

# Making Rapid Progress: Measure Up Pressure Down

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January 15, 2015



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# Outline of Today's Webinar

- PMA-- Who We Are
- PMA-- Our Culture
- Why MUPD?
- Implementation of MUPD Planks
- Rapid Success
- Plans to Hit 80%



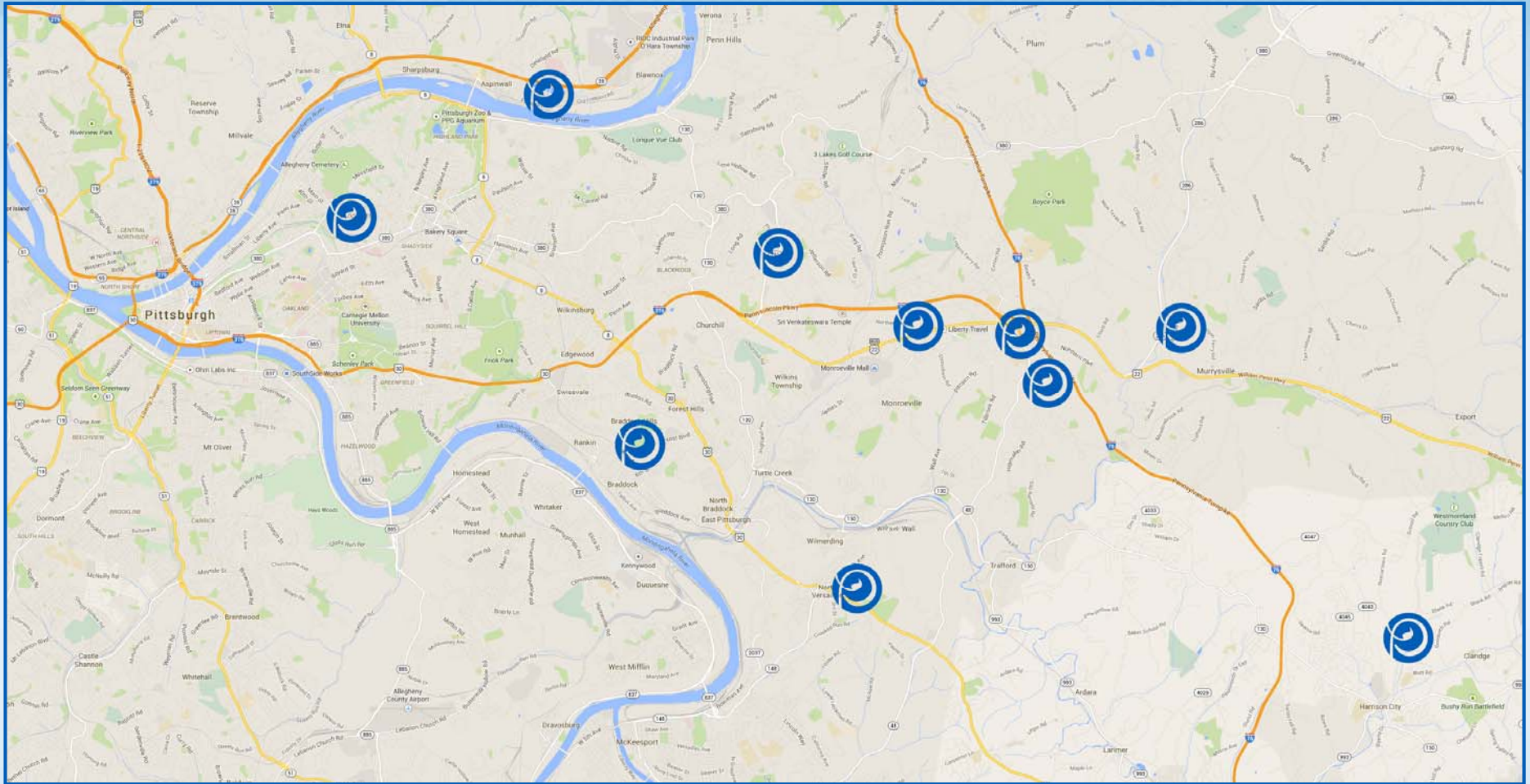
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American Medical Group Foundation



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# Premier Medical Associates



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# Premier Medical Associates

## *Specialties*

Allergy & Immunology	Internal Medicine
Audiology	Laboratory Services
Behavioral Health	Neurology
Cardiology	Ophthalmology
Electrophysiology	Optometry
Dermatology	Pain Management
Ear, Nose & Throat	Pediatrics
Family Medicine	Pulmonology
Gastroenterology	Radiology
General & Breast Surgery	Rheumatology
Hospitalists	Sleep Medicine
Infectious Disease	

- Formed in 1993
- Approximately 100 providers
- 22 specialties
- 10 physical office locations
- 1:1 ratio PCP/specialists
- Affiliated with Highmark since 2011—part of AHN



