Community and Patient Engagement

May 23, 2024

MOLINA® HEALTHCARE

Agenda

Welcome and Provider Updates
Allie Govek
Mgr, Provider Relations, Molina Healthcare of Wisconsin

Molina Community and Patient Engagement
Brit Paulsen
AVP, Growth & Community Engagement, Molina Healthcare of Wisconsin

AMA MAP Hypertension Quality Improvement Program
Shannon Haffey
Director of Ecosystem Strategies and Community Impact, AMA

Kate Kirley, MD
Director of Chronic Disease Prevention and Programs, AMA

Questions

Meet the Wisconsin Community Engagement Team

Brit Paulsen

AVP, Growth & Community Engagement

Jenny Chevalier

Growth & Community Engagement Specialist for **Northeast Wisconsin**

Allison Navin

Growth & Community Engagement Specialist for **Madison and the surrounding** area

Shana Brown

Growth & Community Engagement Specialist for **Milwaukee** area

Molina Healthcare of Wisconsin

Established 2010

Service area

Map Key

- Medicaid
- Medicare
- Marketplace

Commitment to our community

Molina Healthcare of Wisconsin provides government-sponsored care for qualifying individuals. Our mission is to improve the health and lives of our members by delivering high-quality health care.

Community events & programs

We are deeply connected to our diverse communities, both urban and rural. Our staff and leaders frequently volunteer to serve our members, and so far in 2024, our Community Engagement team has been working hard to positively impact health and educate members. For example, we supplied dental kits to 2,500 Medicaid and uninsured children in Green Bay and over 600 gloves, hats, laundry detergent and hygiene products to Capuchins Community Services in Milwaukee to aid warming centers during the severe freeze in January. We donated food pantry items and welcome basket items to the YWCA women's shelter in Madison, and we donated $10,000 to the Green Bay Metro Fire Department's Mobile Health Unit.

Key health plan facts

Membership 64,768*	**Employees** 115
Lines of business Medicaid Marketplace Medicare	**Provider network** 71 Hospitals and 49 ASCs* 35,597 Providers*

Partner & outreach highlights

Hospital system affiliations: Ascension, Aurora Advocate Health, Bellin Health System, Children's Wisconsin, Door County Medical Center, Fort HealthCare, Froedtert South, Marshfield Clinic Health System, Meriter Hospital Inc., ThedaCare, UW Health System, Watertown Regional Medical Center

Health Plan leadership

Brian Maddy, MBA, Plan President
Raymond Zastrow, MD, Chief Medical Officer
Joe Dietlin, MBA, VP, Network Management & Operations
Karen Mallak, RN, VP, Healthcare Services

Giving and Volunteering

97 Face to Face Community Events Hosted YTD

$75k in Community Reinvestment YTD

3,100 Hats, Gloves, Personal Hygiene Items Donated

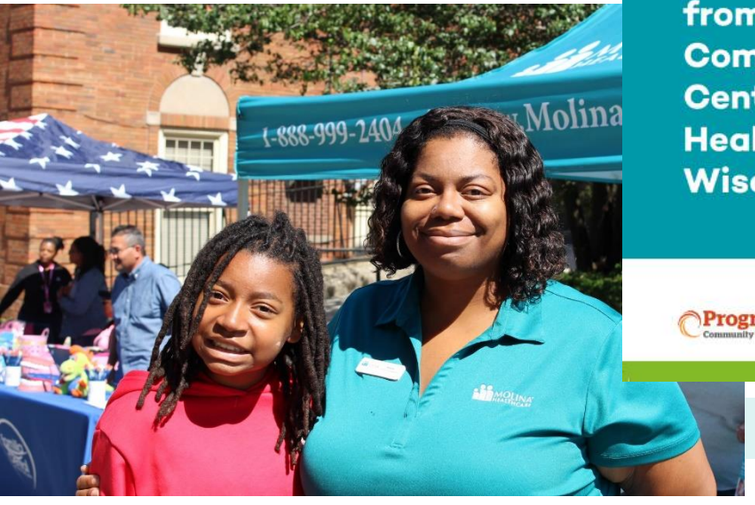
14k Books Donated through Reach Out and Read

