

John Clymer:

Hi, I'm John Clymer, Executive Director of The National Forum for Heart Disease and Stroke Prevention (National Forum). The National Forum is working in collaboration with The Association of State and Territorial Health Officials (ASTHO) to promote the Million Heart's goal of preventing one million heart attacks and strokes by 2017.

This podcast that you're listening to was developed to inform state and local public health department chronic disease programs, staff and clinicians on the use of successful strategies that include diagnosis, treatment and control of high blood pressure.

At the end of the session our expectation is that you'll be able to describe the problem with hypertension control in a clinical-based setting population, describe the planning process to identify hypertension control strategies, describe the key successes and challenges to implement strategies for hypertension control, and describe the results achieved through the implementation of strategies.

We are pleased to have Dr. Patrick Twomey with us to share the strategies and practices that Essentia Health in Duluth, Minnesota, has used to help more of their hypertensive patients control their blood pressure.

Dr. Twomey is Chief Medical Officer and Chief Quality Officer at Essentia.

Dr. Twomey, state and local public health departments are collaborating with healthcare providers to reduce high blood pressure or prevent high blood pressure in the population through policy and system or environmental changes. And community clinical linkages and clinic system change are key strategies that require government to work with private practitioners to identify and implement appropriate strategies in the population.

My understanding is that you and your Essentia health team have been successful in achieving hypertension control rates at 70 percent or higher and that you were recently nationally recognized as a 2014 Million Hearts Hypertension Control Champion for that achievement.

So I want to congratulate you and your team on that achievement and the deserved recognition and ask you how you were able to achieve such a great rate of success in hypertension control.

Dr. Patrick Twomey: Well, thanks John. It's great to be with you today. We've been at this for quite some time and it didn't happen over night. I would say a little over a decade ago Essentia Health became very interested in getting a handle on chronic disease management and we were helped along with that through the Minnesota Community Measures Program.

The Minnesota Community Measures Program is a collaborative of healthcare organizations across the State of Minnesota that are really interested in improving the health of the population. And one of the metrics in the Minnesota Community Measures registry – or in their suite of measures – is hypertension control.

So it was a little over ten years ago that we embarked on trying to improve our control of high blood pressure.

At the same time our primary care physicians at Essentia began to ask the question, "What is the future of primary care?" And they really felt that small, minor acute illnesses wasn't the future and they wanted to focus their practice on identifying and managing chronic disease.

And so they really took the torch when it came to chronic disease management through our primary care clinics across the organization. We have 64 clinics with both physicians and advanced practitioners seeing patients for a multitude of chronic disease, and they've built registries and workflows that can, number one, identify who we have out there that has hypertension and then work with them to get them to a better place for their disease.

John Clymer: Dr. Twomey, you just mentioned that in the 64 clinics there are both physicians and advanced practitioners, so I'm wondering what has been your approach in terms of having a team and having different types of specialists work together to meet the needs of your patients with high blood pressure?

Dr. Patrick Twomey: Great question, John. Critical – we feel it's critical that this is a team effort, and so we really have a multitude of different specialties working on hypertension as well as roles within our clinics. And so we have, for example, our RNs or LPNs in the clinic doing a lot of our registry work and looking through reporting coming out of our EMR to find those hypertension patients that aren't under control or haven't had a blood pressure check within the last six months.

And then they're reaching out to those patients and making sure that they have appointments to come in to get whatever their issue is addressed. So they're doing a lot of the upfront work to get folks through the door. The clinic aides are also helping in that regard.

And then it's up to the physician once that patient comes into the clinic to have an evaluation that will bring them to a better hypertension control based on what they're seeing at the time, whether it be a medication adjustment or a diet adjustment or whatever the physician feels is necessary.

And then we have a lot of specialists throughout the organization, either in endocrinology or nephrology that are available for those really tough cases where they're not able to get their hypertension under control in a primary care setting. Folks in our cardiologist and in our vascular group have been instrumental in that as well.

John Clymer: So Dr. Twomey do you think that if you didn't take this team-based approach that you just described that Essentia would have been able to achieve the level of success that you've attained in controlling high blood pressure among your patients?

Dr. Patrick Twomey: I don't think we'd be anywhere close to our current level of performance. We achieved an 82 percent success rate with hypertension control within the last month or so.

John Clymer: Wow.

Dr. Patrick Twomey: And there is no way we could have gotten to that level without this team effort. And our advanced practitioners have been instrumental along with our MDs in the clinics – both nurse practitioners and PAs – in seeing these patients.

If we have a patient that has a simple, single chronic disease it's often the nurse practitioner or the PA that sees them rather than the MD allowing the MDs to see more complex patients with multiple chronic diseases or folks that are decompensating for one reason or another.