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# Culture

- Collaborative multi-specialty medical model
- Integration across the continuum
- Team-based care
- Undertaken journey from volume to value despite turbulent landscape (Highmark vs. UPMC)
- Use the principles of the Triple Aim to guide our mission— Improve patient outcomes and satisfaction while reducing costs of care



# Premier Medical Associates

- Have cared for over 100,000 lives in eastern suburbs of Pittsburgh over last few years
- 265,000 visits 2014
- 70,000 hospital visits
- 195,000 office visits



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# PMA Accomplishments

- All 7 Adult Primary Care locations obtained level 3 PCMH certification on first try in 2013
- Pediatrics has submitted PCMH application— also expect level 3
- Meaningfully using Allscripts TouchWorks EHR version 11.4.1
- Every provider is on track to attest for MU 2

# PMA Accomplishments

- Performing at 5 STAR level for cancer screenings, DM control metrics, med compliance measures, etc.
- Highest levels for insurance quality bonus programs in Western PA for both commercial and Medicare Advantage products
- Joined AHN ACO/MSSP 1/1/2015



# Population Health Management Efforts

- Strong emphasis on Diabetic care began in 2010 with vigorous outreach/care coordination
- 8.3 % of 9,000 diabetic patients with a HGBa1c >9.0
- Second effort was improving colon cancer screening rates among patients aged 50-75.
- Screening rates for colon cancer rose from 62% to 77.8% between 1/1/13 and 12/31/14, goal is for an 80% or above screened rate
- Third population health effort taken on by practice is MUPD

# Why MUPD?

- IQL September 2013
- Approached by MUPD team
- Coincident with Medicare STARs bonus program offered by Highmark regarding BP control for diabetics
- IM 85% <140/90
- FP 60% <140/90
- IM RASA for DM/HBP 88.9%
- FP RASA for DM/HBP 86.1%
- IM RASA compliance rate 76.2%
- FP RASA compliance rate 71.1%

# MUPD Implementation

- Rough estimate of overall BP control from Informatics team of 64.5%
- Buy in from administration
- Stamp of approval from Quality Committee
- Rolled out concept/program to all providers on 12/13/13 at all-physician meeting
- JNC 8 push back



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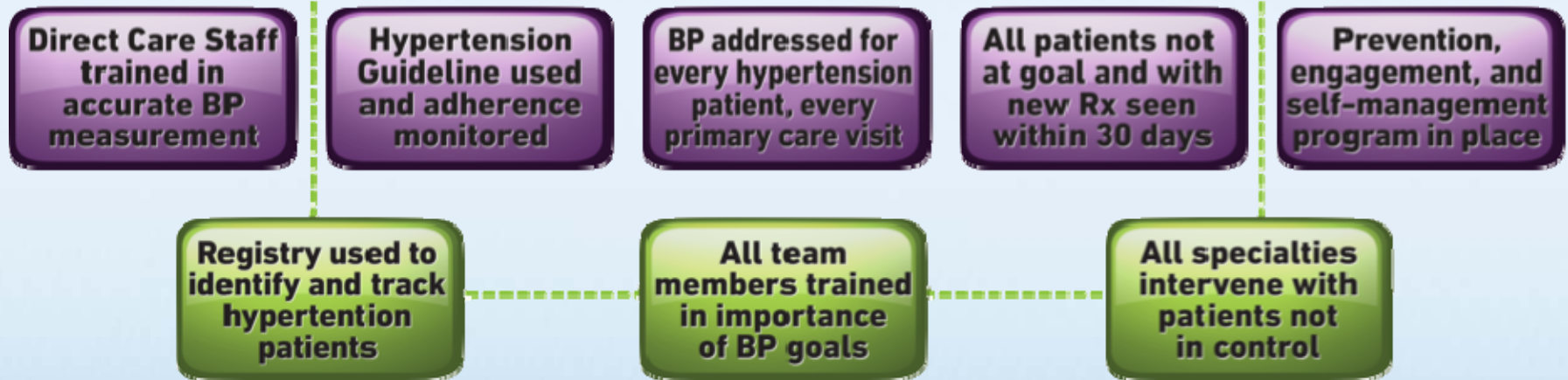
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# MUPD Planks

