Blue Shield of California Participation in the Right Care Initiative 2020 Annual Update

Scott Flinn, MD, Regional Medical Director
Blue Shield of California and the Right Care Initiative Mandate

- In October 2015, Blue Shield of California (BSC) was required by the Department of Managed Health Care (DMHC) to:
  - Participate in the Right Care Initiative (RCI) University of Best Practices (UBP) and
  - To develop a plan with a goal of achieving the 90th percentile in RCI metrics by end MY 2018.
Why Participate in the Right Care Initiative?

- Evidence that RCI can save lives and money
- Provides care worthy of our family and friends that is sustainably affordable for all Californians
Blue Shield of California RCI Strategy

• Engage provider partners - developed provider engagement tool that speaks to the “why should I care”
• Spread Best Practices
  • Attend RCI UBPs to garner the latest in Best Practices
  • Develop a Best Practices Self assessment tool that enables providers to review their current capabilities and develop a quality improvement plan
  • Encourage Providers to attend UBPs
Blue Shield of California RCI Strategy

• Provide support for Bay Area Silicon Valley UBP
• Quality Incentives for providers
• Enabling Pharmacists as part of the care team either as funded staff or through community pharmacists
• Internal corporate employee incentives tied to Hypertension and Diabetes control
Provider Engagement Presentation

How to Prevent One in Six of Your High-Risk Hypertensive Patients from Dying from a Stroke or Heart Attack in the next 3 years!
Decrease Deaths in High-Risk Patients* by 17% (1 in 6) in 2 years... Treat them NOW

Death (Kaplan-Meier)
Relative difference from control arm

*Uncontrolled Hypertensive over 55

From Kaiser with permission
Experience in San Diego

Countywide Physician Organization Learning Collaborative

FIGURE 1. Age-Adjusted Hospitalizations per 100,000 Adult Population for Heart Attacks and Strokes in California, 2007 to 2014

CA (ex SD County) indicates California excluding San Diego County; SD County, San Diego County; UBP, University of Best Practices.

UBP started in February 2011, just after the 2010 data points. Percentages are percent changes since 2010. Principal discharge diagnosis codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) were used for heart attacks (ICD-9-CM code 410) and strokes (ICD-9-CM codes 430-438).

Countywide Physician Organization Learning Collaborative and Changes in Hospitalization Rates
Brent D. Fulton, PhD, MBA; et al.
Am J Manag Care. 2017;23(10):596-603
Attendance at RCI UBP

• Attended RCI UBPs in all 4 regions

• Over 35 different Blue Shield of CA employees participated in RCI UBPs

• Executive Vice President for Health Care Quality And Affordability Dr Terry Gilliland presented at Silicon Valley UBP in September regarding COVID-19 Testing, Prevalence and Relevance to Cardiovascular Outcomes

• Dr Flinn on various Boards and Steering Committees for RCI in all regions as well as CDC National Hypertension Roundtable Steering Committee and involved in Surgeon General's Call to Action for hypertension control
**Best Practices Self Evaluation Tool**

- **HTN and DM tabs**
- **4 categories – Leadership, Processes, Patient Engagement, Resources**
- **23 items for HTN, 19 for DM**
- **3 ratings –yes, no, sort of**
- **Resource links embedded**
- **Key parts highlighted**

