illion Hearts™

POWERFUL ENOUGH TO MAKE A DIFFERENCE:
Promising Practices for Blood Pressure Control in Clinical Settings

December 4, 2012

Agenda

Welcome and Introduction	Judy Hannan, RN, MPH
Million Hearts Program Overview	Janet Wright, MD, FACC
Kaiser Permanente Guest Speaker	John A. Merenich, MD, FACP, FNLA
HealthInsight Guest Speaker	Sarah Woolsey, MD, FAAFP
Ellsworth Medical Clinic Guest Speaker	Christopher H. Tashjian, MD, FAAFP
Question & Answer	All presenters and the moderator
Short evaluation survey	

Million Hearts™

Goal: Prevent 1 million heart attacks and strokes in 5 years

- National initiative co-led by CDC and CMS
- Partners across federal and state agencies and private organizations

Status of the ABCS

Aspirin	People at increased risk of cardiovascular events who are taking aspirin	47%
Blood pressure	People with hypertension who have adequately controlled blood pressure	46%
Cholesterol	People with high cholesterol who are effectively managed	33%
Smoking	People trying to quit smoking who get help	23%

Million Hearts™

CDC. MMWR. 2011;60(36);1248–51.

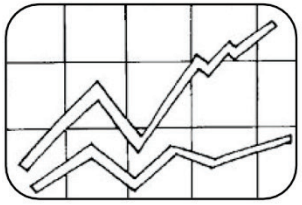
Key Components of Million Hearts™

CLINICAL PREVENTION
Optimizing care

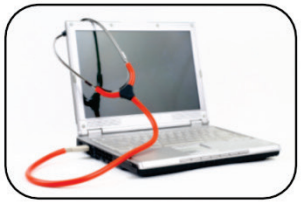
Minority Health

COMMUNITY PREVENTION
Changing the context

Excellence in ABCS



Health tools and technology



Innovations in Care Delivery

Million Hearts™

Getting to Goal

Intervention	Baseline	Target	Clinical target
Aspirin for those at high risk	47%	65%	70%
Blood pressure control	46%	65%	70%
Cholesterol management	33%	65%	70%
Smoking cessation	23%	65%	70%
Sodium reduction	~ 3.5 g/day	20% reduction	
Trans fat reduction	~ 1% of calories	50% reduction	

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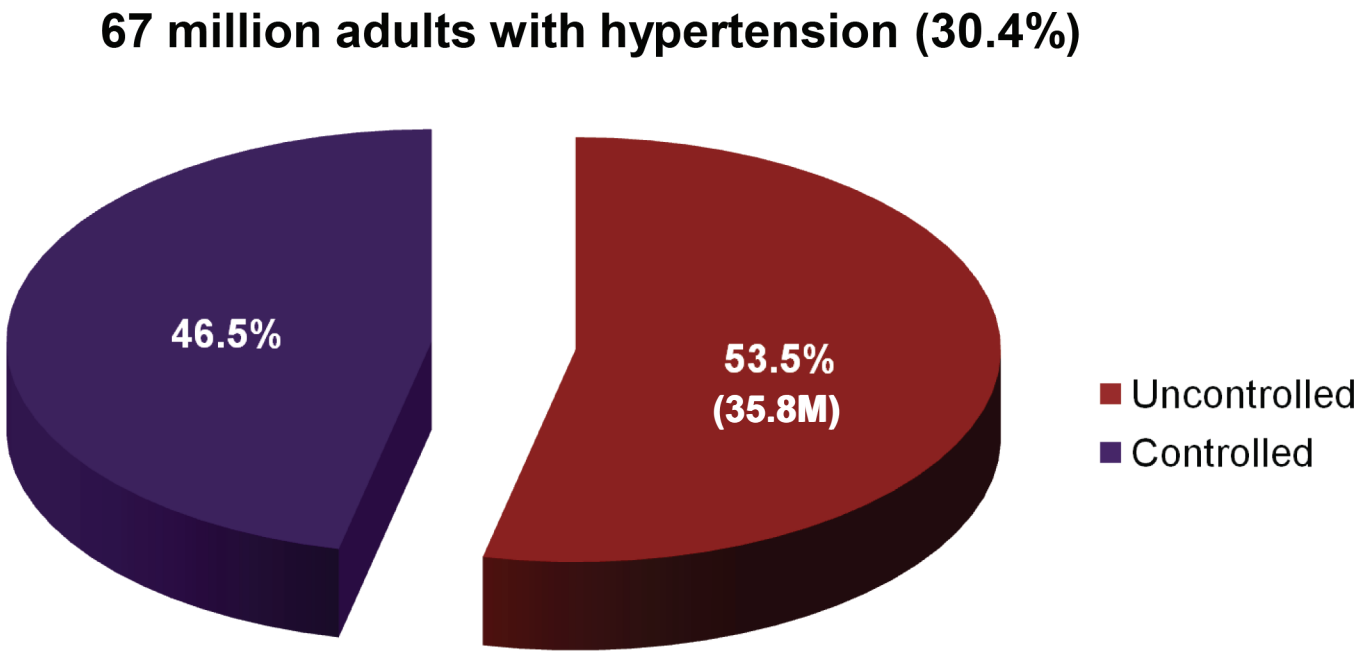
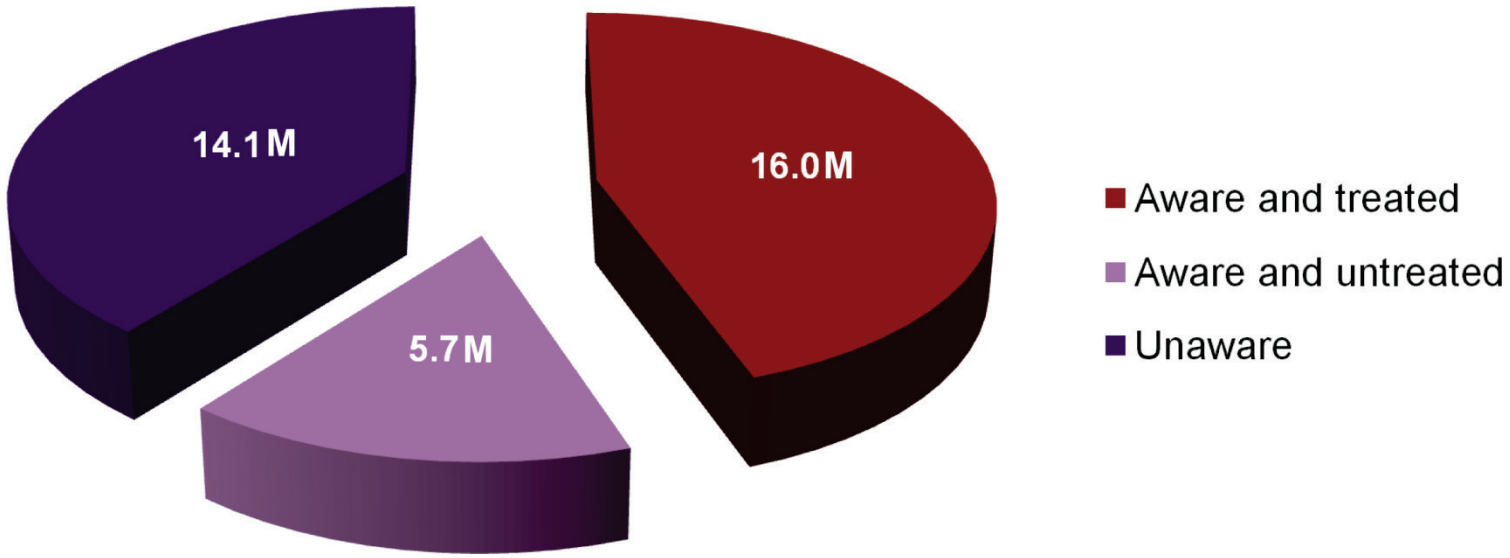
Unpublished estimates from Prevention Impacts Simulation Model (PRISM).

Prevalence of Hypertension Control among U.S. Adults with Hypertension



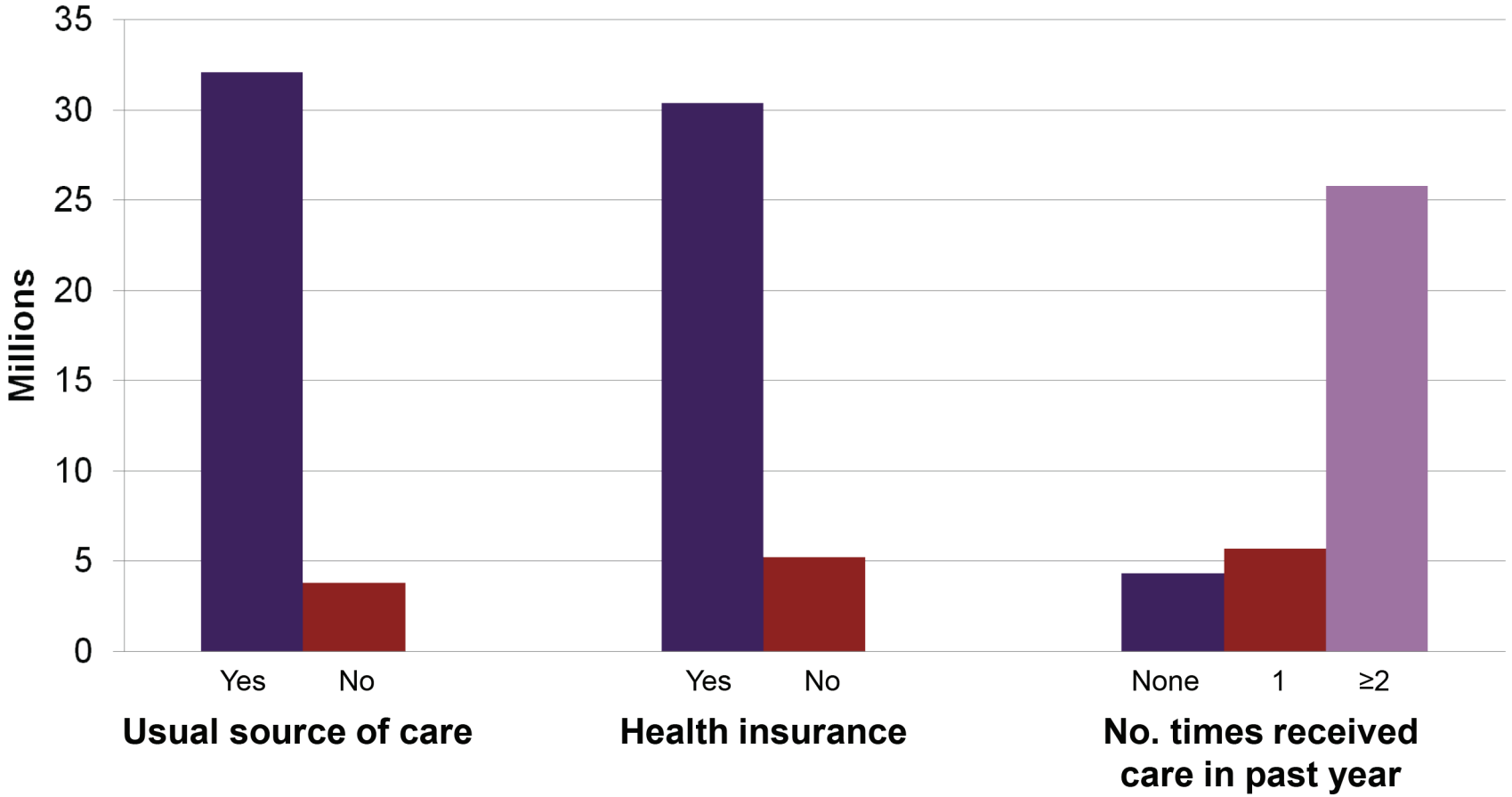
CDC. MMWR. 2012;61(35):703–9.

