Measure Up Pressure Down Campaign – Addressing all 8 Planks!

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Chief Transformation Officer

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Problem Statement: Hypertension Performance- Baseline

- Costs to the nation due to high blood pressure are estimated at $131 billion in health care services, medications and missed days of work.
- Cornerstone seeks to provide excellent care, achieve better outcomes, reduce costs, and share in those savings
- Cornerstone initial performance 51.5% in control ☹

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80% of Patients at Goal Blood Pressure

Plank 1

Trained in Accurate BP Measurement

- Education training for all staff
- New employee training
- Quizzes after each training session
- Re-test in 1 year

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Plank 2

HTN Guidelines

- Clinical Pathway
- Pathway utilization reports

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PTE Measures Process Flow
7/23/2013
Hypertension Bundle

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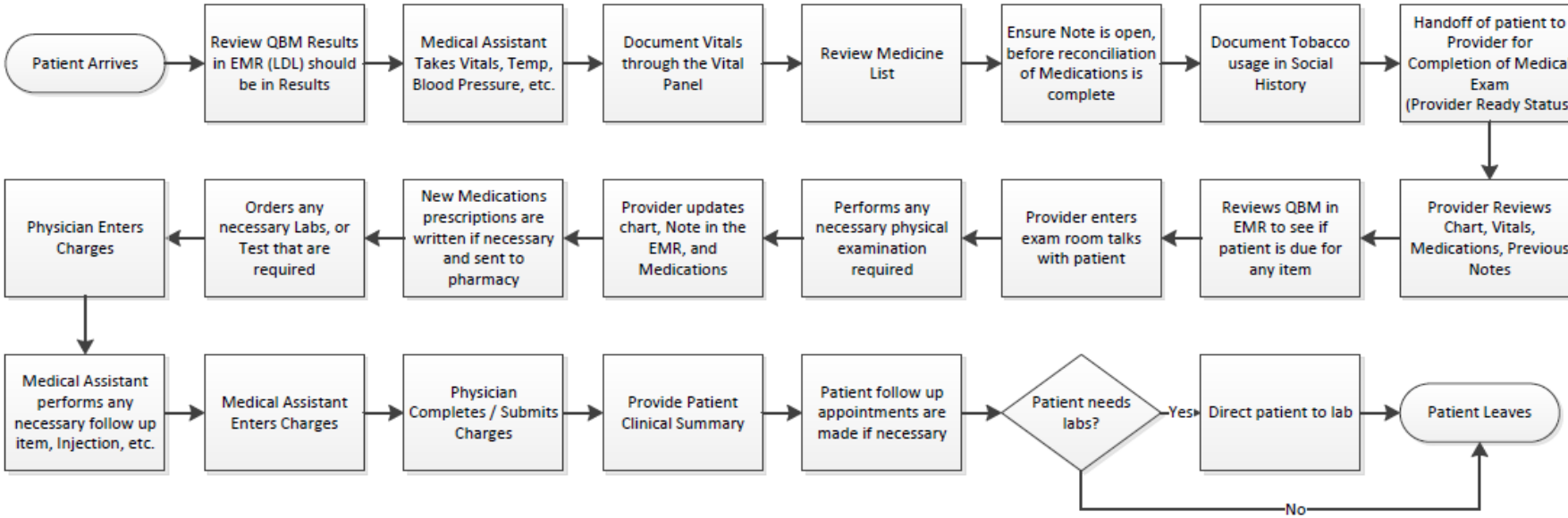
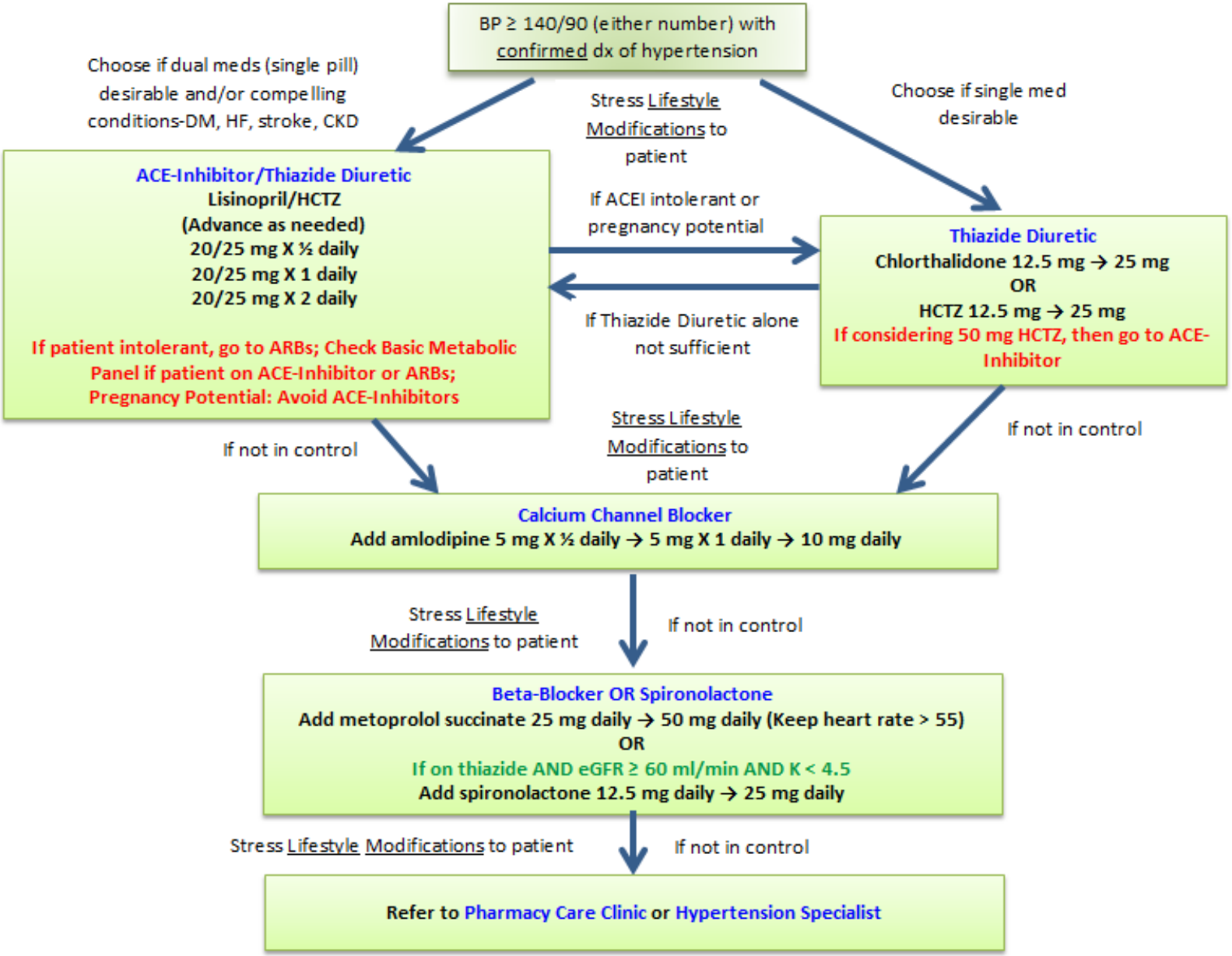


