PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Performance Improvement Team presents:

Accelerated Learning Education Program

Controlling High Blood Pressure

Colleen Townsend, MD
Regional Medical Director

Jordan Sumodobila, PharmD
Clinical Pharmacist

Farashta Zainal, MBA, PMP
Senior Improvement Advisor

May 11, 2021

Webinar Instructions

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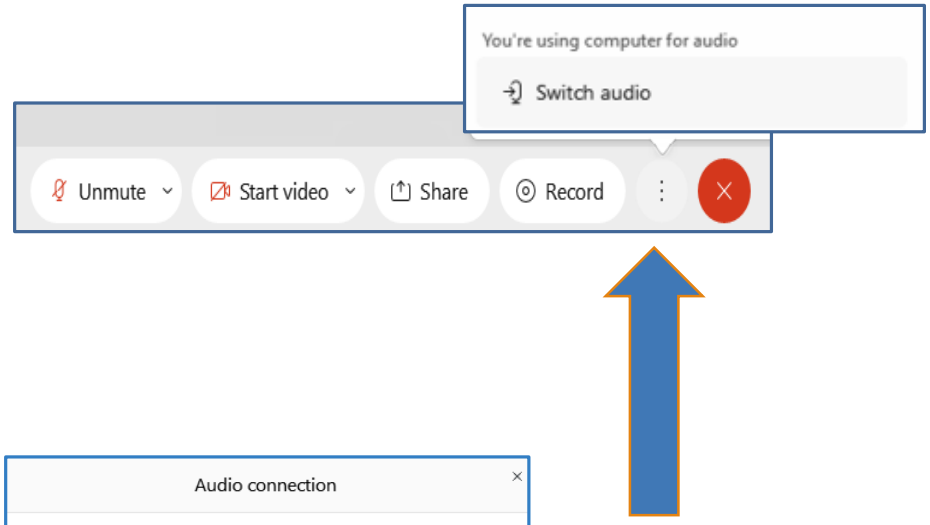
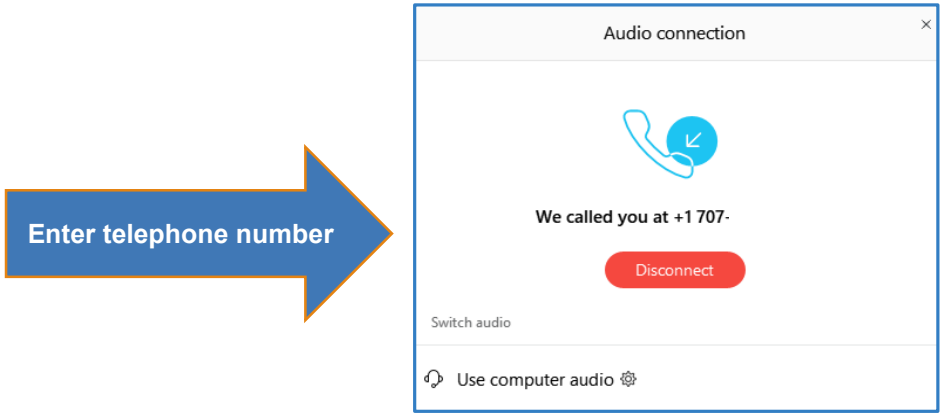
To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1



You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

Figure 2



Webinar Instructions

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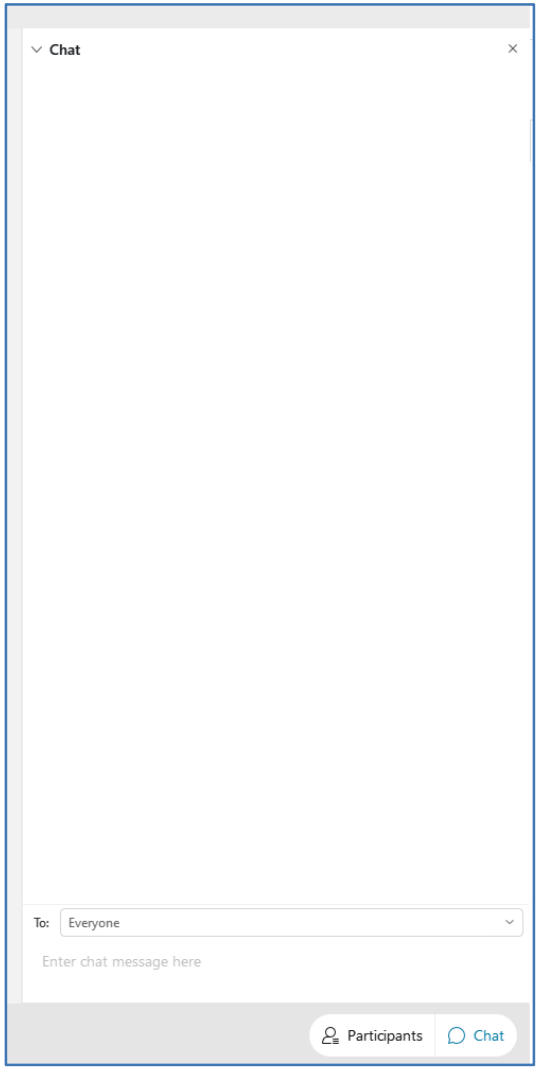
- All attendees have been muted to eliminate any possible noise/ interference/distraction.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select "Everyone" when sending a message.

