



# Measure Up Pressure Down®

American Medical Group Foundation

## May 2015 Campaign Updates



**AMGA**

American Medical Group Association®

# May 2015

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<i>National Day of Action: Roll Up Your Sleeves!</i>				1	2
3				7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Release of new  
campaign materials  
for NHBPEM

*Roll Up  
Your  
Sleeves!*  
Health  
Expo



# Measure Up Pressure Down®

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## New Campaign Materials

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# “Choose Your Path” Patient Video



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# “It Takes a Team” Provider/Staff Video



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# Health Disparities Factsheets

## AFRICAN AMERICANS & HIGH BLOOD PRESSURE

High blood pressure, or hypertension, means that the force of blood pushing through your body is too strong. That pressure puts a strain on your arteries, which carry blood from your heart to your entire body. High blood pressure can lead to stroke or heart disease, two of America's top causes of death.

# 40%

of African Americans have high blood pressure.

### WHY?

African Americans:

- Respond differently to high blood pressure medication
- May be more sensitive to salt, which can raise your blood pressure
- Tend to get high blood pressure earlier in life
- Often have more severe high blood pressure
- Are less likely to achieve blood pressure goals with treatment
- Have higher rates of early death from high blood pressure-related problems



### YOUR ROADMAP TO MANAGING HIGH BLOOD PRESSURE

Here are some ways you can lower your risk:

- Pay attention to food labels. For those with high blood pressure, salt intake should be capped at 1,500 mg daily (2,300 mg for others).
- Know your blood pressure numbers and follow up with your doctor for treatment as needed.
- Lower stress by creating your own personal stress-busters, like laughter, sleep, music, and worship.
- Set small weight loss goals - such as taking the stairs instead of the elevator or substituting fruit for dessert twice a week.

## HISPANICS & HIGH BLOOD PRESSURE

High blood pressure, or hypertension, means that the force of blood pushing through your body is too strong. That pressure puts a strain on your arteries, which carry blood from your heart to your entire body. High blood pressure can lead to stroke or heart disease, two of America's top causes of death.

# 25%

of Hispanics have high blood pressure.

### WHY?

In relation to many other races, Hispanics are **more likely** to:

- Be unaware that they have high blood pressure
- Not take high blood pressure medication
- Delay care or avoid visits to their doctor
- Have uncontrolled high blood pressure
- Have higher risks of heart disease



### YOUR ROADMAP TO MANAGING HIGH BLOOD PRESSURE

Here are some ways you can lower your risk:

- Watch the amount of food you put on your plate, and enjoy healthier options of your favorite meals.
- Set small weight loss goals - such as going for a walk after dinner or replacing salt with herbs and spices.
- Know your limits when it comes to alcohol - one drink a day for women and two drinks a day for men.
- Check your blood pressure regularly. Many community locations, including grocery stores and fire departments, offer free screenings.



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

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**UNITED HEALTH FOUNDATION™**



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***National Day of Action:  
Roll Up Your Sleeves!***

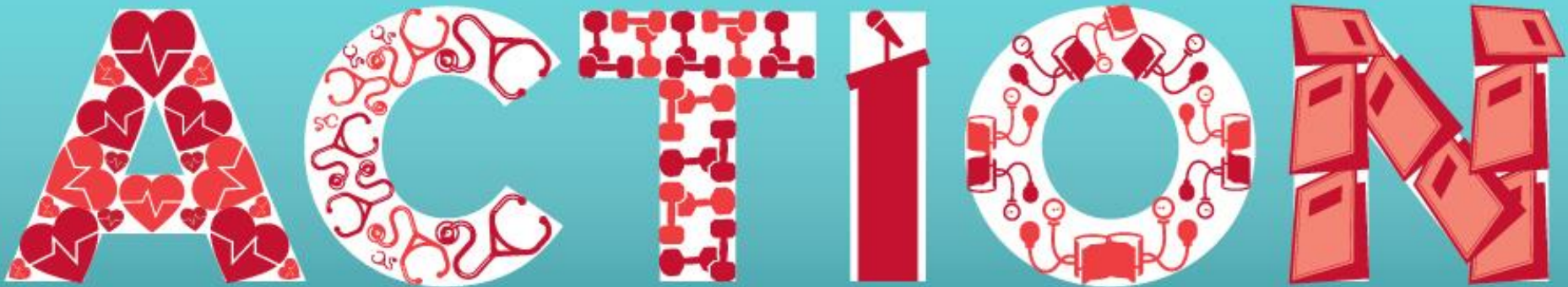
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# May 7: National Day of Action

## NATIONAL DAY OF



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THURSDAY, MAY 7TH



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As of May 13<sup>th</sup>

# National Day of Action Participants

Accredited Home Care  
Affinity Medical Group  
Allegan County Building Ties  
American Diabetes Association  
American Diabetes Association's  
Buffalo Office  
American Heart Association  
American Heart Association Alabama  
Region  
American Heart Association Greater  
Washington Region  
American Journal of Managed Care  
American Kidney Fund  
American Medical Association  
American Medical Group Association  
American Medical Group Foundation  
American Society of Hypertension  
Anceta LLC  
Arch Health Partners  
AtCor Medical  
Atrius Health  
Austin Regional Clinic  
Baptist Medical Group  
Baylor Health Care  
System/HealthTexas Provider  
Network  
Bend Memorial Clinic  
Billings Clinic  
BlueCare Tennessee

