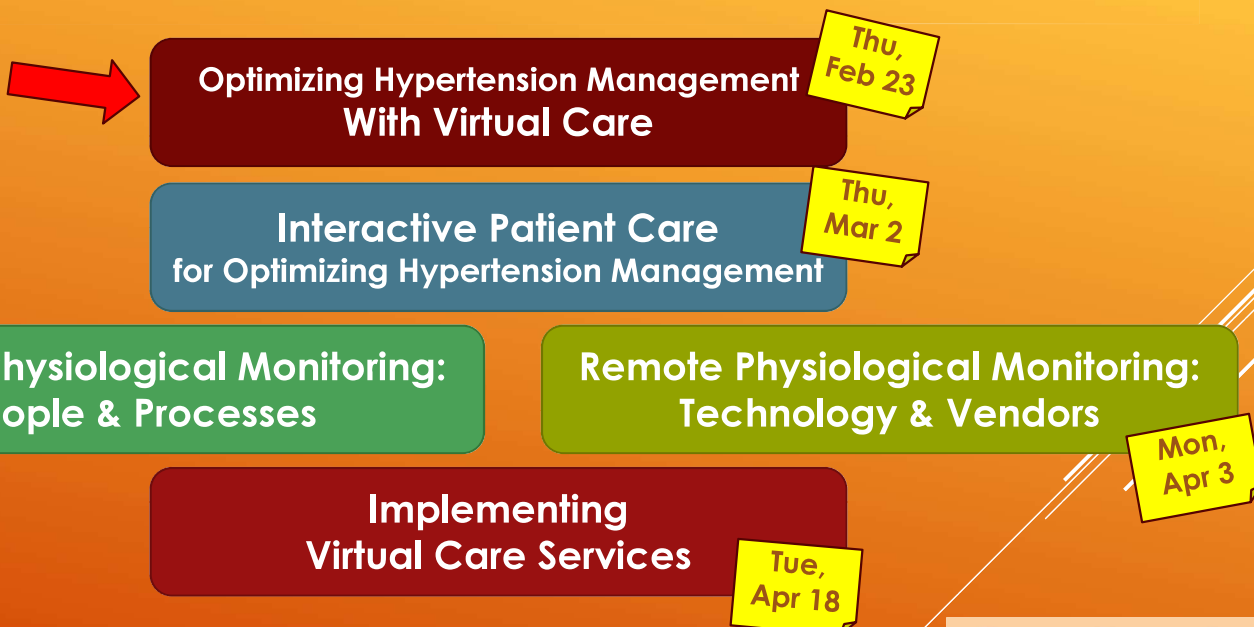


OPTIMIZING HYPERTENSION MANAGEMENT WITH VIRTUAL CARE



February 23, 2023 | presented by Christian Milaster

WEBINAR SERIES



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ABOUT YOU!



SURVEY QUESTIONS

How many of your patients are currently enrolled in your coordinated Hypertension (HTN) Management Program?

Completed pilot
for 100 pts.

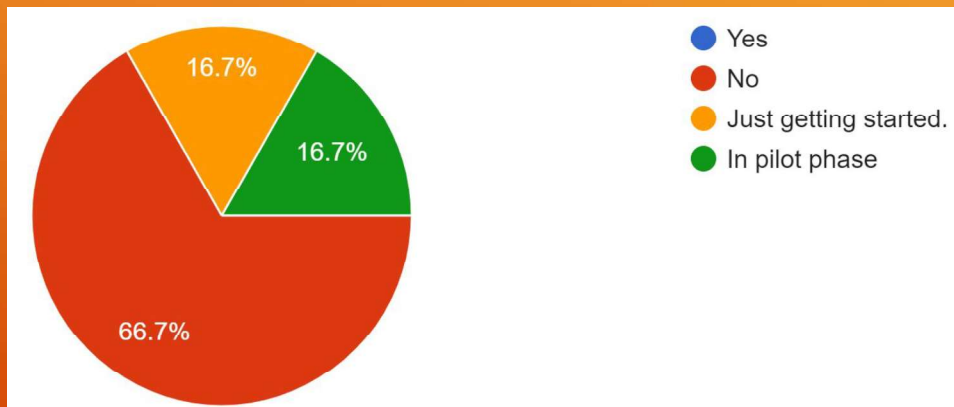
193 pts.

