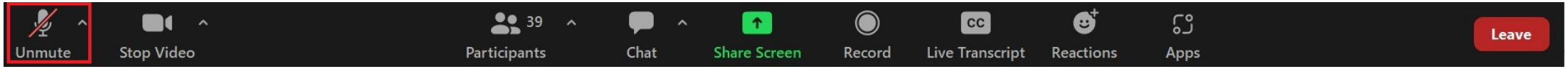
HEART HEALTHY OHIO INITIATIVE

HHOI Webinar #3 (Wave 2 Sites)

March 10th, 2023

Welcome and Logistics

- Welcome
- Please mute yourself when not talking
- Turn on video (if able)
- Chat in your name, organization, and role



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Agenda

Time	Item	Presenter
12:00 PM	Welcome and Logistics	Stephanie Kanuch, MEd
12:04 PM	Review Key Driver Diagram and SMART AIM	Aleece Caron, PhD
12:05 PM	HHOI Dashboard Data	Jordan Fiegl, MS
12:15 PM	Teams in Action	QI coaches QIP clinics Aleece Caron, PhD
12:25 PM	Lifestyle	Chris Taylor, PhD, RD, LD, FAND
12:40 PM	Telling Your QI Story & Planning for Sustainability	Aleece Caron, PhD
12:55 PM	Next Steps/Wrap Up	Stephanie Kanuch, MEd

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Select Project Team Members

Case Western Reserve University at The MetroHealth System

PI: Shari Bolen, MD, MPH

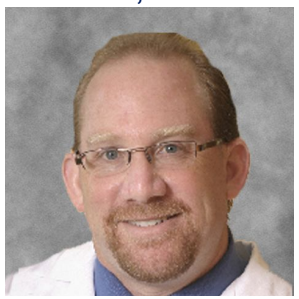
PI: Aleece Caron, PhD

University of Cincinnati

PI: Saundra Regan, PhD

The Ohio State University

PI: Randy Wexler, MD, MPH

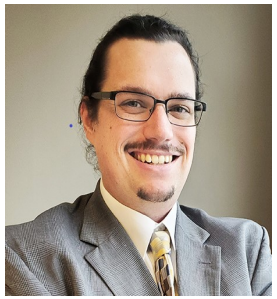


co-I: Chris Taylor, PhD, RD, LD, FAND

Quality Improvement Coaches

Caroline Carter, MS, LSW, BCC

Marty Williams, MHSA



Data Scientist

Jordan Fiegl, MS

Case Western Reserve University Project Management Leads

Stephanie Kanuch, MEd

Cathy Sullivan, MS, RD

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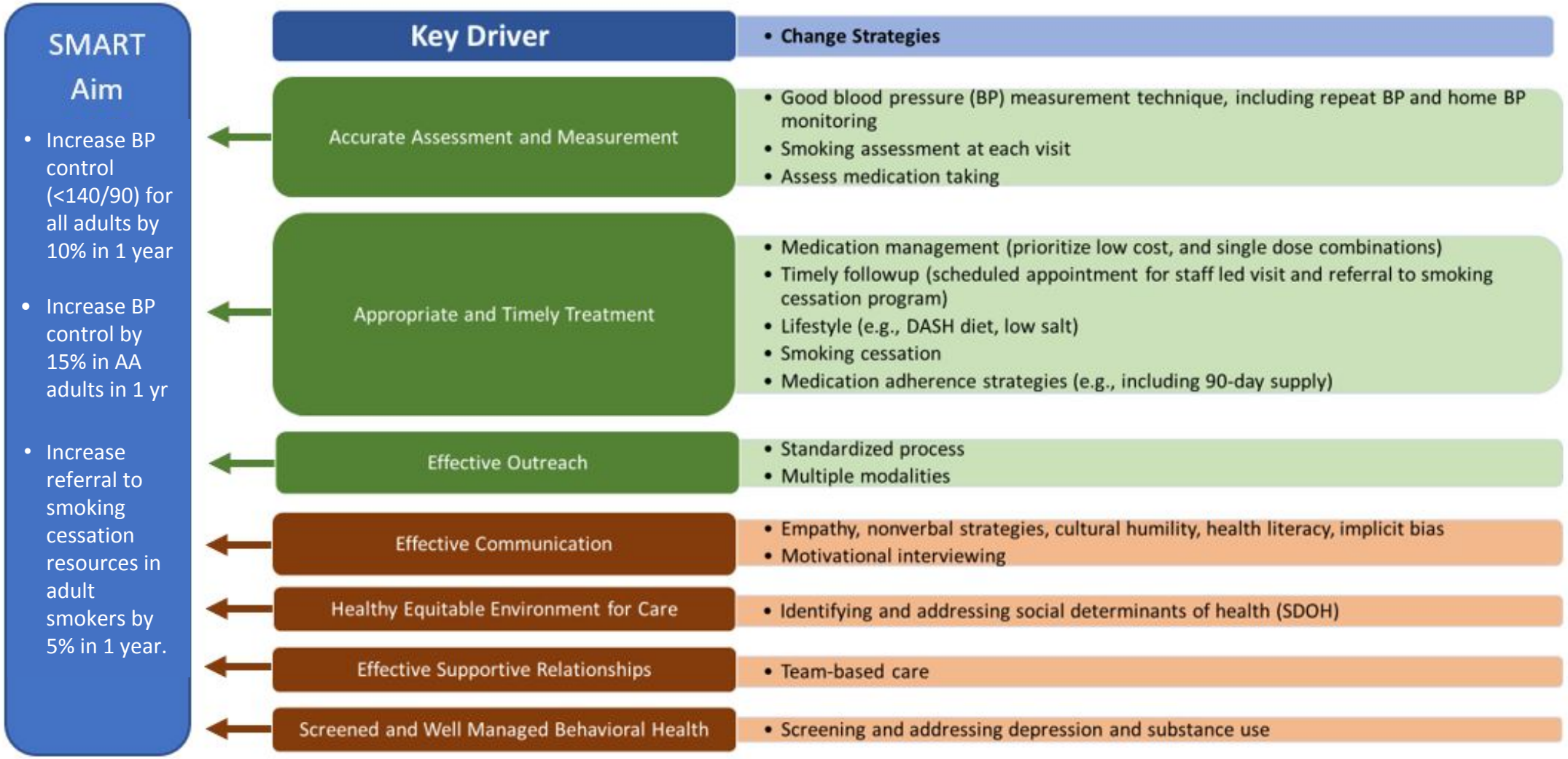
Key Driver Diagram and SMART AIM



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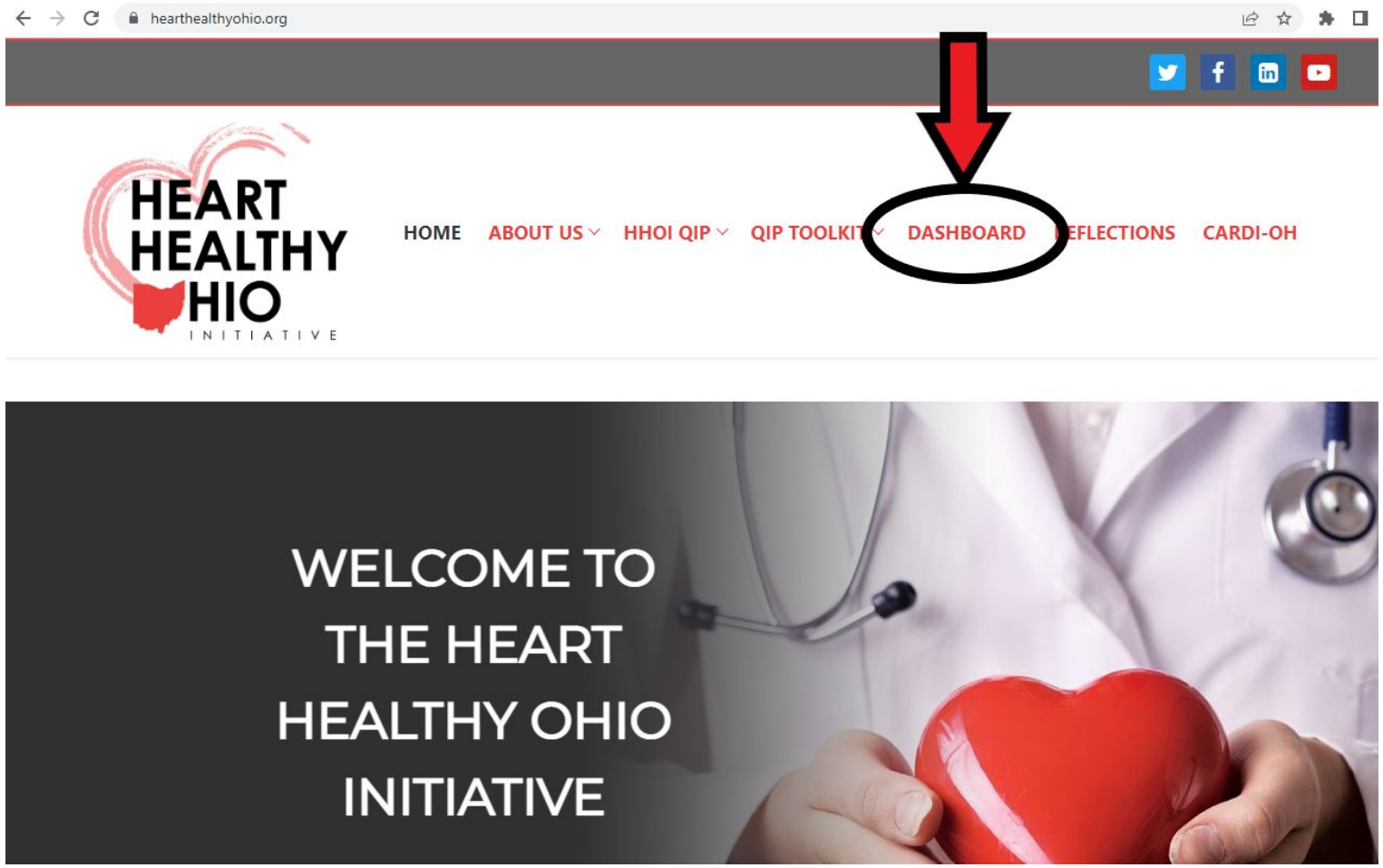
HHOI Data Dashboard

Jordan Fiegl, MS

Logistics of accessing your data

- Website: https://hearthealthyohio.org/



Logistics of accessing your data

- If you do not see your practice in the slides, there are several possible reasons for this:
  - Still waiting on initial submissions
  - Baseline data has been received, but waiting on subsequent submissions
  - Processing complications on our side

- Please reach out to us through email if you are unsure of which reason you are not seeing your practice!