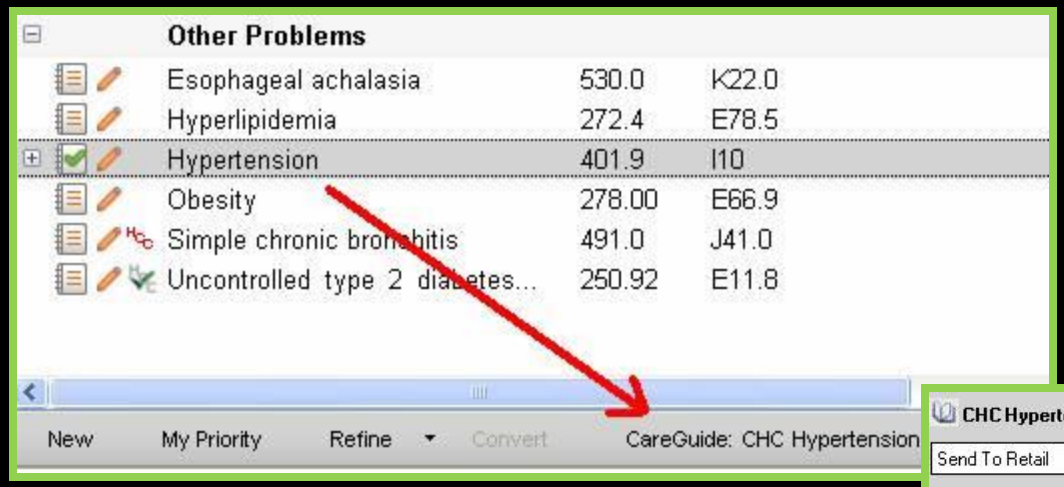
Disclosures:

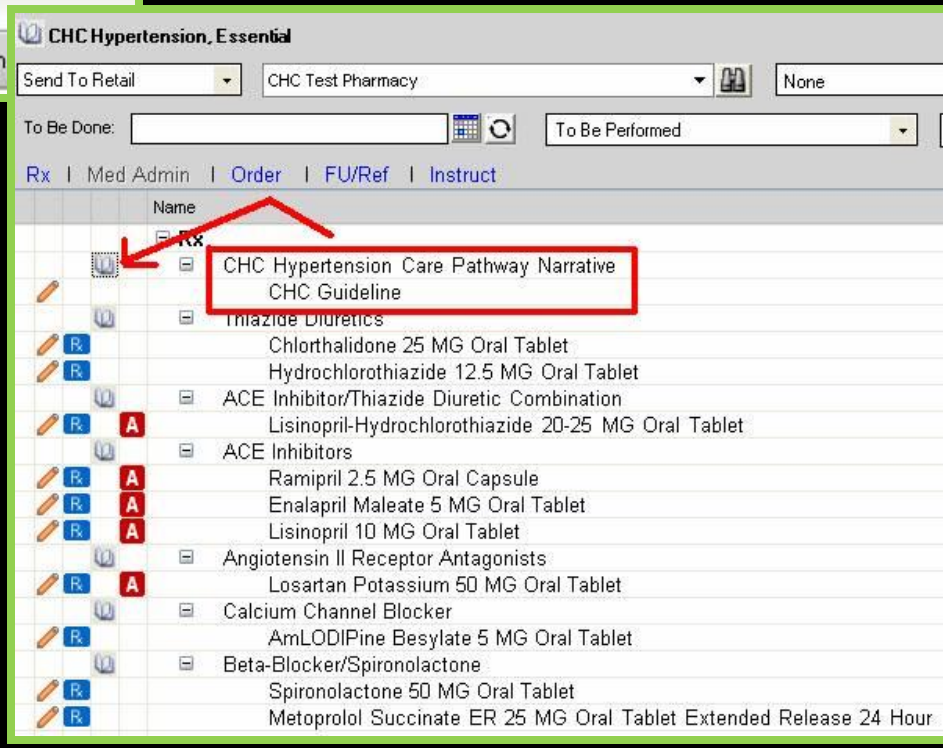
1. Process flow assumes establish patient with current diagnose of Hypertension.
2. Workflow doesn't include all decision points, each process contains decisions that must be made to provide excellence patient care.