Awareness and Treatment among Adults with Uncontrolled Hypertension



CDC. MMWR. 2012;61(35):703–9.

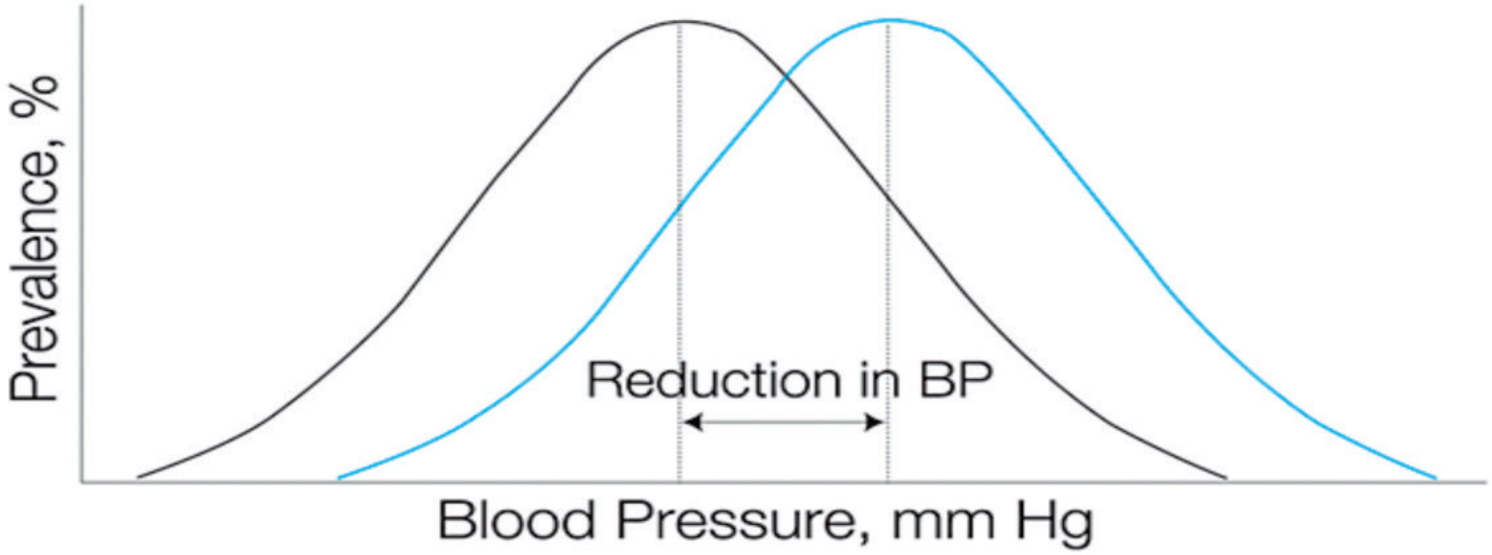
Prevalence of Uncontrolled Hypertension, by Selected Characteristics



CDC. MMWR. 2012;61(35):703–9.

It Doesn't Take Much to Have a BIG Impact

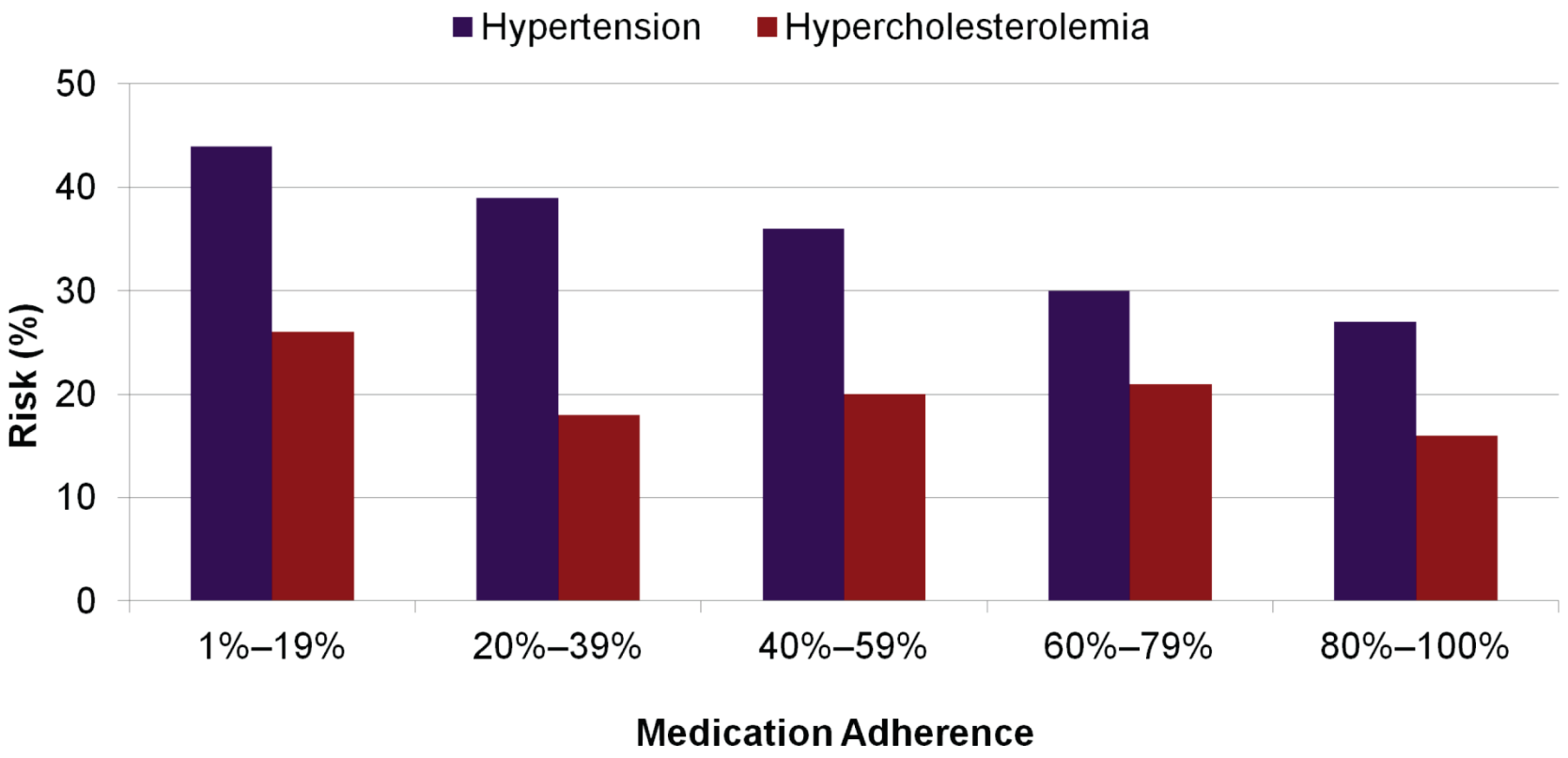
Small Reductions in Systolic BP Can Save Many Lives



Reduction in BP, mm Hg	% Reduction in Mortality		
	Stroke	CHD	Total
2	−6	−4	−3
3	−8	−5	−4
5	−14	−9	−7