BodyCraft  
Brown & Toland Physicians  
Cardiopulmonary Rehabilitation at Southern  
New Hampshire Medical Center  
Caribbean Cardiac  
Carle Physician Group  
CHANGE, Inc.  
Choice Medicine  
Colorado Springs Health Partners  
DC Fire & EMS  
DC Health Link  
Defeat Diabetes Foundation  
District of Columbia Department of Health  
Dodge Communications  
Employer Services  
Enduring Hearts  
Erie Family Health Center-Helping Hands  
Esse Health  
Essentia Health  
Evans Blount Healthcare  
Express Scripts  
Fatherhood.gov  
Florida Medical Clinic  
Greater Washington Hispanic Chamber of  
Commerce  
Group Health Cooperative of South Central  
Wisconsin  
Hager Sharp  
Harvard Vanguard Medical Associates  
Healthcare Financial Management Association  
South Carolina  
HealthyWomen  
Heffelfinger & Associates  
Henry Ford Medical Group

Home Health Quality Improvement National  
Campaign  
Innovative Health Solutions  
Innovative Health Solutions  
Inova Health System  
Inova Medical Group  
Intermountain Health  
JCF Corp.  
Jefferson Healthcare  
Johns Hopkins Center to Eliminate Cardiovascular  
Health Disparities  
Johns Hopkins Medicine Armstrong Institute for  
Patient Safety and Quality  
Maine Center for Disease Control & Prevention  
Mango Health  
Marshall B. Ketchum University  
Mayo Health Systems  
McDonald's Restaurants of the Tri-State Area  
(WV/KY/OH)  
Measure Up/Pressure Down®  
MedStar Family Choice  
MedStar Franklin Square Medical Center  
Department of Family Medicine  
Men's Health Network  
Mercy Clinics East Division  
MI Express Care  
Million Hearts®  
Million Hearts® Delaware  
Ministry Medical Group



As of May 13<sup>th</sup>

# National Day of Action Participants

Nantucket (MA) Health Department  
National Organization of Nurses with  
Disabilities  
NEA Baptist Clinic  
New Jersey Medical School Alumni  
Association  
New West Physicians  
Northeast Georgia Health System  
Nothing But The Best  
Olmsted Medical Center  
Palo Alto Medical Foundation  
Premier Medical Associates  
Prevea Health  
Preventive Cardiovascular Nurses  
Association  
PriMed Physicians  
ProHealth Physicians  
Providence Hospital Fort Lincoln  
Family Medicine Center  
Quincy Medical Group  
Ralphs  
Redwood Community Health  
Coalition  
Referral MD  
Right Care Initiative  
Sacred Heart Hospital Pensacola  
Santa Clara County (CA) Public Health  
Sharp Rees-Stealy Medical Group  
Slocum-Dickson Medical Group PLLC

Somerset County (NJ) Department of Health  
Southern New Hampshire Health System  
Springfield Clinic  
StrategicHealthSolutions  
Summit Medical Group  
Swedish American  
The Everett Clinic  
The Iowa Clinic  
The Polyclinic  
ThedaCare Physicians  
Tulane University Medical Group  
United Health Foundation  
United Way of Monroe County  
Unity Health Care  
UnityPoint Clinic  
University of Maryland School of Pharmacy's  
APhA-ASP Operation Heart  
University of Utah Healthcare Community  
Clinics  
US Department of Health and Human Services,  
Region II Office of the Assistant Secretary for  
Health  
USMD  
Utah Hospital Association  
VNA Care Network & Hospice  
Voices For Health  
Watson Clinic  
Weill Cornell Physician Organization  
Welch Allyn  
Well3 Pikes Peak  
Wellmont Medical Associates  
WESTMED Medical Group

Withings  
WomenHeart: The National Coalition for Women  
with Heart Disease  
West Virginia Bureau for Public Health - Division of  
Health Promotion and Chronic Disease  
Wyoming Department of Health  
YMCA of Metropolitan Washington



# National Day of Action Impact Report

2014



2015



Email your plans to [MUPDNationalDayofAction@amga.org](mailto:MUPDNationalDayofAction@amga.org)!



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***Roll Up Your Sleeves!***  
**Health Expo**

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# Roll Up Your Sleeves! Health Expo

MEASURE UP/PRESSURE DOWN® PRESENTS

## ROLL UP YOUR SLEEVES! HEALTH EXPO • SATURDAY, MAY 9

YMCA ANTHONY BOWEN • 1325 W STREET NW, WASHINGTON, DC  
1-4PM • JOIN US FOR FREE! • DOOR PRIZES FOR 1<sup>ST</sup> 250!

IN THE HEART OF DC

LEARN TO COOK HEALTHY

HEAR FROM THE BEST

VISIT OUR BOOTHS

WIN PRIZES

TAKE A CLASS

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**UNITED HEALTH FOUNDATION®**  
Funded in part by the District of Columbia Department of Health

the



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## Other Campaign Activities


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# Q1 2015 Reporting Open

- Q1 2015 data is currently accepted through the campaign portal
- To report your data, please visit:

<https://members.measureuppressuredown.com/>



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Home FAQ

### Data Reporting

In order to track progress in improving detection and control of hypertension, all organizations participating in *Measure Up/Pressure Down* have committed to reporting data quarterly for their patient population.

**Register**

Username

Password

[Lost password?](#)

#### Have you registered?

You must be registered to submit data on behalf of your organization, as a participant in MUPD campaign. Please click on the **Register** button above to begin the two step process.

