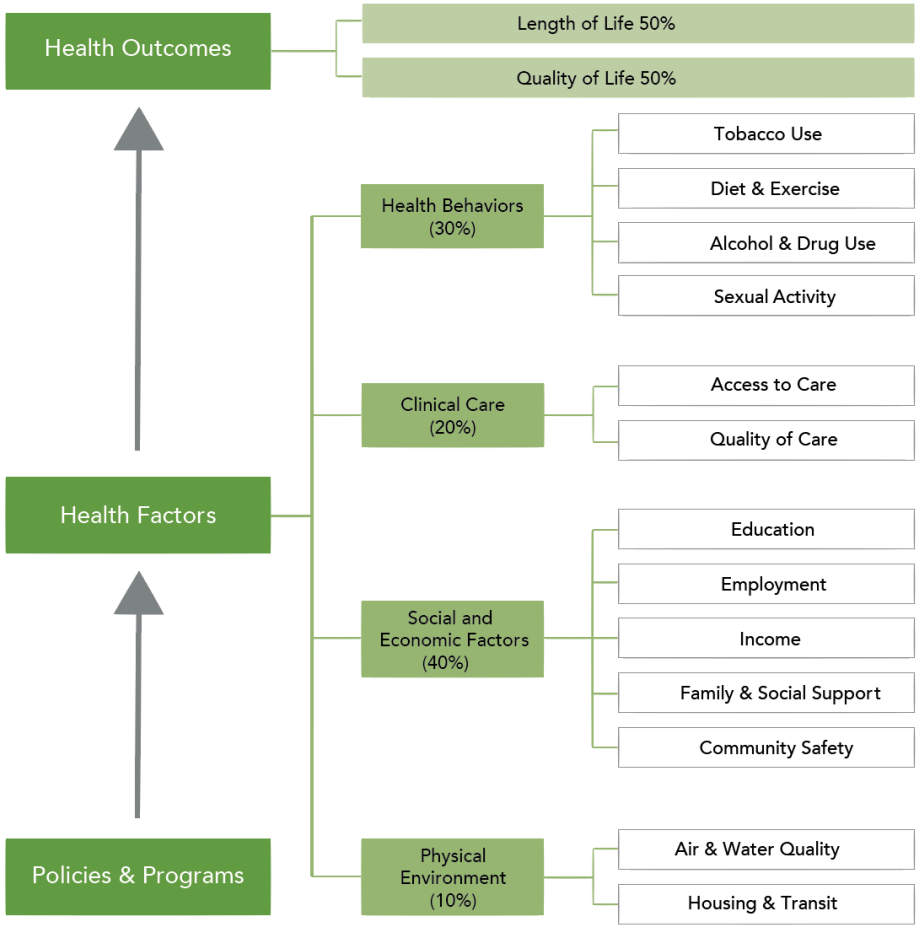
ASTHO GREEN COUNTY

Wisconsin Community Clinical Linkage
Hypertension Improvement Team

DECEMBER 14, 2015

ASTHO Grant

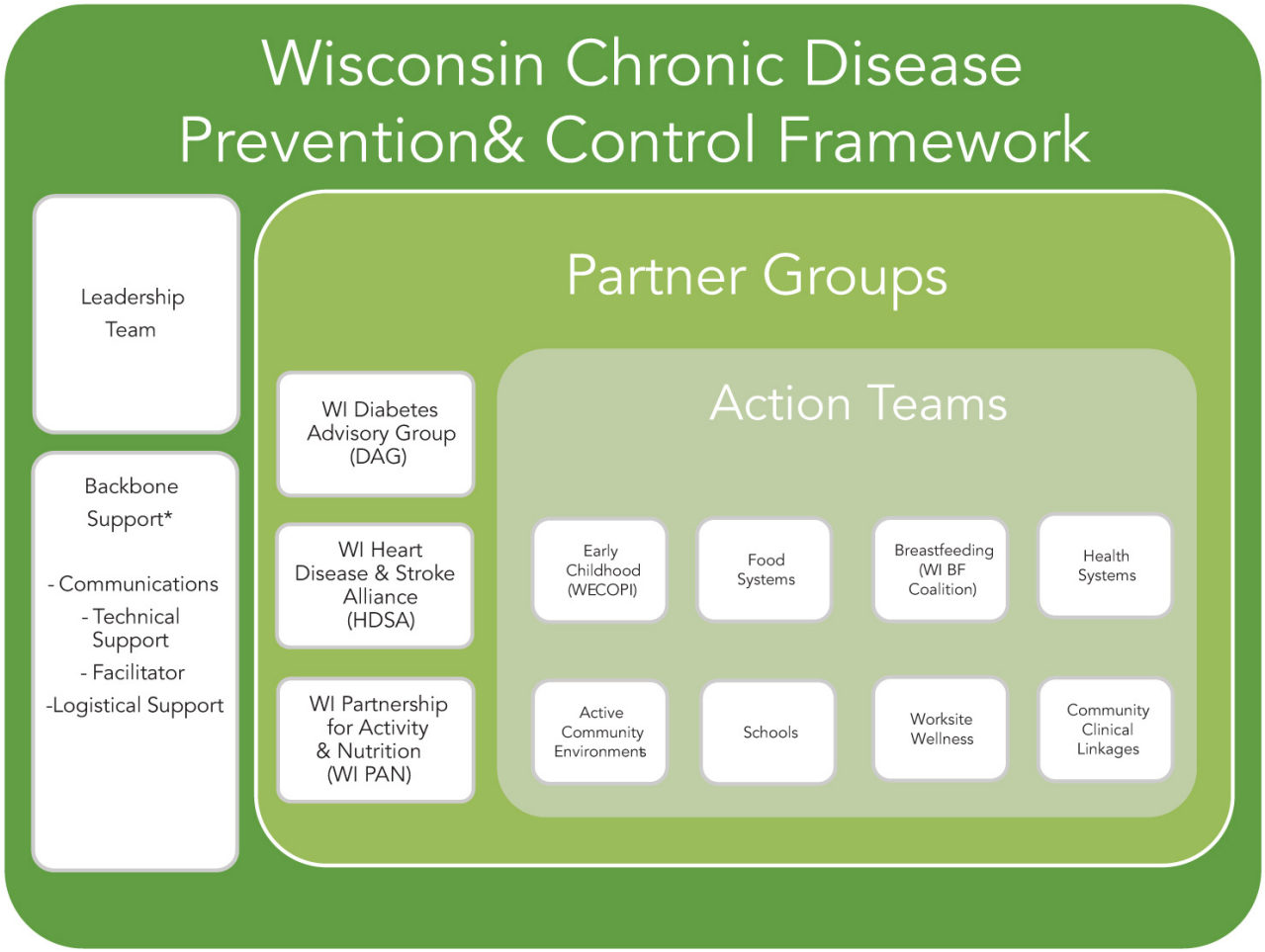
An Avenue for Health Improvement Through *Strengthened Community Links/Bridges To Social Determinants Of Health*



County Health Rankings Model © 2015 UWPHI

Bridge – *A structure carrying a pathway over an obstacle*

Obstacles to Health: *Access to care, Insurance, Jobs, Medication, Healthy Food, Transportation, Safe Communities, Culturally Diverse Providers and Health Experiences, Connection to Community Supports, Social Network*



*The Wisconsin Obesity Prevention Network will comprise part of the backbone.