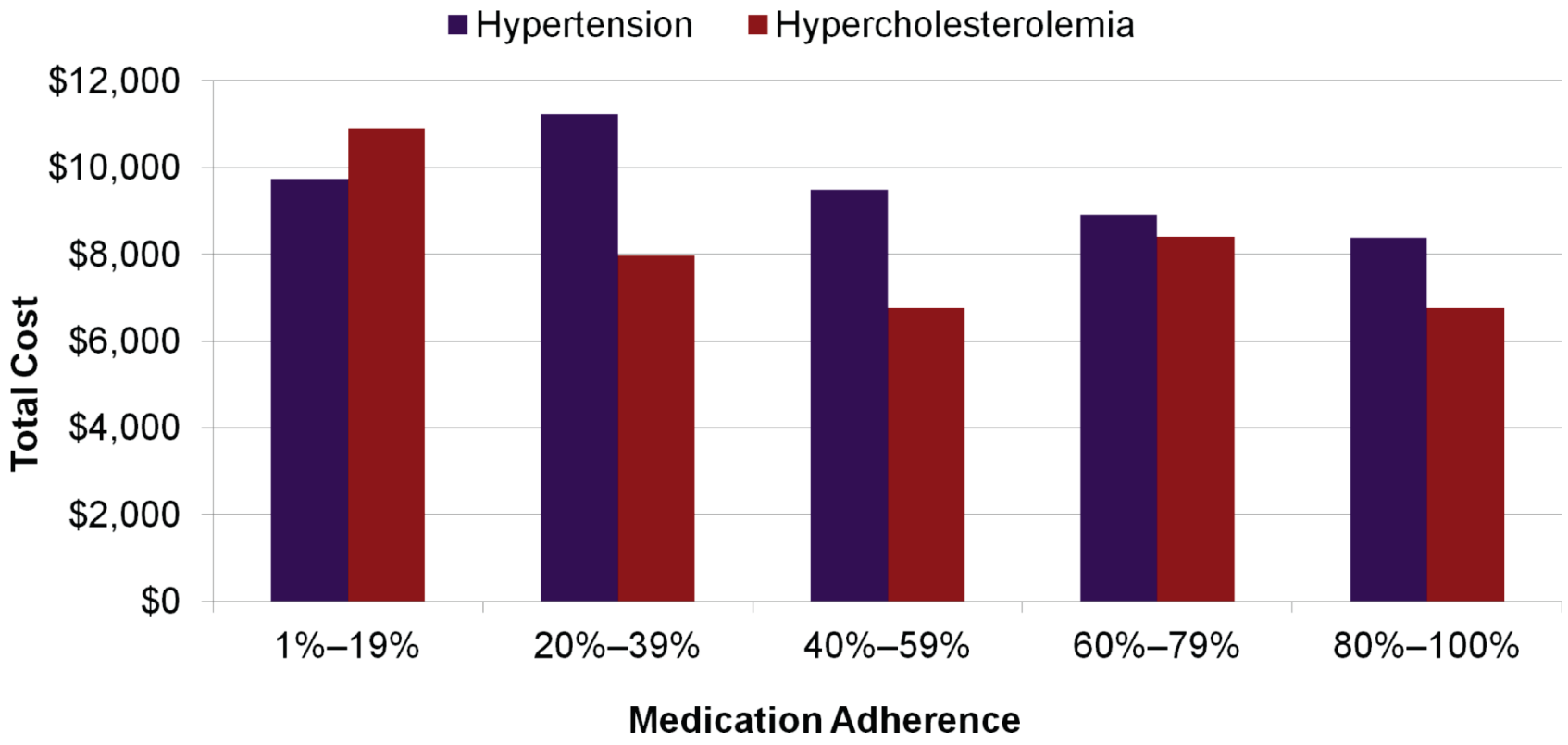
Whelton, PK, et al. JAMA. 2002;288:1882; Stamler R, et al, Hypertension. 1991:17:I–16.

All-Cause Hospitalization Risk Declines as Adherence Increases



Sokol MC, et al. Med Care. 2005;43(6):521–30.

Total All-Cause Health Care Costs Decrease as Medication Adherence Increases, Even with the Increase in Drug Costs



Sokol MC, et al. Med Care. 2005;43(6):521–30.

Environmental Drivers and Conditions

- Millions with uncontrolled HTN and more coming
- Millions of newly insured in 2014 with no increase in physician workforce
- EHRs adopted but not consistently used for quality
- Employer demand for value; cost-shifting
- Accountability for cost across care settings
- mHealth technologies looking for a market
- Growing knowledge base and interest in incentives

BP Control Attack Plan

- Identify the undiagnosed
- Control the treated
- Coach self-management
- Drive measurement and reporting
- Reduce Na intake of the population

BP Control Attack Plan

- Identify the undiagnosed **14 Million**
- Control the treated
- Coach self-management
- Drive measurement and reporting
- Reduce Na intake of the population

BP Control Attack Plan

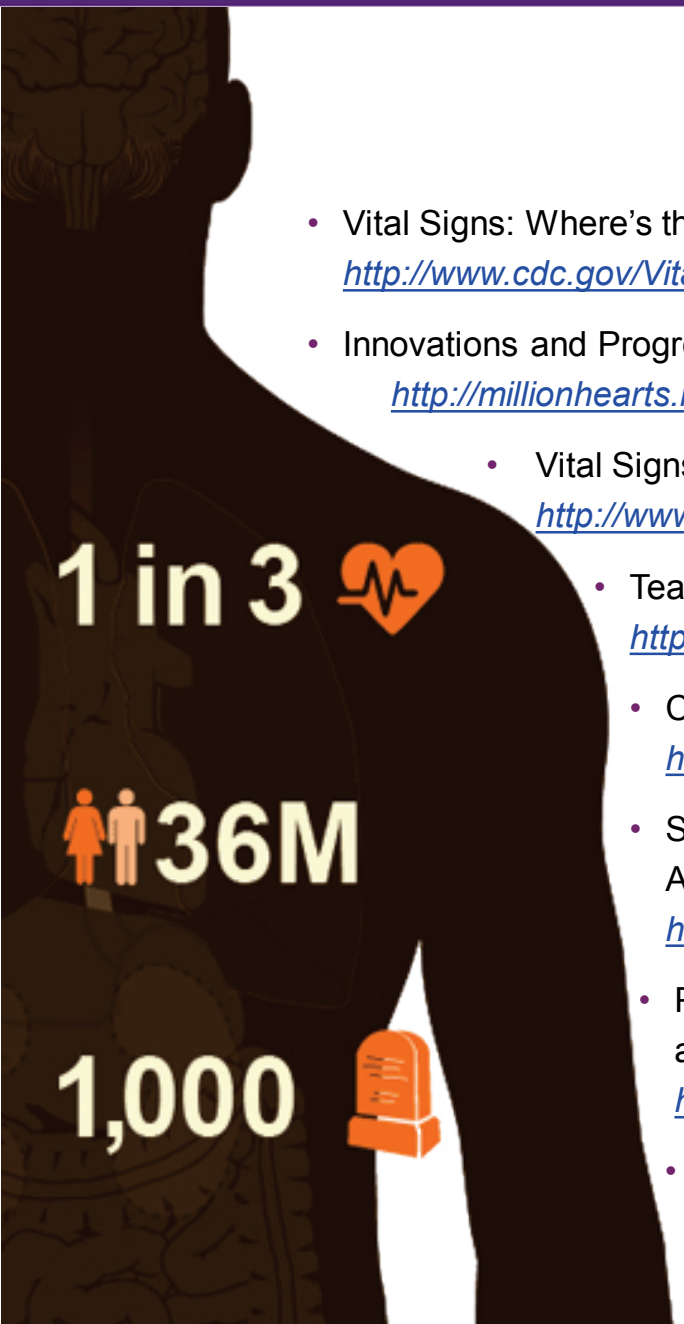
- Identify the undiagnosed **14 Million**
- Control the treated **16 Million**
- Coach self-management
- Drive measurement and reporting
- Reduce Na intake of the population

BP Control Attack Plan

- Identify the undiagnosed 14 Million
- Control the treated 16 Million
- Coach self-management **67 Million**
- Drive measurement and reporting > **67 Million**
- Reduce Na intake of the population **330M**

Essential Components of High Performing Models

- Teams, including families
- Technology to provide
  - actionable data, connected settings, timely reminders
- Self-management
- More frequent touches; more fluid contact
- Adherence to meds and health habits
- Payment
  - cover costs of the approach
  - linked to outcomes



Resources

- Vital Signs: Where's the Sodium?
  http://www.cdc.gov/VitalSigns/Sodium/index.html
- Innovations and Progress Notes: How others have achieved high performance
  http://millionhearts.hhs.gov/aboutmh/innovations.html
- Vital Signs: Getting Blood Pressure Under Control
  http://www.cdc.gov/vitalsigns/Hypertension/index.html
- Team Up. Pressure Down.
  http://millionhearts.hhs.gov/resources/teamuppressuredown.html
- Community Guide: Team-Based Care
  http://www.thecommunityguide.org/cvd/teambasedcare.html
- SDOH Workbook: Promoting Health Equity, a Resource to Help Communities Address Social Determinants of Health
  http://www.cdc.gov/nccdphp/dach/chhep/pdf/SDOHworkbook.pdf
- Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases
  http://www.cdc.gov/dhdsp/programs/nhdsp_program/docs/Pharmacist_Guide.pdf
- Data Trends & Maps
  http://apps.nccd.cdc.gov/NCVDSS_DTM

Join Us: Take the Pledge

http://millionhearts.hhs.gov


Million Hearts™


@MillionHeartsUS

CDC StreamingHealth

Kaiser Permanente Colorado Hypertension Management Program

John A. Merenich, M.D., F.A.C.P., F.N.L.A.

Medical Director, CO Clinical Pharmacy Cardiac Risk Service
Medical Chairman, CO Integrated Cardiovascular Health Program
Medical Director, CO Clinical Informatics and Decision Support

- **Anna Cosyleon, M.D.**
- **Stephanie Schneider R.N., M.S.N.**
- **Ann Wells, M.D.**

Kaiser Permanente Colorado

- Colorado's oldest and largest group health care organization with ~ 530,000 members
- Presently, 24 medical offices
- 1 in 4 adults has a dx of HTN → 95,000 members
  - 89,500 members 18–85 yrs
  - 5,400 members 86 yrs and older
- Efforts began in 2008 with complete redesign of Hypertension Management Program

KPCO HTN control rates (Jan 2008- Jul 2012)

Key themes

- People
  - Patient centered care and focus
  - Make the right thing easier to do
  - Get the right person to do the right job
- Process
  - Metrics, protocols, guidelines
  - Integration of teams
- Technology
  - Registries
  - Web and other resources
  - Outreach