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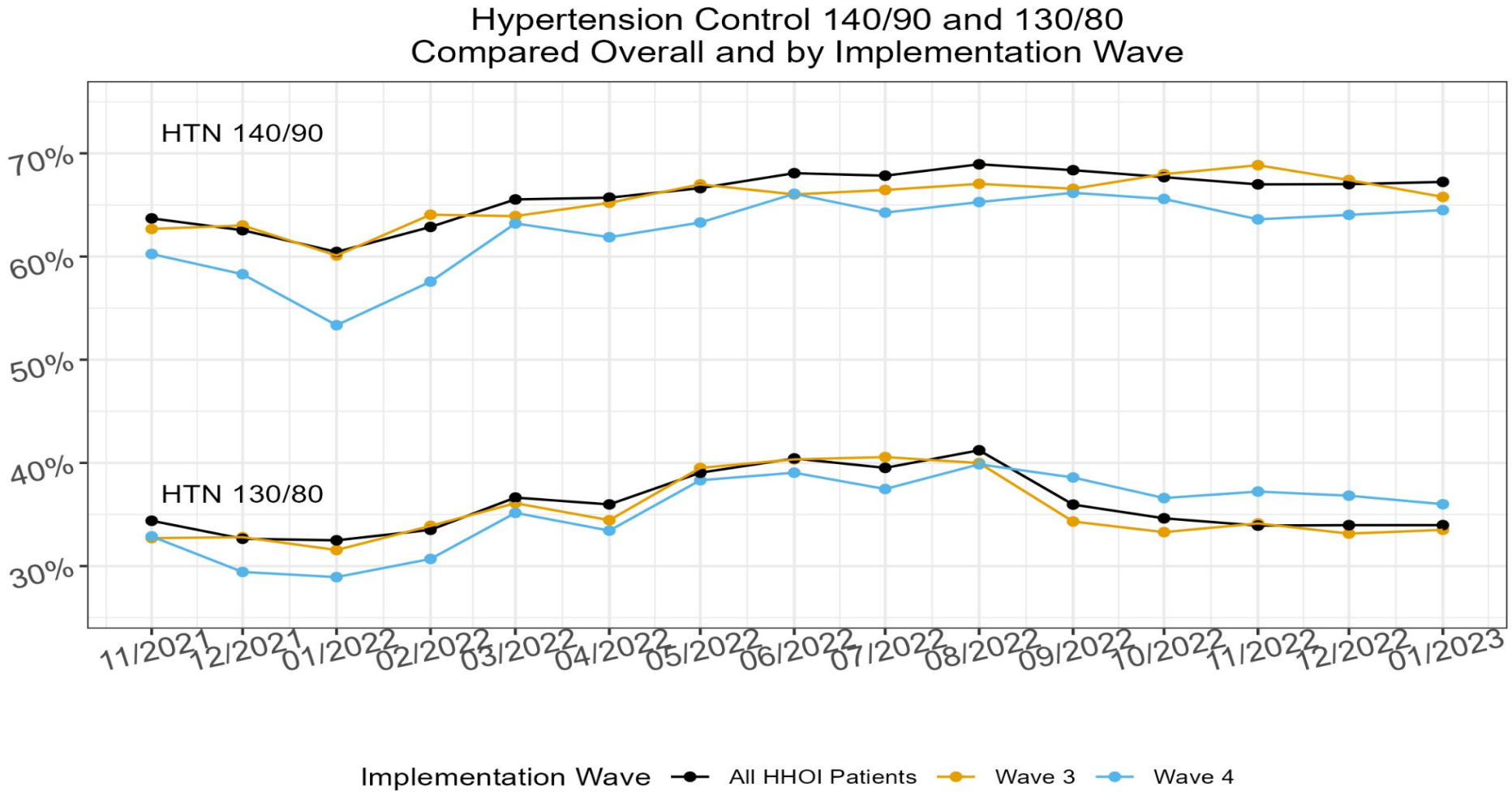
Percent of hypertensive adults under BP control by BP level



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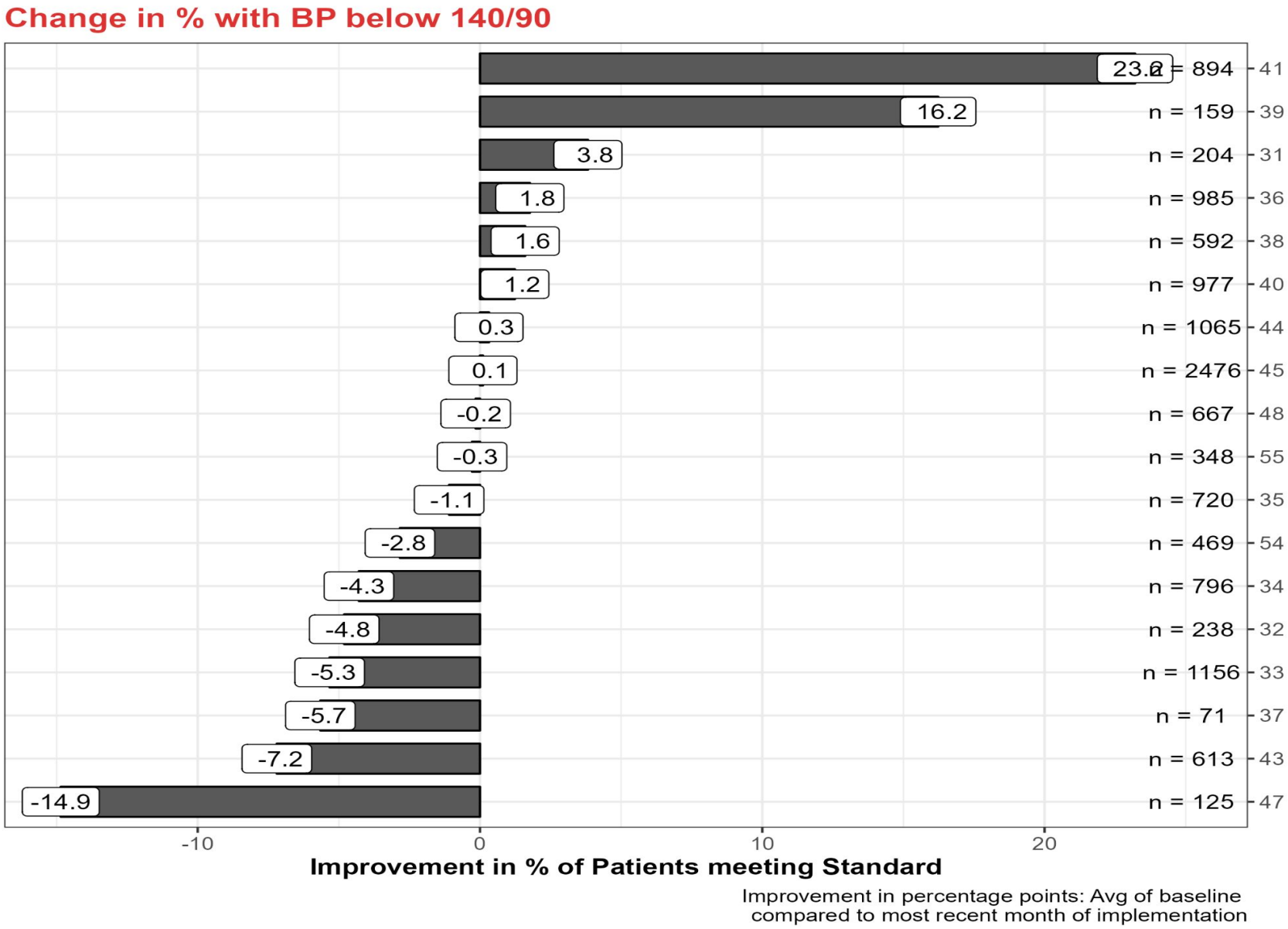
Improvement in BP Control by Site