We are just
starting our grant

None,
0,
small %

SURVEY QUESTIONS

Does your organization have a Remote Physiological Monitoring (RPM) program?

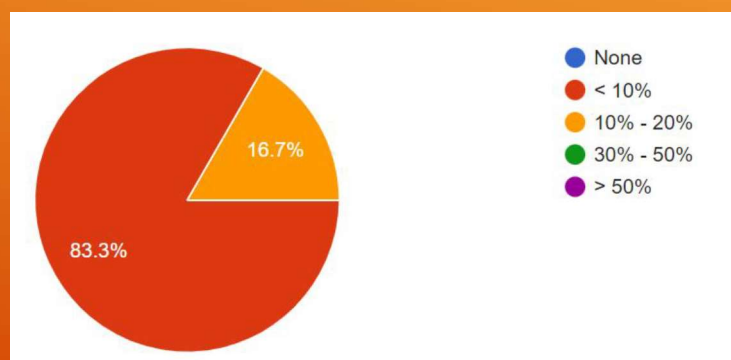


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SURVEY QUESTIONS

What portion (%) of your current Primary Care patient services are video visits?

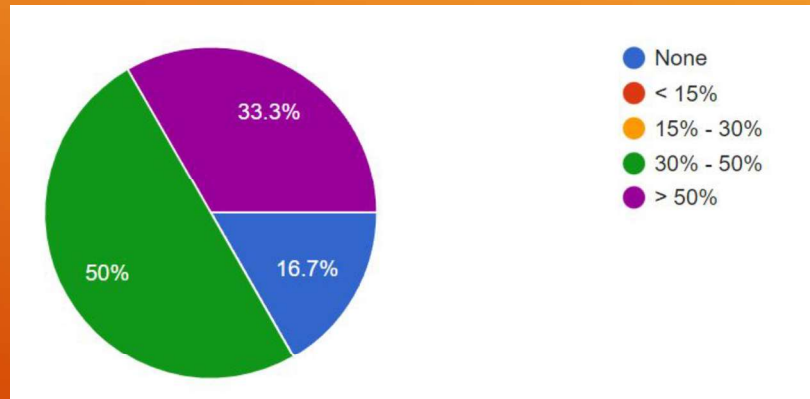


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SURVEY QUESTIONS

What portion (%) of your current Behavioral Health patient services are video visits?



WHAT ARE YOU MOST INTERESTED IN LEARNING?

- ▶ How to begin implementing a virtual care program with HTN
- ▶ What does it take to implement a HTN Mgmt. Program with RPM?
 - ▶ Are there external services that we could utilize if we do not have the internal capacity to manage such a program
- ▶ Learning new strategies to expand RPM modalities
- ▶ How to achieve compliance with BP measurements
- ▶ How often is dashboard checked?
- ▶ What resources can you use to monitor vital signs remotely?
 - ▶ 1) How is the equipment supplied?
 - ▶ 2) How are technical problems dealt with?
 - ▶ 3) How does the information get inputted into ECW?
 - ▶ 4) Is this billable for nursing visits?



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ABOUT CHRISTIAN



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HYPERTENSION MANAGEMENT

Recap

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New Definition of Hypertension

Systolic BP greater than or equal to 130 mmHg, and diastolic BP greater or equal to 80 mmHg, or currently taking medications.

For an adult 45 years of age without hypertension, the 40-year risk for developing hypertension is 93% for African Americans, 92% for Hispanics, 86% for whites, and 84% for Chinese adults.

J Am Coll Cardiol 2018;71:e127-e248.

MEDICINE of THE HIGHEST ORDER



Source:
CHCANYS Webinar
April 2022

Hypertension Epidemic

- Hypertension is often termed the “silent killer” because many people with high blood pressure (BP) do not know they have the disease until it has progressed.
- Uncontrolled high BP leads to numerous complications including, but not limited to, heart attack, stroke, aneurysm, heart failure, renal failure, and dementia.
- Hypertension is the primary modifiable risk factor for the development of CVD.

