Today’s Agenda

1. Understand goals of the Measure Up/Pressure Down™ national campaign
2. Learn key care processes for improving blood pressure control
3. Identify Measure Up/Pressure Down™ resources that could assist your efforts
Meet the Campaign Team

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What if…

AMGA member medical groups and health systems including the likes of Kaiser, Cleveland Clinic, Intermountain, and Mayo agreed to work together to address one of the nation’s most important public health challenges?
AMGA’s 430 medical groups...

- Treat one in three Americans
- Represent 125,000 physicians
- Deliver care to 130 million patients in 49 states
1 in 3 U.S. adults (68 million) have high blood pressure, meaning that millions of Americans are at increased risk for heart disease and stroke.

- Nationally, only half of all patients have their condition in control.
- High blood pressure contributes to nearly 1,000 deaths a day.
- By 2030, an estimated 100 million adults in the U.S. will have high blood pressure, resulting in increases in health care costs, disability, and lost productivity.
National Steering Committee

Lawrence Casalino, MD, PhD
Chief, Division of Outcomes and Effectiveness Research
Weill Cornell Physician Organization

Janet Corrigan, PhD, MBA
President and Chief Executive Officer
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National Pharmaceutical Council

Harold S Luft, PhD
Director Palo Alto Medical Foundation
Research Institute
UC San Francisco School of Medicine
Primary

Mobilize medical groups to achieve measurable improvements in high blood pressure prevention, detection, and control

- 80% of patients at goal by 2016
- 50% of AMGA membership adopt at least one campaign plank

Secondary

Engage and empower patients to actively manage their health

- Raise awareness of the dangers of uncontrolled high blood pressure
- Encourage consumers to obtain BP screenings, partner w/health care provider, make lifestyle changes, etc.
Campaign Planks

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 Specialists Intervene with Patients Not in Control
Plank #1

Direct Care Staff Trained in Accurate BP Measurement
Plank #2

Hypertension Guideline Used and Adherence Monitored
Blood Pressure Addressed for Every Hypertension Patient Every PC Visit
Plank #4

All Patients Not at Goal or New Rx Seen Within 30 days
Plank #5

Patient Engagement or Self-Management Program in Place
Registry to Identify and Track Hypertension Patients
Plank #7

All Team Members Trained in Importance of BP Goals
Plank #8

All Specialists Intervene with Patients Not in Control
Have you created a team for hypertension?

- Yes: 54%
- No: 46%
Have you adopted any of the campaign planks?

- Yes: 63%
- No: 37%
Which planks have you adopted?

- Direct Care Staff Trained in Accurate BP Measurement (70% adoption)
- BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit (60% adoption)
- Hypertension Registry Used to Track Patients (50% adoption)
- Hypertension Guideline Used and Adherence Monitored (40% adoption)
- All Team Members Trained in Importance of BP Goals and Metrics (30% adoption)
- Prevention, Engagement and Self-Management Program in Place (20% adoption)
- All Specialties Intervene with Patients Not in Control (10% adoption)
- All Patients Not at Goal or with New Hypertension Rx Seen within 30 Days (0% adoption)
Has your organization formally adopted hypertension goals?

- Yes: 43%
- No: 57%
Do you have a group-level hypertension measurement?

- Yes: 61%
- No: 39%
Do you report hypertension results to any external organization?

- Yes: 46%
- No: 54%
## Campaign Strategy

<table>
<thead>
<tr>
<th>Medical Groups</th>
<th>Medical groups are being challenged to adopt one or more evidence-based care processes that lead to measurable improvements in blood pressure control.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients &amp; Consumers</td>
<td>Patients and consumers are receiving information and tools to help control blood pressure provided via website, physician’s offices, community-based screenings and educational events, and retail partners such as chain drugstores or supermarkets.</td>
</tr>
<tr>
<td>Strategic Partnerships</td>
<td>Collaborative partnerships continue to be formed with government, nonprofit and private sector organizations designed to broaden the reach of and strengthen engagement efforts with health care providers and patients.</td>
</tr>
<tr>
<td>Employers</td>
<td>Opportunities to engage employees in workplace wellness activities (e.g., onsite blood pressure screenings, competition between employers) and sign-on to employer planks.</td>
</tr>
<tr>
<td>Media</td>
<td>A national media campaign consisting of media events, ongoing media outreach, and publication of research findings.</td>
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Official Launch
Campaign Resources