Cornerstone Health Care Hypertension Pathway



Hypertension Care Guide





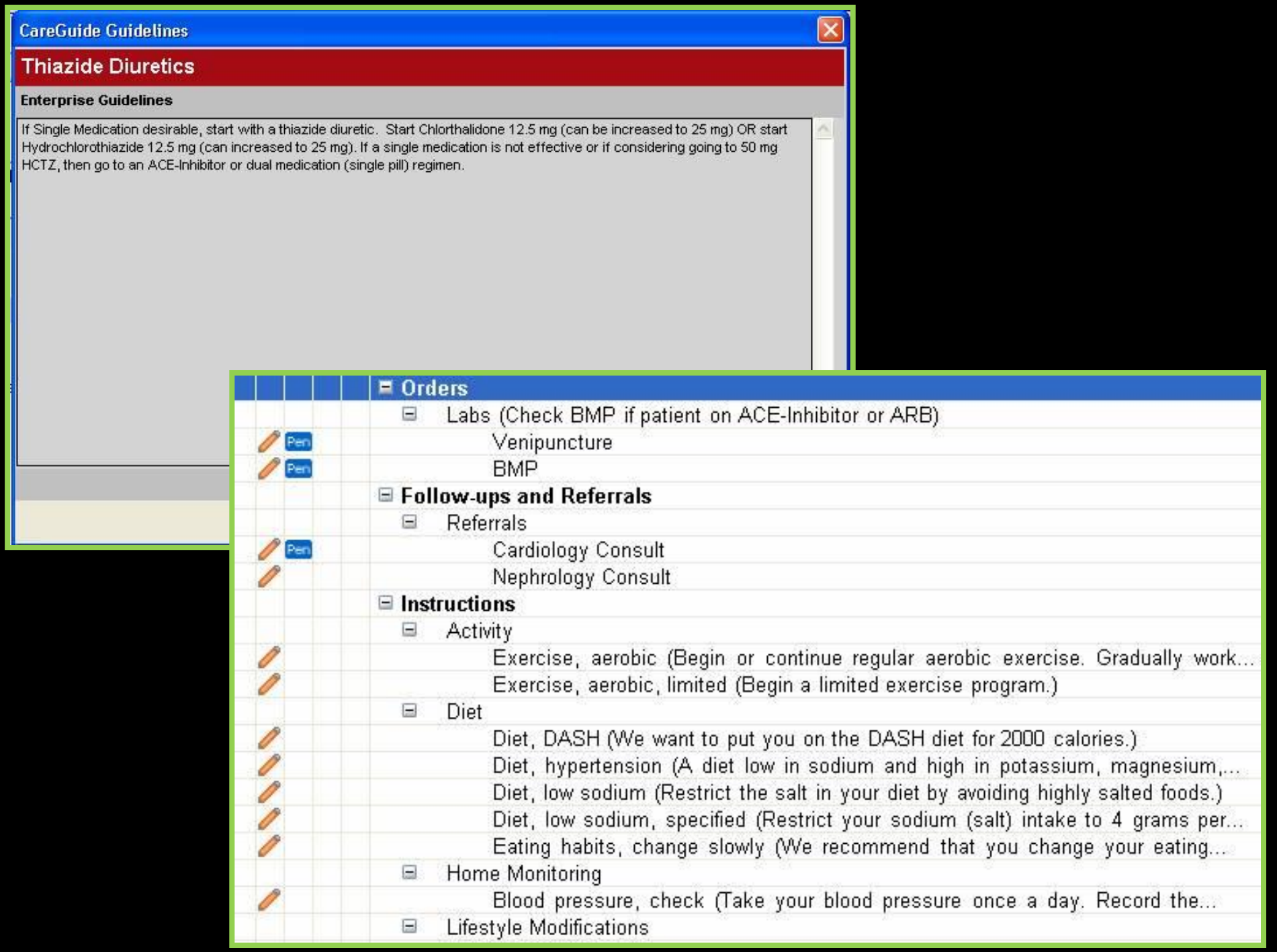
CareGuide Guidelines

CHC Hypertension Care Pathway Narrative

Enterprise Guidelines

*This Pathway is for patients with CONFIRMED diagnosis of hypertension (2 successive episodes of elevated systolic or diastolic BP. BP greater than or equal to 140/90).
*Stress LIFESTYLE MODIFICATIONS whenever BP is not in control. Per current JNC report, lifestyle modifications must include one or more of the following: Weight Reduction, DASH Eating Plan, Dietary Sodium Restriction, Increased Physical Activity or Moderation in Alcohol Consumption.
*Begin with either a Single Medication or Dual Medication (in single pill format). The decision is up to the provider, but it is recommended that consideration be given to initiating dual medications as the majority of patients will need that. Dual medications in single pill form are also recommended as compliance is better than for multiple-pill regimens. The dual medication (sinlge pill) regimen is also recommended for patients with compelling conditions such as diabetes, heart failure, stroke, or chronic kidney disease.
*If Single Medication desirable, start with a thiazide diuretic.
*If Dual Medication (single pill) desirable AND/OR compelling conditions are present (DM, HF, stroke, CKD), start patient on an ACE-Inhibitor with Thiazide Diuretic.
*If Single Medication desirable and not controlled with a thiazide diuretic, switch to an ACE Inhibitor.
*If Single Medication desirable and not controlled with a thiazide diuretic and patient is ACE Inhibitor intolerant, switch to an ARB.
*ADD Calcium Channel Blocker to above current therapy if not in control with above therapy (two pill therapy).
*ADD Beta-Blocker OR Spironolactone to above current therapy if not in control with above therapy (three pill therapy).

