

*Laura Gordon:* Dr. Regina Benjamin, the 18th Surgeon General of the United States, who will interview Patricia Dyer. Patricia is COO of the 2018 Million Hearts Hypertension Control Champion: Mountain People's Health Councils.

*John Clymer:* And now, it's my honor and my pleasure to introduce our next interviewer, who is Dr. Regina Benjamin, whom you probably know as the 18th Surgeon General of the United States. You may know, as well, that she's the founder and the CEO of BayouClinic in Bayou la Batre, Alabama. And, for me to go through the list of all of the honors and accolades that Dr. Benjamin has earned in her career would take us all the way up to the top of the hour, maybe even past it. So, I would certainly commend her bio sketch to your attention.

But I do want to call out, in particular, one honor which is really extraordinary. And that is that Dr. Benjamin received a MacArthur Genius Fusion before she became, or before she was named Surgeon General. That's really an exceptional award for someone who is innovating in a way that makes a big difference in society and people's lives and making the world a better place.

So, we honor Dr. Benjamin. She honors us by her involvement today. And, without further ado, I want to pass the microphone to Surgeon General Benjamin.

*Regina Benjamin:* Thank you, John, and hello, everyone. It's really a great topic, and one that's near and dear to my heart.

I have the real pleasure of interviewing a wonderful, dynamic nurse, Patricia Dyer, who is the Nurse Administrator Chief Operating Officer at Mountain People's Health Council. And Trish, you guys won or were named a Million Hearts Hypertension Control Champion, and you should be very, very proud of that. So, we're gonna kinda go through, similar to what John did in the last segment, kind of start by telling us something about the organization.

*Patricia Dyer:* Okay. We are located in East Tennessee, along the Kentucky border. We have five clinics in our small county here. We are an FQHC. We deliver primary care to the community here. We were established in 1974, so we've been here quite a few years.

The population of the county is near 22,000, and we see close to 11,000 patients a year. So, we literally see half the county. So, we

feel like we really have—you know, we try to make an impact on community health here.

*Regina Benjamin:* That's great, and I'm sure they're very fortunate to have you there. You won because you significantly increased blood pressure control in the patient population. What were your rates in the beginning and what are they now?

*Patricia Dyer:* Well, in 2015—I came to the organization in 2014, and being a heart nurse, of course, you know the Million Hearts program was of high interest to me. And, in 2015, when we started to push that out, we were at a level of 74 percent.

*Regina Benjamin:* And then you increased it to what?

*Patricia Dyer:* We are currently, for the 2018 UDS numbers, we are at a little over 90 percent, so we're really proud of that.

*Regina Benjamin:* That is great. That's a significant improvement. And I assume we can probably say how many lives we're saving because of that and how much morbidity. You know, I'm in a small town as well, and in small towns, we tend to be small communities and everybody.

Was there anything that kinda prompted you to start this or anything like that in your town?

*Patricia Dyer:* Well, actually, we were already looking at it. And about the time that we were attempting to implement, we did have a tragedy that happened in our community. We had a youth leader, a soccer coach in our town in his late 40s pass away of a widow maker heart attack. It was a sad event, but it did kind of bring the dangers of heart disease to the forefront. And, at a time when we were trying to educate our community and get them on board with controlling blood pressure and how important it is to lowering risk of stroke and heart attack, that helped to really put in the mind. It gave them a personal story and a face to go with the dangers of hypertension.

*Regina Benjamin:* Wow. And you went from 74 percent to 90, and that's really good, but what did you do to do that? How did you do it?

*Patricia Dyer:* Well, like the ladies that spoke before us, you know, we used a lot of the same techniques. You know, we had the algorithm that we used, proper technique in taking the blood pressures, the team based approach. We are a patient centered medical home, and we do use the team based approach. We utilized case managers. We

also have our behavioral health team that talks about stress control on top of diet and medication and all of the regular things that other places do.

But the one thing that we did that was a little bit different, you know, other than the personal connection was transparency of data. And we started doing, at the team level, reports of how your individual performance was that month. And we did leave those open, because providers tend to be very high achievers—as you know, because you are one. And we tried to look at that and that healthy competitiveness, and I think the transparency of data and the drill down that we give to them, the patients that actually filled it out gave us a little better follow up.

*Regina Benjamin:* So, did you give them their own data plus others, or did everyone see the data?

*Patricia Dyer:* Everyone saw the data. Everyone saw the numbers, the actual percentage rates—you know, how many patients they saw, how many patient were in control that month. And then the drill down is sent out privately so that they have a list of their own patients, the patients they see every day, and they can see who fell out that month and who needs a little extra work.

*Regina Benjamin:* Were the nurses involved much, you know, doing the call back, having the patients come and get their blood pressure checked, any of that as well?

*Patricia Dyer:* Oh, yes—of course. It was team based, so it was the provider and the nurses, case manager, behavioral health staff that worked with that team. And a lot of times, what we'll do, if we have someone fall out, is call that person back for a blood pressure re-check with the nurse so that we can look at that, maybe do some medication changes. You know, put it into a time frame. You know, they may have had the flu the last time they were in, and of course their blood pressure was a little high, and they may be more stabilized in two weeks.

So, you know, we try to do those re-checks and the nurses call them in and work with those patients and involve the provider as needed.

*Regina Benjamin:* You know, if I were to talk to any other FQHC, they would probably say, “Well, we're doing the same thing. We're doing these sorts of things.” But in addition to giving that data and making it transparent, is there anything else that you think that other FQs and

other, especially rural community offices and clinical settings could do to improve these rates?

*Patricia Dyer:* Well, I think it's a matter of buy-in. And I think—and you have to realize, it's not just your public buy-in, it's your provider buy-in, it's your nurse team buy-in. It's your own staff. We kind of start that flow.

So, I think it's a matter of finding a way to connect it to them personally. You know, for us, it was the tragic story of the loss of the soccer coach, but for another community, it may be something else. And, you know, the transparency of the data—again, it goes back to making it personal, making it faces that you know. Making it mean something and that every number is a person, is a family that's touched.

So, I think, you know, just setting it on that personal level and competitiveness with that, I think you can get a good mix.

*Regina Benjamin:* So, it sounds like, to me, that it's leadership and strong leadership. And what you've described, your definitely a strong leader, and we may need to invest in making sure we have other strong leaders in these positions who can take on and do this type of leadership. So, I'm very proud of what you've done, and I'm sure your community is, too, so thank you so much.

*Patricia Dyer:* Oh—thank you so much, Dr. Benjamin.

*Regina Benjamin:* John, I'll turn it back over to you.

*John Clymer:* Alright! Well, thank you very much, both Dr. Benjamin and Trish. That was great, learned a lot—another really exciting success story, and it sounds like you achieved success with strategies that other clinics can apply, too. So, that's especially exciting.