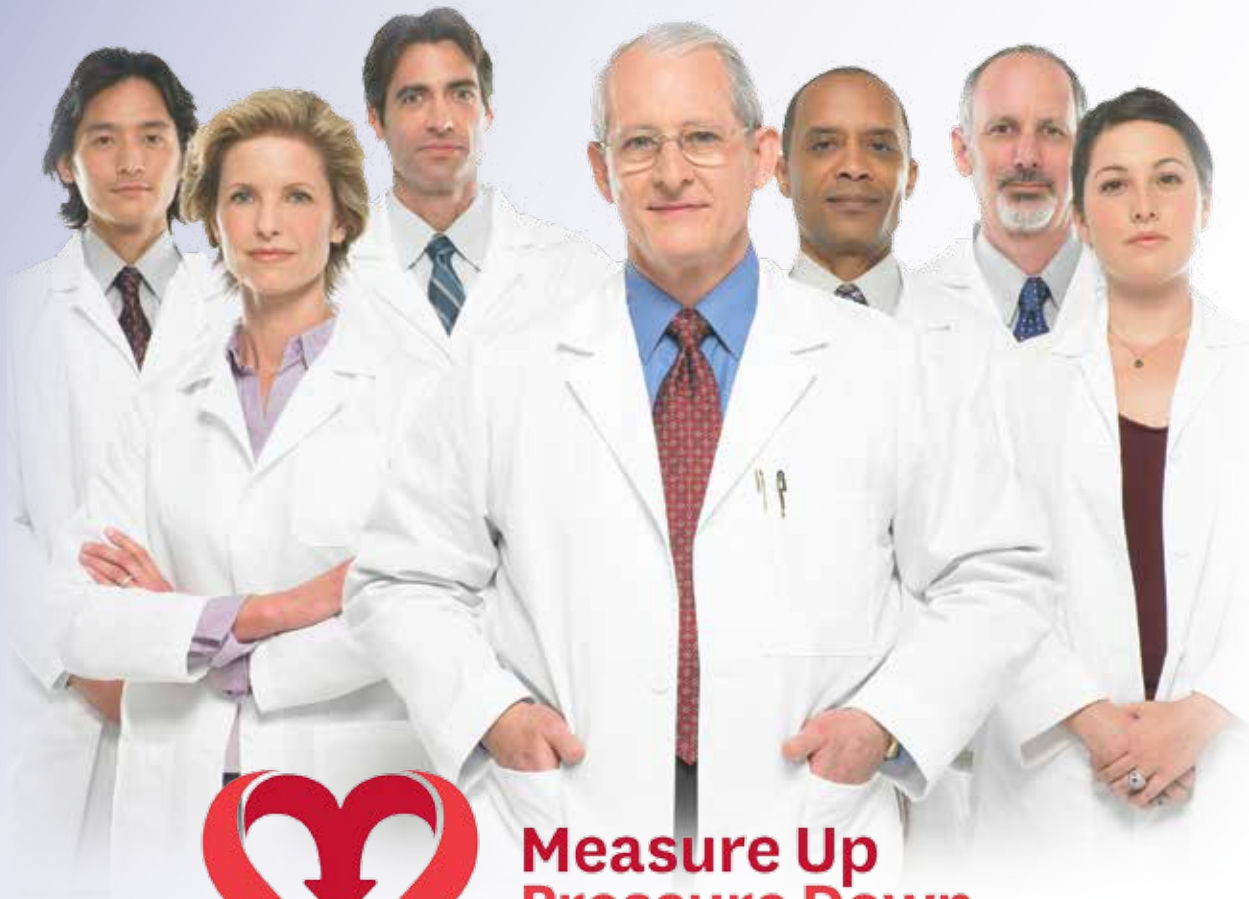


What if ...

All AMGA member medical groups and health systems agreed to work together to address one of the nation's most important public health challenges?



**Measure Up
Pressure Down**

American Medical Group Foundation



Why is this important?