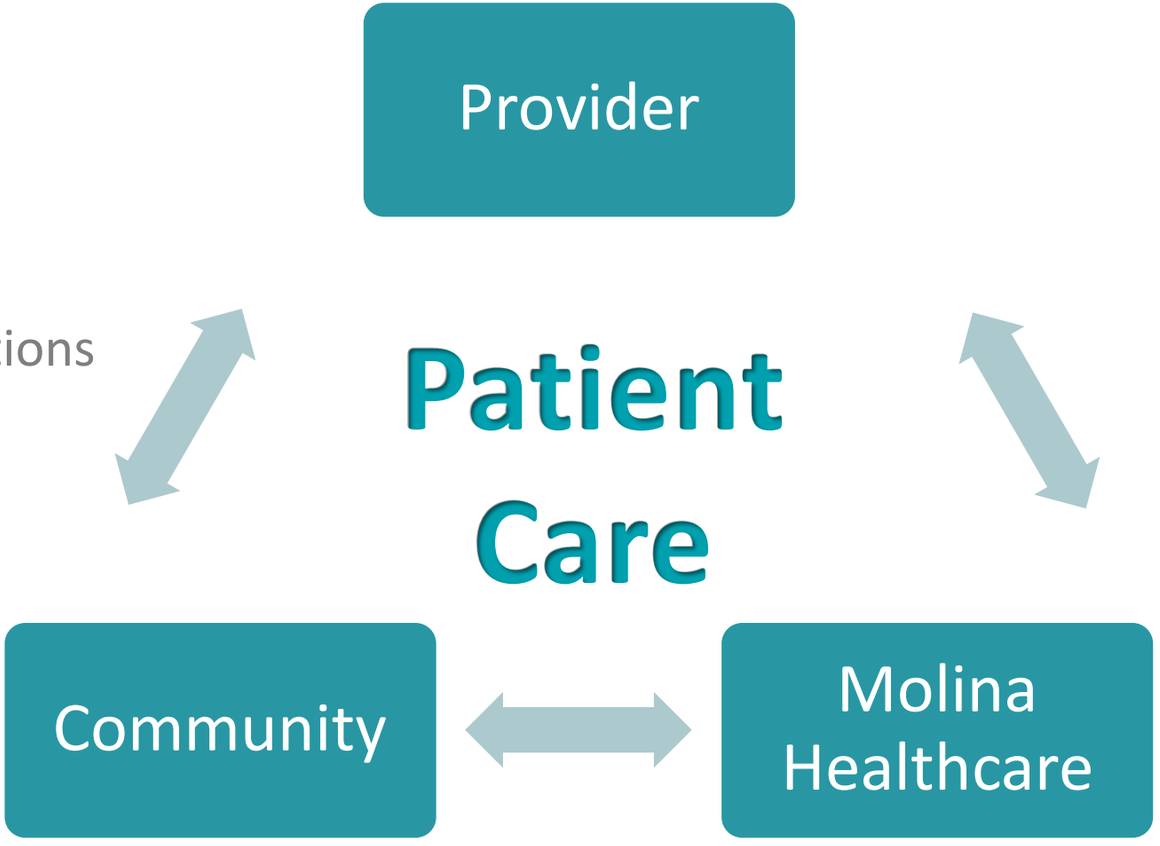
Planned **$100k** MolinaCares Accord Investment in Health Equity Programs

Your Partner in Healthcare

Provider, Payer and Community Connection

- **190+ community org relationships** in WI
- **~100 community event**s in WI YTD 2024
- **Member/Patient Engagement** events and communications
- **25+ health literacy materials**
  - State approved and ready to use
  - Translations available in ANY language
  - We take special requests!
- **Community Resources:** MolinaHelpFinder.com
- **Interpretation services** at point of care





MOLINA HEALTHCARE

AMA Clinical Quality Improvement Preventing Cardiovascular Disease

Prepared for Molina Wisconsin
May 2024

Kate Kirley, MD, MS, FAAFP
Director of Chronic Disease Prevention & Programs

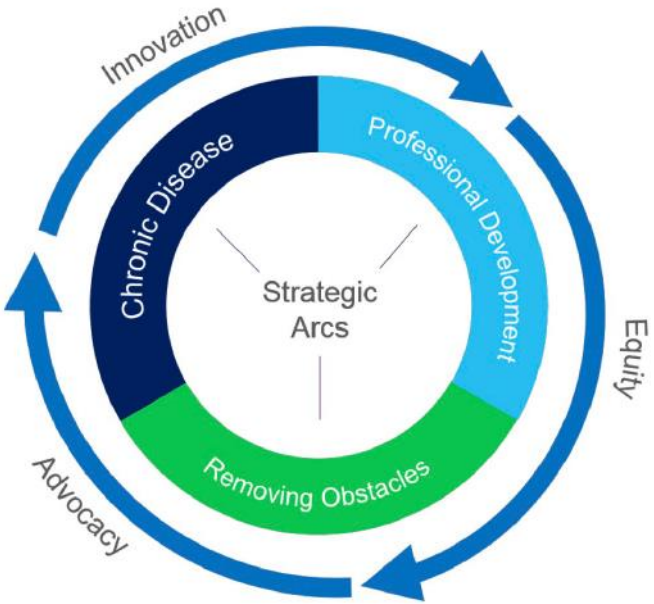
Shannon Haffey, MHSA
Director of Ecosystem Strategies & Community Impact