#### Registration Process

**Step 1:** Enter your name, e-mail, and organization, and respond to the e-mail you will receive.

**Step 2:** We will validate your organization as a participant in *MUPD* and confirm your registration to submit data. This may take up to two business days.

#### Links

- [Forgot Password?](#)
- [User Guide](#)
- [Measure Specs for Data Reporting](#)
- [Frequently Asked Questions](#)
- [AMGA](#)
- [Measure Up Pressure Down Parent site](#)

**Q1 2015  
Reporting Deadline:  
June 30, 2015**

# 2015 Institute for Quality Leadership Conference

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2015 Institute for Quality Leadership

## New Care Models for the New Healthcare Consumer



**October 21-23, 2015**

Gaylord National Resort &  
Conference Center  
National Harbor, MD  
Washington, DC metro area

[amga.org](http://amga.org)



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# Sacramento Family Medical Clinics

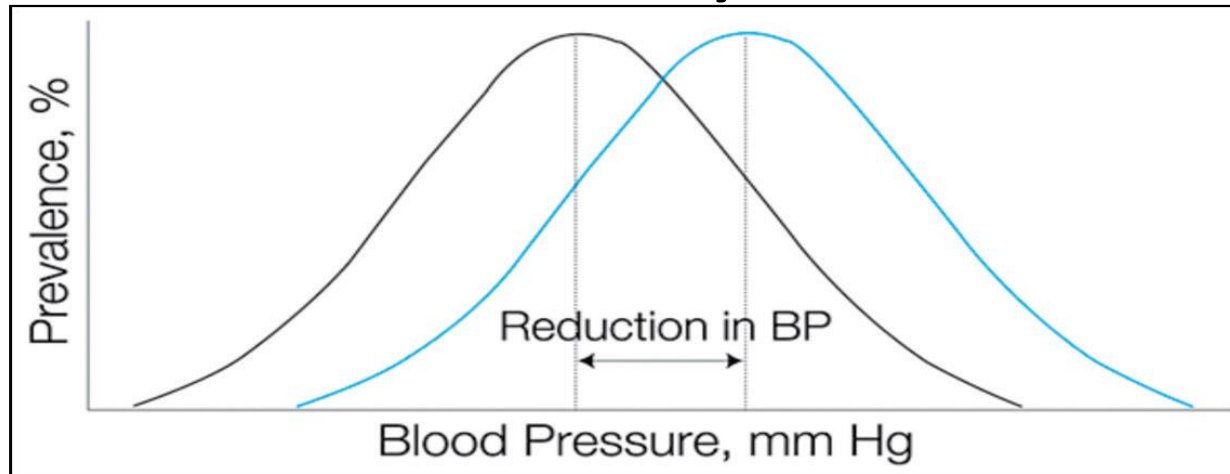
Dr. Gilbert Simon  
Medical Director

# Why hypertension is top priority

- Common denominator risk factor
- High prevalence
- Poor control rate
- Good BP control = Decreases mortality



# Small Reductions in Systolic BP Can Save Many Lives



Reduction in BP, Mm Hg	% Reduction in Mortality		
	Stroke	CHD	Total
2	-6	-4	-3
3	-8	-5	-4
5	-14	-9	-7

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Whelton, PK, et al. JAMA. 2002;288:1882; Stamler R, et al, Hypertension. 1991;17:1-16.