Figure 1



Conflict of Interest and CME Credit

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- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

- *The AAFP has reviewed Accelerated Learning Education Program, and deemed it acceptable for AAFP credit. Term of approval is from 04/13/2021 to 04/13/2022. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Credit approval includes the following session(s): 1.00 In-Person, Live (could include online) AAFP Prescribed Credit(s) - Controlling High Blood Pressure

- **Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.

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Objectives

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1 Overview of Hypertension

- Understand Clinical Diagnosis of Hypertension
- Understand the Importance of Controlling High Blood Pressure
- Review the Treatment Options for Achieving Blood Pressure Control
- Review PHC Benefits to Support Blood Pressure Control

2 PHC's Quality Incentive Program

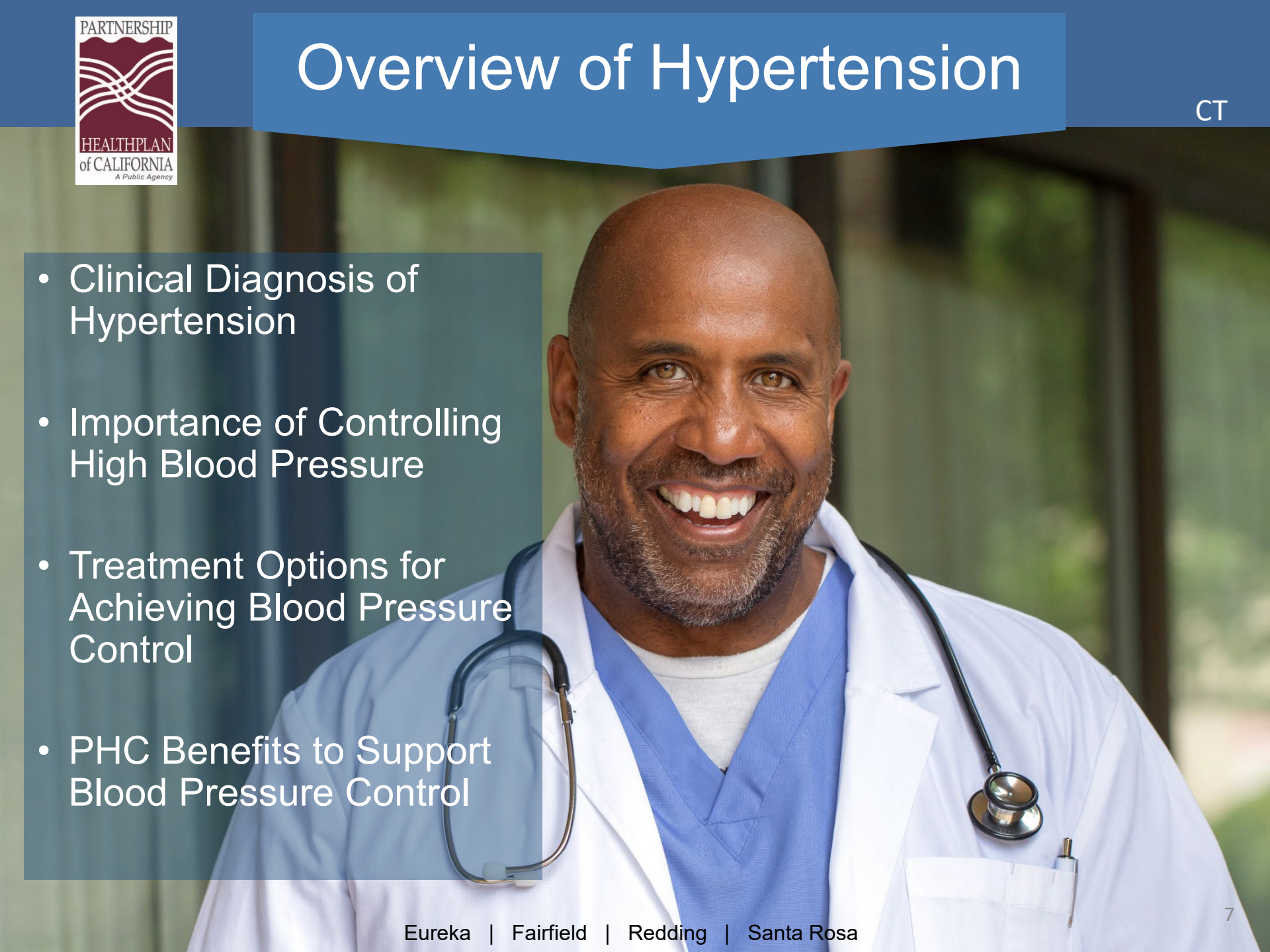
- Review 2021 Threshold and Targets
- Understand Compliant vs. Non-compliant Documentation
- Review Exclusions