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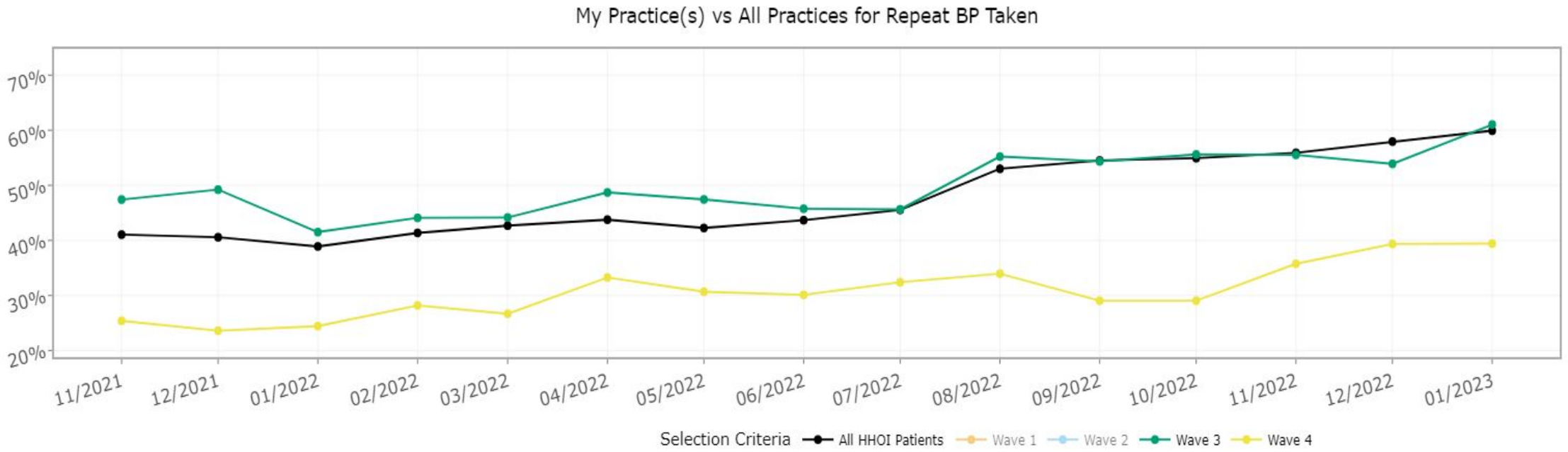
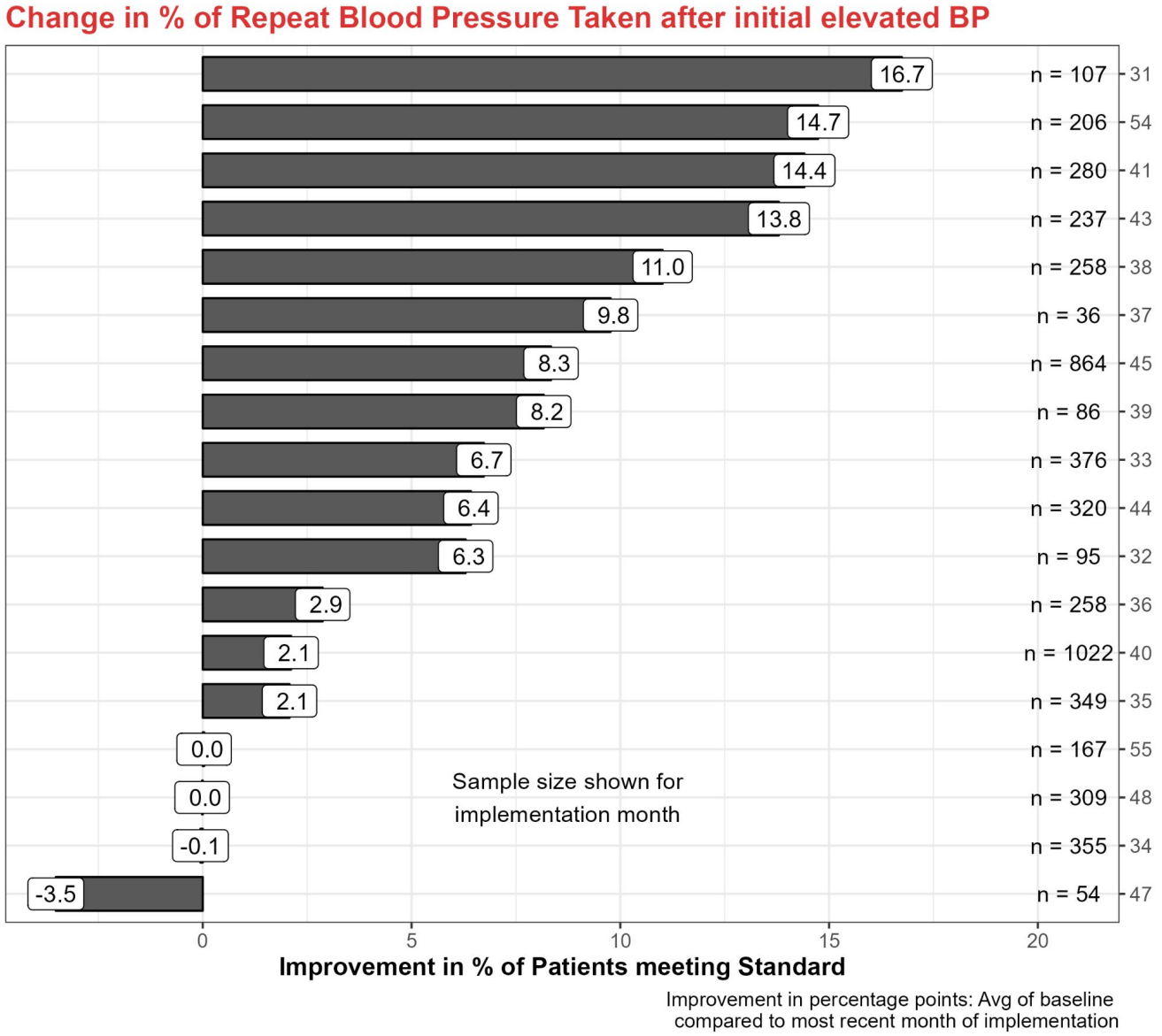
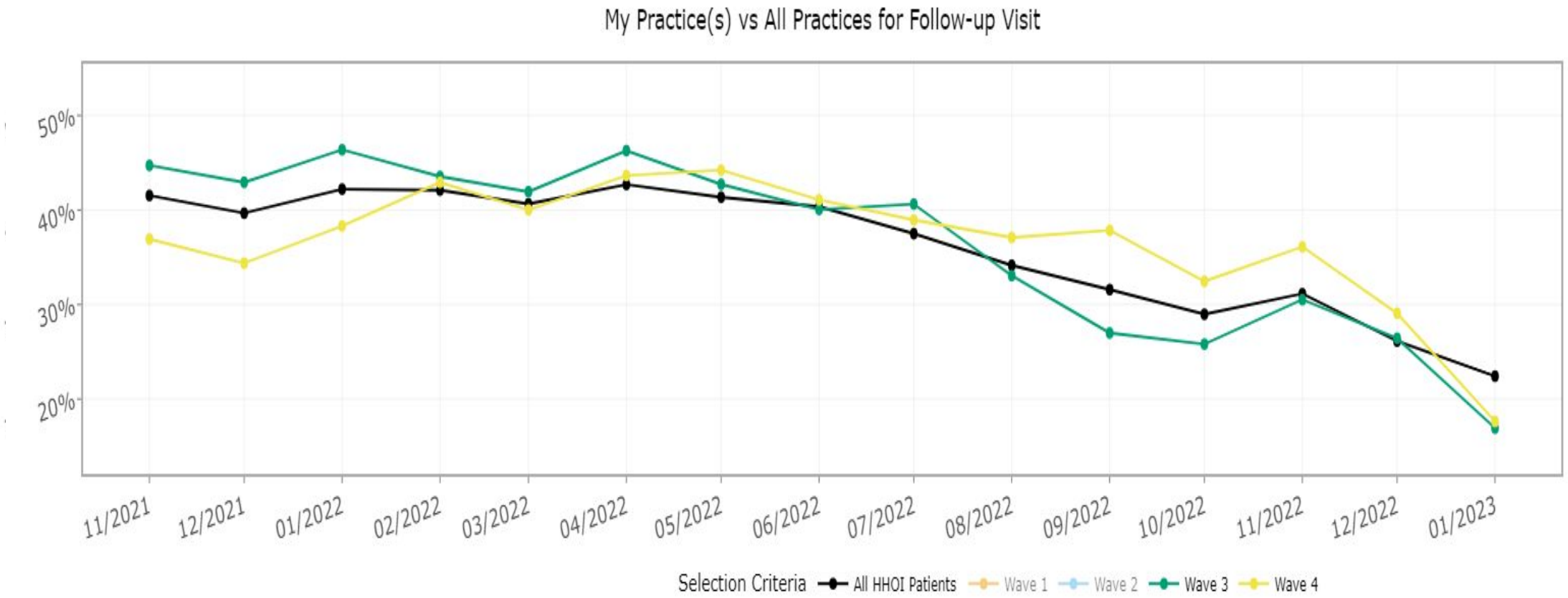
Percent of hypertensive adults with repeat BP if 1st BP elevated