MEDICINE of THE HIGHEST ORDER



Source:
CHCANYS Webinar
April 2022

Hypertension is highly prevalent and a significant contributor to cardiovascular disease

Hypertension affects an estimated **46% of the US adult population**, about 116 million people

Treatment of hypertension **reduces the risk** of stroke, myocardial infarction, and heart failure by 15-64%

Rates of hypertension control are poor, ranging from 40-60%, with variability by sex and self-identified race/ethnicity

4

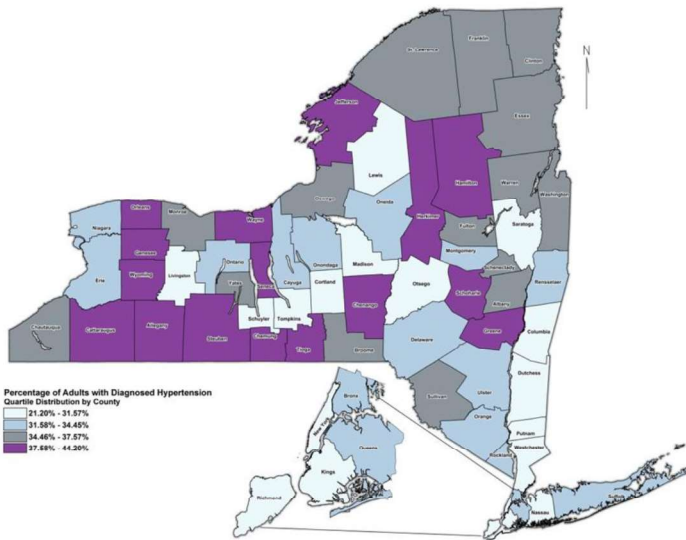
MEDICINE of THE HIGHEST ORDER



Source:
CHCANYS Webinar
April 2022

Prevalence Estimates of Diagnosed HTN in New York State, by county

Percentage of adults with diagnosed hypertension, New York State, BRFSS 2016



https://www.health.ny.gov/statistics/prevention/injury_prevention/information_for_action/docs/2018-08_ifa_report.pdf

In New York State (NYS), an estimated 4.9 million people, or 31.7% of the adult population, have been diagnosed with HTN.

The prevalence of diagnosed HBP varies by county, from 21.2% in New York County to 44.2% in Jefferson County.

The counties with the highest prevalence rates are: Jefferson (44.2%), Allegany (42.1%), Wayne and Wyoming (40.0%), Greene and Schoharie (39.8%), and Seneca (39.4%).



Source:

CHCANYS Webinar
April 2022

MEDICINE of THE HIGHEST ORDER



HTN is a significant contributor to CVD morbidity and mortality

Clinical trials have shown that treatment of hypertension reduces the risk of cardiovascular disease outcomes:



MEDICINE of THE HIGHEST ORDER



Source:

CHCANYS Webinar
April 2022

VIRTUAL CARE

Telehealth

Telemedicine

Video Visits

RPM

17

VIRTUAL CARE

Telehealth

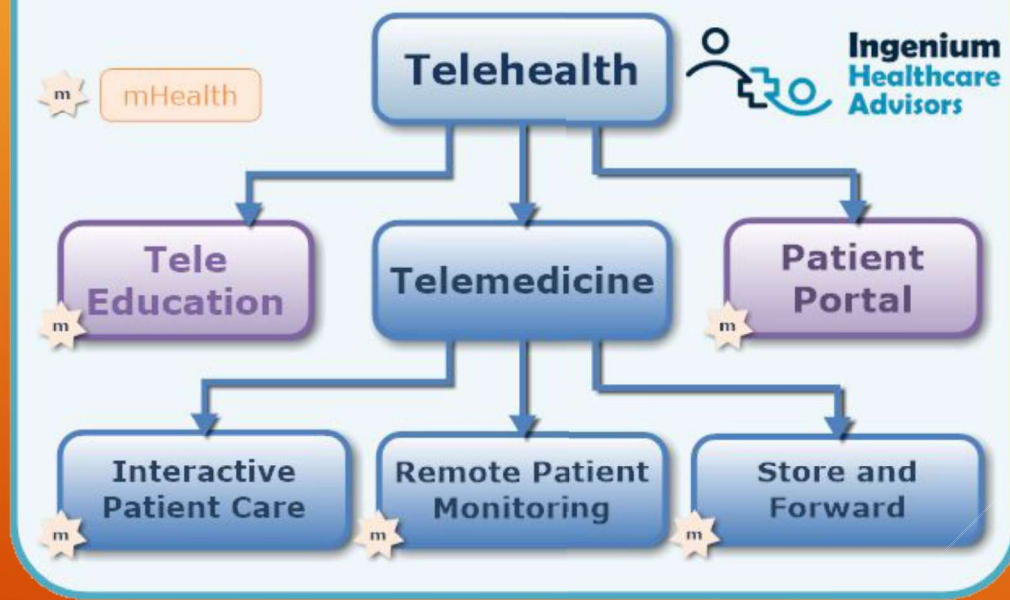
Delivering Care at a Distance

Telemedicine

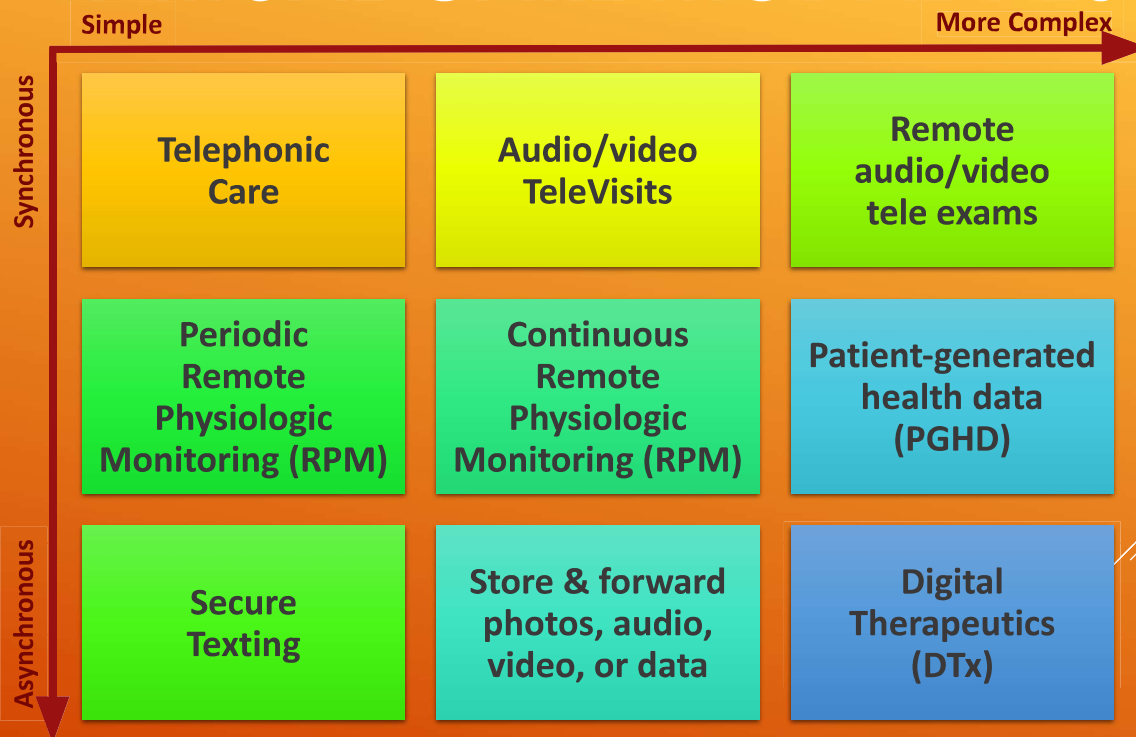
Practicing Medicine at a Distance

18

A Telehealth Taxonomy



VIRTUAL CARE MODALITIES



LEVERAGING VIRTUAL CARE FOR HYPERTENSION MANAGEMENT

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WHY VIRTUAL CARE FOR HTN?

Integrate virtual care modalities to transform your care model to

- ▶ **improve access to care**
- ▶ **activate patients to actively participate in their care**
- ▶ **improve patient and provider engagement and satisfaction**
- ▶ **improve HTN management efficiency and outcomes**
- ▶ **enhance competitiveness in a modern care delivery landscape**
- ▶ **meet patients' needs and expectations**

The Evolution Of Patient Care Participation

Compliance

Adherence

Engagement

Activation

COMPLIANCE:
Submitting to a
Wish, Request, or Demand

ADHERENCE:
Sticking to a Plan
or Regimen

ENGAGEMENT:
Participation and contribution
to achieve agreed-on objectives

ACTIVATION:
Self-motivated, proactive
actions to achieve personal goals

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IDENTIFIED BARRIERS TO “ADHERENCE”

