



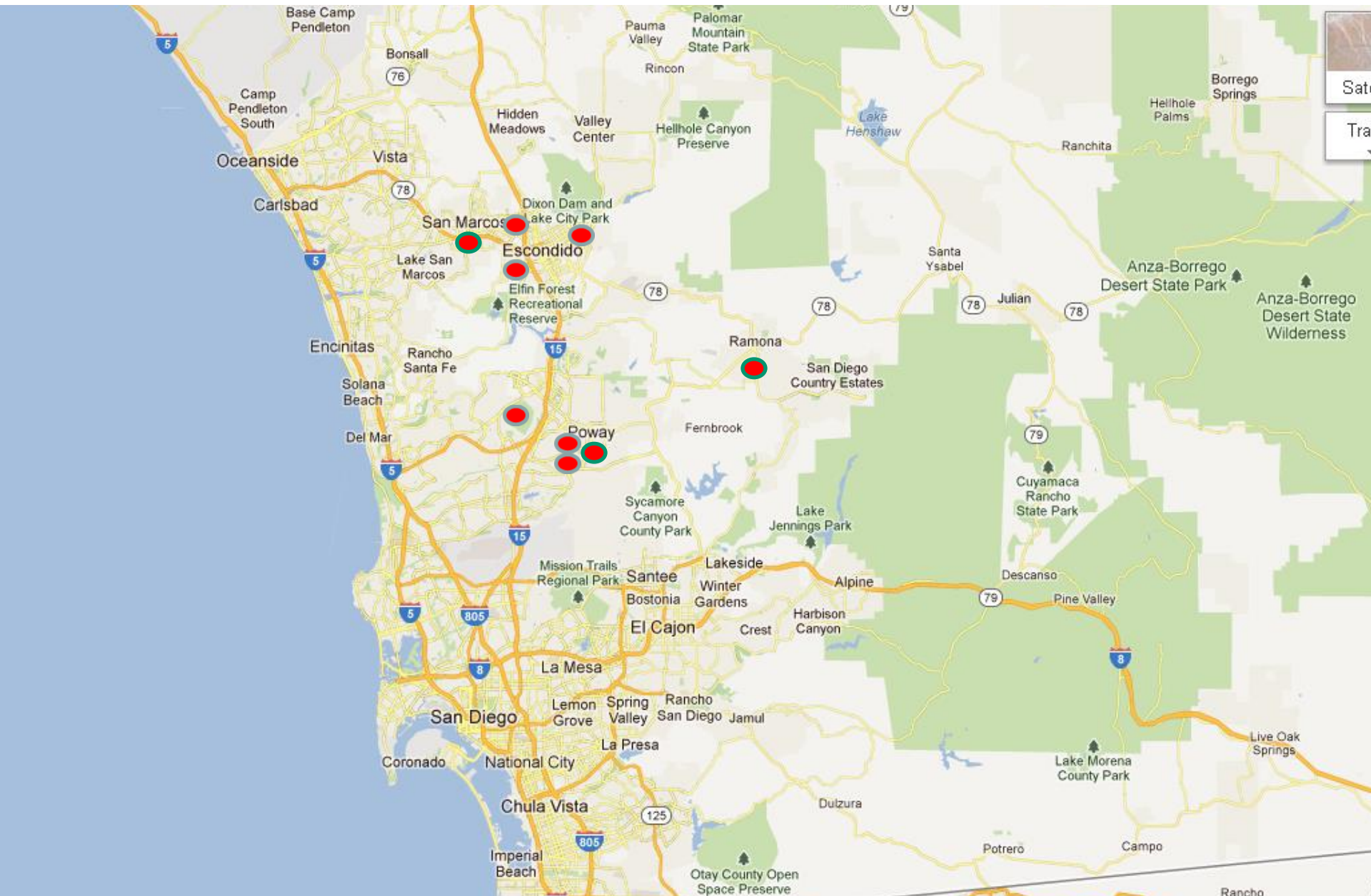
Measure Up  
Pressure Down

Scott Flinn MD  
Fritz Steen RN

# Arch Health Partners

- AHP is a 1206 (l) Medical Foundation and 501(c)3 Community Benefit organization formed by Palomar Pomerado Health and Centre for Health Care in 2010
- Since inception, Arch has grown to over 100 physicians in multiple specialties serving northeastern San Diego in 9 locations.

# Arch Health Partners Locations



# Awards

- IHA Top Performing Medical Group 2010 - 2013
- IHA - Bangasser award for Quality Improvement 2009, 2012
- CAPG - SOE Exemplary status 2009, 2010, elite 2011
- Department of Managed Health Care Right Care Initiative - Gold Performance Award 2011, Silver 2012

To view the top medical groups for your region move your mouse pointer over the map of California or [view full list of top medical g](#)



### San Diego

Arch Health Partners  
Encompass Medical Group, Inc.  
Primary Care Associates Medical Group  
Sharp Rees-Stealy Medical Centers  
Southern California Permanente Medical Group - San Diego  
UCSD Medical Group

These groups of physicians and their staffs are scored on how often patients get care that meets national standards and how patients rate the groups' care and service. The groups also are scored on how patient records are kept and shared among the doctors so the information about a patient is right and is there when it's needed.

The Integrated Healthcare Association is a not-for-profit statewide collaborative leadership group of California health plans, physician groups, and health systems, plus academic, consumer, purchaser, pharmaceutical and technology representatives. Its mission is to create breakthrough improvements

# Arch Health Partners

- Competitive Market
  - Sharp
  - Scripps
  - Kaiser
  - UCSD
- Heavy Penetration of Managed Care
- Health Care Reform

# MUPD Synergies

- Million Hearts Campaign
- Integrated Healthcare Associates – Pay 4 Performance (P4P) program
- JNC VII
- AHA ACC lipid guidelines
- San Diego University of Best Practices (UBP) / Be There

# How did we get started

- HTN campaign committee formed Apr. 2013
  - Medical Director, Dir. Health Services, Director of Operations, Marketing, Care Management, IT, Pharmacy
  - Goals:
    - Report opportunities learned from MUPD webinars
    - Start plank implementation



# Internal Marketing

- Why should I care
- What can I do
- What tools will you give me to make it easy

# Why should I care

- Lessons from UBP
- Opportunities for Improvement



# San Diego University of Best Practices

Scott Flinn MD, Chair

Kitty Bailey, MSW, Executive Director

# UBP – How It All Started

- Cardiovascular disease (MI and Stroke) remains the leading cause of death in the United States
- Nearly 5,000 deaths annually in San Diego from heart disease
- Risk factors have been identified for which effective interventions exist (ABCS)
  - Aspirin Therapy for those who need it
  - Blood Pressure Control
  - Cholesterol Management
  - Smoking Cessation

# UBP - How It All Started

Coordinated effort to improve quality

- Department of Managed Health Care
- Medical groups - beyond managed care organizations
- UC Berkeley School of Public Health
- Rand Health (GO Grant)



# Right Care Initiative

## Statewide Goals

**Achieve National HEDIS 90th Percentile Targets for 4 metrics:**

- **blood pressure** control in all patients  $<140/90$
- **lipids** control in patients with **cardiovascular conditions** LDL-C  $< 100$  mg/dL
- **lipids** control in **diabetic patients** LDL-C  $< 100$  mg/dL
- **blood sugar** control in **diabetic patients** HgbA1c  $<8$

# San Diego Goals

San Diego will be a heart attack and stroke free  
Community

- Heart attack and stroke prevention by focusing on heart disease and diabetes patients through lipid and blood pressure management
- Right Care Initiative will support medical directors of San Diego via its “University of Best Practices” luncheon series

# San Diego UBP - Two Thrusts

- Provider Activation and utilization of “Best Practices” to achieve those clinical goals
- Patient Activation – Be There



# UBP Participants Include



**MultiCultural IPA**  
MultiCultural Primary Care Medical Group, Inc.



Right Care Initiative

# University of Best Practices

In the Beginning  
there was...

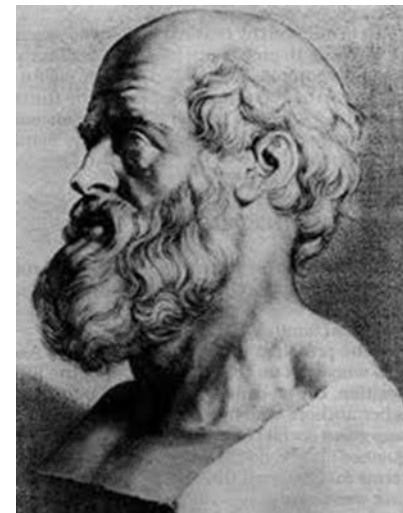


## First year Luncheon Series Format

- 1/2 hour data meeting
- 1 hour presentation
- 1/2 hour breakout group discussion and report out

