

Improving Patient Outcomes Through Data

# Cardiovascular Tools in CPCI DRVS

## ASCVD and Hypertension

December 3, 2020



# Contact Information



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# Maximize Your Experience!



Ask questions using the Q&A box.



You will remain muted throughout.



Don't try to multitask.



Participate in the polls!

# Topics for Today's Session

- 1** Introduction

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- 2** Hypertension Control in CPCI

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- 3** Managing Hypertension

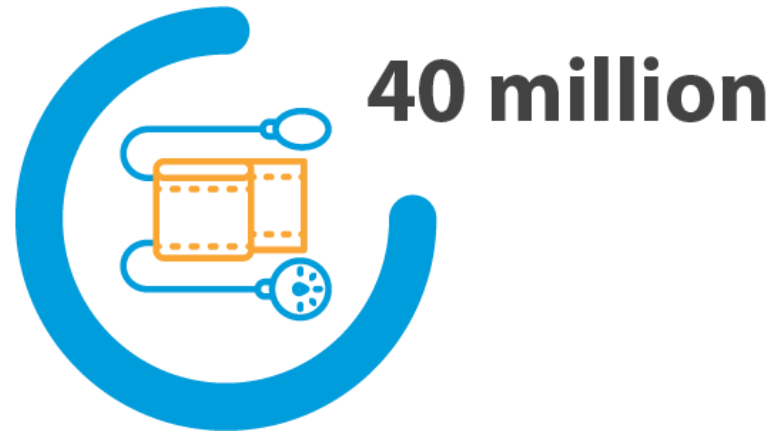
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- 4** ASCVD in DRVS

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- 5** Point of Care Tools

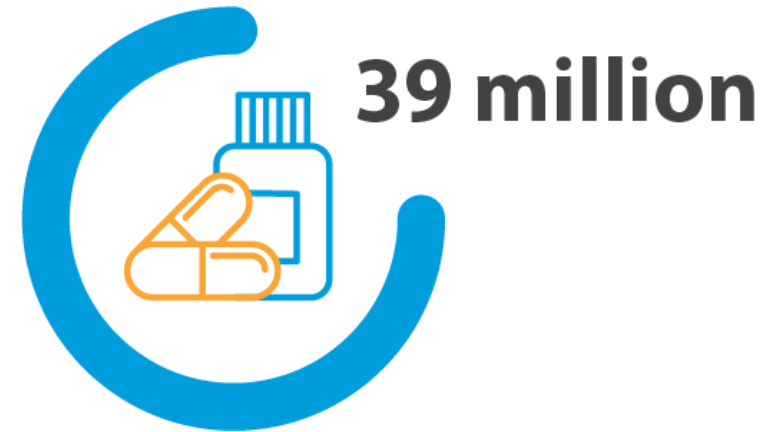
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- 6** Clinical Application

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- 7** Resources

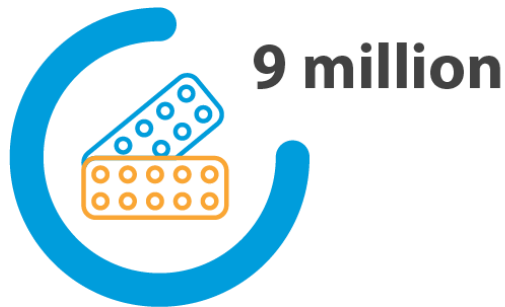
# Missed Opportunities to Prevent Cardiovascular Disease in US Adults



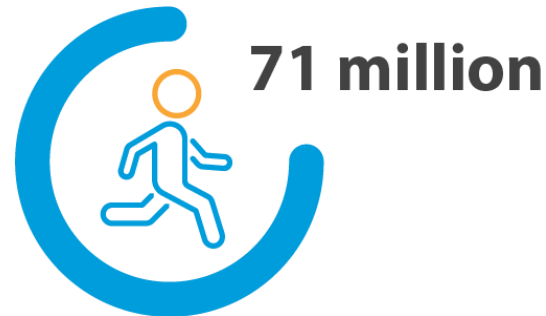
People with uncontrolled BP



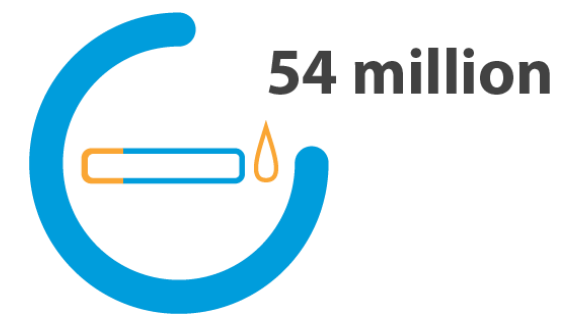
Adults not using statins when indicated



People not taking aspirin as recommended



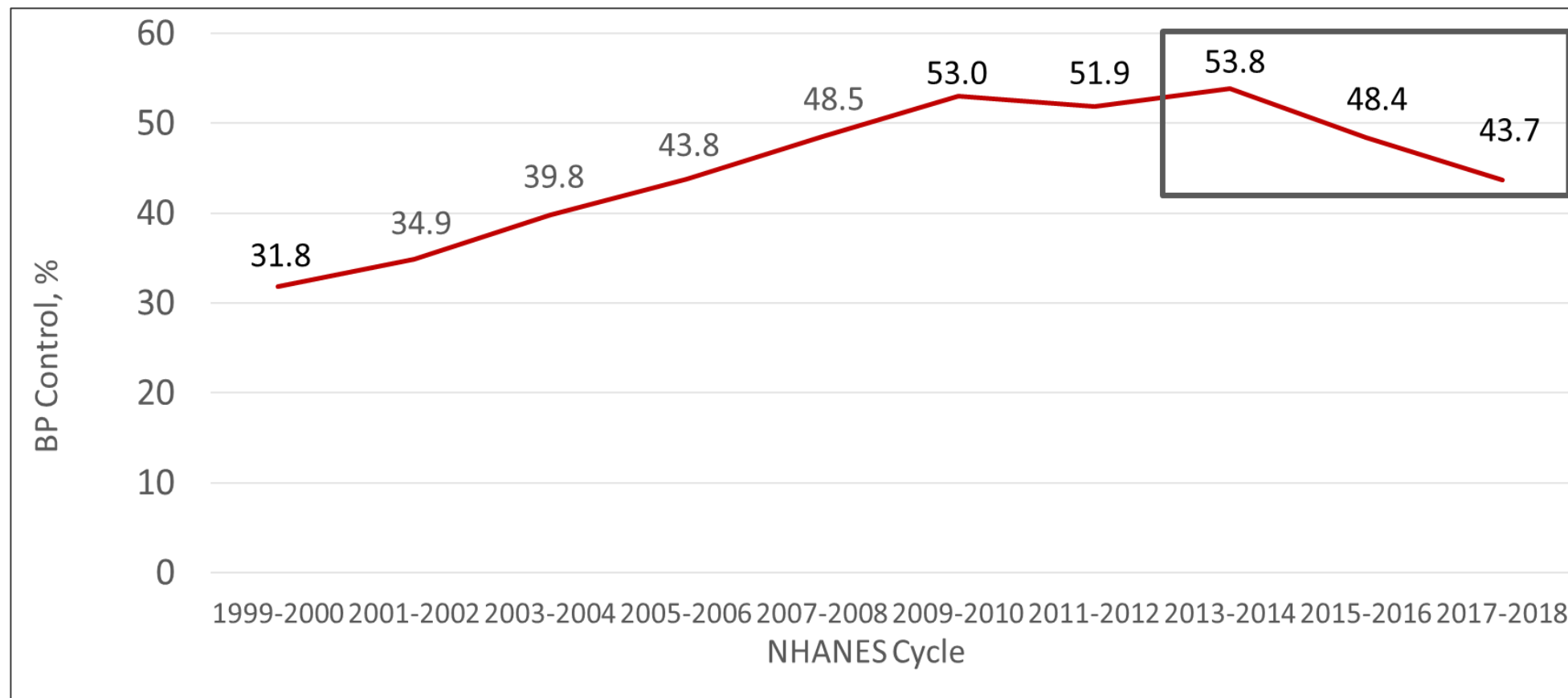
Adults who are physically inactive



Adult smokers

# Trends in Blood Pressure Control among US Adults: Progress Lost

BP Control, SBP<140 mmHg & DBP<90 mmHg: 1999-2000 through 2017–2018 NHANES data analysis



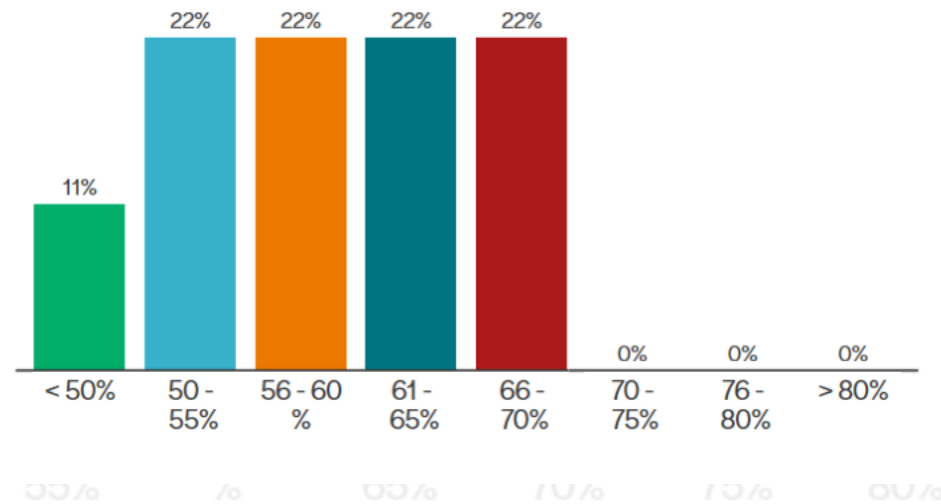
Muntner P, Hardy ST, Fine LJ, Jaeger BC, Wozniak G, Levitan EB, Colantonio LD. Trends in blood pressure control among US adults with hypertension, 1999-2000 to 2017-2018. *JAMA*. Published online September 9, 2020. doi:10.1001/jama.2020.14545

Go to [www.menti.com](http://www.menti.com) and use the code 46 77 49 9



# What is the Hypertension BP Control Level (<140/90) at your CHC?

## What is the Hypertension BP Control Level (<140/90) at your CHC?

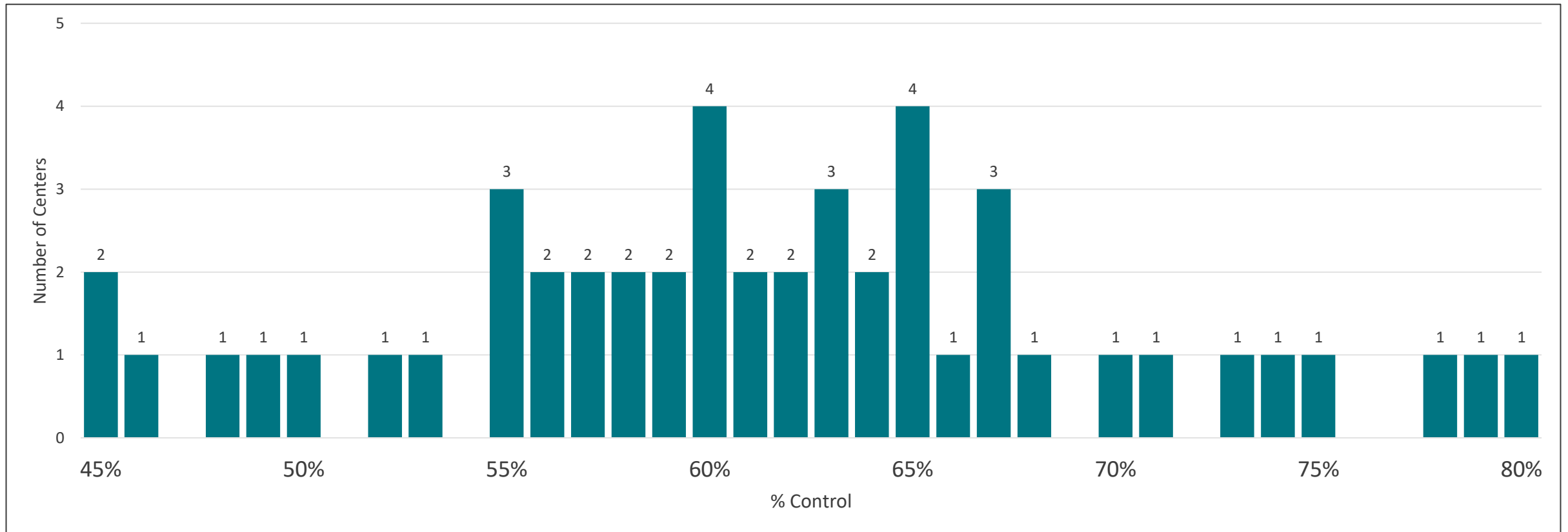


# HTN Controlling High BP (eCQM 165v8) - CPCI

49  
DRVS Centers

80%  
Best DRVS Center

63%  
Control across all centers in DRVS





# HTN Controlling High BP - CPCI

CMS 165v8 - Patients 18-85 years of age who had an active diagnosis of hypertension during the measurement period and whose most recent blood pressure during the measurement period was adequately controlled (<140/90mmHg).