Patient

- Multiple comorbid conditions
- Visual, hearing, cognitive impairment
- Health literacy
- Inadequate knowledge of medications and disease
- Fear of dependence, stigma, adverse effects

Clinician

- Prescription of complex drug regimens
- Ineffective communication
- Clinician inertia
- Provision of care by multiple providers

System

- Office visit time limitations
- Limited access to care
- Formulary changes/restrictions, high drug costs

INCREASING ACTIVATION TO OVERCOME “ADHERENCE” BARRIERS

Patient

- ▶ Multiple Comorbid Conditions
- ▶ Visual, Hearing, Cognitive Imp.
- ▶ Health Literacy
- ▶ Inadequate Knowledge...
- ▶ Fear of dependence, stigma, ...

VIRTUAL CARE

- ▶ Remote Chronic Care Managemt.
- ▶ Optimized TeleVisits
- ▶ TeleVisits / TeleEducation
- ▶ TeleEducation
- ▶ TeleEducation



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INCREASING ACTIVATION TO OVERCOME “ADHERENCE” BARRIERS

Clinician

- ▶ Prescription of complex drug regimen
- ▶ Ineffective Communication
- ▶ Clinician inertia
- ▶ Provision of care by multiple Providers

System

- ▶ Office visit time limitations
- ▶ Limited access to care
- ▶ Formulary changes/restrictions

VIRTUAL CARE | Digital Health

- ▶ TeleMedReconciliation
- ▶ TeleVisit
- ▶ Team based virtual care
- ▶ TeleCareConference

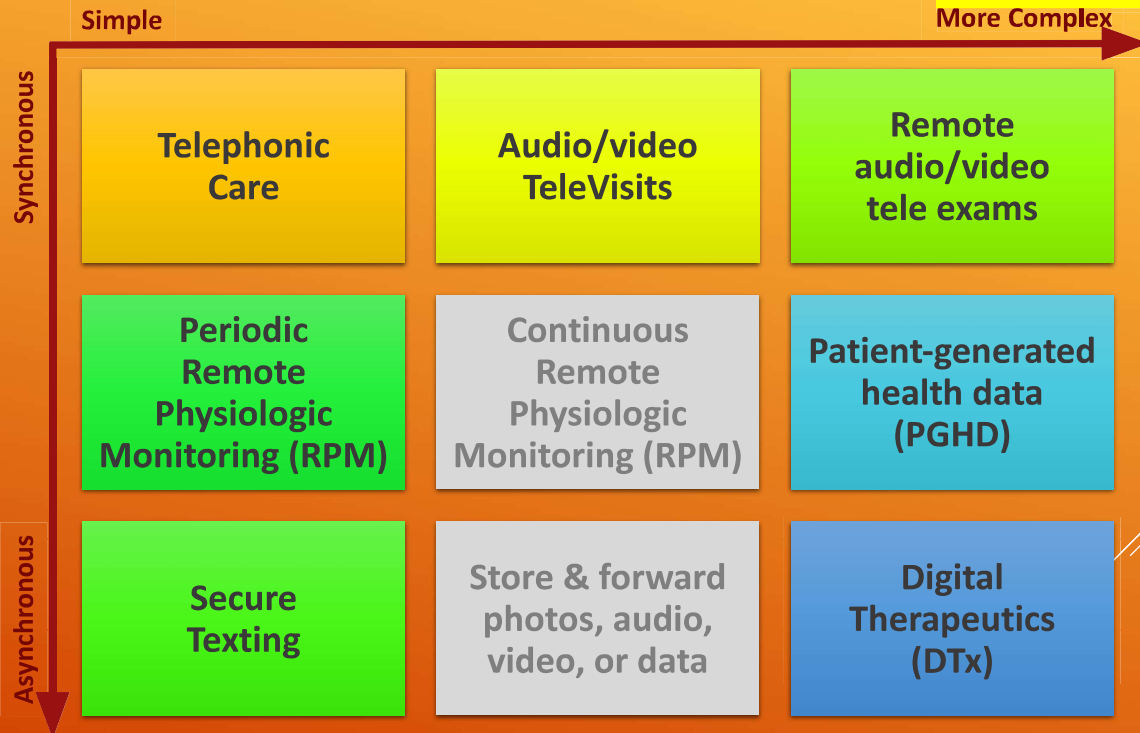
- ▶ TeleVisits & RPM
- ▶ TeleVisits & RPM
- ▶ TelePharmacy?