# University of Best Practices - Presentations

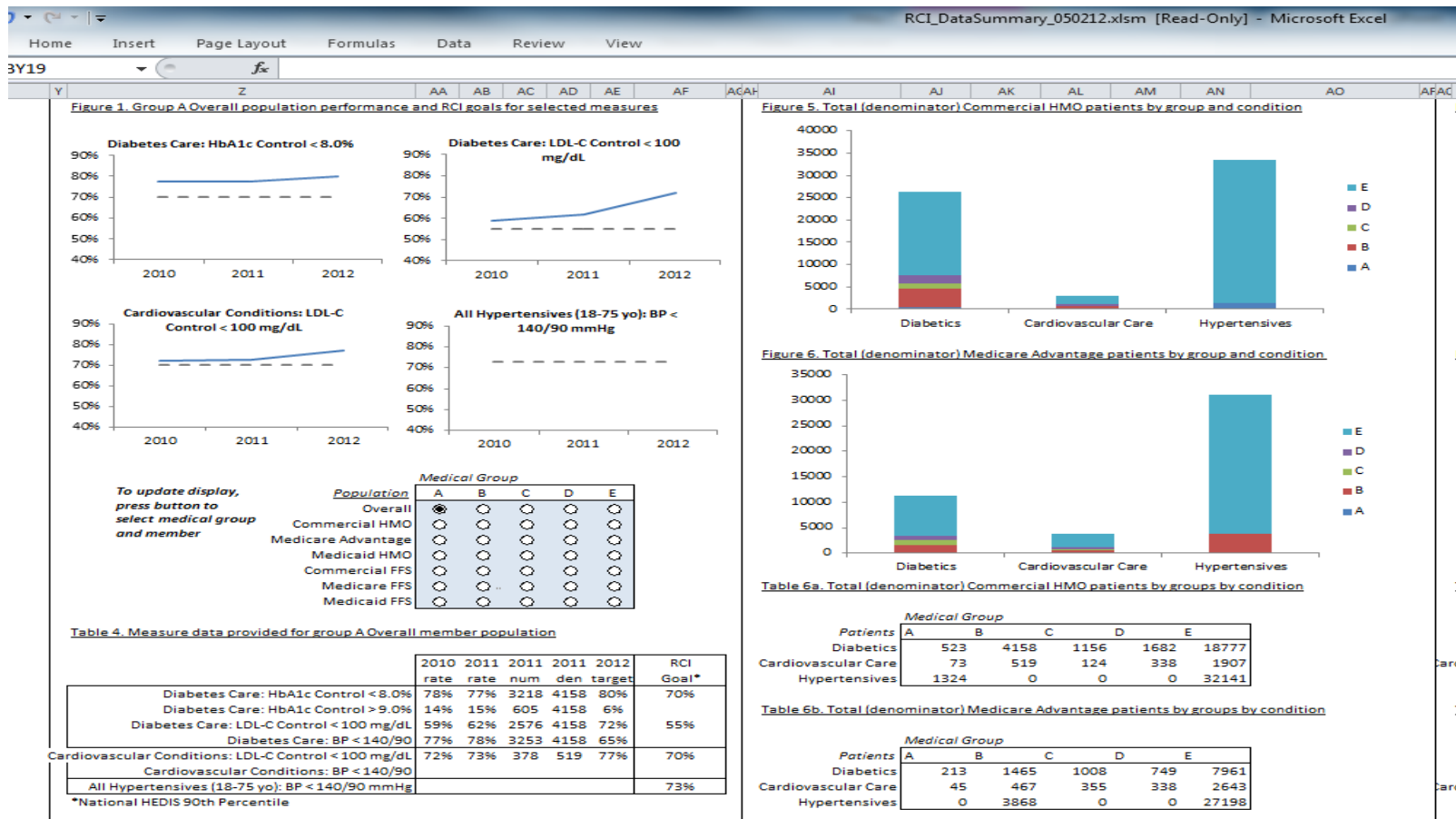
- Pertinent Science and Technology
- Policy - CMS, state and local gov't
- Data gathering and sharing
- Best Practices : Disease Management, Registries ,  
Team based approach, Complex Case Management,  
Pharmacist as part of the team, Activating Providers  
and Patients



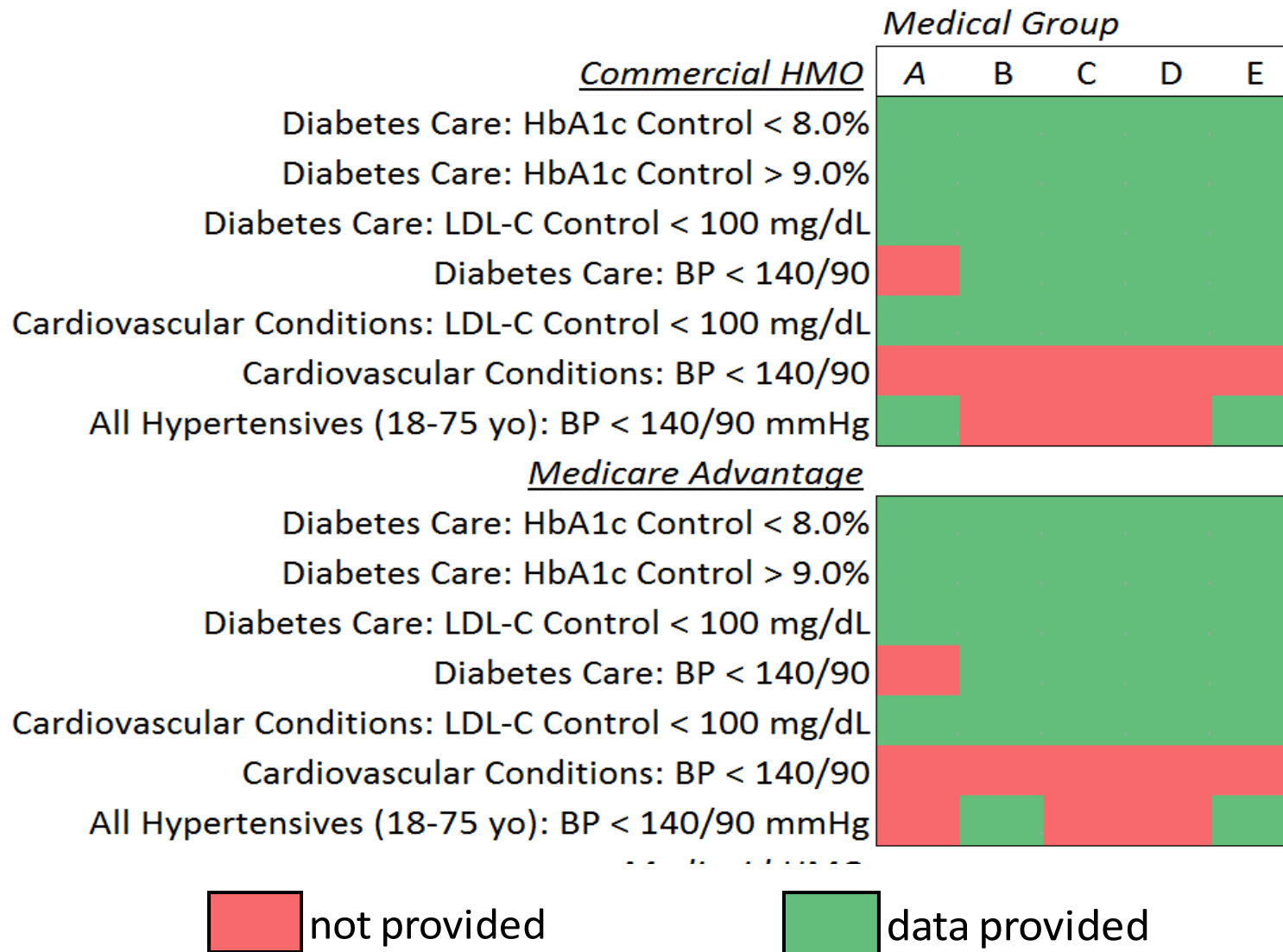
# UBP Evolution

- Common Data Definitions
- Agreements to share data: 8 medical groups/IPAs and 15 FQHCs
- Highlight leaders and best practices
- Show opportunities to improve
- Developed Trust- Co-opetition
- Grant opportunities – Community Transformation Grant, CMMI Hot Spotter - Multicultural Medical Group, CMMI round 2

# SD Data Group developing flexible dashboards



# Data by Measure & System



# Evolution

- What is the action that will cause the biggest drop in strokes and heart attacks within the next 3 years?

# Treating High CVD Risk Hypertensive Patients with ACEI/Thiazide [Prinzide] & Statin: Effect on CVD Events or....

[Jim.r.dudl@kp.org](mailto:Jim.r.dudl@kp.org)



How to Prevent One in Six of Your  
Hypertensive Patients from Dying from  
a Stroke or Heart Attack in 2 years!

## Kaiser Experience - First Focused on Testing Everyone's Cholesterol

- To find high CVD risk patients Kaiser initiated population-based cholesterol screening program
- Guideline said all with LDL over target should be treated to lower it to target
- Measured testing

# What Happened?

- Cholesterol testing increased from 25 % to ~80% of members in 2 years

# What Happened?

- After 3 years – there was no drop in heart attacks and strokes

MI's 1998 15/1000 members

MI's 2001 16/1000 members,

## Why?

# Lesson Learned

- Measurement was Testing - did not lower CVD events
  - Many found with high cholesterol were not treated
  - Barriers to treatment are different from barriers to testing
- **Lesson: To start treatment, focus on starting treatment**

