Sutter Independent Physicians
Report to Capital Right Care/UBP

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Chief Medical Officer

February 10, 2020
Performance in Right Care, CA Counties for Blood Pressure (BP) Control at <140/90 mmHg (Performance Year 2018)
Performance in Right Care CA Counties for BP Control at <140/90 mmHg for People with Diabetes (Performance Year 2018)
Performance in Right Care CA Counties for Blood Sugar Control at HbA1C<8 for People with Diabetes (Performance Year 2018)
Chronic Care Challenge
*Measure Up, Pressure Down*

Hypertension Campaign Goal: 80% of Patients at Goal According to JNC 7

**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 PC Visit
- All Patients not at Goal and with New RX Seen within 30 days
- Prevention, Engagement, and Self-Management Program in Place

**VALUE-ADD PROCESS PLANKS**

- Registry to Identify and Track Hypertension Patients
- All Team Members Trained in Importance of BP Goals
- All Specialties Intervene with Patients Not in Control
Each participating organization is asked to implement as many of the following **primary process planks** as possible to meet the Campaign Goal of 80% of Hypertension Patients at Goal According to JNC7:

- **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 JNC7 Guidelines. In addition, the ADA and NCQA goal for diabetic patients (140/90) should be included in the algorithm.

- **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.
SIP Quality Program 2014

• Added Controlling Hypertension and Diabetes BP control and Control of Hgb A1c measures to Quality Reports for our PCPs

• Focus on appropriate BP measurements in PCP offices

• Integrate our SIP Quality Metric Outreach to SMF Integrated Quality Services
Hypertension Treatment Algorithm 2014
Adapted from NHG-IS^8 and Distributed by the Clinicians Group of the Capital Region Right Care Initiative

Adult aged ≥18 years with hypertension

Implement lifestyle interventions (continue throughout management).

Set blood pressure goal and initiate blood pressure lowering medication based on age, race, diabetes, and chronic kidney disease (CKD).

Age ≥60 years*

Blood pressure goal*
SBP<150 mm Hg
DBP<90 mm Hg

Age <60 years

Blood pressure goal
SBP<140 mm Hg
DBP<90 mm Hg

All ages
Diabetes present
No CKD

Blood pressure goal
SBP<140 mm Hg
DBP<90 mm Hg

All ages
CKD present with or without diabetes

Blood pressure goal
SBP<140 mm Hg
DBP<90 mm Hg

Nonblack**

Black**

All Races

Initiate thiazide-type diuretic or ACEI or ARB or CCB, alone or in combination

Initiate thiazide-type diuretic or CCB, alone or in combination

Initiate ACEI or ARB, alone or in combination with other drug class

Select a drug treatment titration strategy
A. Maximize first medication before adding second or
B. Add second medication before reaching maximum dose of first medication or
C. Start with 2 medication classes separately or as fixed-dose combination.

Adapted from Eighth Joint National Committee Evidence-Based Guidelines

** While the Eighth Joint National Committee currently uses a goal of <120/80 for adults age 60 and older, this recommendation is undergoing discussion and refinement by multiple national organizations (NHG, AHA, ACC, CDC, etc.) based on emerging evidence. (Go et al, 2014; Bangalore et al, 2014)

### Notes:
- FBP indicates systolic blood pressure; DBP, diastolic blood pressure; ACEI, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; and CCB, calcium channel blocker.
Hypertension Treatment Algorithm 2014
Adopted from JNC-8 and Distributed by the Clinicians Group of the Capital Region Right Care Initiative

At goal blood pressure?
Yes

No
Reinforce medication and lifestyle adherence. For strategies A and B, add and titrate thiazide-type diuretic or ACEI or ARB or CCB (use medication class not previously selected and avoid combined use of ACEI and ARB). For strategy C, titrate doses of initial medications to maximum.

At goal blood pressure?
Yes

No
Reinforce medication and lifestyle adherence. Add and titrate thiazide-type diuretic or ACEI or ARB or CCB (use medication class not previously selected and avoid combined use of ACEI and ARB).

At goal blood pressure?
Yes

No
Reinforce medication and lifestyle adherence. Add additional medication class (e.g., β-blocker, aldosterone antagonist, or others) and/or refer to physician with expertise in hypertension management.

