Campaign Updates

1. Q3 2015 Data Results
2. Q4 2015 / FY 2015 Data Deadline
3. Diabetes: Together 2 Goal® Campaign
   • AMGA Members Enrolled to Date
   • How Can My Group Enroll?

Questions? Contact mupdcampaign@amga.org.
Q3 2015 Data Results

- 14 groups reported control rates of 80% or greater
- 58 groups reported control rates of 70% or greater
- 7 groups improved control rates by at least 10%
- 46 participating campaign groups reported statistically significant improvements in blood pressure control (seasonally adjusted)

Contacts at participating groups will receive their Q3 2015 data the week of January 25
Q3 2015 Data Results

542,833 patients with improved high blood pressure detection or control since beginning of Measure Up/Pressure Down®
Please submit your Q4 2015 or FY 2015 data through the campaign portal by Friday, March 18, 2016.

For questions, please contact MUPDdataadmin@amga.org.
<table>
<thead>
<tr>
<th>Together 2 Goal® Groups as of January 21, 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>• AHS Oklahoma Physician Group, LLC dba Utica Park Clinic</td>
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<tr>
<td>• Arch Health Partners</td>
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<tr>
<td>• Austin Diagnostic Clinic, P.A.</td>
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<td>• Austin Regional Clinic, P.A.</td>
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<td>• Baptist Medical Group</td>
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<td>• Billings Clinic</td>
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<tr>
<td>• Boice-Willis Clinic, P.A.</td>
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<tr>
<td>• Carle Physician Group</td>
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<tr>
<td>• Centura Health Physician Group</td>
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<tr>
<td>• Christie Clinic, LLC</td>
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<tr>
<td>• CHRISTUS Physician Group</td>
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<tr>
<td>• Colorado Springs Health Partners</td>
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<tr>
<td>• Columbia St. Mary’s Physicians</td>
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<tr>
<td>• Community Physicians of Indiana</td>
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<td>• Confluence Health</td>
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<tr>
<td>• Cornerstone Health Care, P.A.</td>
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<td>• Esse Health</td>
</tr>
<tr>
<td>• Essentia Health - Central Region</td>
</tr>
<tr>
<td>• Essentia Health - East Region</td>
</tr>
<tr>
<td>• Essentia Health - West Region</td>
</tr>
<tr>
<td>• Essentia Health System</td>
</tr>
<tr>
<td>• The Everett Clinic</td>
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<tr>
<td>• Geisinger Health System</td>
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<tr>
<td>• Harbin Clinic, LLC</td>
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<tr>
<td>• Hattiesburg Clinic, P.A.</td>
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<td>• Henry Ford Health System</td>
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<tr>
<td>• Henry Ford Medical Group</td>
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<tr>
<td>• The Iowa Clinic, P.C.</td>
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<tr>
<td>• Kelsey-Seybold Clinic</td>
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<tr>
<td>• Lehigh Valley Health Network</td>
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<tr>
<td>• Lehigh Valley Physician Group</td>
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<tr>
<td>• Lexington Clinic, P.S.C.</td>
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<tr>
<td>• Mercy Clinic-East Communities</td>
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<tr>
<td>• Mercy Medical Group (CA)</td>
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<tr>
<td>• Meritage Medical Network</td>
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<tr>
<td>• Mount Kisco Medical Group</td>
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<tr>
<td>• Mountain View Medical Group, P.C.</td>
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<tr>
<td>• New West Physicians, P.C.</td>
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<tr>
<td>• Northeast Georgia Physicians Group</td>
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<tr>
<td>• Novant Medical Group</td>
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<tr>
<td>• Ochsner Health System</td>
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<tr>
<td>• Olmsted Medical Center</td>
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<tr>
<td>• Park Nicollet HealthPartners Care Group</td>
</tr>
<tr>
<td>• Piedmont Clinic, Inc.</td>
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<tr>
<td>• PIH Health Physicians</td>
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<tr>
<td>• The Polyclinic</td>
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<tr>
<td>• Premier Medical Associates, P.C.</td>
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<tr>
<td>• Prevea Health Services</td>
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<tr>
<td>• PriMed Physicians</td>
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<tr>
<td>• Quincy Medical Group</td>
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<tr>
<td>• Riverside Health System</td>
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<tr>
<td>• Riverside Medical Clinic</td>
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<tr>
<td>• Rockford Health Physicians</td>
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<tr>
<td>• Saint Francis Health System / Warren Clinic</td>
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<tr>
<td>• Scripps Clinic Medical Group</td>
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<tr>
<td>• Scripps Coastal Medical Group</td>
</tr>
<tr>
<td>• Sentara Medical Group</td>
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<tr>
<td>• Sharp Community Medical Group</td>
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<tr>
<td>• Sharp Rees-Stealy Medical Group, Inc.</td>
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<tr>
<td>• Signature Partners</td>
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<tr>
<td>• Southeastern Integrated Medical</td>
</tr>
<tr>
<td>• Spectrum Health Medical Group</td>
</tr>
<tr>
<td>• Springfield Clinic</td>
</tr>
<tr>
<td>• SSM Health (including Dean Health Plan)</td>
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<tr>
<td>• Summit Medical Group, P.A.</td>
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<tr>
<td>• Sutter Health</td>
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<tr>
<td>• SwedishAmerican Health System</td>
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<tr>
<td>• Susquehanna Health Medical Group</td>
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<tr>
<td>• ThedaCare Physicians</td>
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<tr>
<td>• Tulane University Medical Group</td>
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<tr>
<td>• Union Associated Physicians Clinic, LLC</td>
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<tr>
<td>• UnityPoint Clinic</td>
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<tr>
<td>• University Medical Service Association, Inc.</td>
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<tr>
<td>• University of Utah Community Clinics</td>
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<tr>
<td>• USMD Health System</td>
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<tr>
<td>• Watson Clinic, LLP</td>
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<tr>
<td>• Weil Cornell Physician Organization</td>
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<tr>
<td>• Wellmont Medical Associates</td>
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<tr>
<td>• Westchester Health Associates</td>
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<tr>
<td>• Western Montana Clinic</td>
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<tr>
<td>• WESTMED Medical Group, P.C.</td>
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<tr>
<td>• Wilmington Health</td>
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</tbody>
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Enroll by January 29!