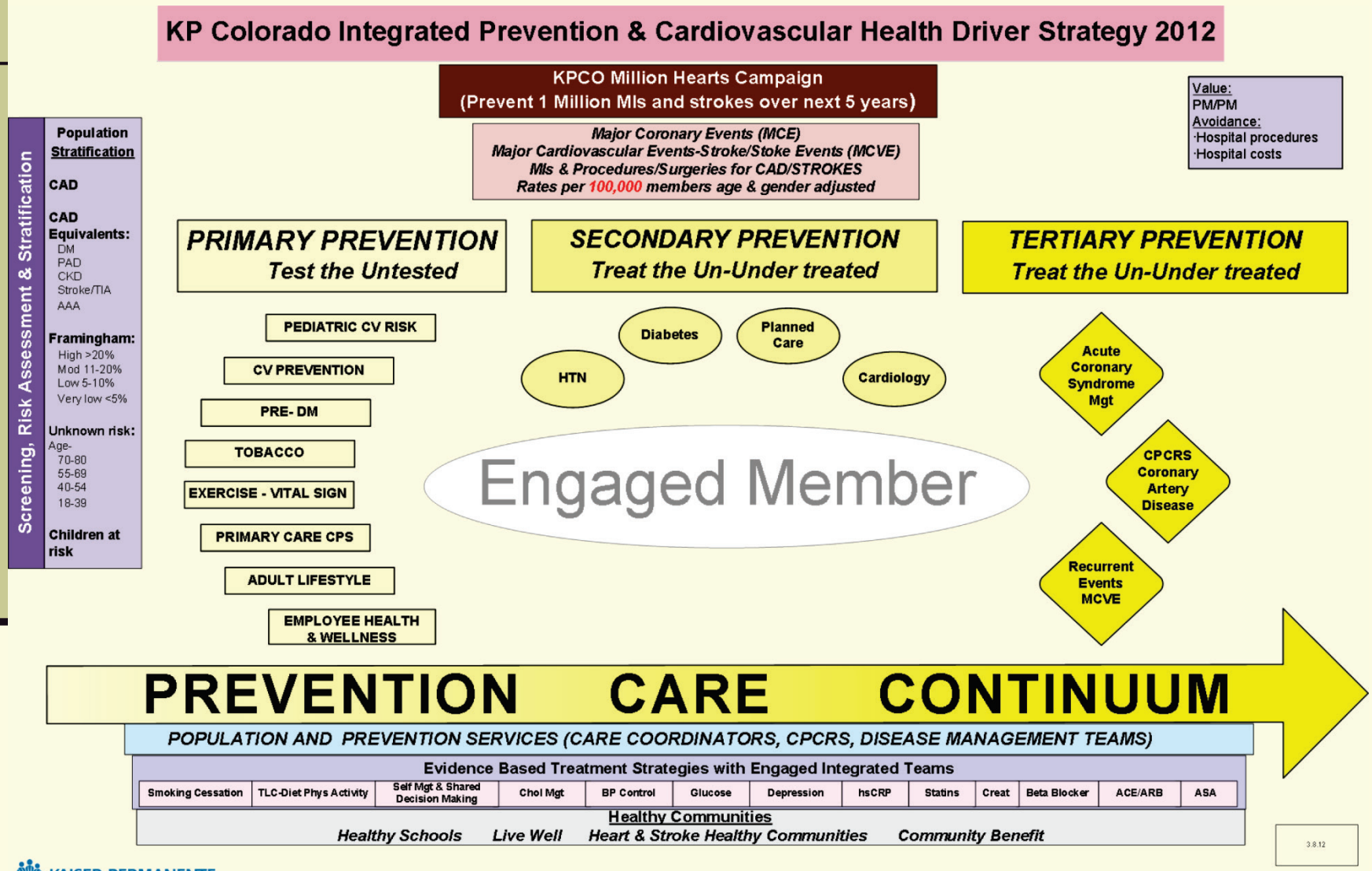
Elements of Success

- Leader Sponsorship
- Dedicated Physician and Health Plan Lead
- Vision

Know your ABCDE'S!!

- Should you be on **Aspirin?** (ask your doctor if you're high risk)
- Is your **Blood Pressure** at goal?
- Know your **Cholesterol** level?
- Is your **Diet** low in sodium, sugar, and trans-fats?
- Are you **Exercising** 150 minutes/week?
- If you **Smoke**, need help quitting?

2012 ICVH Driver Diagram



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Elements of Success-People

- Collaboration
  - Primary Care Providers
  - Nursing teams
  - Clinical Pharmacy Specialist
  - Specialty departments

Patient Engagement

- Engage member as team player
- Utilize coaching methods
- Reiterate importance of HTN control at every visit

- Educate member on correct BP measurement technique
- Encourage home BP monitoring with readings sent via email/phone/mail

Get Your Best Blood Pressure

- **Rest** for ~ 5 minutes
- If sitting, place **feet flat** on floor with your **back supported**
- Place the cuff on your **bare skin**
- **Avoid talking** while BP is being measured
- **Rest your arm** on a table or desk at **heart level** or allow the nurse to hold it

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Impact of Incorrect BP Measurement Technique

Patient sitting without back support	**+ 6 to + 10 mm Hg SBP**
Recent use of tobacco/caffeine	**+ 6 to + 11 mm Hg SBP** **+ 5 mm Hg DSP**
Legs crossed	**+ 8 mm Hg SBP** **+ 6 mm Hg DBP**
Cuff too small	**- 8 to + 10 mm Hg SBP** **+2 to + 8 mm Hg DBP**
Arm unsupported	**+ 1 to + 7mm Hg SBP** **+ 5 to + 11 mm Hg DBP**
Not using bare arm	**+ 5 to + 50 mm Hg SBP**
Talking	**+ 7 mm Hg SBP** **+ 8 mm Hg DBP**

Regional Culture Change Process

- Patient centered care- removal of barriers
  - No copayment BP nurse visit checks- scheduled or walk-in
  - Home BP monitors at cost
- Making the right things easier to do
  - Right equipment and 4-5 sized cuffs in each exam room
  - Removal of work-up stations
  - Having right person do right job
- CME

Regional Culture Change Process

- Elimination of Medication Titration Barrier
  - Initiate lisinopril/thiazide combination as starting dose whenever starting blood pressure ≥20/10mm over goal

Technology (or not ??)

- **Usage of technology**
  - Implementation of BPA whether it be in the EMR or not– allow staff time

Disease Management Reminder:
Pt with initial BP ≥ 140/90
Action: Wait 1 minute, repeat BP reading, and document new BP under New Set of Vitals

  - Tickler system to proactively outreach (return for BP check to attain goal or yearly visit)
  - Correlate medication refills with appropriate labs
  - Develop dashboards for tracking accountability

Metrics, metrics, metrics

- Guidelines
- Protocols
- Change what you measure
- Measure what you want to change
- Process improvement mentality

Elements of Success

- Electronic Medical Record
- HTN HealthTRAC Registry
- ‘Actionable Lists’
- Pro-active Outreach

outcomes manager

outcomes report: Blue Card Report - Cardiovascular Risk

protocol: all

filter:

integrated/network: all

geographic area: all

linking status: all

care site:

provider: GROUP CLINIC, DI

primary provider:

download patient list: ○ Yes ◉ No

search reset

PRINT VERSION

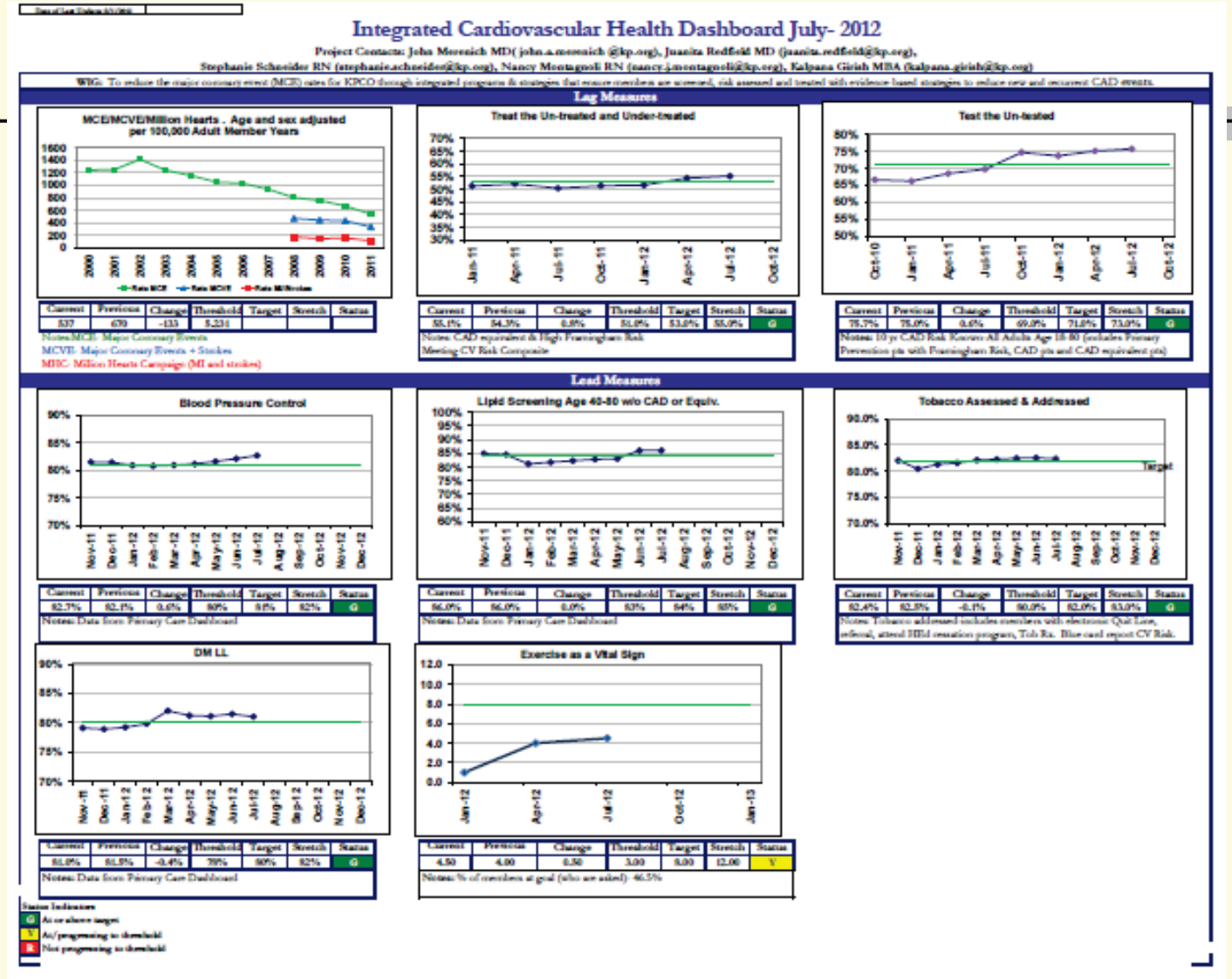
Outcomes as of 09/10/2012 09:09:243

variable	outcome - yes	outcome - no
ASA or Exception	97% (684/699)	2% (15/699)
LDL < 100 or Statin or Exception	94% (658/699)	5% (41/699)
BP < 140/90 in Last 2 Years	87% (612/699)	12% (87/699)
Never/Former Smoker or Tobacco Intervention in Last 2 Years	92% (647/699)	7% (52/699)
CV Risk Composite	77% (539/699)	22% (160/699)
CV Risk Assessed on Problem List	59% (414/699)	40% (285/699)
CV Risk Known (Ages 18-80) (CAD or Equiv or Assessed)	100% (629/629)	0% (0/629)
CRP in Last 2 Years	9% (69/699)	90% (630/699)
Serum Creatinine in Last Year	91% (641/699)	8% (58/699)
BMI in Last 2 Years	97% (685/699)	2% (14/699)
HDL in Last Year	89% (624/699)	10% (75/699)
FBG in Last Year	19% (137/699)	80% (562/699)