Less than half of patients in the United States with high blood pressure have it under adequate control. The CDC recently estimated that about 1 in 3 U.S. adults (68 million) have high blood pressure, meaning that millions of Americans are at increased risk for heart disease and stroke—two of the leading causes of death in the U.S. Improving hypertension control will require an expanded effort and an increased focus from healthcare systems, clinicians, and individuals. We know we can do better, and AMGA groups can lead the way.

As a member of AMGA, you know firsthand the synergistic benefits of combining our efforts to achieve better outcomes for our patients, medical groups, and communities. Through our collaboratives focusing on managing chronic conditions, including hypertension, publication of best practices, and the Anceta Collaborative, AMGA and AMGF have been leaders in identifying care processes that point the way to measurable improvements in blood pressure control.

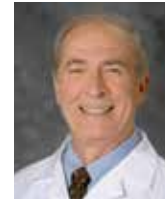
With Measure Up/Pressure Down, AMGF's national campaign to improve high blood pressure prevention, detection and control, we are launching an unprecedented quality initiative that could dramatically improve the health of our nation.

Launched with the support of the U.S. Department of Health and Human Services Million Hearts initiative, Institute for Healthcare improvement and other supporting organizations, Measure Up/Pressure Down will improve hypertension care and patient outcomes within AMGA-member organizations while raising awareness among patients, communities, employers, policymakers and the media about the dangers of uncontrolled high blood pressure.

Please join us as we embark on one of the most exciting initiatives that AMGA and AMGF has undertaken. Your participation will serve as an example of the leadership and commitment among AMGA medical groups to improve care and make a difference in the health and well-being of our population.



Donald W. Fisher, PhD, CAE
*President and CEO, American Medical Group
Association*



William Conway, MD
*Chair, American Medical Group
Foundation, Senior VP and Chief Quality
Officer, Henry Ford Health System*

Joining the Measure Up/Pressure Down campaign will result in:

- Better health outcomes for your patients
- Improved ability for your group to participate in performance-based contracts such as ACOs or patient-centered medical home initiatives
- National recognition for your medical group
- Best practice learning from other AMGA medical groups

The Basics

What You Should Know:

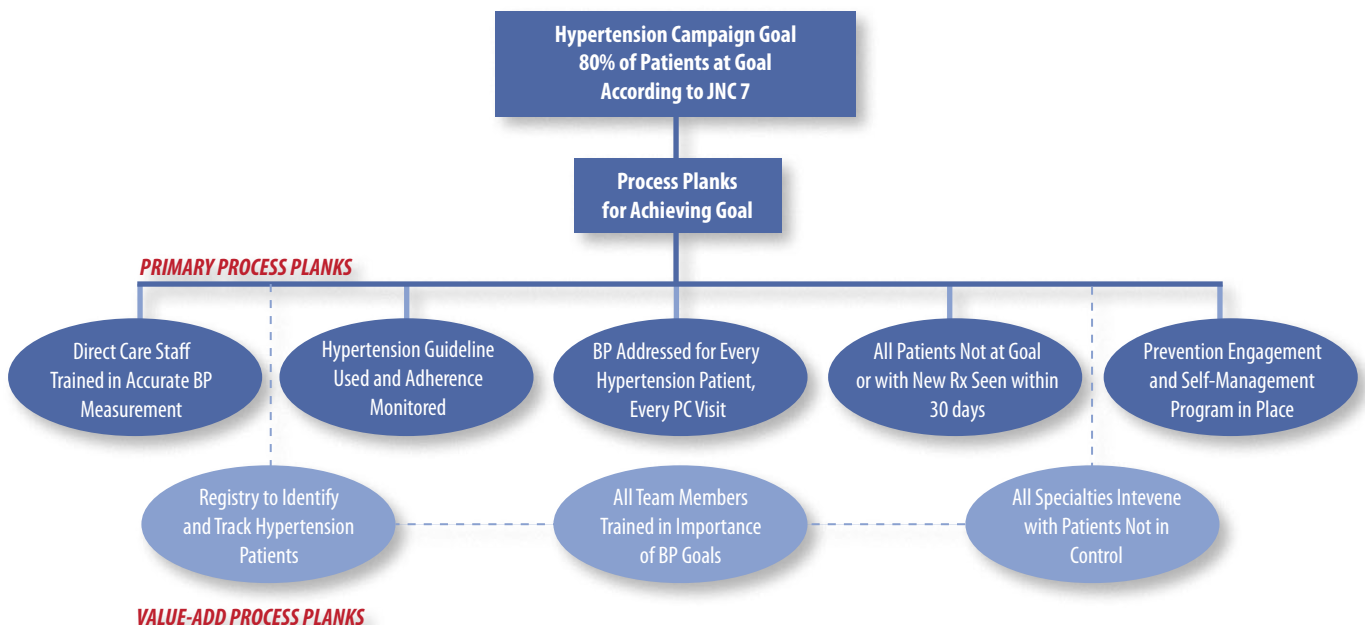
There is **no cost** to join the campaign.