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VIRTUAL CARE MODALITIES FOR HTN MGMT.



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IMPLEMENTING VIRTUAL CARE SERVICES FOR HYPERTENSION MANAGEMENT

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The Problem in Healthcare is not the
Lack of Innovation.

The Problem is the
Lack of Innovation Adoption.

THE PROBLEM

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IMPLEMENTING INNOVATION: A MULTI-DISCIPLINARY APPROACH

Leadership

Project
Management

Change
Management

Agile
Approach

Design
Thinking

Workflow
Centric

LEADERSHIP

Leadership

- ▶ Set the Vision
- ▶ Give Autonomy
- ▶ Provide Resources



PROJECT MANAGEMENT

Project Management

- ▶ Agile Project Management
- ▶ Plans are useless, but Planning is essential
- ▶ Project Management as a Communication & Synchronization Tool



CHANGE MANAGEMENT

Change
Management

- ▶ Biggest Breakdown in Innovation Adoption is not managing the Change
- ▶ Resistance to Change is part of Human Survival
- ▶ Need to appeal to Emotions, to Logic and to Social Acceptance/Herd



ADKAR® FRAMEWORK

Change
Management

Raise **A**WARENESS

- Define the Vision, promote the Solution

Create **D**ESIRE

- Demonstrate the Benefits

Supply **K**NOWLEDGE

- Use experienced advisors & train adequately

Build **A**BILITY

- Provide opportunities for Learning

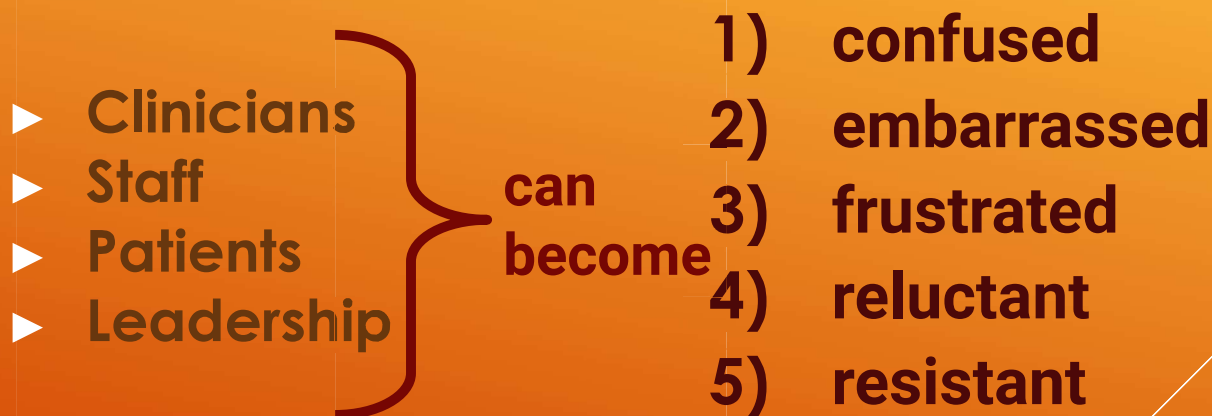
Supply **R**EINFORCEMENT

- Ensure Accountability, Continuity, Support