# Best Practice: Measure Up Pressure Down



## Joint National Committee Guidelines



### JNC Guidelines:

<http://www.nhlbi.nih.gov/health/prof/heart/index.htm#hbp>

### Measure Up, Pressure Down:

<http://www.measureuppressuredown.com>

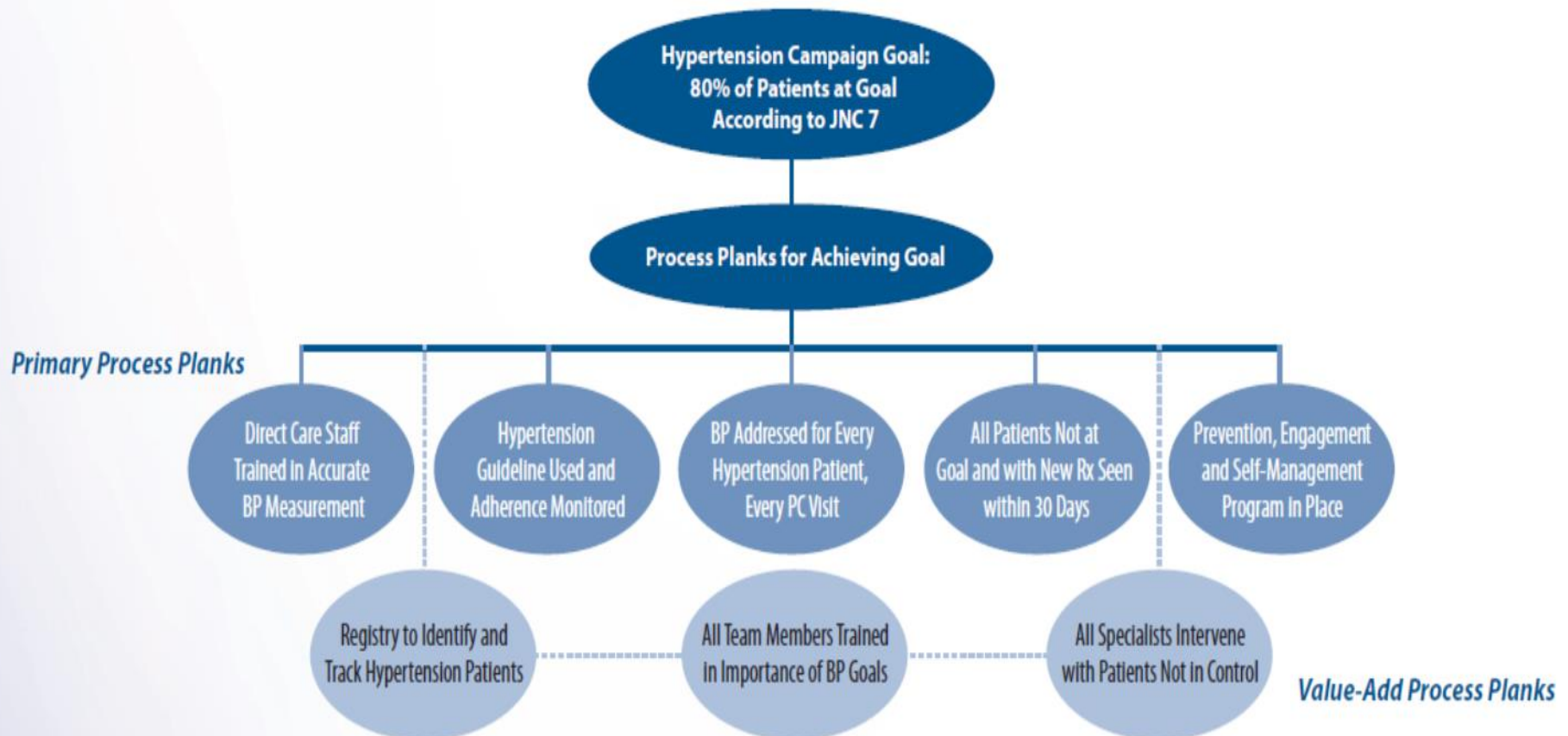




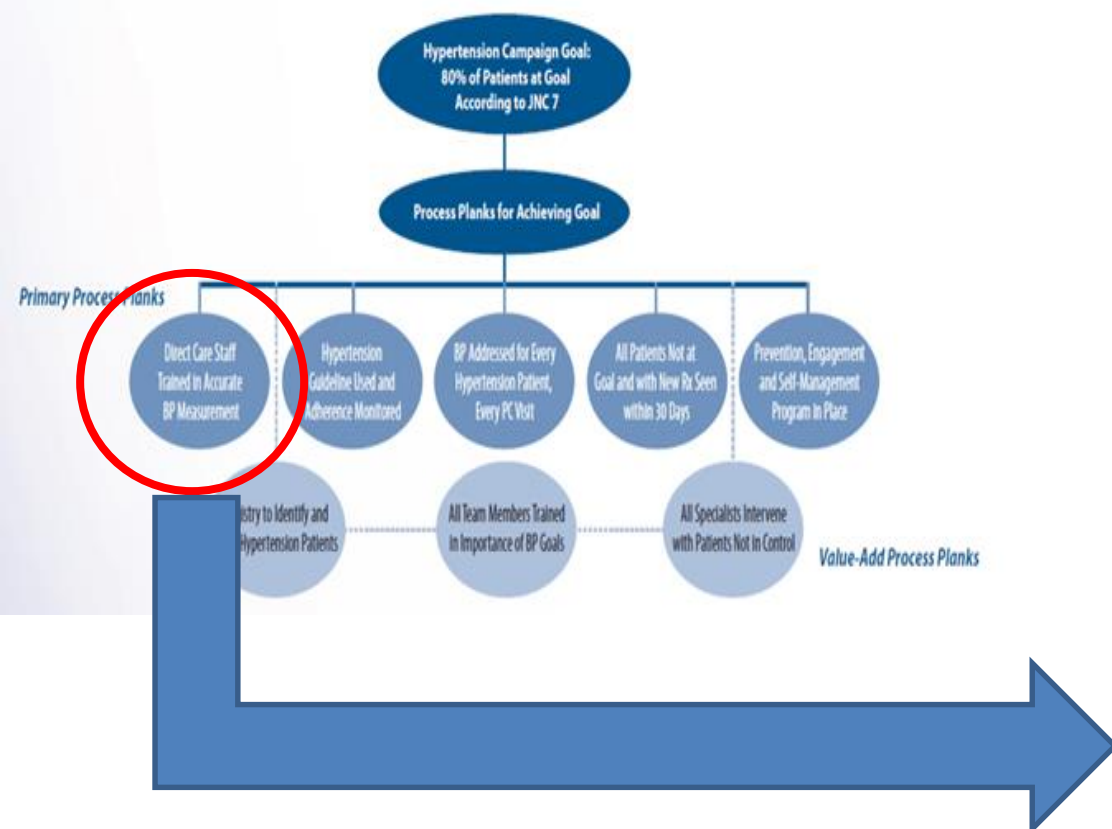
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## Campaign Planks