• **Why?**
  – Have your participation recognized at the 2016 Annual Conference
  – Be eligible for a special giveaway at 2016 Annual Conference
  – Start planning in advance of the March 2016 campaign launch

• **How to enroll?**
  – Visit [www.together2goal.org](http://www.together2goal.org) and complete the online enrollment form

• **Questions?**
  – Visit [www.together2goal.org](http://www.together2goal.org) to view our campaign brochure, planks, data reporting tracks & FAQs
  – Email [together2goal@amga.org](mailto:together2goal@amga.org) to contact staff
Lessons Learned

Jerry Penso, MD, MBA, President, AMGF & Chief Medical and Quality Officer, AMGA

John Cuddeback, MD, PhD, Chief Medical Informatics Officer, AMGA
Hypertension Campaign Goal: 80% of Patients at Goal

Process Planks for Achieving Goal

Primary Process Planks
- Direct Care Staff trained in accurate BP measurement
- Hypertension Guideline used and adherence monitored
- BP addressed for every hypertension patient, every primary care visit
- All Patients not at goal and with new Rx seen within 30 days
- Prevention, engagement and self-management program in place

Registry used to identify and track hypertension patients
- All team members trained in importance of BP goals
- All Specialists intervene with patients not in control

Value-Added Process Planks
Plank 1: Direct Care Staff Trained in Accurate BP Measurement

Hypertension Campaign Goal: 80% of Patients at Goal

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Value-Added Process Planks

- Registry used to identify and track hypertension patients
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- All Specialists intervene with patients not in control
Plank 1 Lessons Learned:
Precise BP Measurement

Last recorded systolic BP – 163,000 patients, age 18–85, with hypertension, three medical groups:

Last recorded systolic BP – 70,000 patients, age 18–85, with hypertension, in two other medical groups:
Plank 1 Lessons Learned: Precise BP Measurement

- Bars are colored by the last digit of systolic BP.
- Blue represents a last digit of zero, which would include patients with an SBP of 100, 110, 120, 130, 140, etc.
- Lighter colors correspond to even numbers, darker colors to odd numbers.
Plank 1 Lessons Learned: Precise BP Measurement

