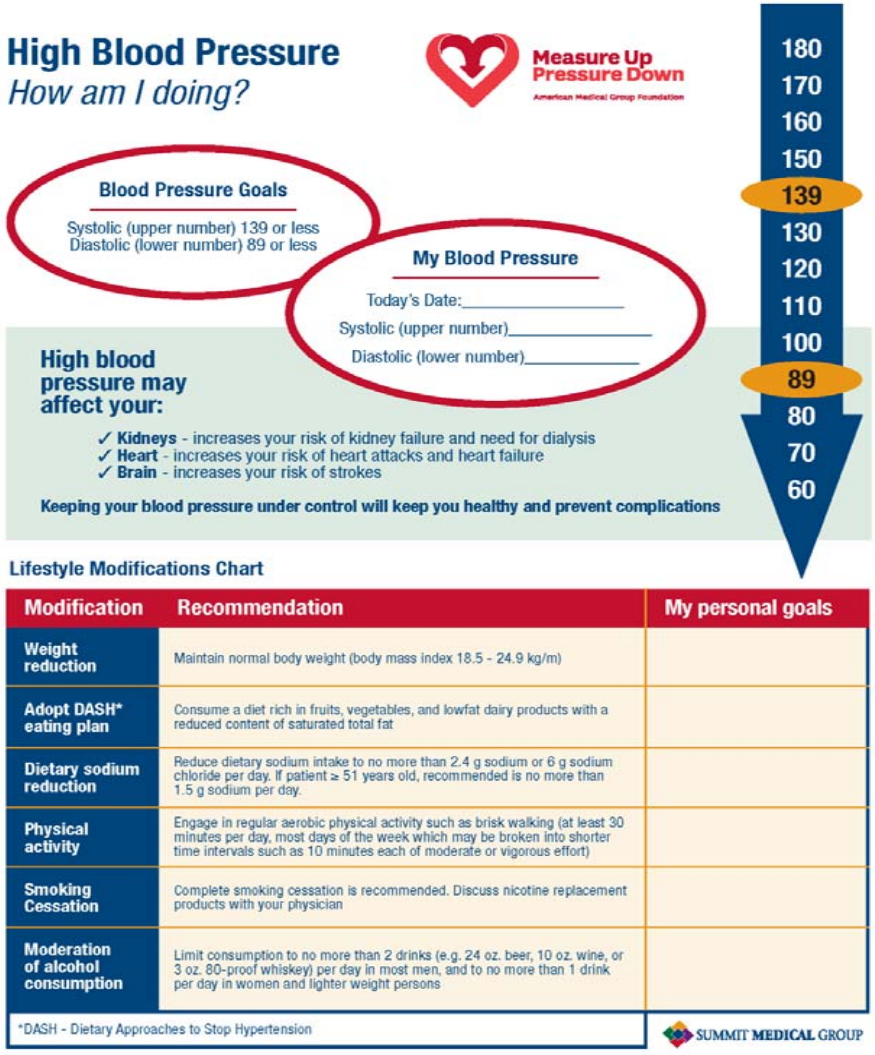
Whether at Home or in the Office, Correct Blood Pressure Technique is Important

- Wait until you have been seated for five minutes prior to taking blood pressure.
- Use the right sized cuff on a bare arm.
- Place arm at heart level with palm of hand upright.
- Have back supported and legs uncrossed with feet flat on the floor.
- Avoid talking while blood pressure is being taken.
- Record exact numbers.

Self-Management Tool



High Blood Pressure
How am I doing?

Measure Up Pressure Down
American Medical Group Foundation

180
170
160
150
139
130
120
110
100
89
80
70
60

Blood Pressure Goals

Systolic (upper number) 139 or less
Diastolic (lower number) 89 or less

My Blood Pressure

Today's Date:_____
Systolic (upper number)_____
Diastolic (lower number)_____

High blood pressure may affect your:

- ✓ **Kidneys** - increases your risk of kidney failure and need for dialysis
- ✓ **Heart** - increases your risk of heart attacks and heart failure
- ✓ **Brain** - increases your risk of strokes

Keeping your blood pressure under control will keep you healthy and prevent complications