AMA
AMERICAN MEDICAL ASSOCIATION

Mission:

To promote the art and science of medicine and the betterment of public health

Strategic Arcs:



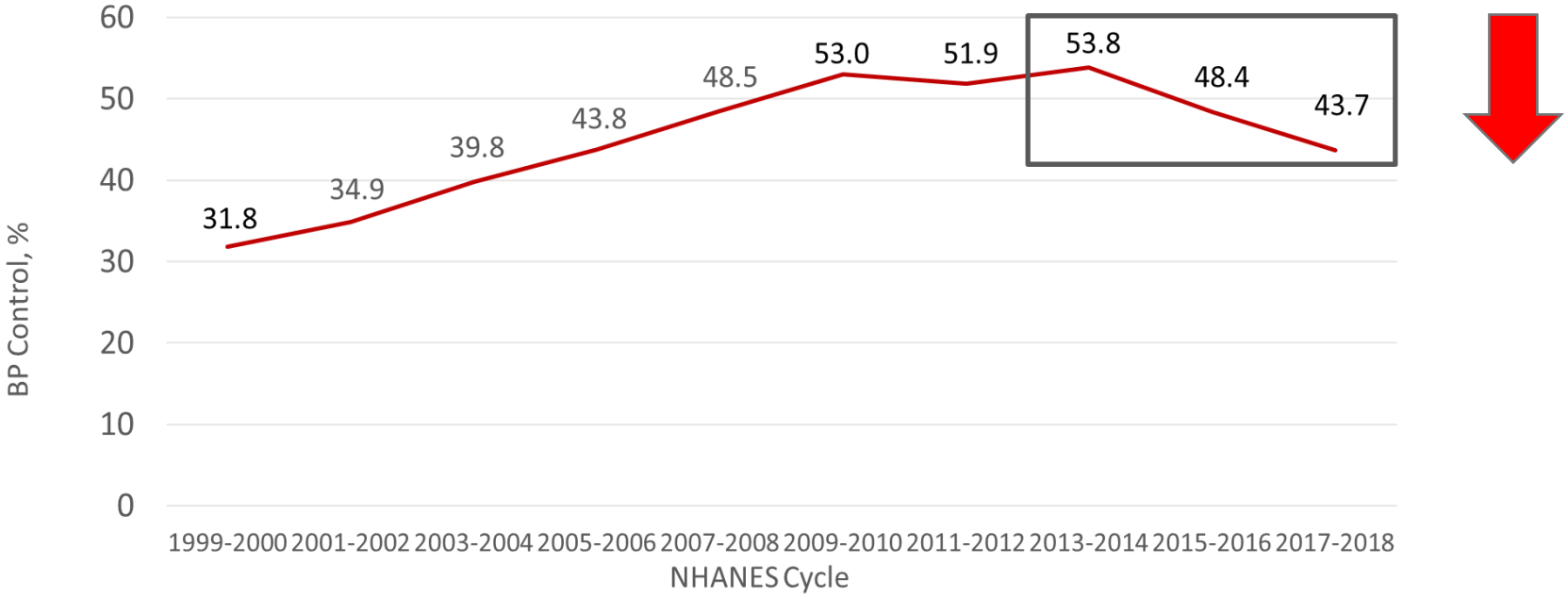
Improving Health Outcomes (IHO) Group

The Improving Health Outcomes (IHO) Group supports physicians, care teams and the patients they serve to prevent cardiovascular disease (CVD), the leading cause of death and disability among US adults.