At goal blood pressure?
Yes

No
Continue current treatment and monitoring

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Distributed by Clinicians Group Capital Region Right Care 2015
Best Practices for Taking Accurate Blood Pressure Readings

1. Roll Sleeve
   Place the cuff on a bare upper arm

2. Use Range Indicator
   Use the proper size cuff; if two sizes fit the patient, use the larger one

3. Align with Brachial Artery
   Place the artery marker over the brachial artery

4. Apply Cuff Snugly
   Allow room for no more than two fingers

5. Do Not Move
   Once the cuff is placed, allow the patient to sit quietly for five minutes

6. Shush
   Do not talk to the patient while taking the blood pressure reading

7. Support Back—Legs Uncrossed
   Support the patient’s back and feet during measurement, keep legs uncrossed

8. Arm at Heart Level
   Keep the patient’s upper arm at heart level and support the lower arm

9. Stay Still
   Keep the arm still during the measurement cycle

Welch Allyn
• Sutter Health transitioned SHSSR Telephonic Disease Management Program to Enterprise in late 2014.

• After a period of transition and restructuring, SIP and SH TDM began reforming our collaboration

• Focus of Telephonic Outreach was to engage the patients and when necessary, the PCPs
Care Coordination

High Risk
10% of population

Rising Risk
20% of population

Low Risk
70% of population

End of Life
Advanced Illness Management (AIM), Hospice, Inpatient Palliative Care

Complex Case Management
IOCP, SCCP, Champion, PACE, FQHC Partnerships

Telephonic Disease Management

Wellness
Screening, Coaching, & Prevention

Low Risk
70% of population

Rising Risk
20% of population

High Risk
10% of population

5 chronic diseases
Telephonic Disease Management Overview

Disease States
- Heart Failure – all payers
- Diabetes – all managed care
- Asthma – all managed care
- Hypertension – SHP and SutterSelect only
- Hyperlipidemia – SHP and SutterSelect only

Specialized nurses work with patient and provider
- Medication reconciliation
- Symptom monitoring
- Diet and exercise education
- Lab coordination
- Medication adjustments
- Identification of barriers
- Motivational support
- Coordination with local resources
- Potentially inform providers of patients with high risk triggers whom we are unable to contact
## TDV Outcome Metrics

<table>
<thead>
<tr>
<th>Outcome Description</th>
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<tbody>
<tr>
<td>Diabetes A1C &gt; 9.0 (poor control)</td>
</tr>
<tr>
<td>Diabetes A1C &lt; 8.0 (under control)</td>
</tr>
<tr>
<td>Diabetes Composite (&lt; 8.0, 2 x A1Cs, BP &lt; 140/90, nephropathy attention)</td>
</tr>
<tr>
<td>A1C improvement by starting A1C category (1 year/2 year/3 year/4 year)</td>
</tr>
<tr>
<td>Diabetes with BP &lt; 140/90</td>
</tr>
<tr>
<td>Diabetes – tobacco nonuse (possible)</td>
</tr>
<tr>
<td>Diabetes and Ischemic Vascular Disease - Daily Aspirin or Antiplatelet Medication Use (possible)</td>
</tr>
<tr>
<td>Heart Failure Readmission</td>
</tr>
<tr>
<td>Heart Failure ACE or ARB in LVSD</td>
</tr>
<tr>
<td>Heart Failure B blocker</td>
</tr>
<tr>
<td>BP &lt; 140/90</td>
</tr>
<tr>
<td>Statin if indicated</td>
</tr>
<tr>
<td>Asthma Med Ratio</td>
</tr>
<tr>
<td>Asthma Assessment</td>
</tr>
<tr>
<td>% who have seen PCP in last year</td>
</tr>
<tr>
<td>% who have received flu shots</td>
</tr>
</tbody>
</table>
Telephonic Disease Management

1. **Diagnosis Specific Patient List**
2. **Trigger for Contact**
3. **Initial Assessment**
4. **Intervention**
5. **Risk Stratify**
6. **Follow-up Timing**
7. **Follow-up Assessment/Intervention**
8. **Outcomes**

**Disease specific lab coordination**
Best Practice Guidelines and Coordinating Patient Education Materials

Adult Lipid Guidelines
Sutter Medical Group - January 2015 PRELIMINARY

Lipid Management
Always start lifestyle treatment.
Use shared decision making tools to discuss risks, benefits, drug-drug interactions and patient preference.
If patient intolerant of or not candidate for recommended statin then consider lower intensity statin.