# Next – Lower Cholesterol

- Started treating high LDL to goal

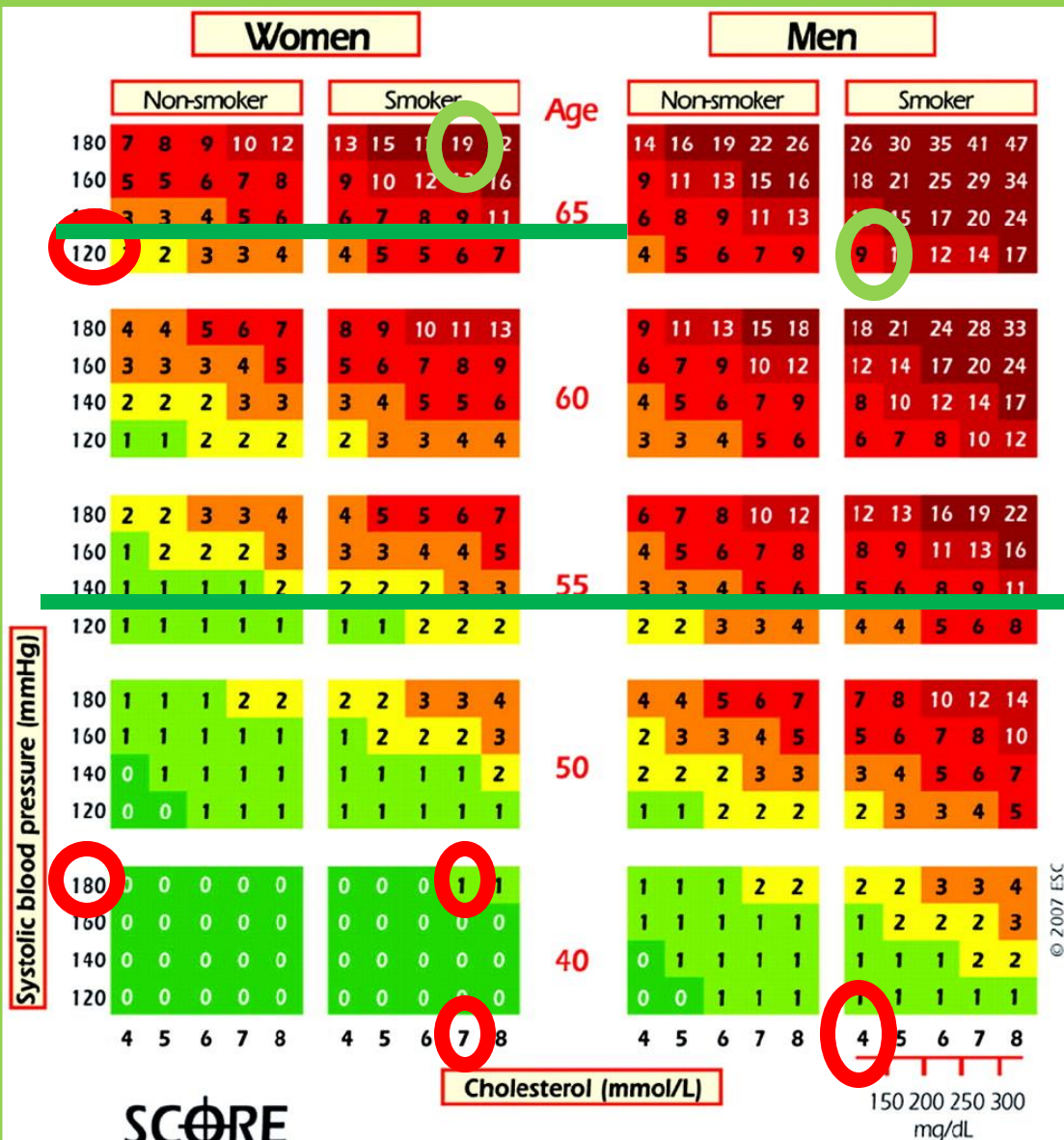
# What effect did lowering Cholesterol have?

- Treating only 1 risk factor – cholesterol - with Statins lowered LDL but little drop in heart attacks and strokes, although model showed 30% max benefit
- Review of model showed High LDL does not find many high CVD risk pts.
- Framingham Tables show all risks factors better.

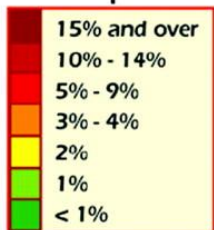
# So what are we missing?

- Age
- BP





**SCORE**

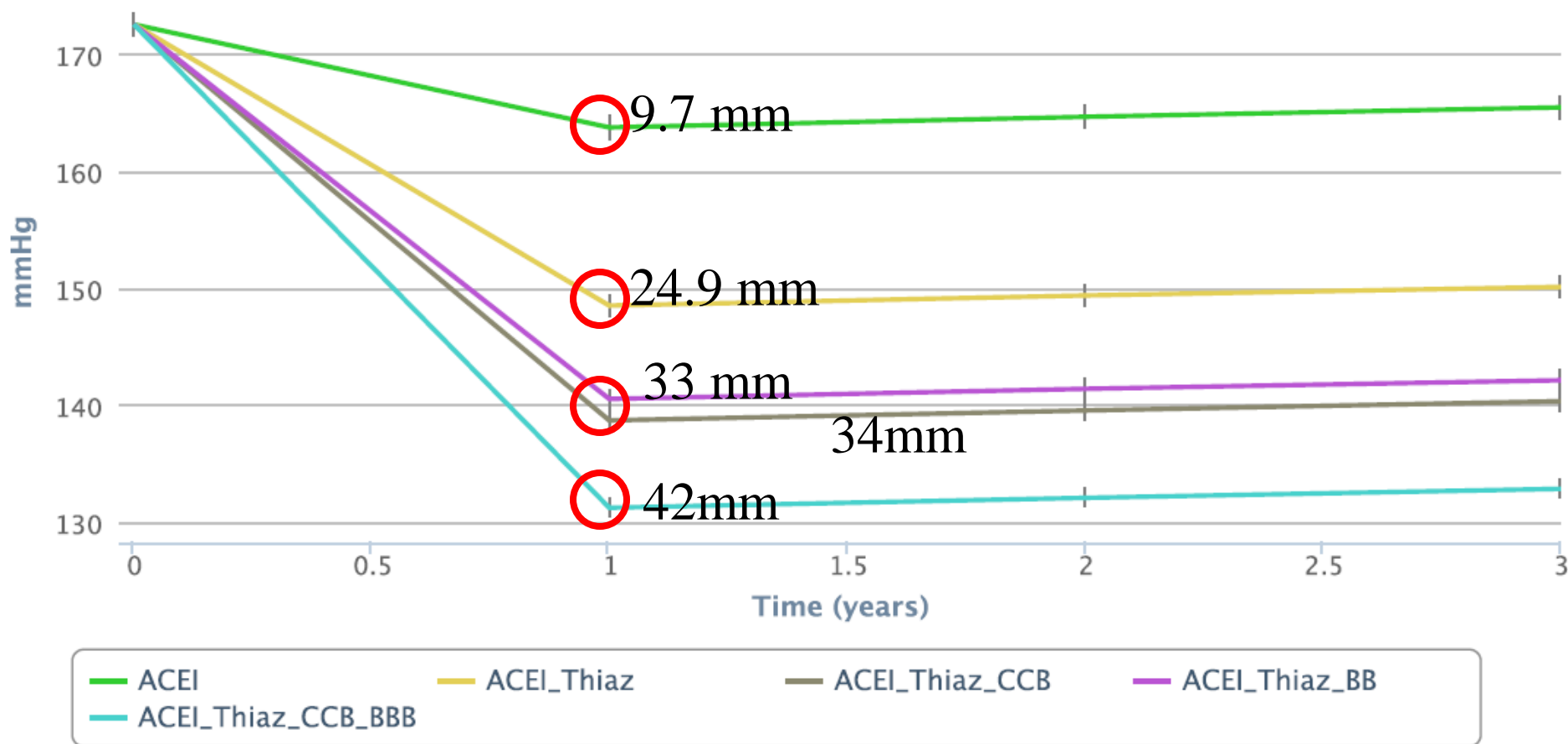


10-year risk of  
fatal CVD in  
populations at  
**high CVD risk**

Cooney M T et al. Circulation  
2010;122:300-310

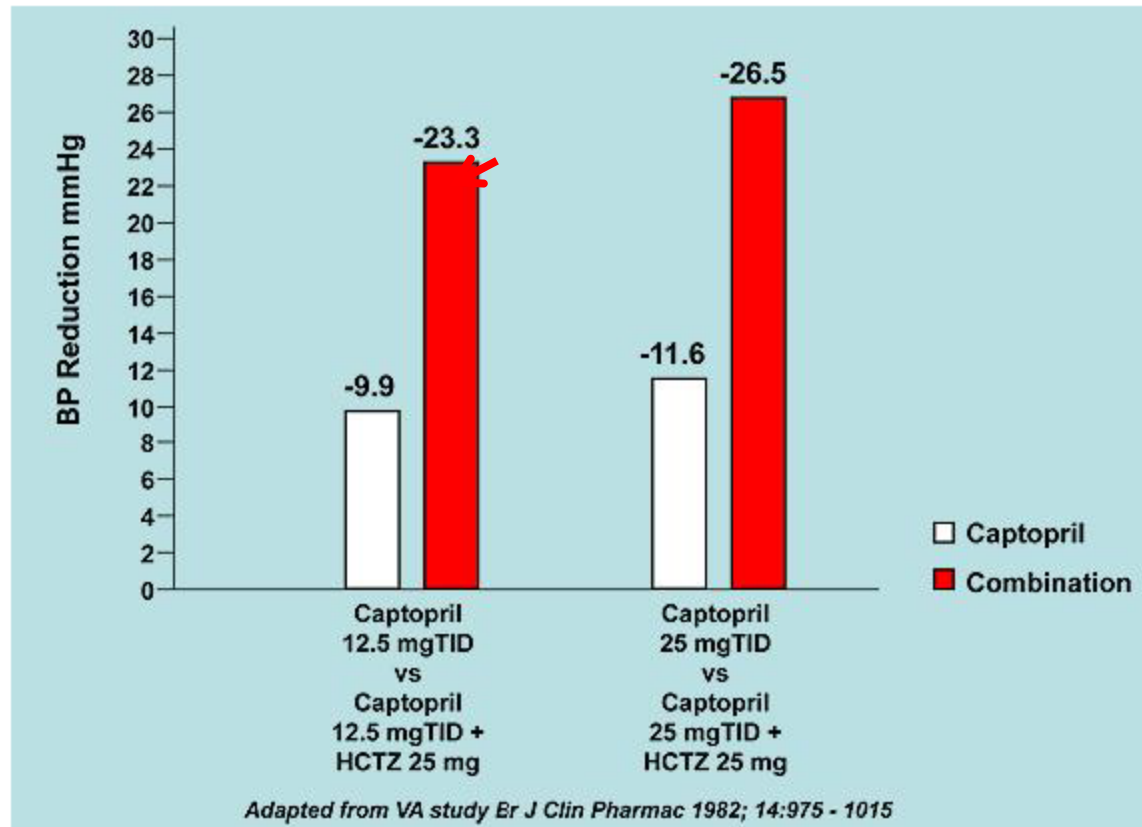
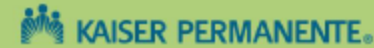
# Effect Of Therapies On Systolic BP

