Hypertension Business Case and Communication Plan

The clinical objectives and rewards related to blood pressure (BP) control are clearly described in the evidence-based literature – BP levels less than 130/80 mmHg reduce cardiovascular risk and lead to fewer heart attacks and strokes. The business objectives are less clear. Overall, uncontrolled hypertension can have a profound impact on the health and economy of communities and businesses, primarily related to increased cardiovascular risk, increased heart attacks, strokes, kidney disease, vision loss, and dementia. Effective treatment for hypertension is straightforward and inexpensive to deliver, costing an average $438 per patient per year.[i] It is estimated that uncontrolled hypertension costs the United States between $131 and $198 billion annually in hospitalizations and treatment. In addition, hypertension costs employers about $10.3 billion per year due to absenteeism.[ii]

While the health care system benefits from potential cost savings generated from better hypertension management in primary care, health centers that invest in improving blood pressure control in their patient population can also save on costs as well as generate revenue. But it requires a paradigm shift and being intentional about building a business case and communication plan.

A Paradigm Shift

Optimizing an approach to improved BP control means shifting the care paradigm to a new approach to screening, diagnosing, and treating hypertension. The shift includes:

- **Using in-office BP as screening for hypertension** and **using self-measured blood pressure (SMBP) to confirm the diagnosis**.
- **Adopting a medication treatment algorithm** that encourages initiating and intensifying treatment using use of combination therapy (more than one anti-hypertensive medication class), preferably in a single pill.
- **Incorporating a culture of anti-inertia** and enacting "between the office visit" follow-up using home BP readings and telehealth to reinforce lifestyle modification, address smoking cessation, and titrate medications
- **Using a team-based approach** with all care team members performing at the top of their license and capability to complete these objectives. Care team members include nurses and medical assistants, as well as clinical pharmacists, community health workers, digital navigators, quality improvement staff and others who can contribute to optimal hypertension management.

  Team-based care means assigning responsibilities, not tasks. For example, medical assistants can automatically contact patients who did not show up for an in-person or virtual appointment on at least a weekly basis. Reviewing no-show appointments in a daily or weekly team huddle is an effective way to routinize. This approach should also be applied to patients with uncontrolled HTN who have not been seen in more than six months.

Building a Business Case for Improving Hypertension Control

Build the Story Regarding Hypertension

- **How many patients have a diagnosis of hypertension?** Describe the population by age, gender, payer, and SDOH information. *Note: Social determinants of health (SDOH) significantly affect hypertension control. A 2022 study revealed that individuals with poorly controlled*

hypertension who did not face any SDOH barriers achieved a 73%P hypertension control rate after one year in a digital health program. Meanwhile, patients who faced one SDOH barrier had a 60% hypertension control rate after a year, and those who faced two or more SDOH barriers had a 55% control rate.]

- **How many patients have a diagnosis of hypertension with a most recent BP ≥130/80 mmHg?**
    - Of those patients with a BP ≥130/80 mmHg, how many are:
        - On no medication or only one agent?
        - Have not been in to see a provider in the last 6 months or more?
        - Do not have the diagnosis of hypertension on their records?
        - Have not been prescribed a single-pill combination?
        - Have not received diet and exercise or smoking cessation counseling
- **Who are the clinical champions interested in improving blood pressure control?**

Define the Quality Improvement Opportunity. Improving blood pressure control reduces cardiovascular risk for the patient population and, by extension, improves the health and economy of the community. Adopting an updated process aimed at improving hypertension control and reducing cardiovascular risk has the following benefits:

- Improved blood pressure control and medication adherence
- Improved access to care
- Improved patient and family/caregiver experience evidenced by higher satisfaction scores
- Improved clinician experience and satisfaction
- Improved financial and operational impact through incentive payments and better staff utilization

Quantify the Cost of Waste. Calculating the cost of waste can be challenging. It should include reviewing missed opportunities for revenue production and improved clinical care delivery (e.g., ensuring accurate BP readings for patients attending appointments in-person, addressing no-show appointments, capitalizing on pay for performance incentives, improving contracts with insurers, billing for all services rendered, fully utilizing all coding and billing opportunities, retaining patients and staff, etc.) and opportunities for improved efficiency (e.g., allowing registered nurses and clinical pharmacists to conduct hypertension follow-up, employing an algorithm that delegates medication titration to nurses and clinical pharmacists, and using medical assistants and community health workers to follow up on no-show appointments and patients not submitting home BP readings, etc.). Another waste area is educational and training opportunities that either are not attended or are not resulting in providers and care teams adopting new ways of diagnosing or treating hypertension.

Determine Cost of the Proposed Solution. In this case, the proposed solution involves activating team-based care in Guideline-driven hypertension management for this patient population, which costs an average of $438 per patient.[iii] It is also essential to consider how the team-based infrastructure may contribute to improved patient retention, provider and care team retention, and improved access to care. Creating this infrastructure will be scalable to other chronic conditions.