- Clinical ASCVD
- LDL 2 190 Age > 21
- Diabetes Age 40-75
- Other Age 40-75
- Hyper-Triglyceridemia

- High intensity statin
- Moderate intensity statin
- High intensity statin
- High intensity statin
- Moderate intensity statin

Decide approach based on provider and patient preference.

ATP III
Determine LDL goal based on number of RFs and estimated CV risk.

LDL above goal
Start statin and titrate to LDL and non-HDL lipid goals.
Consider additional lipid medication if goals not met on statin.

ATP IV
Determine risk for ASCVD using CVD Calculator.

10-year risk > 7.5%
Moderate to High intensity statin

Adult Hypertension Guidelines
Sutter Medical Group - September 2014

I. Definition
To confirm diagnosis, check BP on two separate occasions, 1-4 weeks apart, unless very high at first visit (such as SBP ≥ 130)
- Stage 1 hypertension
- Stage 2 hypertension
- Stage 3 hypertension

II. Blood Pressure Goal (per American Hypertension Society):
- < 140/90 for adults younger than 80 years old or who have CKD or DM at any age
- < 150/90 for adults older than 80 years old with no CKD or DM

III. Treatment Algorithm
Hypertension Treatment Algorithm

Stage 1 HTN (BP 140/90 - 150/100)

If Black and no CKD or DM
1st line: ACE*

Stage 2 HTN (BP ≥ 160/100)

1st line: Thiazide Diuretic** or CCB***

2nd and 3rd line: Add ACE*, Thiazide Diuretic**, and/or CCB*** (whichever not yet added)

* Generally use once daily generic ACE such as enalapril or benazepril. If ACE intolerant use ARB. Do not use ACE and ARB in combination. Do not use ACE or ARB in pregnancy.
** For thiazide diuretic generally use HCTZ or chlorothalidone. If low GFR (such as ≤ 30) use loop diuretic (such as furosemide) instead of thiazide diuretic.
*** Generally use amlodipine/amlodipine CCB such as amlo HR.
- In 2007 SIP created the IMR (Integrated Medical Record) Program using GE Centricity in a shared medical record across the IPA
- We were able to deploy IMR to 76 Physicians by 2011
- In 2011 Sutter Health created the Sutter Community Connect Program to provide access to a single shared Clinical Record to Independent Physicians.
- Transitioned from IMR to Sutter Community Connect
- By 2018 SIP had 225 Physicians on SCC (42%)
SIP Quality Management
Controlling Hypertension

• IHA and QIP Measure

• Derived from AMGA program called “Measure Up/Pressure Down”

• For those practices without Sutter Community Connect: Use of CPT2 codes:

<table>
<thead>
<tr>
<th>CPT 2 Code</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>3074F</td>
<td>Most recent systolic blood pressure &lt; 130 mm Hg</td>
</tr>
<tr>
<td>3075F</td>
<td>Most recent systolic blood pressure = 131-139 mm Hg</td>
</tr>
<tr>
<td>3077F</td>
<td>Most recent systolic blood pressure ≥ 140 mm Hg</td>
</tr>
<tr>
<td>3078F</td>
<td>Most recent diastolic blood pressure &lt; 80 mm Hg</td>
</tr>
<tr>
<td>3079F</td>
<td>Most recent diastolic blood pressure = 80-89 mm Hg</td>
</tr>
<tr>
<td>3080F</td>
<td>Most recent diastolic blood pressure ≥ 90 mm Hg</td>
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Moving Forward

2020
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Goals for SQOS - 2020

- Partnership with each of the SIP PCP Practices
- Meet with Targeted Practices in their clinical sites
- Refocus on appropriate BP measurements techniques in our practices
- Coordinating with SH Disease Management Program on specific patients with Asthma, Hypertension and Diabetes