Close


CareGuide Guidelines
Thiazide Diuretics
Enterprise Guidelines
If Single Medication desirable, start with a thiazide diuretic. Start Chlorthalidone 12.5 mg (can be increased to 25 mg) OR start Hydrochlorothiazide 12.5 mg (can increased to 25 mg). If a single medication is not effective or if considering going to 50 mg HCTZ, then go to an ACE-Inhibitor or dual medication (single pill) regimen.
Orders
Labs (Check BMP if patient on ACE-Inhibitor or ARB)
Pen
Venipuncture
Pen
BMP
Follow-ups and Referrals
Referrals
Pen
Cardiology Consult
Nephrology Consult
Instructions
Activity
Exercise, aerobic (Begin or continue regular aerobic exercise. Gradually work...
Exercise, aerobic, limited (Begin a limited exercise program.)
Diet
Diet, DASH (We want to put you on the DASH diet for 2000 calories.)
Diet, hypertension (A diet low in sodium and high in potassium, magnesium,...
Diet, low sodium (Restrict the salt in your diet by avoiding highly salted foods.)
Diet, low sodium, specified (Restrict your sodium (salt) intake to 4 grams per...
Eating habits, change slowly (We recommend that you change your eating...
Home Monitoring
Blood pressure, check (Take your blood pressure once a day. Record the...
Lifestyle Modifications

Plank 3

BP Addressed at Every Visit

- JNC 8
- 140/90 NQF18
- HTN patients flagged in EMR
- Pre-Visit planning worksheet

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Pre-Visit Planning Worksheet

Name: Doe, John	**Provider: Marcus Welby, MD**
MRN: 111111111	**Appt Date/Time: 4/24/2014 9:00:00 AM**
Reason for Visit: SORE THROAT	

Notes from previous 1 - 2 OVs:

General Info:

Lab results:

HGB A1C	Microalbumin	LDL	TSH	Glucose			
5.4		104	1.44	0			
12/02/2013		11/26/2013	11/26/2013	11/26/2013			

Referrals:

Active Tasks:

QBM items needing to be addressed:

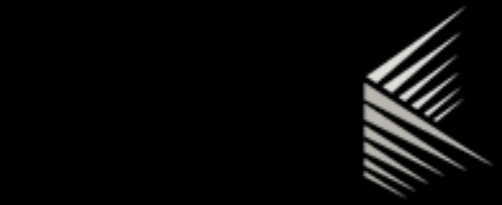
BP Screen Follow-Up Plan

Folic Acid or Multivitamin

Vitals:

Weight	Height	BMI	Temp	BP	Pulse/O2	Resp	LMP
137	64	23.52		104 / 72			
02/14/2014	02/14/2014	02/14/2014		02/14/2014			

Additional Notes:



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Plank 4

All New HTN Patients Seen Within 30 Days

- Barriers experienced
- Push back from physicians
- Lack of PCA bandwidth

Plank 5

Prevention, Engagement & Self-Management Programs

- Patient lifestyle and diet education
- Free blood pressure clinics
- Education handouts
- Video and slides for both patient and staff on obtaining accurate blood pressure

Success Stories…

Employer Health Fair – An employee that was a diabetic began to feel weak and dizzy. He had tried to see the company nurse but she was unavailable. When he came to the health fair, he was pale and clammy and one of the employer's staff ask if we could help. Gezelle, an LPN, was able to work with the employee and determine that he needed to seek medical attention. Unfortunately she did not have a glucometer to take his blood sugar level, but his blood pressure was over 222/102. Based on Gazelle's assessment, and his prior health history, he took her advice and was transported to his medical provider via a co-worker. We will follow-up with the employer today to check on this employee and even though he was not a Cornerstone patient, we will offer Cornerstone services for his future healthcare needs.

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Success Stories…

Employer Health Fair - We had one employee that had her blood pressure taken and it was high. She wasn't real happy with the results and gave us several reasons why it could be elevated. This is a common occurrence from people, almost like a defense mechanism, that it must be some other reason causing this problem and it probably will just go away. Later at the event this same women stopped Gezelle in the hall and told her she had thought about what Gezelle had said. So after she had gone back to her office she went ahead and called her PCP to make an appointment for the following week. This is a good example of how these events can have positive effects on people's lives and health, even if they don't take full advantage of our scheduling service during the actual event. The marketing materials with all the Providers listed and the phone numbers are being put to good use.

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Plank 6

HTN Registry Used

- Registry generated though EMR system
- Future endeavors
  - PCAs to reach out to patients who have not been seen
  - Target practices who have a high HTN population

