

A Million Hearts Can't Be Wrong

Katy Trail Community Health Takes Data the Extra Mile to Detect and Treat Hypertensive Patients

CHALLENGE

Diagnose a silent disease

Katy Trail Community Health wanted to improve care for hypertensive patients. But it first needed to determine which patients suffered from hypertension. Million Hearts, a U.S. Centers for Disease Control & Prevention initiative, estimated in 2010 that 29% of hypertension in patients goes undiagnosed. That year, Pam Hirshberg, Chief Operating Officer at Katy Trail, attended a conference where a Million Hearts presenter highlighted hypertension's undiagnosed nature. Since patients do not complain about hypertension (the effects of the disease often do not manifest until later in life), care providers can miss the disease if they are focused on treating other conditions that have more overt symptoms, such as diabetes or chronic heart disease.

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ACTION

Rigorous hypertension screening implemented; care teams granted leeway

Katy Trail used Azara DRVS' analytics capability to drill into its hypertension performance data and search for clues that might help to identify hypertensive patients. The center implemented rigorous protocols for checking blood pressure, and developed specially tailored provider communication alerts to help ensure that all patients are evaluated for hypertension, regardless of the reason for their visit. The center also worked to ensure hypertensive patients receive appropriate follow-up care. A high blood pressure diagnosis is added to a patient's problem list so that he or she will appear on the Azara DRVS Patient Visit Planning (PVP) report alerts, registry reports, or performance measures.

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Katy Trail also assembled a team that possessed the skillset needed to interact with health care data and to test and implement changes within the practice. A clinical data coordinator handles the complex data and reporting functions the center employs to collect and analyze its metrics; Hirshberg has the authority within Katy Trail’s organizational structure to adopt programs and initiatives that improve care.

Hirshberg altered her management approach. She had long emphasized the value of standardization among care teams. However, she realized that each team is unique and works most effectively when workflows are tailored to its preferences. Some Katy Trail physicians prefer to receive a quick text message to alert them that a hypertensive patient is waiting in an exam room; others respond to simple visual cues. In the latter cases, a medical assistant or nurse places a red heart on the exam room door, indicating the patient has hypertension.

IMPACT

More hypertensive patients diagnosed and treated

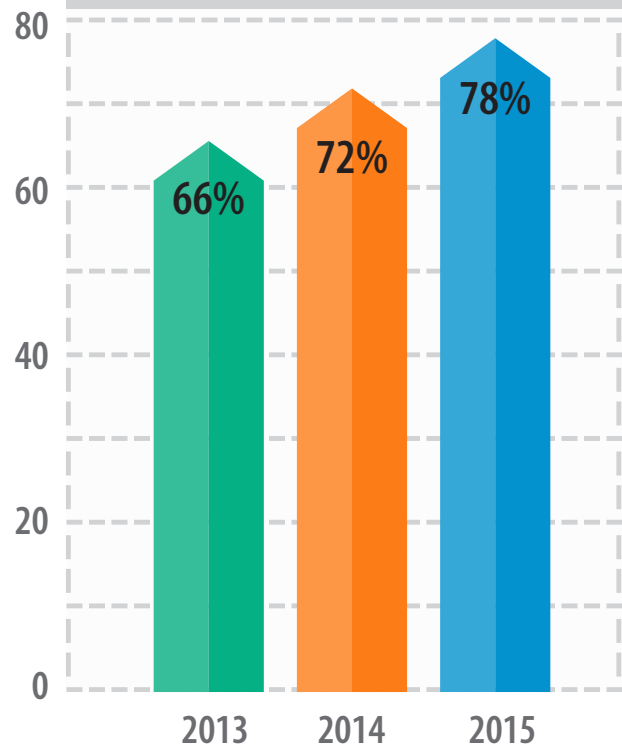
Katy Trail started its hypertension improvement efforts in 2012. By the next year, its control rate had jumped to 66%; it climbed to 78% in April 2015.

Center care teams benefit from being granted more leeway in their workflows. Personal preferences in patient care have boosted the likelihood that hypertensive patients will be diagnosed and treated.

CENTERS BOOST HYPERTENSION CONTROL SCORES

Katy Trail Community Health

JANUARY 2013 - APRIL 2015



PERCENTAGE OF PATIENTS IN CONTROL FOR HYPERTENSION

“I had believed that every care team should function the same. I broke my own rule that all provider teams need do things the same way – and it worked.”

—Pam Hirshberg, Chief Operating Officer, Katy Trail Community Health