- Each bar represents BPs recorded by one medical group. Color indicates last digit of recorded BP.
- Top graph is systolic BP, bottom is diastolic.
- With accurate measurement and precise recording, we would expect about 10% for each digit, or 20% if readings are rounded to the nearest 2 mm Hg.
Plank 1 Lessons Learned: Precise BP Measurement

- Data for a single medical group. Top graph is systolic BP, bottom is diastolic.
- Each column represents a different site of care within this medical group. Each of these sites has at least 100 patients with hypertension.
Plank 1 Lessons Learned: Precise BP Measurement

- Before/after distributions of systolic BP readings at one site of care, a neurology clinic.
- Proportion of odd digits indicates use of automated cuffs.
Plank 1 Lessons Learned: Precise BP Measurement

- Distributions of last digit of SBP between 2012 Q3 and 2015 Q3, overall and for five groups.
- Types of intervention varied: groups 1, 2, and 3 invested in automated BP cuffs; groups 4 and 5 had educational interventions.
Plank 2: Hypertension Guideline Used and Adherence Monitored

- Direct Care Staff trained in accurate BP measurement
- Hypertension Guideline used and adherence monitored
- Registry used to identify and track hypertension patients
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Hypertension Campaign Goal: 80% of Patients at Goal
Plank 2 Lessons Learned: Kaiser Permanente Successes

Adult Hypertension

BLOOD PRESSURE (BP) GOAL
≤ 139 / 89 mm Hg – All Adult Hypertension

ACE-INHIBITOR / THIAZIDE DIURETIC
- Lisinopril / HCTZ (Advance as needed)
  - 20 / 25 mg X ½ daily
  - 20 / 25 mg X 1 daily
  - 20 / 25 mg X 2 daily
- Pregnancy Potential: Avoid ACE-Inhibitors

THIAZIDE DIURETIC
- HCTZ 25 mg → 50 mg
  OR
- Chlorthalidone 12.5 mg → 25 mg
  If pregnancy potential

CALCIUM CHANNEL BLOCKER
- Add amlodipine 5 mg X ½ daily → 5 mg X 1 daily → 10 mg daily
  If not in control

SPIRONOLACTONE OR BETA-BLOCKER
- If on thiazide AND eGFR ≥ 60 mL/min/1.73m² AND K < 4.5
  Add spironolactone 12.5 mg daily → 25 mg daily
  OR
  Add atenolol 25 mg daily → 50 mg daily (Keep heart rate > 55)
  If not in control

- Consider medication non-adherence.
- Consider interfering agents (e.g., NSAIDs, excess alcohol).
- Consider white coat effect. Consider BP checks by medical assistant (e.g., two checks with 2 readings each, 1 week apart).
- Consider discontinuing lisinopril / HCTZ and changing to chlorthalidone 25 mg plus lisinopril 40 mg daily. Consider additional agents (hydrallazine, terazosin, reserpine, minoxidil).
- Consider stopping atenolol and adding diltiazem to amlodipine, keeping heart rate > 55.
- Avoid using clonidine, verapamil, or diltiazem together with a beta blocker.
Plank 2 Lessons Learned:
Template Algorithm from Million Hearts®

Name of Practice

Protocol for Controlling Hypertension in Adults

The blood pressure (BP) goal is set by a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is <140 and <90; however, some individuals may be better served by other BP goals. Lifestyle modifications (LM)* should be initiated in all patients with hypertension (HTN) and patients should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring is encouraged for most patients throughout their care and requesting and reviewing readings from home and community settings can help in achieving and maintaining good control. For patients with hypertension and certain medical conditions, specific medications should be considered, as listed in the box on the right below.

