



SECTION I

GETTING STARTED

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COMPLETE THE ASSESSMENT SURVEY

The Measure Up/Pressure Down Assessment Survey is the first step in getting started with implementing the campaign planks. This five-question assessment survey will not only help us better position the program for success, but will also provide you with valuable insight as you begin the challenge of bringing 80 percent of your hypertension patients to goal. The survey is also essential for beginning the data collection component of the project.

A link to the online survey has been provided to the key contact at each medical group. Please check with your internal Measure Up/Pressure Down campaign coordinator to ensure that the survey has been completed. The assessment is provided here for information purposes only.

I. How Are You Organized?

- How many PCPs (Family or Internal Medicine) do you have in your organization?
- How many practice sites do you have where there is a PCP (FM or IM)?
- Have you created a quality team for hypertension? Yes No
If yes, please describe:

II. Quality Projects

- Have you already adopted any of the planks of the AMGF campaign? Yes No
If yes, please specify which one(s):
 - Direct Care Staff Trained in Accurate BP Measurement
 - Hypertension Guideline Used and Adherence Monitored
 - BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit
 - All Patients Not at Goal or with New Hypertension Rx Seen within 30 Days
 - Prevention, Engagement and Self-Management Program in Place
 - Hypertension Registry Used to Track Patients
 - All Team Members Trained in Importance of BP Goals and Metrics
 - All Specialties Intervene with Patients Not in Control
- Have these planks been adopted system-wide or only within certain practice sites?
 - Adopted System-wide
 - Only within certain practice sites
 - N/A
- Has your organization formally adopted performance goals for hypertension? Yes No
If yes, please specify them (example: X percent control in X time period for which patient populations)

III. Measurement

- Do you have a system-wide EHR? Yes No
If yes, please specify:



- What percent of primary care physicians (FM/IM) are on EHR?
- Do you have a group-level hypertension measurement (e.g., percent of patients in control)?
 Yes No
- Do you report hypertension results to any external organization? Yes No
If yes, please name external organization.

- Do you have a searchable clinical repository or data warehouse that includes blood pressure readings? Yes No

IV. Key contacts

- Quality:
Name of key quality contact:
Email of key quality contact:
Phone of key quality contact:
- Data:
Name of key data contact:
Email of key data contact:
Phone of key data contact:



CHOOSING THE PLANKS / CARE PROCESSES

These simplified steps are meant to help medical groups organize their approach, especially if the AMGF national hypertension campaign is one of their first major quality initiatives. The steps are not meant to be comprehensive, nor prescriptive—but helpful to your group in developing a systematic, logical method to improve the health care you deliver. For groups more experienced in quality improvement techniques and methodologies, the following steps may be redundant to your current processes.

STEP 1

Determine hypertension control rates

A baseline measurement of performance is the first step for most quality initiatives. You will need to know where you stand before any interventions are planned. A well-thought-out measurement system will also allow you to monitor your progress. Numbers will drive your success.

There are several ways to get the blood pressure control measurement for your population. If you have an EHR, you can extract blood pressure measurements for a defined population. You will need information technology support to identify the structured BP fields in your system and measurement specifications to guide the numerators and denominators. Contact AMGA for assistance on measurement specifications. (see page 85). As an alternative, you could develop or purchase a registry. A registry is a database containing patient and measurement information that facilitates data reporting. Finally, you could perform a random sampling methodology, measuring a small segment of the population on a regular basis.

If you have questions about how to get started with the baseline measurement, AMGA will assist groups with assessing blood pressure control rates. (see page 85).

STEP 2

Identify areas for improvement

Once you have your baseline hypertension control rates, you will want to begin to understand and prioritize areas for improvement. Form a team that will evaluate the baseline results and determine some of the root causes of poor control. Team composition is critical—pick enthusiastic team members and plan on regular meetings to develop and monitor your plan. The team may include physicians, nurses,

pharmacists, key administrators involved in operations, and data collection staff. Tools that can assist the team analyze the factors influencing blood pressure control include the fishbone diagram, impact/effort matrix, and brainstorming. These tools are available on the campaign website.

STEP 3

Create flowchart of current process

Flowcharts are used in analyzing, designing, documenting, or managing a process or program. A flowchart of the current patient process will allow the team to better understand how blood pressure is measured and treated in your system. Document the step-by-step activities a typical patient and the care team take, from arrival at the office or telephone call to medication choices and follow-up care. The resulting diagram will assist the team in visualizing the order of patient flow and perhaps also in discovering flaws, bottlenecks, or gaps in care.

STEP 4

Decide as a team which process planks will fill identified gaps in care

Read each of the AMGA plank outlines and review the tools and the references included. Find the best match for the AMGA planks and the areas your team identified for improvement. Start with one plank that seems achievable before adopting the next one, but plan on adopting more planks over time. Modify your baseline flowchart to incorporate the changes you will make to adopt the care process plank. Be specific—note on your chart who will do what and when they will do it. Your team will also want to think through how you will monitor the revised process to make sure the change is truly implemented.



STEP 5

Securing buy-in from team members and stakeholders

A communication strategy that motivates and inspires will be critical to your success. Leaders must share why the hypertension campaign is important, how the group will achieve the goal, and what specific changes each physician or staff person will need to make in order for the project to be successful. Set clear goals and communicate them to everyone. Have team members create and practice the “elevator speech”—a quick way to communicate objectives in a clear, compelling manner. The communication plan needs to be more than a “kick-off” meeting—consistently use various channels of communication that resonate with all participants. A physician champion appointed by the Board of Directors to lead the quality initiative has been found by many groups to be instrumental in driving results. Share ongoing results transparently in order to instill high levels of accountability and to provide a public way to motivate the entire organization.

STEP 6

Assign specific responsibilities to team members

Define roles and expectations clearly. Each team member should be assigned specific responsibilities that are clearly documented into written performance expectations. Some new processes may require skills development to assure that everyone is prepared and well trained for new duties. Practice with the care team the new processes to build confidence and competency. Build accountability for senior leaders, physicians, and staff by creating control plans that specify how you will monitor the consistent implementation of the new processes. And be prepared for resistance and slippage, as culture change can be slow.

STEP 7

Share your choices with AMGF for tailored support, monitoring, and evaluation

Notify AMGF which plank(s) you have adopted and what additional support you might need. Ongoing webinars and best practice materials from other AMGA groups will be made available throughout the campaign to assist your team in successfully achieving your goal.

