Hypertension Efforts
Mercy Medical Group, Inc

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Chief Medical Officer
“About that blood pressure...stop taking things with a grain of salt.”
Mercy Medical Group, Inc.

- 420+ provider multi-specialty group in the Sacramento metro area
  - 86 hospitalists serving the four Sacramento-area Dignity Hospitals
  - 75 APCs in almost all specialties
  - Other physicians are split between primary care, medical specialties, and surgical specialties
    - 36 specialties (and many subspecialties) represented

- Under Dignity Health Medical Foundation
Sacramento Right Care Initiative/University of Best Practices

- Should we develop a hypertension guideline and disseminate it to providers in our region?
Assess Primary Care Physicians’ HTN Knowledge

- Questions based broadly on JNC8
- 29 of 65 primary care physicians responded
Additional Questions

- Are you aware of Measure Up/Pressure Down?
  - 85% no
- Are you aware of the Million Hearts campaign?
  - 94% no
Q21: Do you feel you have enough knowledge and training to care of the majority of your hypertensive patients?
Conclusions and Follow Up

• Probably didn’t need to develop another guideline
• Definite gaps in knowledge
  - Goals for control
  - First-line therapies
  - Etc.
• They did need information on the most up-to-date guideline—JNC8
E-mail to MMG PCPs—January 2015

- Summary of Survey Findings
- Summary of JNC8
  - Treatment Goals <60 years of age
  - Treatment Goals >=60 years of age
  - First Line Therapy for Non-African Americans
  - First Line Therapy for African-Americans
  - Second Line Therapies
  - Third Line Therapies
Additional Follow-up

• Updated our Internal Query and Goals
  - Ensure this is flowing into our Point of Care Reminders
  - Ensure this is reflected into our Physician Dashboard—how physicians are doing on 32 ambulatory quality metrics, including HTN control
  - Ensure this is flowing into our Chart Preparation sheet that highlights metrics out of range or due/overdue
• CMO and VP, Health Policy @ Quality Measurement, Health Services Advisory Group

• March 2015

  - “Alan, we’re thinking about putting together a survey for back office staff regarding blood pressure measurement.”
Alan’s Default Strategy:
Back-office (Medical Assistant) Survey

• Broadly based on Plank 1 from Measure Up/Pressure Down
• Three medical assistant sub-groups:
  - Primary care
  - Medical specialties
  - Surgical specialties
Medical Assistant Responses

- Primary care 45
- Medical specialties 32
- Surgical specialties 24

- Total 101 responses (just under 40%)
Rounding

• Their perception is accurate:
  - The proportion of each last digit 0, 2, 4, 6, 8 is roughly 20% each by query of the systolic and diastolic fields in the EMR
Tentative Observations

• Blood pressure is checked very often by the back office staff.
• We are not checking it on 100% of patient visits and 14% of the visits [e.g., derm, ophthalmology] do not have a recorded BP from a follow-up query
• There are a number of knowledge gaps
  - Asking about smoking and caffeine use
  - Talking during measurement
  - Rounding measurements up or down for some
  - Seated in exam room with feet flat on the floor
  - Arm supported
  - Wait five minutes
  - Rolling up sleeve (unless not constricted)
Tentative Observations

- Multiple devices to contend with
- All cuff sizes are not available in all hallways
- The stethoscopes the MAs use have no bell
- Direct observation shows that MAs lower the BP cuff much too quickly when using the manual devices
- Training has been a long time ago for some
Discussed Findings Internally

- Quality Improvement and Education Committee (QEIC) May 2015
  - ~15 Providers from Mercy Medical Group
  - ~15 Leaders from Dignity Health Medical Foundation
  - Recommendation was to join Measure Up/Pressure Down and to embrace Planks 1 and 8

- Mercy Medical Group Board of Directors Approval May 2015
Next Steps

• Joined Measure Up/Pressure Down—current control 71%
• Embraced Planks 1 and 8
  - Direct Care Staff Trained in Accurate BP Measurement
  - Take BP at Every Visit (all specialties)
• Commitment to move to 100% automated cuffs (Welch Allen)

We are convinced that our 71% HTN control rate will be markedly improved just by doing Planks 1 and 8 using automated devices
Distribute Hypertension Algorithm Pocket Card to PCPs
Produced by the Capitol Region Right Care Initiative
Distribute “What to Do: Abnormal Blood Pressure Reading” to Mercy Medical Group Specialists and their MAs

○ What To Do:

Abnormal Blood Pressure Reading

Blood pressure (BP) control is a priority at Mercy Medical Group and is taken every visit. If the BP is elevated (more than 140 and/or 90) during any patient visit, always retake blood pressure after 5 minutes.

New Reading after 5 Minutes:

• **Systolic > than 140 or Diastolic > than 90**
  Staff will notify the primary care provider (PCP) or specialty physician, and ask the patient to schedule a routine follow-up with their PCP. If this is a specialty visit, the specialty provider may elect to adjust medications at this time. Staff will also send a task to the PCP’s office notifying them of the elevated BP reading. This can be completed by any level of clinical staff.

• **Systolic is 180-209 or Diastolic 110-119**
  Staff will have the patient wait in the office and a licensed clinical staff will call the PCP or doctor on call for advice. If the specialty provider is not the patient’s PCP, a task notification and telephone call is also made to the PCP. If the PCP is not in our electronic medical record (EMR) system, the call is documented in the patient’s EMR.

• **Systolic is > 210 or Diastolic > 120**
  Treat as urgent. Have the patient wait in the office and call the primary care physician. This urgent communication will be physician to physician.
Train/Retrain Medical Assistants

https://www.youtube.com/watch?v=OIOLDkyIGRQ
“You’ve got the blood pressure of a teenager – who lives on junk food, TV and the computer.”
Thank you!