Lifestyle Modifications Chart

Modification	Recommendation	My personal goals
Weight reduction	Maintain normal body weight (body mass index 18.5 - 24.9 kg/m)	
Adopt DASH* eating plan	Consume a diet rich in fruits, vegetables, and lowfat dairy products with a reduced content of saturated total fat	
Dietary sodium reduction	Reduce dietary sodium intake to no more than 2.4 g sodium or 6 g sodium chloride per day. If patient ≥ 51 years old, recommended is no more than 1.5 g sodium per day.	
Physical activity	Engage in regular aerobic physical activity such as brisk walking (at least 30 minutes per day, most days of the week which may be broken into shorter time intervals such as 10 minutes each of moderate or vigorous effort)	
Smoking Cessation	Complete smoking cessation is recommended. Discuss nicotine replacement products with your physician	
Moderation of alcohol consumption	Limit consumption to no more than 2 drinks (e.g. 24 oz. beer, 10 oz. wine, or 3 oz. 80-proof whiskey) per day in most men, and to no more than 1 drink per day in women and lighter weight persons	

*DASH - Dietary Approaches to Stop Hypertension

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Laura Balsamini, Pharm D, BCPS

Director, Pharmacy Services

Two Theme Approach

Engage stakeholders

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- Clinical Staff
- Patients

Reduce variation

- Medication profiles
- Accurate BP measurement
- Team-based care

Reduce Variation

Medication Profiles

- Compared baseline medications for Better vs. Worse groups
- Analyze prescribing patterns & provide feedback
- Compare providers with high vs. low BP control rates
- Review patient medication adherence & daily pill burden

Next Steps

- Compare medication algorithm adherence to BP control rates
- Measure impact of therapeutic inertia on BP control rates