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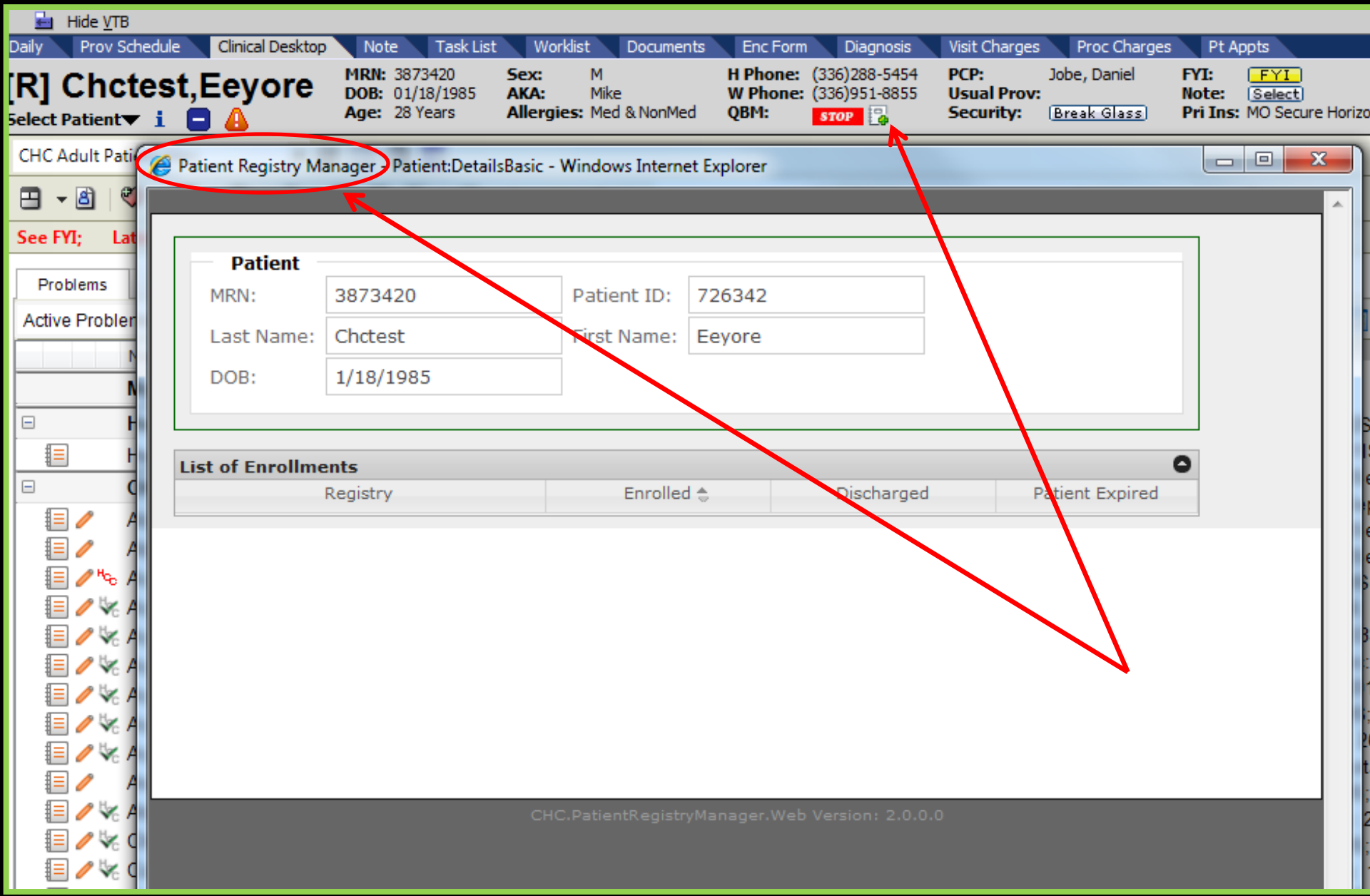