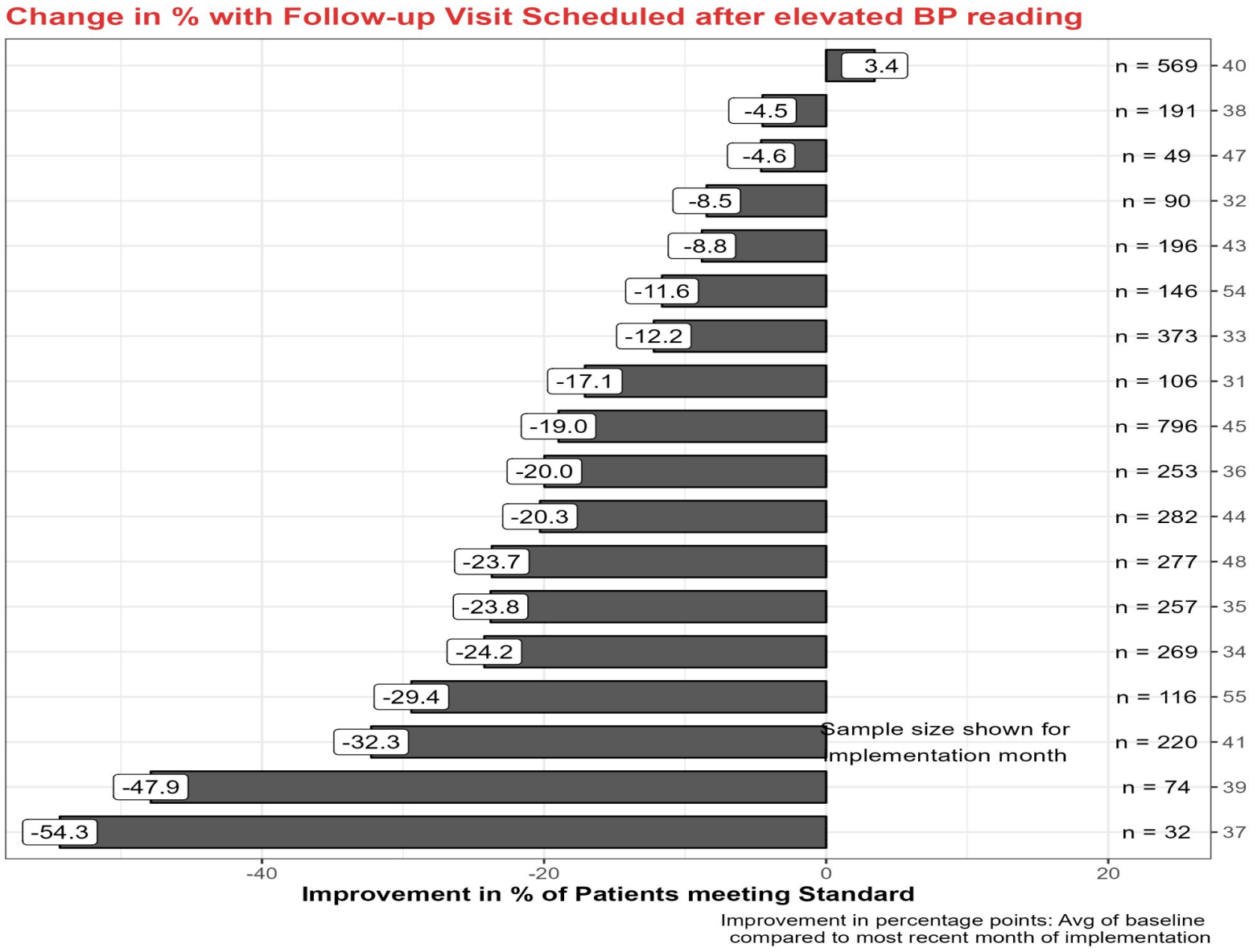
Improvements in Repeat BP by Site



Percent of hypertensive adults with scheduled follow-up within 1 month



Improvements in Timely Follow-Up by Site



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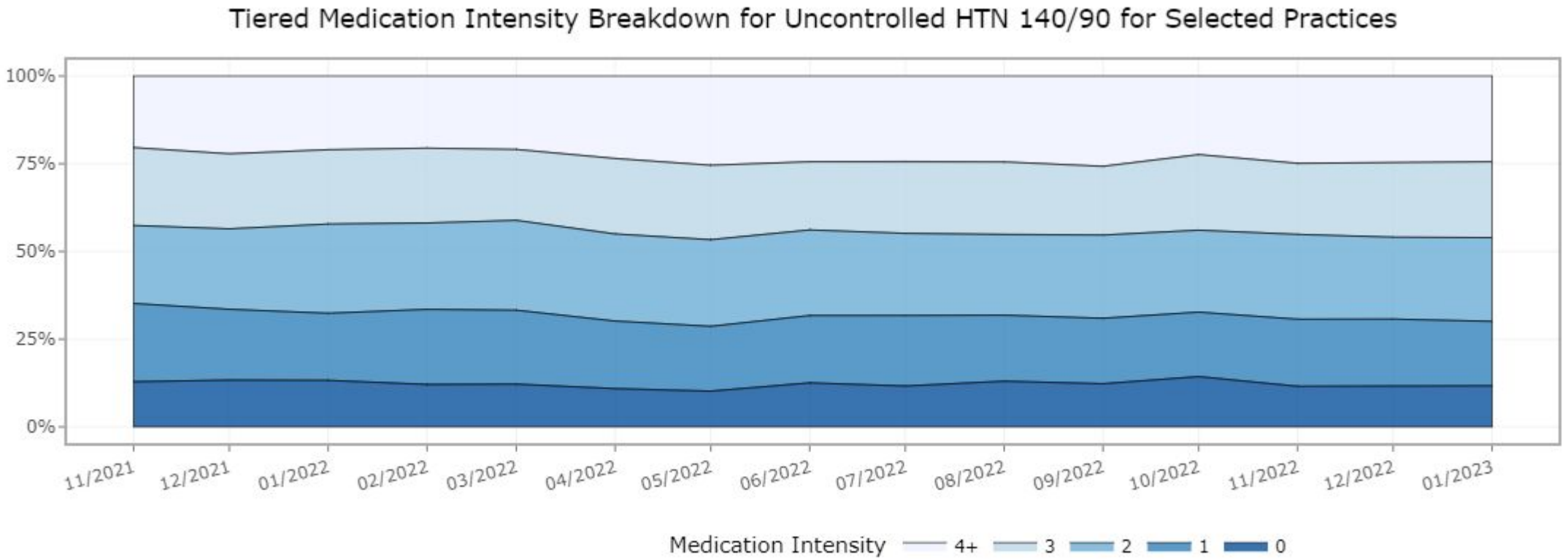
Percent of hypertensive adults with elevated BP on specific numbers of medications