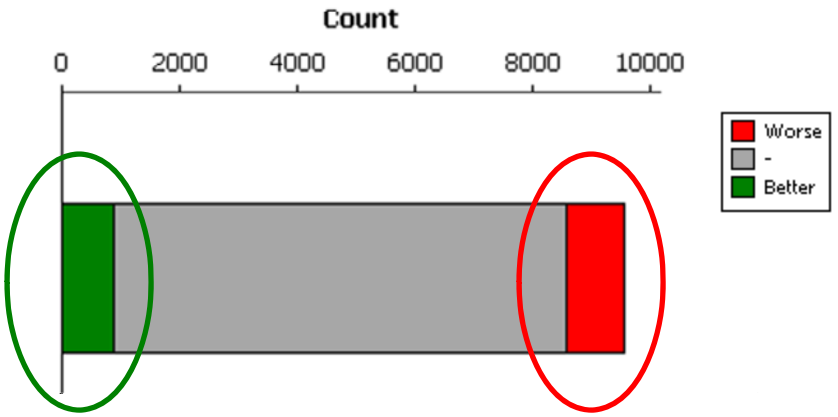
Better and Worse Patients

Grouping

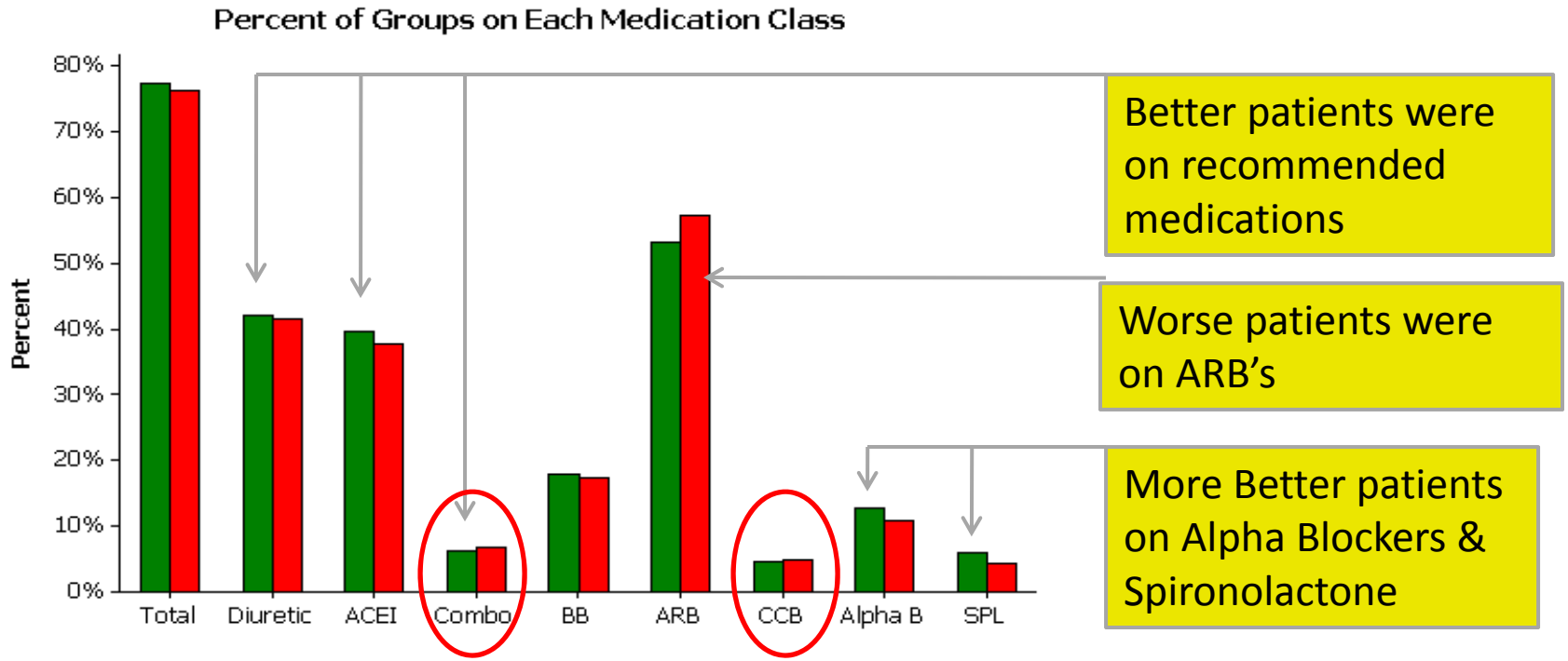
2 BP readings with 20-point change in systolic or diastolic BP over 12 months

Total Patients

- 890 patients are **Better**
- 971 patients are **Worse**
- 7691 are stable



Differences between Patient Groups: Better vs. Worse



- Equal proportion of both groups on active medications
- ACEI/ Diuretic combo underutilized
- Calcium Channel Blockers underutilized

Takeaways

Steps that facilitate BP in control

- Treat early w/ single *combo* pill. If not at goal in 4 weeks add med from different class
- Ensure timely f/u visit after medication changes

Barriers to BP in control

- Treat w/ single agent & slow to add second agent
- Lack of available electronic medication algorithm @ POC
- Lack of staff to outreach to patients and schedule f/u visits

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Deborah A. Molina, MPA, MBA

Manager, Quality

Reduce Variation

Accurate BP Measurement

- Direct staff trained in BP accuracy
- Proper technique posted in all offices
- Education for newly hired MAs and RNs
- BP competency assessed for all staff & tied to continued employment
- Re-training by nurse educator or supervisor
- Random observations (spot checks)
- Workflow supports discrete data capture of BP
- Statistical analysis for bias to zero

Reduce Variation

Team-based Care

Strengths: Standardization

- Timeframe for f/u & when indicated
- Workflow supports BP POC triage & patient outreach
- Ongoing BP measurement competency program
- Use of medication algorithm

Weaknesses: Variation

- Use of RN f/u visits
- Level of staff time allocated to outreach to patients
- Prescribing patterns

Key Success Factors

Engage stakeholders

Reduce variation

- Medication profiles
- Team-based care

Remove barriers

Keep eye on the ultimate goal

- Protect patients from avoidable harms
- Deliver high quality care at lower cost

Significance of Our Story

Our rapid success in improving BP control rates shows what can be a achieved in a short time if you have strong stakeholder engagement and a well thought out plan like *Measure Up/Pressure Down*.

Contact Information

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