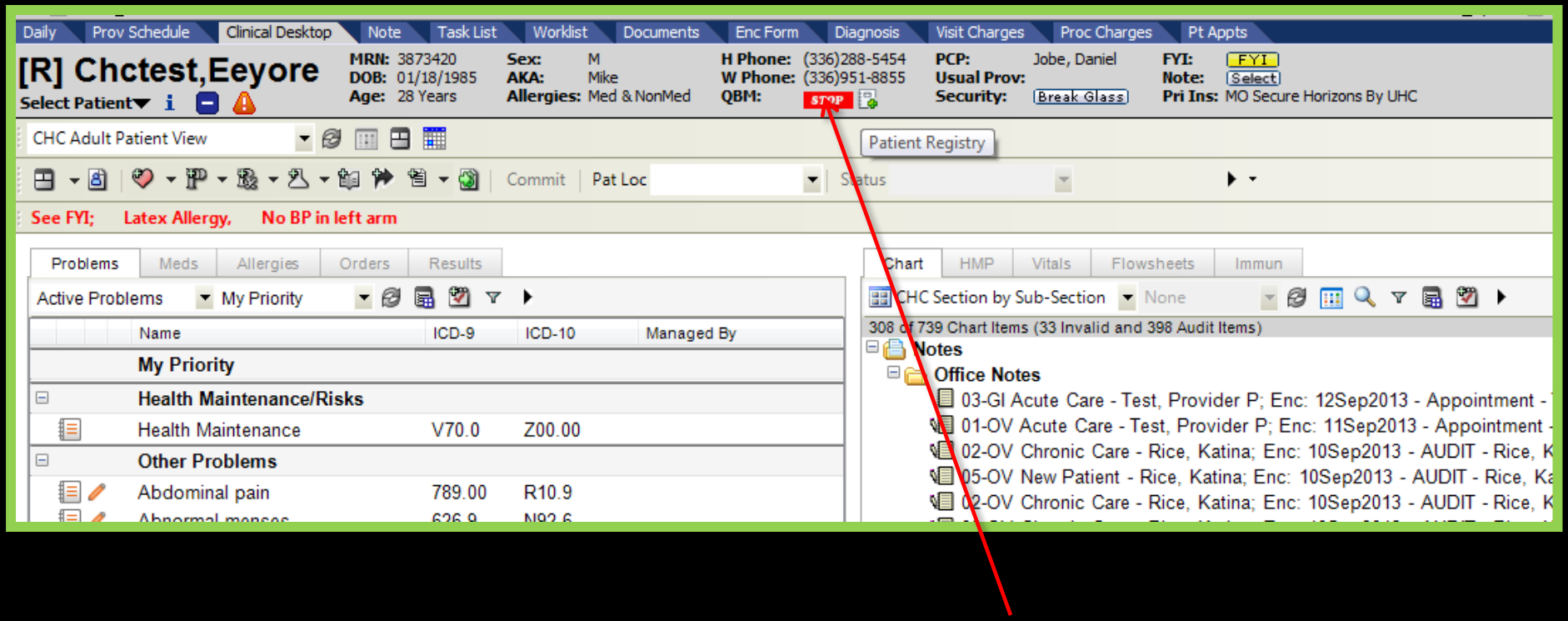
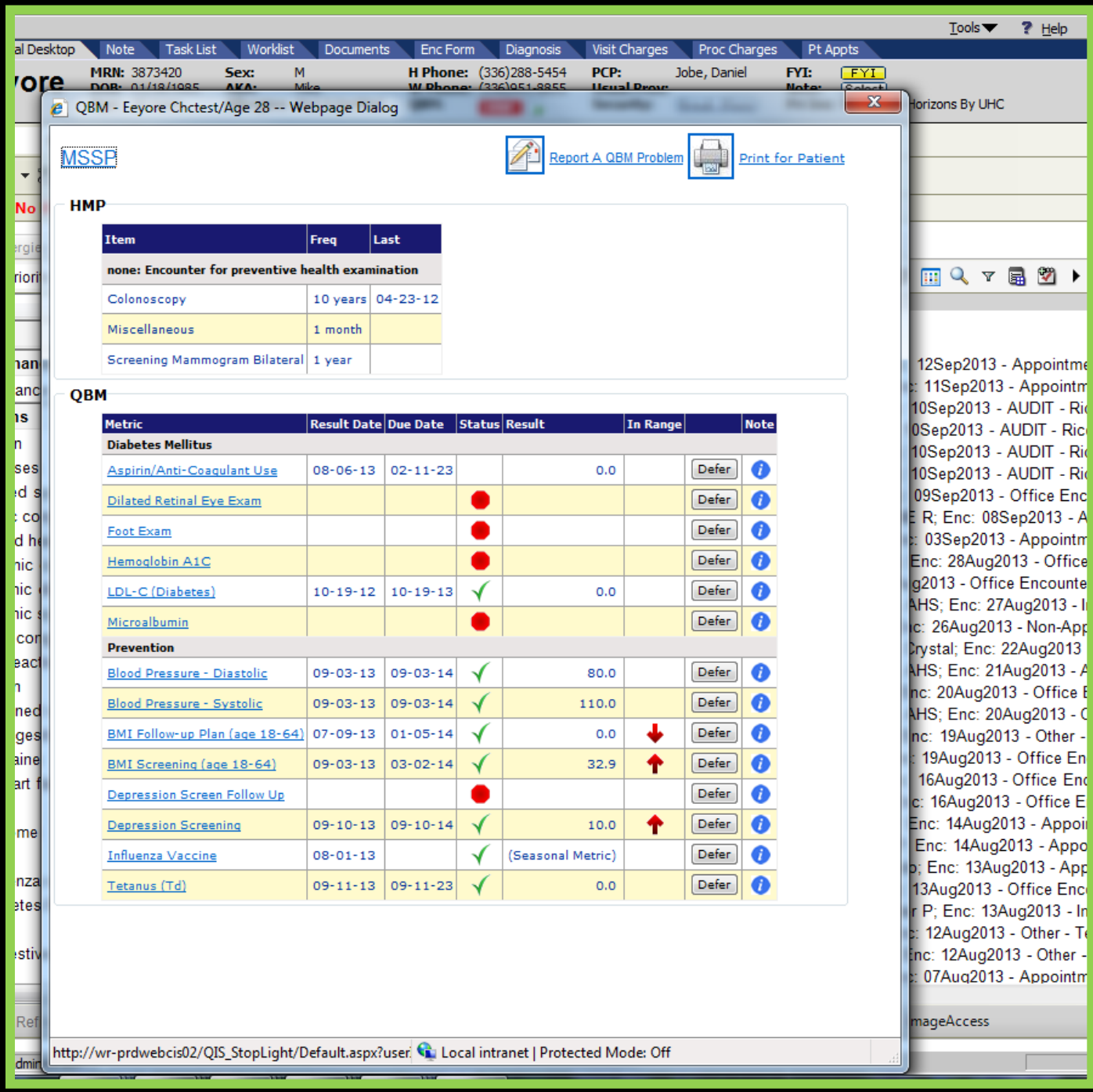

