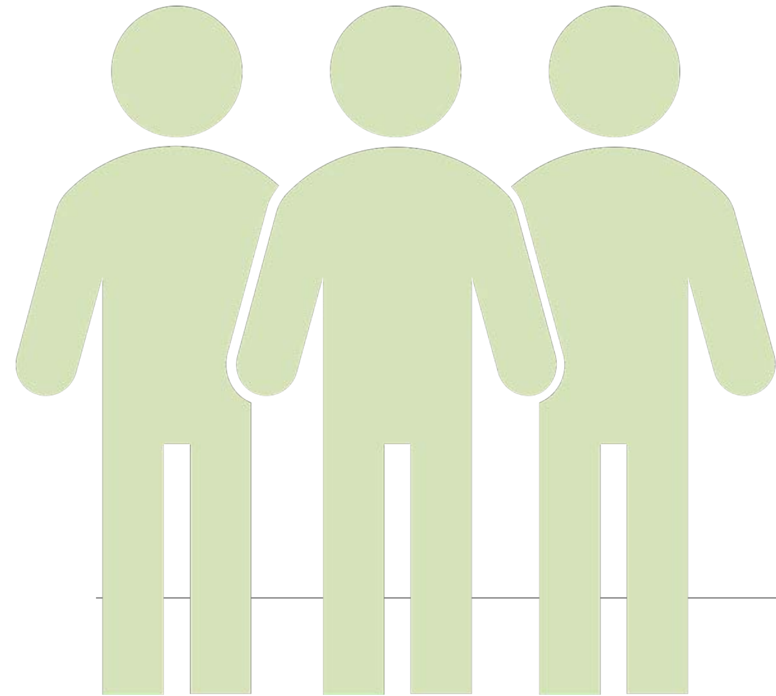


Population Health & Health Equity

CHC/SEK'S BLOOD PRESSURE CHALLENGES

MALLORY ROBERSON, POPULATION HEALTH MANAGER

KARLEA ABEL, MPH, DIRECTOR OF QUALITY ENHANCEMENT

Overview

- CHC/SEK overview
- Blood Pressure Reduction Challenge
- Lessons Learned
- Blood Pressure Reduction Challenge 2.0
- Models of Change
- Lessons Learned
- Key Points
- Questions

Community Health Center of Southeast Kansas

Federally Qualified Health Center opened in 2003 in Pittsburg, KS

114 providers in 17 Clinic Locations in 7 counties across Southeast Kansas

Services include medical, dental, behavioral health, addiction treatment services, pharmacy, walk in care, patient navigation, outreach, and population health

In 2019, we plan to serve 60,000 patients for over 200,000 visits

Blood Pressure Reduction Challenge!

Target Population:	*Medicare patients w/elevated BP*
Challenge Duration:	*12 weeks*
BP Care Team:	*Population Health Nurses, PCP's*
Commitment:	*Participants: 10 mins/week* *Care Team: 3 hrs/week*
Incentives:	*Activity tracker, monthly gift cards for goal progression*
Data Collected:	*Goals, Blood Pressure, Outreach Attempts*

Outcomes – 16 patients per Nurse

Average Baseline Systolic:	143		Average Baseline Diastolic:	87
Average Final Systolic:	134		Average Final Diastolic:	79
Difference:	-9		Difference:	-8

