# Case Study: Hypertension Best Practice Program

By Shari Bolen

## SUMMARY

High blood pressure, or hypertension, can lead to heart disease and stroke, and our communities of color have two to four times more complications and deaths. Like many chronic conditions, high blood pressure can be tough for patients to manage. In Northeast Ohio, Better Health Partnership identified a "best practice" in high blood pressure care in multiple clinics of one of its member health systems, then developed a program that it helped safety-net primary care practices adopt across the region, with dramatic results.

*At Care Alliance Health Center, blood pressure control rates improved 24 percentage points and rates of timely patient follow-up visits doubled, climbing from 33% to 67%.*

## CHALLENGE

Health disparities are a vexing challenge for health care providers with diverse patient populations. Better Health Partnership, a regional healthcare improvement collaborative that uses electronic health record (EHR) data to measure quality of care and outcomes for adults with chronic disease, had routinely documented racial disparities in rates of well-controlled hypertension. In 2012, analyses identified strong improvements in good control of hypertension at practices in the former Kaiser Permanente Ohio – across race. Further inquiries found that the results were driven by processes that could be replicated in other health systems. Better Health shared the Kaiser process with its partners but wanted to do more to help clinics adopt the model. The challenge was that Kaiser's practices had more resources than many safety-net practices. The hypertension best practice required multiple follow-up visits and outreach to patients, activities that are challenging for clinics serving disadvantaged patients.

*"A well-motivated staff, recognition of the site for their success both by physician and organization leaders, and data-driven results shared regularly with staff are key factors."*
--Dr. Lloyd Cook, Care Alliance Health Center

## SOLUTION

Better Health physician leaders adapted Kaiser's process to accommodate varying staffing models and disadvantaged patients, designing a curriculum of six one-hour training sessions. With help from a CDC REACH grant (Racial and Ethnic Approaches to Community Health), practice coaches brought to clinics the simplified best practice: 1) Accurate blood pressure measurement; 2) a treatment algorithm prioritizing once-daily, low cost medications; 3) monthly nurse- or medical assistant-led visits until good blood pressure control is reached; 4) a communication curriculum focused on cultural sensitivity and building trusting relationships with patients; and 5) outreach to patients with elevated blood pressure.

## Contact

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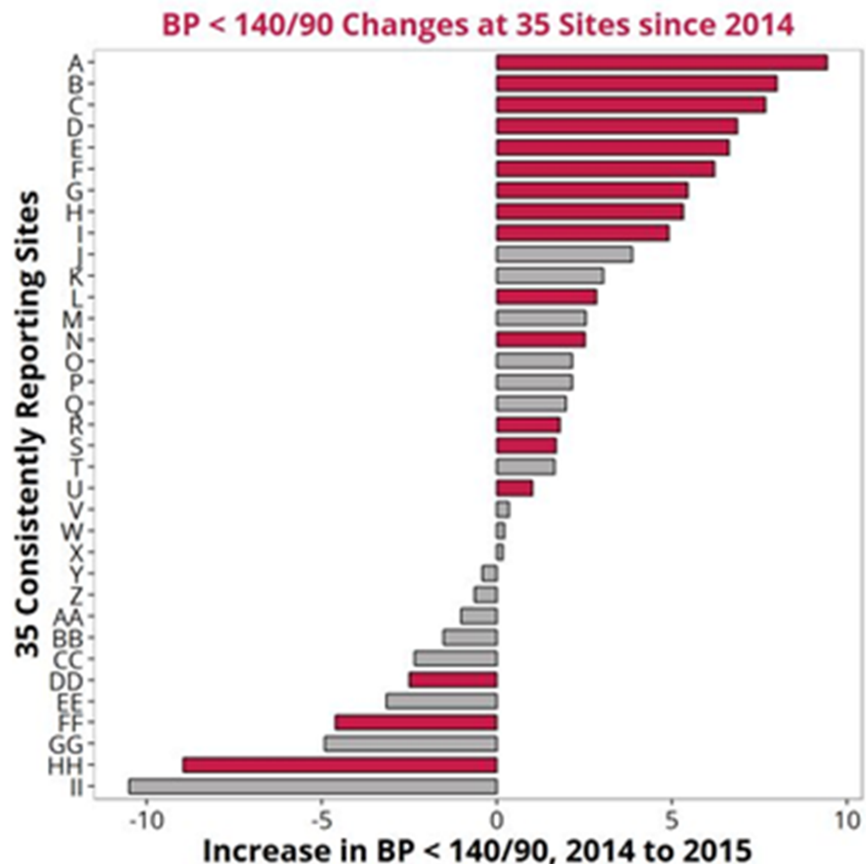
## SUSTAINING SUCCESS

Dr. Shari Bolen, an associate professor at Case Western Reserve University, who helped create and helps deliver the best practice program, fuels momentum with biannual check-ins with clinics and by highlighting successes in the community. Being part of regional partnerships, including Health Improvement Partnership – Cuyahoga and Better Health Partnership – also figure into sustained improvement. "These elements help make people want to do this," she said. Cook notes the importance of physician or provider champions to sustain and increase rates of good BP control. "A well-motivated staff, recognition of the site for their success both by physician and organization leaders, and data-driven results shared regularly with staff are key factors." Cook said.

## RESULTS

Clinics are doing better with blood pressure control. The 17 sites shown below in raspberry are working with Better Health Partnership's team to implement the best practice, with nine clinics as the top improvers in the most recent report of care delivered in 2015. Dr. Lloyd Cook, of a primary care practice at St. Vincent Charity Medical Center, logged 17% improvement in blood pressure control since 2013 after adopting the best practice, which he said required buy-in from medical assistants, who ultimately drove the process. "The benefit was in terms of achieving quality results and being an important part of a team that was helping improve patient care," Cook said. At Care Alliance Health Center, another safety-net practice, blood pressure control rates improved 24 percentage points between August 2015 and May 2016, and rates of timely patient follow-up visits doubled, climbing from 33% to 67%. Participating practices expect continued improvement.



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