## Million Hearts

MH  
BP Goal = 80%

2%

Meet or exceed  
MH Goal

14%

10% away from MH

## Healthy People 2030

HP 2030  
BP Goal = 61%

61%

Meet or exceed  
HP2030

94%

Meet or exceed  
HP2030 baseline

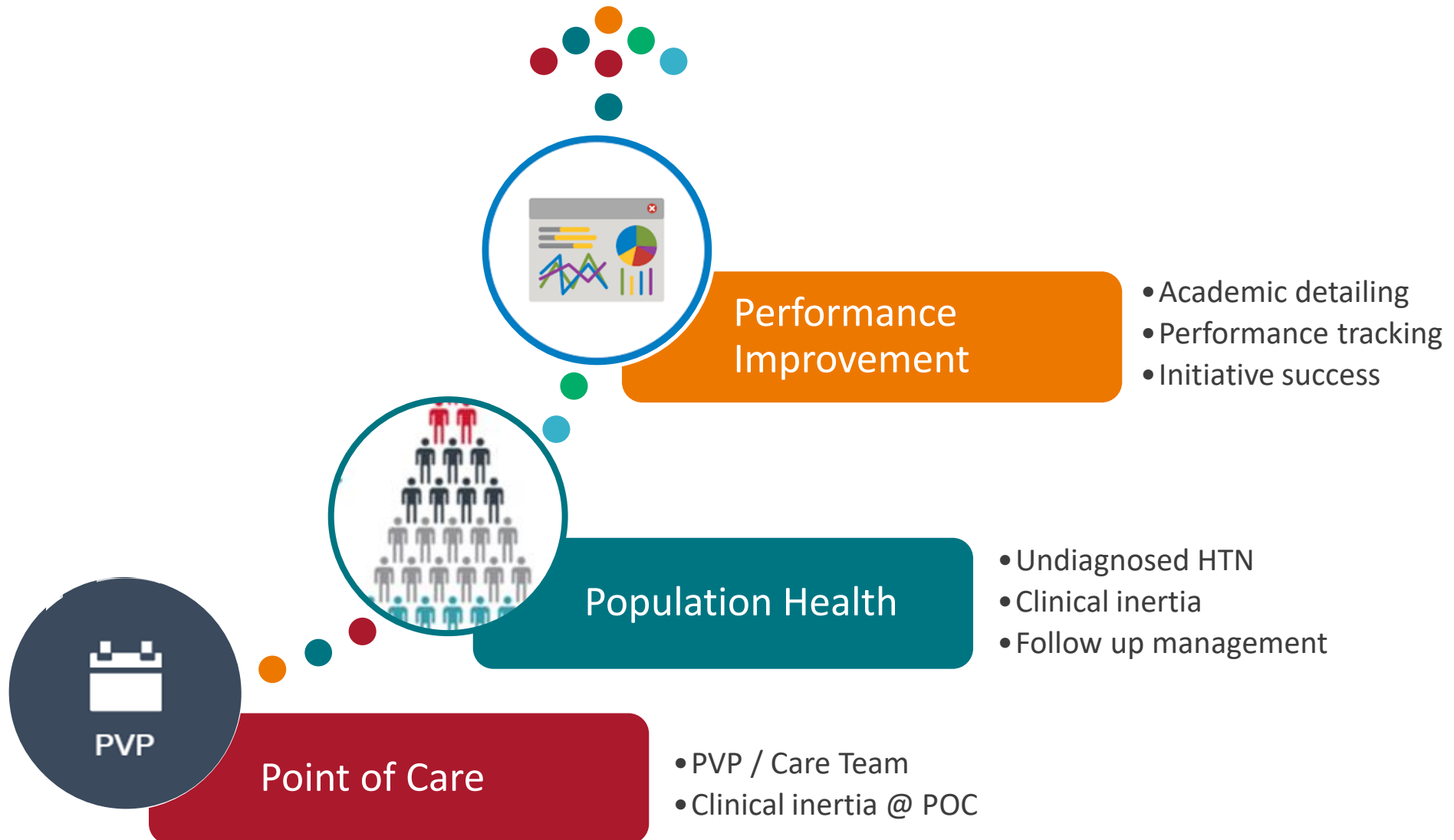
# Getting to Control

Using DRVS Tools



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# Tools to Help You Get to BP Control



# Hypertension Specific Measures

CVD Prevention and Control (1815) REPORT FILTER + Add Filter Update

PERIOD: TY November 2020 | CENTERS: All Centers | RENDERING PROVIDER: All Rendering Provid... | USUAL PROVIDER: All Usual Provider

REPORT CARE GAPS

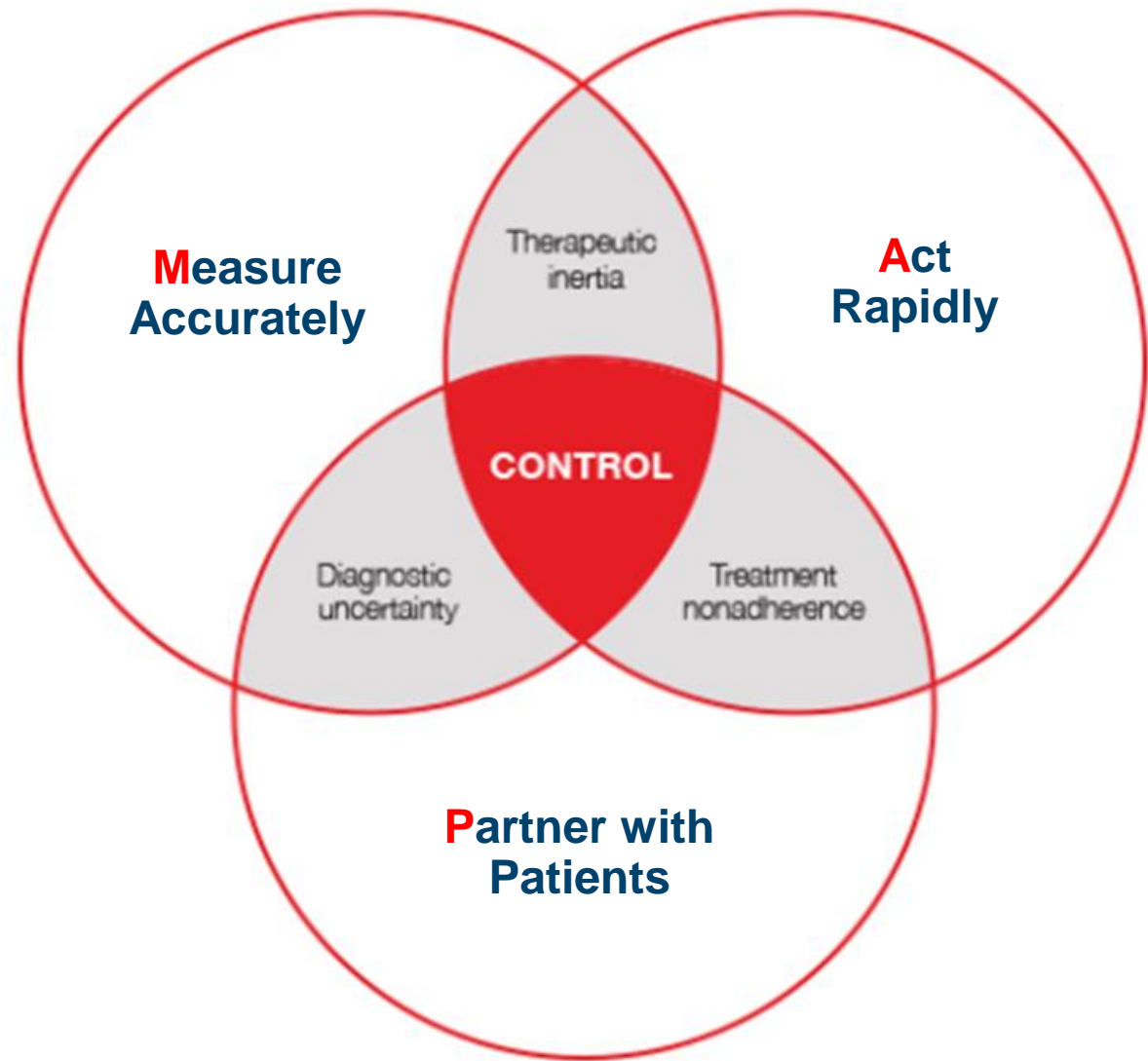
GROUPING: No Grouping | TARGETS: Primary Secondary Not Met | REPORT FORMAT: Scorecard

MEASURE	RESULT	TARGET	NUMERATOR	DENOMINATOR	EXCLUSIONS
Undiagnosed HTN	3.0%	2.0%	18,176	605,159	32,331
HTN Prevalence	29.1%	Not Set	176,189	605,159	32,331
Hypertension Controlling High Blood Pressure (CMS165v8)	61.6%	61.2%	109,014	176,984	5,350
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS347v3)	70.1%	80.0%	88,216	125,860	4,806

Which measures are most important to track for your Center?  
Performance Reporting or Reporting for Action?

# AMA MAP BP Quality Improvement Framework

All three are critical for control.



# MAP BP Measures

Measure Name	Description
<b>Controlling High Blood Pressure (CMS165v8, NQF 0018, ACO 28)</b>	<b>Patients</b> 18-85 years of age who had an active diagnosis of hypertension during the measurement period and whose most recent blood pressure during the measurement period was adequately controlled (<140/90mmHg).
<b>HTN - Confirmatory Repeated Blood Pressure Measurement</b>	<b>Encounters</b> in the measurement period where patients with essential hypertension and uncontrolled blood pressure (>140/90) had a confirmatory blood pressure measured at the visit.
<b>HTN - Medication Intensification</b>	<b>Encounters</b> in the measurement period where patients with essential hypertension and uncontrolled BP (>140/90) had a new class of BP medication prescribed.
<b>HTN - Average Systolic BP Reduction After Medication Intensification</b>	The average systolic blood pressure reduction for <b>patients</b> with uncontrolled blood pressure after receiving medication intensification at an encounter in the period.

Available upon request

- Changed to include all patients with an active diagnosis of HTN in the year as opposed to only including those with active diagnoses in the first 6 months of the year.
- **IMPACT:** Denominators will likely go up and your numerator may not keep pace which could equate to lower results / percentages.



## REMOTE MONITORING



The measure does make mention of Remote Monitoring, but ONC has provided guidance.

- Patient submitted BP must be transmitted electronically or where the reading is taken digitally and the provider can see the digital readout / results.
- Historical BPs must be able to be reviewed via the device used to show a practitioner.

Record this data in same place where you document in person vitals. Designate as remote monitored or evidence found in type of visit i.e., telehealth.



# What are your biggest challenges managing hypertension?

## What are your biggest challenges managing hypertension?



patient compli

An extensive pc  
patients with nu  
Impacting life c

televisits and m  
patients do not

patient compliance

An extensive panel of complex patients with numerous SDOH impacting life choices

televisits and monitoring BP - most patients do not have BP machines

Getting accurate bp

medication nonadherence

compliance to medication, having them return for follow-up, education for pateint

patients being adherent to med regimen

second reading not done.... COVID / Video visits most patients don't have self monitor

med

COVID /  
lon't have

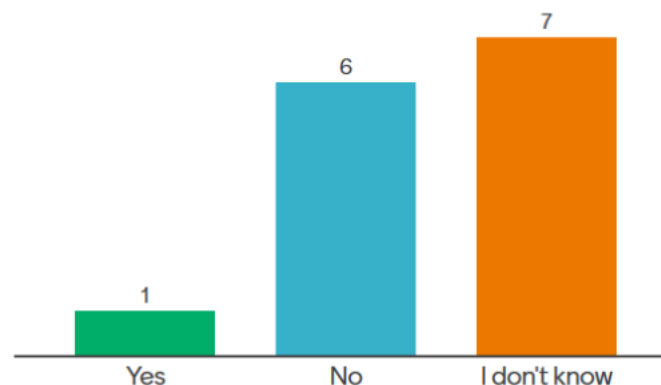








# Have You Applied for the HRSA funding for FY2021 National Hypertension Control Initiative Supplemental

## Funding for Health Centers ?





Have You Applied for the HRSA funding for FY2021 National Hypertension Control Initiative Supplemental Funding for Health Centers ?



# Activities by Role | Summary

Role	Activities
 <p data-bbox="351 462 519 505"><b>MA/LPN</b></p>	<ul data-bbox="695 315 1676 654" style="list-style-type: none"> <li>• Pre-visit plan for telehealth /face to face patient visits</li> <li>• <b>Take confirmatory BPs for any BP &gt;140/90</b></li> <li>• <b>Discuss alerts</b> in huddle               <ul data-bbox="792 468 1294 654" style="list-style-type: none"> <li>– Elevated BP and no HTN dx</li> <li>– Missing ASCVD criteria</li> <li>– No Statin</li> <li>– No Self-Management</li> </ul> </li> </ul>
 <p data-bbox="351 768 410 811"><b>RN</b></p>	<ul data-bbox="695 694 1926 882" style="list-style-type: none"> <li>• <b>Schedule BP follow up within 2 weeks of medication change</b></li> <li>• Conduct virtual BP check (visit or home BP monitoring results)</li> <li>• <b>Provide home BP monitoring instruction/teach back</b></li> <li>• Evaluate/Identify clinical inertia when conducting prescription refills</li> </ul>
 <p data-bbox="351 982 575 1025"><b>Pharmacist</b></p>	<ul data-bbox="695 965 1735 1051" style="list-style-type: none"> <li>• <b>Review/discuss/manage patients with treatment inertia</b></li> <li>• Participate in <b>Care Team huddles</b></li> </ul>
 <p data-bbox="313 1232 652 1275"><b>Medical Provider</b></p>	<ul data-bbox="695 1108 2232 1396" style="list-style-type: none"> <li>• Utilize evidence-based guidelines for treatment intensification</li> <li>• <b>Diagnose the undiagnosed</b></li> <li>• <b>Review MAP hypertension management dashboard</b></li> <li>• Review uncontrolled patients on panel</li> <li>• <b>Use ASCVD Risk Registry</b> to guide treatment when labs returned</li> <li>• Collaborate with care team and facilitate warm hand-offs for more in-depth education</li> </ul>

# Activities by Role | Summary (con't)

Role	Activities
 <p>Care Manager</p>	<ul style="list-style-type: none"> <li>Actively <b>oversee/manage patients with changes in medication (cohort)</b></li> <li>Provide home BP monitoring instruction/teach back</li> <li><b>Self management goal setting / care planning</b></li> <li>Conduct SDOH screens</li> <li>Provide education or enabling resources</li> <li>Participate in <b>Care Team huddles</b></li> </ul>
 <p>Registered Dietitian</p>	<ul style="list-style-type: none"> <li><b>Self management focus on nutrition and weight loss</b></li> <li>Identify patients with out-of-range BMI</li> <li>Participate in Care Team huddles</li> </ul>
 <p>Care Coordinator/ CHW</p>	<ul style="list-style-type: none"> <li>Identify patients with undiagnosed hypertension, high risk ASCVD without treatment, hypertensive tobacco users</li> </ul>
 <p>Front Office or Call Center</p>	<ul style="list-style-type: none"> <li>Schedule visits for hypertensive patients with no follow up appointments (or others as identified by Care Coordinator/CHW/Care Manager)</li> </ul>
<p>Quality Improvement Team</p>	<ul style="list-style-type: none"> <li><b>Review panel reports with providers</b> (academic detailing)</li> <li><b>Monitor practice, team, provider performance</b></li> <li><b>Create cohorts</b> based on focus for intensification, pharmacy intervention, care manager engagement</li> </ul>

ASCVD



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# ASCVD 10-year Risk Calculator

**GOAL:** Aide in the prevention or delay of ASCVD and related conditions by estimating the risk of developing ASCVD based on certain demographics, lifestyle choices, diagnoses, medications, and vitals.