<table>
<thead>
<tr>
<th>Item</th>
<th>Group Name</th>
<th>Notes</th>
<th>Resource</th>
<th>Action Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. HTN Best Practices WorldList</td>
<td>Group's Status</td>
<td></td>
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<tr>
<td>Leadership</td>
<td>Multidisciplinary team that includes clinical champion(s)</td>
<td>Should include Clinical Champions</td>
<td><a href="https://www.blueshield.ca.com">HTN - Multidisciplinary Team</a></td>
<td>ReviewLeadershipMultidisciplinaryTeam.pdf</td>
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<tr>
<td></td>
<td>Engaged all providers and clinical staff through education</td>
<td>Engage Provider and direct support staff in importance of controlling BP - can reduce stroke and heart attacks in hypertensive individuals 1.5% in 1 year, 1.5% in 5 years. Strategies mentioned: press, ARNP Medication Pressure Down, ARNP and AVV Target BP.</td>
<td><a href="https://www.blueshield.ca.com">HTN Provider Education</a></td>
<td>Review HTN Provider Education.pdf</td>
</tr>
<tr>
<td></td>
<td>Informed public reporting of HTN control provider</td>
<td>Public reporting of HTN control provider</td>
<td><a href="https://www.blueshield.ca.com">HTN Public Reporting</a></td>
<td>ReviewHTNPublicReporting.pdf</td>
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<tr>
<td></td>
<td>Recognition of providers with excellent performance</td>
<td>Public recognition, financial incentives through quality program</td>
<td><a href="https://www.blueshield.ca.com">HTN Quality Incentives</a></td>
<td>ReviewHTNQualityIncentives.pdf</td>
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<td></td>
<td>Hospital map of clinic visit flow to evaluate delivery of care pre-visit, visit, and post-visit</td>
<td>Improve hospital map of clinic visit flow to evaluate delivery of care pre-visit, visit, and post-visit</td>
<td><a href="https://www.blueshield.ca.com">HTN Hospital Map</a></td>
<td>ReviewHTNHospitalMap.pdf</td>
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<tr>
<td></td>
<td>Hypertension is addressed at every primary care visit</td>
<td>Sample Chart Audit</td>
<td><a href="https://www.blueshield.ca.com">HTN Chart Audit Sample</a></td>
<td>ReviewHTNChartAuditSample.pdf</td>
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<tr>
<td></td>
<td>Phased Process to ensure HTN measurement part of every visit</td>
<td>Phased process is critical in improving measuring include history and a process for reviewing data to primary care when needed.</td>
<td><a href="https://www.blueshield.ca.com">HTN Phased Process</a></td>
<td>ReviewHTNPhasedProcess.pdf</td>
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<tr>
<td></td>
<td>Staff trained to track accurate BP</td>
<td>Staff trained to track accurate BP</td>
<td><a href="https://www.blueshield.ca.com">HTN Staff Training</a></td>
<td>ReviewHTNStaffTraining.pdf</td>
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<td></td>
<td>BP records done on all patients not in BP control per year leaving offices, and documented in chart</td>
<td>Ensure BP records are done on all patients not in BP control per year leaving offices, and documented in chart</td>
<td><a href="https://www.blueshield.ca.com">HTN BP Records</a></td>
<td>ReviewHTNBPRecords.pdf</td>
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<td>Point of Care reminder in EMR</td>
<td>Ensure point of care reminder in EMR</td>
<td><a href="https://www.blueshield.ca.com">HTN Point of Care Reminder</a></td>
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<td></td>
<td>Adopt hypertension algorithm</td>
<td>Ensure hypertension algorithm adopted</td>
<td><a href="https://www.blueshield.ca.com">HTN Hypertension Algorithm</a></td>
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<tr>
<td></td>
<td>Identify treatment every 2-4 weeks until goal reached</td>
<td>Ensure treatment every 2-4 weeks until goal reached</td>
<td><a href="https://www.blueshield.ca.com">HTN Treatment Plan</a></td>
<td>ReviewHTNTreatmentPlan.pdf</td>
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<td>Ensure use of agonists</td>
<td>Ensure use of agonists</td>
<td><a href="https://www.blueshield.ca.com">HTN Agonist Use</a></td>
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<td>No registry for hypertension</td>
<td>No registry for hypertension</td>
<td><a href="https://www.blueshield.ca.com">HTN Registry</a></td>
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<td></td>
<td>Medical group participates in programs to improve HTN medication adherence</td>
<td>Leverage pharmacists' pharmacy roles to improve adherence</td>
<td><a href="https://www.blueshield.ca.com">HTN Medication Adherence</a></td>
<td>ReviewHTNMedicationAdherence.pdf</td>
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<td></td>
<td>Collaborative Practice Agreement with Pharmacist</td>
<td>Collaborative Practice Agreement with Pharmacist</td>
<td><a href="https://www.blueshield.ca.com">HTN Collaborative Practice Agreement</a></td>
<td>ReviewHTNCollaborativePracticeAgreement.pdf</td>
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Where do we go from here?
Key Best Practices – Under Review

Key Best Practices
• Build a team with Clinical Champion Leader
• Public reporting of results by provider
• Adopt an algorithm
• Use of a registry
• Pharmacist as part of a care team

Have we done the evaluation of these Best Practices to show their influence / correlation / necessity for success?
Social Determinates of Health

San Diego - Neighborhood Networks - an innovative intermediary service designed to address members’ health related social needs. The network includes trusted community-based organizations with highly trained “Neighborhood Navigators” at the center.

- Coordinate care to address needs in 4 domains of Social, Medical, Behavioral Health, Safety Domain
- Connect clients with local resources
- Provide follow up
- Track outcomes in centralized system
- Provide feedback to health plan

- Blue Shield one of two plans participating in pilot, approx. 60 members engaged to date

Primary Care Re-Imagined – Community Health Workers – pilots in 3 sites
BSC RCI Future Strategy

• Continue support of UBP Silicon Valley
• Continue participation in UBP and various leadership roles
• Continue expansion of provider partner participation
• Continue improvement of Supplemental Data submissions.
• Continue work on Social Determinants with San Diego Accountable Community for Health and Primary Care Re Imagined
• Continue ACO clinical Best Practices forums and improvement and dissemination of Best Practices tool
• Participate in raising awareness through national and regional partnerships including work with the office of the US Surgeon General, the American Heart Association, and the CDC National Hypertension Control Roundtable
Future State

- We can achieve 80% hypertension control; the Right Care Initiative, the CDC and US Surgeon General’s initiatives can help us get there.
- We can achieve much better Hypertension and Diabetes control using RCI Best Practices.
- We can eliminate strokes and heart attacks by attacking the 3 modifiable risk factors of Diabetes, Hypertension and Lipid Control.
- We can provide care worthy of our family and friends that is sustainably affordable for all Californians.