"H2O"
Academic Detailing
in the Oklahoma Cooperative's AHRQ's EvidenceNOW Initiative

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Healthy Hearts for Oklahoma (H2O)
The Oklahoma Cooperative for AHRQ's EvidenceNOW
ADVANCING HEART HEALTH IN PRIMARY CARE

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Relevant Disclosure and Resolution

Under Accreditation Council for Continuing Medical Education guidelines disclosure must be made regarding relevant financial relationships with commercial interests within the last 12 months.

Steven A. Crawford, MD

I have no relevant financial relationships or affiliations with commercial interests to disclose.

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What is H2O?

- Largest AHRQ grant
- Study to test the role of a healthcare extension service to support small & medium size primary care practices
- Emphasizes current evidence-based guidelines
- Focus on Heart Health using ABCS'
  - Effective Aspirin use
  - Blood pressure control
  - Cholesterol management using statins
  - Smoking cessation

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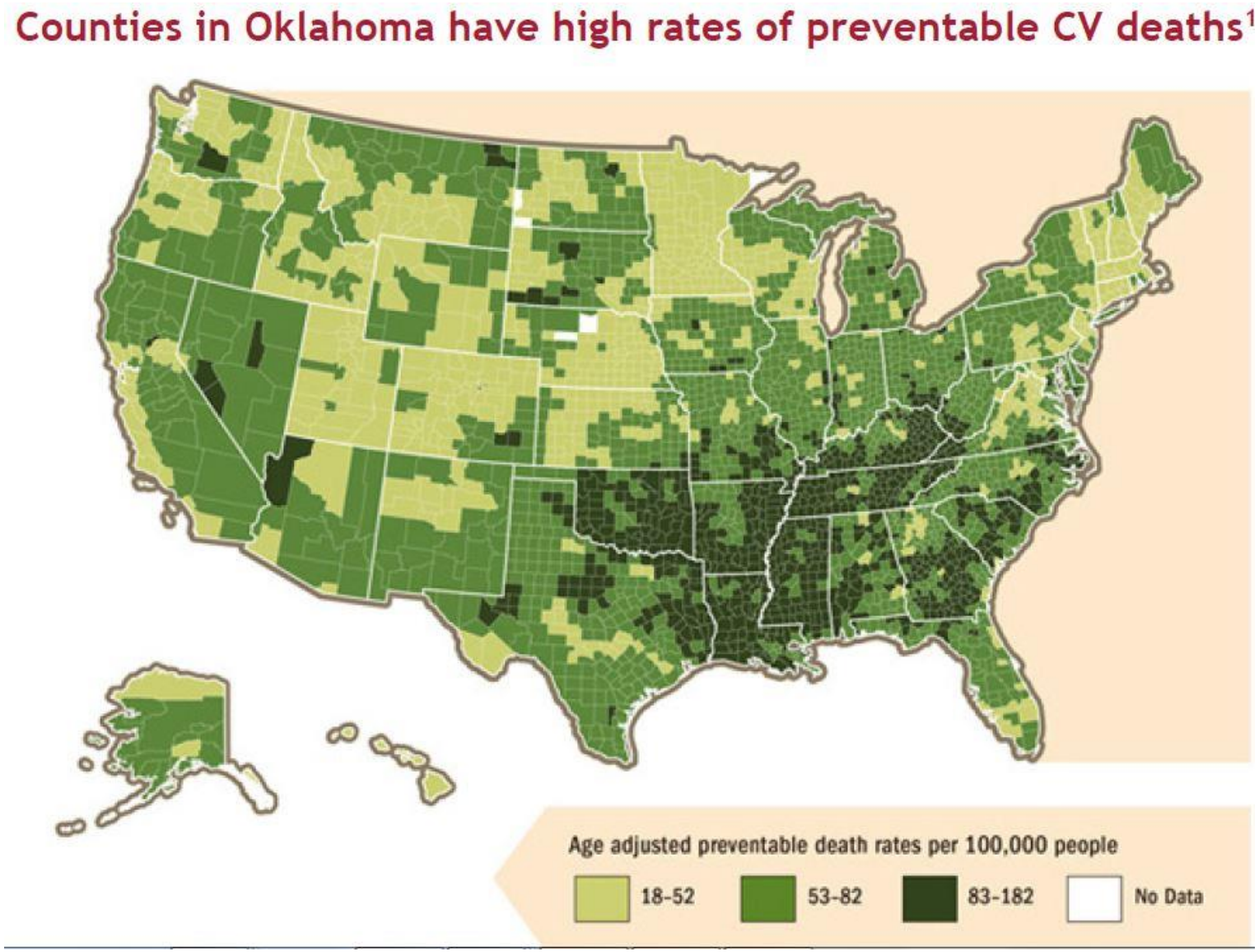
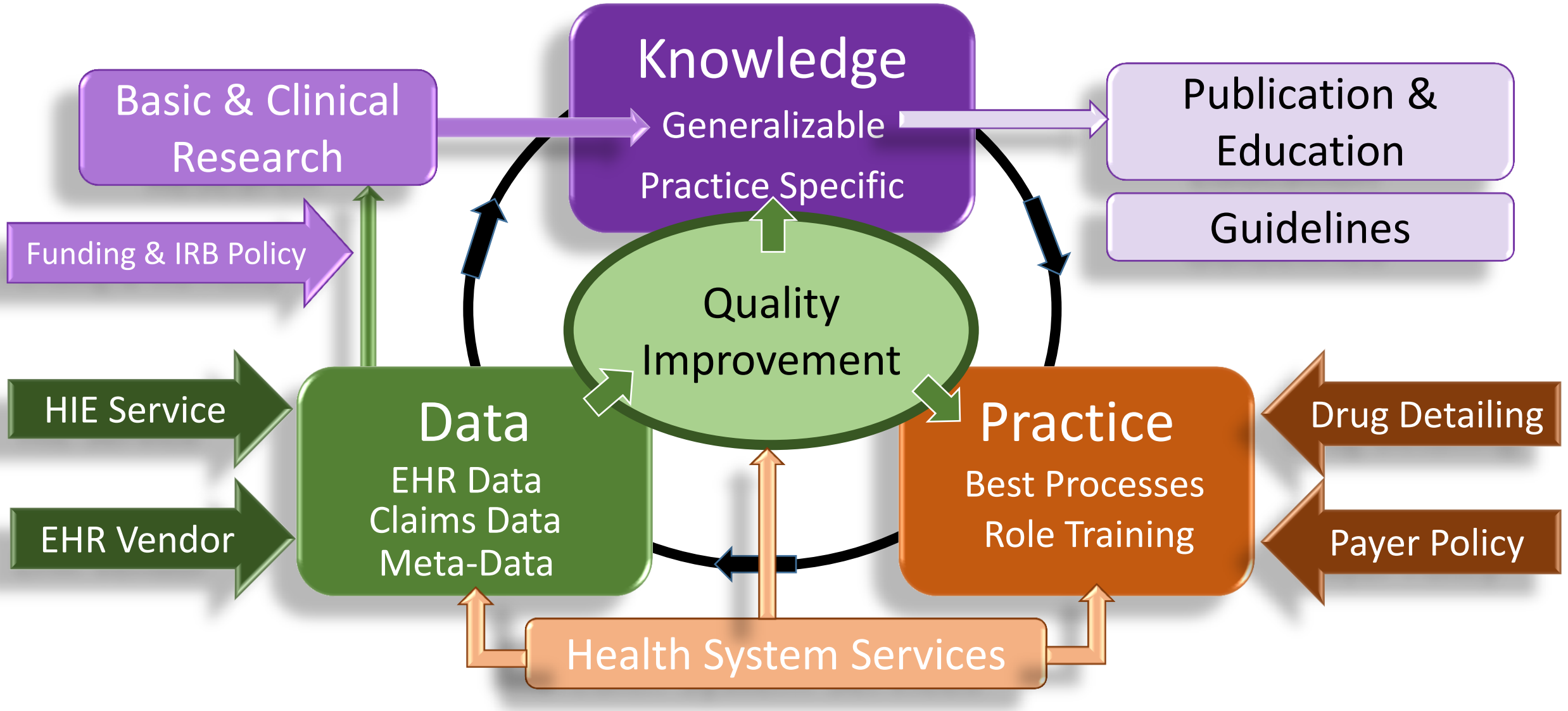
Opportunities for prevention