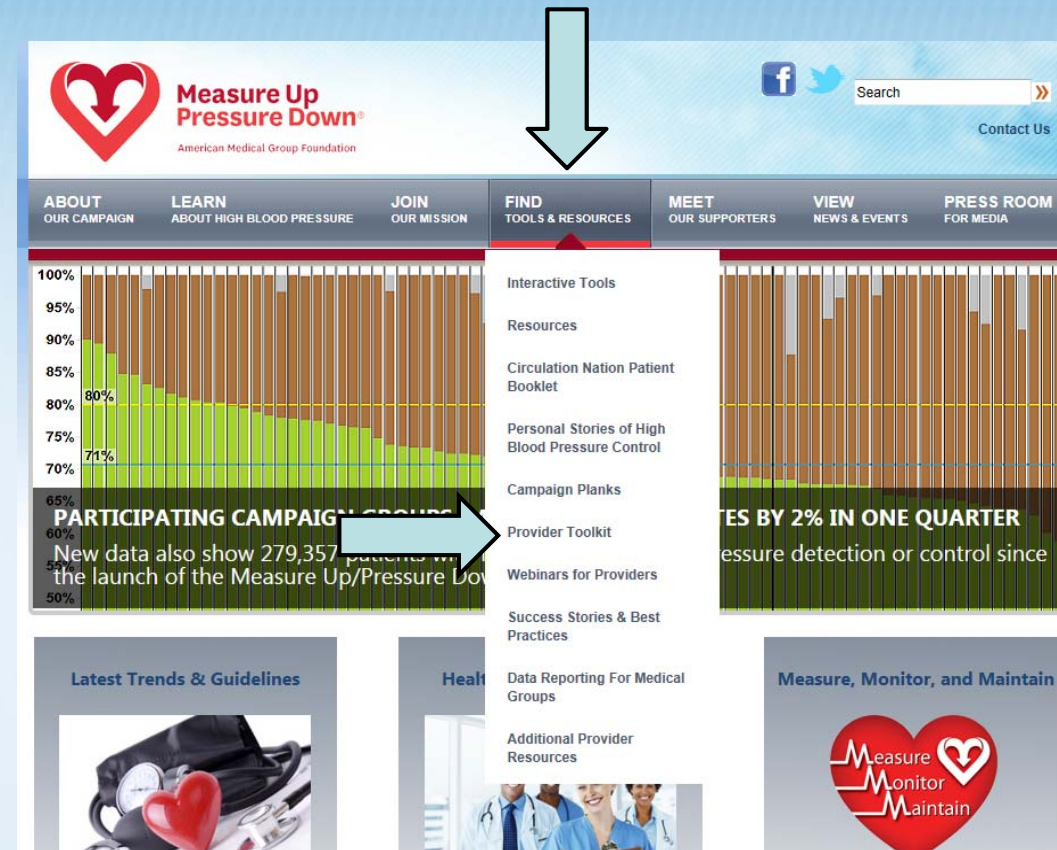
80% of Patients at Goal Blood Pressure

## Process to Achieve Goal

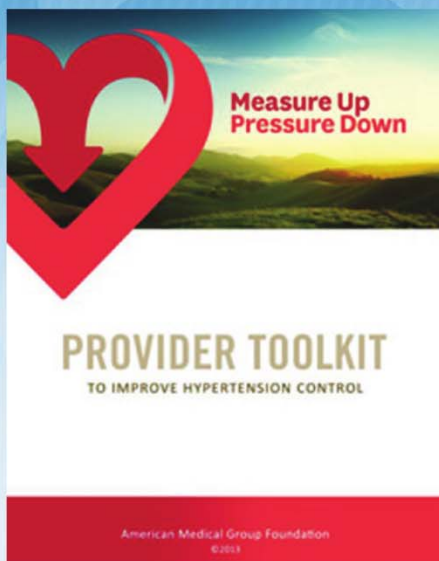


# MUPD Toolkit

- Realization that we did not have to re-invent the wheel
- Went through previous webinar slides looking for concepts that could be adopted/implemented
- Looked at highlighted areas of toolkit to help with each plank's requirements







The American Medical Group Foundation and American Medical Group Association (AMGA) have produced a toolkit for medical groups participating in Measure Up/Pressure Down. The **Provider Toolkit** addresses many common challenges associated with effectively treating and managing hypertension. The toolkit helps medical groups and health systems achieve 80 percent of hypertension patients in control, at goal, according to national standards (JNC 7).

In this free toolkit you'll find useful tools, tips, and resources to help you jump-start your hypertension quality improvement initiative and get you on the road to achieving better control rates. The toolkit is organized around each of the eight **campaign planks** (evidence-based care processes) detailed below, which are based on best practices from our hypertension collaboratives and from consultation with the campaign's National Steering Committee and Scientific Advisory Council. For each plank you will find:

- Concise one-pagers including actionable steps and suggested resources for implementing the plank
- Best practices tools used by some of the nation's leading healthcare organizations
- Case study from AMGA's Best Practices in Managing Hypertension Compendium for detail on how the plank was implemented by medical groups that achieved significant improvements in their control rates

## Provider Toolkit Downloads

The comprehensive Provider Toolkit is available for download here. Individual sections of the Provider Toolkit are available below, organized by campaign plank. New tools since initial publication are posted below by date.