Better hypertension care

Trends in blood pressure control among US adults

BP Control, SBP/DBP <140/<90 mmHg: 1999-2000 through 2017–2018 NHANES data analysis



Muntner P, Hardy ST, Fine LJ, et al. Trends in Blood Pressure Control Among US Adults With Hypertension, 1999-2000 to 2017-2018. *JAMA*. 2020;324(12):1190-1200. doi:10.1001/jama.2020.14545

Common gaps in hypertension care

Inaccurate BP Measurement	**Lack of a BP measurement protocol contributes to variation and inaccurate BP measurements**
Treatment inertia	**Most patients with uncontrolled hypertension are sub-optimally treated**
Non-adherence to treatment and a lack of frequent follow-up	**Half of patients with hypertension do not take their medications as prescribed, frequent follow-up is not occurring**

AMA MAP™ Framework

Measure Accurately

- Obtain actionable blood pressure (BP) measurements to diagnose hypertension and assess BP control.

Act Rapidly

- Initiate and intensify treatment when indicated.

Partner with Patients

- Support patient activation for self-management, assess and improve adherence to treatment.

AMA MAP™ Hypertension metrics

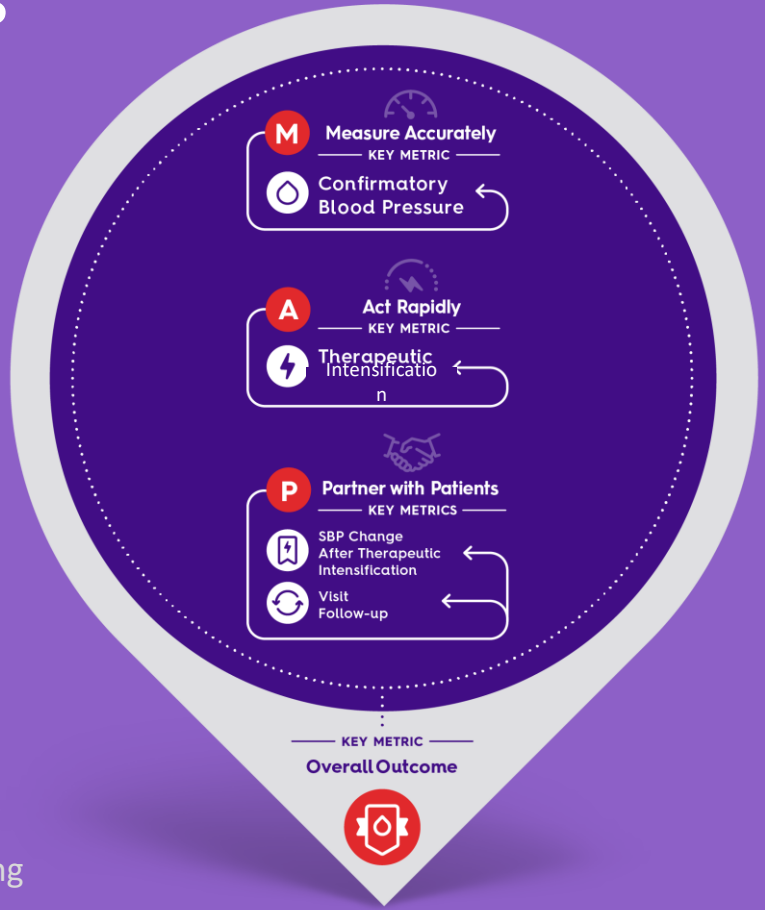
Outcome Metrics
Percentage of adults with HTN whose most recent BP is adequately controlled.
This metric includes office-based and self-measured BPs (SMBP)

Confirming High BP
Percentage of patients with an initial high BP confirmed by a repeated measurement during the encounter

Therapeutic Intensification
Percentage of adults with HTN with uncontrolled BP at a visit during which an antihypertension medication class is added

SBP Change After Therapeutic Intensification
Percentage of adults with HTN who have a reduction in SBP of at least 10 mmHg after an antihypertension medication intensification to treat uncontrolled BP

Follow-Up
Percentage of patients with an uncontrolled BP in the previous month having a follow-up BP measurement within 30 days



AMA MAP™ Hypertension

Strategies and action steps - HTN

Measure Accurately

Obtain actionable BPs to diagnose hypertension and assess BP control

- Use automated, validated upper arm devices
- Properly prepare and position patient, use correct measurement technique
- Implement a standardized BP measurement protocol
- If initial BP high, take confirmatory measurements

Strategies and action steps - HTN

M Measure Accurately

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A Act Rapidly

Initiate and intensify using evidence-based treatment

- Use an evidence-based treatment protocol
- Use single-pill combinations
- Follow up frequently until BP control is achieved