3 Best and Promising Practices

- Review Promising Practices to Increase High Blood Pressure Rates
- Hear from High Performing Organization on How They Scored High on Controlling High Blood Pressure Measure

Overview of Hypertension

CT



- Clinical Diagnosis of Hypertension
- Importance of Controlling High Blood Pressure
- Treatment Options for Achieving Blood Pressure Control
- PHC Benefits to Support Blood Pressure Control

Hypertension Overview

CT

Epidemiology

- Affects ~ 50 million people in the U.S.
- The most common reason for office visits in the U.S.
- About 50% of people with hypertension are not at adequate control of their blood pressure

Types

- Primary – the most common form
  - Without a source or associated with any other disease
- Secondary
  - Associated with another disease such as kidney disease

Blood Pressure

CT

What is blood pressure?

- Force of the blood pushing against the walls of arteries
- Normal range blood pressure (120/80 mm Hg) efficiently delivers oxygenated blood to organs and tissues
- Normal BP increases in response to stress and exercise

What do blood pressure numbers mean?

- Top Number - *systolic blood pressure* - measures the pressure in arteries when the heart beats
- Bottom number - diastolic blood pressure - measures the pressure in arteries when the heart rests between beats
- Normal blood pressure 120/80

  Example: 120 systolic and 80 diastolic, 120 over 80 or 120/80

Hypertension
Sustained High Blood Pressure

CT

- The force from high blood pressure causes the heart to work harder to pump blood to the body
- When the force of blood flow stays high, the tissue around the arteries stretch
- Stretching weakens the blood vessels making them prone to rupture
- High pressure damages blood vessels and allows fat and cholesterol to build up, causing plaques
- Plaques break off and cause heart attacks and strokes

What is High Blood Pressure (Hypertension)

CT

Blood Pressure Levels			
The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003 Guideline)[2]		**The American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017 Guideline)[1]**	
Normal	Systolic less than 120 mm Hg diastolic: less than 80 mm Hg	Normal	Systolic less than 120 mm Hg diastolic: less than 80 mm Hg
At risk (prehypertension)	Systolic 120 - 139	Elevated	systolic: 120–129 mm Hg diastolic: less than 80 mm Hg
High Blood Pressure (hypertension)	systolic: 140 mm Hg or higher diastolic: 90 mm Hg or higher	High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

Center for Disease Control and Prevention

Factors That Contribute to Hypertension

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Age

- Hypertension is more common with advancing age

Race ~ Black Populations

- Hypertension is more common, more severe and occurs at younger age
- More impact overall and more end organ disease

Family History

- Individuals with one or two parents with Hypertension carry twice the risk

Environmental or Behavioral Factors

- Obesity
- Alcohol
- Inactivity
- Medications
- Caffeine
- High sodium diet
- Tobacco Use

Less Common Factors

- Kidney anatomy
- Genetic conditions

Medications

Common medications that can increase blood pressure:

- Corticosteroids
- NSAIDs
- Combined oral contraceptive pills
- Select antidepressant medications (TCAs, SNRIs)
- Decongestants (pseudoephedrine)
- Stimulants (ADHD, weight loss medications)

Hypertension - A Silent Killer

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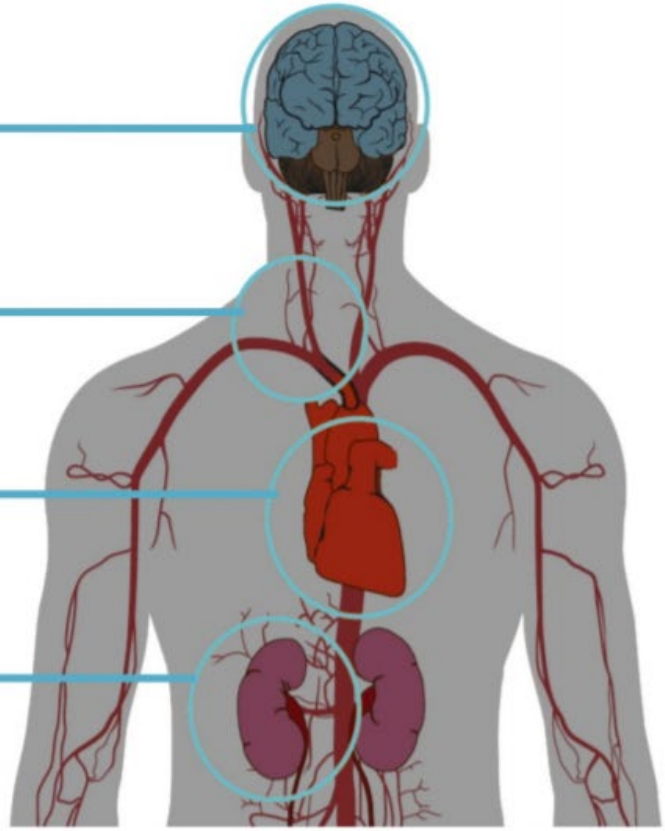
Hypertension can cause:

Brain
- Stroke
- Dementia

Arteries
- Artery damage and narrowing
- Aneurysm
- Leg amputation

Heart
- Coronary artery disease
- Heart attack
- Congestive heart failure

Kidneys
- Kidney failure
- Kidney artery aneurysm



cdc.gov/globalhealth/healthprotection

Hypertension Treatment: More than Medications

CT

Lifestyle Changes for Prevention and Treatment

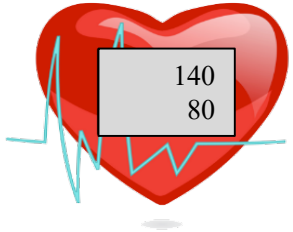
- Diet changes
- Regular physical activity and exercise
- Primary care provider (PCP) consults to address modifiable risk factors, early detection, and initiation of treatment

Home Self Monitoring

- Self-monitoring empowers patients for self-management

Medication Management

- See chart for recommendations



Nutrition Education and Counselling

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- Provided by Registered Dietician (RD) or Certified Diabetes Educators (CDE)
  - Offers dietary recommendations to control BP and limits impact of hypertension by controlling other potential risk factors
- Individual or Group Visits
  - PHC benefit no RAF required
- Covered PHC Benefit for Adult and Pediatric Patients with Diagnosis of:
  - Hypertension, hyperlipidemia
  - Cardiovascular disease or CVD risk
  - Diabetes/prediabetes
  - Chronic renal disease
  - Eating disorders, undernutrition or risk of dietary deficiency
  - Overweight and obesity by BMI

PHC Policy MCUP 3052 Medical Nutrition Services

PHC Support Self Blood Pressure Monitoring

CT

Home Blood Pressure Monitoring

- PHC Medical Equipment Distribution Services Program
  - PCPs order a blood pressure monitor to be sent to their PHC patient.
    - Includes BP digital monitor, cuffs, user instructions in the member's preferred language.
  - How to request:
    - Request form and guidelines are available through PHC's Provider Resources section at partnershiphp.org
    - Providers can send request form via
      - Secure email to request@partnershiphp.org or
      - Secure fax to (707) 420-7855