We also have a team of pharmacists and RNs that are using physician-written protocols to help drive changes in medication dosages, and so we don't necessarily even have a physician or a nurse practitioner involved in some of the medication changes that are occurring.

John Clymer: So how do you think – I mean clearly you’ve changed the numbers and that’s impressive. If you can for a moment put yourself on the patient’s side of the table how do you think the healthcare experience and quality of care – and then most importantly quality or level of health – has changed for the patient?

Dr. Patrick Twomey: Well, I think our physicians and our advanced practitioners are doing a good job of getting the patient’s story. They’re doing motivational interviewing to find out, “What are your goals in life? Where do you want to be ten years from now? What major events do you not want to miss? And then let’s talk about how can we keep you healthy enough to achieve those goals that you have?”

And it’s really part of – in that process, in a discussion of shared decision-making, where together they come to the recognition of what the patient and physician or advanced practitioner want to do together to get the patient to a better place. And it might not be medication: it might be lifestyle changes, it might be diet, it might be exercise, it might be weight loss – and everyone is different.

But we make it clear to the patient that if they want to achieve goals in their life that we’ve got a plan for them and we’re going to work that plan with them.

And I think it’s easy for us to talk about percentages – we’re at 82 percent for hypertension – but when we start putting that in terms of strokes per minute or heart attacks per minute or a life saved: that has a lot more impact with our providers and it has a lot more impact with our patients.

So we currently have over 60,000 hypertensive patients at Essentia, and we look at our success rate in terms of keeping them under control and compare that to the literature that’s been published.

We have prevented over 800 strokes; over 500 heart attacks have been prevented, and we’ve saved 418 lives just with our hypertension control, and that moves people: it moves our providers, it moves our patients when they hear just how successful that our focus has been.

John Clymer: That is really impressive. So even more than being recognized as a hypertension control champion: congratulations on all those lives saved. That is – and clinical events prevented: that is impressive and really wonderful. That must be gratifying for you and your colleagues.

Dr. Patrick Twomey: It is. Much more for my colleagues: I'm a pathologist by training and so I never really treated hypertension. But for those who are actually out on the frontline treating it I think it's very gratifying.

John Clymer: So the numbers you just recited, clearly you all in your practice at Essentia pay attention to the data and to patient outcomes. How do you – well, in a moment we'll get to how you use that data – but I'm curious how you share the information. So what you just said is I'm sure of great interest to our listeners today – so an external audience – how do you use it internally?

Dr. Patrick Twomey: John, I think when we started this over a decade ago we were probably similar to a lot of organizations when they start down this path in that we collaborated with the Minnesota Community Measures, we got an idea of what our baseline was in terms of success with treating hypertension, and then we began to share that information back with our physicians and our advanced practitioners so they could see what their performance was.

But at that time ten years ago much of that performance was only known by the individual provider. We were then sharing it publically in Minnesota Community Measures but it was an overview of our performance by clinic: it wasn't necessarily how are we doing by provider.

About three years ago we began building metrics in our quality dashboard on our data warehouse where we made a very intentional decision to make the results of that performance transparent – and not just transparent to all of our physicians and advanced practitioners but transparent to our entire employee population.

So we employ 13,000 people at Essentia Health and all of them have the ability now on the landing page of our intranet to look at our performance right down to the physician level. So whether you're the CEO of the organization or you're working in food service or you're working in maintenance you can search our quality data and it's completely transparent.

I think that's moved our performance as much as anything is physicians are competitive people and when they see that perhaps they're not performing as well as a colleague down the hall it certainly gives them some motivation and incentive to take a hard look at how they're treating a hypertensive.

John Clymer: It sounds like you are in a great place now Dr. Twomey at Essentia in terms of knowing, analyzing and using data, or using information, to assist you in improving the quality of care, and also to measure what you're doing and see where there are opportunities to improve.

Was there – that's where you are today. When you were at the beginning of this journey was there any resistance or any apprehension about starting to reveal and share these kinds of data about practice quality, practitioner performance?

Dr. Patrick Twomey: No doubt. No doubt there was. I don't think I heard as much of it as those that were closer to the action. We're an integrated healthcare system but within the last five years we've brought in some new regions, we've acquired some other healthcare systems that didn't have the same level of performance or transparency, and it became quickly apparent to them that that's where we were headed and I think with that group there was a fair amount of resistance to begin with.

But I will say that within a matter of two to three years the performance uniformly across our organization has risen to the point where now you can't really tell what region you're in or what clinic you're in because we have uniform performance across the board and that's been very gratifying to see.

