Script Your Future
Can Improving Adherence Help Reduce Health Disparities?

Rae Boganey, MD
September 15, 2015
Objectives for Spread and Sustainability

- Describe the geographic and demographic challenges affecting one medical group in southern California

- Outline the improvement process of one chronic condition through data analysis and opportunities for target populations

- Discuss how a team-based model can successfully improve disease management

- Provide examples of culturally competent care tools and resources to reduce health disparities
Disclosure:

- I have no conflict of interest and no financial relationships.
- I have no commercial interest.
- My content is fair-balanced, evidence-based, and unbiased.
<table>
<thead>
<tr>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Diego County Overview</td>
</tr>
<tr>
<td>One Condition at a Time</td>
</tr>
<tr>
<td>The Complete Care Impact</td>
</tr>
<tr>
<td>Medication Adherence at a Glance</td>
</tr>
<tr>
<td>Spread and Sustainability</td>
</tr>
</tbody>
</table>
Mission: To provide high-quality, affordable health care services and to improve the health of our members and the communities we serve.
San Diego County
One Condition: Hypertension
The Improvement Process

Data

“The What”
Numbers

Staff Education

“The Why”
Teach Them How

Provider Education

“What’s in it for me”
Treatment Algorithm
Definition of Blood Pressure Control: JNC8

- Patient age 18-59 years (inclusive) with last BP in the last 12 months <140/90

OR

- Patient (with DM or CKD or CKD risk group) age 60+ years with last BP in the last 12 months <140/90

OR

- Patient (without DM and without CKD and without CKD risk group) age 60+ years with last BP in the last 12 months <150/90

CKD risk group = Patients who do not meet the criteria for the POINT CKD population but have albuminuria >30 (for ages 18+) or GFR <60 (for age <70) or GFR <45 (for age 70+)
Identification: Hypertensive Patients

- Consider both the identification of HTN and the control rate

- 18% of newly identified HTN cases occurred in specialty care

- 14% of patients with a BP > 180/110 were identified in specialty care
Hypertension: Inclusion of All Specialties
Regional Business Case

<table>
<thead>
<tr>
<th>Open Care Gap</th>
<th>Total</th>
<th>Seen in Primary Care</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needing Mammogram</td>
<td>47,294</td>
<td>18,222</td>
<td>38%</td>
</tr>
<tr>
<td>Needing A1c test</td>
<td>10,530</td>
<td>3,911</td>
<td>37%</td>
</tr>
</tbody>
</table>

~60% of members are seen in Specialty Care
The Improvement Process
# Standardize the Process

<table>
<thead>
<tr>
<th>Back Office Staff</th>
<th>Primary Care Physician</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Distribute HTN handouts to all patients with HTN</td>
<td>- Discuss HTN at every visit</td>
<td>- Educate on importance of their role</td>
</tr>
<tr>
<td>- Standard script on patient visit summary</td>
<td>- Discuss lifestyle</td>
<td>- Give them the “recipe” and tools</td>
</tr>
<tr>
<td>- “Keyboard cues” for provider</td>
<td>- Discuss meds</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Give 2-3 do-able strategies to patients</td>
<td></td>
</tr>
</tbody>
</table>
Salt maximum in African Americans is < 1500mg per day

LISTEN TO YOUR HEART: EAT LESS SALT

✓ New 2010 U.S. Dietary Guidelines recommend only 1500 mg per day for people who have high blood pressure, diabetes and kidney disease; and also for African Americans and people who are over 50.

✓ The amount of sodium we consume has skyrocketed over the years. The average American consumes between 3,500 to over 5,000 mg of sodium per day.

✓ A surprising 80 percent of the sodium we get is not from the salt shaker, but from processed, restaurant, and fast foods. This includes canned, packaged/frozen foods, salt pork, sausage or lunch meats. Remember that using even just 1/4 tsp of salt adds 500 mg of sodium to your diet!

Tips to Lower Your Sodium:

• Eat out less often. Aim for one day a week.

• Cook at home. Make more and bring it to work for lunch the next day.

• Eat less processed, packaged and canned foods.