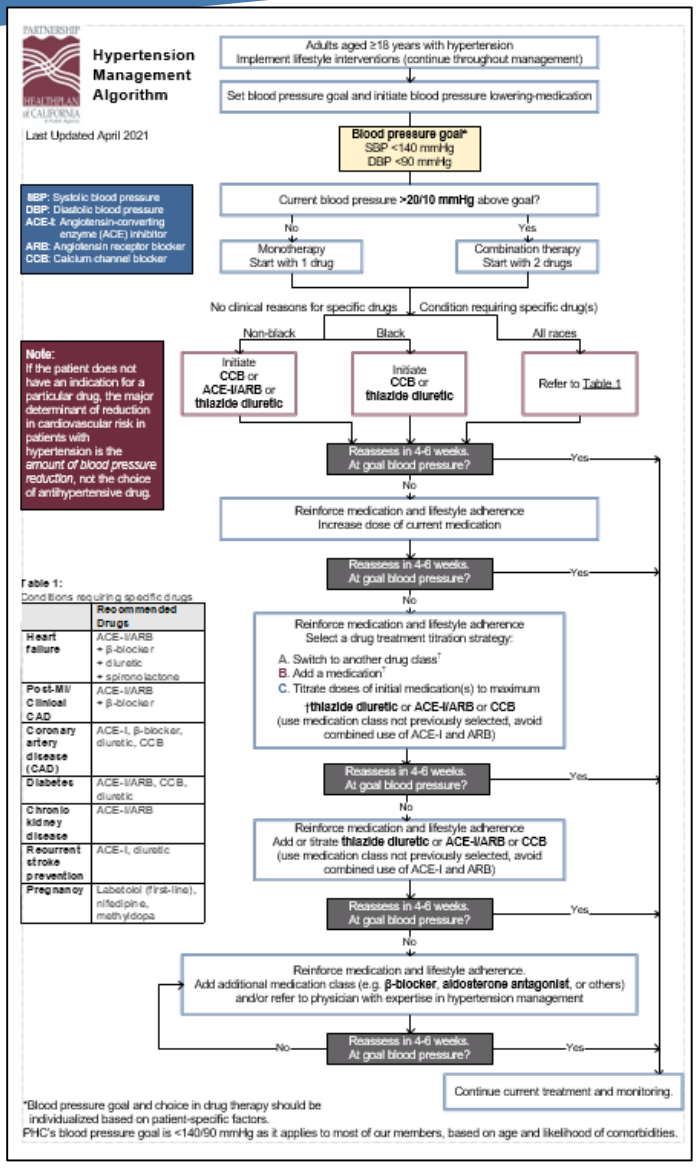
- PHC Pharmacy Benefit: Blood Pressure Monitors
  - Billed as outpatient prescription
  - Limit 1 kit/cuff/device per 2 years
  - Limit $100 per Rx claim
  - List of covered BP monitors by NDC: PHC website, Pharmacy home page, "Formulary Blood Pressure Kits" http://www.partnershiphp.org/Providers/Pharmacy/Documents/Pharmacy%20Updates/2020/Blood%20Pressure%20Kit%20Formulary%20NDCs.pdf

RX and Workflow Resources

JS

- Hypertension Management Algorithm
- Formulary Hypertension Rx

http://www.partnershiphp.org/Providers/Pharmacy/Documents/Pharmacy%202021%20documents/PHC%20Hypertension%20Management%20Algorithm%20and%20Formulary%20Rx%20Options.pdf



PHC's Quality Incentive Program

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- 2021 Threshold and Targets
- Compliant vs. Non-compliant Documentation
- Exclusions

Measure Specifications

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Measure Description

The percentage of members 18 - 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

- **Denominator:** Members 18 - 85 years of age by December 31, 2021, who had at least two visits on different dates of service on or between January 1 of the year prior to the measurement year and June 30 of the measurement year. Both visits must have a diagnosis of HTN.

- **Numerator:** The number of members whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

PCP QIP 2021

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PCP QIP 2021	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	66.91%	75th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	61.04%	50th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

QIP Compliant Documentation

A second diagnosis of hypertension must occur prior to counting the most recent BP reading.

- Eligible readings include:
  - Outpatient visit
  - Telephone visit
  - E-visit or virtual check-in
  - Remote monitoring taken by any **digital device**

- Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation.

- Multiple readings for a single date – use the lowest systolic and lowest diastolic BP.

  Example: BP reading on 5/30/20 were 140/**80**, 138/90 and **130**/87

  → Use **130/80**

Compliant Documentation (continued)

BP readings taken on the same day as a low-intensity or preventive procedure are eligible for use.