## 10-year risk of developing a first ASCVD event

- Non-fatal myocardial infarction
- Coronary heart disease death
- Fatal or nonfatal stroke

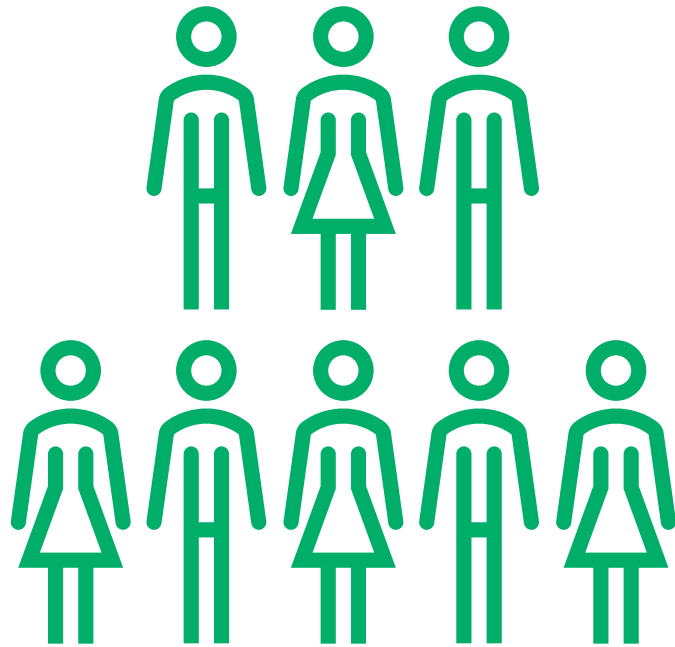


*Funding for this project was made possible by the New York State Department of Health (NYSDOH)*

# Calculator | Inclusion and Exclusion

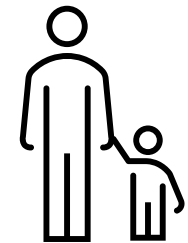
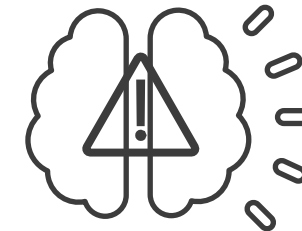
- Include:

- Patients age 40-80



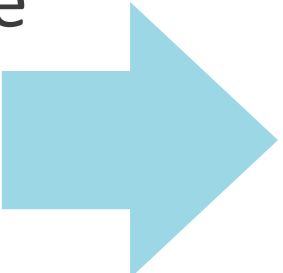


- Exclude:

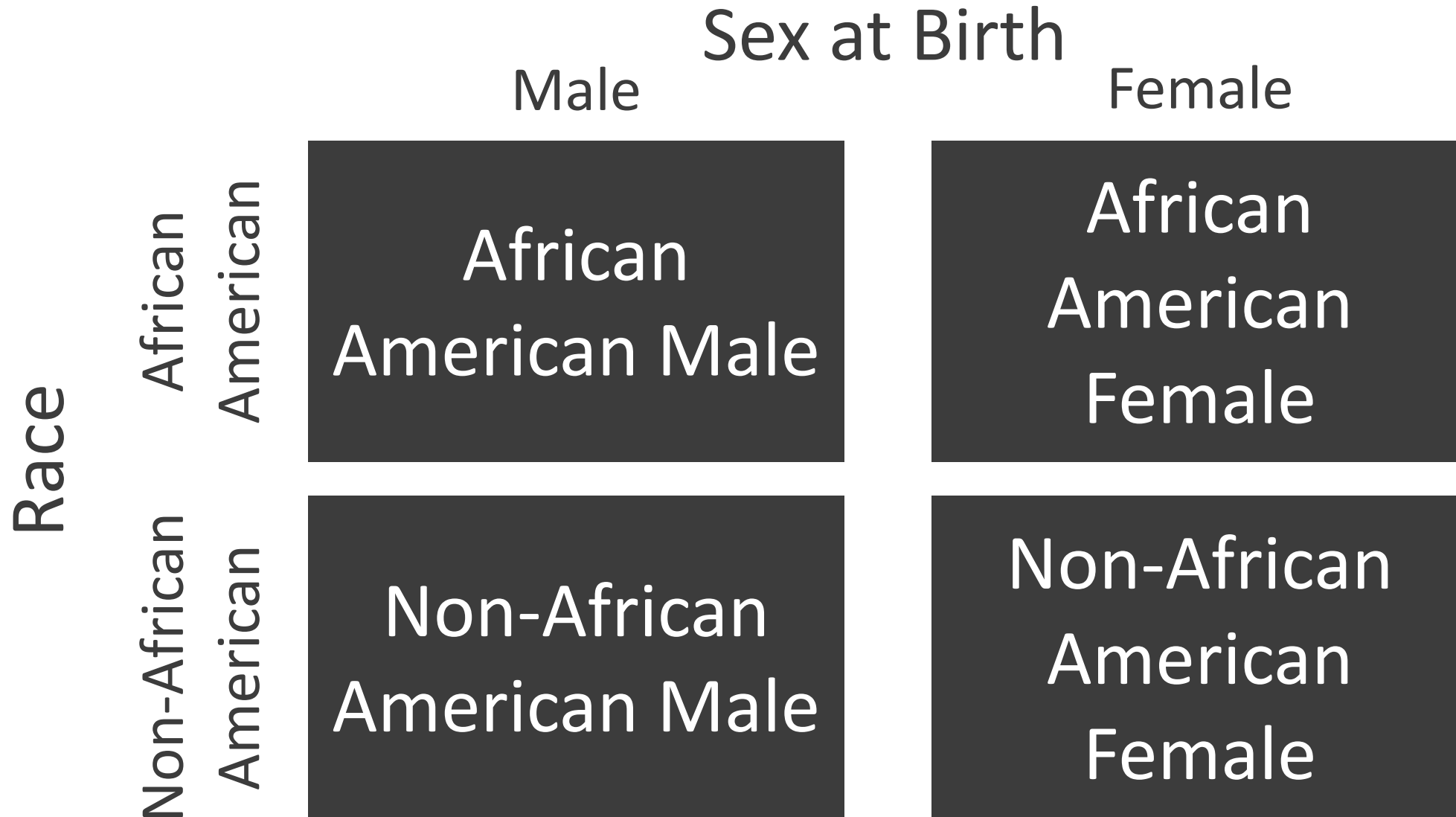
- Patients with evidence of ASCVD
  - Previous myocardial infarction, stroke, CABG, stent, etc.
  - Highest lifetime LDL >190
  - Familial hypercholesterolemia



# Calculator | Elements of Calculation

- Total Cholesterol
  - HDL-C Cholesterol
- 
- Most recent in past 5 years
- Systolic Blood Pressure
  - Smoking Status
- 
- Most recent in past 2 years
- Treatment for High Blood Pressure
    - Active Hypertension Medication
  - Diabetes Diagnosis
- 
- Active in last 365 days

# Patient Populations



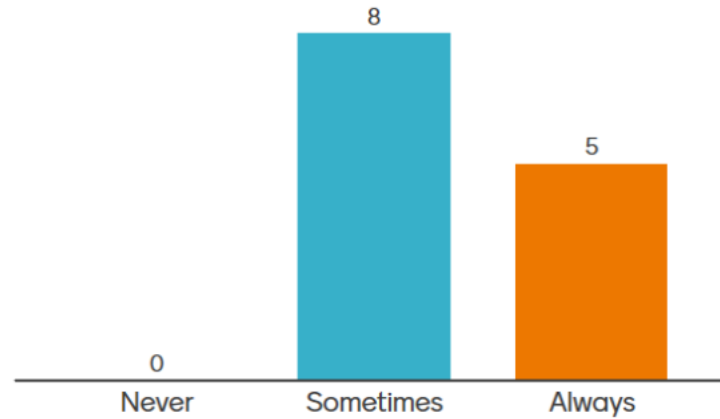


Go to [www.menti.com](https://www.menti.com) and use the code 46 77 49 9



# Do you currently use ASCVD risk to determine patient treatment?

Do you currently use ASCVD risk to determine patient treatment?



13



# ASCVD Risk Registry

ASCVD Ten Year Risk REGISTRY

DATE RANGE: 09/14/2020-09/21/2020 | RENDERING PROVIDER: All Rendering Provid... | FILTER | Add Filter | Update

REGISTRY | VALUE SETS

Search Patients ...

DEMOGRAPHICS >			ASCVD			CHOLESTEROL		HDL		BP		HTN MED		
NAME	MRN	AGE	RISK	NA REASON	RISK SCORE	DATE	RESULT	DATE	RESULT	DATE	SYSTOLIC	DIASTOLIC	START DATE	STOP DATE
		63	High		29.86	8/17/2017	210	8/17/2017	163.00	9/16/2020	163	98	9/16/2020	
		57	N/A			6/1/2020	171	6/1/2020	66.00					
		41	Low		2.88	3/15/2017	204	3/15/2017	53.00					
		59	Borderline		5.54	2/26/2020	231	2/26/2020	63.00					
		43	Low		1.11	9/3/2019	150	9/3/2019	60.00					
		69	N/A			7/22/2020	183	7/22/2020	44.00					
		74	Missing Data											

Risk Level	Numeric Score
Low Risk	<5%
Borderline Risk	5%-<7.5%
Intermediate Risk	7.5%-<20%
High Risk	>=20%
Missing Data	Missing any calculation elements
N/A	Excluded from calculation

- Contains ASCVD risk score and level, SDOH and appointment details
- Sort by provider and date as a post-visit treatment guide

# ASCVD Risk Registry

ASCVD Ten Year Risk REGISTRY

DATE RANGE

12/02/2020-12/02/2020

- Today
- Tomorrow**
- Yesterday
- Last 7 Days
- Last 30 Days
- This Month

Select Date Range for Tomorrow. Narrow results further by provider or care manager.

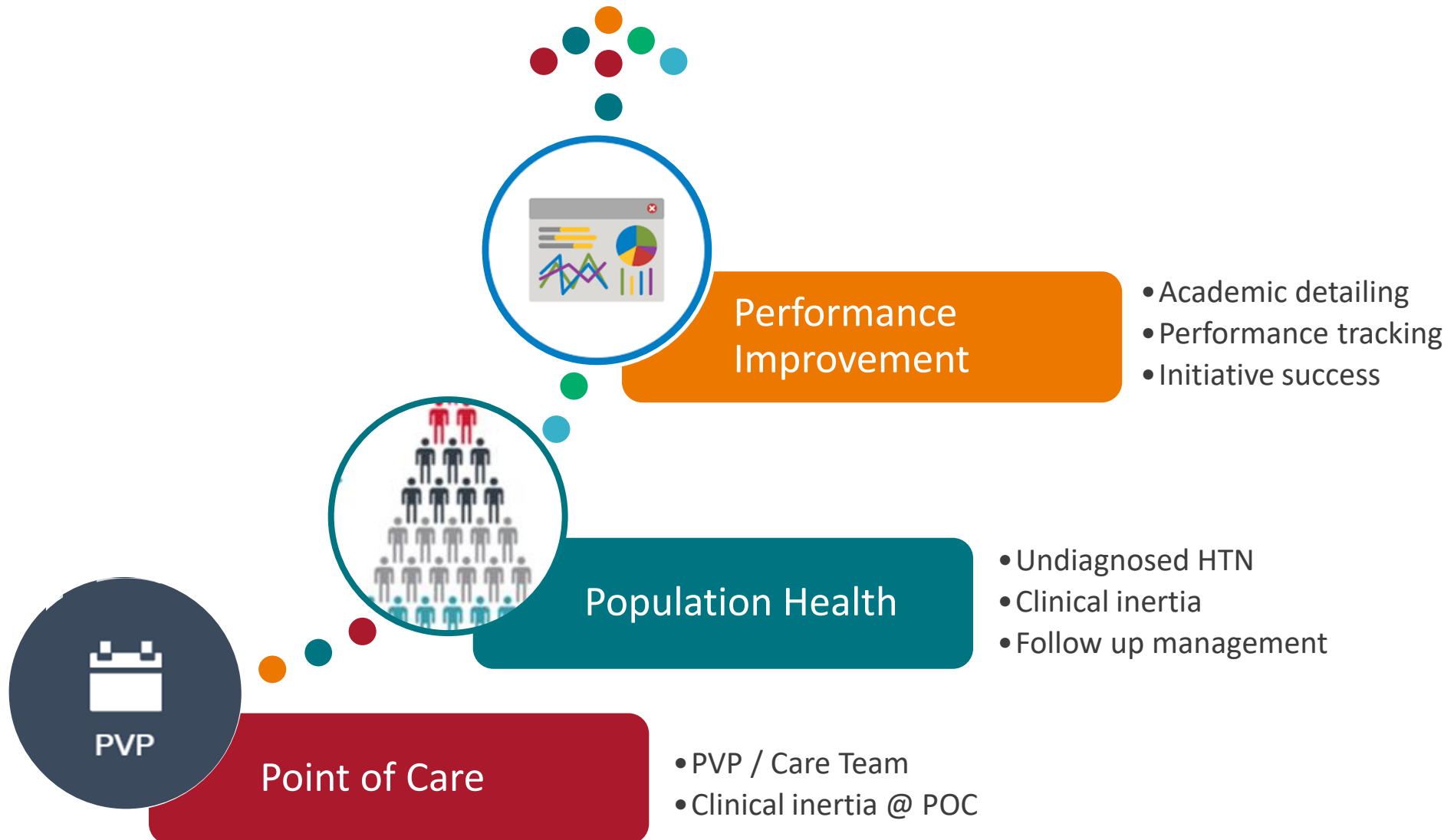
Filter ASCVD Risk column to "Missing Data".