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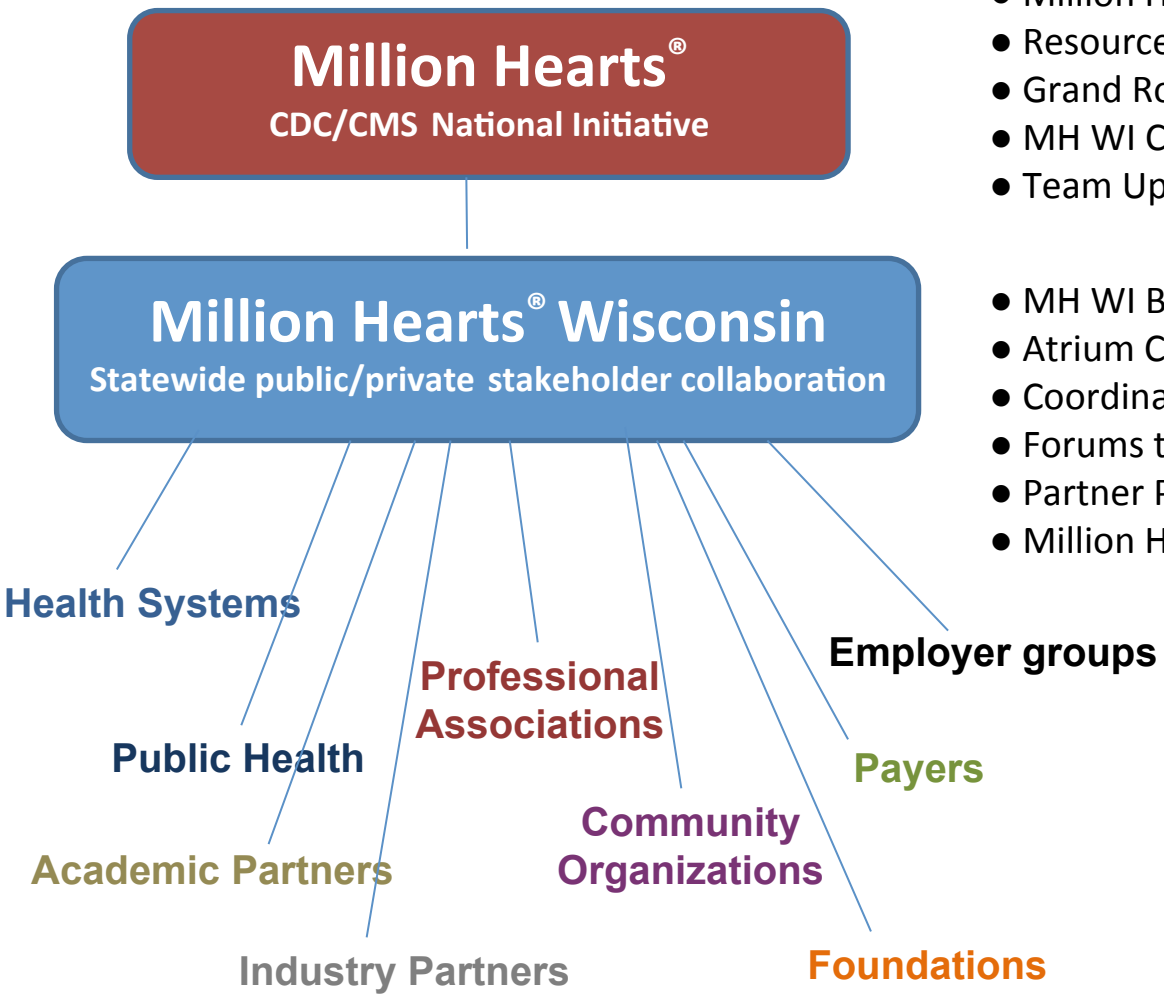
Million Hearts® Wisconsin



- Million Hearts® Pledge
- Resources
- Grand Rounds
- MH WI CHALLENGE
- Team Up. Pressure Down.
- Videos
- Toolkits
- Webinars
- Pt. Engagement

- MH WI BP Improvement Challenge "Stories"
- Atrium Clearinghouse-Clinical CV Tools/Resources
- Coordinated clinical and community prevention
- Forums to Share Best Practices & Videos
- Partner Profiles & Map
- Million Hearts Wisconsin Dashboard