• Eat more fresh foods such as vegetables, fruits, whole grains, beans, peas, lentils and fish, chicken, and meats prepared without salt.

• Cut the amount of salt you add while cooking down by half, until you are not adding much, if any. Use herbs, spices, lemon juice, vinegar, balsamic vinegar, garlic, onions, wine, dry mustard or Trader Joe’s Seasoning Salute instead.

• Cut the amount of salt you add at the table by half until you are not using any at all.

Sodium Content of Foods

Sodium in everyday foods: Consuming the mostly unprocessed foods listed below in a day would give you 1,000 mg of sodium or 2/3 of your budget for the entire day!

<table>
<thead>
<tr>
<th>Food</th>
<th>Amount</th>
<th>Sodium Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk</td>
<td>1 cup</td>
<td>150 mg</td>
</tr>
<tr>
<td>Fresh Vegetables</td>
<td>1 1/2 cups</td>
<td>200 mg</td>
</tr>
<tr>
<td>Fruit</td>
<td>1 slice</td>
<td>60 mg</td>
</tr>
<tr>
<td>Whole Grain Bread</td>
<td>3 slices</td>
<td>35 mg</td>
</tr>
<tr>
<td>Whole Wheat Pasta</td>
<td>1 1/2 cups</td>
<td>20 mg</td>
</tr>
<tr>
<td>Tuna fish in margarina</td>
<td>1 cup</td>
<td>55 mg</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>515 mg</td>
</tr>
</tbody>
</table>

Sodium in restaurant foods: If you ate any of the popular restaurant and fast foods listed below, your daily intake of sodium would dramatically exceed the dietary guideline of 1,500 mg of sodium.

<table>
<thead>
<tr>
<th>Food</th>
<th>Sodium Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cinammy’s Grand Slawdash with black beans</td>
<td>3,770 mg</td>
</tr>
<tr>
<td>PF Chang’s Double Pan Fried Noodles with Pork</td>
<td>7,000 mg</td>
</tr>
<tr>
<td>Panda Express 2 Entree Meal with Orange Chicken</td>
<td>4,340 mg</td>
</tr>
<tr>
<td>McDonald’s Premium Grilled Chicken Classic Sandwich</td>
<td>4,000 mg</td>
</tr>
<tr>
<td>El Rancho Lasagna Bowl</td>
<td>3,990 mg</td>
</tr>
<tr>
<td>In-N-Out Double Double Burger</td>
<td>3,460 mg</td>
</tr>
</tbody>
</table>

Sodium amounts in commonly eaten processed foods:

<table>
<thead>
<tr>
<th>Food</th>
<th>Sodium Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frozen chicken pot pie (6 oz)</td>
<td>1,000 mg</td>
</tr>
<tr>
<td>canned chili with beans (1 cup)</td>
<td>1,400 mg</td>
</tr>
<tr>
<td>macaroni &amp; cheese (1 cup)</td>
<td>700 mg</td>
</tr>
<tr>
<td>Salads, dressings</td>
<td></td>
</tr>
<tr>
<td>macaroni &amp; cheese (1 cup)</td>
<td>700 mg</td>
</tr>
<tr>
<td>Deli meat (1 slice)</td>
<td>350 mg</td>
</tr>
<tr>
<td>Convenience foods</td>
<td></td>
</tr>
<tr>
<td>sausage (1 slice)</td>
<td>200 mg</td>
</tr>
<tr>
<td>Deli meat (1 slice)</td>
<td>350 mg</td>
</tr>
<tr>
<td>Convenience foods</td>
<td></td>
</tr>
<tr>
<td>salad dressing (1 Tbsp)</td>
<td>100 mg</td>
</tr>
<tr>
<td>bottled salad (1/4 cup)</td>
<td>200 mg</td>
</tr>
<tr>
<td>The good news is your taste buds will get used to the lower amount of sodium in your diet in just 3 to 4 weeks!</td>
<td></td>
</tr>
</tbody>
</table>