Hide VTB
Daily
Prov Schedule
Clinical Desktop
Note
Task List
Worklist
Documents
Enc Form
Diagnosis
Visit Charges
Proc Charges
Pt Appts
[R] Chctest,Eeyore
Select Patient
MRN: 3873420
DOB: 01/18/1985
Age: 28 Years
Sex: M
AKA: Mike
Allergies: Med & NonMed
H Phone: (336)288-5454
W Phone: (336)951-8855
QBM:
STOP
PCP: Jobe, Daniel
Usual Prov:
Security:
Break Glass
FYI:
FYI
Note:
Select
Pri Ins: MO Secure Horizo
CHC Adult Pati
See FYI;
Problems
Active Problem
Patient Registry Manager - Patient:DetailsBasic - Windows Internet Explorer
Patient
MRN: 3873420
Patient ID: 726342
Last Name: Chctest
First Name: Eeyore
DOB: 1/18/1985
List of Enrollments
Registry
Enrolled
Discharged
Patient Expired
CHC.PatientRegistryManager.Web Version: 2.0.0.0

PTE Metrics: QBM



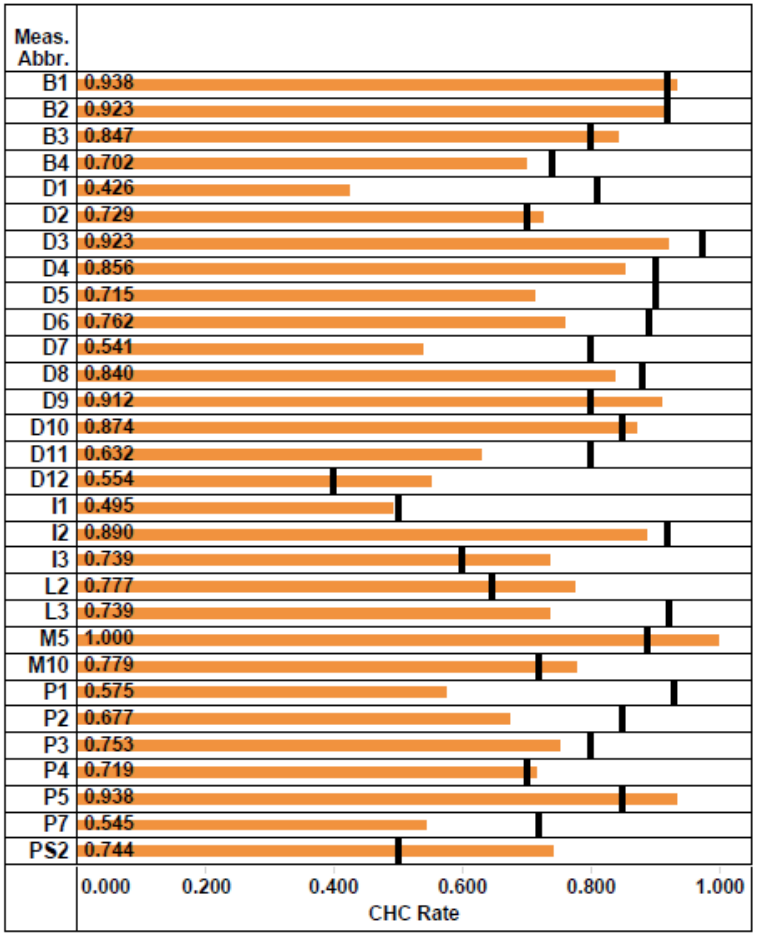
QBM

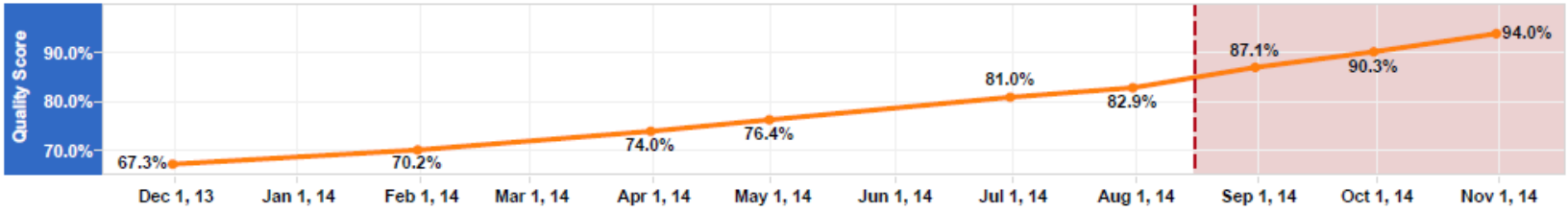

Tools
Help
Desktop
Note
Task List
Worklist
Documents
Enc Form
Diagnosis
Visit Charges
Proc Charges
Pt Appts
MRN: 3873420
Sex: M
H Phone: (336)288-5454
PCP: Jobe, Daniel
FYI:
QBM - Eeyore Chctest/Age 28 -- Webpage Dialog
MSSP
Report A QBM Problem
Print for Patient
HMP
Item
Freq
Last
none: Encounter for preventive health examination
Colonoscopy
10 years
04-23-12
Miscellaneous
1 month
Screening Mammogram Bilateral
1 year
QBM
Metric
Result Date
Due Date
Status
Result
In Range
Note
Diabetes Mellitus
Aspirin/Anti-Coagulant Use
08-06-13
02-11-23
0.0
Dilated Retinal Eye Exam
Foot Exam
Hemoglobin A1C
LDL-C (Diabetes)
10-19-12
10-19-13
0.0
Microalbumin
Prevention
Blood Pressure - Diastolic
09-03-13
09-03-14
80.0
Blood Pressure - Systolic
110.0
BMI Follow-up Plan (age 18-64)
07-09-13
01-05-14
0.0
BMI Screening (age 18-64)
03-02-14
32.9
Depression Screen Follow Up
Depression Screening
09-10-13
09-10-14
10.0
Influenza Vaccine
08-01-13
(Seasonal Metric)
Tetanus (Td)
09-11-13
09-11-23
0.0
Defer
http://wr-prdwebcis02/QIS_StopLight/Default.aspx?user
Local intranet | Protected Mode: Off

CHESS Cornerstone Overall Quality

Measure Period End
10/31/14

Bundle	Meas. Abbr.	Measure Name	Num.	Den.
BP Control	B1	BP Screen by 18	1,233	1,315
	B2	BP Screen by 13	1,589	1,721
	B3	Adult High BP Screen	75,184	88,743
	B4	HTN BP <140/90	17,452	24,860
Diabetes	D1	DM Retinopathy Screening	4,716	11,072
	D2	DM BP <140/90	8,146	11,170
	D3	DM HbA1c Test	11,338	12,289
	D4	DM LDL Test	10,519	12,289
	D5	DM Nephropathy Screening	7,504	10,494
	D6	DM HbA1c <8.0%	8,255	10,830
	D7	DM LDL <100mg/dl	5,818	10,756
	D8	DM HbA1c Performed and <9.0%	9,382	11,174
	D9	Daily Aspirin for DM and IVD	1,198	1,313
	D10	DM Tobacco Non-Use	9,768	11,170
	D11	DM Lipid Lowering Agent if LDL >100	2,205	3,488
	D12	DM HbA1c <7.0%	5,996	10,830
Immun.	I1	Influenza Immunization	35,934	72,552
	I2	Childhood Immunizations	1,565	1,758
	I3	Pneumonia Vaccination	17,902	24,241
Lipid Mgmt.	L2	CAD Drug Therapy for Lowering LDL	3,441	4,428
	L3	Cholesterol Screening for Cardiovascular Care	19,861	26,884
Misc.	M5	HF BB Therapy for LVSD	12	12
	M10	ACE ARB Therapy CAD, DM, LVSD	1,382	1,773
Preventative Screening	P1	Cervical Cancer Screen	12,880	22,385
	P2	Breast Cancer Screen	18,282	27,020
	P3	Adult BMI Screen and Follow-up	66,624	88,448
	P4	Depression Screen and Follow-Up	60,510	84,165
	P5	Tobacco Use and Cessation Counseling	83,326	88,869
	P7	Colorectal Cancer Screen	15,805	28,992
Pt. Safety	PS2	Screen for Future Fall Risk	19,880	26,735