Million Hearts® Wisconsin Priority Strategies

1 Identify **undiagnosed hypertension**

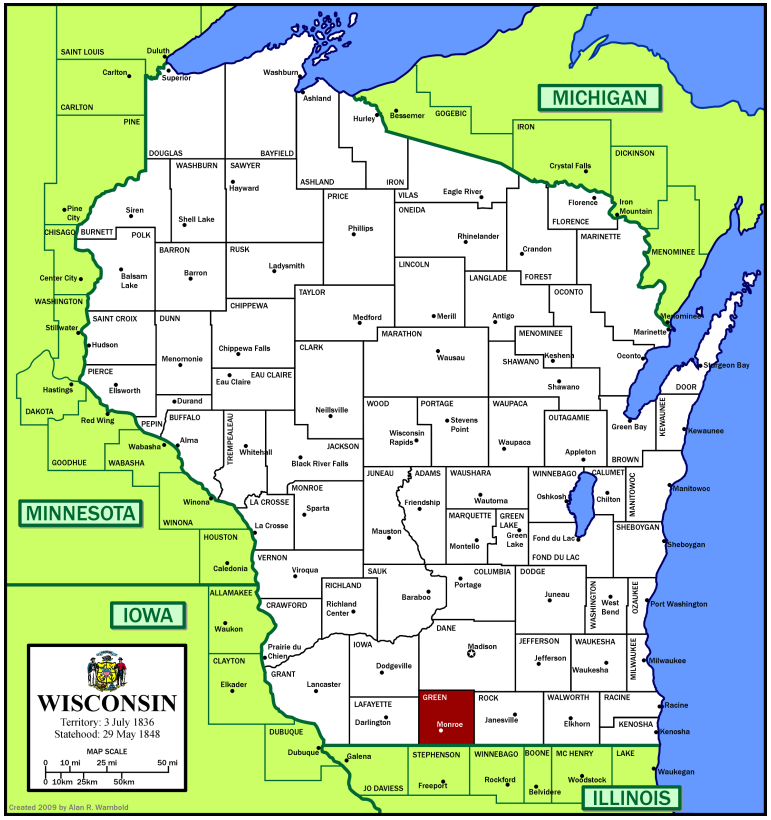
2 Move those treated for **HTN** to **control**

3 Promote **team-based care**

4 Promote and enhance use of **EHR** among Health systems / clinics to manage pts. diagnosed or undiagnosed with HTN and diabetes

Green County, Wisconsin

- Population: 37,789
- Home to sixteen towns, six villages and two cities
- Median age: 40
- Median income: $56,849
- Major Economic Drivers: Colony Brands, Monroe Clinic, Monroe Truck, Agriculture, Beer, Cheese



GREEN COUNTY WISCONSIN

there's an art to it.

Green County Partners – Bridges to Health

Wisconsin Community Health Fund, Public Health,
Community Clinic, Parish Nurse, Health System