- The campaign will challenge medical groups to adopt one or more evidence-based care processes (see “Campaign Planks” below) and to work toward achieving the campaign goal of 80% of patients in control by 2016.
- Participating groups will be asked to complete a Medical Group Profile Survey and provide quarterly updates on blood pressure control rates and select standard measures to enable AMGF to evaluate campaign implementation and outcomes. All data will be reported in the aggregate and will be used for no other purpose than to assist the campaign in reaching its goals and evaluating results.
- Participating groups will receive a Provider Toolkit and free training.
- Measure Up/Pressure Down will allow AMGF to demonstrate how coordinated care is essential to a value-based care model and to furthering the Triple Aim: (improving the patient experience, improving the health of populations, and reducing the per capita cost of health care).
- AMGF will coordinate outreach strategies to engage patients, consumers, employers and the entire nation in achieving greater levels of hypertension detection and control.
- Groups that join the campaign early may also have the opportunity to be listed in campaign promotions including advertisements and articles in *Group Practice Journal*, AMGA’s website, and press releases.



Campaign Planks

Based on best practices from our hypertension collaboratives and consultation with the campaign’s National Steering Committee and Scientific Advisory Council, AMGF has identified 8 Process Planks for achieving optimum hypertension outcomes. Each participating organization is asked to implement as many of the Primary Process Planks as possible to achieve the campaign goal of 80% of hypertension patients at goal according to JNC 7. To achieve breakthrough results, organizations may find it necessary to implement one or more of the Value-Add Process Planks.





Achieving Optimum

High Blood Pressure Prevention, Detection, and Treatment

Implementing the Planks

Primary Process Planks: Implement as many as possible to achieve the campaign goal of 80% of hypertension patients at goal.

- **Direct Care Staff Trained in Accurate BP Measurement:** All team members involved in direct patient care should be trained in taking blood pressures according to a standard process. An annual evaluation/certification should involve both the ability to follow the process and blood pressure measurement accuracy. The entire on-site team should, through training, be aware of the importance of hypertension management and target blood pressures. Team members should be encouraged to comment to patients on their progress especially when not at goal.
 - **Hypertension Guideline Used and Adherence Monitored:** Each organization will adopt and deploy a process or algorithm to guide therapy in accordance with JNC 7 Guidelines. In addition, the ADA and NCQA goal for diabetic patients (140/90) should be included in the algorithm.
 - **BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit:** This will occur without exception and processes are in place to monitor adherence.
 - **All Patients Not at Goal or with New Hypertension Rx Seen within 30 Days:** When patients are not at goal or have had a new Rx or change in Rx prescribed, they should be scheduled for a return visit with Primary Care within 30 days. Visit reminders may be useful in assuring patients keep their appointments.
 - **Prevention, Engagement and Self-Management Program in Place:** There is a program to educate patients on lifestyle, diet, exercise and the importance of taking anti-hypertension medications. The program emphasizes patient engagement in their care and teaches self-management skills.
- Value-Add Process Planks:** To achieve breakthrough results organizations may find it necessary to implement one or more of the following planks.
- **Hypertension Registry Used to Track Patients:** A method is in place to identify all hypertension patients before each visit and to note whether they have co-morbid conditions that could affect their BP control, whether they are at goal, and whether there are gaps in care.
 - **All Team Members Trained in Importance of BP Goals and Metrics:** The entire on-site team should, through training, be aware of the importance of hypertension management and blood pressure goals. Team members should be encouraged to comment to patients on their progress and on the importance of medications, especially when patients are not at goal.
 - **All Specialties Intervene with Patients Not in Control:** All specialty departments should routinely take blood pressures on adult patients and refer the not-at-goal patients to primary care. When possible a primary care appointment should be made before the patient leaves the specialty appointment.