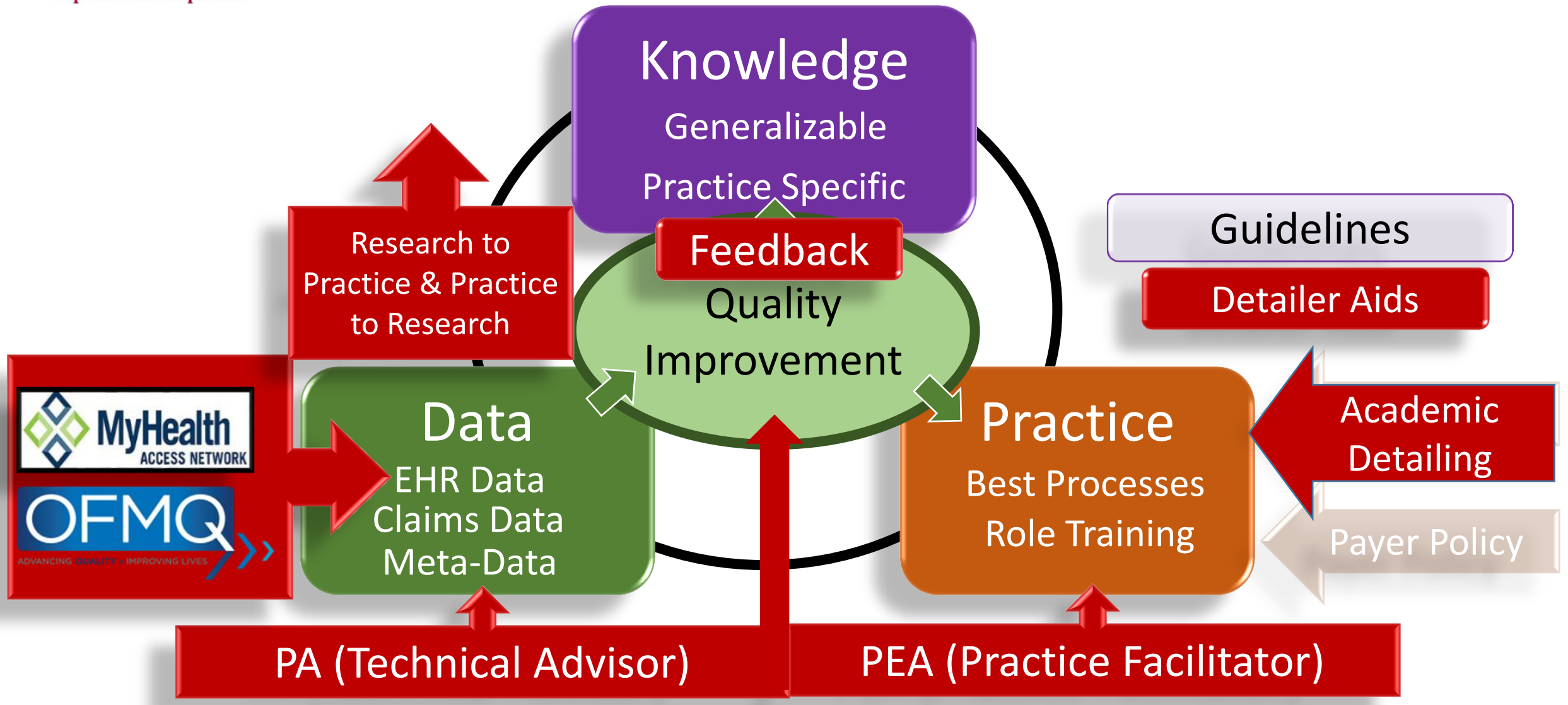

7 Regional collaboratives in 12 states
Aligned with DHHS Healthy Hearts initiative
5,000 Primary Care Practices
Touching 8 Million lives
To identify best strategies for improving America's heart health

