Prevention of Stroke in KP

Michael H Kanter, MD
Medical Director for Quality and Clinical Analysis , SCPMG
Which is more important to decrease strokes in your population?

A. A) Controlling HTN
B. B) Identifying HTN
Question

Suppose that you are taking care of a population which is 50% black and 50% white. Which will prevent more strokes

A. A) Improving the HTN control rate in African Americans by 10%
B. B) Improving the HTN control rate in the White population by 10%
C. C) Improving the HTN control rate in the entire population by 5%
The Right Care Initiative seeks to reduce strokes and their morbidity. It examines HTN control rates, A1c control rates, and use of statins. What important factors are missing?

A. A) identification of HTN (not control rates)
B. B) smoking cessation
C. C) weight management
D. D) patient education
E. E) All of the above
## HTN identification and control in KP

<table>
<thead>
<tr>
<th>Year</th>
<th>Population</th>
<th>#HTN patients</th>
<th>Control rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1,953,076</td>
<td>196,667</td>
<td>53.6%</td>
</tr>
<tr>
<td>2012</td>
<td>2,341,465</td>
<td>394,327</td>
<td>85.2%</td>
</tr>
</tbody>
</table>
Does anyone care about the identification of HTN as much as the control rate?
- 18% of newly identified HTN cases occurred in specialty care
- 14% of pts with a BP > 180/110 were identified in specialty care

Hypertension-Related Morbidity and Mortality in Black Individuals Compared to Whites

<table>
<thead>
<tr>
<th>Condition</th>
<th>Rates for African Americans vs nonblack rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall mortality</td>
<td>6-13 times greater</td>
</tr>
<tr>
<td>Nonfatal stroke</td>
<td>1.3 times greater</td>
</tr>
<tr>
<td>Fatal stroke</td>
<td>3-6 times greater</td>
</tr>
<tr>
<td>Heart disease death</td>
<td>1.5 times greater</td>
</tr>
<tr>
<td>End-stage renal disease</td>
<td>5 times greater</td>
</tr>
</tbody>
</table>

JNC V. Arch intern Med 1993;153:154-183
Monthly HTN POINT Disparity Report

BP Control Disparity Over Time

- **Disparity**:
  - March 2014: 4.5%
  - April 2014: 4.2%
  - May 2014: 3.9%
  - June 2014: 3.8%
  - July 2014: 3.8%
  - August 2014: 3.7%
  - September 2014: 3.4%
  - October 2014: 3.6%
  - November 2014: 3.6%
  - December 2014: 3.6%
  - January 2015: 4.6%
  - February 2015: 4.5%
  - March 2015: 4.4%

- **White Control Rate**:
  - March 2014: 84.3%
  - April 2014: 84.4%
  - May 2014: 84.3%
  - June 2014: 84.5%
  - July 2014: 84.8%
  - August 2014: 85.0%
  - September 2014: 84.8%
  - October 2014: 84.3%
  - November 2014: 83.3%
  - December 2014: 82.7%
  - January 2015: 85.4%
  - February 2015: 85.3%
  - March 2015: 85.4%

- **Black Control Rate**:
  - March 2014: 79.8%
  - April 2014: 80.2%
  - May 2014: 80.4%
  - June 2014: 80.7%
  - July 2014: 81.0%
  - August 2014: 81.3%
  - September 2014: 81.4%
  - October 2014: 80.7%
  - November 2014: 79.7%
  - December 2014: 79.1%
  - January 2015: 80.8%
  - February 2015: 80.8%
  - March 2015: 81.0%
Closing AA Disparity Gap

AA HTN Uncontrolled

- Lisinopril/HCTZ underdosed (< 20/25mg bid) 3113 patients
- Thiazide Naïve 3308 patients
- No Spironolactone 5803 patients (uncontrolled on 3 drugs)
AA Barbershop Outreach

- Collaboration with Ron Victor at Cedars Sinai Hospital in LA
- Recruitment started Late February 2015
- Barber BPs/clinical pharm D/KP interaction working smoothly
- Important rescues are occurring
Disparities in control of blood pressure, cholesterol, and glucose... for blacks in Medicare... were eliminated [by Kaiser Permanente] in 2011.”

New England Journal of Medicine; 371:24, NEJM.ORG
“Racial and Ethnic Disparities among Enrolees in Medicare Advantage Plans
Weight Management Programs in KP-SCAL

Average Weekly Weight Change of In-Person Multi-session Interventions

- 12-Week Slim Down: -0.89 lbs.
- Flexible Meal Replacement (LCD): -1.2 lbs.
- Medical Weight Loss (VLCD): -2.29 lbs.
2015 Weight Management attendance

2015 Weight Management Class Attendance (Rolling 24 months)

Unique Obese Member Count (BMI >= 30)

Age >= 18
Age 18-64
Age 65+
Tobacco cessation efforts

Tobacco Cessation Management Trend
(Wellness Coaching/HE Class/Rx/Breathe Program)
tPA Administration Rate (ISC) (SoCal - not LAMC, MV, and RIV)

Facility = ALL

Baseline

May 2014

+3 sigma

14.7%

-3 sigma

Sep 11, 2015 12:22:41
Improvement of Door to Needle Times from 2014 to 2015

SCAL Average Door to Needle Time Percentage from Jul-01-14 to Dec-31-14

- <=60 min %: 40%
- <=45 min %: 14%
- <=30 min %: 2%

SCAL Average Door to Needle Time Percentage from Jan-01-15 to Aug-31-15

- <=60 min %: 62%
- <=45 min %: 25%
- <=30 min %: 1%
Adult Learning—does it apply to stroke education

How adults learn:
- Interactive, not didactic
- Information and skills
- Real world problem-solving
- Setting own goals and action plans
- Modeling
- Peer support and feedback
Thank You