Examples: ***(list is not exhaustive)***

- Vaccinations
- Injections (i.e., allergy, insulin, steroid, etc.)
- TB test
- IUD insertion
- Eye exam with dilating agents
- Wart or mole removal

PHC will accept BP readings recorded at a dental office provided the EHR systems are integrated.

QIP Non-Compliant Documentation

The following BP readings **do not** meet the measure:

- Acute inpatient stay or ED visit
- Taken by the member using a non-digital device
- BP reading is ≥140/90
- No BP/incomplete reading during the measurement year
- Documented Pulmonary HTN
- Taken the same day as a diagnostic test or therapeutic procedure that requires a change in diet or medication regiment **on or one day before** the day of the test or procedure. (Example: colonoscopy)

Controlling High Blood Pressure Measure Exclusions

Exclude from the eligible population members with evidence of the following during the measurement year:

- Evidence of end-stage renal disease, dialysis, nephrectomy, or kidney transplant or dialysis
- Pregnancy
- Hospitalization or skilled nursing facility, rehabilitation center, or long term acute care facility
- Palliative care or hospice
- Diagnosis of frailty and advanced illness

Best and Promising Practices

FZ

- Promising Practices to Increase High Blood Pressure Rates
- High Performing Organization and How they Scored High on Controlling High Blood Pressure Measure

BP Measurement Workflows

- Measure BP at **EACH** visit and repeat if out of the normal range
- Perform a manual BP Measurement if elevated after second measurement
- Assign and train a designated medical assistant to perform manual BP checks
- Schedule BP short term follow-up appointment in real time to reassess after treatment changes

Best and Promising Practices

Practice Workflows

- Reassess BP every three months after target is achieved
  - Follow-up on no shows
  - Run registry of patients with hypertension to ensure follow up
- Establish standardized processes in your practice site
  - Use of multidisciplinary team members (RN, RD, Pharmacist)
  - Standing orders
  - Treatment algorithms
- Refer/enroll with Chronic Case Management

Best and Promising Practices

Patient Education

- Provide education on the importance of BP control and the role of self monitoring
  - Review steps and goals of BP management
- Reinforce the importance of smoking cessation, increased physical activity, low sodium diets, and medication management

Outreach

- Member outreach for routine follow up (phone call, text, email, member portal, post card/letter)

Claims Submission

- Submit claims encounter data with 90 days of service

Questions

FZ

Voices from the Field

FZ

Voices from the Field

FZ

Katie Amaya
Director of Quality Improvement

Resources

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- Upcoming Trainings and Events
- RX and Workflow Resources
- Quick Guide to Starting QI Projects
- Summary of 2021 QIP
- Contacts and Links
- Evaluation

Upcoming Trainings / Events

Accelerated Learning Education Program

These learning sessions will cover Partnership HealthPlan of California's Primary Care Provider Quality Incentive Program measures. Registration is now open for the AL, ABC's and all

- April 13 - Well-Child Visits and Immunizations (0 - 2 years) ***(Recorded)***
- April 27 - Early Cancer Detection (Cervical, Breast, and Colorectal Screening) ***(Recorded)***
- May 11 - Controlling High Blood Pressure
- May 25 - Diabetes Management HbA1C Good Control
- July 14 - Improving Asthma Care and the Asthma Medication Ratio
- July 27 - Child and Adolescent Well-Care Visits (3 - 17 years)

All sessions are from noon to 1 p.m. except today's session

The Role of Leadership in Quality Improvement Efforts

- September 23 - Petaluma Health Center - Interview with Top Performing Leaders
- October 5 - Community Medical Center - Interview with Top Performing Leaders

Upcoming Trainings / Events

ABCS of Quality Improvement

This training consists of five sessions and the following topics will be covered:

- June 02 - The Model for Improvement and Creating an Aim Statement
  June 09 - Using Data for Quality
- June 16 - Understanding the Role of Measurement in Quality Improvement
- June 23 - Tips for Developing Change Ideas for Improvement
- June 30 - Testing and Implementing Changes via the Plan-Do-Study-Act Cycle