CHOLESTEROL		HDL		BP		HTN MED	
DATE	RESULT	DATE	RESULT	DATE	SYSTOLIC	DIASTOLIC	START DATE
				1/28/2019	119	72	
2/3/2020	151	2/3/2020	25.00	10/26/2020	154	88	10/26/2020
				9/15/2020	142	87	
				10/8/2018	135	93	6/26/2018
				12/6/2019	134	77	2/27/2018
				8/21/2019	142	92	7/18/2017
				12/4/2019	123	80	6/28/2019
				2/19/2020	120	82	5/30/2019

What criteria are they missing?

ASCVD	
AGE	RISK
	Missing Data
	Missing Data
	Missing Data
	Missing Data
	Missing Data
	Missing Data
	Missing Data
	Missing Data
	Missing Data

# Tools to Help You Get to BP Control



# PVP Alerts at Point of Care



## ASCVD Risk Calculator Data Missing

Alert will trigger for patients age  $\geq 40$  and age  $< 80$  that do not have clinical atherosclerotic cardiovascular disease (ASCVD) who are missing data for the required components of the ASCVD Risk Calculator. This alert is not configurable.

## Elevated ASCVD Risk & Statin Rx

Alert will trigger for patients age  $\geq 40$  and age  $< 80$  that have not been prescribed statin medication with an elevated risk of atherosclerotic cardiovascular disease (ASCVD) as determined by a risk score  $\geq 7.5\%$ . This alert is not configurable

## Statin Rx

Alert will trigger for patients age  $\geq 22$  that have not been prescribed statin medication AND that have any of the following conditions: ASCVD, LDL $>190$ , pure or Familial Hypercholesterolemia, OR diabetes with an LDL of  $\geq 70$ . This alert is not configurable

## BP High No Dx

Alert will trigger if a patient has had 2 BP readings in the past year with a systolic  $\geq 140$  OR diastolic  $\geq 90$ . Alert only applies to patients 18 - 85 years old. Excludes patients which have ESRD, hypertension, or pregnancy. This alert is not configurable

## BP

Alert will trigger if Blood Pressure has not occurred in the last 365 days, or if numeric\_1 value is  $\geq 140$  and numeric\_2 value is  $\geq 90$ . Alert only applies to patients  $\leq 85$  yrs old. Patient must have IVD and AMI and CABG or PCI and Hypertension and Diabetes.



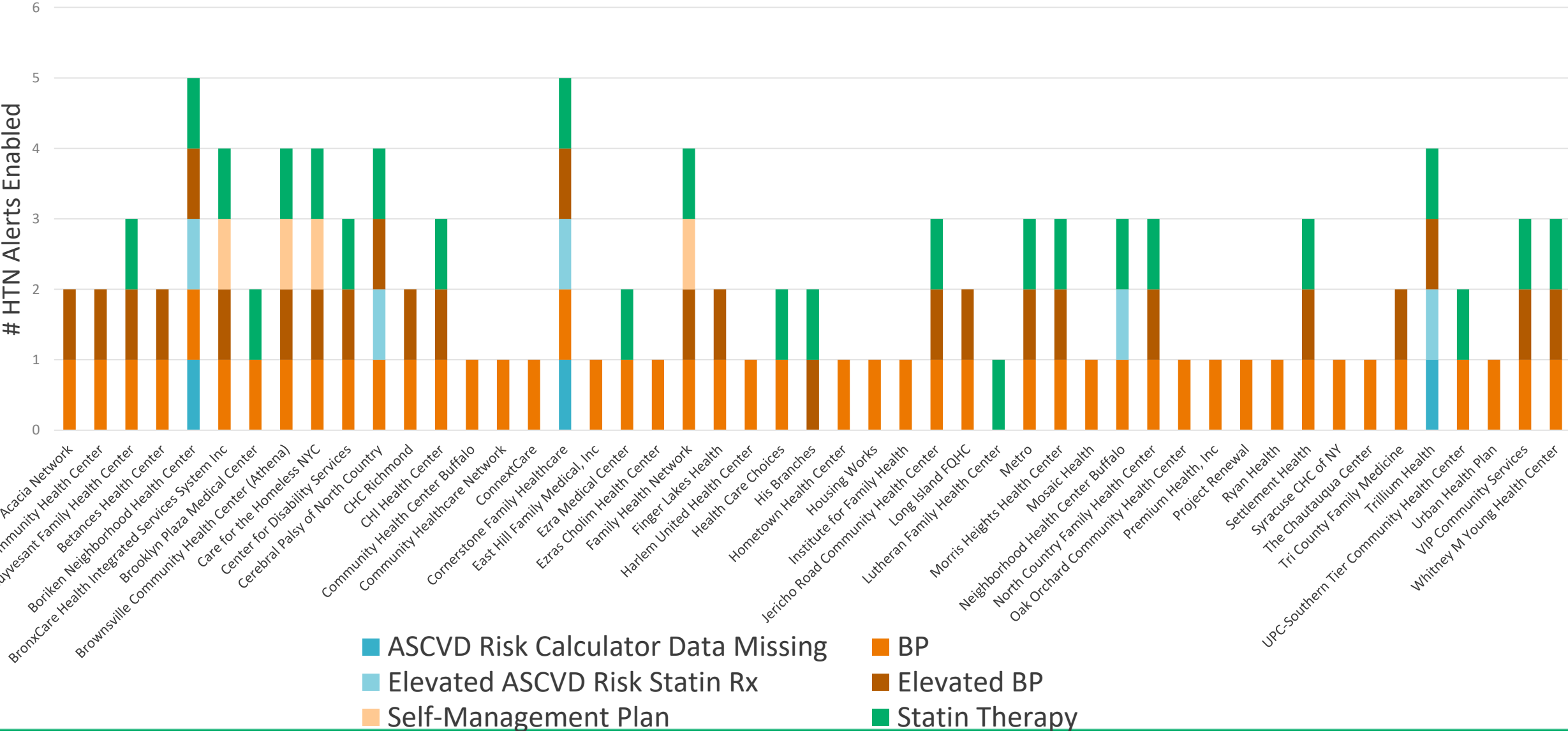
## Self-Management

Alert will trigger if Self Management Plan has not occurred in the last 1 years or is due in the next 3 month. Alert only applies to patients  $\geq 18$  yrs old. Patients must have Hypertension

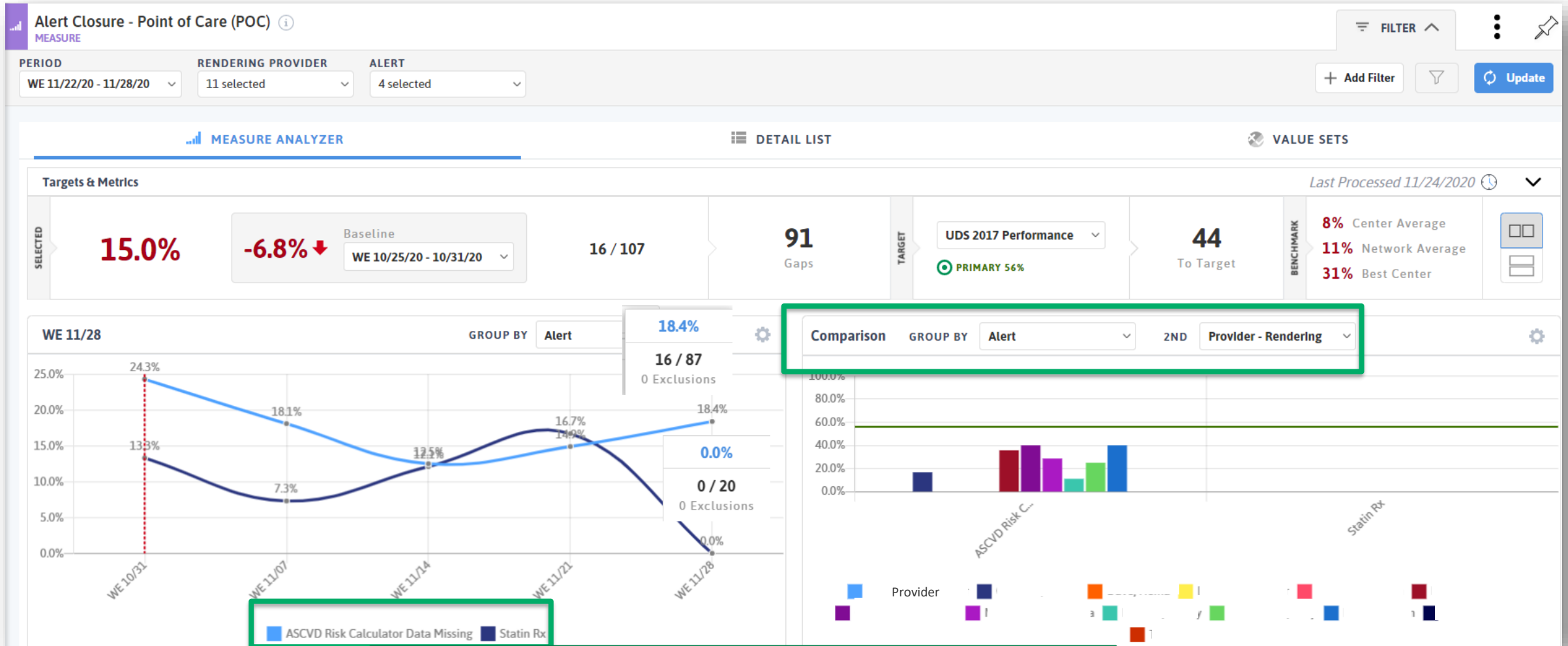
# Alerts for Hypertension – Enabled in CPCI



# Alerts Enabled by Center



# Alert Closure | ASCVD Missing & Statin Rx



Don't forget to include the alert in the POC measure!

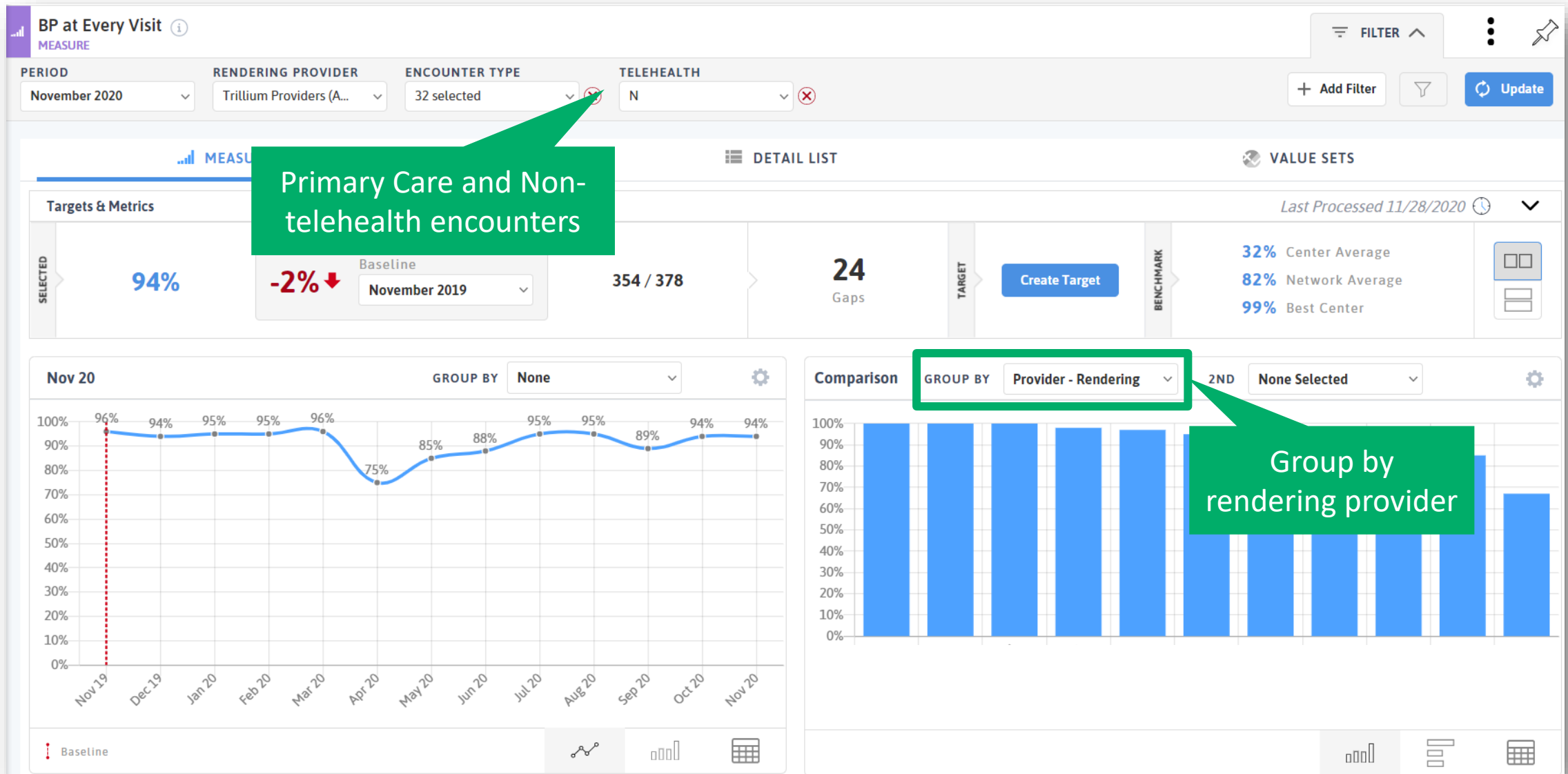


# Dig a Little Deeper...

- What do you expect to happen at specific visit types?