# What worked, what didn't

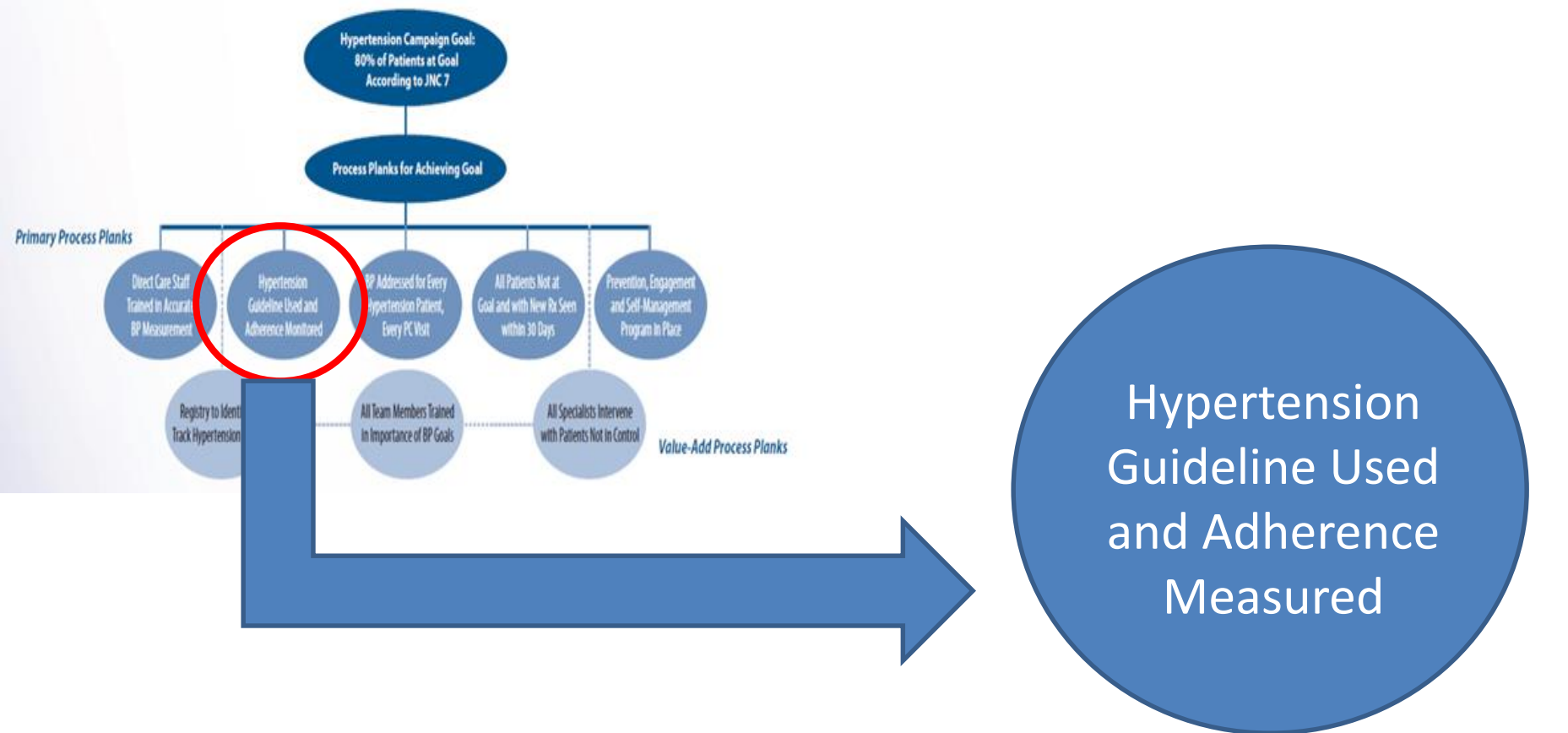


Direct Care  
Staff Trained in  
Accurate BP  
Measurement

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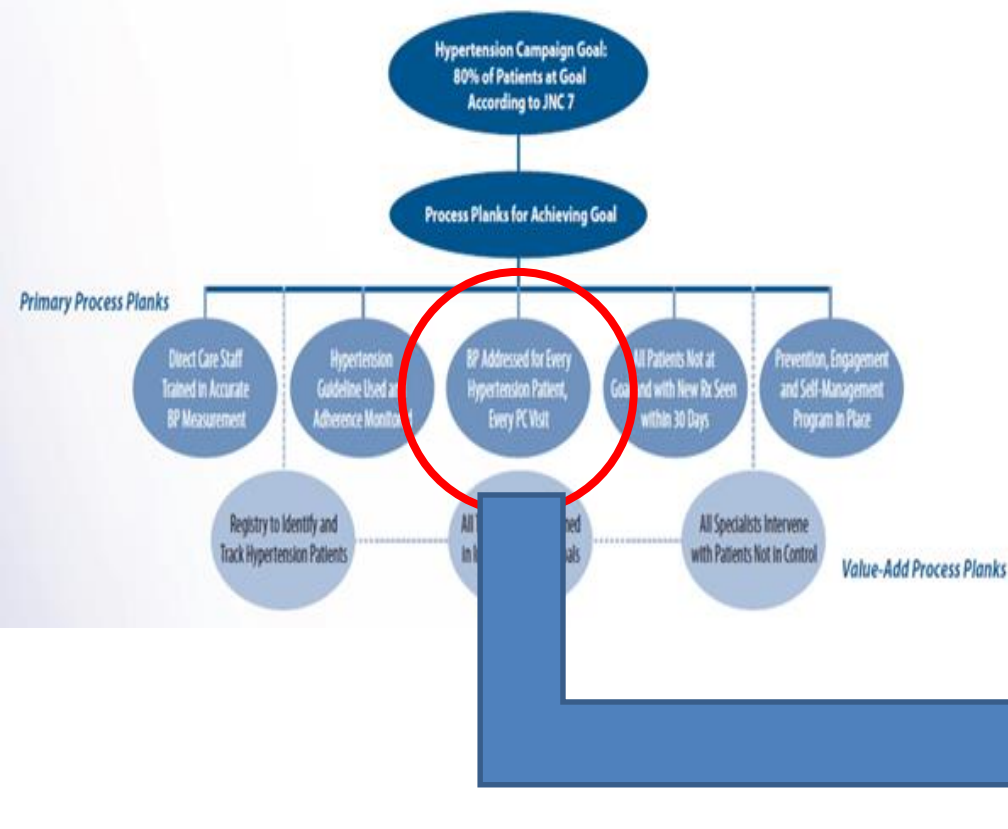
# What worked, what didn't