- Developed a Provider Toolkit that provides tools, tips, and resources
- Organized around each of the eight campaign planks
PLANK 2
Hypertension Guideline Used and Adherence Monitored

Each organization will adopt and deploy a process or algorithm to guide therapy in accordance with evidence-based guidelines. The JNC 7 and ADA goal for patients with diabetes and chronic kidney disease (<130/80) should be included.

What Are Clinical Practice Guidelines?
“Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” (Institute of Medicine, 1990). These guidelines contain recommendations that are based on evidence from a rigorous systematic review and synthesis of the published medical literature. Guidelines help clinicians and patients make appropriate decisions about health care, by:

- Describing a range of generally accepted approaches for the diagnosis, management, or prevention of specific diseases or conditions, and
- Defining, practices that meet the needs of most patients in most circumstances.

The recommendations are not fixed protocols that must be followed. For individual patients, the judgment of responsible clinicians remains paramount. Clinicians and patients need to develop individualized treatment plans, tailored to the specific needs and circumstances of the patient.

Tips for Adopting a Clinical Practice Guideline
- Many medical groups or healthcare systems create a Guidelines Committee to evaluate and make recommendations for the organization.
- Guidelines Committees are usually multidisciplinary and may form expert workgroups around specific topics or guidelines.
- Buy-in by physicians and other practitioners is essential, which means they must be actively engaged in guideline development and review.
- Guidelines may become obsolete as new evidence emerges, so a systematic process for periodic review is required.
- National guidelines are often quite long and detailed; many organizations have created practical summaries that are brief, actionable, and written in “plain English.”

Adoption Is Not Enough
- Train physicians and other practitioners on guideline use.
- Clinical decision support in an EHR is a systematic way to incorporate guidelines into workflow, although it must be implemented judiciously to avoid “alert fatigue.”
- Monitor adherence or reasons for lack of adherence to the guideline. Creating a feedback
Management of Adult Hypertension

**BLOOD PRESSURE (BP) GOALS**

≤ 139 / 89 mm Hg

Uncomplicated HTN, Diabetes, CVA, TIA, CKD Stages 1–3

**ACE-Inhibitor** / **Thiazide Diuretic**

<table>
<thead>
<tr>
<th>Losartan</th>
<th>HCTZ</th>
<th>(Avastin as needed)</th>
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<tbody>
<tr>
<td>25 mg X 1 daily</td>
<td>26–25 mg X 1 daily</td>
<td>26–25 mg X 2 daily</td>
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</tbody>
</table>

Pregnancy Potential: Avoid ACE-Inhibitors

**If ACEI intolerant or pregnancy potential**

- Thiazide Diuretic
  - Chlorthalidone 12.5 mg → 25 mg
  - HCTZ 26 mg → 50 mg

**Calcium Channel Blocker**

Add amlodipine 5 mg X 1 daily → 5 mg X 1 daily → 10 mg daily

**If not in control**

**Spironolactone otherwise Beta-Blocker**

If on thiazide AND eGFR ≥ 60 mL/1.73m² AND X < 4.5
Add spironolactone 12.5 mg daily → 25 mg daily

Otherwise
Add amlodipine 25 mg daily → 50 mg daily (Keep heart rate ≥ 55)