APPT			APPOINTMENT				ORIGINAL				
DATE	TYPE	REASON	STATUS	SERVICE LINE	WALK IN	SAME DAY	ALERT NAME	ALERT MESSAGE	RESULT DATE	RESULT	NUMERATOR ▾
11/2/2020	OVP	fasting DM check	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/2/2020	OVE	DM follow up	Checked In	Primary Care	N	N	BP	Overdue	8/20/2019	120/70	N
11/2/2020	OVE	DM follow up	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/2/2020	SDACUTE	pain on side	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/5/2020	OVC	DM check	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/6/2020	OVE	PT IS HAVING PAIN IN HER LEFT ARM AND IS WANTING A...	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/2/2020	OVC	ER follow up for sugars. Okayed per Letti	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/5/2020	OVC	3 month follow up on DM	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/3/2020	TeleMedest	fever	Checked In	Primary Care	N	N	BP	Overdue	11/4/2019	130/80	N
11/2/2020	OVE	REFILLS	Checked In	Primary Care	N	N	BP	Overdue	5/7/2019	140/94	N
11/2/2020	OVE	Copd f/u	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/3/2020	OVE	back pain	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/2/2020	OVE	discuss labs	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/6/2020	SDACUTE	cough, wheezing (covid test negative)	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/2/2020	OVE	gave consent, provided with number, 1 month f/u	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N
11/4/2020	OVE	refills	Checked In	Primary Care	N	N	Self Mgmt Plan	Missing			N

# BP at Every Visit



# Confirmatory BP Measurement

HTN-Confirmatory Repeated Blood Pressure Measurement MEASURE

PERIOD: August 2020 | 
 RENDERING PROVIDER: All Rendering Provid... | 
 RACE: 4 selected | 
 RENDERING LOCATION: 3 selected

MEASURE ANALYZER | 
 DETAIL LIST | 
 VALUE SETS

**Targets & Metrics** Last Processed 9/5/2020

**SELECTED** **10%** **10% ↑** Baseline August 2019 | 
 100 / 1,013 (12 Exclusions) | 
 913 Gaps

**TARGET** MAP Metrics | 
 255 To Target | 
 PRIMARY 35% | 
 SECONDARY 25%

**BENCHMARK** 10% Center Average | 
 4% Network Average | 
 31% Best Center

**Aug 20** | 
 GROUP BY: Rendering Location Group

Month	MAP - Facilitated	MAP - Self-Guided	Primary Care
Aug 19	0%	0%	0%
Sep 19	7%	11%	9%
Oct 19	13%	14%	13%
Nov 19	11%	15%	14%
Dec 19	14%	20%	16%
Jan 20	17%	20%	17%
Feb 20	9%	14%	13%
Mar 20	10%	13%	11%
Apr 20	2%	2%	2%
May 20	2%	2%	2%
Jun 20	22%	16%	11%
Jul 20	17%	15%	12%
Aug 20	13%	10%	10%

**Comparison** | 
 GROUP BY: Race | 
 2ND | 
 None Selected

Race	MAP Percentage
White	~10%
Black/Africa...	~10%
Asian	~35%
More than On...	~25%

# Care Management Passport (CMP)

MRN: [REDACTED]  
 DOB: [REDACTED] (68)

Sex at Birth: F  
 GI: Female  
 SO: Choose not to disclose

Phone: [REDACTED]  
 Language: English  
 Risk:

Last Phys: 3/4/2020  
 Portal Access: N

PCP:  
 Payer: AETNA (MEDICARE REPLACEMENT PPO)  
 Care Manager: HUMANA PHARMACY, INC.

Assessments (Last 10 of 42)

CODE	DESCRIPTION	LAST ASSESSED	#
Z71.3	DIETARY COUNSELING AND SURVEILLANCE	9/10/20	5
K21.9	Gastro-esophageal reflux disease without esophagitis	9/10/20	3
E78.5	Hyperlipidemia, unspecified	9/10/20	4
G47.00	Insomnia, unspecified	9/10/20	2
R32	Unspecified urinary incontinence	9/10/20	1
R73.9	HYPERGLYCEMIA, UNSPECIFIED	9/10/20	2
Z71.89	Other specified counseling	9/10/20	5
Z68.34	Body mass index (BMI) 34.0-34.9, adult	9/10/20	5
I10	<b>ESSENTIAL (PRIMARY) HYPERTENSION</b>	9/10/20	2
Z76.0	Encounter for issue of repeat prescription	9/10/20	1

Encounters (Last 5 of 23)

DATE	PROVIDER	TYPE	REASON
9/10/20	<span style="background-color: #cccccc; padding: 2px 10px;">[REDACTED]</span>	ESTABLISHED PATIENT	
4/20/20	<span style="background-color: #cccccc; padding: 2px 10px;">[REDACTED]</span>	TeleMed15	
4/15/20	<span style="background-color: #cccccc; padding: 2px 10px;">[REDACTED]</span>	TeleMed15	

Active Problems (Last 10 of 12)

CODE	DESCRIPTION	MOST RECENT
73211009	Diabetes mellitus (disorder)	12/10/19
95319004	Skin nodule	11/5/18
162864005	Body mass index 30+ - obesity	8/11/16
9014002	Psoriasis	8/11/16
399153001	Vertigo	8/11/16
165232002	Urinary incontinence	5/2/16
193462001	Insomnia	5/2/16
371081002	Arthritis of knee	5/2/16
55822004	Hyperlipidemia	5/2/16
235595009	Gastroesophageal reflux disease	5/2/16

The Numbers

BMI	9/10/20	34.5 lb/m2	
Systolic	9/10/20	159 mmHg	
Diastolic	9/10/20	85 mmHg	

**BP Trending Up**

# CMP (Con't)

- DOS 9/10/20
- Follow up appointment in one Month
- 6-month prescription with no intensification
- Has insurance but SDOH risk with FPL<200%

Appointments (1)			
DATE	PROVIDER	TYPE	REASON
10/15/20		ESTABLISHED PATIENT	

Social Determinants of Health (2)	
FPL<200%	INSURANCE

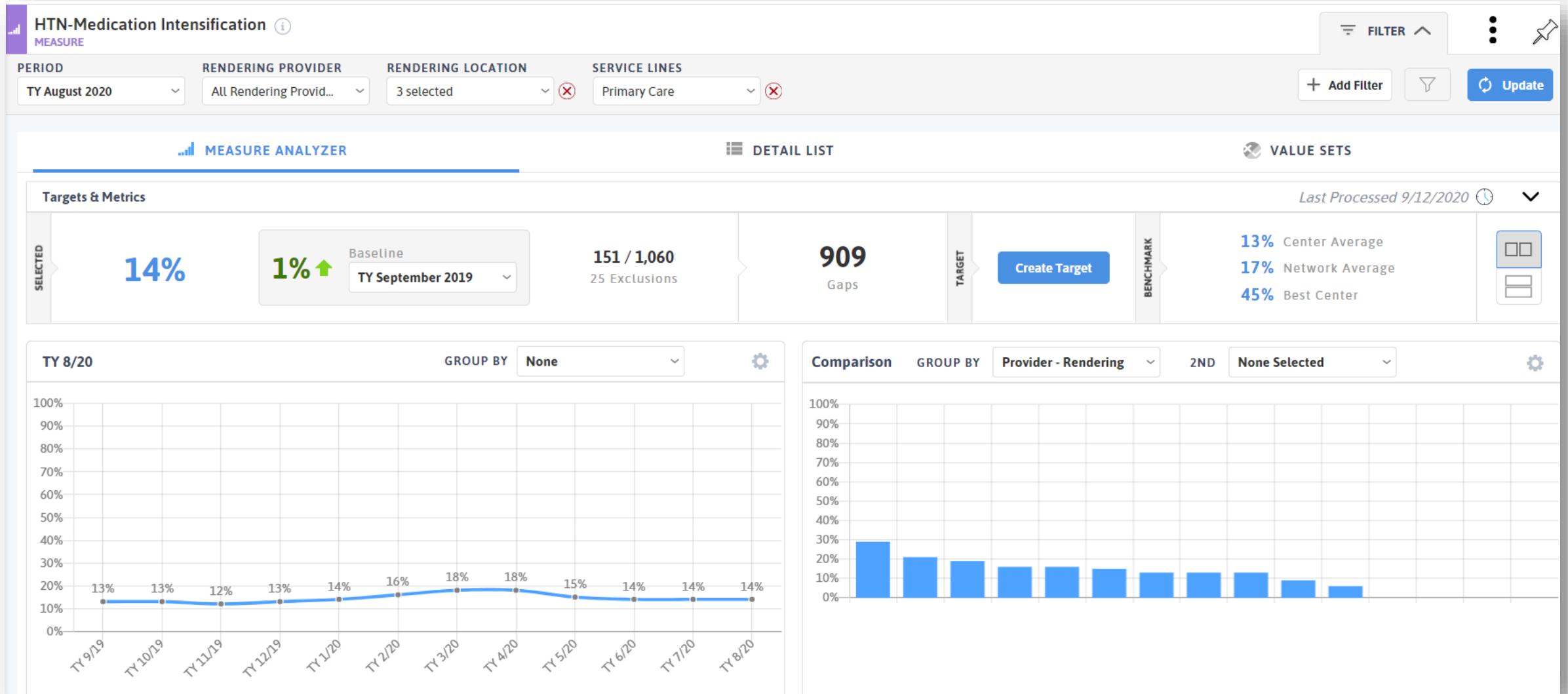
  

Allergies (3, last reviewed 1/10/17)			
START	DESCRIPTION	REACTION	SEVERITY
1/10/17			
4/22/16	INFLUENZA A (H1N1)		
4/22/16	PENICILLINS		

Medications (Last 10 of 138)	
ACTIVE AS OF	NAME
9/11/20	amitriptyline HCl 50 MG Oral Tablet
9/10/20	valsartan 160 MG Oral Tablet
9/10/20	oxybutynin chloride 10 MG 24HR Extended Release Oral Tablet
9/10/20	Famotidine 20 MG Oral Tablet
9/10/20	atorvastatin 10 MG Oral Tablet
9/10/20	amitriptyline HCl 50 MG Oral Tablet
9/10/20	Advair Diskus 100/50 Dry Powder Inhaler, 60 ACTUAT
4/14/20	Ventolin HFA 0.09 MG/ACTUAT Metered Dose Inhaler, 200 ACTUAT
3/4/20	valsartan 160 MG Oral Tablet

# Clinical Inertia | Upcoming Appointments



# Treatment Opportunities

HTN-Medication Intensification MEASURE

PERIOD: TY August 2020 | RENDERING PROVIDER: All Rendering Provid... | RENDERING LOCATION: 3 selected | SERVICE LINES: Primary Care

MEASURE ANALYZER | **DETAIL LIST** | VALUE SETS

Search Patients ... | All | Gaps | Num | Excl

DE...	ENCOUNTER	RENDERING	NEXT APPOINTMENT	HTN
NAME   MRN	AGE   DATE   LOCATION   TELEHEALTH	PROVIDER	DATE   PROVIDER	SBP   DBP   INTENS ENC DATE   DRUG CLASS   PRESCRIPTION   DIAGNOSIS DATE
	63   6/25/20 ...   Adult Medicine   N	SHORTER, JA...	10/1/2020   SHORTER	160   68         1/12/2017
	66   7/29/20 ...   Family Medicine - Pinewo...   N	SAUNDERS, K...	9/29/2020   SAUNDER:	152   62         8/17/2016
	66   6/9/20 1...   Family Medicine - Pinewo...   N	SAUNDERS, K...	9/29/2020   SAUNDER:	232   70         8/17/2016
	63   6/9/20 1...   Adult Medicine   N	SHORTER, JA...	9/14/2020   SHORTER,	142   98         5/11/2018
	63   7/15/20 ...   Family Medicine - Pinewo...   N	SAUNDERS, K...	9/16/2020   SAUNDER:	142   80         3/6/2018
	52   6/16/20 ...   Adult Medicine   N	SHORTER, JA...	9/16/2020   SHORTER,	122   92         7/5/2017
	55   6/18/20 ...   Adult Medicine   N	BRANT, RUSS...	9/18/2020   BRANT, RL	120   90         11/4/2016
	39   6/12/20 ...   Adult Medicine   N	SHORTER, JA...	9/15/2020   SHORTER,	148   90         9/11/2014
	56   6/4/20 1...   Adult Medicine   N	SHORTER, JA...	9/16/2020   SHORTER,	140   80         2019
	53   7/29/20 ...   Adult Medicine   N	ASHLEY, JON...	9/29/2020   ASHLEY, JC	150   90         017
	47   8/6/20 1...   Adult Medicine   N	ASHLEY, JON...	9/25/2020   ASHLEY, JONATHAN	124   90         019