Strategies and action steps - HTN

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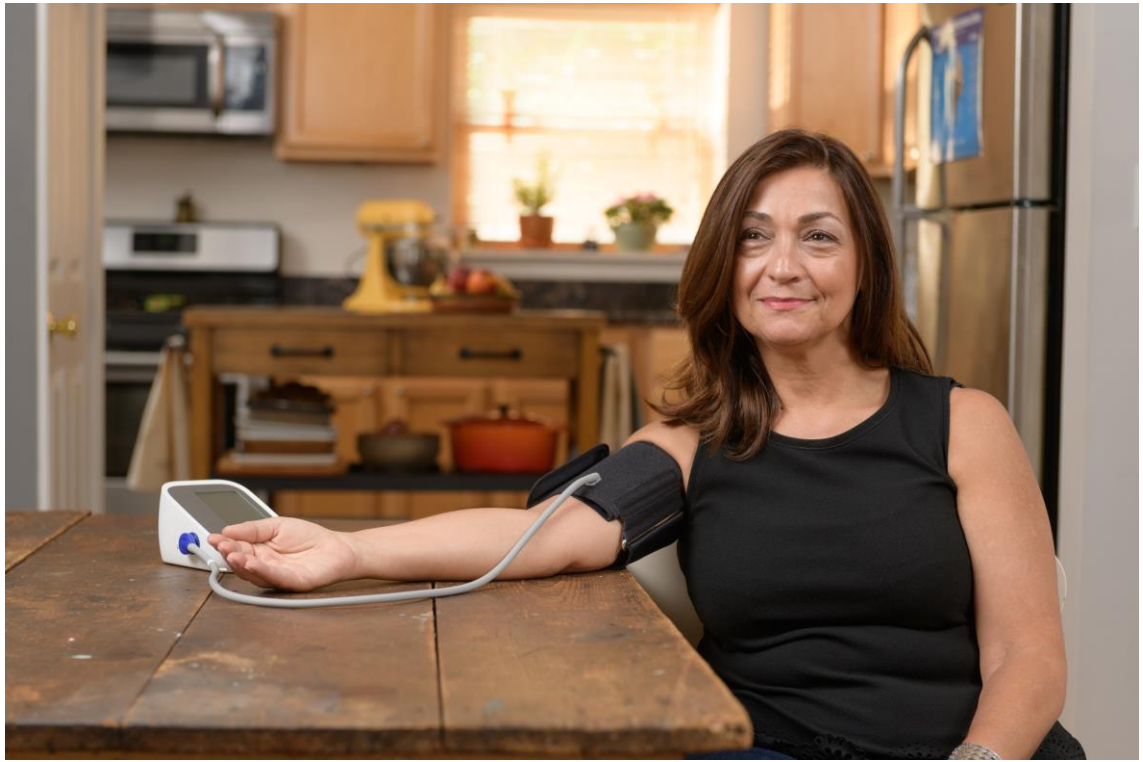
P Partner with Patients

To support patient activation and improve adherence to treatment

- Assess and address non-adherence to treatment
- Use collaborative communication
- Use proven lifestyle interventions
- Incorporate self-measured blood pressure (SMBP)

Self-Measured Blood Pressure (SMBP)

Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained by the patient outside of a clinical setting, often at home



Steps to always include in SMBP

- Use validated home blood pressure devices
- Use the appropriate cuff size for the patient
- Train patients to properly measure blood pressure
- Make sure patients know how to get results back to care team
- Average the results for clinical decision making

Hypertension resources

AMA MAP™ Hypertension QI Program

Each MAP component incorporates:

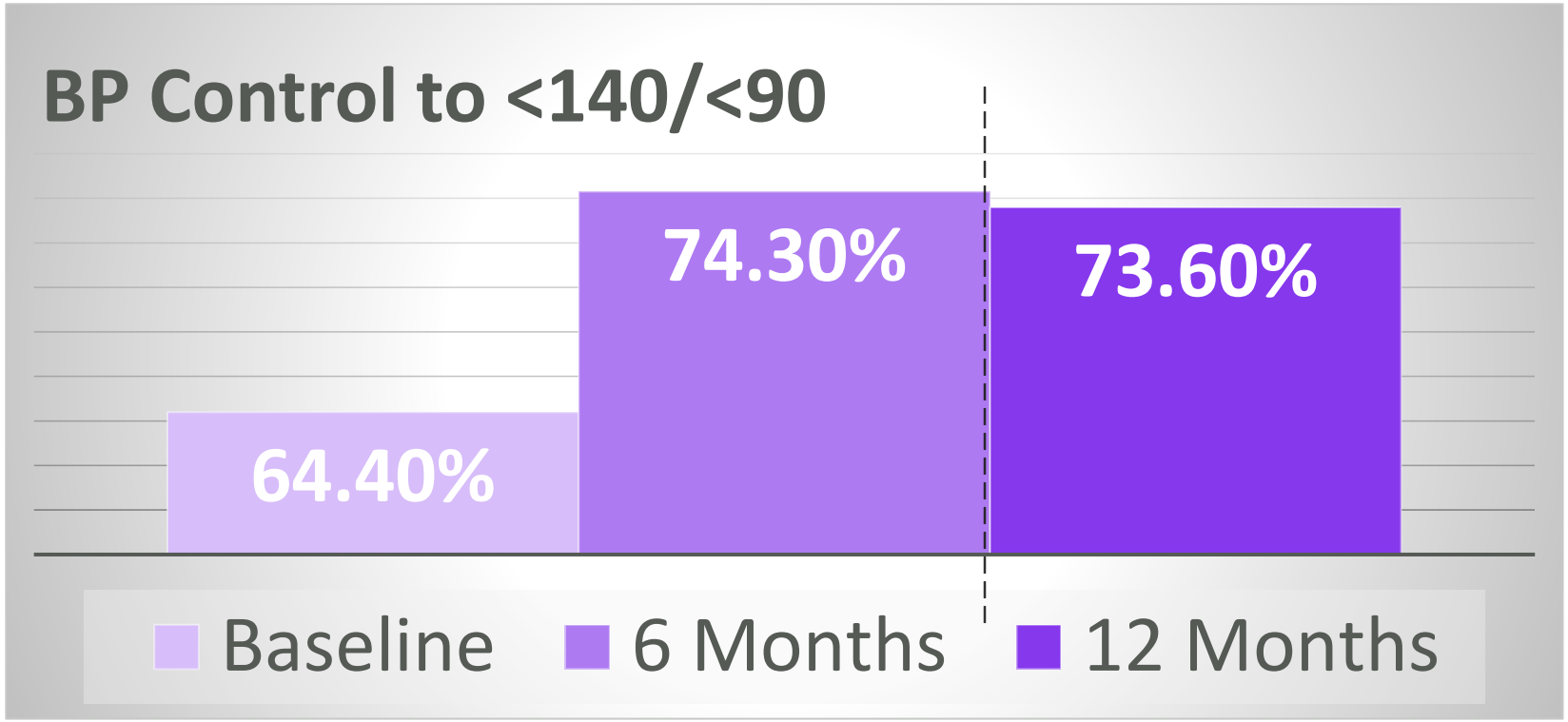
- Evidence-based strategy and action steps
- Supporting tools and resources
- Quality improvement coaching (practice facilitation)
- Performance metrics, dashboards, and monthly reports

mapbpsupport@ama-assn.org

AMA MAP™ Hypertension

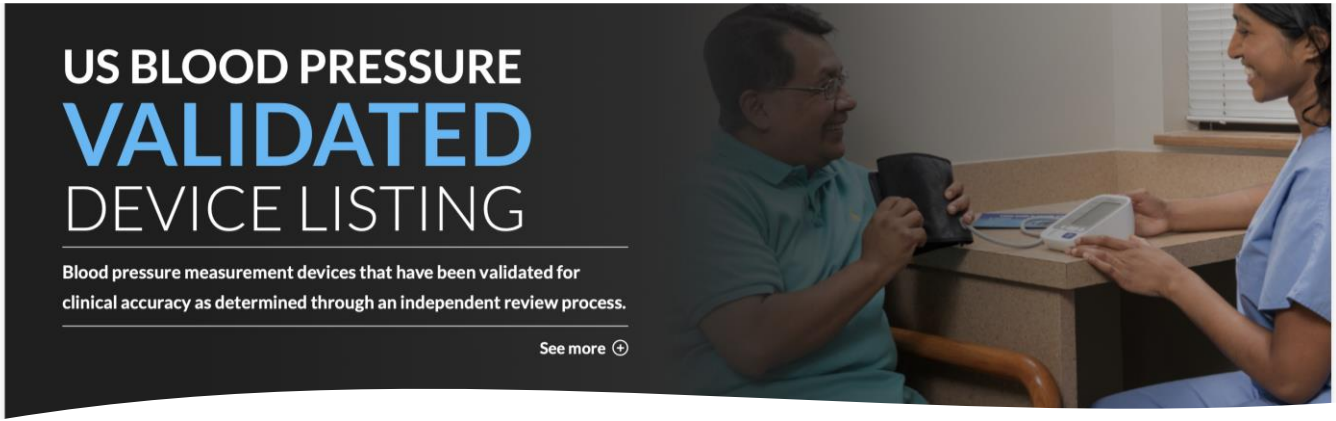
 |

AMA MAP™ Hypertension program works



------ **Active Facilitation and Support ended at the beginning of month 7**

How do I know which device is clinically accurate?