SBP (average)  
Absolute values



# ACEI/Thiazide is More Than Twice As Effective on BP Targets As ACEI Alone

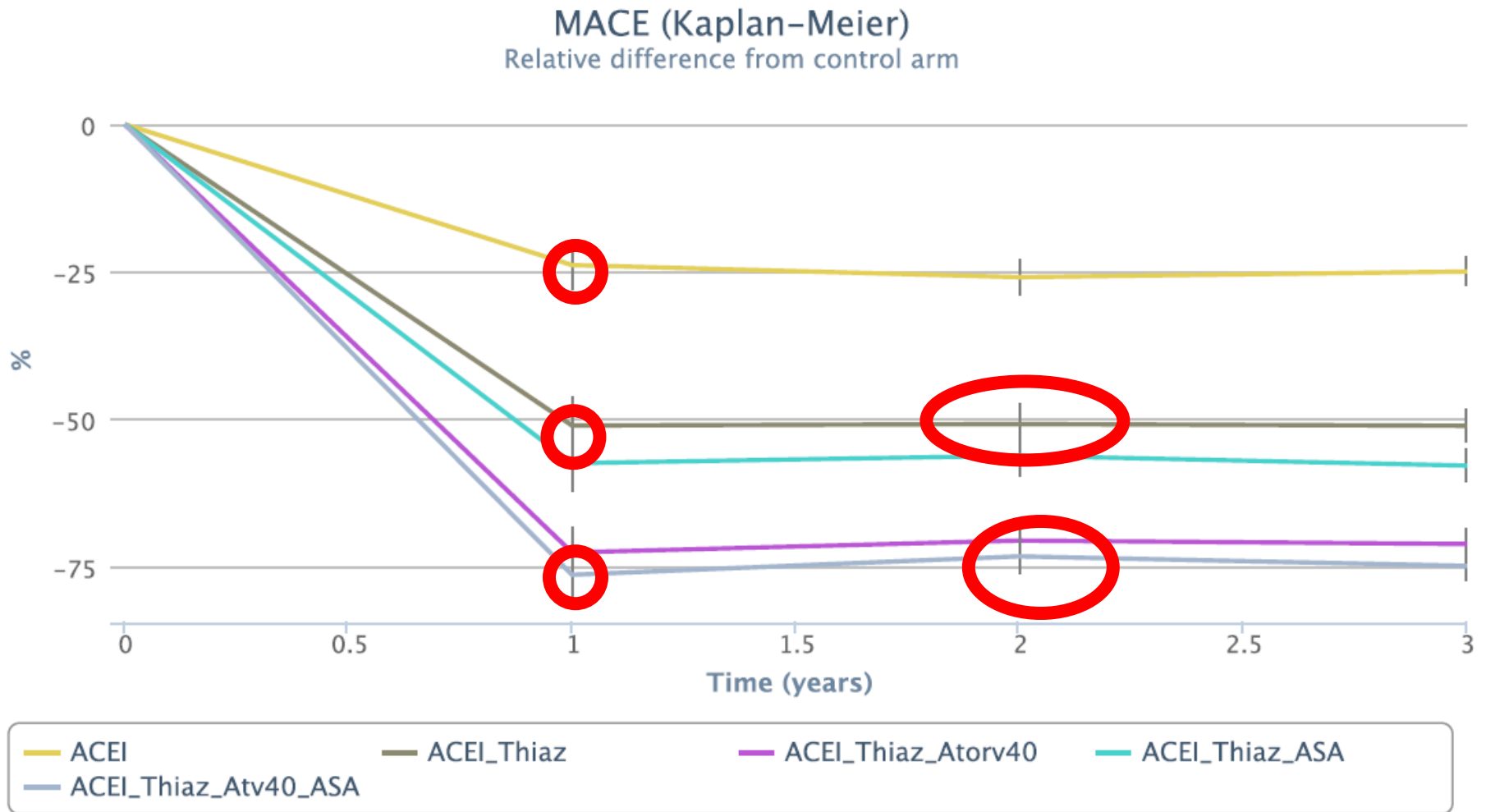
SBP Reduction: Monotherapy ACEI  
Vs Combination therapy with HCTZ



If Starting SBP <165 you may need nothing more  
Doubling dose is 1/5 as effective as adding a second drug