3/2011
Staff Academic Detailing

Blood Pressure Checks

- Electronic reminders via Epic Proactive Care (POE) tab
- Check blood pressure only if a POE alert
- Do not check blood pressure if no alert
- Medication reconciliation at each visit
- Present un-blinded data
- Departmental, Provider, and Staff Level un-blinded data
Staff: Blood Pressure Accuracy

Relaxed

Heart Level

Standing
If Patient > 60yo
Colleagues,

Our members, including our own families, are dependent upon competent blood pressure measurement to determine 1) the diagnosis of hypertension, 2) whether known hypertension is controlled, and 3) whether or not additional antihypertensive medication is required. Accurate blood pressures are dependent upon bare upper arm positioning on a firm surface at heart level, not talking to the patient, proper sized cuffing, and repeating the blood pressure when the first BP is elevated. The regional requirement is to perform a second BP in the standing position when age 60 and over.

We record more than 25 million BPs in SCAL KP Health Connect each year, and every measurement needs to be obtained according to this standard. Second BP performance, which is MA performance of a second BP in response to the BPA, is a surrogate measure of BP competency. The regional second BP performance goal is 95%.

Please review the department, provider, and MA drilldowns in this report, prepared by Rita Gevorkyan....

Joel Handler MD - Regional Hypertension Lead
Additional Strategies

- Patient Education Outreach to coming due
  - No documented blood pressure in 9 months

- Complete Care Management focused outreach to African-American patients

- Letters to African-American patients with PCP picture (borrowed from West Los Angeles)

- Large group visits lead by an African-American RN educator
Primary Care Provider Accountability
Process Change: Primary Care Provider

- Borrowed from Kaiser Permanente Woodland Hills
- Incorporate academic detailing into the Healthcare Team Leader role
  - Spend 5 to 10 minutes with each MD / Provider
  - Review key HTN messages – medication adherence
    - Give gift / incentive
    - Discuss use of low sodium handout
    - Share un-blinded performance data
How much sodium is in a Denny’s French Toast Slam?

A. 2300 mg  
B. 2950 mg  
C. 5900 mg  
D. 4120 mg
81yo African-American female with BP 158/92
Taking HCTZ 50 mg QD, Amlodipine 10 mg QD
h/o ACE cough, GFR 80, K 3.9

A. Do nothing—she’s too old to worry about
B. Add losartan 25 mg QD
C. Add atenolol 25 mg QD
D. Add spironolactone 12.5 mg QD
Management of Adult Hypertension

1. If ACEI intolerant or pregnancy potential:
   - Calcium Channel Blocker
     Add amlodipine 5 mg X ½ daily → 5 mg X 1 daily → 10 mg daily
   - Beta-Blocker OR Spironolactone
     Add atenolol 25 mg daily → 50 mg daily (Keep heart rate > 55)
     OR
     IF on thiazide AND eGFR ≥ 60 ml/min AND K < 4.5
     Add spironolactone 12.5 mg daily → 25 mg daily

ACE-Inhibitor² / Thiazide Diuretic
- Lisinopril / HCTZ
  (Advance as needed)
  20 / 25 mg X ½ daily
  20 / 25 mg X 1 daily
  20 / 25 mg X 2 daily
- Pregnancy Potential: Avoid ACE-Inhibitors²

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

If not in control
**Anti-Hypertensive Medications in African-Americans**

**2010 Data**

<table>
<thead>
<tr>
<th>Hypertension Demographics and Utilization Report - African Americans within POINT HTN*</th>
<th>Controlled</th>
<th>Uncontrolled</th>
<th>Control Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Counts</td>
<td>% of Controlled Population</td>
<td>Counts</td>
</tr>
<tr>
<td>1-2 Rx Classes</td>
<td>26,896</td>
<td>52.02%</td>
<td>5,831</td>
</tr>
<tr>
<td>3-4 Rx Classes</td>
<td>16,868</td>
<td>32.63%</td>
<td>4,760</td>
</tr>
<tr>
<td>&gt;4 Rx Classes</td>
<td>3,150</td>
<td>6.09%</td>
<td>1,348</td>
</tr>
</tbody>
</table>