<table>
<thead>
<tr>
<th>Name of Practice</th>
<th>Protocol for Controlling Hypertension in Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The blood pressure (BP) goal is set by a combination of factors including scientific evidence, clinical judgment, and patient tolerance. For most people, the goal is &lt;140 and &lt;90; however, some individuals may be better served by other BP goals. Lifestyle modifications (LM)* should be initiated in all patients with hypertension (HTN) and patients should be assessed for target organ damage and existing cardiovascular disease. Self-monitoring is encouraged for most patients throughout their care and requesting and reviewing readings from home and community settings can help in achieving and maintaining good control. For patients with hypertension and certain medical conditions, specific medications should be considered, as listed in the box on the right below.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Systolic &gt;160 or diastolic &gt;100</th>
</tr>
</thead>
<tbody>
<tr>
<td>140-159</td>
<td>(Stage 1 HTN)</td>
</tr>
<tr>
<td></td>
<td>LM as a trial</td>
</tr>
<tr>
<td></td>
<td>Consider adding thiazide</td>
</tr>
<tr>
<td></td>
<td>Re-check and review readings within 3 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Systolic &gt;160 or diastolic &gt;100</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;160</td>
<td>(Stage 2 HTN)</td>
</tr>
<tr>
<td></td>
<td>LM and</td>
</tr>
<tr>
<td></td>
<td>Thiazide and ACEI, ARB, or CCB</td>
</tr>
<tr>
<td></td>
<td>Or consider ACEI and CCB</td>
</tr>
<tr>
<td></td>
<td>Re-check and review readings in 2–4 weeks</td>
</tr>
</tbody>
</table>

**BP at goal?**

- **NO**
  - Thiazide for most patients or add additional medications
- **YES**
  - Encourage self-monitoring and target BP to goal

**Medications to consider for patients with hypertension and certain medical conditions**

- Coronary artery disease/Post MI: BB, ACEI
- Heart failure with reduced EF: ACEI or ARB, BB (approved for this use), ALDO, diuretic
- Heart failure with preserved EF: ACEI or ARB, BB (approved for this use), diuretic
- Diabetes: ACEI or ARB, diuretic, BB, CCB
- Kidney disease: ACEI or ARB
- Stroke or TIA: diuretic, ACEI
- Optimize dosage(s) or add additional medications
Plank 3: BP Addressed for Every Hypertension Patient, Every Primary Care Visit

Hypertension Campaign Goal: 80% of Patients at Goal

Process Planks for Achieving Goal

- Direct Care Staff trained in accurate BP measurement
- Hypertension Guideline used and adherence monitored
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- All Patients not at goal and with new Rx seen within 30 days
- Prevention, engagement and self-management program in place

Primary Process Planks

Value-Added Process Planks

45% of adult patients have HTN or elevated BP.

These patients account for 62% of wRVUs.

### Percent of Patients

<table>
<thead>
<tr>
<th>Condition</th>
<th>None</th>
<th>DYL</th>
<th>HTN</th>
<th>DM DYL</th>
<th>ASTH</th>
<th>COPD</th>
<th>CAD</th>
<th>A-Fib</th>
</tr>
</thead>
<tbody>
<tr>
<td>DYL HTN</td>
<td>9.5%</td>
<td></td>
<td>9.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>DM DYL HTN</td>
<td>2.5%</td>
<td>1.8%</td>
<td>1.7%</td>
<td>2.2%</td>
<td>1.8%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTH</td>
<td>0.9%</td>
<td>0.9%</td>
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</table>

### Percent of work RVUs

<table>
<thead>
<tr>
<th>Condition</th>
<th>None</th>
<th>DYL</th>
<th>HTN</th>
<th>DM DYL</th>
<th>ASTH</th>
<th>COPD</th>
<th>CAD</th>
<th>A-Fib</th>
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</thead>
<tbody>
<tr>
<td>DYL HTN</td>
<td>10.2%</td>
<td></td>
<td>9.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DM DYL HTN</td>
<td>9.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ASTH</td>
<td>2.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COPD</td>
<td>0.7%</td>
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</table>

Plank 3 Lessons Learned:

Competing Priorities for Treatment
Plank 3 Lessons Learned:
More Visits → Better Control

- Patients 18-85 with hypertension and an E&M visit between 10/01/2014 – 09/30/2015, stratified by the number of E&M visits (in a 12 month period)
Plank 3 Lessons Learned: Seasonality in BP Control

- Trend in BP control (< 140/90) during the campaign at a single medical group
- Left: bars ordered chronologically. Right: ordered by quarter, then by year
- Table: BP control rates, adjusted for seasonality (adjusted rates are in terms of Q1)
- Adjustment factors derived from pre-campaign baseline data from AMGA’s Anceta collaborative