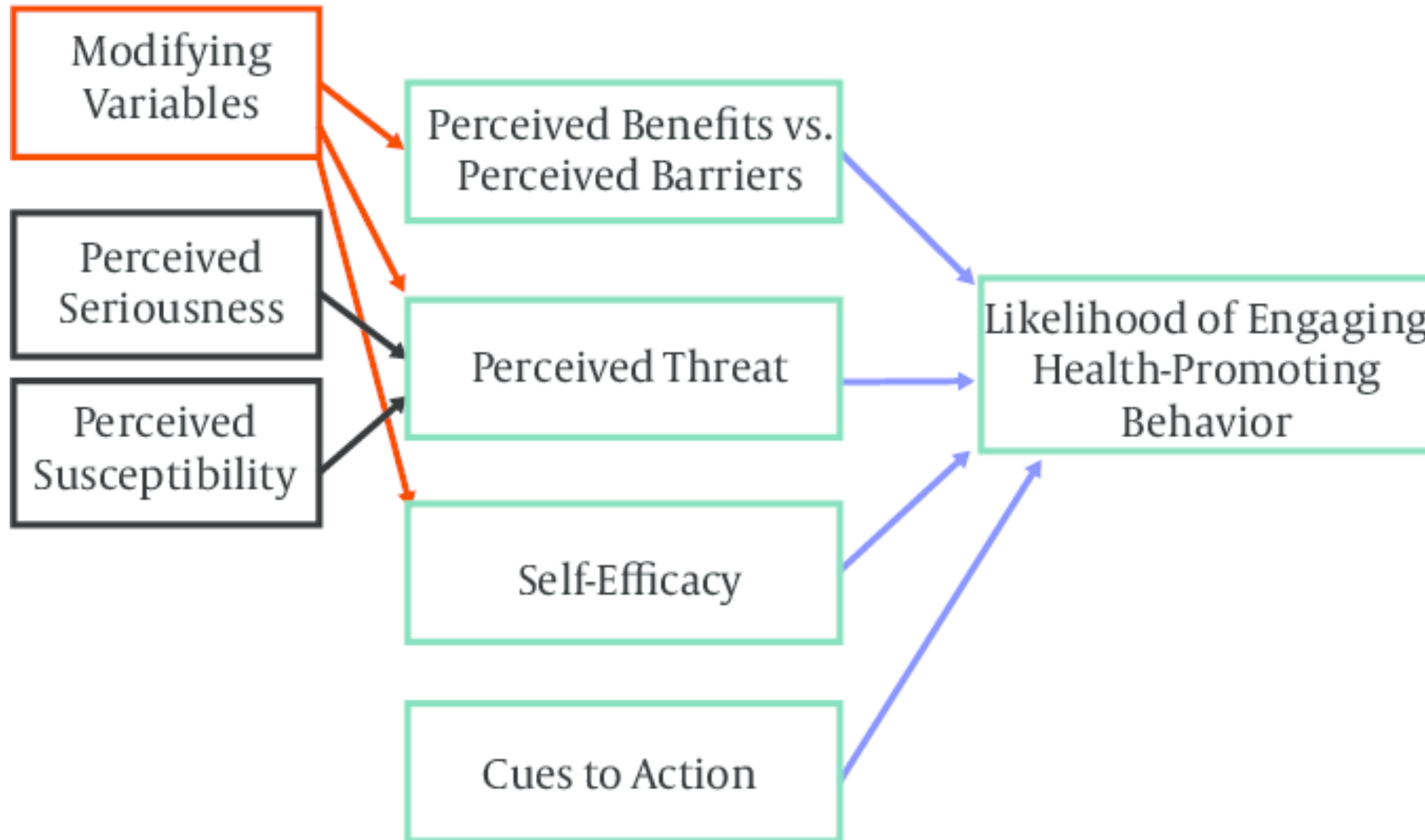
Lessons Learned

- Prepare to address more than blood pressure
- Establish relationships & build trust
- Ask one more question & listen up
- Provide resources & act as community connectors
- Identify & enroll potential CCM candidates
- Plan for more extensive data collection
- Engage participants throughout challenge with short term, patient centered goals, & monthly rewards

Blood Pressure Challenge addressing Health Equity

Race	Controlled	Uncontrolled	% Uncontrolled
Other Pacific Islander	4	6	60%
Black or African American	156	141	47%
Other Race	20	16	44%
Native Hawaiian or Other Pacific Islander	7	5	42%
American Indian or Alaska Native	76	49	39%
More than One Race	106	62	37%
Unreported/Refused to Report	40	21	34%
White	3406	1785	34%
Asian	19	6	24%
Total	**3834**	**2091**	**35%**

NOBODY HAS SHOWN UP. WHAT'RE WE DOING WRONG?
WHAT WE NEED IS A MODEL!
DID SOMEBODY SAY MODEL?
FREE HEALTH SCREENINGS



Health Belief Model

Blood Pressure Reduction Challenge 2.0!