**Specific HTN Med or Rx Class Dispensed in the Past 12 Months**

<table>
<thead>
<tr>
<th>Specific HTN Med or Rx Class</th>
<th>Controlled</th>
<th>Uncontrolled</th>
<th>Control Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FDC - Prinzide</td>
<td>9,043</td>
<td>17.49%</td>
<td>2,455</td>
</tr>
<tr>
<td>ACEI (other than Prinzide)</td>
<td>16,129</td>
<td>31.20%</td>
<td>4,271</td>
</tr>
<tr>
<td>ARB</td>
<td>7,562</td>
<td>14.63%</td>
<td>2,242</td>
</tr>
<tr>
<td>Beta blocker</td>
<td>20,851</td>
<td>40.33%</td>
<td>5,872</td>
</tr>
<tr>
<td>CCBs - dihydropyridine</td>
<td>15,680</td>
<td>30.33%</td>
<td>5,038</td>
</tr>
<tr>
<td>CCBs - nondihydropyridine</td>
<td>2,938</td>
<td>5.68%</td>
<td>822</td>
</tr>
<tr>
<td>Thiazide Diuretic (other than Prinzide)</td>
<td>20,450</td>
<td>39.55%</td>
<td>4,794</td>
</tr>
<tr>
<td>Loop Diuretic</td>
<td>5,731</td>
<td>11.08%</td>
<td>1,704</td>
</tr>
<tr>
<td>K-sparing Diuretic - spironolactone or eplerenone</td>
<td>1,564</td>
<td>3.03%</td>
<td>428</td>
</tr>
<tr>
<td>K-sparing Diuretic - triamterene or amiloride</td>
<td>5,275</td>
<td>10.20%</td>
<td>1,031</td>
</tr>
<tr>
<td>Central Alpha2 Adrenergic Agonist</td>
<td>2,264</td>
<td>4.38%</td>
<td>1,006</td>
</tr>
<tr>
<td>Peripheral Alpha1 Adrenergic Blocker</td>
<td>3,844</td>
<td>7.43%</td>
<td>960</td>
</tr>
<tr>
<td>Adrenergic blocker</td>
<td>9</td>
<td>0.02%</td>
<td>10</td>
</tr>
<tr>
<td>Vasodilator</td>
<td>2,984</td>
<td>5.77%</td>
<td>1,451</td>
</tr>
<tr>
<td>Renin inhibitor</td>
<td>7</td>
<td>0.01%</td>
<td>2</td>
</tr>
<tr>
<td>FDC containing spironolactone</td>
<td>37</td>
<td>0.07%</td>
<td>7</td>
</tr>
<tr>
<td>FDC containing triamterene or amiloride</td>
<td>5,243</td>
<td>10.14%</td>
<td>1,026</td>
</tr>
<tr>
<td>FDC (other than Prinzide or amiloride or spironolactone)</td>
<td>392</td>
<td>0.76%</td>
<td>110</td>
</tr>
</tbody>
</table>
San Diego Blood Pressure Disparity

Goal is <3.2%
The Complete Care Impact
SCAL Kaiser Complete Care
Person-Focused Total Health

- Proactive, team approach
- Focuses on whole person, not just the presenting problem or the primary health concern
- Addresses health needs including wellness and prevention, acute, chronic, and end of life care
- Crosses the care continuum
  - Ambulatory, Urgent, Emergent, Inpatient, and Continuing Care
Proactive Panel Management - Regional Work Flow

1. Select Target Population(s)
   • Reducing African American HTN Disparity
   • Patients Ages 18-64 with Diabetes and A1C>8%

2. Review and take action according to intervention(s) needed

3. If needed, prepare data and/or provide recommendations and pend orders/meds for Provider review/approval

4. Provider reviews recommendations and approves/issues orders

5. Health Care Team follows up on Provider orders, ensures triaged interventions carried through and continues patient follow-up and data clean-up