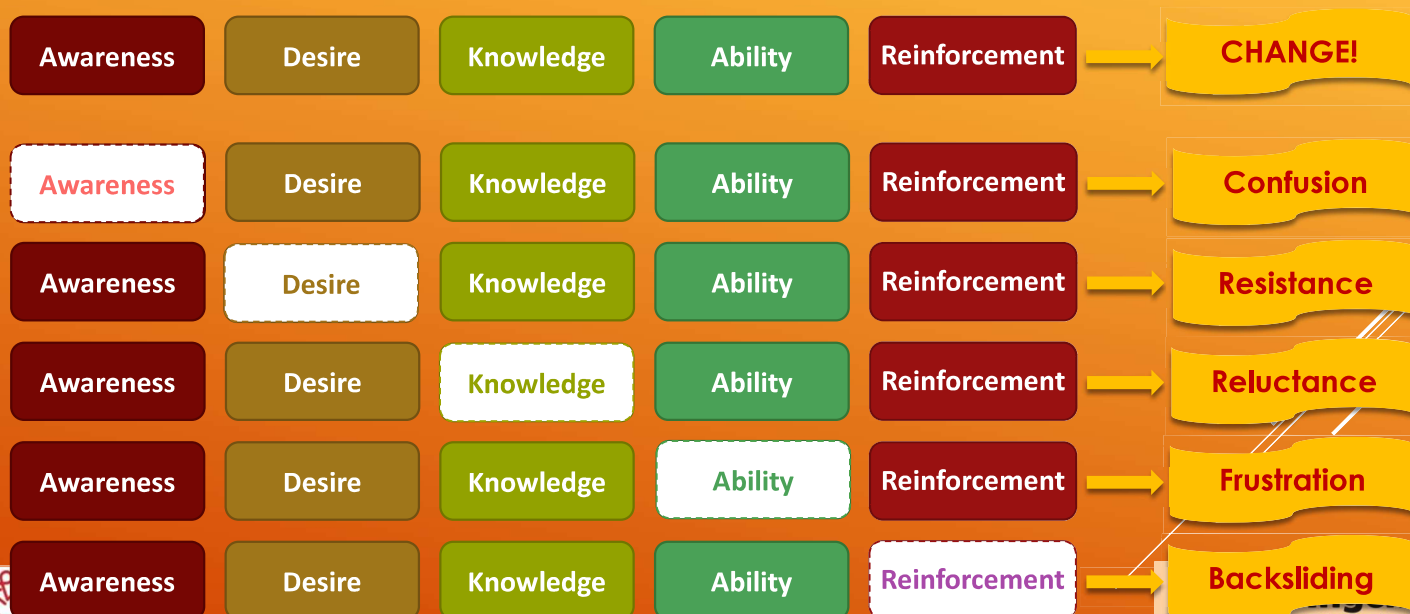


WITHOUT CHANGE MANAGEMENT...

Change
Management



ADKAR MODEL FOR SUCCESSFUL, SUSTAINABLE CHANGE



Ingenium Telehealth Service Launch Process

Service Verification

Service Definition

Service
Validation

Service
Implementation

Ingenium Telehealth Service Launch Process

Service Verification

Strategic
Case

Business
Case

Clinical
Case

Service Definition

Workflow

Technology

Operatio-
nalization

Service
Validation

Service
Implementation

Proof-of-
Concept

Organizational
Change
Methods

Deploy-
ment

STRATEGIC CASE

Strategic
Case

- ▶ Defines the alignment with strategic objectives
- For HTN Management:**
- ▶ Defines efficacy and impact on hypertension mgmt., including patient activation



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BUSINESS CASE

Business
Case

- ▶ Defines the business model and/or financial return-on-investment calculation
- For HTN Management:**
- ▶ Tie outcomes to quality measures or grant success criteria



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CLINICAL CASE

Clinical
Case

- ▶ Defines the clinical efficacy of the intervention

For HTN Management:

- ▶ Describe impact on patient activation/adherence, impact on health status



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After the Q&A

Key Takeaways
Action Items
Webinars Outlook

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IngeniumDigitalHealth.com

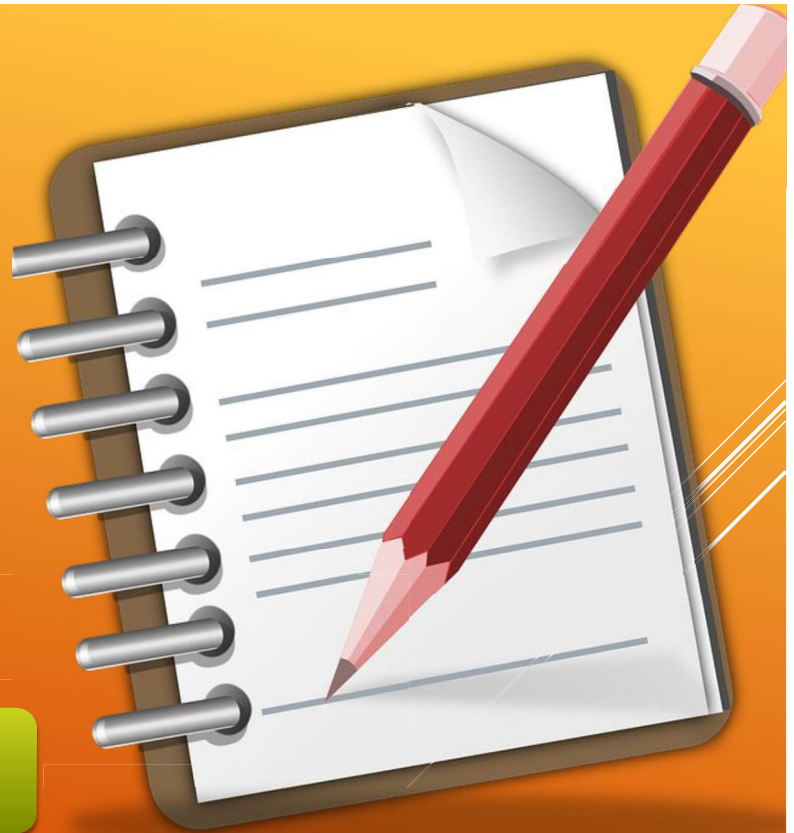
657-Ingenium (464-3648)