*The American Journal of Medicine* (2009) 122, 290-300

# Predicted Decrease Heart Attacks, Strokes or Death [MACE]\*

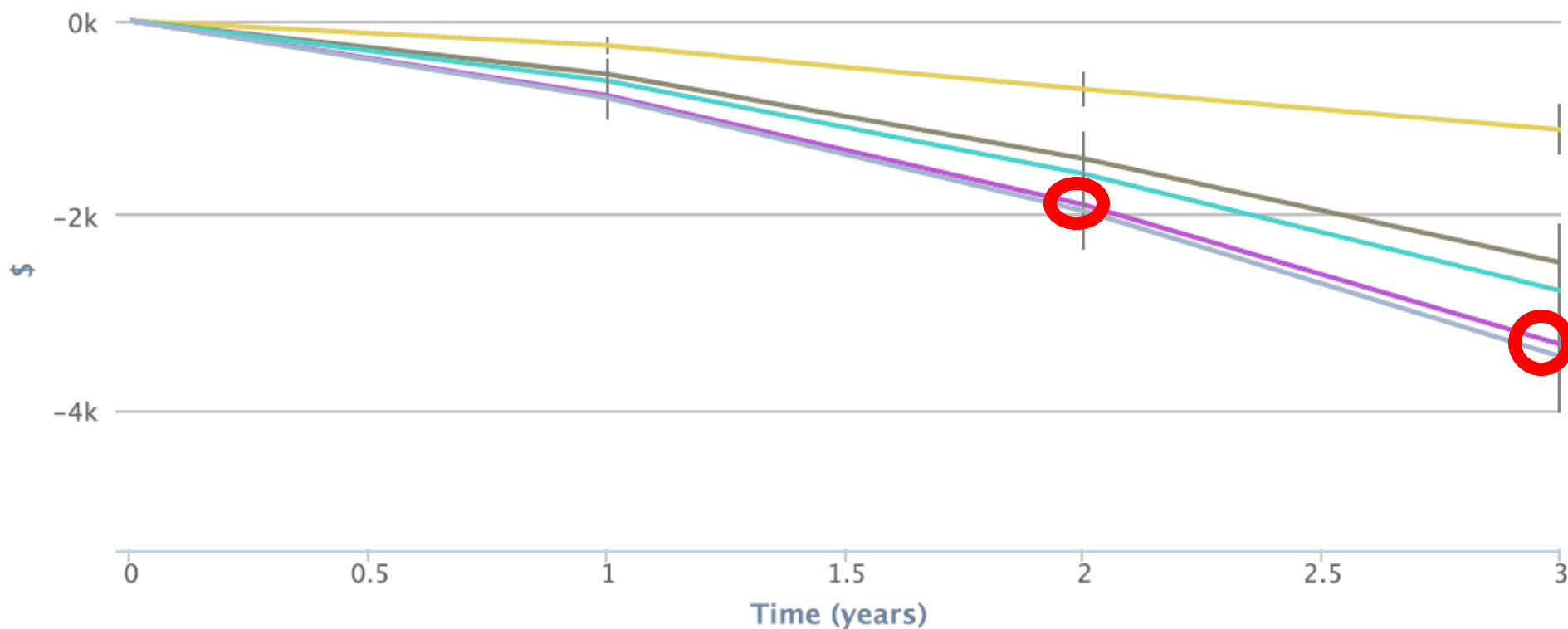


\* Population: SBP >140 & age >55yo

Major Adverse Coronary Events

# It Can Save the System \$2,000/person in 2 yrs

Discounted Medical Costs  
Absolute difference from control arm per individual

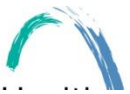


ACEI  
ACEI\_Thiaz\_Atorv40\_ASA

ACEI\_Thiaz

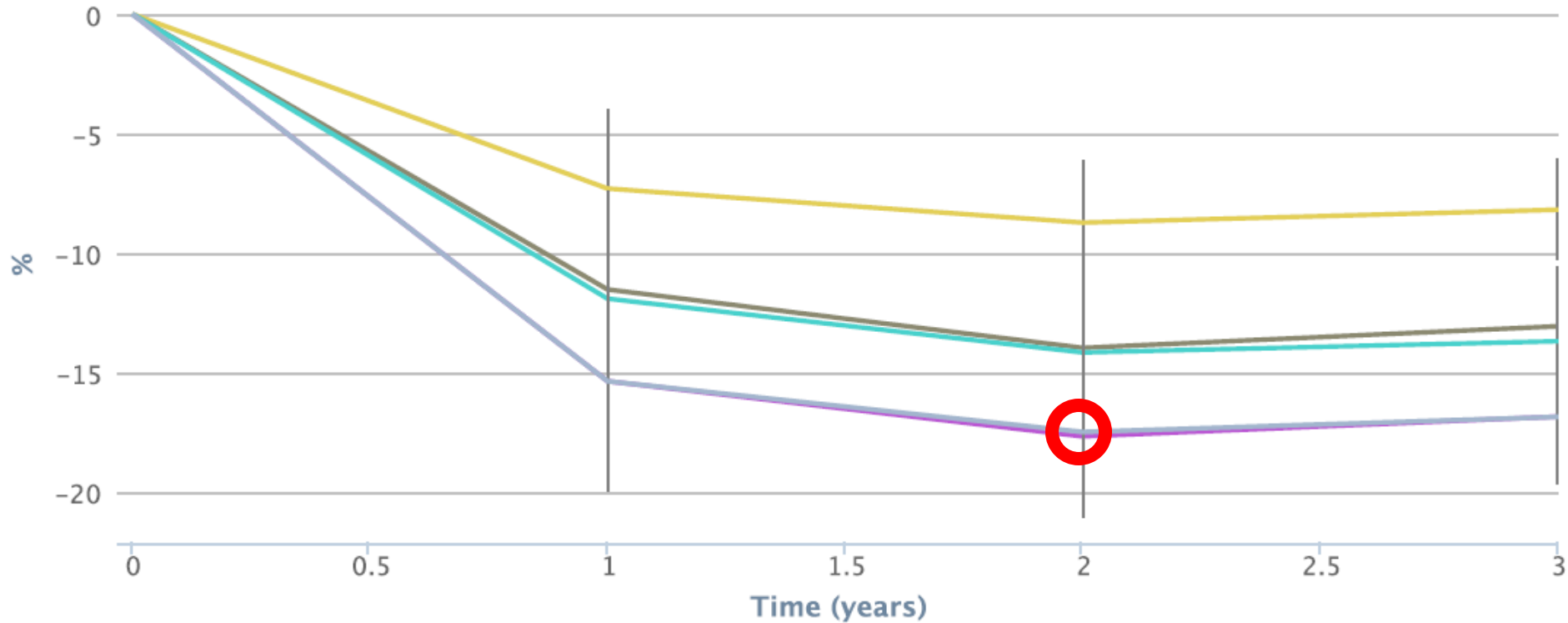
ACEI\_Thiaz\_Atorv40

ACEI\_Thiaz\_ASA



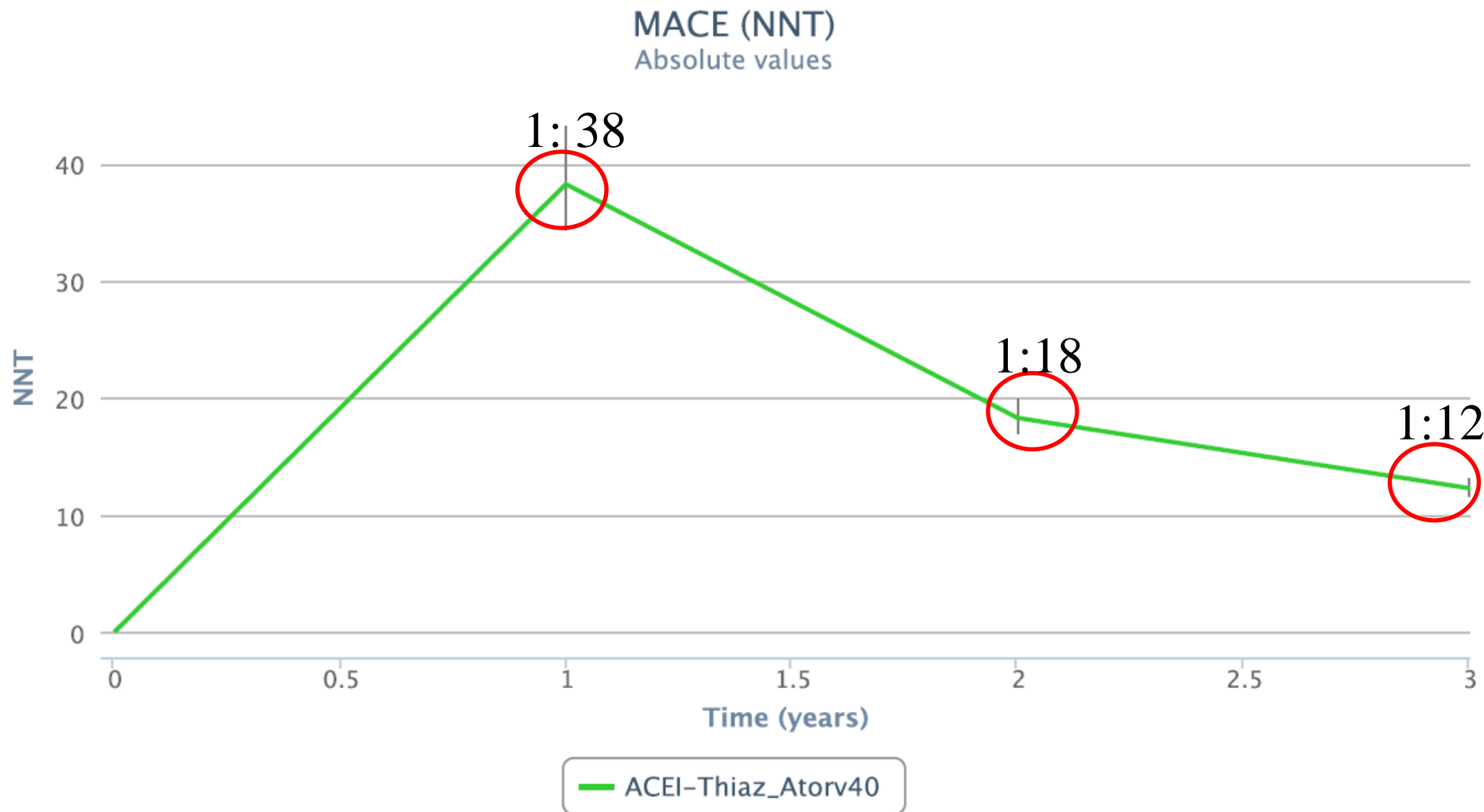
# Decrease Deaths over 17% (1 in 6) in 2 years. Treat them NOW

Death (Kaplan-Meier)  
Relative difference from control arm

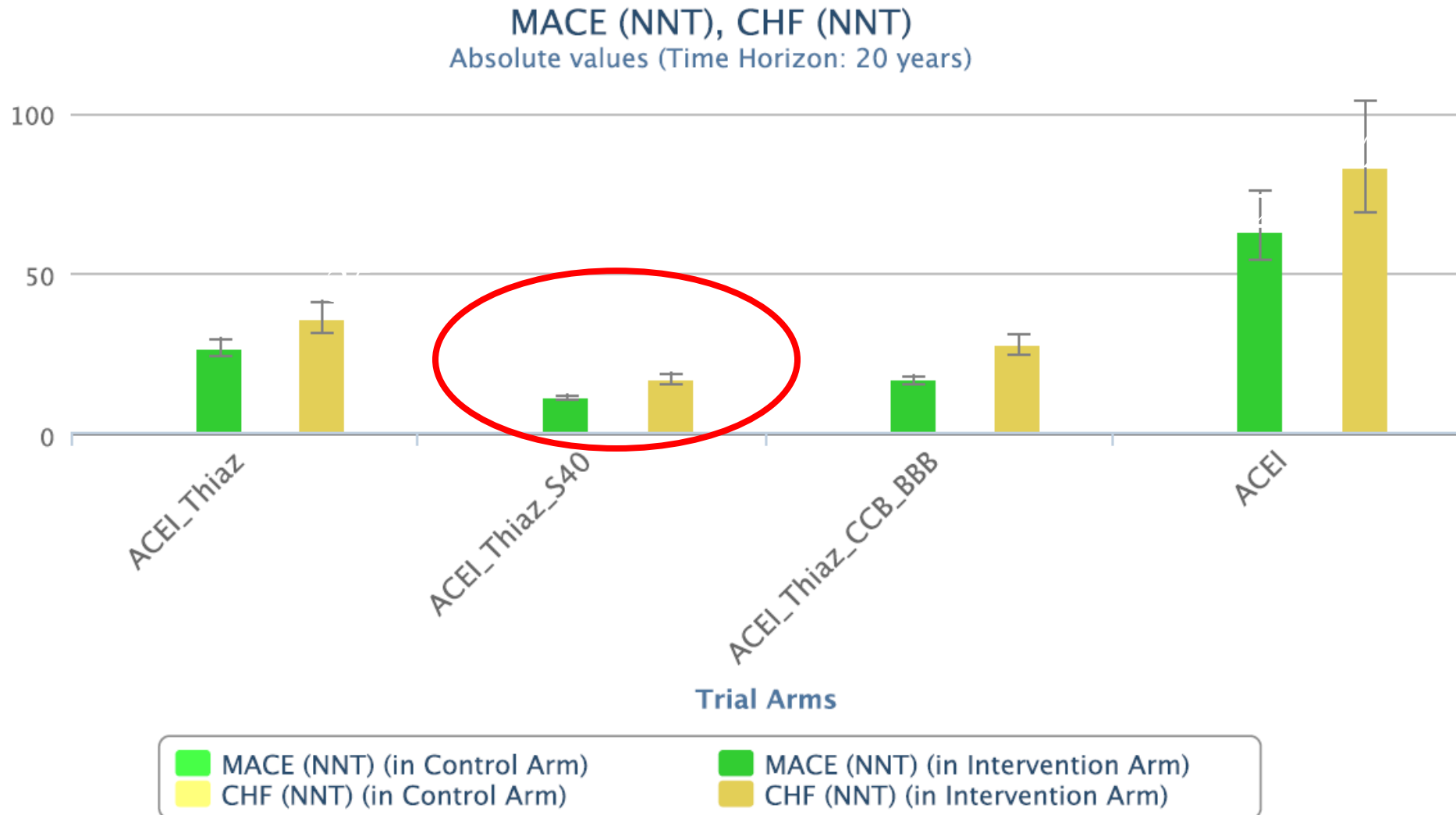


— ACEI — ACEI\_Thiaz — ACEI\_Thiaz\_Atorv40 — ACEI\_Thiaz\_ASA  
— ACEI\_Thiaz\_Atorv40\_ASA