Wisconsin Community Health Fund
Resource Bridge

Resources/Partners + Evidence-Based Strategies = **Healthy Communities**

Community Bridges to Health

Public Health | Community Clinic | Parish Nurse

GREEN COUNTY HEALTH DEPARTMENT

Monroe Clinic
Parish Nurse Program

SWCAP
Southwestern Wisconsin Community Action Program, Inc.

Health System Bridge - Monroe Clinic

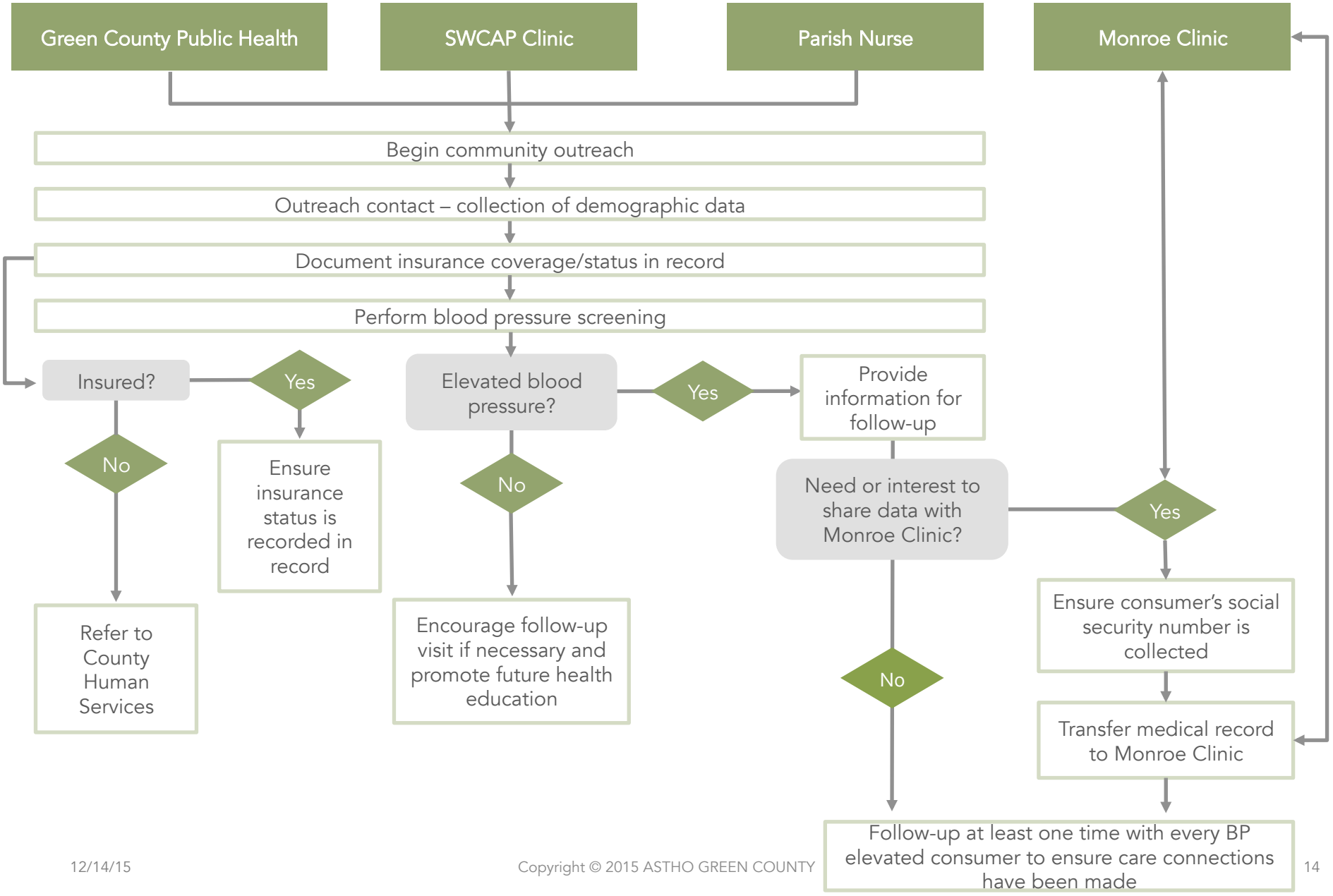
- Non-profit, Catholic Health Care System
- 58-bed, LEED-certified hospital built in 2012
- 9 branch clinics in neighboring communities
- 1,100+ employees, $170million Revenue, 202,600 patient visits
- Rural medical education programs including Family Medicine Residency, Emergency Medicine Fellowship, Hospitalist Fellowship, and Pharmacy Residency