KEY TAKEAWAYS

Put your Major Insights,
Learnings into the Chat.

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4 KEY TAKEAWAYS

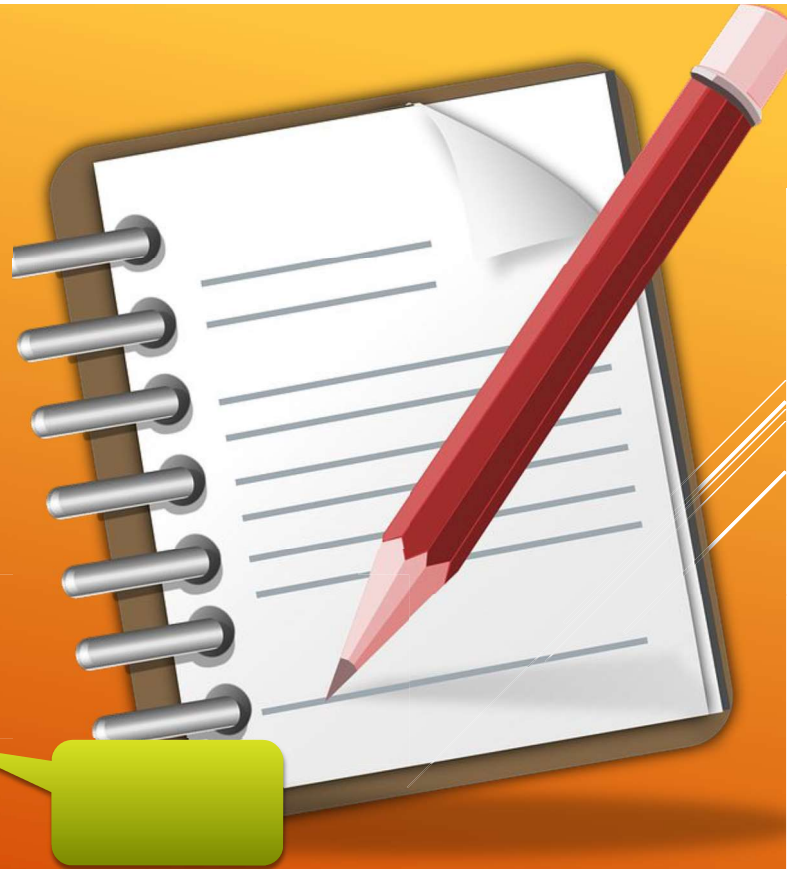
- ▶ **Successful HTN Management is about focus on Patient Activation**
- ▶ **There are multiple modalities to interact (and activate!) patients**
- ▶ **A proper launch includes workflow design!**
- ▶ **Change Management is Critical!**

ACTION ITEMS

Jot down 1-3 Action Items
you will take on now!

Share in the Chat, if you'd like.

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WEBINAR SERIES

Optimizing Hypertension Management
With Virtual Care

Thu,
Feb 23

Interactive Patient Care
for Optimizing Hypertension Management

Thu,
Mar 2

Remote Physiological Monitoring:
People & Processes

Tue,
Mar 21

Remote Physiological Monitoring:
Technology & Vendors

Mon,
Apr 3

Implementing
Virtual Care Services

Tue,
Apr 18



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

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Ingenium
Digital Health
Advisors

WHAT ARE YOU MOST INTERESTED IN LEARNING?

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OPTIMIZING HYPERTENSION MANAGEMENT WITH VIRTUAL CARE



See you next Thursday, March 2 @ 9 AM!