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# What worked, what didn't



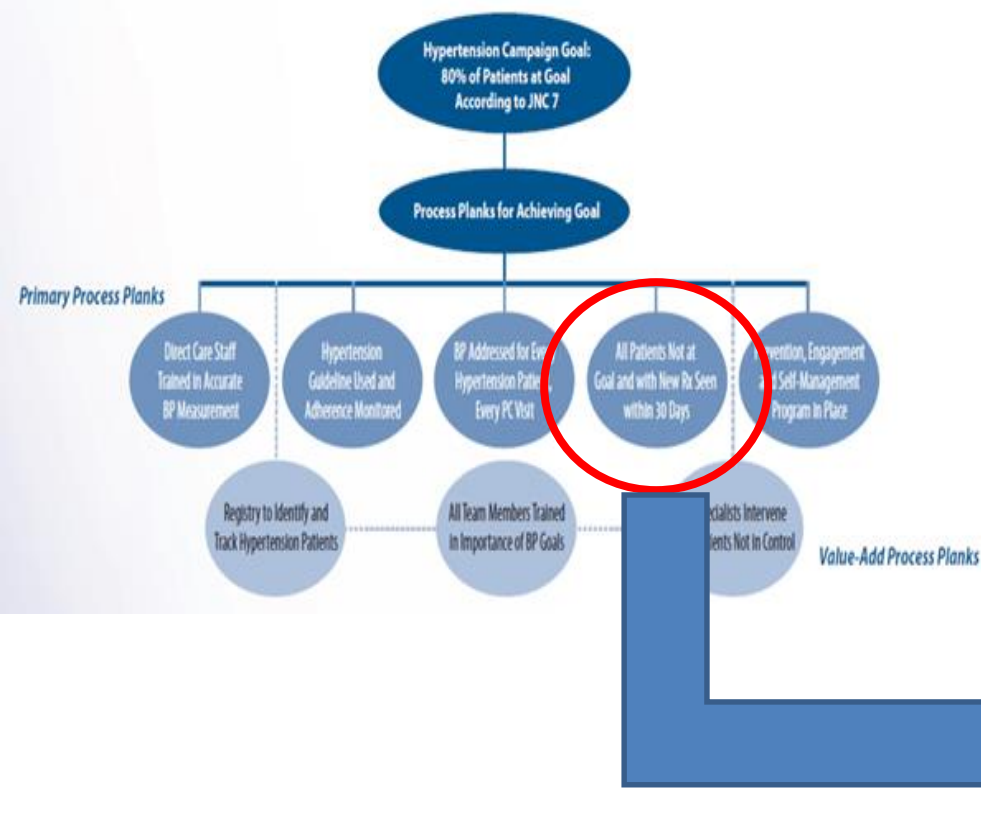
BP Addressed for Every Hypertension Patient, Every PC Visit

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# What worked, what didn't



All Patients Not At Goal and with New Rx Seen within 30 Days

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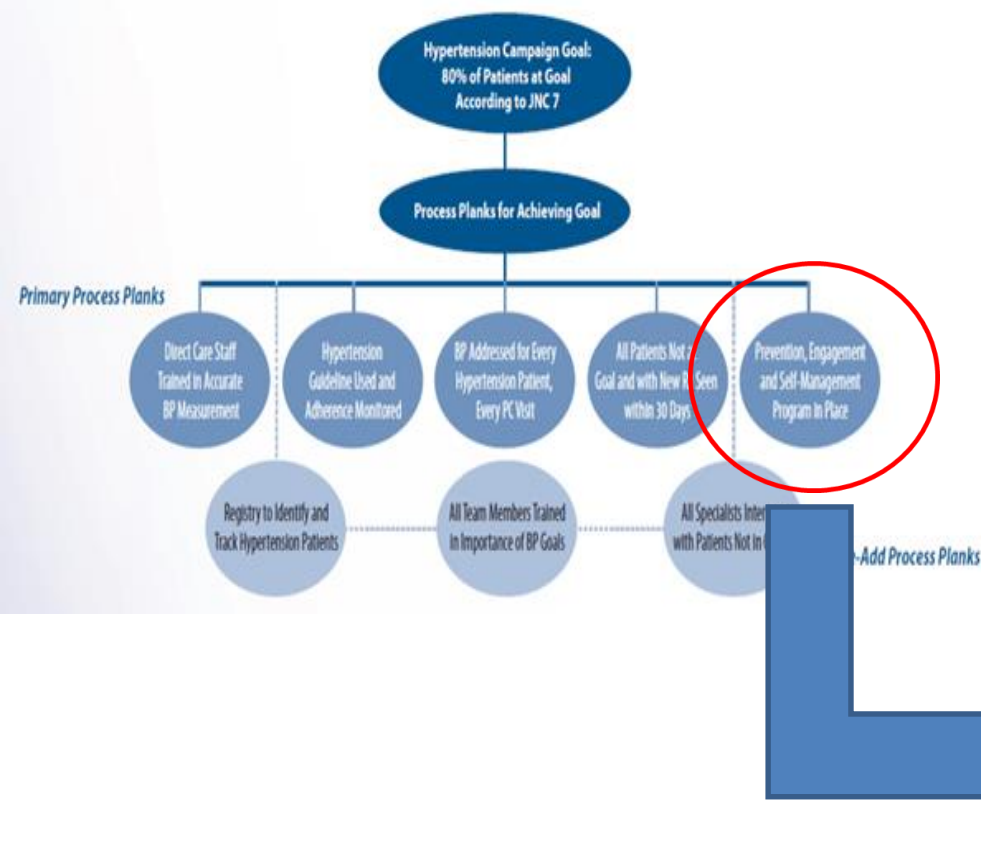
# Office Manager's Script for No-Shows