Elements of Success

- Dashboard
  - Primary Care Providers
  - Nursing teams

ICVH Scorecard



Barriers

- Competing priorities
- Time for correct BP measurement technique
  - Exam room set up
- Correct No-copayment visit type
- Education importance of BP control

Ultimate Goal:

Making a difference to prevent heart attacks and strokes & improve lives

Thank you

Community Health Centers, Inc. Blood Pressure Improvement for People with Diabetes

(we are doing it, so can you)

Sarah Woolsey, M.D. Family Physician CHC, Inc.
Medical Director, *HealthInsight* Utah

CHC, Inc. Overview

- 4 urban sites , Federally Qualified Health Center
- 26 providers
- In 2011, served 27,926 patients(all ages)
- 55% of our patients uninsured
- 66% of Hispanic descent
- 99% at or below 200% of the federal poverty line
- Participant in Beacon Communities Project 2010-2013
- Implemented EMR 2010-ECW

Beacon Team Members:

- Jennifer Thomas, MBA
- Chris Hyer, PA-C
- Sue Urban
- Linda Stearn, RN, PA
- Monica Perez, Health Educator
- Keith Horwood, M.D.
- Sarah Woolsey, M.D.

It all starts with an "AIM"

- **1st AIM: Increase DM 2 patients with controlled blood pressure (<130/80) by 5% by March 1, 2012**

- **After initial success we committed to 10% overall improvement by December 2012**

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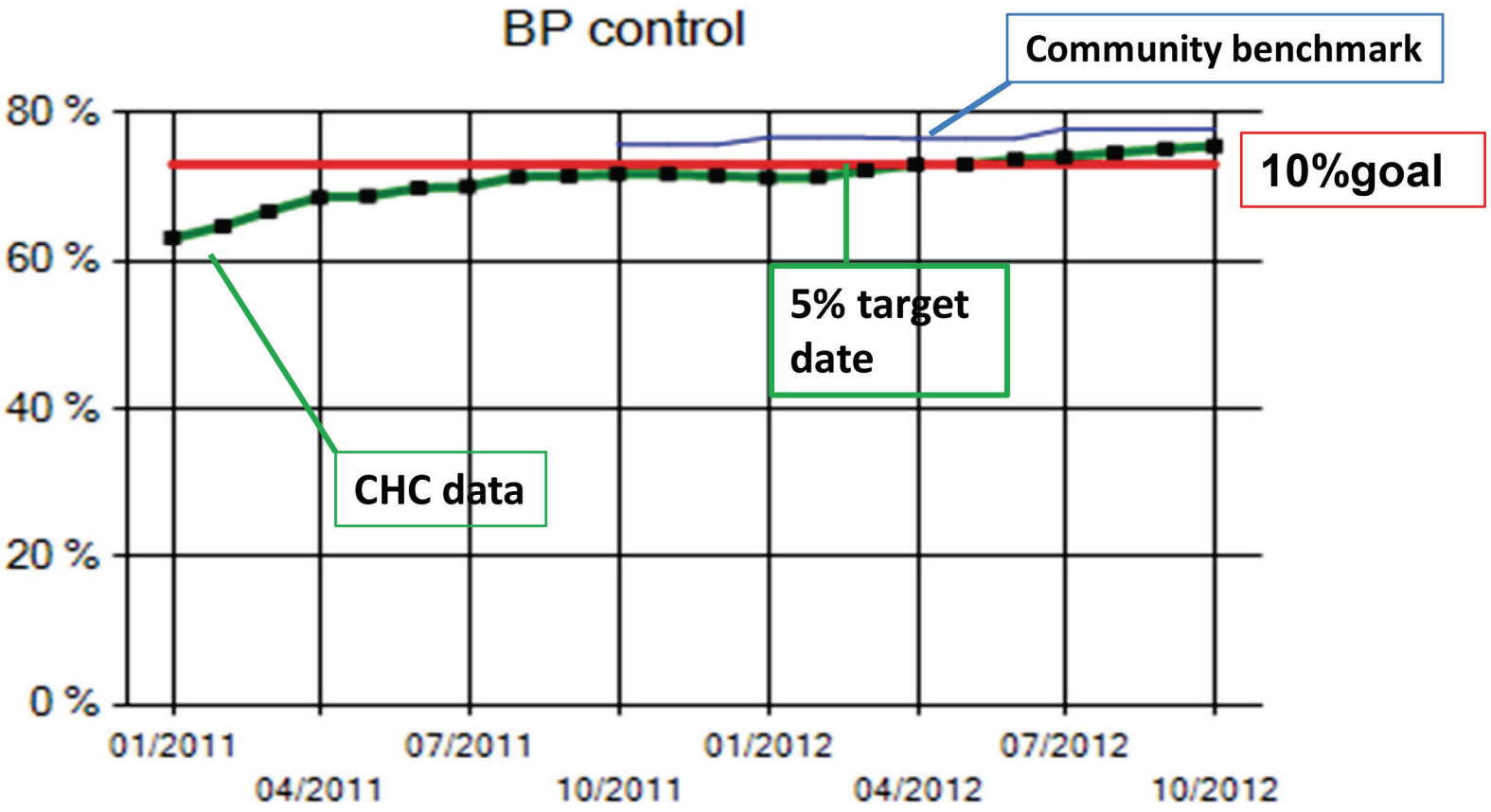
CHC –all clinics
B/P control <130/80
Patients with DM2



Data from Practice Analytics Software

Barriers and How Addressed

Barriers	HOW ADDRESSED
Inaccurate clinic improvement data	EMR documentation improvement
Inaccurate recording patient B/P	EMR training, Patient B/P home monitoring implementation
Incorrect diagnosis of HTN	Medical Assistant training on accurate B/P measurements,
	Purchase and training of automatic cuffs
Therapeutic inertia	Educational session for all providers, Purchase and training of automatic cuffs, Medical Assistant training on accurate B/P measurements, registry recalls
Poor patient engagement	Patient B/P home monitoring implementation
No timely access to care	Walk in BPs, Home monitors, registry recalls

Themes for Improvement

- Actionable Data (patient, quality)
- Education (patient, provider, staff)
- Develop processes that remove barriers (everybody)

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Electronic Medical Record Documentation

- Needed accurate B/P control baseline
- Found system-wide recording errors
- Retraining of all MAs, providers to put B/P in the right place, the right way!
- Built trust in our monthly data pulls
- Hypertension registry reports were now more trustworthy

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Engaging Provider Education

- Lecture by respected Pharmacist, Educator
- Updated on current best-practices
- Hypertension guidelines from state shared as a resource tool

Also-

- Shared our AIM to improve B/P control and ready providers for this project, asked for their ideas
- Same for Self-management roll-out

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Training on B/P measurement

- Key to accurate diagnosis and therapy decisions
  - Providers trust good measurements and ACT!
  - Avoids over-diagnosis, over-treating of patients
- It seems like this is easy- but it is not*
- Correct cuff size
- Requires reminders/regular re-training

*"Blood pressure reading does not seem to be done correctly in any clinic…It appears to be so simple that anyone can do it, but they can't…"
JAMA 2008; 299:2842

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Purchase of automatic in-clinic B/P machines

- Using centralized machine on roller
- Calibrated regularly
- Trained all staff/providers on use
- Takes the attention off the “Kortakoff” and we now pay attention to the patient position, timing of measurement
- Costly=$2500

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Patient B/P Self-Management Program

- **Beacon Self-management of HTN presentation, Dr. Barry Stults, University of Utah**
- **Chose FDA approved home monitor to suggest to patients**

  ***Note: Monitor must be validated*:**

  Omron (http://www.omronhealthcare.com/)

  A&D – Lifesource (http://www.andmedical.com/)

  MicroLife (http://www.microlife.com/)

  http://www.hypertension.ca/devices-endorsed-by-hypertension-canada
- **Standardized order in EHR for home B/P machine, AND large cuff**
- **Ideally-get cuff, return for training with health educator**
- **B/P monitoring training checklist developed for MA to train with patients if not able to see our educator**

Patient B/P Self-Management Program

- Developed patient education tools (loaded into EHR)
  - -- “How To Take Your Blood Pressure”
  - -- “How To Watch Your Sodium”
- Home B/P monitoring log (English & Spanish)
- No charge walk-ins for patients without home monitors (MA protocols for abnormals)

Mi Diario de la Presion Sanguinea

Nombre: Fecha de Comenzo: / /

	Dia 1		Dia 2		Dia 3		Dia 4		Dia 5		Dia 6		Dia 7		Dia 8		Dia 9		Dia 10		Dia 11		Dia 12		Dia 13		Dia 14	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
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Como Tomarse La Presion Sanguinea

1. Sientese y descanse por 5 minutos.
2. No tome cafeina, alcohol o fume por 30 minutos antes de que le midan la presion sanguinea.
3. Sientese derecho y ponga sus dos pies firmes en el suelo.
4. No se tome la presion sanguinea sobre la ropa-Use el brazzalete en forma apropiada-pongaseloapretado sobre la part superior de su brazo- a una pulgada arriba del pliegue del codo.
5. Asegurese que la parte superior de su brazo este al mismo nivel de su corazon con el codo ligeramente flexo. La palma de su mano hacia arriba y sobre una superficie plana.
6. Infle el brazalete.