Seasonality Adjustment Example

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Reported control</th>
<th>Seasonality adjustment</th>
<th>Adjusted control (Reported control – adjustment amount)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 Q1</td>
<td>70.60%</td>
<td>–</td>
<td>70.60%</td>
</tr>
<tr>
<td>2013 Q2</td>
<td>72.34%</td>
<td>0.87%</td>
<td>71.47%</td>
</tr>
<tr>
<td>2013 Q3</td>
<td>73.40%</td>
<td>1.16%</td>
<td>72.24%</td>
</tr>
<tr>
<td>2013 Q4</td>
<td>77.70%</td>
<td>0.14%</td>
<td>77.56%</td>
</tr>
<tr>
<td>2014 Q1</td>
<td>77.54%</td>
<td>–</td>
<td>77.54%</td>
</tr>
<tr>
<td>2014 Q2</td>
<td>78.82%</td>
<td>0.87%</td>
<td>77.95%</td>
</tr>
</tbody>
</table>
Plank 3 Lessons Learned:

Disease-specific guidelines, specialists, and quality targets
Multiple treatments | Monitoring tests
Limited care prioritization
Poor care coordination

Life

Workload
Capacity
Scarcity

Burden of treatment
access
use
self-care

Outcomes

Burden of illness

Shippee N et al JCE 2012
Plank 4: All Patients Not at Goal and with New Rx Seen within 30 Days

Hypertension Campaign Goal: 80% of Patients at Goal

Process Planks for Achieving Goal

Primary Process Planks

- Direct Care Staff trained in accurate BP measurement
- Hypertension Guideline used and adherence monitored
- BP addressed for every hypertension patient, every primary care visit
- Registry used to identify and track hypertension patients
- All team members trained in importance of BP goals

Value-Added Process Planks

- All Patients not at goal and with new Rx seen within 30 days
- Prevention, engagement and self-management program in place
- All Specialists intervene with patients not in control
Plank 4 Lessons Learned: Logistical and Cultural Challenges

- Changing practice patterns (nurse visits)
- Delegating tasks
- Reconfiguring rooming process
- Payer changes and models
- Overcoming access barriers
Plank 5: All Patients Not at Goal and with New Rx Seen Within 30 Days
Plank 5 Lessons Learned: Adherence Challenges

- Rx Prescribed: 100%
- Rx Filled: 88%
- Rx Taken: 76%
- Rx Continued: 47%

-12% decrease at each step

Measure Up
Pressure Down
American Medical Group Foundation

American Medical Group Association®
The main barrier to HTN control is a nonchalant mindset.

Any messaging intended to inspire control behaviors must first raise an alarm! A pronounced lack of urgency about HTN was revealed in this research. Respondents rationally grasp the risks, but are either casual about control or completely in denial. Reasons why:

I’ve come a long way, baby! They give themselves more credit for bringing their blood pressure down significantly, for consistent readings, or simply for trying...not necessarily for reaching 120/80.

My numbers are good enough. Most uncontrolled do not perceive a problem or a reason to adopt additional (or more consistent) controlling behaviors.

Denial and disregard. It’s easy to deny HTN if they are asymptomatic and easy to disregard with ad-hoc use of medication.

The not-so-silent killer. They KNOW it as the silent killer. They know causes, risks and people who’ve died from onset outcomes. It’s simply not a priority for many.

The perception that nobody dies from HTN place it lower on their priority list. It’s just another problem to deal with.

HTN happens to old people. Many disregard their HTN for years because they feel they are too young, active and healthy to have it.

It’s not that high. The borderline range is murky and increases perceptions of acceptable risk levels.

I feel good, my BP is ok. Physical symptoms are relied on first and most often. Actual measurements are secondary.
Plank 5 Lessons Learned:

Patient Perceptions

Placeholder for Jerry slides from AHA presentation

Emotional reactions to HTN diagnosis

“I didn’t want to hear it. How is that possible, I’m doing all the right things. I have a good diet, I exercise, but I have a stressful job.”

“Not me!”

“How can that be me? It can’t be. I’m invincible.”

“Why me!??”

“Damn!!”

“I was always a slim girl, always dancing, very active...I thought not me.”

“But I’m healthy!”

“I felt that I was special and wasn’t gonna get nothing, I still believe that I won’t.”

Denial

“I disregarded it. They told me three years, I am just thinking about it this year.”