**If not in control**

**Measure Up Pressure Down**

**Provider Toolkit**

To improve hypertension control

American Medical Group Foundation
## Campaign webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Plank</th>
<th>Speaker</th>
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</thead>
<tbody>
<tr>
<td>Jan 17, 2013</td>
<td>Getting started with QI</td>
<td></td>
<td>Institute of Healthcare Improvement</td>
</tr>
<tr>
<td>Feb 21, 2013</td>
<td>Direct Care Staff trained in accurate BP measurement</td>
<td>1</td>
<td>Cleveland Clinic</td>
</tr>
<tr>
<td>Mar 21, 2013</td>
<td>Hypertension Guideline used and adherence monitored</td>
<td>2</td>
<td>Kaiser Permanente – Mid-Atlantic</td>
</tr>
<tr>
<td>Apr 18, 2013</td>
<td>BP addressed for every hypertension patient, every primary care visit</td>
<td>3</td>
<td>PriMed Physicians</td>
</tr>
<tr>
<td>May 16, 2013</td>
<td>All patients not at goal and with new Rx seen within 30 days</td>
<td>4</td>
<td>Sharp Rees-Stealy Medical Group</td>
</tr>
<tr>
<td>Jun 20, 2013</td>
<td>Prevention, engagement, and self-management program in place</td>
<td>5</td>
<td>Mercy Clinics Iowa</td>
</tr>
<tr>
<td>Jul 18, 2013</td>
<td>Registry used to identify and track hypertension patients</td>
<td>6</td>
<td>Anceta</td>
</tr>
<tr>
<td>Aug 15, 2013</td>
<td>All specialties intervene with patients not in control</td>
<td>8</td>
<td>Park Nicollet Health Services</td>
</tr>
<tr>
<td>Sep 19, 2013</td>
<td>All team members trained in importance of BP goals</td>
<td>7</td>
<td>Billings Clinic</td>
</tr>
<tr>
<td>Oct 17, 2013</td>
<td>Physician Engagement</td>
<td></td>
<td>Columbia St Mary’s Physicians</td>
</tr>
<tr>
<td>Nov 21, 2013</td>
<td>Equity</td>
<td></td>
<td>Association of Black Cardiologists</td>
</tr>
<tr>
<td>Dec 19, 2013</td>
<td>Pharmacist role</td>
<td></td>
<td>Marshfield</td>
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Social Media

www.twitter.com/MUPDcampaign

www.facebook.com/measureuppressuredown

www.flickr.com/photos/measureuppressuredown
Generated significant media exposure, including:

- Interviews with print publications such as, *American Medical News*, *Managed Healthcare Executive Magazine*, *Modern Medicine*, *Congressional Quarterly*
- Local radio broadcast stations and local media outlets (e.g., Missoulian, Sun Journal, and Billings Gazette).
- Several online healthcare publications (e.g., MedPage Today, Medical News Today, and The Daily Journal)
- Recently, AMGA’s Chief Medical and Quality Officer Jerry Penso, authored “Creating a National Campaign to Improve Hypertension Control” for Premier’s *Economic Outlook* publication.
Delivering care to more than 42 million patients