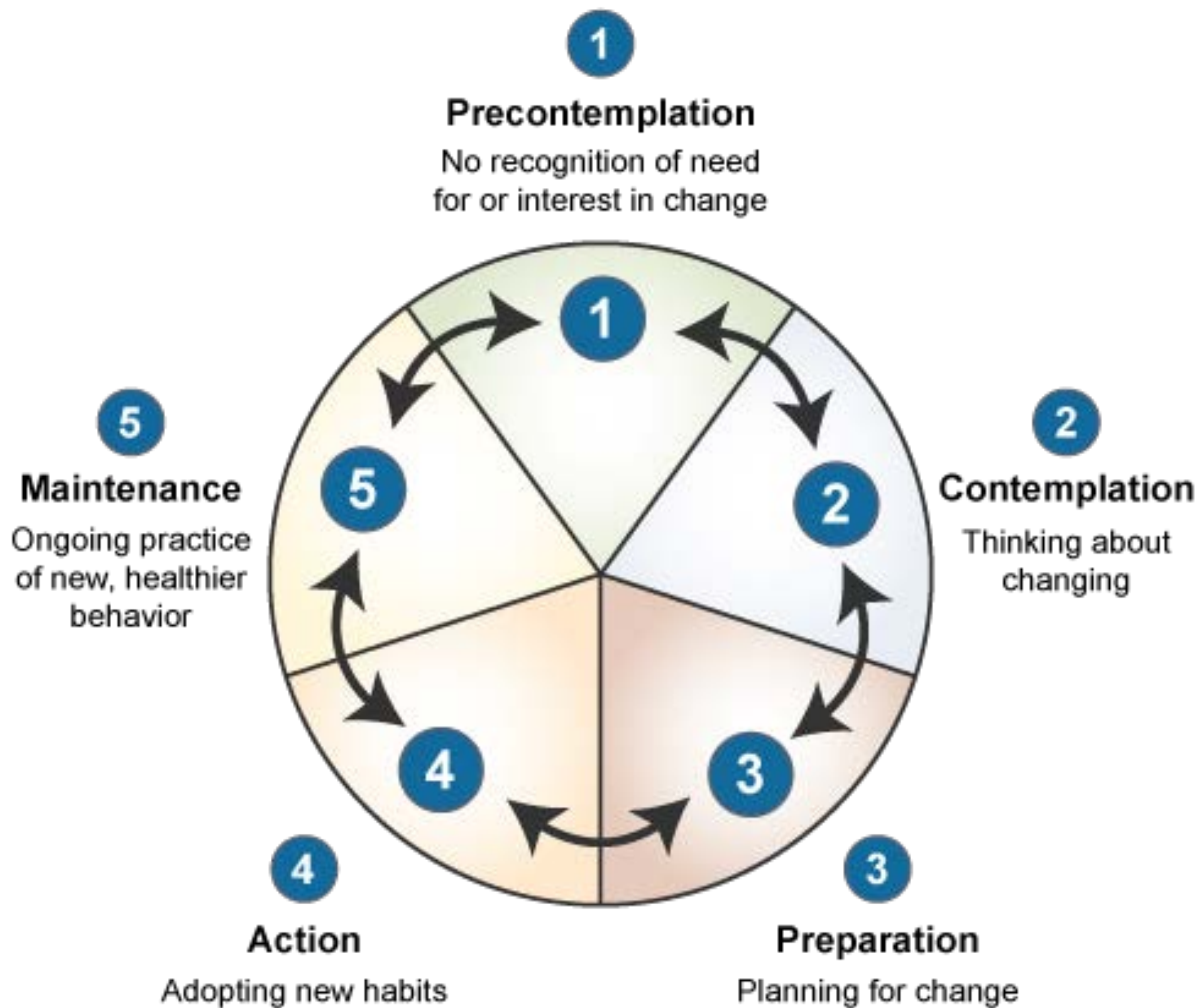
Target Population:	*Minority patients w/elevated BP*
Challenge Duration:	*8 weeks*
BP Care Team:	*Population Health Nurses, Dietitian, Personal Trainer*
Commitment:	*Participants 10-60 mins/week* *Care Team 3 hrs/week*
Incentives:	*Free individualized meal plan and exercise plan*
Data Collected:	*Goals, Blood Pressure, Outreach Attempts, PHQ-2, PRAPARE form, Food log*

Outcomes – 3 Patients per Nurse

Average Baseline Systolic:	**143**		**Average Baseline Diastolic:**	**80**
Average Final Systolic:	**128**		**Average Final Diastolic:**	**74**
Difference:	**-15**		**Difference:**	**-6**

Lessons Learned

Barriers	Solutions
• Time commitment was too great for participants • Some didn't want to engage or weren't ready to change • Challenge design did not fit into the lifestyle of the employed • Participants would benefit from rewards for monthly goal progression	• Complete dietetic counseling, and fitness evaluation at initial nursing visit • Set expectation up front of an initial and final face-to-face visit • Provide walk-in opportunities for participants that desire accountability partners • Incentives need to be tangible (gift cards vs. access to a dietitian/personal trainer)



Transtheoretical Model

Key Points

- Focus on skills-based in-person sessions to start
- Assess a patient's readiness to change
- Telephone check-ins with a nurse are great cues to action
- Be prepared to address non-medical barriers
- Tangible incentives are important
- Time is a luxury that participants don't always have
- Giant leaps start with small steps

Questions?

Mallory Roberson, Population Health Manager, mroberson@chcsek.org

Karlea Abel, MPH, Director of Quality Enhancement, kabel@chcsek.org