- Can you come in today for a blood pressure check? Tomorrow, then?
- This is why we have to lower your blood pressure:
  - Every point we lower makes you healthier.
  - 20 points off the top number cuts your risk of a heart attack in half.
  - If your pressure stays where it is, you have one chance in six of dying in two years.

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# What worked, what didn't



Prevention,  
Engagement,  
and Self-  
Management  
Program in  
Place

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# Say What?

## How Written Instructions May Appear

*Your naicisyhp has dednemmoer that you have  
a ypocsonoloc. Ypocsonoloc is a test for noloc reclinac.  
It sevlovni gnitresni a elbixelf gniweiv epocs nto your  
mutcer. You must drink a laiceps diuqil the thgin erofeb  
the noitanimaxe to naelc out your noloc.*

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# Health Literacy

## What is it and why does it matter

- *THE DEGREE TO WHICH INDIVIDUALS HAVE THE CAPACITY TO OBTAIN, PROCESS AND UNDERSTAND BASIC HEALTH INFORMATION AND SERVICES NEEDED TO MAKE APPROPRIATE HEALTH DECISIONS.*
- *POOR HEALTH LITERACY IS A STRONGER PREDICTOR OF A PERSON'S HEALTH THAN AGE, INCOME, EMPLOYMENT STATUS, EDUCATION LEVEL AND RACE.*

SOURCE: AMA REPORT: HEALTH LITERACY AND PATIENT SAFETY: HELP PATIENTS UNDERSTAND

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# IMPACT OF LOW HEALTH LITERACY

- *THOSE THAT HAVE LOW HEALTH LITERACY COST 4 TIMES AS MUCH AS THOSE WITH HIGH LITERACY, AND ACCOUNT FOR 50-70 BILLION DOLLARS/YEAR OR 3-5% OF TOTAL COST*
- *HOSPITALIZATION RATES ARE 50% HIGHER IN LOW HEALTH LITERATES*
- *MAKE MORE MEDICATION ERRORS*
- *LESS LIKELY TO COMPLY WITH TREATMENTS*
- *LACK THE SKILLS NEEDED TO SUCCESSFULLY NEGOTIATE THE HEALTH CARE SYSTEM*



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# Health Literacy

	Office of Disease Prevention and Health Promotion Health Communication Activities	
Health Literacy Level	Task Examples	Percentage
Proficient	Using a table, calculate an employee's share of health insurance costs for a year.	12%
Intermediate	Read instructions on a prescription label, and determine what time a person can take the medication.	53%
Basic	Read a pamphlet, and give two reasons a person with no symptoms should be tested for a disease.	21%
Below Basic	Read a set of short instructions, and identify what is permissible to drink before a medical test.	14%

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Source: U.S. Department of Education, Institute of Education Sciences, 2003 National Assessment of Adult Literacy.

# Health Literacy (cont'd)

Age	Below Basic	Basic	Intermediate	Proficient
16–49	11%	20%	56%	13%
50–64	13%	22%	53%	12%
65–75	23%	28%	44%	5%
Over 75	39%	31%	29%	1%

Source: U.S. Department of Education, Institute of Education Sciences, 2003 National Assessment of Adult Literacy.

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# Health Literacy (cont'd)

Insurance Source	Below Basic	Basic	Intermediate	Proficient
Employer Provided	7%	17%	62%	14%
Military	12%	21%	56%	11%
Privately Purchased	13%	24%	54%	9%
Medicare	27%	30%	40%	3%
Medicaid	30%	30%	37%	3%
No Insurance	28%	25%	41%	6%

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Source: U.S. Department of Education, Institute of Education Sciences, 2003 National Assessment of Adult Literacy.

# MOTIVATIONAL CONVERSATION

Objective: To encourage patient to discuss their personal barriers to changing their behavior by a four step process:

- 1) asking strategic questions and then listening reflectively and empathically*
- 2) assessing readiness to make changes*
- 3) obtaining permission to introduce information*
- 4) ending with an encouraging summary of visit.*



# Strategic Questions

- If you keep doing what you're doing, **how** do you see things turning out?
- **What** do you think you're doing that isn't so good for you?
- **How** would your life be different if you weren't doing it?
- **What** would you need to change to achieve your goals
- **How** can I help you succeed?