Participating Medical Groups

Adirondack Internal Medicine & Pediatrics, P.C.
Advocate Medical Group
Advocate Physician Partners
Alegent Creighton Clinic
Allina Medical Clinic
Arch Health Partners
Aurora Health Care
Austin Diagnostic Clinic, P.A.
Austin Regional Clinic, P.A.
Baptist Health Medical Group
Baptist Memorial Medical Group
Baton Rouge Clinic
Baylor Health Care System/HealthTexas Provider Network
Bend Memorial Clinic, P.C.
Benefis Medical Group
Billings Clinic
Brown & Toland Physicians
Carilion Clinic
Carolinas Healthcare System
Catholic Health Initiatives
Central Utah Clinic
Centura Health Physician Group
Christie Clinic, LLC
Clackamas County Health Centers
Cleveland Clinic
Coastal Carolina Health Care, PA
Colorado Springs Health Partners, P.C.
Community Clinic, Inc
Community Physicians of Indiana
Cornerstone Health Care, P.A.
Crystal Run Healthcare
Dartmouth-Hitchcock Clinic
Deaconess Clinic
Dean Health System, Inc.
Essentia Health
Fairview Health Services
Florida Medical Clinic, P.A.
Geisinger Health System
Group Health Cooperative of South Central Wisconsin
Hartford Healthcare Medical Group
Hattiesburg Clinic, P.A.
Hawaii Pacific Health
Health First Physicians
HealthCare Partners Medical Group
HealthEast Care System
HealthPartners
HealthPartners
HealthPoint Medical Group
Henry Ford Medical Group
Heritage Valley Medical Group, Inc.
Holston Medical Group
Hospital Sisters Health System
Medical Group
INova Health System
INTEGRIS Medical Group
Intermountain Medical Group
Johns Hopkins Community Physicians, Inc.
Kelsey-Seybold Clinic
Kish Health Physician Group
Lahey Clinic
Lakeshore Clinic, PLLC
Lakeshore Health Partners
LeBauer HealthCare / Moses Cone Health System
Maitland Family Practice
Mankato Clinic, Ltd.
Mayo Clinic - Rochester
Medical Associates
Medical Associates Clinic
MedStar Physician Partners
Mercy Clinic-East Communities
Mercy Clinics
Mercy Medical Clinic - NWA
Meritage Medical Network
Mid Hudson Medical Group
Mid-Atlantic Permanente Medical Group, PC
Mount Kisco Medical Group
Mountain View Medical Group, P.C.
NEA Baptist Clinic
New West Physicians, P.C.
North Mississippi Medical Clinics, Inc.
North Texas Specialty Physicians
NorthShore University HealthSystem
Northwest Primary Care Group, P.C.
Novant Medical Group
Ochsner Health System
Oregon Medical Group, P.C.
OU Physicians
Pacific Medical Centers
Palo Alto Medical Foundation
Parkview Physicians’ Group
PeaceHealth Medical Group
Piedmont Healthcare
Piedmont HealthCare, P.A.
Portland IPA
Premier Medical Associates, P.C.
Prevea Health Services
PriMed Physicians
ProHealth Physicians, Inc.
Puget Sound Family Physicians
Quincy Medical Group
Reliant Medical Group, Inc.
Rio Grande Medicine
Riverside Medical Clinic
Riverside Medical Group
Rockford Health Physicians
Sacramento Family Medical Centers
Scripps Coastal Medical Group
Scripps Medical Foundation
Sentara Medical Group
Shannon Health System
Sharp Rees-Stealy Medical Group, Inc.
Shaw Center for Women's Health, PA
Springfield Clinic
St. Anthony’s Physician Services
St. Luke’s Physician Group
State of Franklin Healthcare Associates, PLLC
Stem Cardiovascular Foundation
Summa Physicians Inc.
Summit Medical Group, P.A.
Sussquehanna Health Medical Group
Sutter Independent Physicians
Sutter Medical Foundation
SwedishAmerican Health System
The Everett Clinic
The Iowa Clinic, P.C.
The Jackson Clinic, P.A.
The Permanente Medical Group, Inc.
The Polyclinic
ThedaCare Physicians
TriHealth Physician Enterprise Corporation
UnityPoint Clinic
University of North Texas Health Science Center
University of Utah Community Clinics
Upper Valley Medical Center
Washington Township Medical Foundation
Watson Clinic, LLP
Weill Cornell Physician Organization
WellMont Medical Associates
WellStar Health System
Wenatchee Valley Medical Center
Western Montana Clinic
WESTMED Medical Group, P.C.
Wheaton Franciscan Medical Group
Wilmington Health
The campaign will conduct a two-phase evaluation process involving quantitative data management consisting of quarterly reporting and data analysis and an expanded qualitative component.
Early Results

Blood Pressure Control in 22 Medical Groups

- Jan-Mar 2013: 69.5%
- Apr-Jun 2013: 72.5%

4% Improvement
Campaign Sponsors

Presenting Sponsors

Daiichi-Sankyo

NOVARTIS
Campaign Partners
1. Understand goals of the Measure Up/Pressure Down™ national campaign
2. Learn key care processes for improving blood pressure control
3. Identify Measure Up/Pressure Down™ resources that could assist your efforts
Measure Up Pressure Down™

American Medical Group Foundation