Sources: Heart Disease & Stroke Prevention Program, Utah Health Department, America Heart Association and the Joint National Committee's Seventh Report on High Blood Pressure

Ongoing Registry Review and Recall (RRR)

- Key to population management
- Provide patient lists to providers—individualized reports hit home
- Use lists to choose self-management patients or refer for education (behind the scenes)

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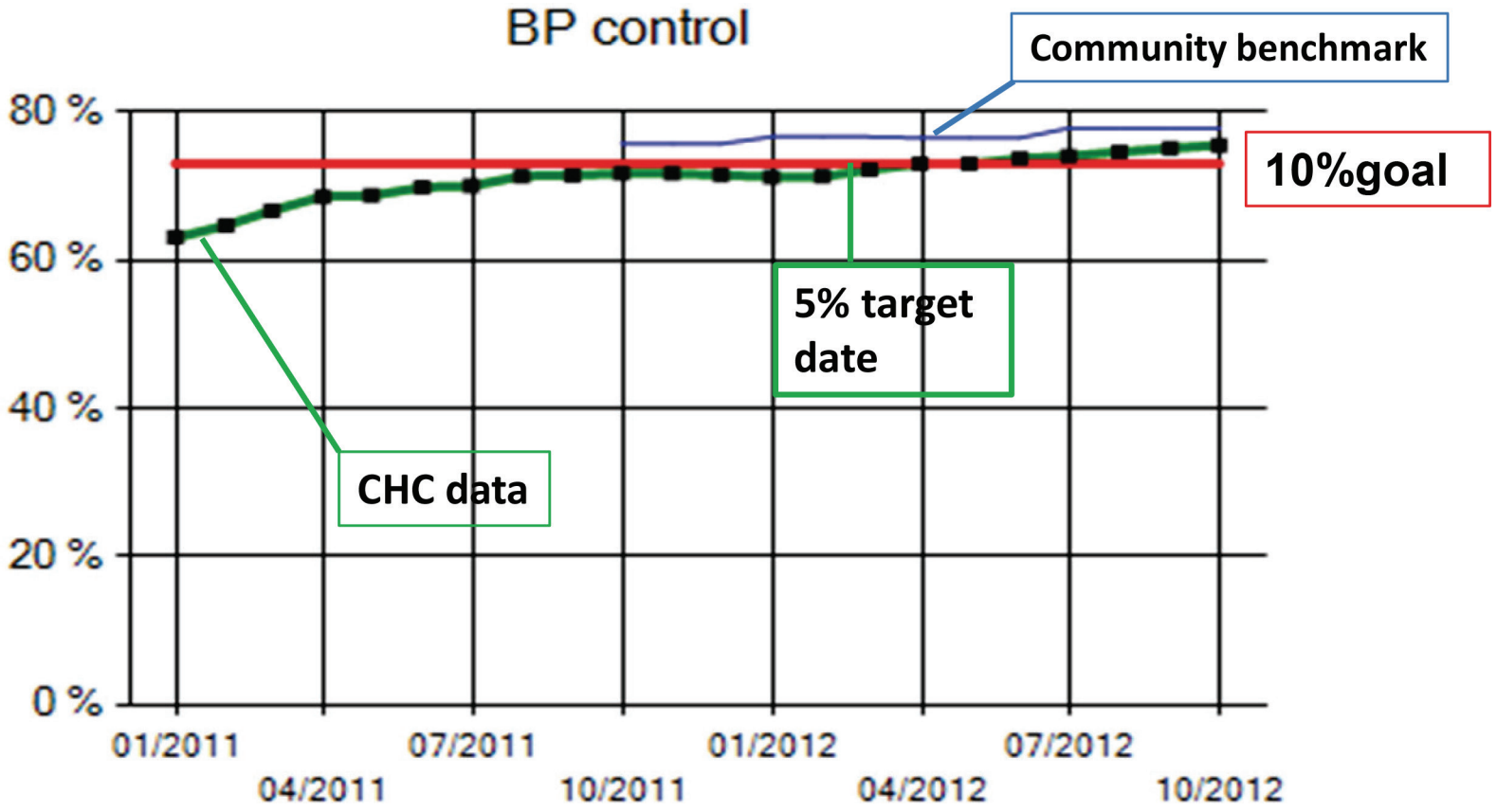
CHC –all clinics
B/P control <130/80
Patients with DM2



Data from Practice Analytics Software

Theme review

- Actionable Data (patient, quality)
- Education (patient, provider, staff)
- Develop processes that remove barriers (everybody)

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Review Today's Themes

- Actionable Data (patient, quality)
- Education (patient, provider, staff)
- Develop processes that remove barriers (everybody)

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Additional Tools

CHC COMMUNITY HEALTH CENTERS INCORPORATED

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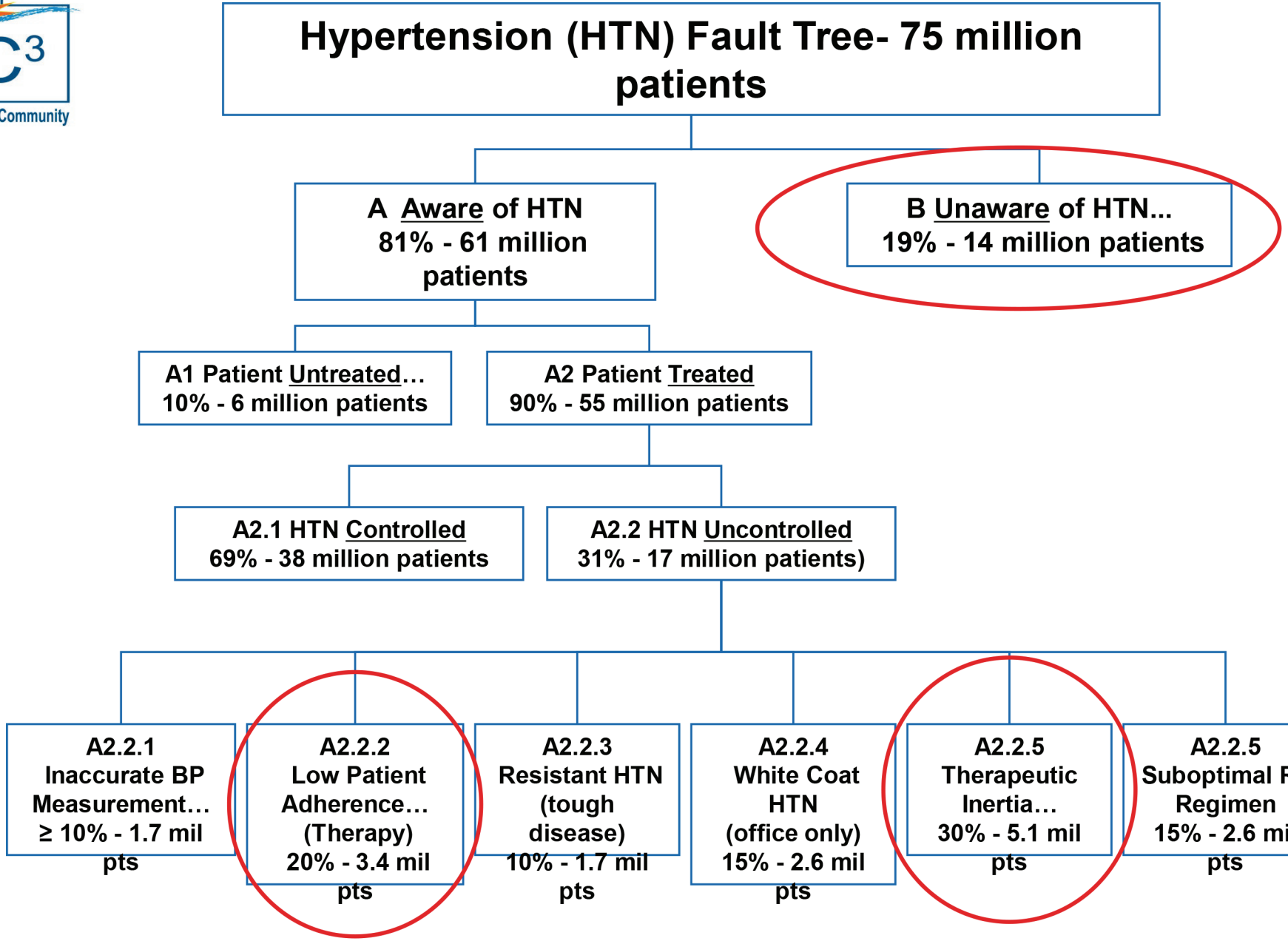
Hypertension (HTN) Fault Tree- 75 million patients



Statistics courtesy Barry Stults, M.D University of Utah,...Circulation 2010; 121:e70, Am J Hypertens 2008; 21:183, 789 JAMA 2010; 303:2043

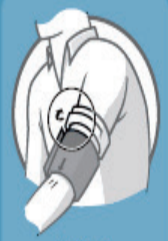
BEST PRACTICES FOR TAKING

ACCURATE BLOOD PRESSURE READINGS

FROM WELCH ALLYN

(Use Range Indicator)

Use the proper size cuff; if two cuffs fit, use the larger one



(Roll Sleeve)

Place the cuff on a bare arm

(Align with Brachial Artery)

Place the artery marker over the brachial artery

(Just Two Fingers)

Apply the cuff snugly, allowing room for no more than two fingers

(Do Not Move)

Once the cuff is placed, allow the patient to sit quietly for a few minutes

(Shhhh)

Do not talk to the patient while taking the BP

(Support Back—Legs Uncrossed)

Support the patient's back and feet during measurement; keep legs uncrossed

(Arm at Heart Level)

Keep the upper arm at heart level and passively support the lower arm

Keep the arm still during the measurement cycle

IF THE ACCURACY OF A BLOOD PRESSURE MEASUREMENT IS IN QUESTION, VERIFY THE ACCURACY USING THE AUSCULTATORY METHOD WITH A CALIBRATED MANUAL INSTRUMENT

Welch Allyn

Advancing Frontline Care™

Patient B/P Self-Management Program links

- **Home BP technique video:**
  - http://www.hypertension.ca/hypertension-videos
- **Home BP technique written instructions:**
  - http://www.hypertension.ca/measuring-blood-pressure
  - http://www.hypertension.ca/chep-resources-and-downloads-dp1

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BP Measurement: KEY TECHNIQUES

	△ BP (mm Hg) if not done
Rest ≥ 5 min, quiet	↑ **12/6**
Seated, back supported	↑ 6/8
Cuff at midsternal level	↑ ↓ 2/inch
Large enough cuff	↑ **6-18/4-13**
Bladder center over artery	↑ 3-5/2-3
Deflate 2 mm Hg/sec	↓ SBP/↑ DBP
No talking during measurement	↑ 17/13
If initial BP > goal BP:	**1st reading higher**
3 readings, 1 min apart	• "Alerting response"
Discard 1st, average last 2	

- **HOW CAN WE TEACH/IMPLEMENT?**

Hypertension 2005; 45:142 *J Hypertens 2005; 23:697* *Can J Card 2008; 24:455*

“Your Heart Age”

Provides patient communication tool:

Patient's Cardiovascular Age in Years. (Age of a pt with no CVD risk factors who has this many points.)	">80"		54	and assume full reversibility of the effects of risk factors. - JC

“You have the cardiovascular age and risk of a ___ year-old”

http://www.zunis.org/FHS_CVD_Risk_Calc.2008htm

Adherence Assessment Pad

Medication Adherence

What gets in the way of taking your medicine(s)?