**Introduction** [[PDF](#)]

**About Measure Up. Pressure Down** [[PDF](#)]

**Getting Started** [[PDF](#)]

**Plank 1 – Direct Care Staff Trained in Accurate BP Measurement** [[PDF](#)] [ + ]

**Plank 2 – Hypertension Guideline Used and Adherence Monitored** [[PDF](#)] [ + ]

**Plank 3 – BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit** [[PDF](#)] [ + ]

**Plank 4 – All Patients Not at Goal or with New Hypertension Rx Seen within 30 Days** [[PDF](#)] [ + ]

**Plank 5 – Prevention, Engagement and Self-Management Program in Place** [[PDF](#)] [ + ]

**Plank 6 – Registry Used to Track Hypertension Patients** [[PDF](#)]

**Plank 7 – All Team Members Trained in Importance of BP Goals and Metrics** [[PDF](#)] [ + ]

**Plank 8 – All Specialties Intervene with Patients Not in Control** [[PDF](#)] [ + ]



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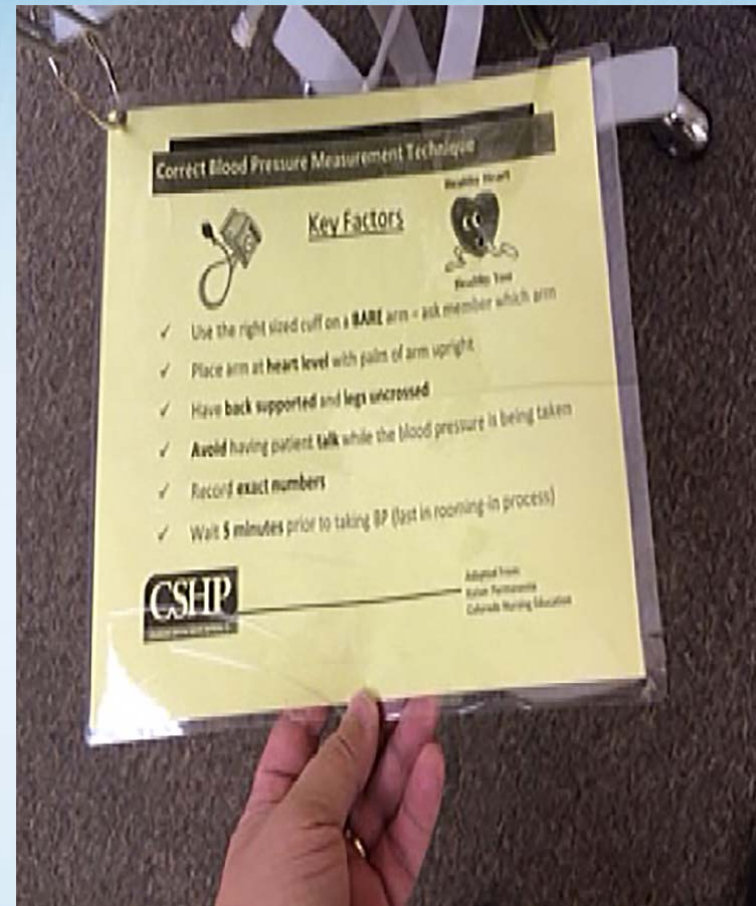
# How Did We Implement?

- Planks 1 and 7 implemented together
- Saw Cornerstone Health Care correct/incorrect BP technique video
- Filmed our own version
- Visited every office location to educate on importance of BP control
- Borrowed another idea that worked to remind staff on proper techniques

**Direct Care Staff  
trained in  
accurate BP  
measurement**

**All team  
members trained  
in importance  
of BP goals**

# Staff Reminders



# How Did We Implement?

- Planks 3 and 4 done together
- Either MD or MA BP re-check appts within 30 days  
advised/emphasized need to overcome clinical inertia when dealing with increased BP readings
- Oct 2013 webinar  
Dr. McCarthy from Columbia-St Mary's mentioned "orange card"

**BP addressed for every hypertension patient, every primary care visit**

**All patients not at goal and with new Rx seen within 30 days**



# Provider Reminder



# Self Management Plan

- Plank 5
- Easiest to implement since consistent with PCMH principles
- 3% increase in overall control rate during 2013 even though we did not fully implement program until late 2013