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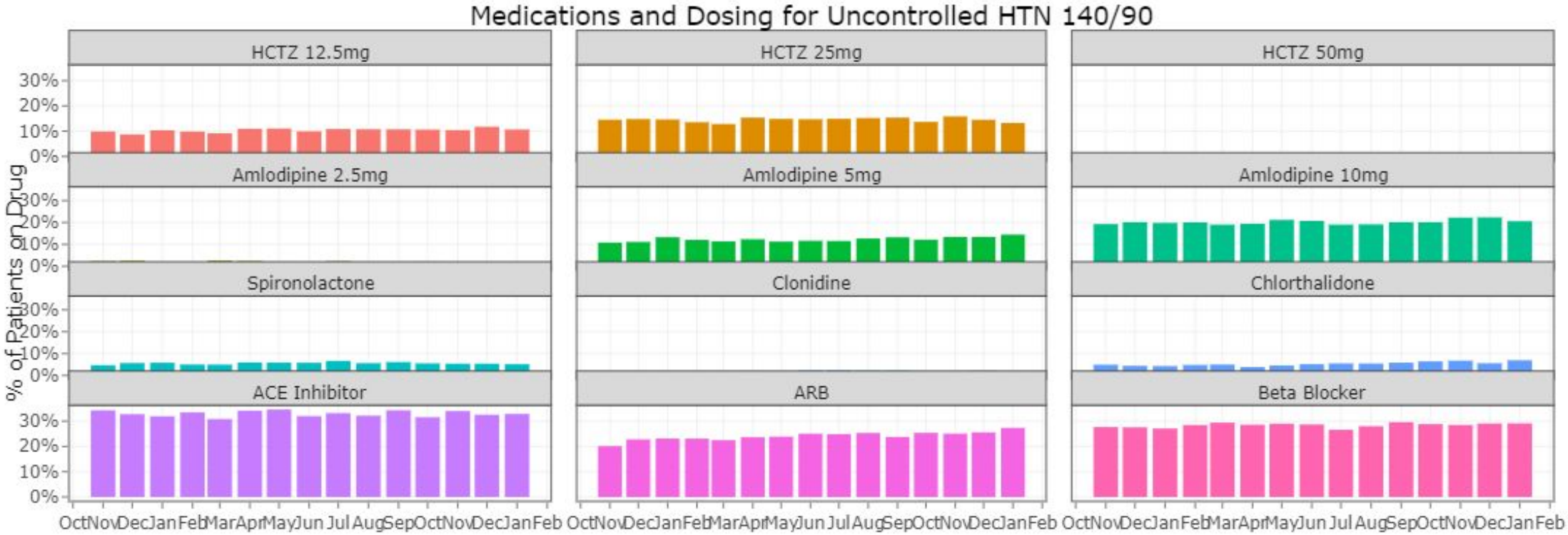
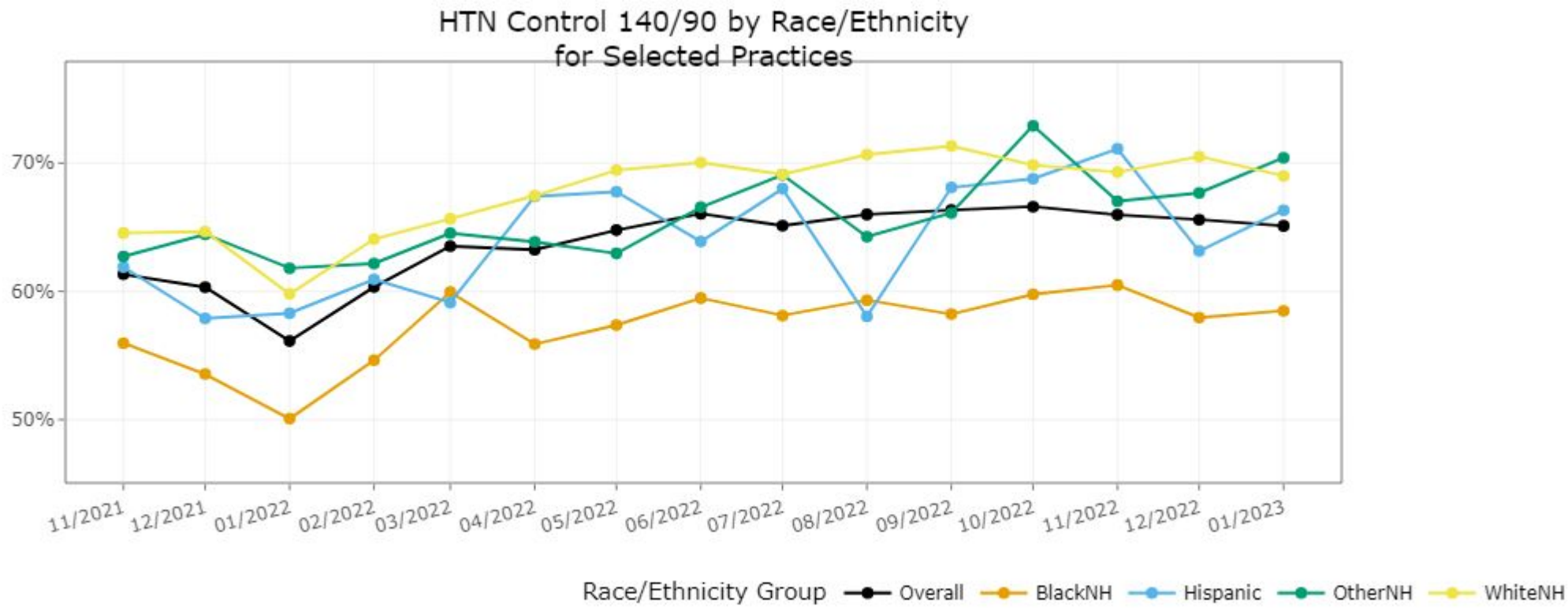
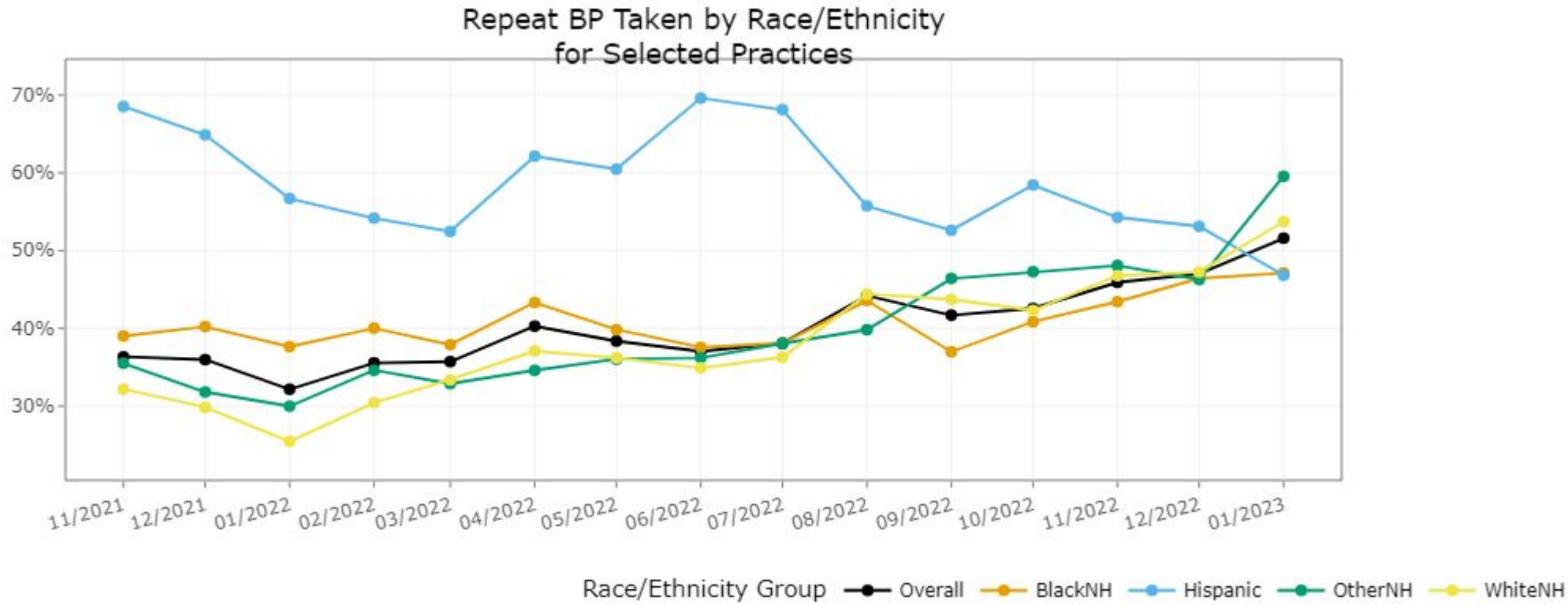
Percent of hypertensive adults with elevated BP on specific medications



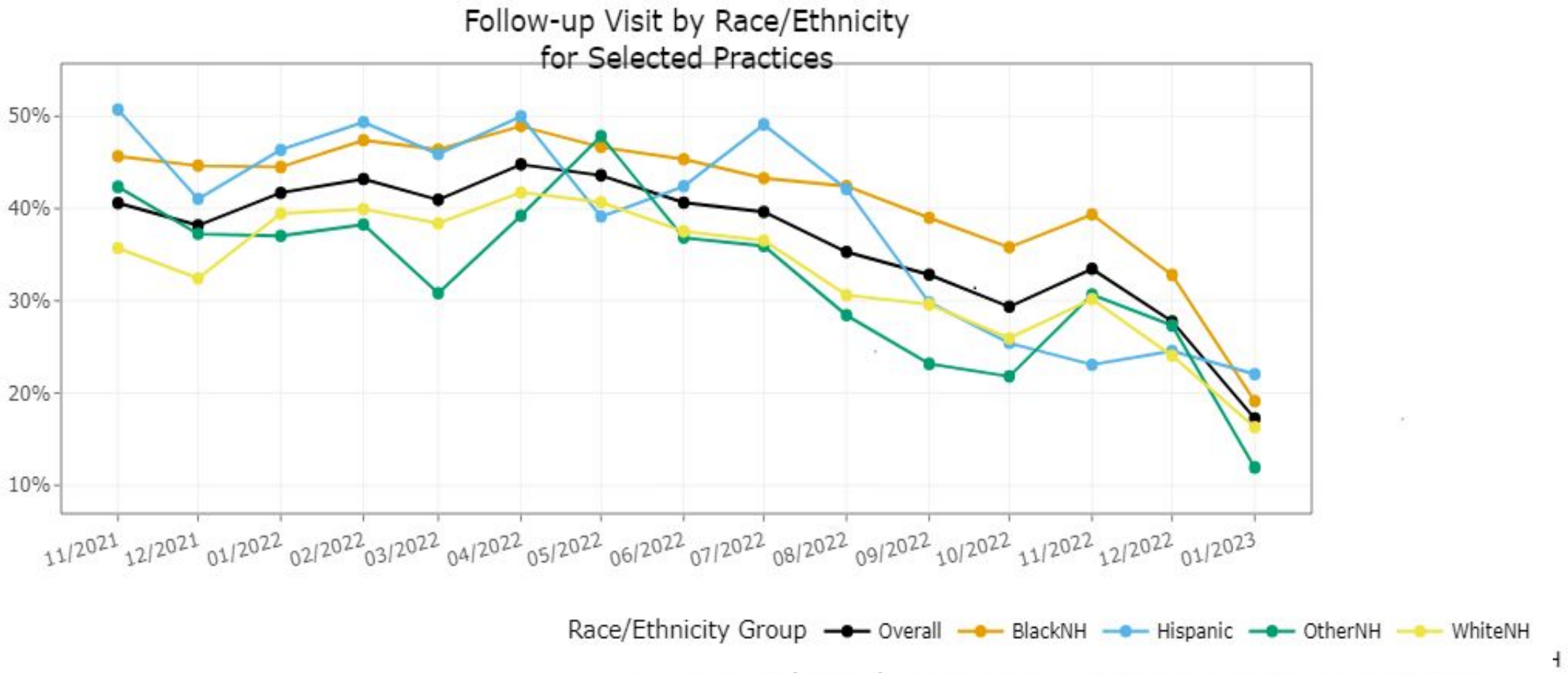
BP control by race and ethnicity



Repeat BP by race/ethnicity



Timely Follow-Up by Race/Ethnicity



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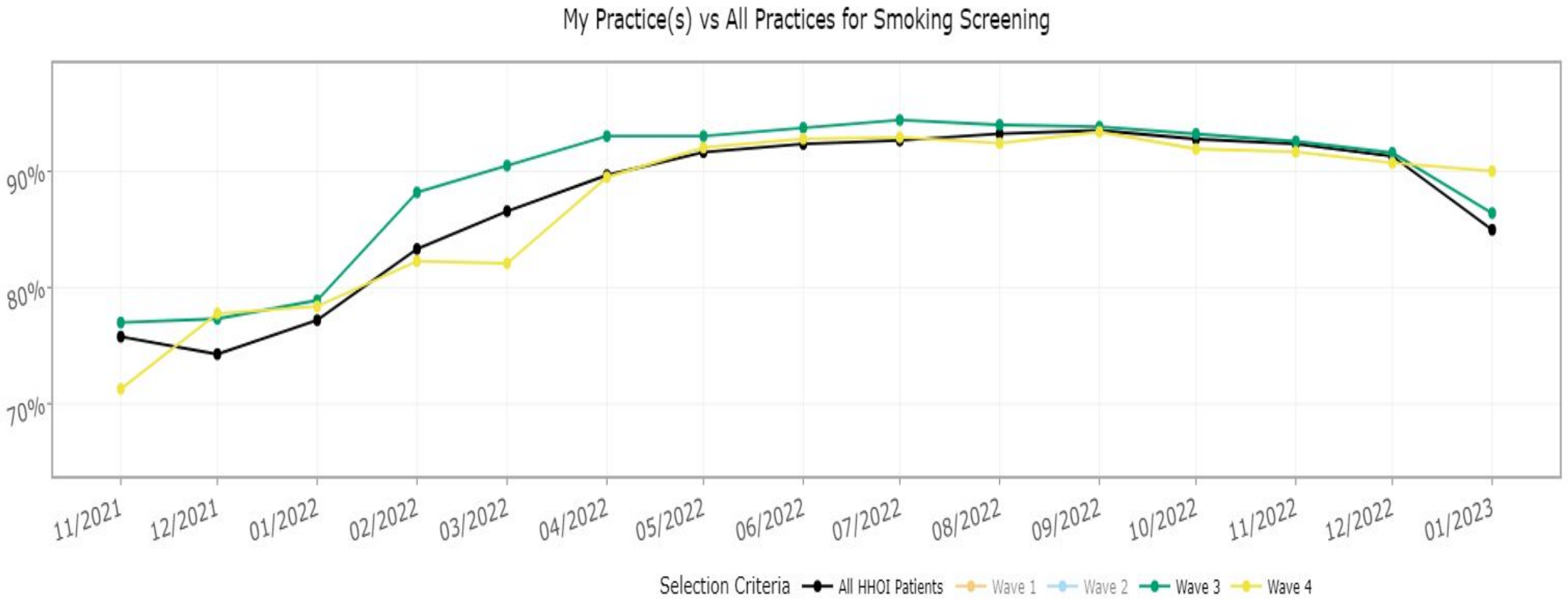
Percent of adults assessed for smoking in the last year