And I think the providers are realizing that that transparency wasn't such a bad thing after all. It really was maybe difficult at first but it did help get us to a better place.

And so I rarely hear much pushback on that now. I think there is some general unrest when it comes to just the sheer number of quality metrics that medicine has arrived at currently in our current environment, but I think most of the providers see the level of transparency as being a helpful thing.

John Clymer: Great. Yeah, it sounds like you've done a great job of making that part of the culture of your practice and of the organization.

Dr. Patrick Twomey: I think it has gotten to the point where it probably is a recruiting tool. And there are probably some that self-select out of primary care or out of Essentia knowing the level of transparency that we've arrived at.

And also the level of expectations that are there. We really expect physicians to reach a certain minimum performance when it comes

to chronic disease management, and if they haven't we have the appropriate conversations when needed.

John Clymer: Great. Dr. Twomey, at risk of venturing into sensitive territory, what has been the financial impact on the practice of – on the group – of these changes that you've made of the focus on quality, of the sharing of information and the improvements that you've made in preventive care for your patients?

Dr. Patrick Twomey: Very difficult to measure Johnny. I think it's mixed. When you start looking at the infrastructure we had to build to get to the level of transparency that we have to get to the tools that we have that are updated either weekly or sometimes daily in our quality warehouse and then displayed to any that want to see it, it took us a while to get there, it took a lot of hard work, it took a lot of investment in infrastructure: a lot of that capital spent though has been offset with gains we've seen in collaboration with our peers.

We've got about 150,000 patients that are in some sort of accountable care contract and our payers are rewarding us for high-performance and hypertension is one of the metrics that historically we've seen our payers reward us if we reach certain levels, and that has helped get us to the level we're at currently.

What's really difficult to measure is just the cost-savings to our patients: the total cost of care that has come down by eliminating or lessening the chance that they're going to get a serious complication like a stroke or a heart attack – those are really difficult numbers to find or to put together.

But I think more importantly than the financial impact is the increased quality of life and the lives saved by doing it.

John Clymer: Sure. Exactly. I mean you know for example there are 418 people who are spending years with their families that they wouldn't have had otherwise.

Dr. Patrick Twomey: Yes. It's a lot more sunrises than sunsets that they never would have seen otherwise.

John Clymer: That's a great way to put it. That's great. So for our listeners if you haven't already seen them there is a set of slides – it's not very long but it is really informative and useful – that summarizes a lot of the information that Dr. Twomey has covered in this podcast.

So I commend it to your attention if you haven't yet taken a look, when you aren't driving or you aren't in motion, I urge you to take a look, call them up, maybe even print them off and make some notes and have them to remind you of what Dr. Twomey has shared with us.

I would also point out that Team-Based Care, which Dr. Twomey has talked about a lot, is absolutely an evidence-based approach to improving the quality of care and controlling high blood pressure, and you can get more information about that from the Community Guide which is available at www.thecommunityguide.org.

And Dr. Twomey I'm wondering if there are any other resources that you would suggest or call attention to for practitioners elsewhere who are interested in trying to follow your lead – follow your example – and hopefully achieve similar results.

Dr. Patrick Twomey: Johnny, I would say that there are some guidelines out there that we've been following for years published through The Institute for Clinical Systems Improvement in Minnesota – or ICSI – which have been very helpful to us over time and we've had physicians and non-physicians that have helped build those guidelines.

And I think really laying out that standard work for us – we have a lean management system here where we're always talking about what is the standard work for hypertension control? Well, that standard work can be found on the ICSI website, and if anyone's interested in just picking up the phone and giving us a call we have a whole host of standard work that we've published on our primary care portal that we'd be more than happy to talk to anyone about.

John Clymer: Okay, excellent. Excellent. Yeah, I'm glad you mentioned ICSI: the Institute for Clinical Systems Improvement. And their website is www.ICSI.org. That's a terrific organization that has excellent resources on its website, and they're led, coincidentally, by a former ASTHO member and leader Sandy Magnum.

Dr. Twomey, any closing comments you'd like to make?

Dr. Patrick Twomey: I just want to mention that I am the lucky guy that gets to talk about our performance. There are dozens if not hundreds of people that have done all the work to get us there, and so I can't thank them all but I at least want to thank Cindy Ferrara who's been my right-hand person in getting prepared for this campaign and is one of our system quality employees that does a tremendous amount of work to get us to a better place.

John Clymer: Absolutely. That's great. Well thank you so much for sharing your information, your experience and your success story with us today. We appreciate it and wish you continued success.

Dr. Patrick Twomey: All right. Thanks John.

John Clymer: All right. Thank you Dr. Twomey.

Dr. Patrick Twomey: Bye-bye.

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