# Number Needed To Treat to Prevent one MI or Stroke Event



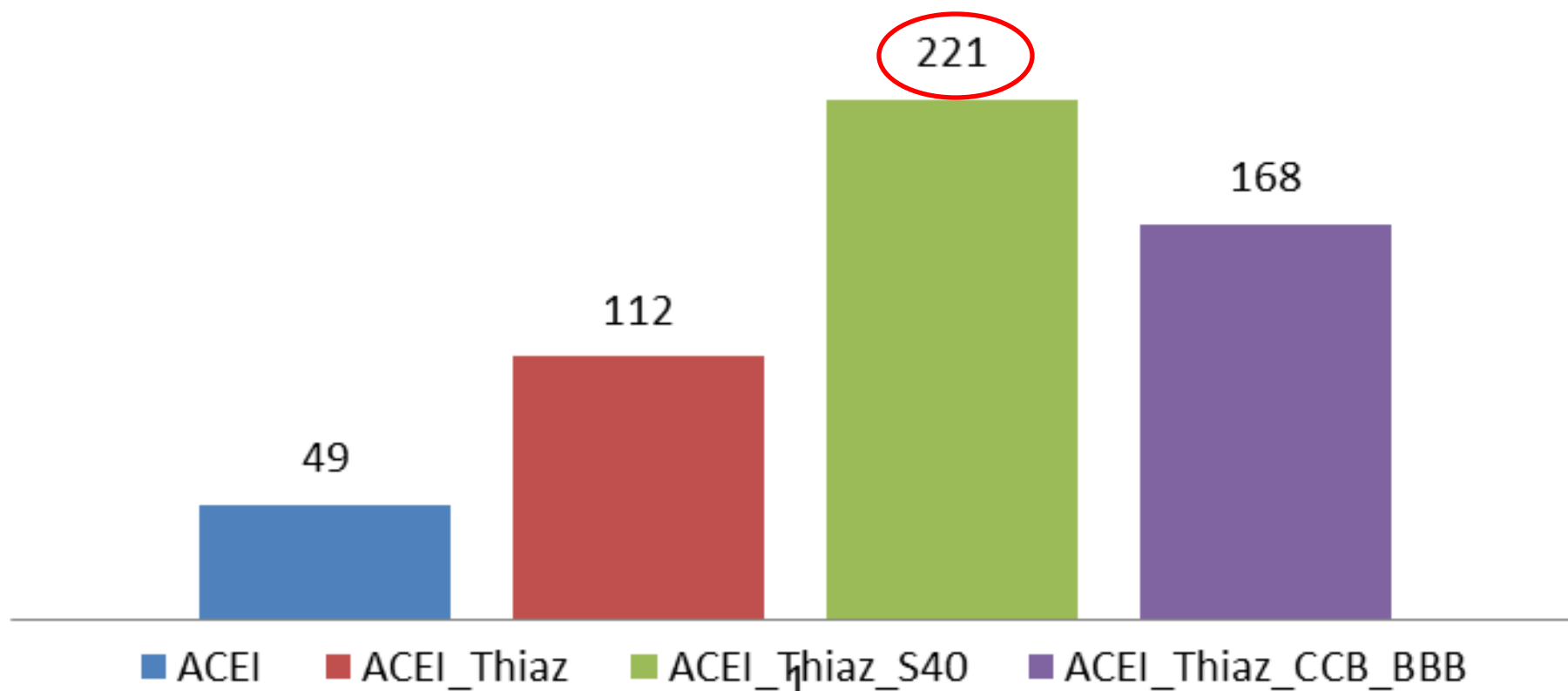
# Number Needed to Treat at 3 yrs to save 1 event is best for ACE/Thiaz Statin





# MI's, Strokes, CHF events saved best for ACE/Th & Statin

**3 yr # events saved /10,000 Htn  
people**

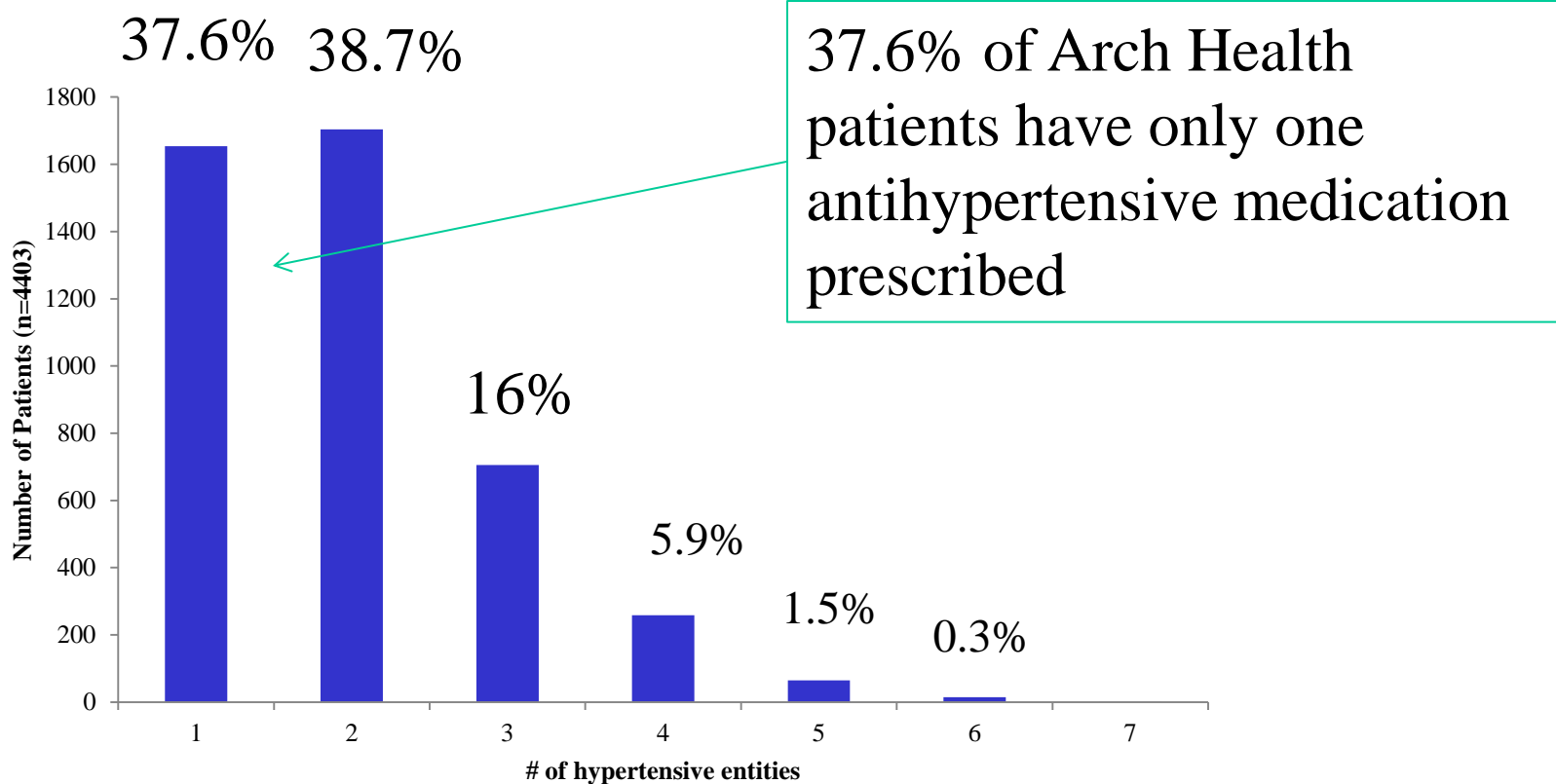


# Why do I Care?

1 in 6 die in 2 years

You may not be as good at treating this as you think you are...

# Hypertension Medications Per Patient



Note: a combination drug with 2 entities counts as 2 medications

# % of Patients on Combination Pill

Arch Health at Kaiser's 2006 level: 1075 of 7548 (14.2%) prescriptions are for any combined pill.  
Corresponds to 60% control

Figure 1. National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) Hypertension Control Rates

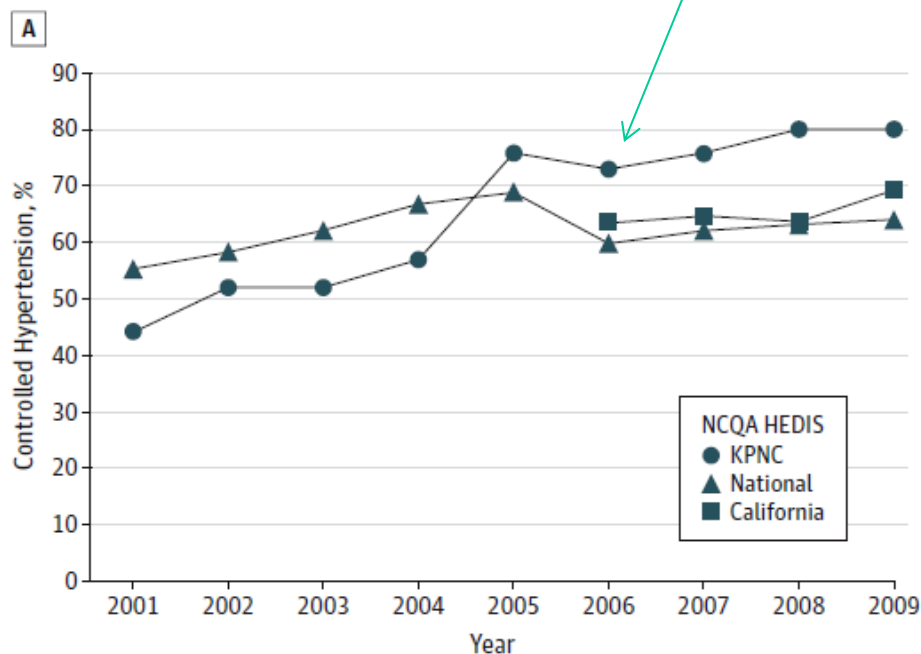
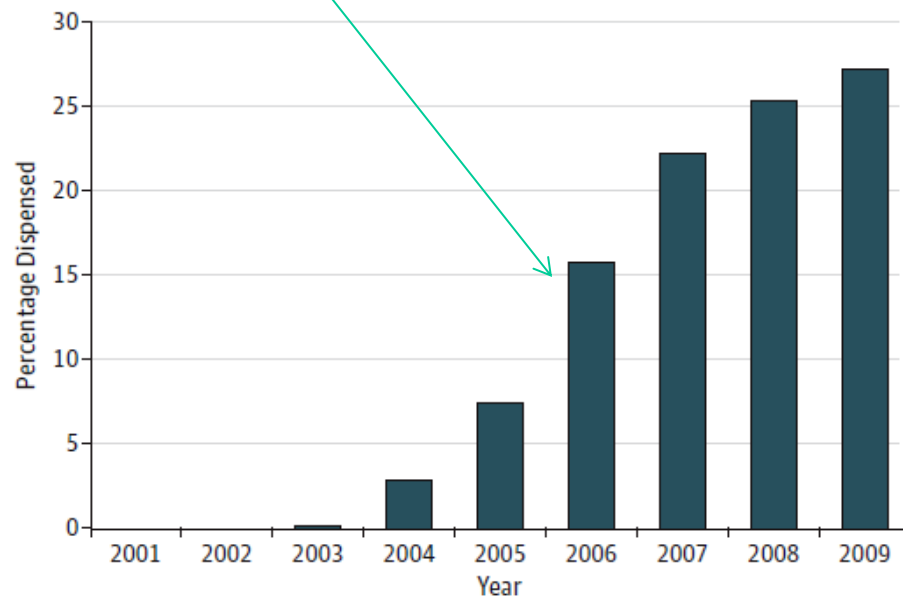