Build Capacity to Move Knowledge into Practice



James W. Mold OPHIC
Oklahoma Primary Healthcare Improvement Cooperative

Support to Move Knowledge to Practice



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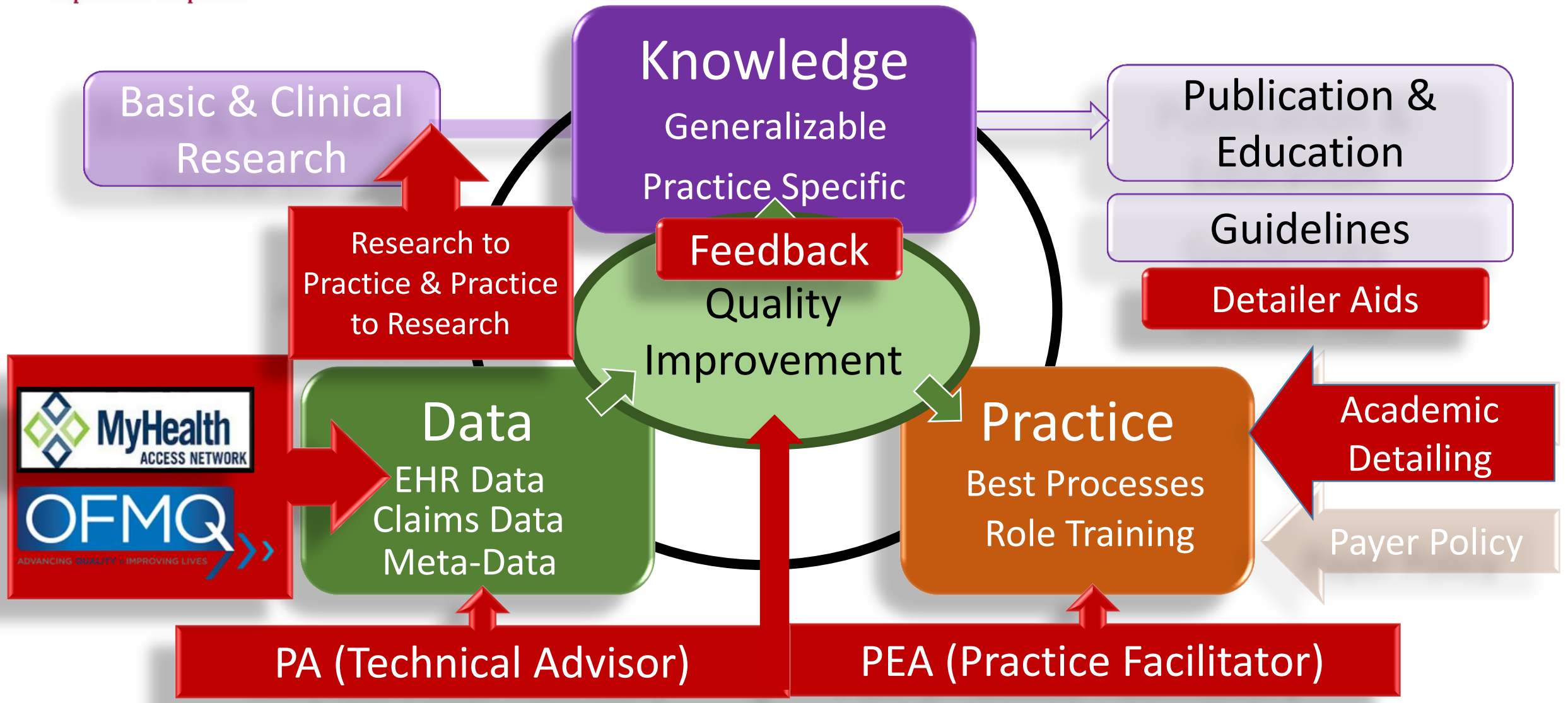

How were AD's incorporated into the process?

- NaRCAD was contracted to:
  - Provide evidence-based detailing materials
  - Conduct a two-day on-site "train the trainer" program for the selected AD's
- The Oklahoma Center for Healthcare Improvement (OCHI) recruited clinician detailers from practice and academia – MD's, DO's, PA's, NP's
- Scheduled two AD visits with 250 practices
- Conduct on-going quarterly web-based AD education

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How were AD's incorporated into the process?

- AD visits involved joint in-person discussions or teleconferences with clinicians and staff along with the assigned practice facilitators to review the evidence behind the ABCS guidelines
- Review what the practices were achieving and what high performing practices do
- The ultimate goal of the AD visit was to elicit targets for improvement and an improvement plan for the practice

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Blood Pressure Control in Primary Care

- **A**spirin when appropriate
- **B**lood pressure control
- **C**holesterol management
- **S**moking cessation

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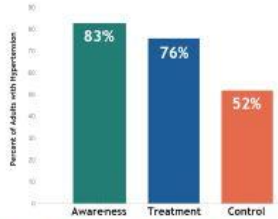
NaRCAD

This document was produced by the National Resource Center for Academic Detailing (NaRCAD), supported by a grant from the Agency for Healthcare Research and Quality. These are general recommendations only; specific clinical decisions should be made by the treating physician based on an individual patient's clinical condition.
Authors: Jennifer Lewey, MD, Stephen Braun, Michael Fischer, MD, MS, Arielle Mather, MPH.

Screening and treating hypertension can improve the health of patients and the population[1]

Many patients don't know that they have hypertension, are not on treatment or are not controlled.