PROACTIVE PANEL MANAGEMENT
Organizational Change and Learning

Complete Care at Kaiser Permanente: Transforming Chronic and Preventive Care

Michael H. Kanter, MD; Gail Lindsay, RN, MA; Jim Bellows, PhD; Alide Chase, MS

The Chronic Care Model (CCM) aims to transform care for patients with chronic illnesses through six interrelated system changes: health system, delivery system design, decision support, clinical information systems, self-management support, and community resources.¹-³ It has stimulated innovative models
Outreach Strategy to Reduce Disparity

African-American patient categories with uncontrolled hypertension

- Lisinopril/HCTZ under-dosed from target 20/25 mg x 2
- Thiazide-naive to add HCTZ 25 mg
- Add Spironolactone 12.5 mg daily to patients taking 3 anti-hypertensives, any dose, without Spironolactone prescription in the last 12 months
Culturally Responsive Care
EQUAL CARE

EQUITABLE CARE
### Equitable Care Health Outcomes Strategies

<table>
<thead>
<tr>
<th>Four Habits</th>
<th>AIDET</th>
<th>Enhancements</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Invest in the beginning</td>
<td>- Acknowledge</td>
<td>- Use of surname</td>
</tr>
<tr>
<td>- Elicit patient perspective</td>
<td>- Introduce</td>
<td>- Touch</td>
</tr>
<tr>
<td>- Demonstrate empathy</td>
<td>- Duration</td>
<td>- Importance of family</td>
</tr>
<tr>
<td>- Invest in the end</td>
<td>- Explanation</td>
<td>- Non-traditional medicine</td>
</tr>
<tr>
<td></td>
<td>- Thank</td>
<td>- Religion/Church</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Concern about experimenting</td>
</tr>
</tbody>
</table>
Culturally-Tailored Communication Tools
Suggested Telephone Script Using AIDET

**Acknowledge**
- Warmly greet person by surname
- Demonstrate familiarity
  - Review medical records before starting the encounter
  - General questions to develop connections: family, hobbies and make a note on chart
  - *Hello Mr. Williams. I am calling in behalf of Dr. _______ Your primary care doctor”*
  - “I can see from your medical records that you were last seen on _____ for your high blood pressure. Is it okay to talk to you about some of the medications you are taking?”
- Reference to a recent note from PCP and other health care team

**Introduce**
- Patients feel that staff members are more approachable if s/he introduces themselves with first and last name. It reduces formality.
- Ongoing relationships with the health care team (pcp, module staff) based on trust can be an extension for the telephone encounter.
  - *My name is Lisa Smith. I am an RN care manager and a member of the team working with your primary doctor, Dr. Jones. I have received special training in helping patients manage their blood pressure.*
  - “My name is Mary Williams. I am a Pharmacist with a Doctorate degree and an expert in managing your medical condition.”

**Explain**
- Explain purpose of the medication and duration of use, how to take the medication, common side effects
  - Avoid medical jargon
- Use statements/phrases that build Trust & Confidence and demonstrate caring.
  - “Every medicine can have a side effect, most don’t but I want to hear about it whenever you think it may be happening. The most common side effect for this new med is ______.”
  - “Failure to maintain your blood pressure below 140/80 may result to stroke, heart disease and will cause your kidneys to fail”

**Duration**
- Give approximate time duration
  - “I would like to talk to you about your blood pressure and the medications you are taking, it will take approximately _____ minutes. Is it okay with you?”
- Tell them what is happening next
  - “I will let Dr. <PCP’s name> know that you are going to … (complete labs next week, pick up meds tomorrow, etc.). Your prescriptions will be ready by _______”
  - Your laboratory test results will be available inkp.org in a day or two.
- If there is a delay, update them

**Thank**
- Thank them
  - “Thank you for taking the time to talk to me today.”
  - “Provide positive reinforcement to progress
    - “Thank you for your willingness to work with us to maintain your health and improve your blood pressure.”
    - “I am glad to know that you are able to take your medications consistently everyday. You will continue to see improvement in your blood pressure as you follow your doctor’s suggestions for your medications.”
Leaders are enthusiastic about the future.

“Great leaders are never satisfied with current levels of performance. They are relentless driven by possibilities and potential achievements.”

- Donna Harrison
Questions