Figure 2. Percentage of Angiotensin-Converting Enzyme Inhibitor Prescriptions Dispensed as Single-Pill Combination Angiotensin-Converting Enzyme Inhibitor-Hydrochlorothiazide Combination Tablets for Kaiser Permanente Northern California Members, 2001-2009



# AHP BP control results individualized by Provider

- Range from 32% - 74%
- Based on data extracted by Phytel

# Plank - All team members trained in the importance of BP goals

- Discussed at BOD, staff meetings, Quality Improvement Committee, Leadership Team meetings
- Weekly “question of the week.”
- Adopted as the primary Quality initiative for the year

# What can I do?

- Staff – Measure
- Physicians- Treat
- Care Management Team - Facilitate

# What tools will you give me

- HTN Algorithm
- Support – Accurate BP
- Registry - Identify patients
- Technology



# Hypertension Algorithm

- San Diego University of Best Practices Algorithm – adapted from Kaiser
- Endorsed by the members
- Groups adopting and adapting the Algorithm
  - Scripps
  - Neighborhood HealthCare
  - Arch Health Partners

Based on the Be There San Diego  
Simplified Hypertension Treatment Approach

**ACE-Inhibitor\* / Thiazide Diuretic**

**Lisinopril / HCTZ**

(Advance as needed)

**20 / 25 mg X ½ daily**

**20 / 25 mg X 1 daily**

**20 / 25 mg X 2 daily**

**Pregnancy Potential: Avoid ACE-Inhibitors\***



If not in control

**Calcium Channel Blocker**

**Add amlodipine 5 mg X ½ daily → 5 mg X 1 daily → 10 mg daily**



If not in control

**Beta-Blocker OR Spironolactone**

**Add metoprolol succinate ER 25 mg daily → 50 mg daily → 100 mg daily (Keep heart rate > 55)**

**OR**

**IF on thiazide AND eGFR ≥ 60 ml/min AND K < 4.5**  
**Add spironolactone 12.5 mg daily → 25 mg daily**

***For those with high cardiovascular risk consider adding a statin according to guidelines which can result in an additional 25% reduction in cardiovascular events.***

# First Visit Uncontrolled BP

- On the first visit for patients with uncontrolled hypertension, assure they are started or are already on an ACE/Thiazide, & if over 55yo (high risk) also a statin that's a simvastatin 40 mg equivalent
- Why? To prevent complications, Medication Intensification is key (act quickly)
  - Its not possible to intensify faster than starting 3 meds at once

# Plank – Staff Training

- Staff trained during company-wide BP education and return demonstration (dual stethoscope)
  - Captured 100% of staff last year
  - On-boarding program for new staff
  - Annual competency company-wide

# Plank- Registry

- E.H.R.
- Added a population health program (Phytel)
  - Outreach: Call patients who have not been in recently for a BP check or are poorly controlled
  - Insight: Providers can see their own dashboard daily and take action
  - Coordinate: Generates daily actionable accurate gap reports for use during Daily Huddle

# Daily Huddle – Use of Registry

- Prospective – next days patients
  - List generated through Phytel
  - HTN patient's are identified
  - Meds reconciled.
- Retrospective - review
  - Return visit scheduled as needed
  - Look for No-shows
  - Outreach through Phytel (auto or campaign)

# Daily A&R report

Time	Patient Name	Age	Date of Birth	Appointment Type	Appointment Not	Alerts & Recommendations (A&R)
8:45 AM		58		OV15	follow up	HTN: MUPD - Stage 1 (140-159 / 90-99)
9:00 AM		73		OV15	1 wk follow up	MUPD - Stage 1 (140-159 / 90-99)
10:00 AM		70		OV15	Hospital follow up	MUPD - Stage 2 (>=160/100), Colon Screening
10:15 AM		77		OV15	2 wk follow up	Missing Eye Exam, MUPD - Stage 1 (140-159 / 90-99)
10:30 AM		54		OV15	2 week follow up	MUPD - Stage 1 (140-159 / 90-99), Colon Screening
10:45 AM		70		OV15	throat issues	
11:00 AM		66		OV15	follow up	

# Rapid cycle PDCA

- Generate list of poorly controlled HTN patient - schedule appt.
- Pharmacist reconciles meds
- Tasking action to providers using HTN treatment algorithm
- Arranging F/U




# Rapid Cycle PDCA

- For all NO-SHOWS, nursing outreaches 1st and then non-responders get a call from PCP
- Team meets weekly to discuss what's working, what's not working...change and reevaluate
- Results: Slight dip in the beginning (getting better data), and then group showing 3% improvement at the end of the 5th week.

# Care Providers are now engaged

- What about the patients?

# Market the movement

 Arch Health Partners  
Where healing begins



**Have you been cuffed lately?**

If you have not been "cuffed" lately, get your blood pressure checked. KNOW YOUR NUMBERS


Hypertension (High Blood Pressure): Increases in blood pressure increases your risk for heart disease. People at any age can take steps each day to keep blood pressure levels normal.

**Do you know your numbers??**

If you have a family history of high blood pressure or a history of hypertension yourself, studies show that these individuals should at least strive for an initial goal to keep blood pressure below:

 **140/90**  Measure Up Pressure Down  
American Medical Group Association



INFORMATION	ABOUT YOUR BLOOD PRESSURE	HEART ATTACK SIGNS & SYMPTOMS	STROKE WARNING SIGNS		
<p>Name _____</p> <p>Address _____</p> <p>City, State, Zip _____</p> <p>Phone(s) _____</p>	<p>Your blood pressure fluctuates throughout the day. If you have concerns:</p> <ul style="list-style-type: none"> <li>Have your blood pressure taken once a day during the next two weeks at different times of the day.</li> <li>Write down the date, time and result to review with your doctor.</li> </ul> <p>You and your doctor will determine whether you will need to start lifestyle changes such as diet, exercise or medications.</p> <p>For more information, or to learn about free monthly blood pressure screenings, call The HealthSource at 800.628.2880.</p>	<ul style="list-style-type: none"> <li>Chest pain described as sharp/dull/discomfort/pressure/tightness/heaviness/squeezing/crushing</li> <li>Shortness of breath</li> <li>Sweaty/pale/bluish/cold/clammy skin</li> <li>Chronic fatigue/weakness</li> <li>Light-headedness, dizziness, fainting</li> <li>Pain that moves down the neck/shoulder/arm/back</li> <li>Anxiety/sleep disturbance</li> <li>Nausea/vomiting/indigestion</li> <li>Pain in the teeth/jaw/neck</li> <li>Heartbeats that feel too fast/too slow or fluttering</li> </ul>	<ul style="list-style-type: none"> <li>Numbness or weakness of the face, arm or leg, especially on one side of the body</li> <li>Confusion, trouble speaking or understanding</li> <li>Problems seeing in one or both eyes</li> <li>Trouble walking, dizziness, loss of balance or coordination</li> <li>Severe headache with no known cause</li> <li>Facial drooping</li> </ul>		
<p><b>IN CASE OF EMERGENCY CALL 9-1-1</b></p> <p>Doctor _____</p> <p>Phone _____</p> <p>Emergency Contact Name _____</p> <p>Phone _____</p> <p>Allergies _____</p>	<p><b>BLOOD PRESSURE / SYSTOLIC / DIASTOLIC</b></p> <table border="1"> <tr> <td>Normal</td> <td>less than 120 over 80</td> </tr> </table> <p><i>*If your blood pressure is consistently higher than normal blood pressure ranges (greater than 140/90), schedule an appointment with your primary care provider.</i></p>	Normal	less than 120 over 80	<p><b>NOTE:</b> Pain may be mild to severe, may come on slowly or quickly or may come and go. Signs/symptoms may occur weeks before the heart attack. Some people have no symptoms at all.</p> <p><b>WHAT TO DO:</b></p> <ol style="list-style-type: none"> <li>1. Call 9-1-1.</li> <li>2. Keep victim calm and relaxed.</li> <li>3. Begin CPR if necessary.</li> </ol>	<p><b>A Stroke is a Medical Emergency.</b> <b>Call 9-1-1.</b> <b>Every Minute Counts.</b></p> <p> Measure Up Pressure Down</p>
Normal	less than 120 over 80				

# San Diego Demonstration Project

## Be There

- ❑ Audacious Goal – eliminate Strokes and Heart Atrtacks
- ❑ Emotional “tug” is critical for commitment to change one’s behavior
- ❑ Benefit to those we love can be a bigger driver than benefit to oneself
- ❑ Caring for one’s own health makes it possible to “be there” for those we love!

