Cindy Giambrone, PharmD, serves as Director of Performance Improvement and Accountable Care Organization (ACO) Pharmacy Risk for the MemorialCare Medical Foundation. MemorialCare Health System is a nonprofit integrated delivery system that includes six top hospitals: Long Beach Memorial; Miller Children's & Women's Hospital Long Beach; Community Hospital Long Beach; Orange Coast Memorial; and Saddleback Memorial Laguna Hills and San Clemente. MemorialCare medical groups include both an integrated medical group, MemorialCare Medical Group, and a high performing independent practice association: Greater Newport Physicians. MemorialCare also includes Seaside Health Plan as well as numerous outpatient health centers, imaging centers and surgery centers throughout the Southland (Orange County and Los Angeles County). Her responsibilities include building and overseeing programs and processes related to managing ACO pharmacy risk and improving quality metric scores for employers and health plans. She has a long-standing interest in the management of Congestive Heart Failure (CHF) resulting from her professional and personal experience. Dr. Giambrone has been active in the Right Care Initiative since 2008 and co-chairs the Right Care Initiative heart failure work group. She is a graduate of UCSF School of Pharmacy.
Marnie Baker, MD, MPH, FAAP

Medical Director, Performance Improvement, MemorialCare Medical Group; Member, Technical Measurement Committee, Integrated Healthcare Association

Marnie Baker, MD, MPH, FAAP, is a practicing pediatrician with MemorialCare Medical Group in Irvine. MemorialCare Health System is a nonprofit integrated delivery system that includes six top hospitals: Long Beach Memorial; Miller Children's & Women's Hospital Long Beach; Community Hospital Long Beach; Orange Coast Memorial; and Saddleback Memorial Laguna Hills and San Clemente. MemorialCare medical groups include both an integrated medical group, MemorialCare Medical Group, and a high performing independent practice association: Greater Newport Physicians. MemorialCare also includes Seaside Health Plan as well as numerous outpatient health centers, imaging centers and surgery centers throughout the Southland (Orange County and Los Angeles County). She shares her clinical responsibilities with her role as Medical Director of Performance Improvement for MemorialCare Medical Foundation, overseeing clinical quality programs. Dr. Baker proudly serves on Integrated Healthcare Association's Technical Measurement Committee, CAPG's Clinical Quality Leadership Committee, and MemorialCare Health System's Physician Society Board. She earned her medical degree from Tulane University School of Medicine and her Masters of Public Health in maternal and child health from Tulane University School of Public Health and Tropical Medicine.
“Mind the Gap”

Applying the Key Learnings from the Los Angeles Right Care Initiative University of Best Practice in the Provider Group Clinical Setting: MemorialCare Team

Cindy Giambrone, PharmD—Co-Chair, Right Care Initiative Heart Failure Work Group; Director, Performance Improvement and ACO Pharmacy Risk, MemorialCare Medical Foundation

Marnie Baker, M.D., M.P.H., F.A.A.P
Medical Director, Performance Improvement, MemorialCare Medical Foundation
Agenda

• Who we are: MemorialCare Overview
• Why we choose this initiative?
• What we did?
• Impact of program
• Next steps
MCMF Overview
Right Care Initiative University of Best Practice Award: Diabetes Care
Our 2018 performance created opportunities for improvement in blood pressure management.
Controlling High Blood Pressure
2019 Updated IHA Measure: to reduce provider reporting burden and drive alignment

The percentage of members 18-85 years of age who have a diagnosis of hypertension and whose BP was adequately controlled

• Adequate control is < 140/90

• Most recent BP during the measurement year on or after 2\textsuperscript{nd} diagnosis of HTN

• No BP recorded during the measurement year? Member not controlled

MCMG-25% of Providers (n=31) contribute 53% of the “Gap” in hypertension

Top 10 PCP drive 22% of Gap
GNP-25% of Providers (n=29) contribute 59% of the “Gap” in hypertension

Top 10 Providers Drive 31% of Gap
• Identified opportunity for intervention.

• OC AHA Leadership on Target:BP Program Presentation
  - Decision on Participation

• Identified Physician Champions
  • GNP
  • MCMG
Recommendation: Target top quartile providers with the highest gap for most significant impact

• Do we believe the data?
  - Is it possible any one of our providers has <25% of their hypertension patients at target?
  - How do providers see this information?

• How to assist in PCP interventions on “Gap” patients? What’s actionable and measurable?
  - Leverage Physician Champions
  - Would Academic Detailing of Targeted Physicians be beneficial?
  - AHA Target BP Program Participation
CME/CE Learning Objectives:
1. Review successful outreach strategies for patients with recent elevated blood pressure.
2. Discuss strategies to involve subspecialists in improving hypertension care.
3. Describe how health plans and provider organizations can partner to reduce strokes and heart attacks through the Right Care Initiative efforts.
4. Identify methodologies and tools provided to provider organizations to help with their efforts at controlling hypertension, cardiovascular disease and diabetes.

