**Finger Lakes Health Systems Agency (FLHSA) Performance Improvement Consultant Program**

Through community input and data analysis, the FLHSA identifies the most pressing health needs facing the region, then brings together hospitals, insurers, physicians, consumers and other partners to develop solutions. Over the past decade, for example, agency-led initiatives have helped to reduce regional lead poisoning by 85 percent, and in 2012, the agency was awarded the largest Medicare and Medicaid innovation grant in the country.

In late 2013, the FLHSA, in collaboration with the Rochester Business Alliance, the training of eight providers and pharmacists from two of Rochester’s three major healthcare systems. The training, conducted by the National Resource Center for Academic Detailing (NRCAD), included active listening, identifying and responding to barriers to change, and respectful communication. The intent of the training was to develop “consultants” who would facilitate blood pressure control performance improvement (PI) efforts throughout the nine county Finger Lakes, NY region.

**Unity Medical Group Performance Improvement Champions Program**

Unity Medical Group’s (UMG’s) three provider (MD, DO, & PA) consultants rotated through the medical group’s fourteen-practice network throughout 2012. It quickly became apparent that effectiveness was lacking – practice conversations were only happening every few months, and because there was no currency for blood pressure control efforts was coming from “outside” providers, internal engagement/offering wasn’t developing.

In 2013, UMG kicked off a program (co-led by the clinical informatics & performance improvement manager and provider consultants) where, upon the identification of a provider “champion”, every primary care practice that served for adult patients was encouraged to participate in a monthly committee meeting. While blood pressure control has remained the consistent topic, National Committee for Quality Assurance Patient-Centered Medical Home guidelines, dashboard metrics, and how to leverage an appointment with care opportunities report have also been mainstays of the performance improvement champions (PIC) program. In addition to committee meeting participation, champions are expected to facilitate team-based (both clinical & non-clinical) conversations with their practice about committee happenings, workflow redesign/implementation, etc.

**Comparative Analysis Using Community High Blood Pressure Registry Data**

The FLHSA maintains the regional high blood pressure registry, which includes data for 180,000 hypertensive patients from 95 primary care (ranging from small private to large, system-owned) practices throughout the region. Access to this database has permitted a December 2014 vs. June 2015 analysis evaluating the effectiveness of the PIC program on blood pressure control rates and on mean systolic and diastolic blood pressure vs. non-PIC practices.

**Principal Findings**

Blood pressure control rates differed between PIC and non-PIC practices and between PIC levels (June 2014 and December 2015). Unadjusted results indicate that blood pressure control rates increase significantly with increasing levels of PIC engagement. The pattern reflected in the June 2015 data is consistent with December 2014 data and suggests increasing control rates in PIC practices over time. After controlling for the effect of different SES levels and racial/ethnic compositions across PIC levels, hypertensive patients in PIC practices were 35.3% more likely to have controlled blood pressure than hypertensive patients associated with a non-PIC practice.

**Conclusions**

The findings described above substantial improved blood pressure control and a reduction in mean systolic blood pressure among PIC practices as compared to non-PIC practices. Moreover, the results reported herein occurred within the initial 8 months of PIC program introduction and are incremental to other blood pressure lowering initiatives occurring simultaneously throughout the region. Greater improvement in blood pressure control than in mean systolic or diastolic blood pressure reduction is not surprising given the PIC program’s initial focus on blood pressure control. Increased PIC emphasis on mean systolic and diastolic blood pressure reduction is expected to result in further improvement in mean systolic and diastolic blood pressure. A collegial, respectful sharing of unblinded peer comparison data should improve behavior change, improving blood pressure control in at-risk populations.

In addition to detecting a significant difference in control rates and mean systolic blood pressure in PIC and non-PIC practices, the analysis highlights the particularly beneficial effect of the PIC program among Black non-Hispanic patients. Mean systolic blood pressure of Black non-Hispanic patients associated with a PIC practice was 4.7mm Hg lower than the mean systolic blood pressure of Black non-Hispanic patients associated with a non-PIC practice. This result suggests PICs may play a pivotal role in reducing disparities in hypertension control and hypertension-related health outcomes.

**Implications for Health Quality/Outcomes**

With the knowledge that for every 5mm Hg decrease in systolic BP there is 12% decrease in CVD mortality, 9% decrease in CHD mortality and 7% cause mortality, optimism is high that new focuses on addressing mean and stage 2 hypertension will be a natural evolution from the success realized through dedicated multi-year efforts to gain and maintain Unity Medical Group control levels into the HEDIS 90th percentile.

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**Provider Performance Improvement Championship in Hypertensive Blood Pressure Control**

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