*“When something is missing in your life, it usually turns out to be someone”.*  
—Robert Brault



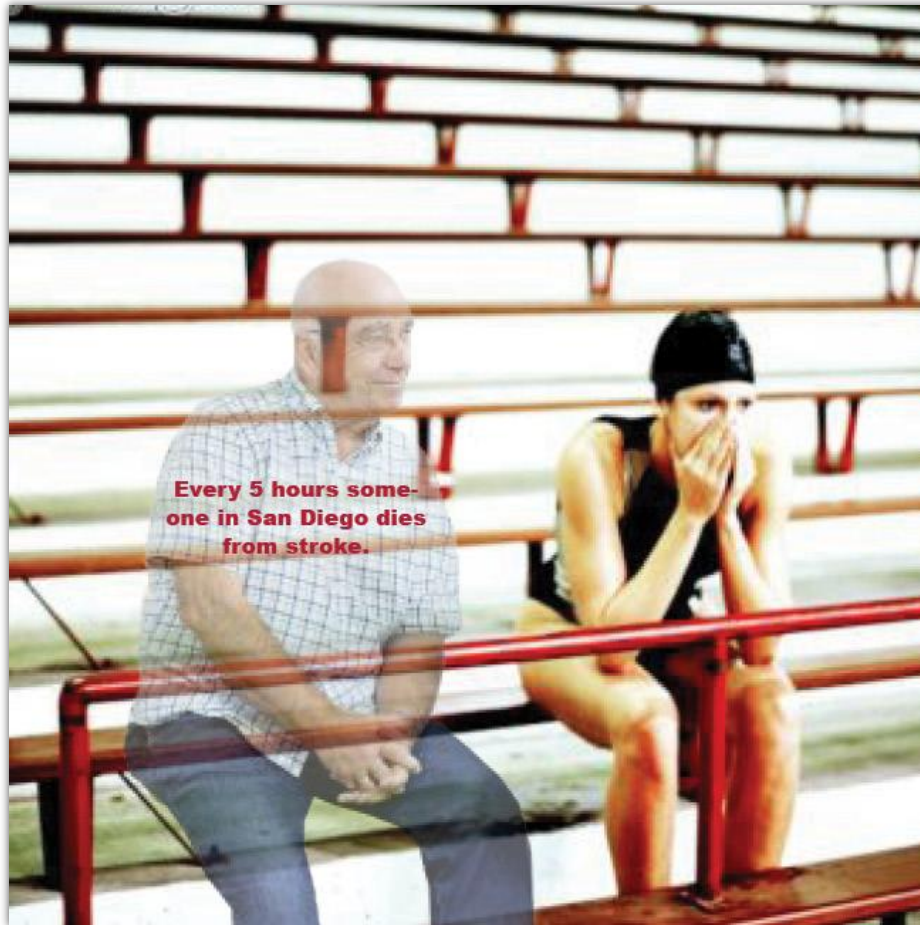


Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

**Take charge of your health today and visit:**  
**[www.betheresandiego.org](http://www.betheresandiego.org)**

The campaign to make San Diego a heart attack and stroke-free zone.





**Every 5 hours someone in San Diego dies from stroke.**

**"THE THING I MISS MOST, DAD, IS  
OUR HEART-TO-HEARTS."**

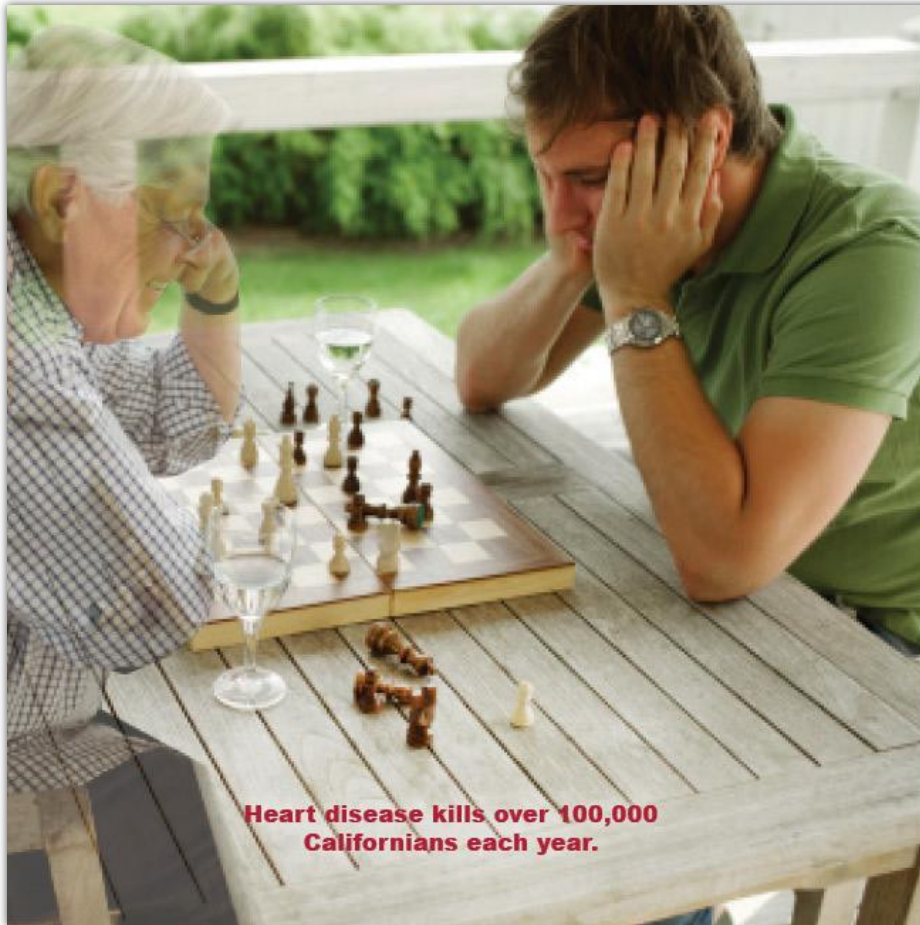
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**Heart disease kills over 100,000  
Californians each year.**

DAD, YOU NEVER LET ME WIN.  
NOW, I WOULD DO ANYTHING TO  
HAVE YOU BEAT ME ONE MORE TIME.

Heart Attack and Stroke are preventable. See your doctor today to find out your risk for heart disease and stroke and to get on the right treatments to reduce your risk for premature death.

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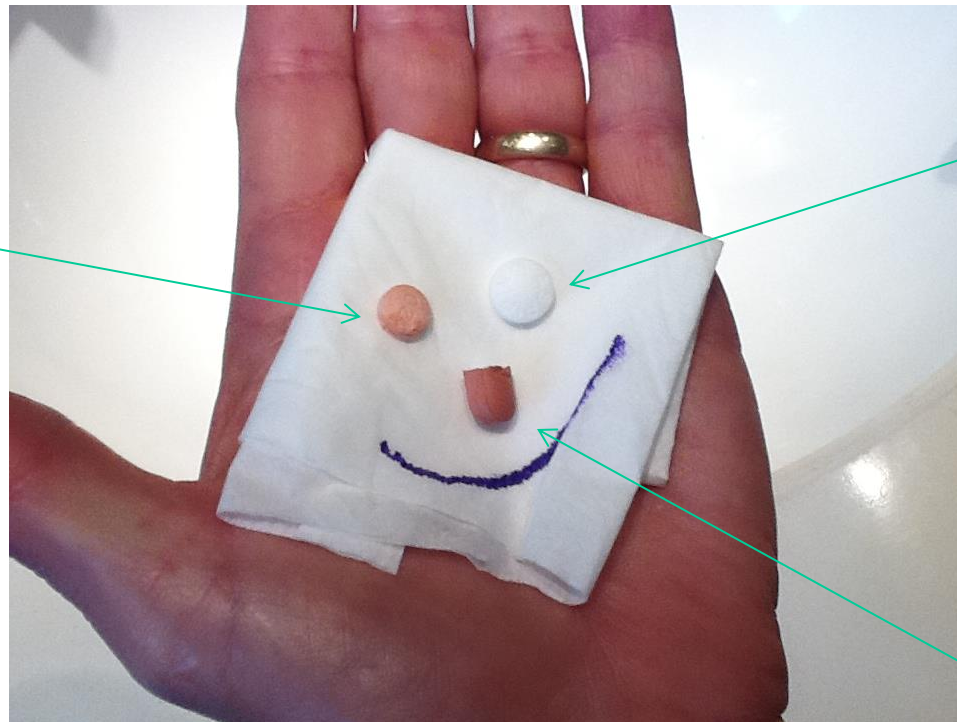




Summary: For 75% less MI's & strokes, For the first visit, *simply* use your P(A)L

Prinzide\*

Aspirin



Lipid  
Lowering  
statin



# San Diego University of Best Practices

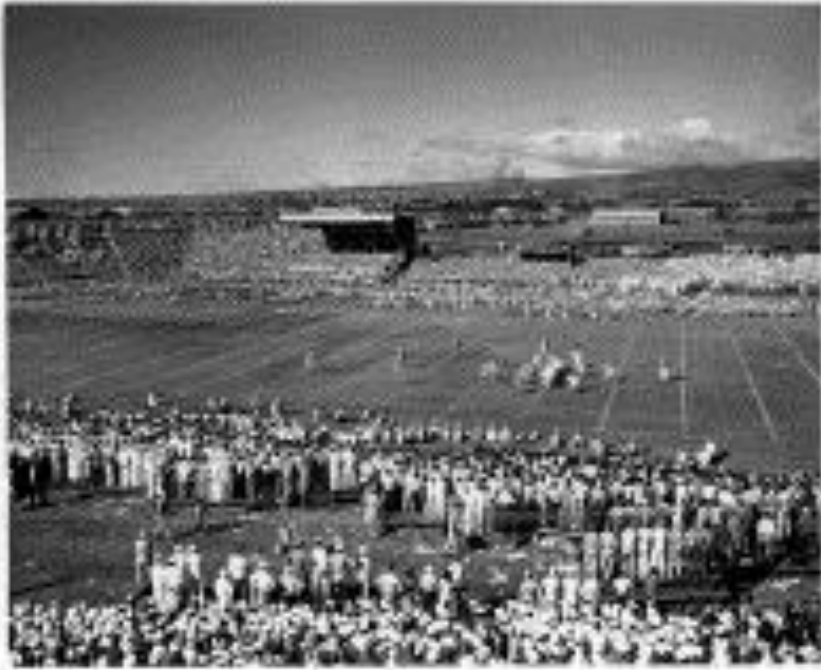
- All are invited to attend
- First Monday of the month at Scripps Seaside 1pm

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# Questions?



Army Football – helping Navy  
Football look good for 115 years