Filter: Primary Care, Gaps, Next Appt

# Clinical Application

Russell James

Manager, Business Intelligence

Trillium Health



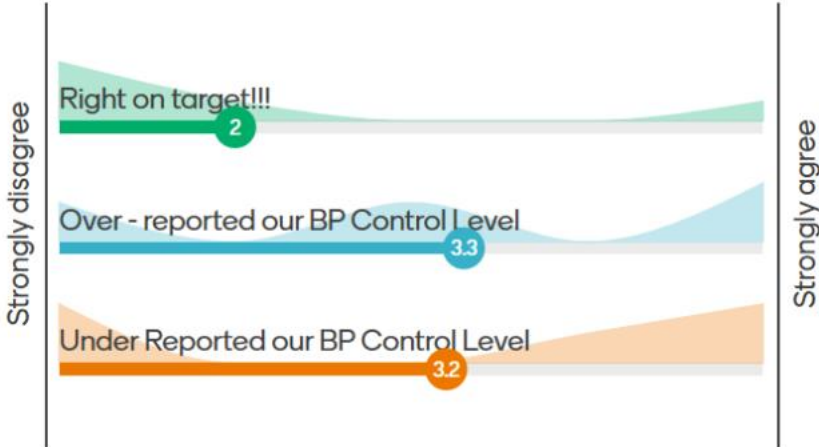


Go to [www.menti.com](http://www.menti.com) and use the code 46 77 49 9

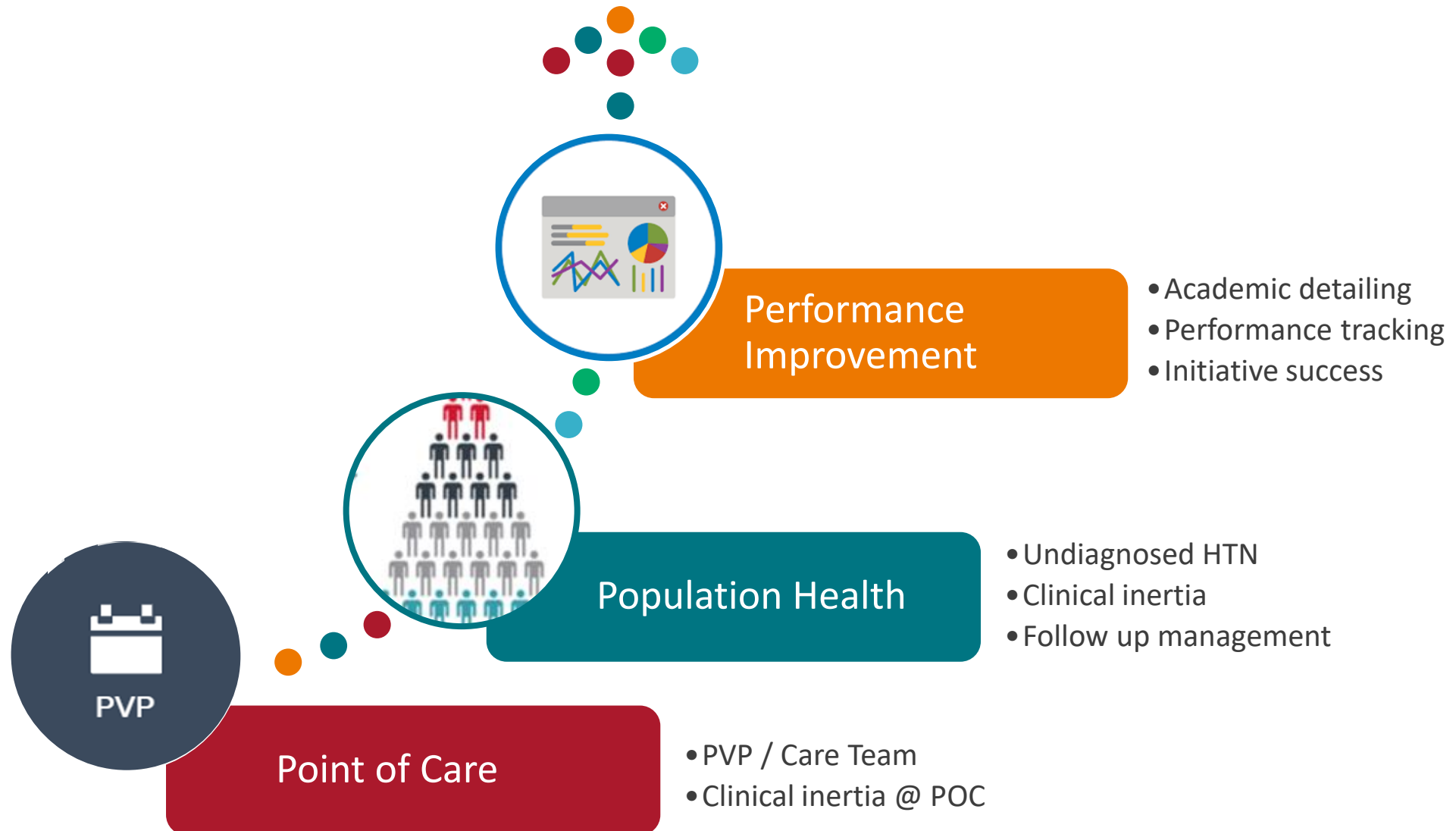


# How good was your guess?

## How good was your guess?



# Tools to Help You Get to BP Control



Go to [www.menti.com](http://www.menti.com) and use the code 46 77 49 9

# R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension. What guidelines do you have or follow for the using R03.0?



I don't know.

## R03.0 - Elevated blood-pressure reading, without diagnosis of hypertension. What guidelines do you have or follow for the using R03.0?



Varies by provid

I don't know.

Automatically diagnos as HTN

Not sure

Varies by provider and Patient

No real guidelines at all

Press ENTER to pause scroll



# Undiagnosed Hypertension

Undiagnosed HTN - Million Hearts ⓘ

MEASURE

FILTERS: TY November 2020 American Indian/Alaska Native...

MEASURE ANALYZER

Who do we reach out to?

68  
w/elevated BP Dx R03.0

vs.

485  
w/ No BP Dx R03.0

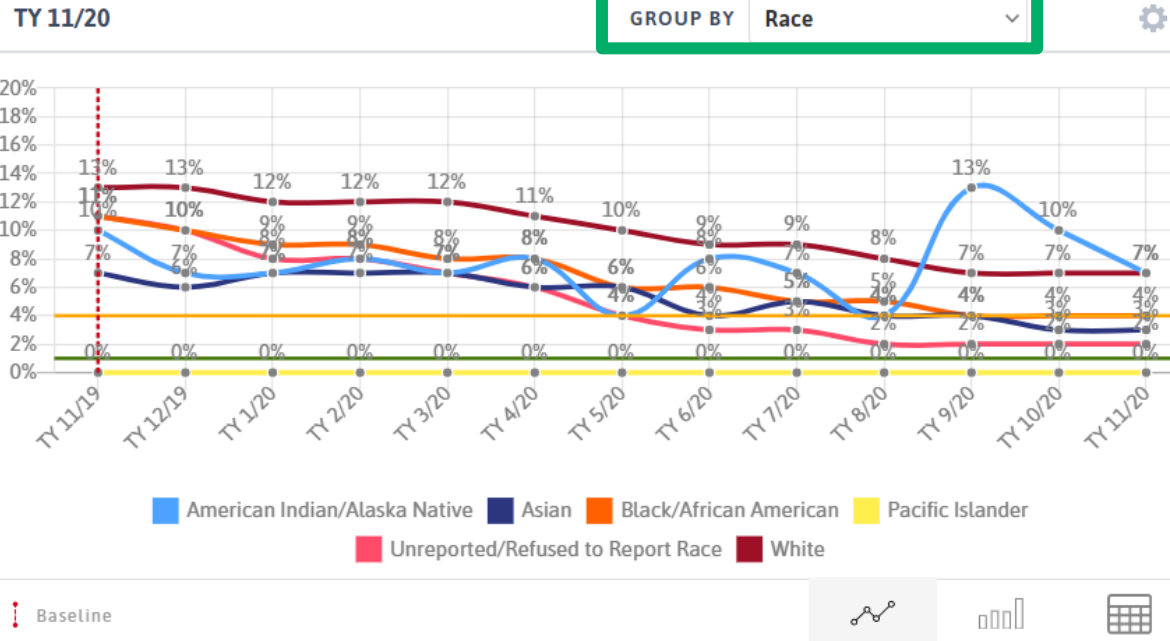
Targets & Metrics

Last Processed 11/28/2020 ⌚ ⌵

SELECTED **5%** **-7% ↓** Baseline **553 / 10,269**  
 TY November 2019 ⌵ 52 Exclusions

TARGET **MH Goals** ⌵ **450** To Target  
 PRIMARY 1% SECONDARY 4%

BENCHMARK **5%** Center Average  
**4%** Network Average  
**1%** Best Center



Comparison **GROUP BY Sex At Birth** **2ND Race**

SEX AT BIRTH	RACE	RESULT	CHANGE	NUM	NOM ↑	EXCL
F	White	5%	-4% ↓	203	3,853	22
M	White	8%	-8% ↓	232	2,780	1
F	Black/African American	4%	-5% ↓	39	1,047	19
M	Black/African American	5%	-7% ↓	47	965	1
F	Unreported/Refused t...	1%	-7% ↓	8	755	6
M	Unreported/Refused t...	3%	-10% ↓	17	636	0
M	Asian	1%	-8% ↓	1	92	0
F	Asian	4%	0%	4	91	2
M	American Indian/Alas...	5%	-5% ↓	1	19	0
U	White	0%	0%	0	10	0
F	American Indian/Alas...	11%	0%	1	9	0

# Hypertension Registry

- Evaluate BP over time and medication treatment or self-management

HTN DX		BP			BP 2ND MOST RECENT		BP 3RD MOST RECENT		STATIN MED			ACE ARB	
DATE ↑	CODE	DATE	SYSTOLIC	DIASTOLIC	DATE	RESULT	DATE	RESULT	START DATE	RXNORM	NAME	START DATE	STOP
11/25/2020	I10	11/25/2020	151	95	10/12/2020	126/85	8/12/2020	131/85	8/16/2020	617311	atorvastatin 40...	11/25/2020	
11/24/2020	I10	11/24/2020	150	92	10/27/2020	145/89	10/15/2020	174/83					
11/22/2020	59621000	11/20/2020	215	119									
11/13/2020	I10	11/13/2020	128	98	10/27/2020	125/90	10/16/2020	125/86					
11/12/2020	I10	11/12/2020	130	84	10/1/2020	127/80	8/27/2020	119/76					
11/9/2020	I10	11/9/2020	148	89	7/9/2020	137/83	1/29/2020	147/83	9/20/2017	617318	atorvastatin 20...	11/9/2020	
10/27/2020	59621000	11/25/2020	140	74	10/27/2020	124/72			9/28/2020	617312	atorvastatin 10...	9/28/2020	10/28/2020
10/27/2020	59621000	10/27/2020	166	90								10/27/2020	
10/20/2020	I10	11/25/2020	137	89	10/20/2020	154/96	1/28/2019	130/87				10/20/2020	
9/16/2020	59621000	9/30/2020	114	85	9/16/2020	202/120						9/16/2020	
9/11/2020	59621000	9/15/2020	105	73	9/11/2020	130/83	2/28/2020	120/86					
9/2/2020	59621000	11/24/2020	133	81	11/3/2020	160/70	10/16/2020	132/54				9/25/2020	

# Care Manager | Who Needs to Be Monitored?

HTN-Medication Intensification MEASURE

PERIOD: TY August 2020 | RENDERING PROVIDER: All Rendering Provid... | RENDERING LOCATION: 3 selected | SERVICE LINES: Primary Care

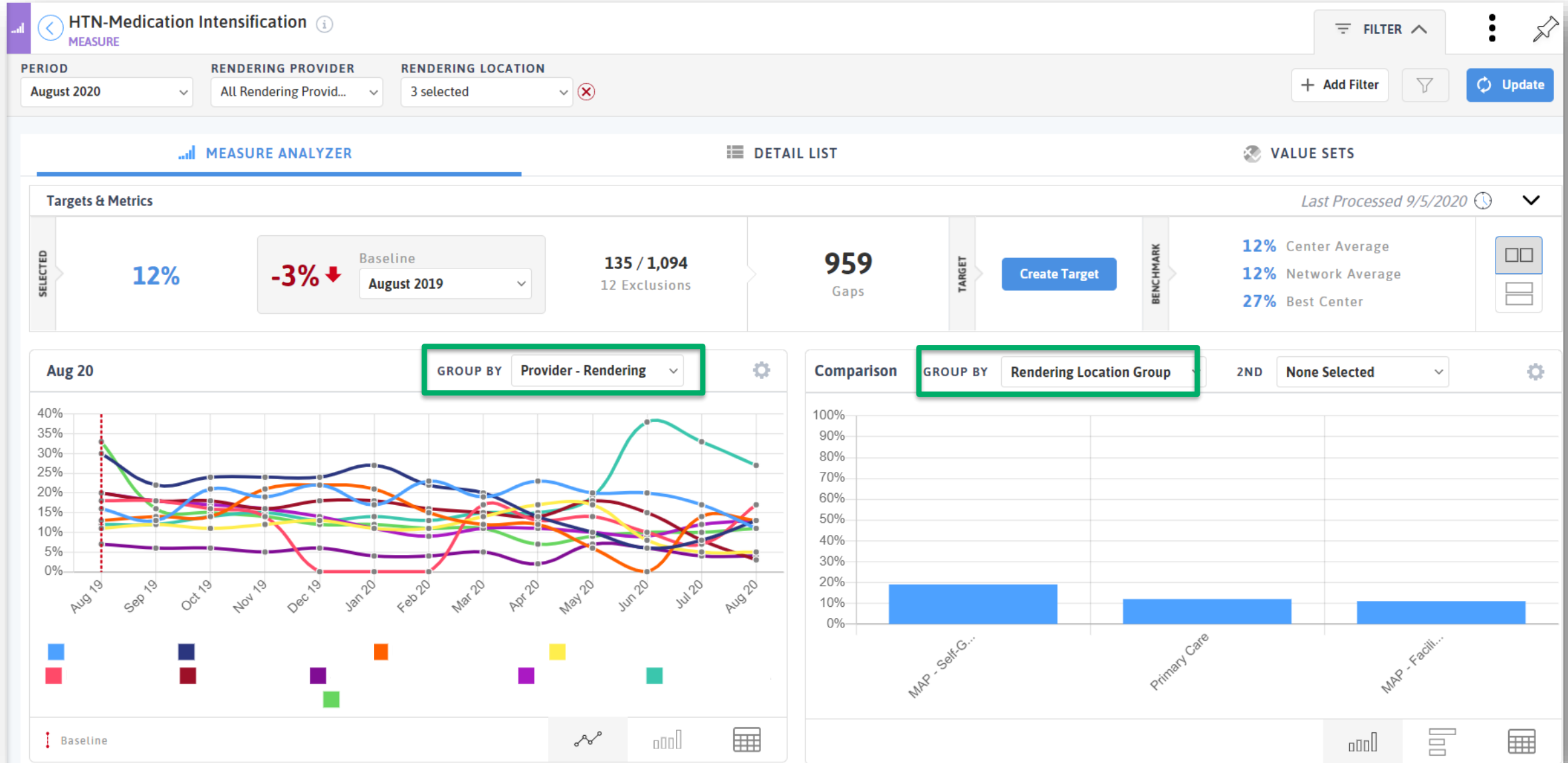
MEASURE ANALYZER | **DETAIL LIST** | VALUE SETS