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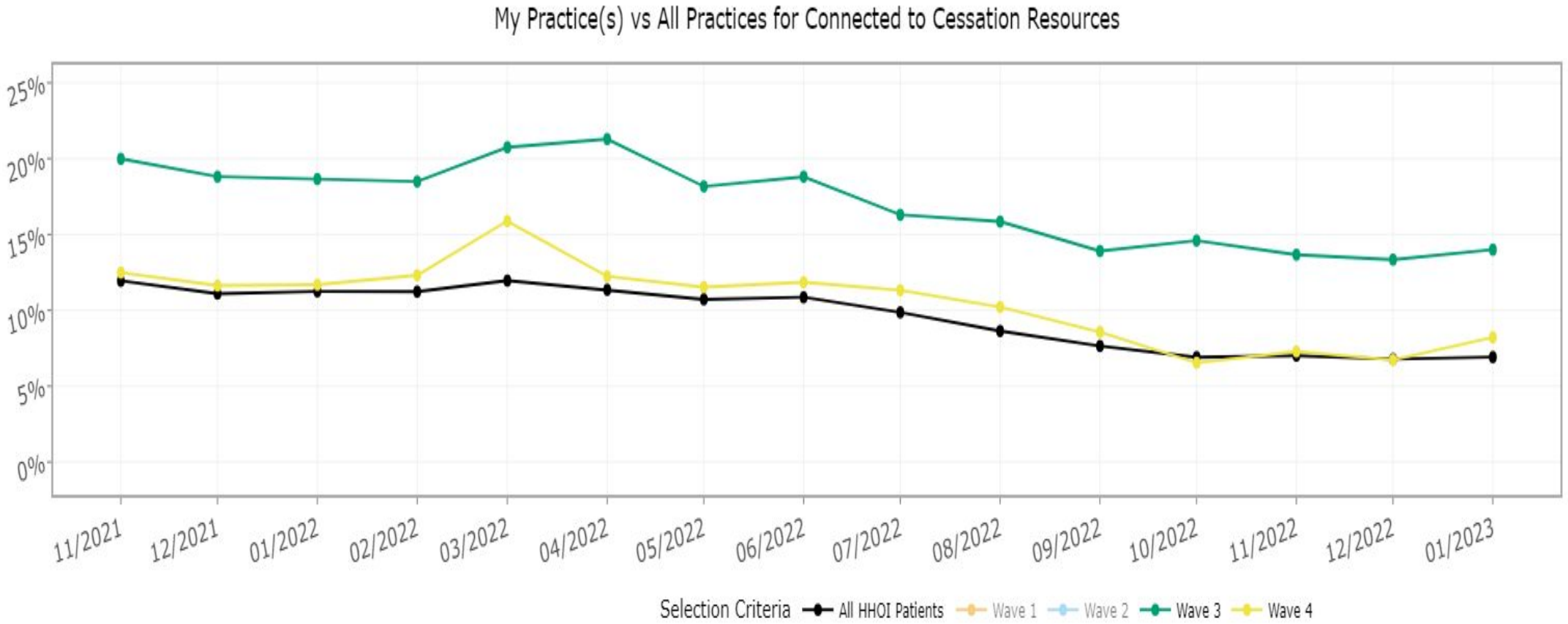
Percent of patient smokers advised to quit



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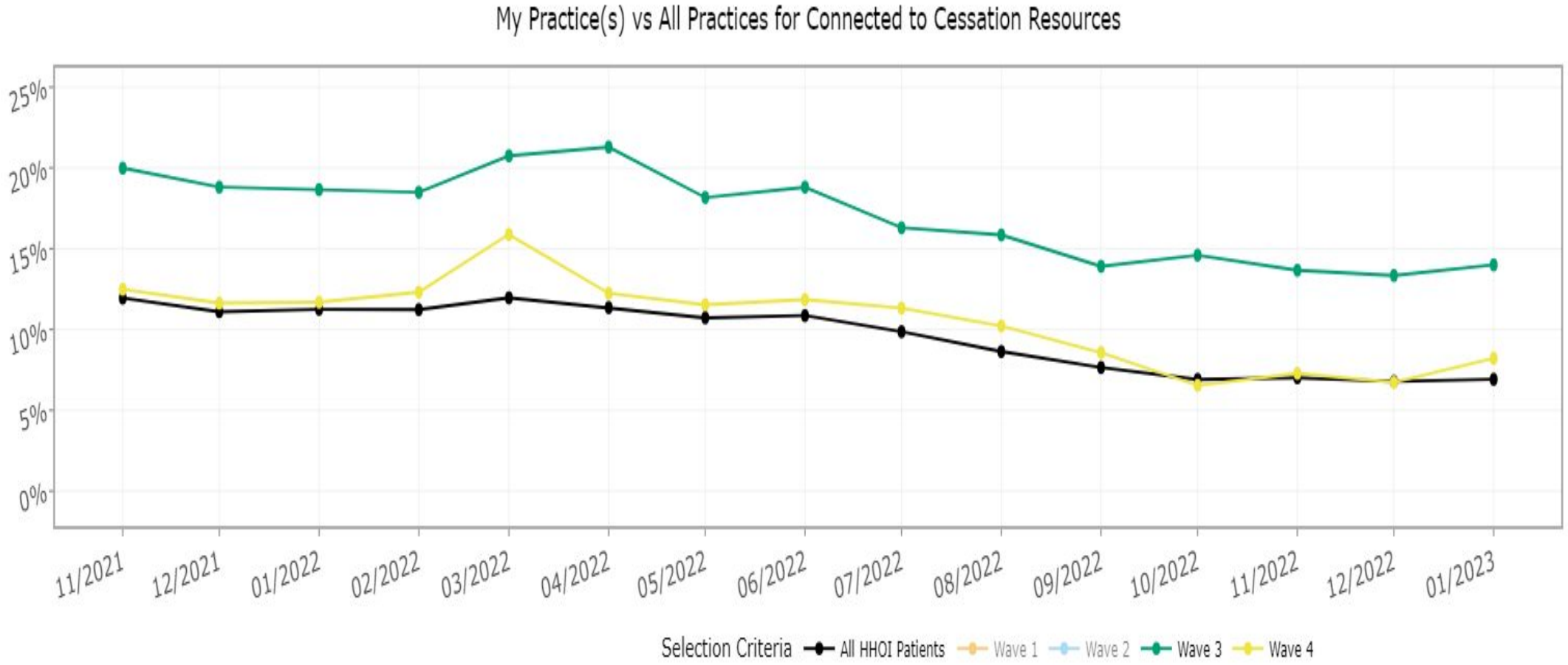
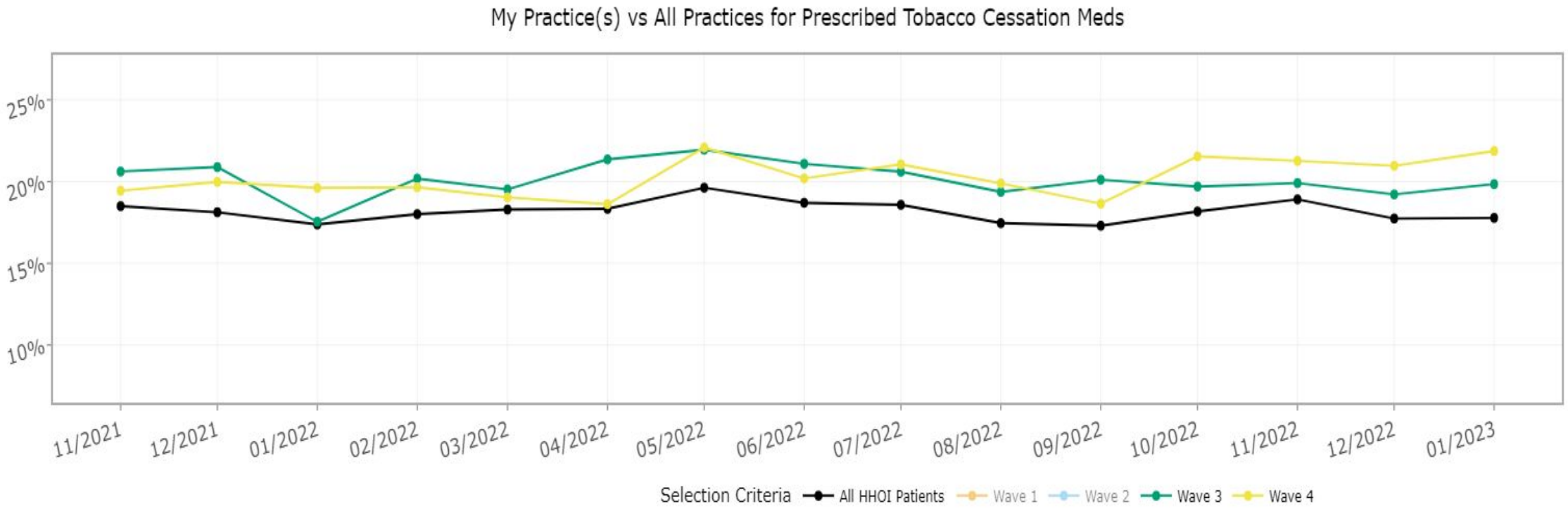
Percent of smokers connected to resources for smoking cessation



