



# HYPERTENSION CARE PATHWAY

## PRESBYTERIAN HEALTHCARE SERVICES

### Million Hearts in Action

[ Strategies for Achieving Million Hearts Goals ]



Presbyterian Healthcare Services is New Mexico's largest provider of health care. Founded more than a century ago, the not-for-profit healthcare system today serves more than 700,000 customers statewide. To address the problem of undiagnosed and untreated high blood pressure among its patients, Presbyterian launched the Hypertension Care Pathway in October 2013. The program is designed to better identify and treat high blood pressure, a leading risk factor for heart attack and stroke.

Roughly one in three Americans has high blood pressure. Yet only about 70 percent are treated and only about half are treated adequately, said Jason Mitchell, a primary care physician and Presbyterian's chief medical and clinical transformation officer. "Hypertension is a huge problem," he said. "But that means it's a great place to start improving the health of a community and really make a difference in people's lives."

#### [ Fast Facts ]

- High blood pressure directly and indirectly costs the nation about \$51 billion each year.
- Roughly one in seven U.S. deaths is related to high blood pressure.

#### [ What We Did ]

- Set up a patient registry. Presbyterian created a registry that includes every patient with a blood pressure reading of 140/90 or higher, which is considered high blood pressure. Electronic health records are used to manage and maintain the automated registry, which currently includes almost 29,000 patients in Central New Mexico.
- Develop a protocol to identify and treat people with high blood pressure. A hypertension protocol was developed to guide the work of every healthcare professional who comes into contact with patients. The nursing staff and medical assistants have protocols for taking and documenting blood pressure. Presbyterian also has point-of-care decision support through its electronic health records system to aid doctors and nurses in providing the most appropriate care for each patient. In addition, Mitchell said provider dashboards allow doctors to see how many hypertensive patients they have and how many cases are under control. "It allows transparency into our performance, and it also allows us to help each other improve those numbers," Mitchell said.
- Engage the entire care team. The Hypertension Care Pathway was designed to engage every staff member, from the appointment scheduler to the clinician. "Everyone is involved in working with patients for care of hypertension," Mitchell said. "It becomes a normal thing for everyone to think about and focus on, so patients are engaged at multiple levels." For example, pharmacists play a major role in the pathway, helping to adjust the dose of medications until a patient's blood pressure is under control.



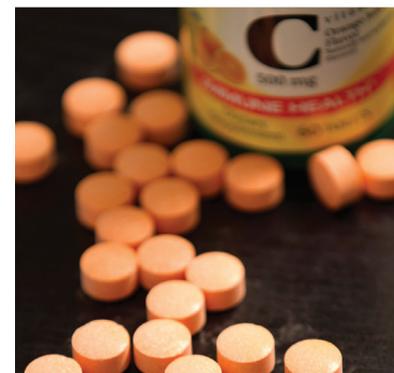
- Engage patients with high blood pressure. Mitchell said the new program has created the opportunity for meaningful conversations between the patient and healthcare team about high blood pressure and why it is important to treat. “When you diagnose someone with high blood pressure, they always feel bad, like they did something wrong,” said Mitchell. “But by engaging patients at multiple levels, it helps to shift the attitude to something that a lot of us have and thank goodness we’re recognizing it and treating it.” In addition, there are no copayments for blood pressure nurse visits, and patients can easily submit home blood pressure readings electronically to the clinical team.

## [ What We Accomplished ]

- Identified thousands of undiagnosed cases. Within the program’s first nine months, providers identified more than 9,300 patients with undiagnosed high blood pressure. “High blood pressure doesn’t cause symptoms until something awful happens,” Mitchell said. “Finding those folks and getting them treated is one of the most important things we’ve done.”
- Improved control rates. Before the program, high blood pressure was under control in 59.8 percent of patients. By September 2014, 76 percent had their blood pressure in check. “We are thrilled to see this much improvement for our patients,” said Mitchell, adding that the program’s goal is to ensure that 82 percent of patients have their high blood pressure well-controlled by the end of 2015.

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*- Jason Mitchell, primary care physician and chief medical and clinical transformation officer at Presbyterian Healthcare Services*



## [ What We Learned ]

For organizations interested in creating a similar program, Presbyterian’s staff recommends:

- Identifying populations with uncontrolled and undiagnosed high blood pressure, and making sure you have the technology to maintain a registry of those patients.
- Standardizing your care and monitoring process across all care venues to make it highly reliable.
- Taking the time and developing the resources to educate staff on the proper protocols.
- Developing process metrics to ensure providers are following protocols.
- Finding staff leaders to help guide the program. At Presbyterian, efforts were led by physician Dion Gallant, medical director for primary care, and nursing director for primary care services Kathy Garcia.

## [ What We Are Doing Now ]

The program will soon expand to areas such as urgent care. In addition, while the program is currently focused on diagnosing and controlling high blood pressure, the long-term goal is to prevent heart attacks and strokes. Presbyterian will soon add metrics to the registry to track cardiovascular disease prevention. Presbyterian has also added hypertension to its board-level scorecards, making the program a priority at the executive level.

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