Extent of awareness, treatment, and control of high blood pressure among adults with hypertension[2]

Effective treatment of hypertension can reduce:[3]

- Heart failure ↓ 50%
- Stroke ↓ 35-40%
- Myocardial infarction ↓ 20-25%

Identifying hypertension

Accurate blood pressure measurement is critical for establishing the diagnosis. Tools to help practice staff accurately measure blood pressure can be found at **http://ophic.ouhsc.edu/rpr**

Once a patient has been identified as hypertensive, clinicians should:

1. Assess lifestyle factors that can elevate blood pressure, including diet, alcohol, physical inactivity, and obesity;
2. Identify other cardiovascular risk factors or concomitant disorders that will guide treatment;
3. Search for identifiable secondary causes of high blood pressure;
4. Determine extent of end-organ damage

Target blood pressure:
For most patients, a goal of 140/90 should be used to guide treatment.

JNC 8 Approach to HTN Treatment[4]

*Adapted from the 2014 Evidence-Based Guideline

For adults aged ≥18 years with hypertension:
- implement long term lifestyle changes
- BP goal 140/90; consider 150/90 if ≥60

First-line therapy
For most patients initiate thiazide-type diuretic or ACEI or ARB or CCB, alone or in combination.
- If CKD present: Initiate ACE or ARB, alone or in combination with other drug class.
- If black: Initiate thiazide-type diuretic or CCB, alone or in combination.

Titrate medication
Maximize initial medication and/or Add second medication (use medication class not previously selected and avoid combined ACE/ARB)

Long-term plan
- Continue to monitor BP level
- Reinforce lifestyle & medication adherence
- Increase medication dosage or add medication when needed

Lifestyle modification remains a critical component of health promotion and ASCVD risk reduction, both prior to and in concert with the use of antihypertensive medications.

Choosing an antihypertensive drug class

Multiple drug classes can effectively lower blood pressure. Patient characteristics should guide the initial choice.

Drug Class	Best Suited For	Risks/Concerns
Thiazide-type diuretics[5,6]	First-line treatment of hypertension in most patients	Monitor kidney function & potassium
ACE-I or ARB[7,8]	Diabetes Chronic kidney disease Congestive heart failure Ischemic heart disease	Monitor kidney function & potassium Cough with ACE-I (can switch to ARB)
CCB[9]	Coronary artery disease (if beta blocker intolerant)	Lower extremity edema Constipation
Beta-blockers[10]	Coronary artery disease Congestive heart failure	No longer first choice for uncomplicated hypertension Use with caution in obstructive pulmonary disease

Several other medication classes, including loop diuretics, potassium-sparing diuretics, alpha blockers, and direct renin inhibitors may have a role for patients requiring multiple agents to control their hypertension.

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Why would a practice participate in H2O?

- Help prepare for value-based payment models
- Help understand quality data about a practice
- Learn how to apply formal Quality Improvement (QI) processes in a practice
- One year of on-site assistance
- Access to current evidence-based guidelines
- Obtain community-wide data about their patients through the state's embryonic HIEO

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Why would a practice participate in H2O?

- Apply formal QI methods to targets selected by clinician
- Provide each practice with tangible resources
  - Practice Dashboard – based on responses to surveys
  - Original measure baseline from practice's EMR & HIEO
  - Ongoing performance on targeted measures
  - Detail aids for ABCS measures
  - CME credits
  - MOC Part IV credit

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H2O Academic Detailing Findings

- Recruited 38 clinician AD's
- 30 performed at least one visit, 9 performed more than 20
- AD's valued the training, the evidence base for the guidelines, and a firsthand view of rural primary healthcare
- Recipients of AD visits valued the attention, focus on quality of care, and their practice review
- Detailer aids were copied and posted as exam room reminders
- Practice facilitators referenced AD conversations adding credibility to interventions
- Tele-communication visits were occasionally used if scheduling issues

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H2O Support Provided to Practices

Type of Support	Contacts
Academic Detailing (1)	**242**
Academic Detailing (2)	**191**
Administration	150
Close-Out Meeting	209
EHR Data Extraction	501
Enrollment	553
Practice Facilitation	4783
Recruitment	51
Survey/Research Data	66
Technology Support	325
Withdrawal Note	13
Grand Total	**7084**