The first U.S. list of blood pressure (BP) measurement devices developed to assist physicians and patients in identifying BP devices that have been validated for clinical accuracy

ValidateBP.org

BP measurement education

AMA Ed Hub™

- BP Measurement Essentials: Student Edition
- BP Measurement Refresher: Student Edition
- SMBP Essentials: Student Edition
- Measuring BP in Real World Settings: Student Edition
- Practice Measuring BP: Student Edition

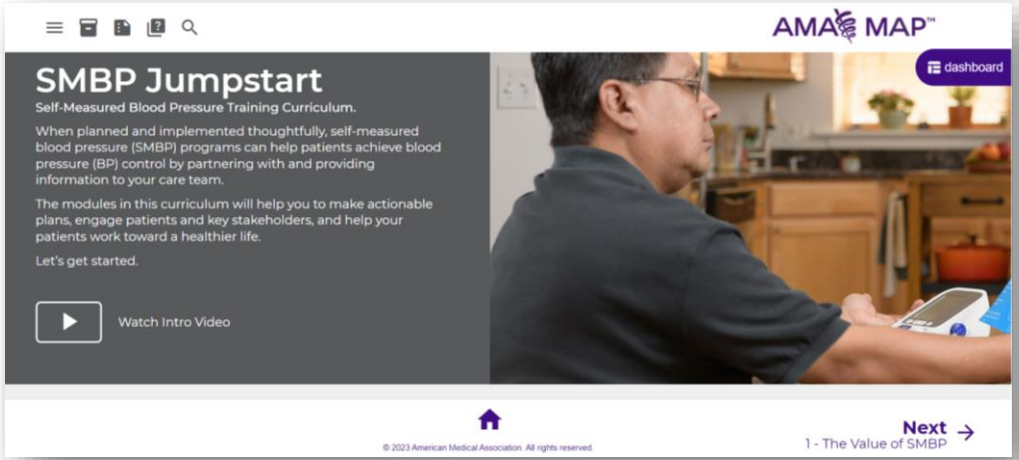
AMA | Physicians' powerful ally in patient care

SMBP Jumpstart

AMA Ed Hub™

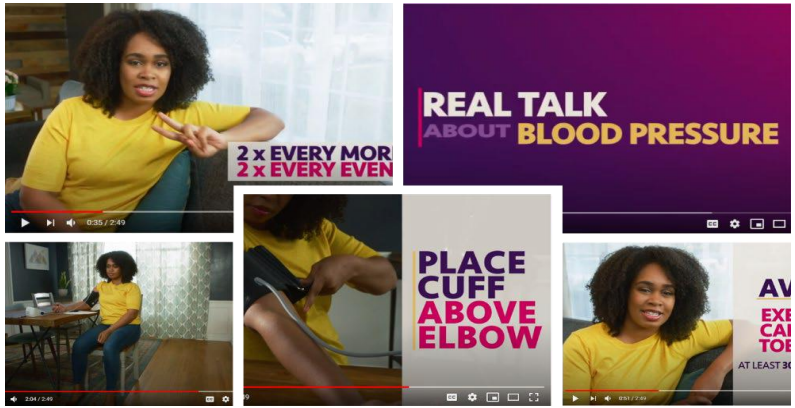
- A **free** digital curriculum designed to address the **learning, planning, and implementation** needs of those seeking to implement and sustain **evidence-based systematic SMBP programs**.