**Prevention,  
engagement, and  
self-management  
program in place**

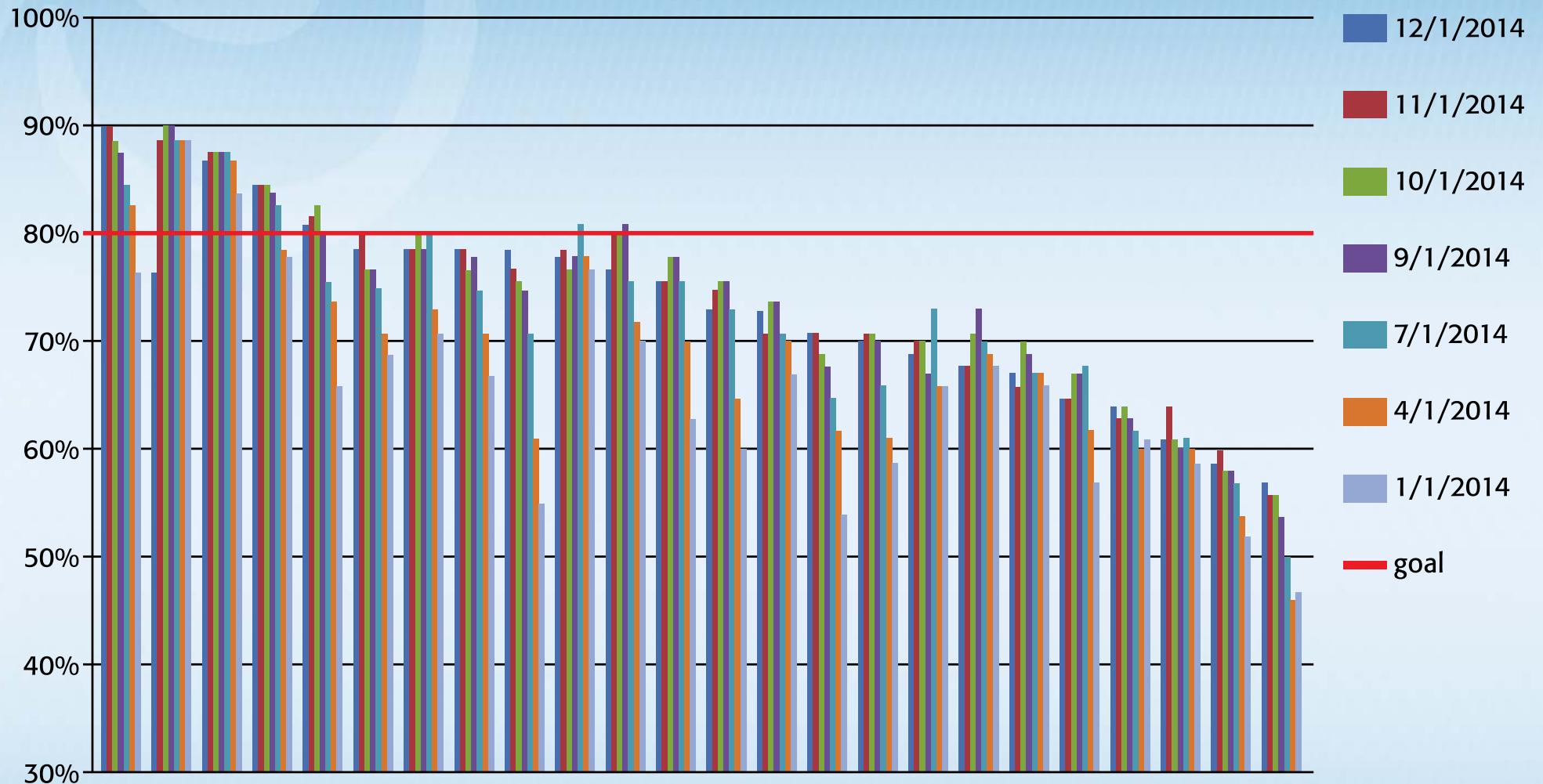
# Provider Feedback/Registry

- Plank 6
- Built registry with MUPD quarterly reporting specifications
- Initially ran quarterly but have changed to monthly reports and physician feedback
- Each doctor receives unblinded report card monthly
- Each provider receives pursuit list of uncontrolled patients

**Registry used to  
identify and track  
hypertension  
patients**



# Monthly Reporting



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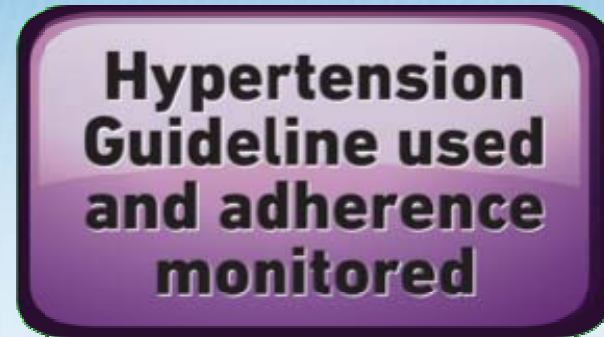
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# Specialist Involvement

- Plank 8
- All PMA specialists have always taken full vitals
- Realization of problem of patients without PMA PCPs means we all have to do an even better job of controlling full PMA pts

**All specialties  
intervene with  
patients not  
in control**

# Hypertension Guideline



- Plank 2
- Only plank we have not formally implemented
- I disseminated the JAMA article from Aug 2013 to all providers

JAMA. 2013;310(7):699-705. doi:10.1001/jama.2013.108769



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**JAMA** The Journal of the  
American Medical Association

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August 21, 2013, Vol 310, No. 7 >

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Original Investigation | August 21, 2013

## Improved Blood Pressure Control Associated With a Large-Scale Hypertension Program **FREE**

Marc G. Jaffe, MD<sup>1</sup>; Grace A. Lee, MD<sup>1</sup>; Joseph D. Young, MD<sup>2</sup>; Stephen Sidney, MD, MPH<sup>3</sup>; Alan S. Go, MD<sup>3,4,5</sup>

[\[+\] Author Affiliations](#)

JAMA. 2013;310(7):699-705. doi:10.1001/jama.2013.108769.