Once protocolized team-based care is well established for hypertension management, the next level of increasing care quality and outcomes is to add self-measured blood pressure (SMBP) monitoring (see **SMBP Business Case**). While there are costs associated with a SMBP monitoring digital solution, using

one will accelerate improvements in BP control and may quickly add to pay for performance and other value-based revenue streams.

Practices, including community health centers, will benefit from improved pay-for-performance incentives, more efficient use of office staff, improved health equity, and a team-based approach that elevates all team members to function at the top of their licenses and capabilities and creates a sense of satisfaction and accomplishment for patients. Further, improving hypertension control improves primary care capacity.

Project the Financial Impact. When developing projections, it is important to be conservative (under-promise and overperform) and use an interdisciplinary team to determine projections (involving clinical, finance, billing, and quality personnel). The financial impact of a quality improvement project may not be realized immediately; projections may need to include several years. Agreeing to a set of metrics that can be evaluated formatively and committing to an evaluation timetable is critically important.

Calculate the Return on Investment (ROI). Calculating ROI depends on accurately defining expenses, committing the resources necessary to take advantage of all revenue opportunities, and identifying and eliminating as much waste as possible. Fundamental financial analysis, such as net present value (NPV) and internal rate of return (IRR), may be required in this phase especially if the ROI is expected over several years. NPV accounts for differences in the value of money over time due to inflation. IRR estimates a project's profitability.

Develop a Communication Plan. Ongoing formative and summative communication with clinical teams is an essential element to a successful quality improvement strategy. Include onboarding communication as well as daily, weekly, monthly, and quarterly communication scripts that are role-based. For example, the primary care provider has a script for the daily huddle that focuses on patients at risk for hypertension (obesity, previous office reading ≥130/80 mmHg, eligibility for SMBP, recent SMBP results, etc.), medical assistants come to the huddle prepared to discuss no-shows for hypertension follow up or SMBP telehealth visits, etc.

In addition, ensure nurses and medical assistants use activating messages with prescribing clinicians to encourage initiating or intensifying treatment with combination anti-hypertensive therapy (two or more medication classes) when a patient presents with Stage 2 uncontrolled blood pressure (≥140/90 mmHg). For example, ask “What medication would you like to add?” instead of “Would you like to add a medication?”

Finally, determine your key messages to patients about high blood pressure and be sure that everyone in the health center from the front office staff to those delivering care uses the same messages with patients. This consistency will help reinforce the importance of attaining blood pressure control clearly and uniformly.

An efficient transition to a new hypertension management and control process is critical. Use the **Checklist: Business Considerations for Hypertension** to help guide and organize key business considerations for hypertension care and quality improvement.

Checklist: Business Considerations for Hypertension

Build a Business Case for a Value-Based Care Reimbursement Strategy	
	Define the group of patients most impacted, including gaps in understanding of their condition.
	Identify clinical and operational champions.
	List new workflows that will need to be developed.
	List policies and procedures that must be developed, including referral and referral tracking.
	List insurers and describe incentive programs.
	Develop a timeline to complete the tasks.
Plan for Value-Based Care and New Payment Models	
	List insurers that support billing for Clinical Pharmacists and Community Health Workers.
	List insurers that incentivize collecting and reporting SDOH.
	List incentive programs that are in place and working.
Focus on Complete Data and Reporting Strategies	
	Identify gaps in the completeness of the data and how to get the right information in front of the right members of the care team at the right time. Work with care team members to develop the best solution.
	Make a plan to get performance data to providers in real-time.
	Develop a plan that providers and care teams can use to improve performance.
	Develop a plan for feedback to providers and care teams when documentation is incomplete.
Focus on Comprehensive Evidence-Based Care	
	Develop an evidence-based, role-based education and training plan for providers and care team members that is sustainable and can be used for onboarding and as a refresher.
	Set expectations and adopt a therapeutic inertia-resistant culture and approach to hypertension.
	Create a standardized approach to patient, family, and caregiver education, including a set of patient education materials.
Develop Role-Based Communication Plan	
	Create a list of report/communication types and cadence.
	Stratify the list by role.
	Test the communication scripts with the team member.
	Publish the list of communication types, cadences and roles.

[i] Jacob V, Reynolds JA, Chattopadhyay SK, et al. Economics of Team-Based Care for Blood Pressure Control: Updated Community Guide Systematic Review. Am J Prev Med. 2023;65(4):735-754. doi:10.1016/j.amepre.2023.04.013

[ii] Berg, S. With Hypertension Rates Up, 3 Ways to Draw Focus on BP Control. Accessed November 8, 2024. https://www.ama-assn.org/delivering-care/hypertension/hypertension-rates-3-ways-draw-focus-bp-control

[iii] Jacob V, Reynolds JA, Chattopadhyay SK, et al. Economics of Team-Based Care for Blood Pressure Control: Updated Community Guide Systematic Review. Am J Prev Med. 2023;65(4):735-754. doi:10.1016/j.amepre.2023.04.013