Search Patients ... | All | Gaps | **Num** | Excl

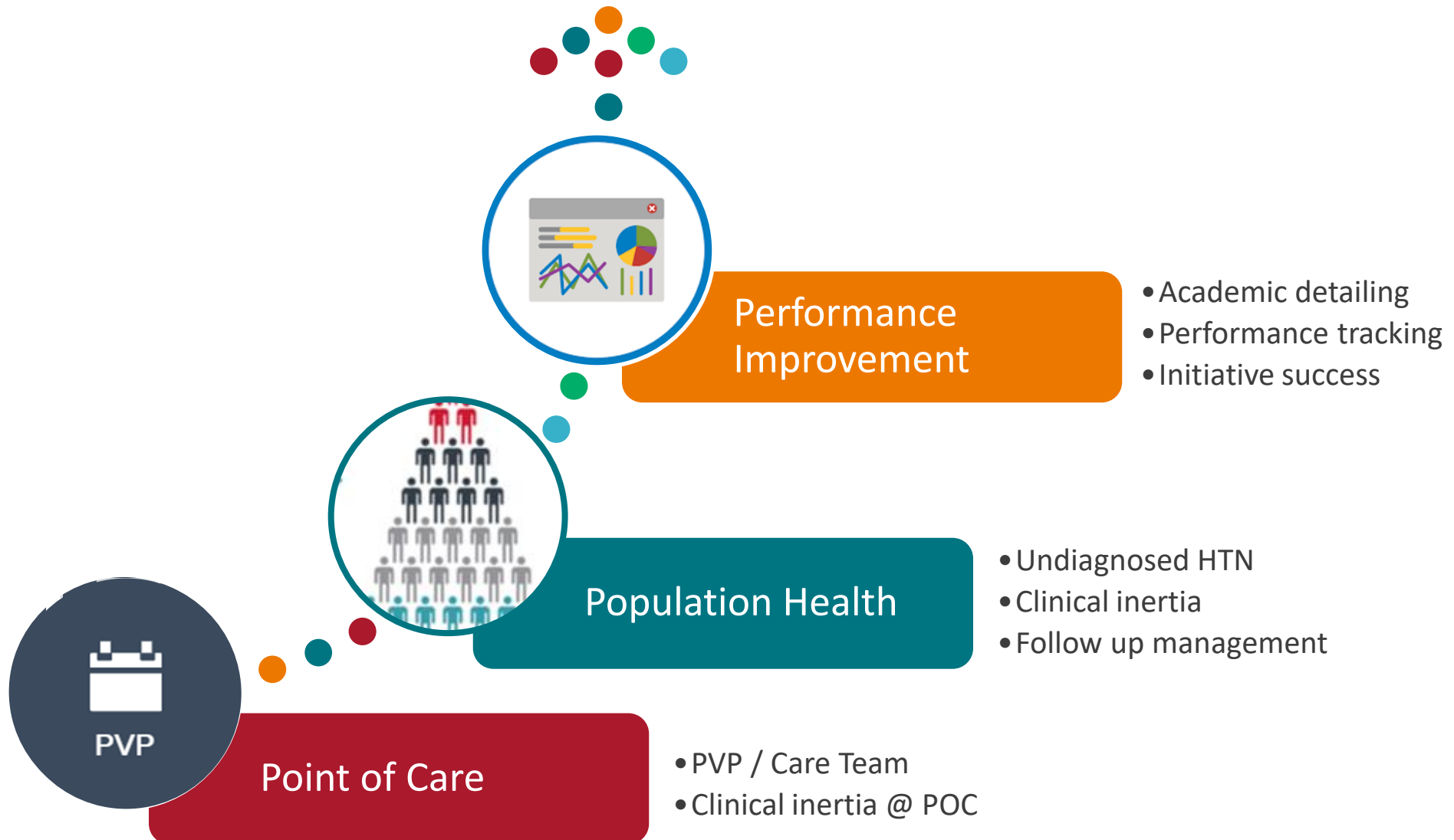
DE...	ENCOUNTER	RENDERING	NEXT APPOINTMENT							HTN				
NAME	MRN	AGE	DATE	LOCATION	TELEHEALTH	PROVIDER	DATE	PROVIDER	SBP	DBP	INTENS ENC DATE	DRUG CLASS	PRESCRIPTION	DIAGNOSIS DATE
		56	6/1/201...	Adult Medicine	N	ASHLEY, JON...	10/2/2020	ASHLEY, JON...	144	90	6/1/2020	420150	valsartan 80 mg tablet	4/24/2018
		56	7/28/20...	Adult Medicine	N	ASHLEY, JON...	9/29/2020	ASHLEY, JON...	152	100	7/28/2020	413562	spironolactone 25 mg...	2/23/2017
		65	6/3/201...	Family Medicine ...	N	SAUNDERS, K...	9/15/2020	SAUNDERS, K...	170	100	6/3/2020	390123	metoprolol succinate ...	5/24/2017
		74	7/2/201...	Adult Medicine	N	BRANT, RUSS...	9/28/2020	BRANT, RUSS...	120	98	7/2/2020	606974	losartan 50 mg tablet	9/4/2019
						SHORTER, JA...	9/28/2020	SHORTER, JA...	178	98	8/19/2020	423389	losartan 50 mg tablet	7/8/2019
						BRANT, RUSS...	9/23/2020	BRANT, RUSS...	128	94	6/19/2020	398955	losartan 50 mg tablet	10/3/2016
						ASHLEY, JON...	9/17/2020	ASHLEY, JON...	152	80	6/17/2020	404211	losartan 25 mg tablet	4/7/2017
						SHORTER, JA...	9/21/2020	SHORTER, JA...	150	92	8/10/2020	399755	losartan 100 mg tablet	8/21/2017
						SHORTER, JA...	9/22/2020	SHORTER, JA...	148	80	8/12/2020	423967	lisinopril 5 mg tablet	2/13/2019
		31	7/9/201...	Adult Medicine	N	BRANT, RUSS...	9/15/2020	BRANT, RUSS...	160	110	7/9/2020	390390	lisinopril 20 mg tablet	8/28/2019
		56	8/17/20...	Adult Medicine	N	SHORTER, JA...	9/14/2020	SHORTER, JA...	146	88	8/17/2020	409678	lisinopril 10 mg tablet	10/3/2019

Evaluate time from intensification to next appointment

# Medication Intensification | Provider Variation

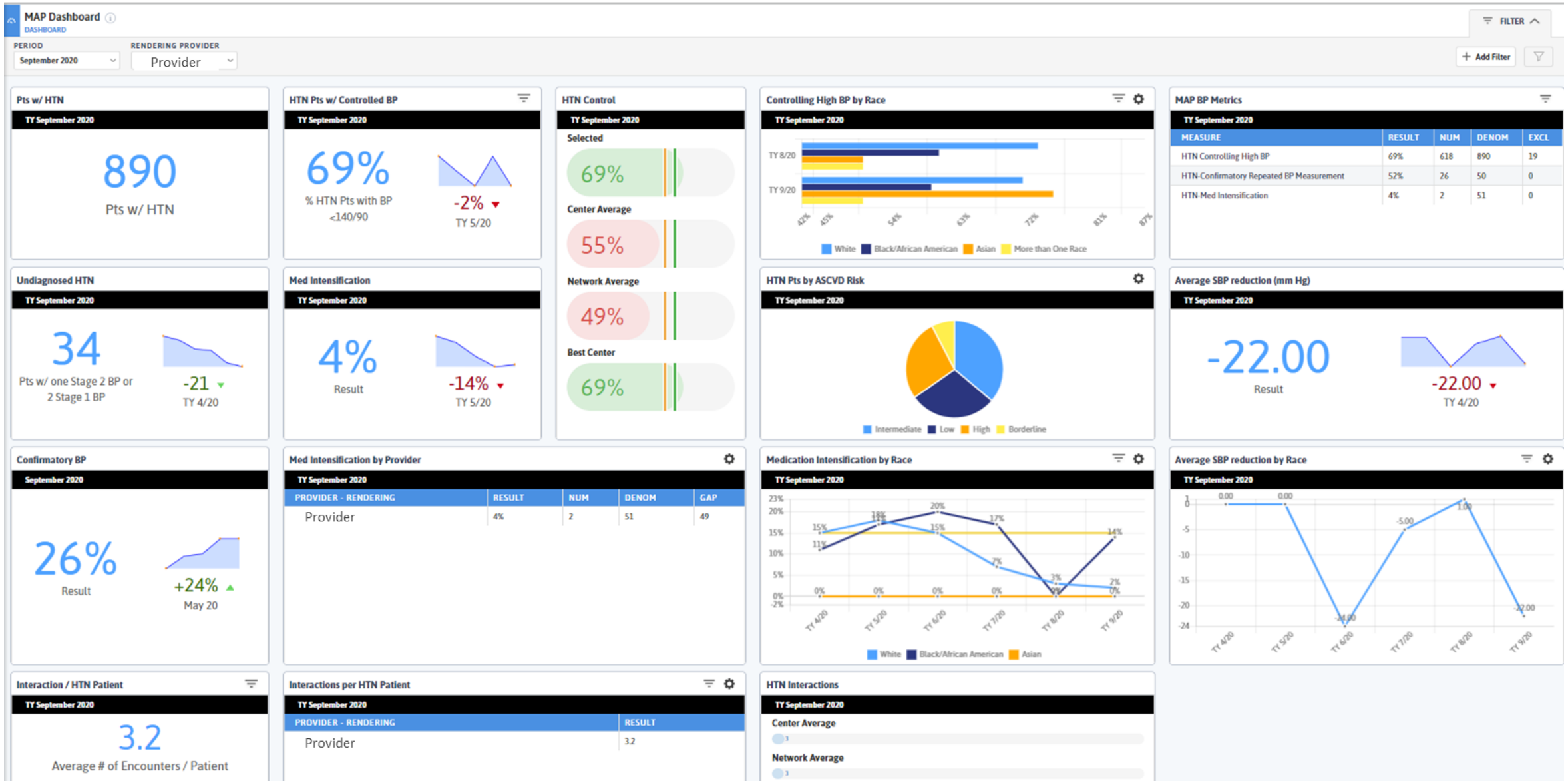


# Tools to Help You Get to BP Control





# Provider /Practice Detailing



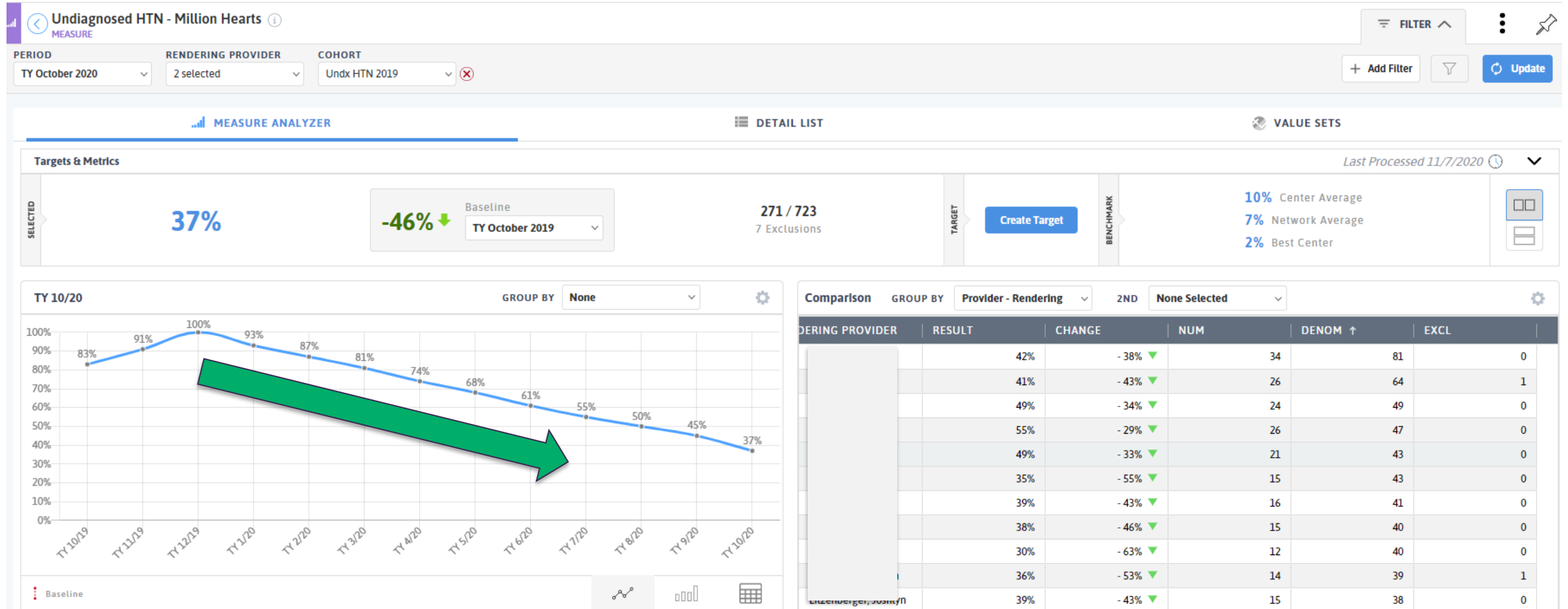
# Track Improvement with Cohorts

- Identify specific patients to track outcomes
  - Uncontrolled BP
  - High Risk ASCVD and no treatment
  - Patients with clinical inertia
  - Undiagnosed HTN
- Monitor improvement over time based on interventions