Percent of smokers prescribed a smoking cessation medication in the last year



Summary

- Noticing some initial improvements and then maybe slight decline in recent BP control which differ by site
- Disparity gap in BP control remains, and no gap in repeat BP and timely follow-up
- Continued opportunities around accurate BP measurement, timely follow-up, medication intensification, and connection to smoking cessation resources
- Continue to review overall and disparity data for your site as you continue to work with your coach

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Teams in Action

Update on Lifestyle Changes for Blood Pressure Control

Chris Taylor, PhD, RD, LD

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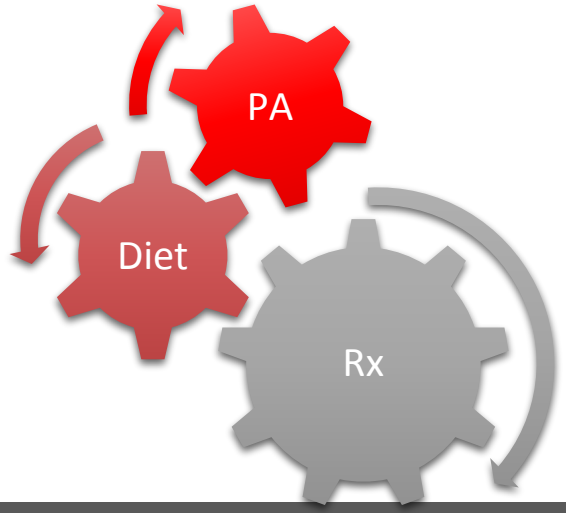
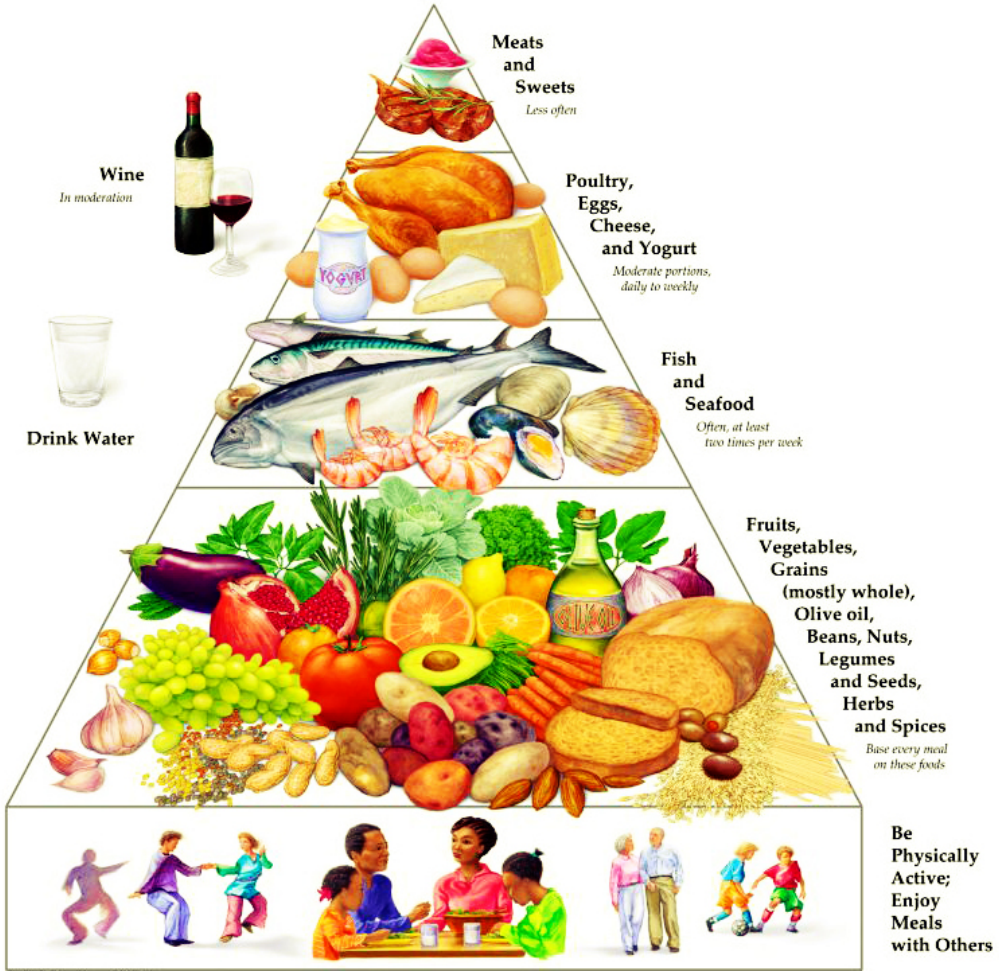
Facilitating Outcomes in Hypertension

- Lifestyle behavior modification
  - Physical activity
  - Dietary patterns
- Pharmacologic treatment



Dietary Patterns



The DASH Eating Plan

The DASH eating plan shown below is based on **2,000 calories a day.** The number of daily servings in a food group may vary from those listed, depending upon your caloric needs.

Food Group	Daily Servings (Except as Noted)	Serving Sizes
Grains and grain products	7–8	1 slice bread 1 cup ready-to-eat cereal* 1/2 cup cooked rice, pasta, or cereal
Vegetables	4–5	1 cup raw leafy vegetable 1/2 cup cooked vegetable 6 ounces vegetable juice
Fruits	4–5	1 medium fruit 1/4 cup dried fruit 1/2 cup fresh, frozen, or canned fruit 6 ounces fruit juice
Lowfat or fat free dairy foods	2–3	8 ounces milk 1 cup yogurt 1 1/2 ounces cheese
Lean meats, poultry, and fish	2 or fewer	3 ounces cooked lean meat, skinless poultry, or fish
Nuts, seeds, and dry beans	4–5 per week	1/3 cup or 1 1/2 ounces nuts 1 tablespoon or 1/2 ounce seeds 1/2 cup cooked dry beans
Fats and oils†	2–3	1 teaspoon soft margarine 1 tablespoon lowfat mayonnaise 2 tablespoons light salad dressing 1 teaspoon vegetable oil
Sweets	5 per week	1 tablespoon sugar 1 tablespoon jelly or jam 1/2 ounce jelly beans 8 ounces lemonade

* Serving sizes vary between 1/2 cup and 1 1/4 cups. Check the product's nutrition label.

† Fat content changes serving counts for fats and oils: For example, 1 tablespoon of regular salad dressing equals 1 serving, 1 tablespoon of lowfat salad dressing equals 1/2 serving, and 1 tablespoon of fat free salad dressing equals 0 servings.

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The Underlying Story

- General consistency across each of the different recommendations:
  - Fruits
  - Vegetables
  - Whole grains
  - Healthy fats (unsaturated)
  - Lean and plant sources of protein
  - Limit added fats and sugars

- Common Guidelines used:
  - US Dietary Guidelines
  - MyPlate Eating Plan
  - DASH Dietary Pattern
  - Mediterranean Diet Plan

"Plant-based diet"

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Implementation in Primary Care

- Rx for fruits and vegetables –need strategies to address access

- Coverage of lifestyle behaviors
  - PCP delivered
  - Referrals
    - Find an RD registry at eatright.org
    - Foster communication

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Making an Impact in Primary Care

- Identify patients with HTN in Primary Care
- PCP referral to Registered Dietitian (RD) for counseling
  - Grocery Store RD
- Received 3 visits of personalized counseling
- RD clinical notes shared back to PCP
- Significant improvement in diet quality
- PCP encouragement reported as pivotal for patient activation

Watowicz. JNEB 2019:51(2);129-137.

