Pandemic Impact on Hypertension Control and PAMF Response

Presentation to Celebrating 10th Anniversary of University of Best Practice Forum
When the Pandemic Started, Patients Were Reluctant to Seek Care
The Negative Impact on Clinical Quality Was Swift
Sutter’s Response: Educate Patients on the Importance of Resuming Care

Key Messages

Safety “How We Keep You Safe”

Clinical Aspect & Importance “Don’t Delay Your Care”

Safety First

WE CARE
Here’s Our Messaging for Hypertension

People with Hypertension Should Not Delay Care

Know

People with high blood pressure whose care has been deferred or postponed during the COVID-19 pandemic should be seen now to make sure their hypertension is under control.

During the COVID-19 pandemic, many of our patients have faced added stress and lifestyle changes. People with moderate to severe hypertension may be at higher risk of getting very sick from COVID-19. The virus can affect the respiratory tract (nose, throat, lungs), but can also damage the heart, blood vessels, lungs, brain and kidneys. Hypertension can also make it harder to fight off infections. That’s why we are reminding patients with hypertension that it’s important to check in with their doctor, even during this time. Not having their high blood pressure under control puts patients at risk for other serious health issues, including heart attack and stroke. Quick intervention can lower their risk if they seek care early.

Many patients are afraid of being exposed to COVID-19 and have deferred their care. They need to be assured that our care centers are very clean and safe to visit.

Do

Use this Know Do Share when talking with patients who have high blood pressure so they understand the importance of not delaying their care. If patients are still uncomfortable about coming in, encourage them to schedule a Video Visit.

Share

1. What is the most important thing a person with hypertension can do during this pandemic?
   - The most important thing patients with persistent high blood pressure can do to protect their health right now is not delay needed care—especially if you’re experiencing elevated blood pressure.

2. Should I see my doctor for treatment of my hypertension during COVID-19?
   - Yes, even if you’re feeling OK, preventative care is important and Sutter Health has safe, convenient care options to help you stay on top of your health during this time.
   - If a patient’s blood pressure is high or borderline, it’s a warning sign. They may need their treatment plan and/or medication adjusted. Specifically, we want to see any patient whose blood pressure is at or above 140/90 (either of those numbers). We want to help patients get back on track with their blood pressure goals and lower the risk of serious complications, like heart attack and stroke.
   - If you had an in-person appointment that was canceled in the last three months, we can reschedule you for an in-person or Video Visit with our care teams.
Sutter Focused on the “**Vital Few**” to Reduce Disparities Among Our Higher Risk Patients

### 2020 Ambulatory Clinical Quality “Vital Few” Measures:

<table>
<thead>
<tr>
<th>Measure (Age Range in Years)</th>
<th>Priority Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Screenings</td>
<td>Race &amp; ethnicity(^1), Medi-Cal</td>
</tr>
<tr>
<td>- Breast (50-74)</td>
<td>Race &amp; ethnicity(^1), Medi-Cal, BMI ≥35</td>
</tr>
<tr>
<td>- Cervical (21-64)</td>
<td>Race &amp; ethnicity(^1), Medi-Cal, BMI ≥35</td>
</tr>
<tr>
<td>- Colorectal (50-75)</td>
<td></td>
</tr>
<tr>
<td>Immunizations</td>
<td>All</td>
</tr>
<tr>
<td>- Childhood Combo 10 (0-2)</td>
<td>Age ≥65, race &amp; ethnicity(^1), Medi-Cal, risk score(^2)</td>
</tr>
<tr>
<td>- Influenza (6 months+)</td>
<td>Age ≥65, race &amp; ethnicity(^1), Medi-Cal, risk score(^2)</td>
</tr>
<tr>
<td>- Pneumococcal (65+)</td>
<td></td>
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<tr>
<td>Disease Management:</td>
<td></td>
</tr>
<tr>
<td>- Diabetes: A1c Control &lt; 8 (18-75)</td>
<td>Age ≥65, race &amp; ethnicity(^1), Medi-Cal, BMI ≥35, risk score(^2)</td>
</tr>
<tr>
<td>- Hypertension: BP Control (18-85)</td>
<td>Age ≥65, race &amp; ethnicity(^1), Medi-Cal, BMI ≥35, risk score(^2)</td>
</tr>
<tr>
<td>- Asthma: Controller Therapy for Persistent Asthma (5-64)</td>
<td>All</td>
</tr>
</tbody>
</table>

\(^1\) Prioritize Black / African American and Hispanic patients.

\(^2\) Prioritize patients with an Epic risk score for 1 Year Hospital/ED Admission > 20.
The Pandemic Accelerated Telehealth Use

FIGURE 1. Number of telehealth patient encounters reported by four telehealth providers that offer services in all states and percentage change in telehealth encounters and emergency department (ED) visits — United States, January 1–March 30, 2019 (comparison period) and January 1–March 28, 2020 (early pandemic period)*

2020 Specification Changes Allow Self Reported Blood Pressures and Telehealth Encounters

**MY 2020 and 2021 AMP Clinical Specifications: Controlling High Blood Pressure**

**Controlling High Blood Pressure (CBP)**

In the Administrative Specification, added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
Putting Our Hypertension Tactics into Action

Blood Pressure Documentation:
WHO Needs this TIP:

User Role(s):
• Ambulatory Clinical Staff

Sutter EHR Application(s):
• EpicCare Ambulatory

High Blood Pressure Guide
How to lower your blood pressure and improve your health.
Embedding Standard Work on Elevated Blood Pressure Management

3. 2nd BP check Policy

PolicyStat ID 4792962

14. If the SBP is > 140 and/or the DBP is > 90 retake the BP in 1-2 minutes. Record reading and location in the patient medical record.

Elevated Blood Pressure Follow Up

Tell Patients if their BP is high: BP >=140/90.
Good Blood Pressure control reduces strokes by 37%, coronary artery disease by 21% and cardiovascular deaths by 25%.

Do

Suggested Script:
Your blood pressure is high today. Please see your provider who manages your blood pressure for guidance within XX (see below)

<table>
<thead>
<tr>
<th>BP</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP &lt; 140/90</td>
<td>No intervention needed</td>
</tr>
<tr>
<td>SBP 140-159 and/or DBP 80-99</td>
<td>Inform patient to arrange visit with BP treating clinician or care team member within 1 month. Assist with appointment scheduling if feasible. Document above in patient’s chart.</td>
</tr>
<tr>
<td>SBP 160-179 and/or DBP 100-119</td>
<td>Inform patient to arrange visit with BP treating clinician or care team member within 1 week. Assist with appointment scheduling if feasible. Document above in patient’s chart.</td>
</tr>
<tr>
<td>SBP ≥ 180 and/or DBP ≥ 120</td>
<td>Specialty department clinician call Urgent Care Team Lead to discuss patient disposition. This provides for a ‘warm handoff’ to confirm patient disposition instructions.</td>
</tr>
</tbody>
</table>
Paramount that we focus on **hypertension control** which worsened during the pandemic.

Data Source: IHA Analytic Site 2020 Measurement Year Results for CA Provider Organizations
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