



CARDI•OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Cardi-OH ECHO Reducing the Burden of Hypertension

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Disclosure Statements



The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Brian Bachelder, MD received funds for his role as Physician Advisor at VaxCare.
- Siran M. Koroukian, PhD received grant funds for her role as a subcontractor on a study funded by Celgene.
- Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding and travel support for his role as a consultant, researcher, and presenter for Abbott Nutrition, and is also a member of the Scientific Advisory Council of Viocare, Inc.
- Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

Hypertension management and shared decision making/team-based approaches



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Objectives

- 1) Define “shared decision making” and its key features.
- 2) Describe how social determinants of health can be assessed and incorporated into treatment decisions in busy clinical settings.
- 3) Describe a minimum of 2 models of team-based care for treatment of hypertension.

What is shared decision making?



- Shared decision making occurs when a health care provider and a patient work together to make a health care decision that is best for the patient. The optimal decision takes into account evidence-based information about available options, the provider's knowledge and experience, and the patient's values and preferences.

AHRQ SHARE APPROACH



- **Step 1: Seek your patient's participation**
- **Communicate that a choice exists and invite your patient to be involved in decisions.**

“Harold, so we’ve got a few choices here such as adding another medication or working more on lifestyle choices. Would you like to discuss these options in more detail?”

Step 2: Help your patient explore and compare treatment options



- **Discuss the benefits and harms of each option.**
 - “So, I could add a medication called a calcium channel blocker. You may experience some leg swelling. You could work for a bit longer on your diet, but it may be harder to get your blood pressure under control that way.”

Step 3: Assess your patient's values and preferences



- Find out what matters to the patient.
- “Tell me what matters to you, and what your concerns might be with each of the options.”

Step 4: Reach a decision with your patient



- “Tell me what you’re thinking. Do you need more information? Would you like to think about it further? Or, let me see if I understand your decision.”

Step 5: Evaluate your patient's decision



- Re-assess impact of decision.

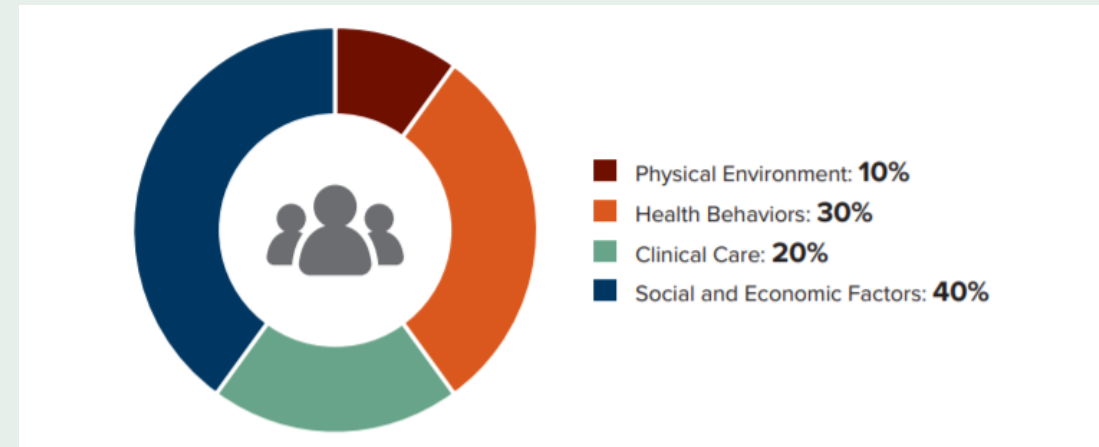
Incorporating social determinants of health



The World Health Organization (WHO) defines social determinants of health as follows:

“the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

Incorporating social determinants of health



Incorporating social determinants of health

- Screening tools:
- https://www.chcs.org/media/AccessHealth-Social-Determinant-Screening_102517.pdf
- “Talk me through your day yesterday.”
- “How did you get here today?”
- “Tell me about your family?”
- “If you were to look for a job, how would you go about it?”
- “If you needed to look after a sick relative in another city (e.g. Los Angeles), how would you get there?”

Why and how?

- Insights into social determinants can help guide care.
- Demonstrates empathy and builds trust.

Team-Based Care



- **What Does a Team-Based Patient Visit Look Like?**
- The nurse or medical assistant manages the first component of the visit, including updating the medical record, closing care gaps, and obtaining an initial history.
- When the physician joins the appointment, the nurse, medical assistant, or documentation specialist helps document the visit. When the physician portion of the visit is complete, he or she can review the notes, make any modifications, and sign the note. The physician is then ready to transition to the next patient's room while the other team members remain with the first patient.
- The team member then emphasizes the plan of care with the patient and conducts motivational interviewing and education as appropriate. Use the 'teach back' method ensures patient understanding. The nurses and/or medical assistants become more knowledgeable about the treatment plan, can more effectively coordinate care between visits, and develop closer independent relationships with patients and their families.

Team-Based Care

- Effective
- Pharmacists are often members of the team
- Clinical inertia
- “Unburdening”
- Patient empowerment



Stories from the Field
Team-Based Care



Team-Based Care at WinMed Health Services

WinMed Health Services, an FQHC in Cincinnati, Ohio, is a 2014 Million Hearts®

Hypertension Control Champion that successfully incorporated team-based care to help achieve hypertension control among its patients. To ensure a continuum of complete patient care, WinMed's care teams include physicians, pharmacists, and behavioral and dental professionals. WinMed focuses on increasing health care providers' expertise and skills, providing opportunities for patient education, ensuring that patient care is team-based, and using registry-based information systems. The WinMed care teams use electronic health records to increase proper communication between patients and the different providers. By improving community ties and patient education, encouraging greater patient engagement, and adding pharmacists and patient assistants to the health care team, WinMed achieved a 7% increase in hypertension control among its patients from 2013 to 2014.

Examples from Million Hearts



https://millionhearts.hhs.gov/files/HTN_Control_Champ_Med_Adherence-508.pdf

Thank you!

Questions/Discussion