- ☐ Makes me feel sick
- ☐ Can't remember
- ☐ Too many pills
- ☐ Other: _____
- ☐ Cost
- ☐ Nothing

Provider: remember to document asking the patient and the patient response!

Public Health NY

Other Factors to Consider When Taking a Blood Pressure

The following is a list of other factors that can influence blood pressure. Each of these factors can have a significant affect on your blood pressure reading.

Talking
Can increase blood pressure 17/13 mmHg

Cold Exposure
Can increase blood pressure 11/8 mmHg

Bowel/Bladder Distention
Can increase blood pressure 27/22 mmHg

Caffeine
Can increase blood pressure 10/7 mmHg

Physical Activity
Can decrease blood pressure 5-11/4-8 mmHg

HEART DISEASE &
STROKE PREVENTION PROGRAM
UTAH DEPARTMENT OF HEALTH

10 consejos
Serie de educación en nutrición

la sal y el sodio

10 consejos para ayudarlo a reducirlos

USDA Centro para Políticas y Promoción de la Nutrición

Visite www.ChooseMyPlate.gov para obtener más información.

DG TipSheet No. 14
Septiembre 2011

American Heart Association® | American Stroke Association®

Learn and Live®

What Is High Blood Pressure?

Another name for high blood pressure (HBP) is hypertension (hi-per-TEN-shun).