Anger

“Upset because I KNEW better to take care of myself, but I got lazy. Opened my eyes like I’m not Superman. A dose of reality.”
Plank 6: Registry Used to Identify and Track Hypertension Patients

Hypertension Campaign Goal: 80% of Patients at Goal

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Value-Added Process Planks
- Registry used to identify and track hypertension patients
- All team members trained in importance of BP goals
- All Specialists intervene with patients not in control

Plank 6 Lessons Learned: Importance of Transparent Reporting
Plank 6 Lessons Learned: Registry is Essential for a Population View
Plank 7: All Team Members Trained in Importance of BP Goals
Plank 7 Lessons Learned: It Takes a Team

Specialist
Receptionist
Medical Assistant
Primary Care Provider
IT/Data Specialist
Nurse Manager
Pharmacist

"It Takes a Team" Provider/Staff Video

Research has shown that high blood pressure is most effectively treated when the patient is a part of a larger care team. Who these team members are and the important roles they play in managing a patient’s high blood pressure may come as a surprise.

Developed by Measure Up/Pressure Down® with support from United Health Foundation, the “It Takes a Team” video reminds eight care team members – including specialists, receptionists, medical assistants, primary care providers, nurse managers, IT/data specialists, pharmacists, and patients – the crucial role they play in hypertension management.

You can view the "It Takes a Team" video in its entirety (see below) or in “chapter” form. To select a specific chapter, please click the [+] next to the appropriate care team member below.

Special thanks to Inova Health System for use of their facility for filming.
Plank 8: All Specialists Intervene with Patients Not in Control
Just a note to say kudos to the referral system. I saw a patient today with breast cancer who also had blood pressure of 210/115 with no symptoms. She had no primary care provider.

As per program standards, we acted. I called the referral line, and an appointment was made with Family Practice for later the same day. I know this is the way it’s supposed to work, but the fact that it really did was impressive!! Please extend my thanks to the entire crew.
Plank 8 Lessons Learned: Involving Specialists

- The figure below shows the variation in BP control and measurement by provider specialty.
Plank 8 Lessons Learned: Involving Specialists

- Changes in BP measurement and control (< 140/90) through the campaign, overall (left) and at four groups who have reduced the proportion of patients missing a BP
- Group B had 12% of patients with no BP recorded for the 2012 Q3 reporting period, 2% for 2015 Q3
Thank You!
Thank You!

• Advocate Medical Group - IL
• Advocate Physician Partners - IL
• Alegent Creighton Clinic - NE
• Arch Health Partners - CA
• Aurora Health Care - WI
• Austin Diagnostic Clinic, P.A. - TX
• Austin Regional Clinic, P.A. - TX
• Baptist Memorial Medical Group - TN
• Baton Rouge Clinic - LA
• Baylor Health Care System/HealthTexas Provider Network - TX
• Bend Memorial Clinic, P.C. - OR
• Billings Clinic - MT
• Brown & Toland Physicians - CA
• Cadence Medical Partners - IL
• Carilion Clinic - VA
• Carle Physician Group - IL
• Carolinas Healthcare System - NC
• Catholic Health Initiatives - CO
• Central Utah Clinic - UT
• Centura Health Physician Group - CO
• Clackamas County Health Centers - OR
• Cleveland Clinic - OH
• Coastal Carolina Health Care, PA - NC
• Colorado Springs Health Partners, P.C. - CO
• Community Clinic, Inc - MD
• Community Physicians of Indiana - IN
• Cornerstone Health Care, P.A. - NC
• Crystal Run Healthcare - NY
• Dartmouth-Hitchcock Clinic - NH
• Deaconess Clinic - IN
• Dean Health System, Inc. - WI
• Doctor's Medical Center, Inc. - FL
• Esse Health - MO
• Essentia Health – MN
• Fairview Health Services - MN
• Florida Medical Clinic, P.A. - FL
• Geisinger Health System - PA
• Group Health Cooperative of South Central Wisconsin - WI
• Harbin Clinic - GA
• Hartford Healthcare Medical Group - CT
• Hattiesburg Clinic, P.A. - MS
• Hawaii Pacific Health - HI
• HealthCare Partners Medical Group - CA
• HealthEast Care System - MN
• HealthPartners - MN
• HealthPoint Medical Group - FL
• Henry Ford Medical Group - MI
• Holston Medical Group - TN
• Hospital Sisters Health System Medical Group - IL
• INOVA Health System - VA
• INTEGRIS Medical Group - OK
• Intermountain Medical Group - UT
• Johns Hopkins Community Physicians, Inc. - MD
• Kelsey-Seybold Clinic - TX
• Lahey Clinic - MA
• Lakeshore Clinic, PLLC - WA
• Lakeshore Health Partners - MI
• Lancaster General Medical Group - PA
• LeBauer HealthCare / Moses Cone Health System - NC
• Lexington Clinic, P.S.C. - KY
• Mankato Clinic, Ltd. - MN
• Mayo Clinic - Rochester - MN
• MedStar Physician Partners - MD
• Medical Associates - IA
• Medical Associates Clinic - IA
• Mercy Clinic East Division - MO
• Mercy Clinics - IA
• Mercy Medical Group - CA
• Meridian Practice Institute – NJ
• Meritage Medical Network - CA
• Mid Hudson Medical Group - NY
• Mid-Atlantic Permanente Medical Group, PC - MD
• Mount Kisco Medical Group - NY
• Mountain View Medical Group, P.C. - CO
• NEA Baptist Clinic - AR
• New West Physicians, P.C. - CO
Thank You!