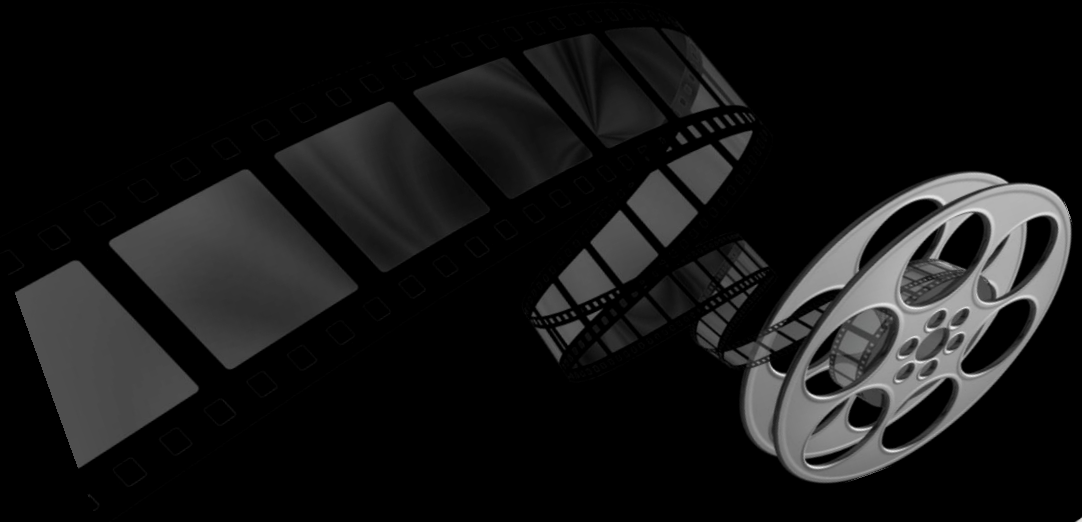


Plank 7

Trained in BP Goals and Metrics

- Care Transformation videos
- Orientation education

MUPD Video



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Plank 8

Specialties Intervene with Patients Not At Goal

- Barriers
  - Cultural barriers
  - Operational barriers
  - Accountability confusion

Results

- Identification of additional Hypertensive Patients through proper screening by an additional 12 %
- Increased Accuracy of Blood Pressure Measurement through Clinical Training
- Community Outreach and Awareness

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Future Direction

- Continued Education of Providers, Medical Staff
- Additional Patient Education
- Blood Pressure Screening Events
- Home Blood Pressure Monitoring
- Free Blood Pressure checks in any of our clinics

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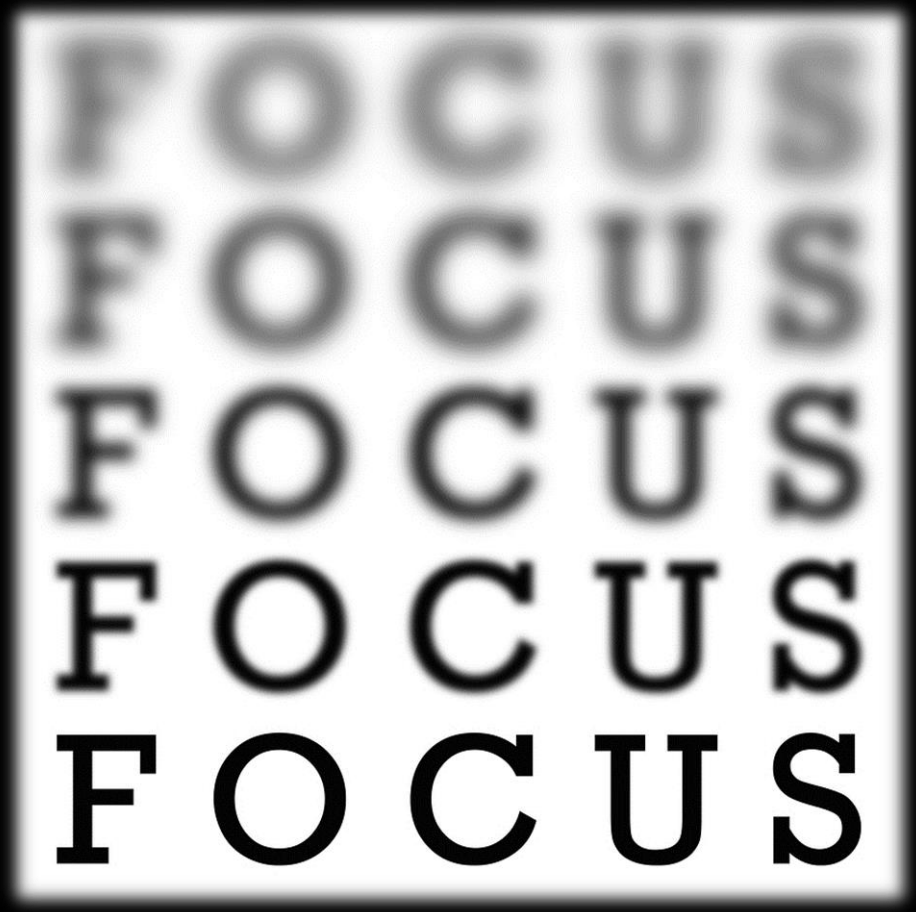
Areas of Focus



- Intervening on patients outside of the normal range instead of a wait and see approach
- Improved timely follow-up of newly diagnose patients or medicine change within 30 days
- Expand bandwidth of PCA group to actively outreach to hypertensive patients for proper management and follow-up

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