Thank you

Contact information

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***HealthInsight* Utah**

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(801)892-6622

CHC COMMUNITY HEALTH CENTERS INCORPORATED

IC³ A Beacon Community

Making Meaningful Use of Meaningful Use

Combining Medicine and Technology to Improve Quality and Transform Healthcare

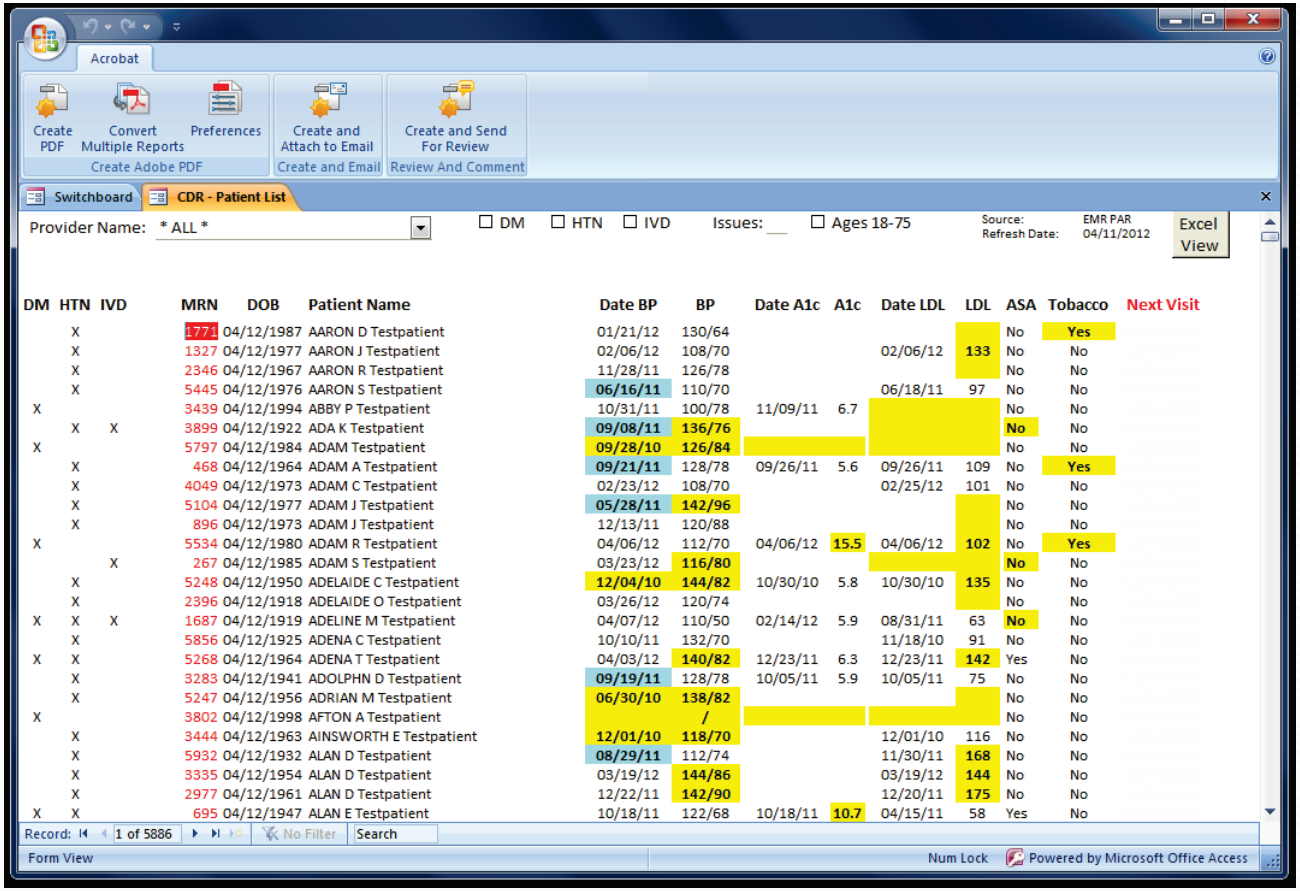
Christopher H. Tashjian, MD, FAAFP

President River Falls, Ellsworth and Spring Valley Medical Clinics

Low Tech

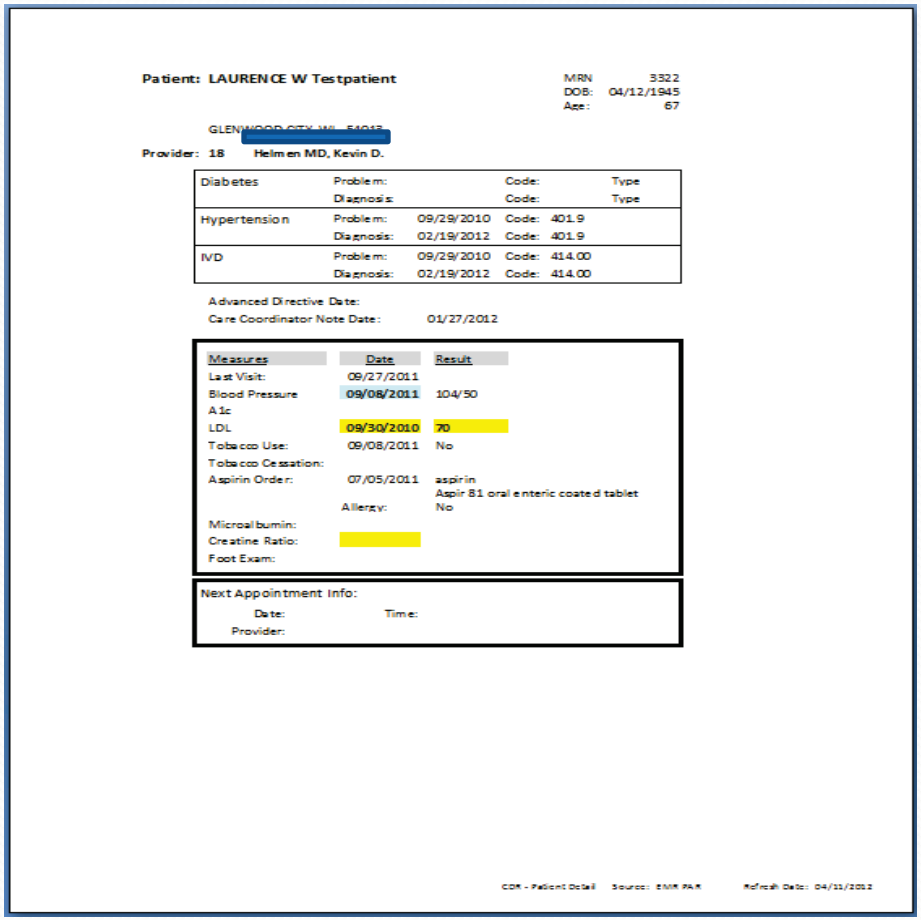
High Tech

- First Take Data from EHR and Export to Excel and Generate Patient Lists



DM	HTN	IVD	MRN	DOB	Patient Name	Date BP	BP	Date A1c	A1c	Date LDL	LDL	ASA	Tobacco	Next Visit
	X		1771	04/12/1987	AARON D Testpatient	01/21/12	130/64					No	Yes	
	X		1327	04/12/1977	AARON J Testpatient	02/06/12	108/70			02/06/12	133	No	No	
	X		2346	04/12/1967	AARON R Testpatient	11/28/11	126/78					No	No	
	X		5445	04/12/1976	AARON S Testpatient	06/16/11	110/70			06/18/11	97	No	No	
X			3439	04/12/1994	ABBY P Testpatient	10/31/11	100/78	11/09/11	6.7			No	No	
	X	X	3899	04/12/1922	ADA K Testpatient	09/08/11	136/76					No	No	
X			5797	04/12/1984	ADAM Testpatient	09/28/10	126/84					No	No	
	X		468	04/12/1964	ADAM A Testpatient	09/21/11	128/78	09/26/11	5.6	09/26/11	109	No	Yes	
	X		4049	04/12/1973	ADAM C Testpatient	02/23/12	108/70			02/25/12	101	No	No	
	X		5104	04/12/1977	ADAM J Testpatient	05/28/11	142/96					No	No	
	X		896	04/12/1973	ADAM J Testpatient	12/13/11	120/88					No	No	
X			5534	04/12/1980	ADAM R Testpatient	04/06/12	112/70	04/06/12	15.5	04/06/12	102	No	Yes	
		X	267	04/12/1985	ADAM S Testpatient	03/23/12	116/80					No	No	
	X		5248	04/12/1950	ADELAIDE C Testpatient	12/04/10	144/82	10/30/10	5.8	10/30/10	135	No	No	
	X		2396	04/12/1918	ADELAIDE O Testpatient	03/26/12	120/74					No	No	
X	X	X	1687	04/12/1919	ADELINE M Testpatient	04/07/12	110/50	02/14/12	5.9	08/31/11	63	No	No	
	X		5856	04/12/1925	ADENA C Testpatient	10/10/11	132/70			11/18/10	91	No	No	
X	X		5268	04/12/1964	ADENA T Testpatient	04/03/12	140/82	12/23/11	6.3	12/23/11	142	Yes	No	
	X		3283	04/12/1941	ADOLPHN D Testpatient	09/19/11	128/78	10/05/11	5.9	10/05/11	75	No	No	
	X		5247	04/12/1956	ADRIAN M Testpatient	06/30/10	138/82					No	No	
X			3802	04/12/1998	AFTON A Testpatient		/					No	No	
	X		3444	04/12/1963	AINSWORTH E Testpatient	12/01/10	118/70			12/01/10	116	No	No	
	X		5932	04/12/1932	ALAN D Testpatient	08/29/11	112/74			11/30/11	168	No	No	
	X		3335	04/12/1954	ALAN D Testpatient	03/19/12	144/86			03/19/12	144	No	No	
	X		2977	04/12/1961	ALAN D Testpatient	12/22/11	142/90			12/20/11	175	No	No	
X	X		695	04/12/1947	ALAN E Testpatient	10/18/11	122/68	10/18/11	10.7	04/15/11	58	Yes	No	

Patient Scorecards



Patient: LAURENCE W Testpatient

MRN 3322
DOB: 04/12/1945
Age: 67

GLENWOOD CITY, WI [redacted]

Provider: 18 Helmen MD, Kevin D.

Diabetes	Problem:		Code:	Type
	Diagnosis:		Code:	Type
Hypertension	Problem:	09/29/2010	Code: 401.9	
	Diagnosis:	02/19/2012	Code: 401.9	
IVD	Problem:	09/29/2010	Code: 414.00	
	Diagnosis:	02/19/2012	Code: 414.00	

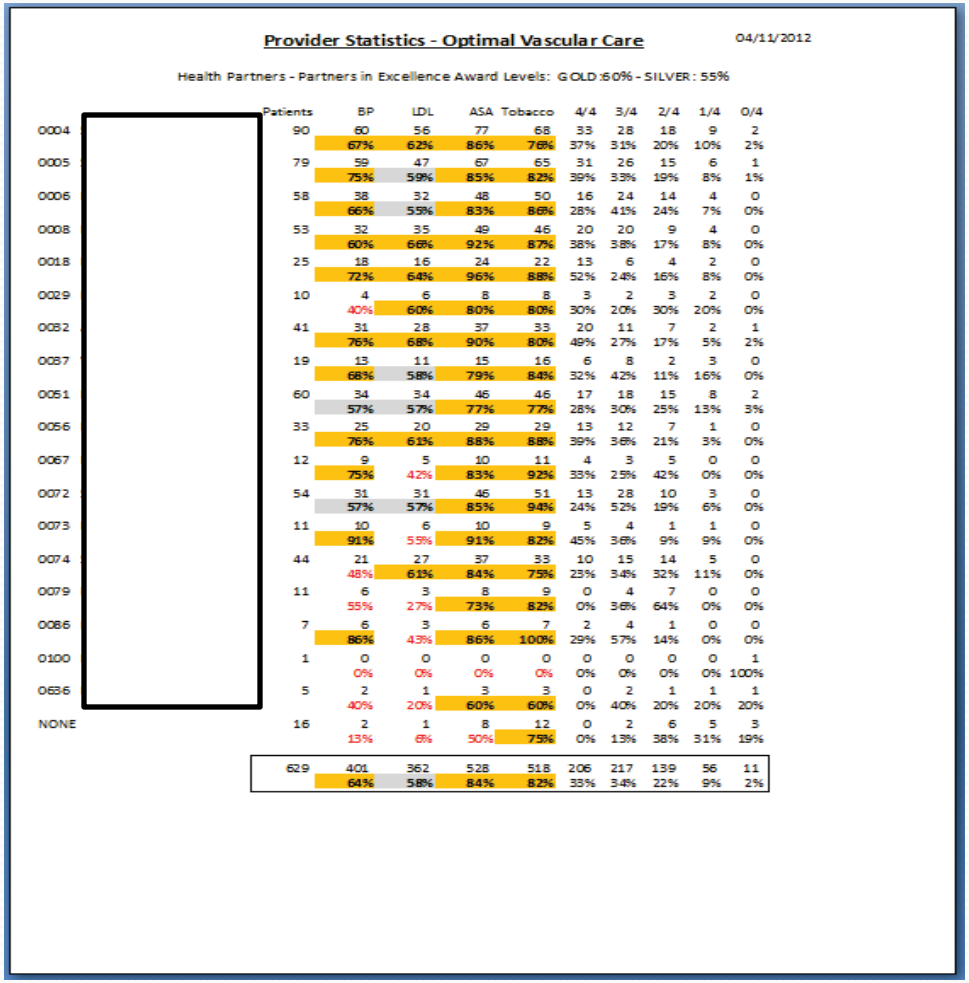
Advanced Directive Date:
Care Coordinator Note Date: 01/27/2012

Measures	Date	Result
Last Visit:	09/27/2011	
Blood Pressure	09/08/2011	104/50
A1c		
LDL	09/30/2010	70
Tobacco Use:	09/08/2011	No
Tobacco Cessation:		
Aspirin Order:	07/05/2011	aspirin Aspir 81 oral enteric coated tablet
	Allergy:	No
Microalbumin:		
Creatine Ratio:		
Foot Exam:		

Next Appointment Info:
Date: Time:
Provider:

CDR - Patient Detail Source: EMR PAR Refresh Date: 04/11/2012

Provider Scorecards



Provider Statistics - Optimal Vascular Care 04/11/2012

Health Partners - Partners in Excellence Award Levels: GOLD:60% - SILVER: 55%

	Patients	BP	LDL	ASA	Tobacco	4/4	3/4	2/4	1/4	0/4
0004	90	60	56	77	68	33	28	18	9	2
		67%	62%	86%	76%	37%	31%	20%	10%	2%
0005	79	59	47	67	65	31	26	15	6	1
		75%	59%	85%	82%	39%	33%	19%	8%	1%
0006	58	38	32	48	50	16	24	14	4	0
		66%	55%	83%	86%	28%	41%	24%	7%	0%
0008	53	32	35	49	46	20	20	9	4	0
		60%	66%	92%	87%	38%	38%	17%	8%	0%
0018	25	18	16	24	22	13	6	4	2	0
		72%	64%	96%	88%	52%	24%	16%	8%	0%
0029	10	4	6	8	8	3	2	3	2	0
		40%	60%	80%	80%	30%	20%	30%	20%	0%
0032	41	31	28	37	33	20	11	7	2	1
		76%	68%	90%	80%	49%	27%	17%	5%	2%
0037	19	13	11	15	16	6	8	2	3	0
		68%	58%	79%	84%	32%	42%	11%	16%	0%
0051	60	34	34	46	46	17	18	15	8	2
		57%	57%	77%	77%	28%	30%	25%	13%	3%
0056	33	25	20	29	29	13	12	7	1	0
		76%	61%	88%	88%	39%	36%	21%	3%	0%
0067	12	9	5	10	11	4	3	5	0	0
		75%	42%	83%	92%	33%	25%	42%	0%	0%
0072	54	31	31	46	51	13	28	10	3	0
		57%	57%	85%	94%	24%	52%	19%	6%	0%
0073	11	10	6	10	9	5	4	1	1	0
		91%	55%	91%	82%	45%	36%	9%	9%	0%
0074	44	21	27	37	33	10	15	14	5	0
		48%	61%	84%	75%	23%	34%	32%	11%	0%
0079	11	6	3	8	9	0	4	7	0	0
		55%	27%	73%	82%	0%	36%	64%	0%	0%
0086	7	6	3	6	7	2	4	1	0	0
		86%	43%	86%	100%	29%	57%	14%	0%	0%
0100	1	0	0	0	0	0	0	0	0	1
		0%	0%	0%	0%	0%	0%	0%	0%	100%
0636	5	2	1	3	3	0	2	1	1	1
		40%	20%	60%	60%	0%	40%	20%	20%	20%
NONE	16	2	1	8	12	0	2	6	5	3
		13%	6%	50%	75%	0%	13%	38%	31%	19%
	629	401	362	528	518	206	217	139	56	11
		64%	58%	84%	82%	33%	34%	22%	9%	2%

Results!

- In just four years, Ellsworth Medical Clinic reported the following improvements in blood pressure control:
  - Among patients with diabetes, hypertension control increased from 73% to 97% (2007–2011)
  - Among patients with cardiovascular disease,

    BP control increased from 68% to 97% (2007–2011)
  - Currently as of August 2012

    ALL patients with hypertension controlled at 90%

Be BOLD!


Don't be afraid to
take a big step
if one is indicated.
You can't cross a chasm
in two small steps

For More Information contact:

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ctashjian@rfmc.org
Ellsworth Medical Clinic
715-273-5041

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