Text Size: [A](#) [A](#) [A](#)

[Article](#) [Figures](#) [Tables](#) [Supplemental Content](#) [References](#)

### ABSTRACT

**ABSTRACT** | [METHODS](#) | [RESULTS](#) | [DISCUSSION](#) | [ARTICLE INFORMATION](#) | [REFERENCES](#)

**Importance** Hypertension control for large populations remains a major challenge.

**Objective** To describe a large-scale hypertension program in Northern California and to compare rates of hypertension control in that program with statewide and national estimates.

**Design, Setting, and Patients** The Kaiser Permanente Northern California (KPNC) hypertension program included a multifaceted approach to blood pressure control. Patients identified as having hypertension within an integrated health care delivery system in Northern California from 2001-2009 were included. The comparison group comprised insured patients in California between 2006-2009 who were included in the Healthcare Effectiveness Data and Information Set (HEDIS) commercial measurement by California health insurance plans participating in the National Committee for Quality Assurance (NCQA) quality measure reporting process. A secondary comparison group was included to obtain the reported national mean NCQA HEDIS commercial rates of hypertension control between 2001-2009 from health plans that participated in the NCQA HEDIS quality measure reporting process.

**Main Outcomes and Measures** Hypertension control as defined by NCQA HEDIS.



# Side Benefits from MUPD

- IM RASA for DM/HBP increased 88.9% to 91.6% in 1 year
- FP RASA for DM/HBP increased from 86.1% to 91.5% in 1 year
- IM RASA compliance increased from 76.2% to 83.2% in 1 year
- FP RASA compliance increased from 71.1% to 82.3% in 1 year

# So How Did We Do?

	REPORTING PERIOD	TOTAL PTS	NUM HTN PTS DENOMINATOR	HTN PTS IN CONTROL NUMERATOR	CONTROL RATE
+	2014Q04	45,600	16,254	11,731	72%
+	2014Q03	45,399	15,775	11,440	73%
+	2014Q02	45,085	15,230	10,804	71%
+	2014Q01	45,078	15,121	10,254	68%
+	2013Q04	44,399	15,012	9,769	65%
+	2013Q03	44,303	14,636	9,465	65%
+	2013Q02	43,747	14,111	9,024	64%
+	2013Q01	43,366	13,494	8,432	62%