11:30 to 11:40 p.m.  Welcome, Introductions and Chairpersons' Remarks
Hattie Rees Halney, MPP, Director, Right Care Initiative, University of California, Berkeley
Tony Kuo, MD, MSHS, Co-Chair, Right Care Initiative University of Best Practices—Los Angeles;
Director, Division of Chronic Disease and Injury Prevention, Los Angeles County Department of Public Health; Co-Program Leader, Population Health Program, UCLA Clinical and Translational Science Institute
LaVonna Blair Lewis, PhD, MPH, Co-Chair, Right Care Initiative University of Best Practices—Los Angeles; Teaching Professor of Public Policy and Diversity Liaison, USC School of Public Policy
Carol Peden, MBChB, MD, MPH Co-Chair, Right Care Initiative University of Best Practices—Los Angeles; Executive Director, University of Southern California Center for Health System Innovation; Professor, Keck School of Medicine
Carol Zaher, MD, MPH, MBA, Co-Chair, University of Best Practices, Heart Failure Work Group
Co-Chair, Right Care Initiative—Los Angeles; Medical Director, Health Net California Medical Management, Centene

11:40 to 12:10 p.m.  Blue Shield: Action Plan Updates for Improving CVD and DM Patient Outcomes with 10 min Q&A
Scott Kim, MD, Regional Medical Director, Blue Shield of California

12:20 to 1:20 p.m.  Kaiser: Hypertension Care in an Integrated Health System with 10 min Q&A
Joel Handler, MD, Staff Physician, Former National Hypertension Lead, Kaiser Permanente
Hypertension Control Success: Implementology Science

The “Playbook”

• Hypertension Registry, Comprehensive
• Clinic-Level Feedback: Facilitate operational and system-level change
• Treatment Algorithm
• Single Pill Combination algorithm
• Nurse BP Checks
Hypertension Control Success: Implementology Science

The “Playbook” - What our Providers Chose

- Hypertension Registry, Comprehensive
- Clinic-Level Feedback: Facilitate operational and system-level change
- Treatment Algorithm
- Single-Pill Combination algorithm
- Nurse BP Checks
Conduct Operational and Systemic Changes: Partnership with the American Heart Association

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

1. Support arm at heart level
2. Keep legs uncrossed
3. Use correct cuff size
4. Empty bladder first
5. Support back of feet
6. Don't have a conversation
7. Put cuff on bare arm

https://targetbp.org/tools_downloads/mbp/
Conduct Operational and Systemic Changes
Create Standard Work documents for nursing and medical assistants that incorporate the proper technique into routine checkup
Increase accuracy of blood pressure readings

Medical Assistant Blood Pressure Checks
Incorporate a method into the end of visit workflow that requires physicians/nurses/medical assistants to schedule a follow up meeting 2-4 weeks later to reassess patients blood pressure levels.
Combat the clinical inertia
## MCMG Pilot Results

### BP Control Pilot Baseline Scores

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<th>2018 Year End</th>
<th>as of 7/9/19</th>
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<th>as of 11/22/2019</th>
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### BP Control Pilot Baseline Scores Senior

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**Over 75th %**

- Decreased from previous score

| Commercials | 67.25 |
|IMA Senior  | 69.27 |
|Average     | 68.26 |
Mind the Gap-Project Update
Performance Improvement Target
Controlling Blood Pressure for Patients with Hypertension
Controlling High Blood Pressure
Tips for Success: GNP Key Messages

- If your office uses manual blood pressure cuffs, don’t round up the BP reading.
- For example: 138/89 mmHg rounded to 140/90 mmHg

- If the patient’s initial BP reading is elevated at the start of the visit, you can take multiple readings during the same visit and the lowest diastolic and lowest systolic measurement will be captured.

- It is critical to follow-up with a patient for a BP check after their initial diagnosis.
- Patients who have an elevated BP during an office visit should be brought back for a follow-up visit in 2-4 weeks.
Cindy and Quality Team “Road Show”

• PCP Forum

• Office Manager Meeting-Partnership with AHA Target:BP

• Practice Leadership Meetings

• Quality Team Web-Ex Presentation
GNP Hypertension Pilot: Impact on Rates

Commercial:
- 2018 CY: 61.76%
- May '19: 53.19%
- Jun '19*: 63.83%
- July '19**: 72.00%

Senior:
- 2018 CY: 77.85%
- May '19: 8.05%
- Jun '19*: 9.53%
- July '19**: 86.99%

* Cozeva data collected 06/19/2019
** Cozeva data collected 07/11/2019
Results: 2018 versus 2019
Percentage of Patients with HTN BP<140/90

- Improvement in HTN Control Rates:
  - GNP: 13%
  - MCMG: 5%
A Front Line PCP and Medical Director Perspective

• 80% reduction in primary care visits March/April, 2020 with current visit volume still reduced 10%

• New BP control standard work introduced not sustained (staffing furloughs, new COVID screening processes, psychologic impact on providers and staff)

• Rapid deployment of virtual visits (peak 45%, 15% sustained) not addressed in BP control workflow developed prior to COVID—data capture

• Marked YOY reductions in BP control performance reflect above and likely patient factors in addition
Summary

• Keep clinical messaging “Simple and Actionable”

• Small changes can make a significant impact

• Patient, Provider, and Health Care staff engagement key to success
Next Steps-Coming Soon

• The Right Care Initiative Best Practice Tool Kit
• Hypertension
• Diabetes