Green County Project Plan

Outreach to Those Most At-risk for Not Having Access To Care

Project Expectations	Project Projections (Total)	November Report
Undiagnosed – Patient Screening	200 - 250	104
Est. Diagnosed Hypertensive	61 - 73	7
Patients Referred/ Follow Up/ Treatment Plan	33 - 41	1
Reduced Blood Pressure/Controlled	26 - 33	

Hypertension Improvement Plan



Population Health Specialists

- New position within the primary care team in 2015 - one nurse per clinic dedicated to this role

- Efforts tied to quality goals Project examples: colon cancer screening, certain vaccinations and diabetic labs
- Review patient data monthly and implement outreach strategies through phone contacts and working to link many goals at face-to-face clinic contact point
- Findings to date – *it is not just about population health – patient and provider buy in = very important*

EPIC – Electronic Record History

- Monroe Clinic – One of the founding users of EPIC
- Care Everywhere – Implemented in 2015 - links medical record to other EPIC systems
- Future – 2016 – EPIC Care Link – entry into the medical record system from the community
- Initial pilots – nursing homes, could later consider community clinic, public health and others

Monroe Clinic hosted the first live Care Everywhere International record exchange at their New Glarus location on August 31, 2015.

Project Successes – Next Steps

Monroe Clinic – With motivation from the ASTHO project, identified Hypertension as part of their 2016 Quality Goals

Strong Outreach Plan To Those Most At-Risk – Connection to Churches, Community Events, Food Pantries, Low Income Workers

Hospital Contact for Project Identified – Cardiology Department Nurse Practitioner – will work with team to further develop education tools and strengthened community/clinical linkage plans – once patients are deemed to be in "control" will work to link them to a primary care medical home

Continue to work through best avenues for Medicaid/insurance review – County Human Services and Monroe Clinic – Monroe Clinic Foundation offers a unique subsidy to help people afford ACA exchange payments

EMR – for this project encounters will be abstracted as a document only encounter – future will explore connection to EPIC Care Link – allowing direct entry of data from community outreach supports

ASTHO Green County

CONNECTION TO

WCHF 2015/2016 Agenda For Healthy Communities
Goal: *Growing Resources to Combat Heart Disease*

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