

Transcript Details

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Increasing BP Control with the AMA MAP™ Hypertension Program

Opening Announcer:

Welcome to *Perspectives with the AMA* on ReachMD, produced in partnership with the American Medical Association. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

This is *Perspectives with the AMA* on ReachMD, and I'm Dr. Jennifer Caudle. Here to speak with us today about the AMA MAP™ Hypertension Program at Cook County Health are Dr. Chantal Tinfang and Ms. Kesha Love. Dr. Chantal Tinfang is an attending physician of family medicine at Provident Hospital at Cook County Sengstacke Primary Care Clinic in Chicago, Illinois.

Dr. Tinfang, welcome to the program.

Dr. Tinfang:

Thank you for having me.

Dr. Caudle:

And Ms. Kesha Love is a registered nurse and Director of Health Information Technology Interoperability Services at Cook County Health in Chicago, Illinois.

Ms. Love, thanks for being here today.

Ms. Love:

Thank you for the invite.

Dr. Caudle:

Now for some background before we dive into our discussion, a multi-disciplinary team at Cook County Health, which is one of the largest public health systems in the country, collaborated with the AMA in the fall of 2020 to implement the AMA MAP Hypertension Program, which enables physicians and care teams to achieve rapid and sustained improvements in blood pressure control among their patients with hypertension. Now MAP stands for "measure accurately, act rapidly, partner with patients," and it uses evidence-based strategies, peer-to-peer coaching, and tailored dashboards that fit into existing EHR systems to help clinical teams measure blood pressure accurately, increase the use of evidence-based treatment, and engage patients in self-management of hypertension at home. Since the launch of the program, Cook County Health has seen a 13-percentage point increase in blood pressure control across 11 practice sites.

Let's begin our discussion with you, Ms. Love. To start us off, can you describe the population of patients that Cook County Health serves and some of the challenges in managing hypertension in that population?

Ms. Love:

Cook County Health has provided care for over 180 years to all patients, regardless of their ability to pay. Our patient population includes our adult and juvenile correction centers, a large unhoused population, migrants, and we have immigrants from all over the world. We have 5 primary languages that are utilized throughout the system. We have a high school clinic, and we have 14 community clinics throughout Cook County. So our patient population varies greatly. For unhoused patients, some of those challenges are lack of technology, lack of access to transportation, and lack of consistent addresses and consistent contact information. So some of those really impact the way you provide care.

Dr. Caudle:

And turning to you now, Dr. Tinfang, how did the COVID-19 pandemic impact your ability to provide medical care to your patients with hypertension?

Dr. Tinfang:

COVID-19 was a challenge to care for patients with hypertension at Cook County Health because our patients were not really using BP monitors at home. They were not aware of the technique of SMBP, which is self-measured blood pressure, at home, so it was very challenging to assess the progress that we were making. It was very challenging to know if patients needed more medication or not.

Dr. Caudle:

For those of you who are just tuning in, you're listening to *Perspectives with the AMA* on ReachMD. I'm your host Dr. Jennifer Caudle, and I'm speaking with Dr. Chantal Tinfang and registered nurse Ms. Kesha Love about the AMA MAP Hypertension program.

So, Dr. Tinfang, how did the MAP-provided tools and data impact the way you provide care for patients with hypertension?

Dr. Tinfang:

The MAP program was very instrumental in helping uncontrolled hypertension across Cook County Health because the MAP program was a tool for us to get our patient a target. The first component of the MAP program, which is "measure accurately," was our staff had to actually get correct BP measurement in the office. We received an infographic poster from the American Medical Association that are displayed right now in each exam room at Cook County Health, and we have those small posters that we give to patient to take home. So that was very helpful to get correct BP measurement in office. Before the MAP program, we were thinking that when the BP is high, we have to just manually repeat the blood pressure, but the MAP program taught us that automatic device is important to get a correct reading and validated blood pressure monitoring for patients is very important as well. The other part of the MAP program, which is the "acting rapidly," is a tool that we're presently using at CCH that would give us feedback on how we are managing our patients with hypertension. AMA was very instrumental in helping us convince our provider to actually take a step when the BP is high to intensify treatment and decrease mortality and morbidity. The peak component of the MAP program is the "partnering with patients," so when they came in, they were teaching us all that we have to get our patients back in the office within 30 days so that we make sure that the blood pressure is at target. So working with the AMA taught us to work differently and efficiently, and we have all the team involved in the clinic.

Dr. Caudle:

And coming back to you, Ms. Love, what were the advantages of the team-based approach and peer-to-peer collaboration with the AMA team members during MAP implementation?

Ms. Love:

The big advantage is that the AMA was able to provide us a resource that understood our EMR. And so he was an expert in our EMR, and with that, I was able to match him up with our EMR expert. They had regular meetings that extended beyond the regular meetings and touchpoints that we had with the entire AMA team. So that was really significant. We were able to do a lot of things once we met. We were able to take suggestions from the clinical team. So Dr. Tinfang was able to come and say, "I know the MAP BP program has this report and this data; I want to see this on my report." So working with that resource, we were able to add additional columns, and we were able to fine tune all of the information that the AMA resource provided to us. So that was really a great collaboration. We actually incorporated him on our team, and we incorporated the entire team. So we took feedback from the AMA. We were able to give feedback to the AMA. They were all able to share their thoughts and their vision of what they wanted this program to look like digitally and we were able to accomplish that with the help and the support of the AMA EMR resource.

Dr. Caudle:

Now unfortunately, we're almost out of time for today, but before we close, I have one last question for each of you. Starting with you, Ms. Love, what has been the lasting impact of the MAP program for your team and the patients they serve?

Ms. Love:

One thing that I found that's lasting is when I attend our patient/family advisory committees, our patients are able to recognize that they do have the knowledge to be able to operate technology. So whereas the pre-introduction of this program, the thought was, "Well, maybe this person, being 85, maybe they wouldn't have a grasp on it." But the combination of rolling out and launching out the MAP program during a time of a global pandemic, it forced us first to think outside the box, but then it also showed us that patients are just as invested in their care as we are invested in the care of them. So that was really lasting.

Another thing that's lasting is being able to roll out this program. It was really successful, and now we have a number of individuals coming in, especially from the specialty programs, and they want to know, "Dr. Tinfang, Kesha, how soon can we roll this program out in

our area, in our clinics, in our specialty?" So that's what's lasting.

Dr. Caudle:

And how about you, Dr. Tinfang? Any final thoughts on how the MAP program affected your team and patients?

Dr. Tinfang:

The lasting impact of the MAP program is that it's helped our patients appreciate the care that we provide for them. I remember one patient after mastering the SMBP technique, he was able to see his progress at home, and he was so proud, and he would say that he felt that we were caring for him. He felt that we really wanted him not to have another stroke. They're very grateful for the program. And the other thing is that, even for us providers, it helped us see the progress that we're making. It gave us a little extra push so that we can really be aggressive at controlling hypertension and prevent complications of uncontrolled high blood pressure.

Dr. Caudle:

Well, those are great comments for us to think on as we come to the end of today's program. I'd like to thank my guests, Dr. Chantal Tinfang and Ms. Keshia Love, for joining me to discuss the impacts of the AMA MAP Hypertension program at Cook County Health. Dr. Tinfang and Ms. Love, it was great having you both on the program.

Ms. Love:

Thank you for the invite. It's been great and it's been a really great opportunity and experience working with American Medical Association.

Dr. Tinfang:

Thank you for having us. It's been a great experience and it has made a big impact on the hypertension control at CCH, and we are grateful. Thank you.

Closing Announcer:

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