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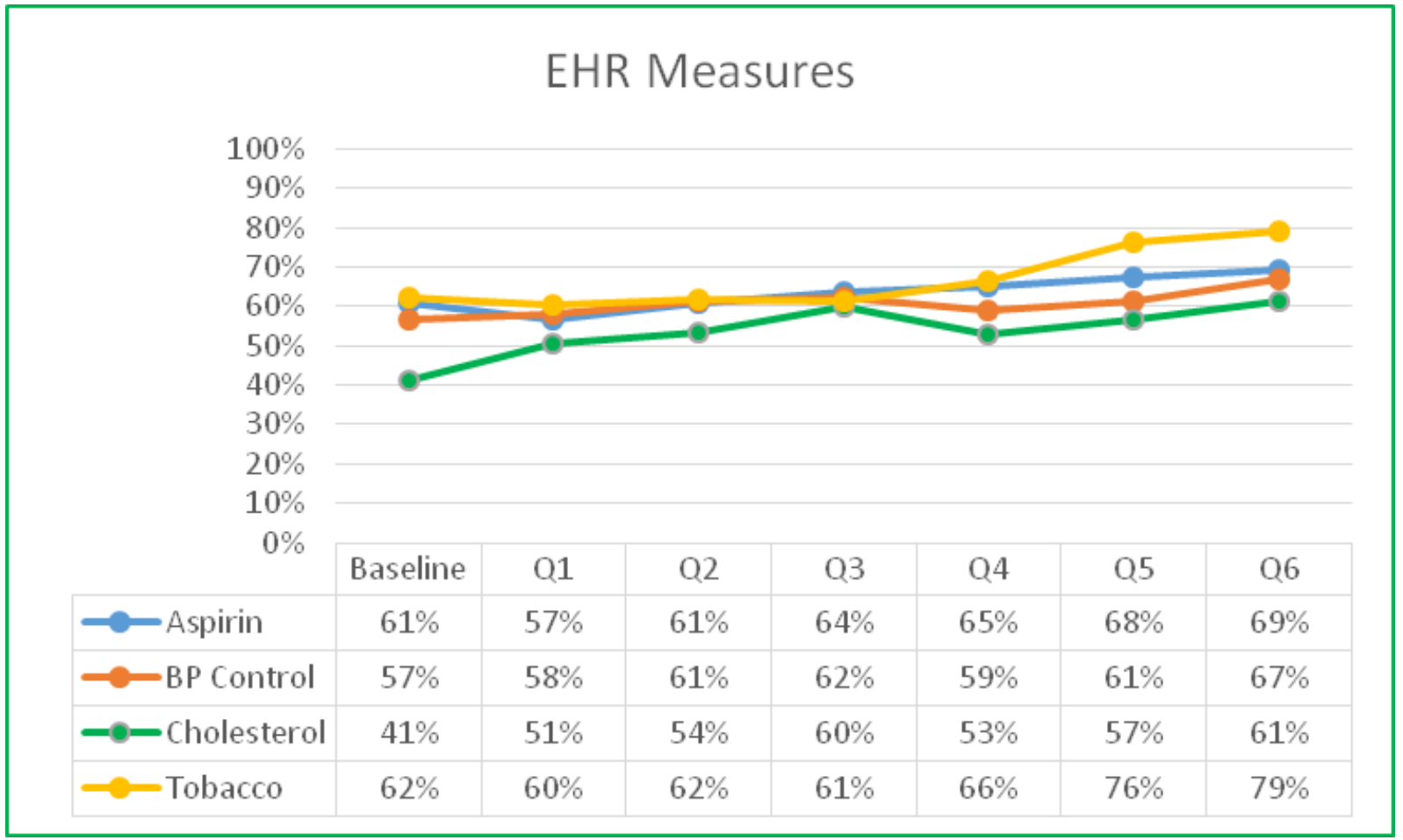
H2O Outcomes @ 8/20/2017 (preliminary)



	Baseline	Q1	Q2	Q3	Q4	Q5	Q6
Aspirin	61%	57%	61%	64%	65%	68%	69%
BP Control	57%	58%	61%	62%	59%	61%	67%
Cholesterol	41%	51%	54%	60%	53%	57%	61%
Tobacco	62%	60%	62%	61%	66%	76%	79%

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Implications for the future?

- Building clinician to clinician relationships makes information dissemination, guidelines adoption, and implementation of evidence-based best practices personally meaningful
- AD's amplify and underscore the practice facilitator's credibility
- Although rarely used, the AD is a peer resource for rural clinicians
- Travel time and complex schedules pose barriers and increase cost
- Standardization of the AD process can be accomplished through detailing materials, training, and continuing education

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Questions?