# Expressions of empathy

- I know how hard it is.
- I understand what you're saying
- I can only imagine how hard that must be for you.



# Assessment of Readiness

Ask on a scale of 1-10, *how* important is it for you to stop smoking, lose weight, keep appointments, take meds, etc..

If low number, say “ I guess this isn’t important to you right now but I am here for you when you are ready.

If number is medium, ask *what* would it take to get you to a higher number.

If high, say “can I make a few suggestions now?”

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# Asking for permission

There are a few things we can do to help you. Would you like to hear about them?

Would you like to know why I think you are having trouble losing weight(stopping smoking, taking medications)?

May I give you my opinion(thought) (ideas)?

I'd like to discuss treatment options with you. Would that be OK?

Would you like to hear more about it?

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# Summation with praise

- These are some of the solutions we have talked about.
- Tell me in your words what you are going to do.
- How much do you think is possible to accomplish between now and our next visit?
- Wonderful. Good job!



# A GOOD DOCTOR LISTENS

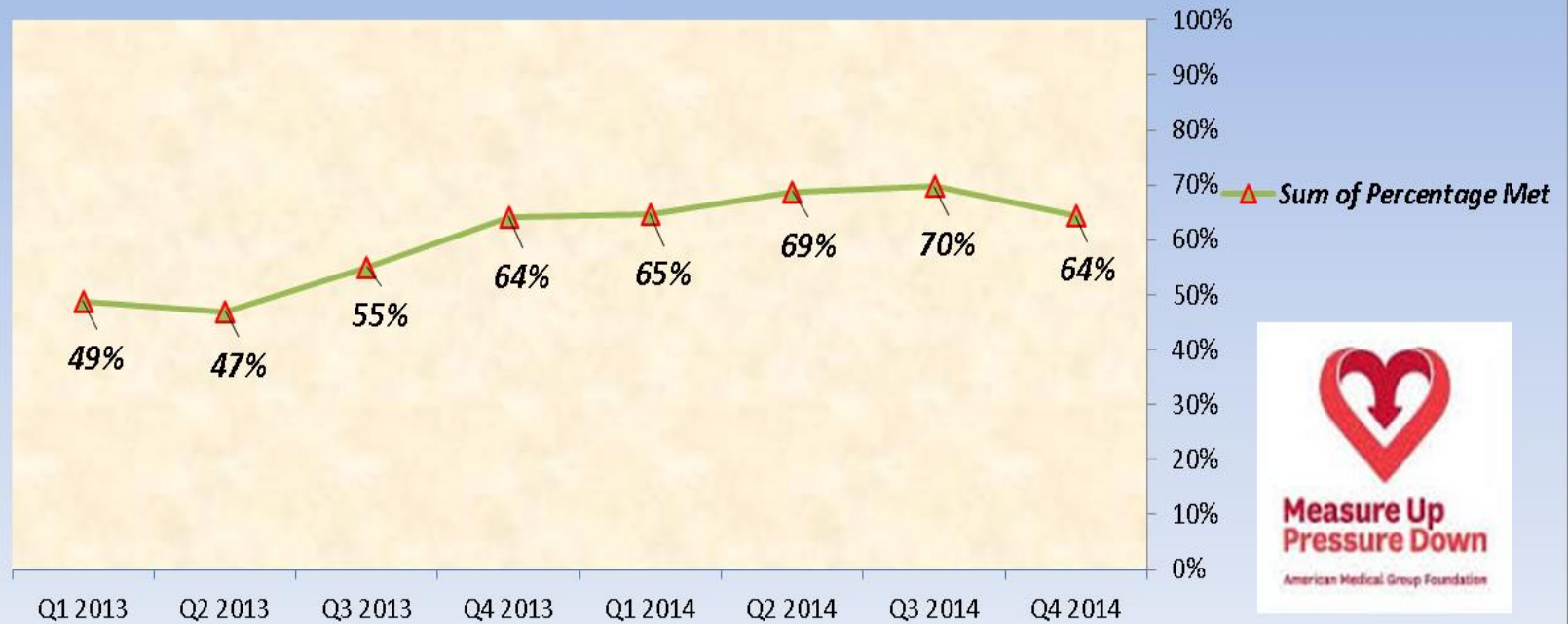


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# Results: Patients

## Hypertension Control Rate



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# Case Study One

- Almost 70 y/o Latino man with DM, COPD, HTN, Obesity, intolerance to ACE inhibitor
- 3/12/14 Visit one, a walk-in:
  - BP 176/88, 186/94
  - Off medications
  - PCP obtained Micardis/HCT 40/12.5 by requesting prior authorization
- 3/26/14 First follow-up with MA
  - BP 156/96
  - RX changed to Micardis/HCT 80/25
- 4/18/14 Second follow-up with MA
  - BP 138/64





# Case Study Two

- 55 y/o woman with chronic hip pain, HTN
- 12/18/12 Visit one:
  - BP 140/96, taking Amlodopine 5 and Triamterine/HCTZ 37.5/25
- 8 Visits
  - BP 140/112, Amlodopine increased to 10
- 2/7/14 New clinician
  - BP 140/112, Lisinopril added
- 3/7/14
  - BP 100/62





Dr. Gilbert Simon  
GilSimon@Sacfamily.com

# Questions?

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