Hypertension Best Practices Symposium

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Kaiser Permanent of the Mid-Atlantic States Rockville, MD

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ORGANIZATION PROFILE

Based in Rockville, Maryland, Kaiser Permanente of the Mid-Atlantic States (KPMAS) was established in the Washington, DC metro area in 1979 and is the region's largest not-for-profit health plan and care provider. The group has over 300 primary care physicians and over 600 specialists representing more than 40 clinical areas. They serve approximately 500,000 members in about 5 million encounters each year. KPMAS uses the EPIC electronic medical record system.

PROJECT SUMMARY

Physician leadership made hypertension management a top clinical priority for the group. By using evidence-based interventions, implementing standardized, reliable practices, and taking advantage of every visit to address elevated blood pressure in HTN patients, KPMAS set its sights on the highest performance.

GOALS AND OBJECTIVES

The objective was to create systematic and reliable workflows and processes that allow staff to work to their full, maximum scope of practice while eliminating barriers and missed opportunities.

Specific goals were to exceed the HEDIS 90th percentile for hypertension control and hypertension control for people with diabetes.

IMPROVEMENT MODEL

KPMAS built its initiative on several foundational principles:

- **Benchmarking:** comparing the organization to the best within Kaiser Permanente and across the United States and striving to reach the highest performance.
- **Transparency:** employing openness, sharing performance results with all physicians, and using data to drive change.
- **Reliability:** creating evidence-based processes and workflows that perform exactly as expected every time to decrease variation in practice.

Further, the organization found that it needed to target clinical inertia and be sure that every encounter is used to address adherence and titrate medications or to help ensure follow-up with the PCP or a follow-up appointment for a BP check with a medical assistant.

COMMUNICATIONS

KPMAS uses a number of communication channels to get the word out on the HTN management project. The quarterly quality newsletter includes one-page highlights; periodic voicemails are sent; and quarterly webinars feature the program. Also, quality leads report on results at the group's quarterly quality improvement meetings. Finally, a monthly HTN performance report broken down by facility and physician is distributed widely to physicians and health plan managers and posted online.

LEADERSHIP SUPPORT

KPMAS leadership is playing a major role in the HTN project. The Permanente Medical Group (TPMG) Associate Executive Director for the Mid-Atlantic States Region has made HTN control a top priority for the region and is supporting changes in workflows, education, and IT systems with the help of the leadership team and health plan partners. The associate medical director for quality, along with assistant physicians-in-chief for quality and primary care and specialty care service chiefs are taking the lead in promoting the multi-faceted approach.

CARE MANAGEMENT SYSTEM

The care model used by KPMAS has four main components: redesign of care delivery; decision support tools; electronic support; and patient self-management skill-building.

Care Delivery

Hypertension interventions are based on practice guidelines and algorithms developed by The Permanente Medical Group. The supporting documents are provided to physicians through their leaders. KPMAS has adapted the TPMG cardiovascular risk reduction program as published in peer-reviewed journals.

Workflow changes include taking and repeating BP consistently at every primary or specialty care visit and following a protocol that specifies same-day referral or consultation for patients with an elevated BP (> 139/89).

Decision Support

The group operates a BP clinic staffed by clinical assistants (CAs) where patients can schedule an appointment. KP HealthConnect, the EMR, has been set up with alerts and directions to support the clinical assistant BP check program. Depending upon the patient's blood pressure, a specific alert and set of directions will be available for the CA; for example, repeat the BP, send a copy of the chart to the physician, notify the physician immediately for medication titration, and/or schedule the patient for a follow-up BP check in two weeks. The specialty department CAs have their own EMR-based alerts and directions based on blood pressures taken during specialty care appointments.

Electronic Support

In 2010, KPMAS implemented a panel management tool that contains the physician's entire panel. It provides information about clinical initiatives for current members with selected chronic diseases and monitors performance and care gaps for broad indicators of disease. BP is one of the indicators. This online tool has been integrated into the EMR. The panel management tool provides physicians with a daily performance report that details each physician's performance and provides a direct link to the members who are not in BP control.

Patient Self-Management

KPMAS offers patients a wide range of educational and support tools to promote member involvement in their own BP control. These include classes in nutrition, smoking cessation, stress management, and chronic disease management skill-building; online resources such as videos, didactic information, and interactive, tailored health questionnaires; and outreach through letters, secure e-mail, and phone contacts to remind patients to schedule appointments when their blood pressure is not at goal.

CLINICAL EDUCATION

A number of approaches are used to support knowledge and skill development. Nurses and CAs must undergo an annual competency exam on BP measurement and nurses must participate in motivational interview training. Physicians attend webinars, CME programs, and meetings that reinforce assertive BP management. Key peer-reviewed journal articles are shared with clinical teams.

"Academic detailing" is used to change clinician behavior by engaging the professional in a one-to-one discussion about a specific therapeutic topic or practice pattern. It is used to support a clinician who may have lower performance on clinical quality metrics to help him/her maximize use of tools and electronic support systems in practice.

OUTCOMES

Internal data demonstrate a substantial improvement of 28% in members with hypertension with a BP ≤ 139/89 between January 2010 and May 2011; between January 2011 and May 2011 alone, the improvement was 13%. HEDIS 2011 data compared to HEDIS 2010 data show a 12% improvement.

OPPORTUNITIES

- Expand the use of RNs and PharmDs supporting the interventions
- Enhance the workflows for patients who don't follow up with the CA BP checks
- Create and approve collaborative practice agreements in alignment with state regulations to enable more-robust ancillary staff support, such as PharmDs
- The economy impacts our members' ability to pay for medications; to support care delivery, when appropriate, many of our patients receive follow-up BP management consultation via the phone or secure e-mail messages, both provided at no co-pay.

LESSONS LEARNED

- Pushing through resistance is difficult, but necessary
- Involving physicians and staff at all levels and in all departments is a key factor in KPMAS' success
- Increases in awareness and buy-in
- Improves interventions at the time of the visit
- Greater patient volume screened
- Members respond when multiple staff and departments address care gaps
- Involving physician extenders (NP/pharmacist) for hard-to-reach members who hadn't benefited from care with traditional MD intervention shows results
- Engage readiness to change assessment and motivational interviewing techniques
- Support physician's approach to panel management
- Group appointment dynamics promoted and improved member behavior change

Provided as an educational service by AMGA. Daiichi Sankyo, Inc. provided financial support for development of the materials but did not provide input into the content or the design of the materials.

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