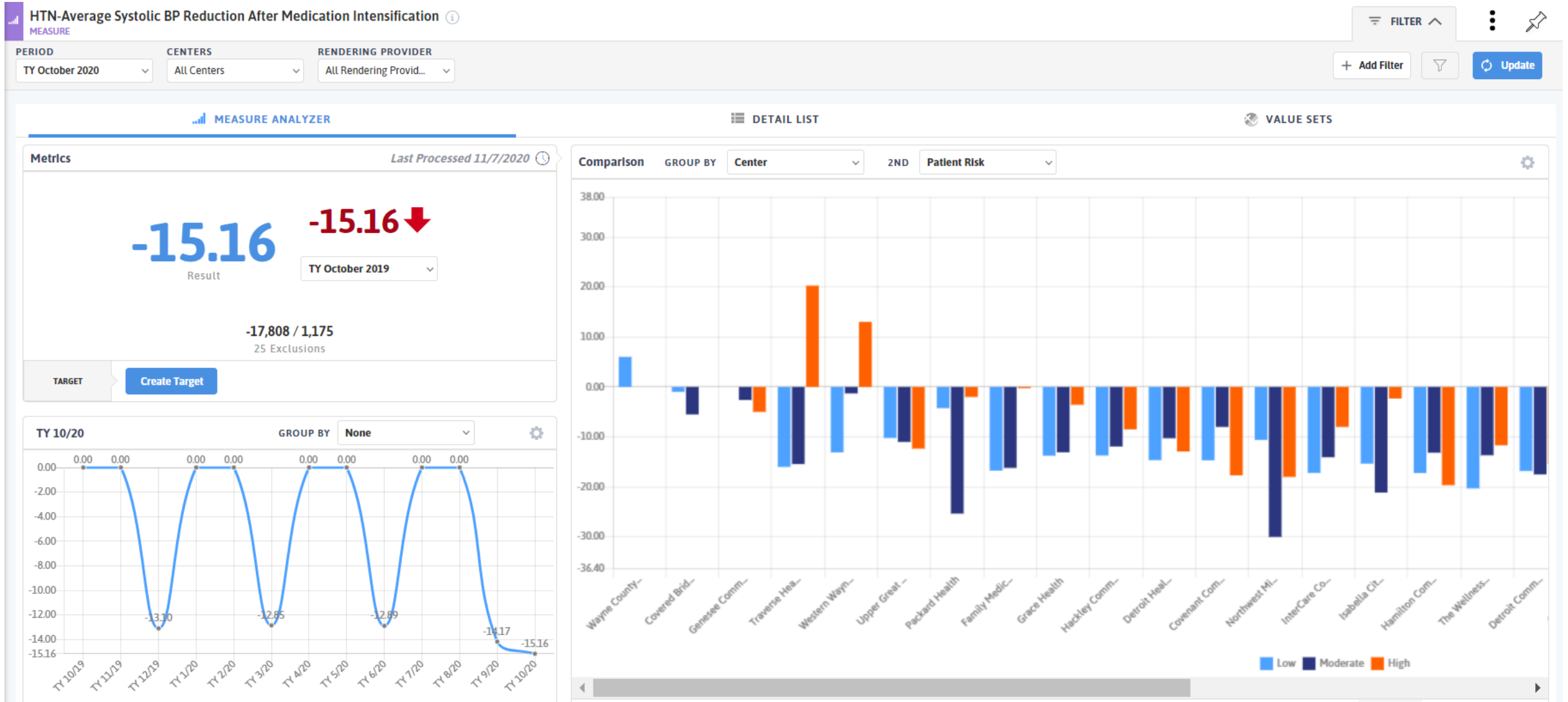


# Improvement in Undiagnosed HTN

- Investigate those not diagnosed. How quickly do pts convert?



# Reduction in Systolic BP



# Level of Care

Interactions / Patient MEASURE

PERIOD: TY October 2020 | RENDERING PROVIDER: | PATIENT DIAGNOSES: Hypertension

MEASURE ANALYZER | DETAIL LIST | VALUE SETS

Metrics Last Processed 11/7/2020

**4.5** Result -0.5 ↓ TY November 2019

3,970 / 883

TARGET Create Target

TY 10/20 GROUP BY: None

Period	Score
TY 11/19	5.0
TY 12/19	5.1
TY 1/20	5.0
TY 2/20	5.0
TY 3/20	4.8
TY 4/20	4.6
TY 5/20	4.5
TY 6/20	4.5
TY 7/20	4.5
TY 8/20	4.5
TY 9/20	4.5
TY 10/20	4.5

Comparison GROUP BY: Provider - Rendering 2ND: Billable Indicator

Provider-Rendering Group	N (Blue)	Y (Dark Blue)
FNP...	~24	~31
IPA...	~19	~29
Lau...	~20	~27
Ap...	~17	~24

# Controlling BP | Race and ASCVD

Hypertension Controlling High Blood Pressure (CMS165v8) MEASURE

FILTER + ⋮ 📌

PERIOD: TY August 2020  
 RENDERING PROVIDER: All Rendering Provid...  
 SERVICE LINES: Primary Care  
 RACE: 4 selected

+ Add Filter ⌵ ↻ Update

MEASURE ANALYZER

DETAIL LIST

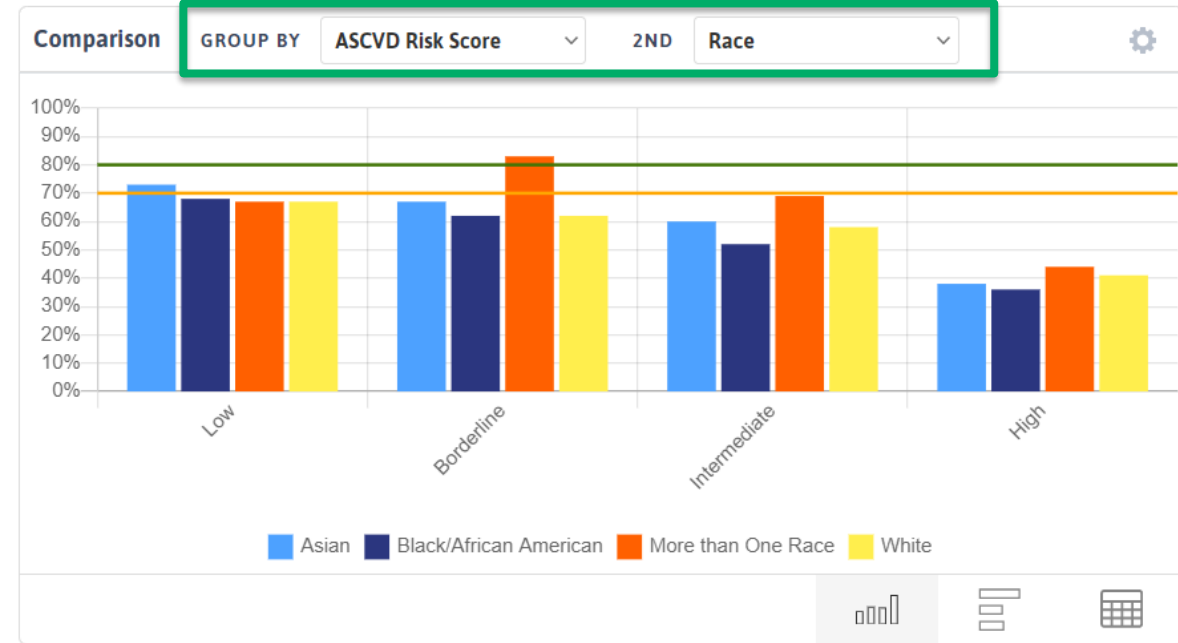
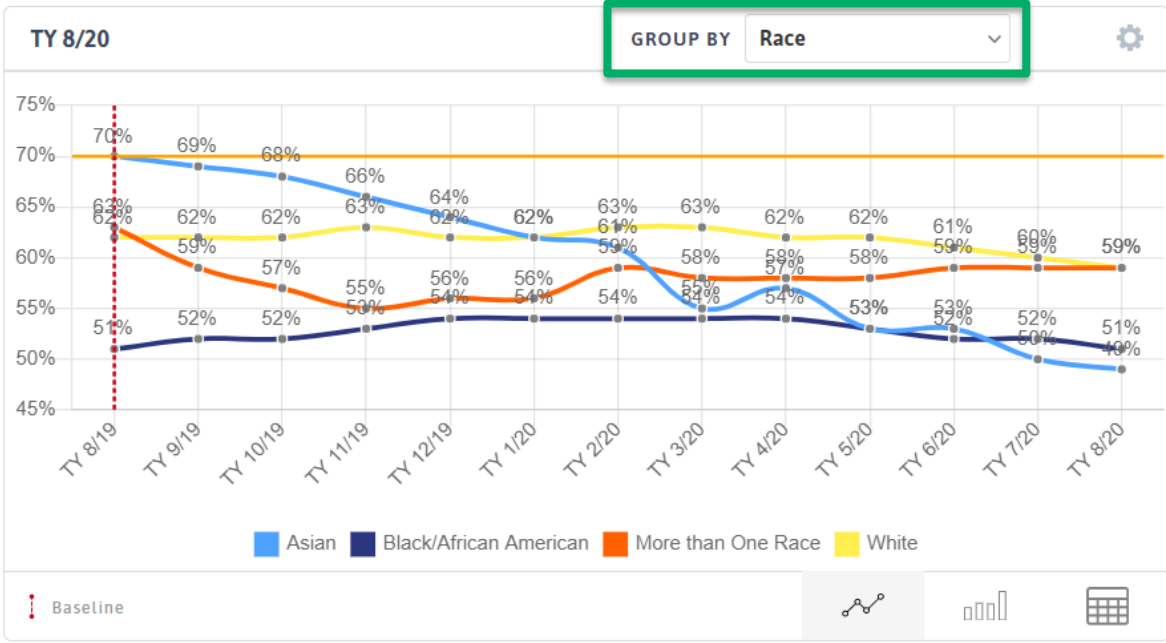
VALUE SETS

Targets & Metrics

Last Processed 9/5/2020

**SELECTED** 56% -2% ↓ Baseline TY August 2019 5,341 / 9,589 4,248 **TARGET** MAP Metrics 2,331 **BENCHMARK** 56% Center Average 50% Network Average 70% Best Center

133 Exclusions Gaps PRIMARY 80% SECONDARY 70% To Target



Go to [www.menti.com](http://www.menti.com) and use the code 46 77 49 9



# Additional Training Needs



# Resources







## Steps for In-Office BP Readings <https://bit.ly/3iu6Fjb>

PDF

Poster to help educate the care team on how to correctly take an in-office BP measurement.



## Hypertension Medication Treatment Protocol <https://bit.ly/3c5374w>

PDF

Provides guidance on antihypertensive medication treatment for patients with hypertension to help get them to goal.



## Act Rapidly Best Practices <https://bit.ly/2FxzvAD>

PDF

Summary of recommendations to help improve diagnosing and managing high BP. Use after completing the Act Rapidly Pre-assessment.



## Partner with Patients Best Practices <https://bit.ly/35wEAUF>

PDF

Summary of recommendations for communicating with and engaging patients. Use after completing the Partner with Patients Pre-assessment.



## Partner with Patients Gap Analysis <https://bit.ly/3khB6t8>

PDF

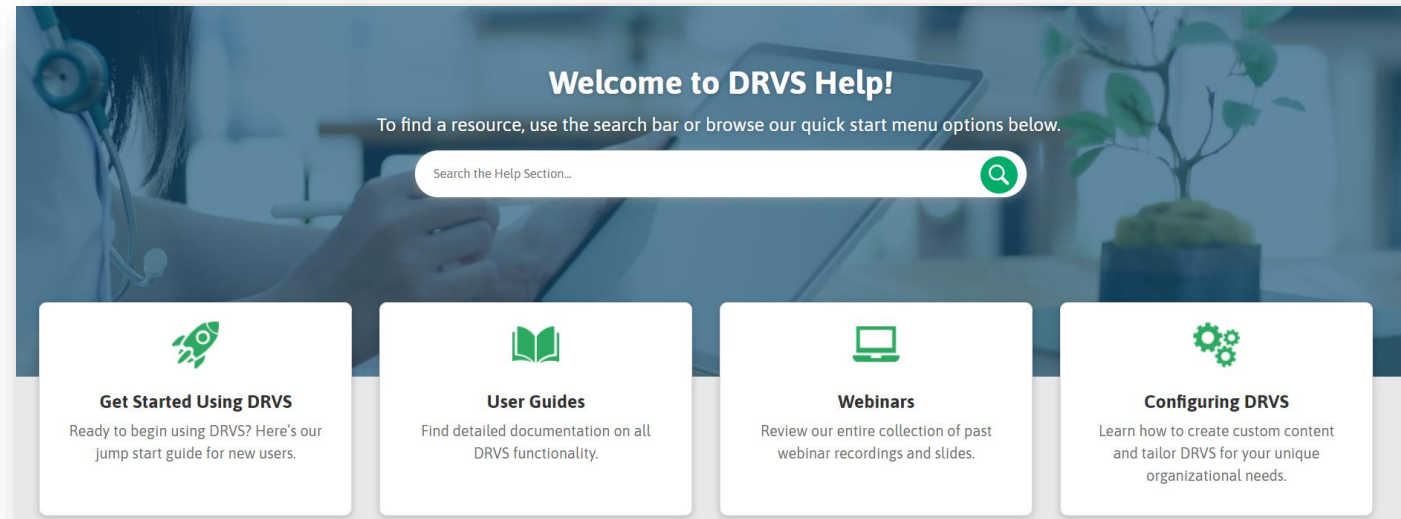
Identify how your health center can improve communicating with and engaging patients.



Find more resources for the American Medical Association's M.A.P. BP Program at:  
<https://bit.ly/35GbQZP>

# DRVS Resources

- [ASCVD User Guide](#)
- [ASCVD 10-Year Risk Calculator Overview Video](#)
- Quick Tip Clips
  - [Alert Admin](#)
  - [Cohorts](#)
  - [PVP / CMP](#)
- [DRVS Dashboards User Guide](#)
- For more information on
  - Access to the MAP measures, contact Azara Support
  - Access to AMA's program, contact LuAnn Kimker



# Questions?



# Upcoming Webinars



## **Capturing and Using SDOH**

Tuesday, December 8

2:00 – 3:00 PM ET

<https://bit.ly/3kAh65M>

## **QI Director's Guide to UDS Review**

Tuesday, December 15

1:00 – 2:30 PM ET

<https://bit.ly/3oAlEui>

\* Because of the rapidly changing health environment, these webinars may be subject to change to better meet the needs of our users.

# Contact Information



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Azara Healthcare

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