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Assessing the AMA MAP™ Hypertension Program's Impact at Rush University Medical Center

Announcer:
You're listening to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. Here's your host, Dr. Gates Colbert.

Dr. Colbert:
This is *Perspectives with the AMA* on ReachMD, and I'm Dr. Gates Colbert. Joining me to discuss his experience with the AMA MAP™ Hypertension quality improvement program is Dr. Michael Cui. Not only is he an Assistant Professor in the Division of General Internal Medicine and the Associate Chief Medical Informatics Officer, but he's also the Program Director of the Clinical Informatics Fellowship at Rush University Medical Center in Chicago, Illinois. Dr. Cui, welcome to the program.

Dr. Cui:
Thank you so much, Dr. Colbert.

Dr. Colbert:
So to set the stage for us, Dr. Cui, can you describe some of the challenges faced by the patient population you serve?

Dr. Cui:
Absolutely, and to give all the audience some context who may or may not know Chicago geography, Rush University Medical Center is on the west side of Chicago, and running right through our medical center is the blue line - our subway line for the city of Chicago. Along the subway line in the city, there is a life expectancy of around 82 years of age, but just five or six stops towards the west side of Chicago, this drops dramatically to 66 years of age, and this 16-year life expectancy gap is driven predominantly by cardiometabolic disease and social determinants of health, and so when there was the opportunity to partner with the American Medical Association on addressing hypertension, which drives a lot of the cardiometabolic disease health disparity on the west side of Chicago, we were thrilled and really pleased with the outcome of the program.

Dr. Colbert:
And so with those challenges you described in mind, what quantitative impacts have you observed since implementing the AMA MAP™ Hypertension program?

Dr. Cui:
We launched the program in I believe March of 2022 at our four clinics on the main campus of Rush University on the west side of Chicago, and we picked these campuses because they were close in proximity. These were also our clinics that had a little bit more resources, and these were also our clinics that were not doing as well in terms of blood pressure control compared to some of our other practices. And so after implementing the MAP program, we were able to have a 3x improvement in double-checking blood pressure, so this is when we check the first blood pressure, the blood pressure is high, and our medical assistants will check it again, which was fantastic. This was something we've been trying to accomplish for years and years, but we were able to finally get this improvement, and more importantly, get this improvement to stick.

The second thing that we saw was a 2x improvement in being able to bring patients back within four weeks for a repeat blood pressure recheck. This gave us an extra opportunity to see what their blood pressure was, but it gave us another opportunity to make blood pressure interventions, allowing us to get blood pressure controlled much faster than our traditional model.

And then lastly, we were able to get our blood pressure control increased by around 3 to 4 percent, which over the course of a year, over the course of our medical system, is hundreds if not thousands of patients that we were able to bring their blood pressure within control, and so it's really done you know really quite well for our patient population.

Dr. Colbert:
And if we zero in on one other impact, it's my understanding that Rush University Medical Center saw its metric performance related to treatment inertia increase by almost threefold. So what do you think contributed to these results?

Dr. Cui:
A couple of things that we did. The first one was we created a medical protocol, which in and of itself may not be super unique, but what was unique about our medical protocol is that we had multiple different treatment regimen. A provider might like calcium channel blockers, another might like an ACE inhibitor, and another might like to start off with a diuretic. We had all of those options, and so no matter which option you started off with, there was something written out that if the blood pressure is not controlled, you could consider a second medication, a third, and a fourth, so that was one of the things that we did.

The second thing, and the question that we get a lot is, "Well, I don't know how much these cost; I'm comfortable with my medications that I've prescribed; I know that they're cheap for our patients, especially in an area where we have a lot of underserved patients," and so we included the costs right then and there on the table of all of the different regimen, and that's where our providers could see that the single-pill combination medications were actually not much more expensive. They were essentially just as cost-effective as if the medications were separated out by themselves, and so this just kind of encouraged our providers to be able to prescribe these medications by decreasing the cognitive load and addressing some of their questions right then and there.

And then the third thing that we did was we engaged pharmacists and our pharmacy team and took the decisions out of the providers for patients where it was safe for us to follow a protocol, so our pharmacy colleagues can help us monitor the medications and provide recommendations on what might be the best medication to do. Through all of these things, that's how we were able to see a 3x increase on medication prescribing and really give our patients something that they can do to improve their hypertension.

Dr. Colbert:
For those just tuning in, you're listening to *Perspectives with the AMA* on ReachMD. I'm Dr. Gates Colbert, and I'm speaking with Dr. Michael Cui about the impacts of the AMA MAP™ Hypertension quality improvement program at Rush University Medical Center.

