

Improve Hypertension Control

Scott & White: Temple, TX

High blood pressure, or hypertension, is known as “the silent killer” because it is nearly always symptomless and can be deadly if left untreated. About one in three U.S. adults has high blood pressure — nearly 75 million people — and only about half have their blood pressure under control.¹

Hypertension increases the risk for heart disease and stroke, both leading causes of death among Americans. A healthy, tobacco-free lifestyle, including a low-fat, low-salt diet and regular exercise, can help to reduce blood pressure, along with medications when necessary.

High blood pressure costs the nation an estimated \$46 billion each year in health care costs, medications and missed days of work.²

Hypertension Work Group

As a highly integrated system, Baylor Scott & White Health fosters close collaboration across its delivery system, ACO and health plan. For example, the three groups share quality performance and related clinical data to support excellent care and efficiencies. Sharing relevant data allows the three groups to collaboratively identify and support members and patients who may be in need of additional support or preventive services.

The health plan convened a Hypertension Work Group to bring network providers together with health plan leaders to improve hypertension control among members. Among other work, the group analyzed hypertension control performance and performed root cause analysis of non-compliance among patients with uncontrolled hypertension. The work group’s network providers then took performance data and goals back to their peers through existing physician leadership structures. Physician champions worked with quality improvement staff and data analysts to lead efforts to improve care and performance.

Tools to Support Best Practice

When the health plan team identifies potential clinical process opportunities to improve members’ blood pressure control, they sometimes suggest electronic health record enhancements to support clinical workflows. For example, the Baylor Scott & White Health electronic health record was enhanced to include a reminder for clinicians to recheck patient blood pressures at the end of a visit if the initial reading was high. HEDIS measures of hypertension are based on the last reading in the patient’s chart. Re-measurement is an additional opportunity to accurately capture the reading when appropriate.

The delivery system’s patient centered medical homes also focus on hypertension control as part of their workflows. For example, some Baylor Scott & White Health patient centered medical homes use hypertension self-management tools embedded in the electronic health record. The

tools are available in the workflow when a visit diagnosis of hypertension is indicated. Among the tools is a goal-setting template for the provider and patient to discuss and adjust. The tailored goal prints as part of the patient's after visit summary. The tools also include a blood pressure log designed for patient use.

Engaging Patients

Beginning in the fall of 2016, Scott & White Health Plan, through funds received from the American Heart Association, distributed more than 2,000 free home blood pressure monitors to patients with uncontrolled hypertension (140/90 or greater for three months or longer). In addition to helping patients to self-monitor their blood pressures at home, home monitors allow patients to gather data, which encourages conversations with their providers.

Patients in the home-monitoring program were monitored, and their blood pressure was measured at intervals of one, three, six, nine and 12 months. At the end of the first year, 57.5 percent of the members who received home blood pressure monitors had achieved a "controlled" blood pressure of 140/90. Giving patients responsibility for and control of their data empowered them to take more control of their health.

Results

The 2017-2018 NCOA Health Plan Ratings reported Scott & White Health Plan scored a 4.0 on a 5.0-point scale for hypertension control in adult patients and in adult patient with diabetes for the commercial and Medicare lines of business. The 2018-2019 rating increased to 5.0.

Between 2014 and 2016, Scott & White Health Plan's performance on controlling blood pressure among Medicare Advantage (MA) and commercial enrollees with hypertension substantially improved. The percentage of enrollees with hypertension who kept their blood pressure under control increased for MA and commercial members by 18 and 17 percentage points, respectively. In addition, Scott & White Health Plan now outperforms its competitors in controlling enrollees' blood pressure. Scott & White Health Plan's Medicare Star Ratings for its two contracts improved from 2 and 3 Stars in service year 2014 to 4 Stars in service year 2016. Scott & White Health Plan's commercial health plan increased from a rating of 2 (out of 5) in service year 2014 to a rating of 4 (out of 5) in 2016.

“We want physicians to talk with patients about their personal goals, and document the conversation so the patient goes home with a written reminder. The doctor's goal might be to get the patient's blood pressure to 140/90, but the patient's goal might be to walk his daughter down the aisle next year. This is what motivates patients between visits. This is what keeps them engaged in their health.”

Rashid Alexander, MHA
Director, Quality Improvement and Clinical Analytics
Scott & White

Health Plan	2014	2016
Scott & White Health Plan	61	79
All Local Competitors ⁱ	62	77
Local Competitors Adjusted ⁱⁱ	70	74

i. Average rating for all MA beneficiaries in Scott & White Health Plans service area

ii. Adjusted to match Scott & White Health Plan level of low-income and disability enrollment

Health Plan	2014	2016
Scott & White Health Plan	53	70
State Average of Top Competitors ⁱⁱⁱ	63	66

iii. Average rating for all MA beneficiaries in Scott & White Health Plans service area

b. Adjusted to match Scott & White Health Plan level of low-income and disability enrollment

Sources

1. Centers for Disease Control and Prevention. High Blood Pressure. Updated Feb. 16, 2018. <https://www.cdc.gov/bloodpressure/index.htm>

2. *Ibid.*