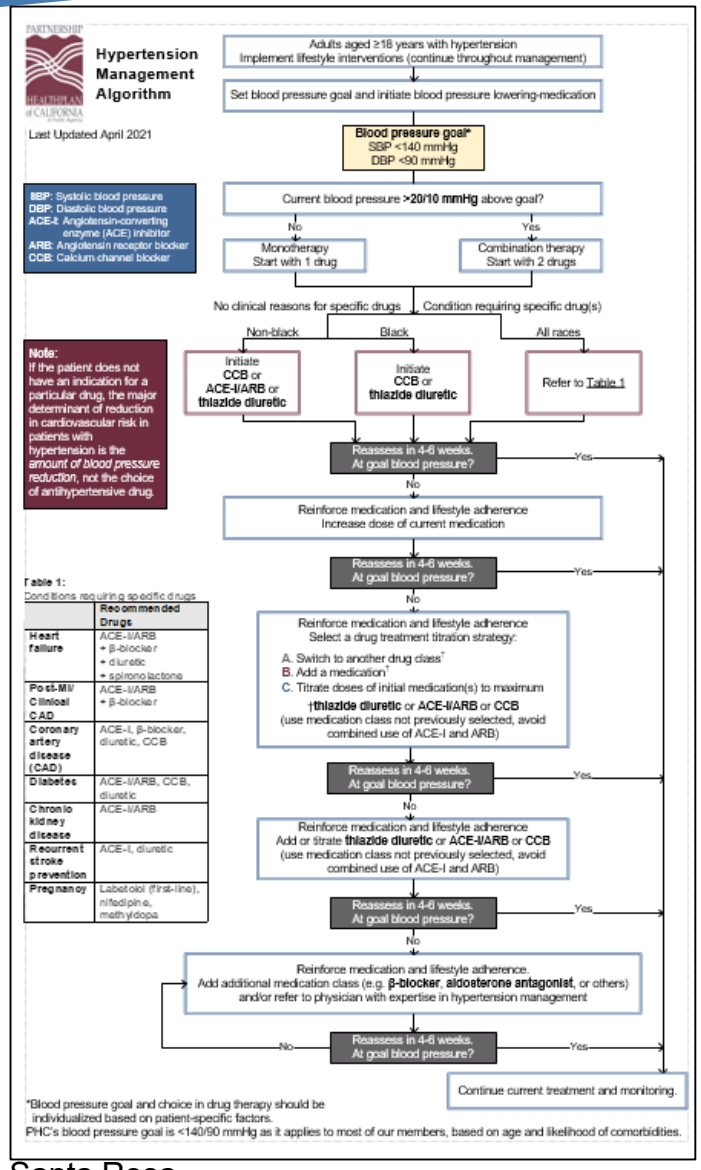
All sessions are from noon to 1 p.m.

RX and Workflow Resources

- Hypertension Management Algorithm

- Formulary Hypertension Rx

http://www.partnershiphp.org/Providers/Pharmacy/Documents/Pharmacy%202021%20documents/PHC%20Hypertension%20Management%20Algorithm%20and%20Formulary%20Rx%20Options.pdf



PHC QI Resources

A Quick Guide to Starting Your Quality Improvement Projects

http://www.partnershiphp.org/Providers/Quality/Pages/PIAcademyLandingPage.aspx

Summary of 2021 QIP

CLINICAL DOMAIN										
PRACTICE TYPE			MEASURE	MEASURE CATEGORY	AGE RANGE	TARGETS		FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS				FULL	PARTIAL	FAMILY	INTERNAL	PEDS
✓	✓	✓	Asthma Medication Ratio	CHRONIC DISEASE MGMT.	5 - 64 YRS	68.52%	63.58%	7 / 5	12.5 / 9	12 / 9
✓	✓		Comprehensive Diabetic Care - HbA1c Control		18 - 75 YRS	67.15%	61.48%	7 / 5	12.5 / 9	--
✓	✓		Controlling High Blood Pressure		18 - 85 YRS	66.91%	61.04%	7 / 5	12.5 / 9	--
✓		✓	Immunization for Adolescents - Combination 2	PREVENTATIVE SCREENING	13 YRS	40.39%	34.43%	7 / 5	--	12 / 9
✓	✓		Breast Cancer Screening		50 - 74 YRS	63.98%	58.67%	7 / 5	12.5 / 9	--
✓	✓		Cervical Cancer Screening		21 - 64 YRS	66.49%	60.65%	7 / 5	12.5 / 9	--
✓		✓	Childhood Immunization Status - Combination 10		2 YRS	42.02%	34.79%	7 / 5	--	12 / 9
✓	✓		Colorectal Cancer Screening		51 - 75 YRS	41.84%	32.24%	6 / 5	12.5 / 9	--
		✓	Counseling for Nutrition for Children/Adolescents		3 - 17 YRS	70.92%		--	--	12 / --
		✓	Counseling for Physical Activity for Children /Adolescents		3 - 17 YRS	64.96%		--	--	12 / --
✓		✓	Child and Adolescent Well Care Visit	UTILIZATION	3 - 17 YRS	47.54%		10 / --	--	15 / --
✓		✓	Well Child Visits in the First 15 Months of Life		15 MONTHS	69.83%	65.83%	10 / 8	--	12.5 / 9