Now, Dr. Cui, if we examine your experience implementing the AMA MAP™ Hypertension program, how did you operationalize the available metrics and reports to support quality improvement at Rush University Medical Center?

Dr. Cui:
I think what was key to our success was to make the reports really easy to access so that way we can make data-driven, informed decisions. I think that also helped with buy-in when the providers, staff, and everyone could see how we were doing at any given time, and so where we embedded the reports and the data was in our EHR that we use day in and day out, and so it was not a separate system that the staff had to log in and input a new password to access. Because it was in our EHR, it was updated in real-time and it was accessible at all times, and we also showed the data of everybody across the institution. Everybody could see how they performed, and they could see how their peers in the exact same clinic performed as well, and so what the data allowed was for a provider to see it is possible to achieve better blood pressure recheck, better therapeutic inertia, and bring patients back into the clinic faster with the exact same resources that were available to them. Not all of our clinics are the same, some have different resources, and so it really kind of normalized the data for the provider and the teams.

Dr. Colbert:
And can you tell us how implementing the AMA MAP™ program affected care team collaboration at Rush University Medical Center?

Dr. Cui:
The framework that was introduced to us is something that was kind of transformative in terms of how we deliver some of our quality improvement intervention, and what I mean by that is it was a system of a few different components and tools that now we can implement for some of our other disease processes. So a couple of things that I'd like to call out. First, metrics; having something that's clear and easy to understand, and for blood pressure, it was: Did you check the blood pressure twice? Did you add on or increase medication? Did you bring the patient back within four weeks, right? These are easy things for us to follow.

The second piece was process measures. These are things within our control, so what it did was it broke down a really complex, really nebulous, and really difficult-to-impact measure and put it into things that were within our staff members' control. We can't follow a patient home and make sure they're taking their medication and we can't force a patient to come back to see us again, but we can

control is did we schedule a follow-up appointment? Did we recheck a blood pressure? Did we at least try to prescribe another medication when their blood pressure was high? So really focusing in on these process measures has been really, really helpful within this AMA MAP™ framework, and so this was also something that was really rejuvenating to the team because when we previously have undergone hypertension initiatives, you really didn't know how well you did until the end of the year because you have a whole year to manage someone's blood pressure. Along the way, you might have ups and downs, but here, some of our measures that increased 3x, like double-checking a blood pressure, that was incredibly motivating. It really showed the team we can make a difference, and there was a domino effect down the road, and so I really think that this framework worked out really well; this framework being systematized, having data at the fingertips, and focusing on process measures were really quite impactful.

Dr. Colbert:
So if we look ahead before we close, Rush University Medical Center has decided to extend their collaboration with the AMA for an additional three years. So what prompted this decision? And how do you think the AMA MAP™ program will continue to impact patient care for the future?

Dr. Cui:
Our main goal for extending our collaboration with the American Medical Association is that our work is not done. We have not achieved hypertension control on the west side of Chicago. We have not decreased that life expectancy gap from 16 years of age down to 0, and so until that is closed, I don't think our work is finished, and we can always do more; we can always do better. We've just launched the AMA MAP™ program in our four clinics on campus, but we have a bunch of clinics all throughout the city of Chicago on the west side, north side, and south side, and so it's systematizing their hypertension control is one of the reasons why we wanted to continue our partnership.

I also think that one of the things we didn't get to touch on is the fact that having a systematized approach helped us achieve greater health equity in addressing our healthcare needs in patients who might need it more, and I think an example of this are patients who have really busy lives and might be running late to their clinic visits. Before we would say, "Hey, you're late, let's just check your blood pressure once, let's have you talk with your doctor," but then in that doctor's visit, the doctor might say, "Oh, you were just rushing in, I don't really trust this high blood pressure reading," and we don't make any adjustments. Now every patient gets two blood pressure checks, and with the increased therapeutic inertia, we're increasing medications, we're getting our patients on medications faster for that busy parent or for those patients who cannot take off work all the time to come see their doctors, and so it's really going to allow us to create a more equitable healthcare system, which I think is something we all want to be a part of, and so I'm really grateful and thankful for all of the AMA support, and really through all that, we've continued our partnership with them.

Dr. Colbert:
And with those key takeaways in mind, I want to thank my guest, Dr. Michael Cui, for joining me to share his experience with the AMA MAP™ Hypertension quality improvement program. Dr. Cui, it was a pleasure having you on our program today.

Dr. Cui:
Thanks for giving me the opportunity to share the impact that we've been able to have in our patients' lives, and hopefully we're able to impact patients' hypertension control across the country. Thank you.

Announcer:
This was *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. To access this and other episodes in this series, visit *Perspectives with the AMA* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!