To join Measure Up/Pressure Down, complete the form below or visit www.amga.org/measureuppressuredown.com

Your commitment to join Measure Up/Pressure Down will demonstrate the national reach of this vital campaign. AMGA will provide regular updates on additional aspects of the campaign as it takes shape.

Name

Title

Organization

Address

City

State _____ ZIP _____

Phone

E-mail

Approximate percentage of patients with:

Hypertension _____ %

OPTIONAL

Estimate of racial/ethnic composition of your patient population:

African American _____ %

Asian/Pacific Islander _____ %

Hispanic _____ %

White _____ %

Approximate percentage of:

Medicaid patients _____ %

Medicare patients _____ %

- My submission of this form on behalf of my organization indicates our commitment to join the campaign.
- I grant AMGF permission to list my organization's name in campaign promotional materials including print and online advertisements, articles and press releases.

Please fax the completed form to:

Joyce Jones, Quality Coordinator, at 703-548-1890.



Measure Up/Pressure Down

National Campaign Steering Committee Members



Lawrence Casalino, MD, PhD
Chief, Division of Outcomes and Effectiveness Research
Weill Cornell Physician Organization

Janet Corrigan, PhD, MBA
President and Chief Executive Officer
National Quality Forum

Francis J. Crosson, MD
Vice President, Physician Satisfaction: Care Delivery
American Medical Association

Guy Mansueto
VP of Marketing, Phytel, Inc.

Robert Matthews
Executive Director, PriMed Physicians

Kevin McDermott, MBA
Vice President, Managed Markets
Aptalis Pharma

Michael L. Millenson
President, Health Quality Advisors

Michael Rakotz, MD
Vice Chair for Quality, Department of Family Medicine
Northshore University Health System

Carleton T. Rider
Senior VP Hospitals Wichita, Via Christi Health

Marie Schall
Senior Director
Institute for Healthcare Improvement

Karol E. Watson, MD
Associate Professor of Medicine and Co-Director
UCLA Center for Cholesterol and Lipid Management

Lucius F. Wright, MD
Internal Medicine Physician, Nephrologist
The Jackson Clinic, P.A.

Kathleen Yaremchuk, MD
VP Clinical Practice Performance
Henry Ford Medical Group

Scientific Advisory Council

Lawrence Casalino, MD, PhD
Chief, Division of Outcomes and Effectiveness Research
Weill Cornell Physician Organization

John Cuddeback, MD, PhD
Chief Medical Information Officer
Anceta, LLC

Lawrence J. Fine, MD, DrPH
Chief, Clinical Applications and Prevention Branch
Division of Cardiovascular Sciences
National Heart, Lung, and Blood Institute

Harold S. Luft, PhD
Director Palo Alto Medical Foundation Research Institute
UC San Francisco School of Medicine

Hector Rodriguez, PhD, MPH
Associate Professor Health Policy and Management
UCLA Fielding School of Public Health

Sandra Taler, MD
Consultant, Division of Nephrology/Hypertension, Associate Professor of Medicine, Mayo Medical School
Mayo Clinic

Kimberly Westrich, MS
Director, Health Services Research
National Pharmaceutical Council



American Medical Group Association

One Prince Street

Alexandria, VA 22314-3318

703-838-0033

For more information and updates on
Measure Up/Pressure Down, visit

www.measureup pressuredown.com