Summary of 2021 QIP

PRACTICE TYPE			NON-CLINICAL				FULL / PARTIAL POINTS		
FAMILY	INTERNAL	PEDS	ACCESS AND OPERATIONS				FAMILY	INTERNAL	PEDS
✓	✓	✓	Ambulatory Care Sensitive Admissions		FULL POINT TARGET 6.88 (60th Percentile)	PARTIAL POINT TARGET 8.56 (70th Percentile)	5 / 4	5 / 4	5 / 4
✓	✓	✓	Risk Adjusted Readmission Rate		FULL POINT TARGET **SCORE <1.0**	PARTIAL POINT TARGET **≥1.0 - 1.2**	5 / 4	5 / 4	5 / 4
			APPROPRIATE USE OF RESOURCES						
✓	✓	✓	Avoidable ED Visits		FULL POINT TARGET 9.18 60th Percentile	PARTIAL POINT TARGET 11.44 70th Percentile	5 / 4	5 / 4	5 / 4
			PATIENT EXPERIENCE						
✓	✓	✓	Patient Experience	CAHPS	**ACCESS**	**COMMUNICATIONS**	10 / 8	10 / 8	10 / 8
					FULL POINTS 50TH Percentile (45.00%)	FULL POINTS 50TH Percentile (70.30%)			
					PARTIAL POINTS 25TH Percentile (41.00%)	PARTIAL POINTS 25TH Percentile (67.00%)			
				SURVEY OPTION	**FULL POINTS**	**PARTIAL POINTS**	10 / 5	10 / 5	10 / 5
					PARTS 1 AND 2	PARTS 1 OR 2			

Summary of 2021 QIP

			UNIT -OF-SERVICE	
✓	✓	✓	Advance Care Planning Attestations	Minimum 1/1000th (0.01%) of the sites assigned monthly membership 18 years and older for: • $100 per Attestation, maximum payment $10,000. • $100 per Advance Directive/POLST, maximum payment $10,000
			Extended Office Hours	Quarterly 10% of capitation for PCP sites must be open for extended office hours the entire quarter an additional 8 hours per week or more beyond the normal business hours (reference measure specification).
			PCMH Certification	$1,000 yearly for achieving or maintaining PCMH accreditation.;
			Peer-led Self-Management Support Groups (both new and existing)	$1,000 per group (Maximum of 10 groups per parent organization).
			Alcohol Misuse Screening and Counseling	$5 per screening for screening a minimum of 5% of eligible adult members.
			Health Information Exchange	One time $3000 incentive for signing on with a local or regional health information exchange; Annual $1500 incentive for showing continued participation with a local or regional health information exchange. The incentive is available once per parent organization.
			Initial Health Assessment	$2,000 per parent organization for submitting all required parts of improvement plan regardless of visit volume.

PHC Resources

QI/Performance Team: ImprovementAcademy@partnershiphp.org

Quality Improvement Program: QIP@partnershiphp.org

2021 PCP QIP Webpage:
http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx

QI Monthly Newsletters:
http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx

Measure Highlights:
http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx

eReports: https://qip.partnershiphp.org/

Resources

- *Northwest Regional Telehealth Resource Center, Quick Start Guide to Telehealth During the Current Public Health Emergency. March 2020.* https://nrtrc.org
- California Telehealth Resource Center, http://www.caltrc.org/knowledge-center/best-practices/sample-forms
- California Primary Care Association, www.CPCA.org
- Center for Care Innovations, https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf

Contact Us

- **Regional Medical Director:**
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  ctownsend@partnershiphp.org

- **Quality Improvement Advisor**:
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- **QI/Performance Team:**
  ImprovementAcademy@partnershiphp.org

Evaluation

Please complete your evaluation.
Your feedback is important to us!