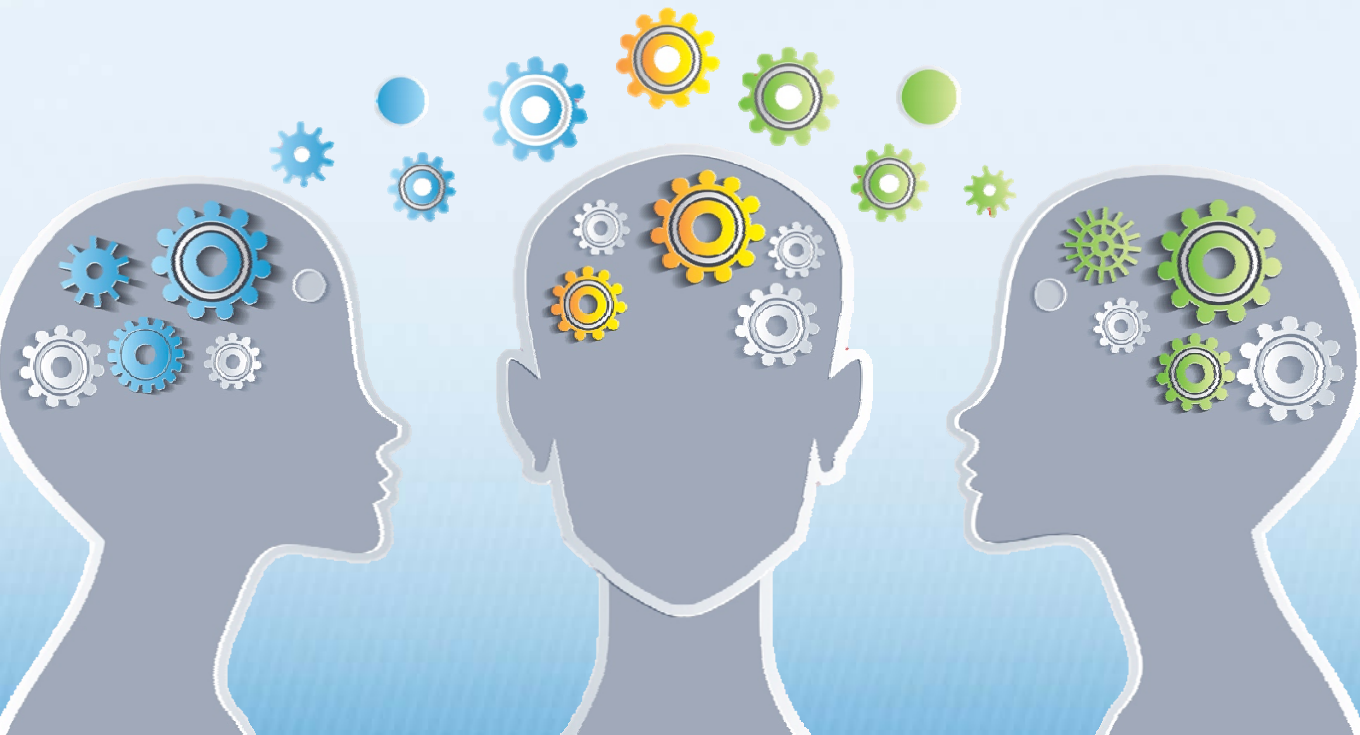
# Further data review

- 1/1/15 IM 82.7% control
- 1/1/15 FP 70.3% control
- Certain FP offices are doing well – one office 78% control rate 1/1/15
- 1/1/15 Specialty patients without PMA PCP (almost 2,000 patients) 59.6% control



# Engaging Staff

- Focus on improving the work that is already being done
- Reinforcing a culture of excellence
- Training that is both fun and educational



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# Staff Training

- Education on why it is so important to control hypertension
- Preventing cardiovascular events
- Proper techniques for checking a blood pressure




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# Steps to Successful Implementation

- Communication




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### Premier joins Measure Up / Pressure Down initiative

High blood pressure (hypertension) is a leading risk factor for heart disease, stroke, kidney failure, and diabetes complications. Known as the “silent killer,” high blood pressure often has no symptoms until serious problems occur. Many people have high blood pressure and...



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# Patient Education

## EAT RIGHT



Eating healthy doesn't have to be boring, and you don't have to give up everything you like – just fine-tune your diet to limit sodium and harmful fats.



### WAYS TO FINE-TUNE DIET

1

Start reading the nutrition label to track your nutrients and pay special attention to parts of your diet that get blood pressure out of whack.



2

Use herbs and spices – not salt – to add flavor to your food.



3

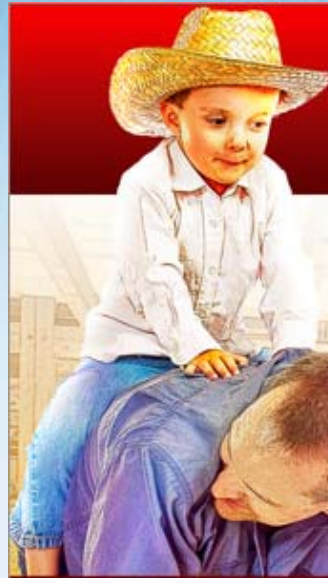
Eat foods with potassium, like bananas or plain baked potatoes, to balance out extra salt.



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[www.MeasureUpPressureDown.com](http://www.MeasureUpPressureDown.com)

## BE ACTIVE

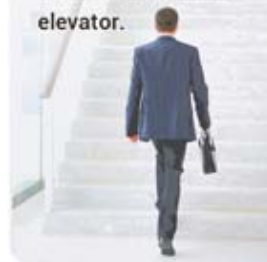


It only takes 30 minutes of physical activity a day to lower blood pressure.

### MAKE EVERY MINUTE COUNT

1

Add more activity into your daily life, like parking farther from the store or taking the stairs instead of the elevator.



2

You don't have to run a marathon – you just have to get moving. Start with walks around the neighborhood and increase to more over time.



3

Track every minute you move – use a wall chart or download an app for your computer or phone.



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# Steps to Successful Implementation