Making the Case in Primary Care

- QI result: <10% of one year of referrals to Registered Dietitians (RD) were directly for cardiovascular disease
- Not all offices have access to staff RD
  - Opportunity for use of Care Management dollars
- Assumption of lacking or poor reimbursement

Chong. J Acad Nutr Diet 2018:118(9);A36

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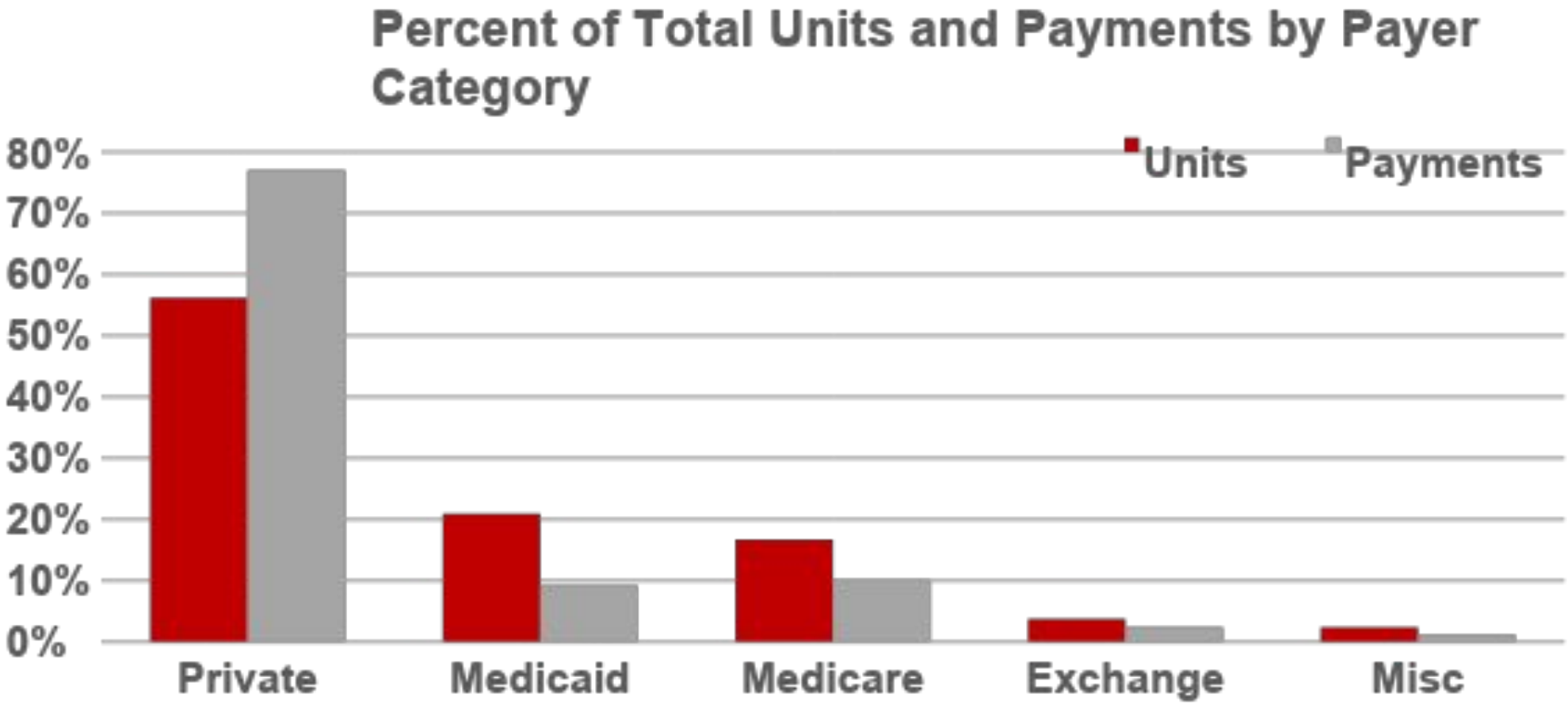
Implementation in Primary Care



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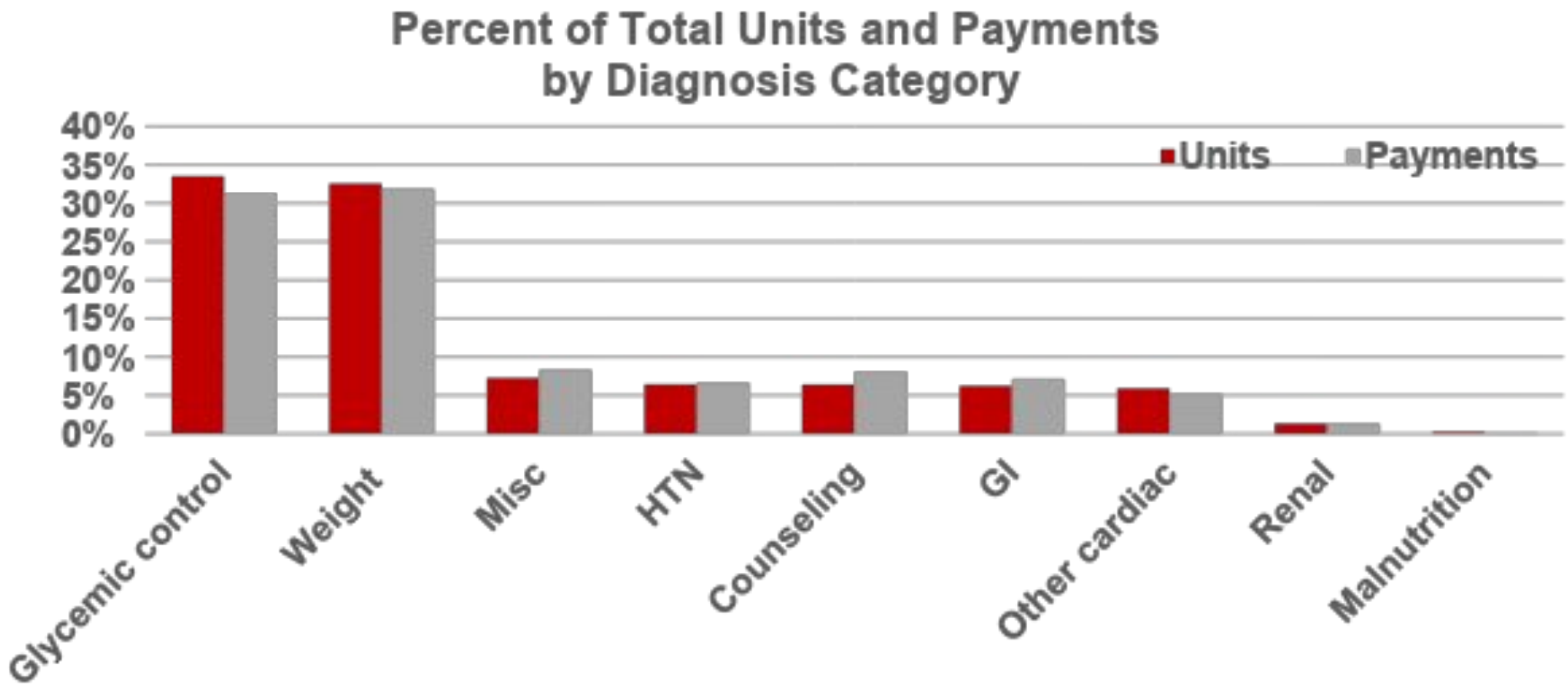
Implementation in Primary Care



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Translating these Guidelines into Food

- US Preventive Service Task Force recommends moderate to high intensity lifestyle to facilitate behavior change
  - medium- (31-360 minutes) to high-intensity (>360 minutes) lifestyle interventions
  - Consider your limitations
  - Stay in your lane (scope of practice and licensure)
- Lifestyle behavior modification requires application of guidelines to patients' personal situations
  - Personal adaptations require time
- Recommendations are focused on nutrient intakes and overall food intakes (daily or weekly)
  - Individuals eat food and meals and must translate big picture to fork

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Telling Your QI Story & Planning for Sustainability

Aleece Caron, PhD

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Planning for the End of Active Intervention

- PDSA cycles give important insights into barriers to implementation and sustainability
- Modify QI interventions to enhance sustainability
- Improve understanding how to successfully sustain QI improvement
- Referral to resources is often dependent on automation to consistently remind clinicians
- Studies have found that sustained EHR changes, local champions and reminders of evidence-based practices are easier to sustain than audit and feedback, educational meetings or organizational support.
- Embed processes within routine care and establish systems for reviewing and reflecting upon performance

Burke RE, Marang-van de Mheen PJ.Sustaining quality improvement efforts: emerging principles and practice. *BMJ Quality & Safety* 2021;**30:**848-852.
Schechter, S., Jaladanki, S., Rodean, J., Jennings, B., Genies, M., Cabana, M. D., & Kaiser, S. V. (2021). Sustainability of paediatric asthma care quality in community hospitals after ending a national quality improvement collaborative. *BMJ Quality & Safety*, *30*(11), 876-883.

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Telling Your Performance Story

Why is it important to share your performance story?

- Acknowledging and celebrating the work of a team
- Convincing and motivating leadership and peers
- Communicating important information in an engaging way
- Can serve as your “sales pitch” to potential partners
- Provides a record of the work

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What are some challenges you might face when telling your performance story?

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What elements should you include in your performance story?

- Include demographics about your population
- Describe your organization including your clinical focus and your organizational mission
- Identify the goals
- Describe the intervention
- Include measures
- Discuss the results
- Comments / lessons learned

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How should practices develop their performance stories?

- Short verbal presentation (beginning, middle, end), focus on 3 – 5 key takeaways
- Handouts or visuals may include resources and tools, but may also include things like team photos, photos of the clinic, patient photos (with permission)
- Share visuals, data, graphs, additional documents (e.g. protocols, workflow process diagrams, patient facing materials, brochures) that help tell your story

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Practical tips for telling your performance story

- Develop your story using the first-person voice; make it compelling and exciting to read/hear
- Share stories with others in your practice and outside your practice for feedback
- Consider working with an external thought partner, someone who brings outside expertise or different perspective, to develop your story. This person could be a practice coach or someone in a similar role to one of your team members.
- Share the patient perspective and include patient quotes to demonstrate the value patients saw. Patient stories are powerful.
- Share staff perspective and quotes about the value of participating in practice transformation activities. Staff stories are also powerful
- For more tips, please refer to the Cardi-OH podcast: https://www.cardi-oh.org/podcasts/23-quality-improvement-in-clinical-practice-how-to-tell-your-story

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Next Steps

- Continue to submit EHR data monthly (1st Monday of the month; next due April 3)
- Continue to meet with your QI coach monthly
- Remember to engage a patient and obtain their feedback
- Final quarterly webinar June 23 - we will send templates for sharing your QI story

Learn more & access resources at https://hearthealthyohio.org/

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