- North Mississippi Medical Clinics, Inc. - MS
- North Texas Specialty Physicians - TX
- NorthShore University HealthSystem - IL
- Northeast Georgia Health Systems, Inc. - GA
- Northwest Primary Care Group, P.C. - OR
- Novant Medical Group - NC
- OU Physicians – OK
- Ochsner Health System - LA
- Oregon Medical Group, P.C. - OR
- Pacific Medical Centers - WA
- Palo Alto Medical Foundation – CA
- Parkview Physicians’ Group - IN
- PeaceHealth Medical Group - OR
- Piedmont HealthCare, P.A. - NC
- Piedmont Healthcare - GA
- Portland IPA - OR
- Premier Medical Associates, P.C. - PA
- Prevea Health Services - WI
- PriMed Physicians - OH
- ProHealth Physicians, Inc. - CT
- Providence Health Services - DC
- Puget Sound Family Physicians - WA
- Quincy Medical Group - IL
- Reliant Medical Group, Inc. - MA
- Rio Grande Medicine - TX
- Rio Grande Primary Health Net - TX
- Riverside Medical Clinic - CA
- Riverside Medical Group - VA
- Rockford Health Physicians - IL
- Sacramento Family Medical Centers - CA
- Scripps Coastal Medical Group - CA
- Scripps Medical Foundation - CA
- Sentara Medical Group - VA
- Shannon Health System - TX
- Sharp Rees-Stealy Medical Group, Inc. - CA
- Shaw Center for Women's Health, PA - GA
- Springfield Clinic – IL
- St. Anthony's Physician Services - FL
- St. Luke's Physician Group - PA
- State of Franklin Healthcare Associates, PLLC - TN
- Summa Physicians Inc. - OH
- Summit Medical Group, P.A. - NJ
- Susquehanna Health Medical Group – PA
- Sutter Independent Physicians - CA
- Sutter Medical Foundation - CA
- SwedishAmerican Health System - IL
- The Everett Clinic - WA
- The Iowa Clinic, P.C. - IA
- The Medical Group of Ohio - OH
- The Permanente Medical Group, Inc.
- The Polyclinic - WA
- ThedaCare Physicians - WI
- Tidewater Physicians Multispecialty Group, P.C. - VA
- TriHealth Physician Enterprise Corporation - OH
- Tulane University Medical Group - LA
- USMD Holdings, Inc. - TX
- Unity Health Care - DC
- Unity Point Health - IA
- University of North Texas Health Science Center - TX
- University of Utah Community Clinics - UT
- Upper Valley Family Care - OH
- WESTMED Medical Group, P.C. - NY
- Washington Township Medical Foundation - CA
- Watson Clinic - FL
- Weill Cornell Physician Organization - NY
- WellStar Health System - GA
- Wellmont Medical Associates - TN
- Wenatchee Valley Medical Center - WA
- Westchester Health Associates - NY
- Western Montana Clinic - MT
- Wheaton Franciscan Medical Group - WI
- Wilmington Health - NC
Thank You!
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2016 Campaign Activities

• Data reporting
• Website & resource access
• National Day of Action (May 5, 2016)
• Best Practices Compendium
• Award recognition
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