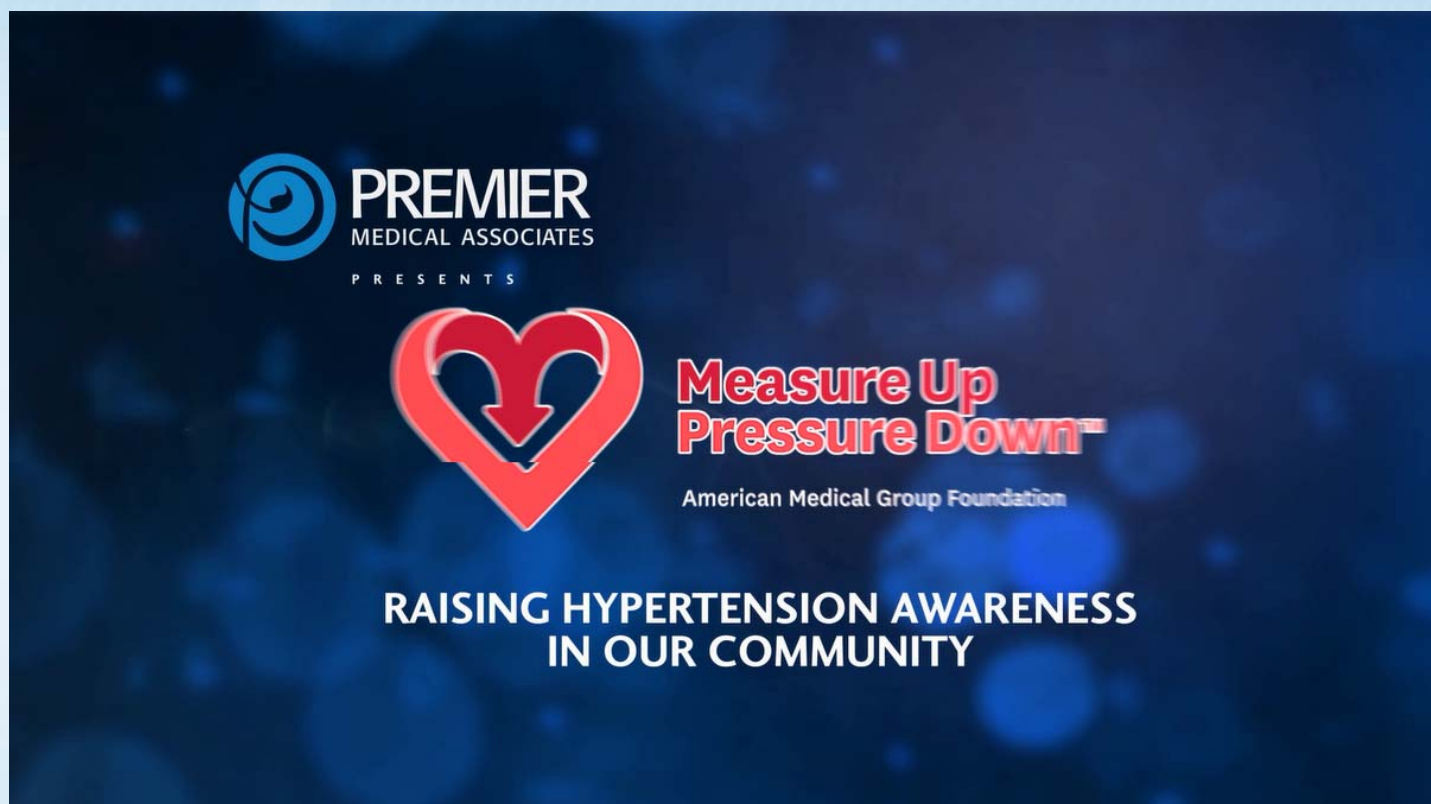
- Fun and Educational





# Steps to Successful Implementation

- Office to Office



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# Specifics

- Red Hearts



# Specifics

- MUPD Order in our Electronic Health Record

## Allergies

1. No Known Drug Allergies
2. Adhesive Tape
3. Bee sting
4. Grass

## Vitals

*\*\* Printed in Appendix #1 below*

## Plan

### Hypertension

- Your Blood Pressure was above 140/90 today. Please follow up with your Primary Care Doctor within the next 30 days to have your blood pressure rechecked.; Status: Complete - Retrospective

Page: 1

Line: 22

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# Highlights along the Way



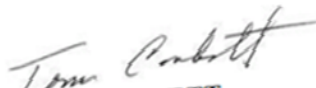
## GREETINGS:

It is my pleasure to recognize May 15, 2014 as *Measure Up/Pressure Down National Day of Action: Roll Up Your Sleeves!*

Hypertension is a condition that has affected many people across the United States. On this day, Premier Medical Associates seeks to educate the public about this disease and raise awareness of the dangers associated with uncontrolled hypertension. I commend Premier Medical Associates for its steadfast commitment to improving the quality of life for its fellow citizens. It is my hope that its example of dedication will inspire others throughout the Commonwealth for years to come.

As Governor, and on behalf of all Pennsylvanians, I am pleased to recognize May 15, 2014 as *Measure Up/Pressure Down National Day of Action: Roll Up Your Sleeves* and I offer my sincerest regards to those afflicted with this disease. Please accept my best wishes for continued success in your mission.



  
TOM CORBETT  
Governor  
May 15, 2014



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# Ongoing Efforts




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# Where To Next??



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**Measure Up/Pressure Down®  
Commitment to 2015 Improvement Strategies**

Please indicate your commitment to the following four strategies to improve hypertension control rates in 2015, the final year of the national Measure Up/Pressure Down® campaign:

☐ **Yes!** My organization is committed to improving our hypertension control rates in 2015 by adopting the following steps:

- ☐ Creating and implementing an outreach plan for patients not in control
- ☐ Calling an all-staff meeting in January 2015
- ☐ Addressing missing blood pressures
- ☐ Adopting hypertension guidelines within 6 weeks

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please submit this completed form to [mupdcampaign@amga.org](mailto:mupdcampaign@amga.org) by Friday, December 19, 2014 to be eligible for a free site visit.

- Hope recent stagnation is not a sign of complacency
- Some blame of seasonality
- We signed the Commitment to 2015 Improvement Strategies



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# Things we are trying

- Reaching out to uncontrolled patients to get them scheduled for BP checks in office
- All physician meeting to reemphasize 80% control rate
- Consultant coming in to assist with process improvement



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# Questions?



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