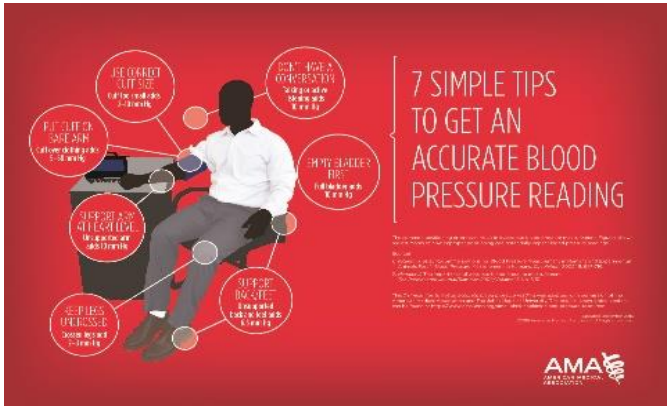
- Primarily intended for SMBP Clinical Champions and QI Leads but **beneficial for all clinical and non-clinical team members.**



Patient education

Resources for HCOs, physicians and care teams to use with their patients, as well as for community health workers to raise awareness and provide education in their communities





Bringing AMA MAP™ Hypertension QI program to your organization

AMA Collaboration Approach

WHO?

Brings together leaders in:

- Primary Care
- Clinical Leadership
- Quality improvement
- Population Health
- Clinical Operations
- IT

WHAT?

Works with organizations to:

- Identify existing QI infrastructure
- Customize implementation to clinical workflows
- Identify internal HTN champions to maximize adoption and success

WHEN?

Active collaboration throughout:

- Planning
- Program launch
- Optional support and coaching
- Program sustainment

Potential Benefits from Participation

IMPROVES OUTCOMES

- Improved BP can lead to a reduction in heart attacks and strokes
- 10 percentage point improvement in BP control sustained at a year

INCREASE EFFICIENCY

- Available patient action list
- Improves efficiency of operation
- Promotes team-based care to conserve MD time

MAP

ACTIONABLE DATA

- Timely, monthly data. Can make improvements before end of the year.
- Includes process metrics, not just an overall outcome

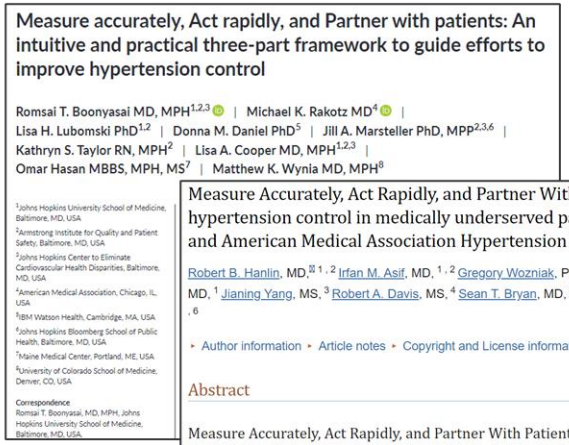
SAVES MONEY

- Funded by the Mission of the AMA – No cost
- Can improve performance-based compensation

AMA MAP™
Hypertension

Scan the QR code or email us at MAP@ama-assn.org if your organization would like to find out more information.

Results



Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three-part framework to guide efforts to improve hypertension control

Romsai T. Boonyasai MD, MPH[1,2,3] | Michael K. Rakotz MD[4] | Lisa H. Lubomski PhD[1,2] | Donna M. Daniel PhD[5] | Jill A. Marsteller PhD, MPP[2,3,6] | Kathryn S. Taylor RN, MPH[2] | Lisa A. Cooper MD, MPH[1,2,3] | Omar Hasan MBBS, MPH, MS[7] | Matthew K. Wynia MD, MPH[8]

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[5]IBM Watson Health, Cambridge, MA, USA
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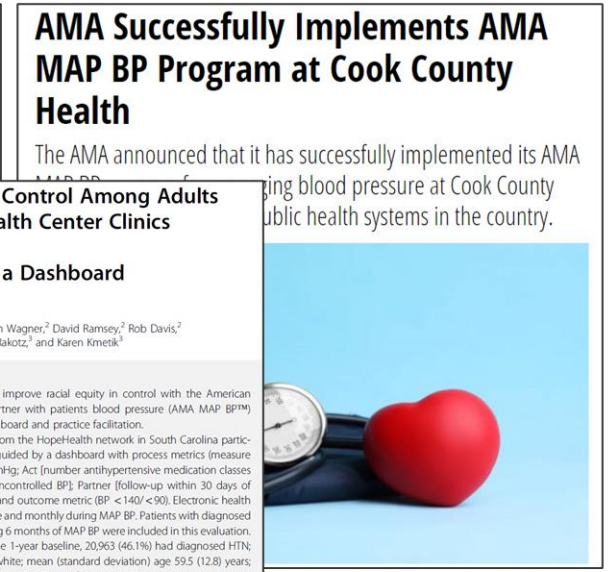
Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol

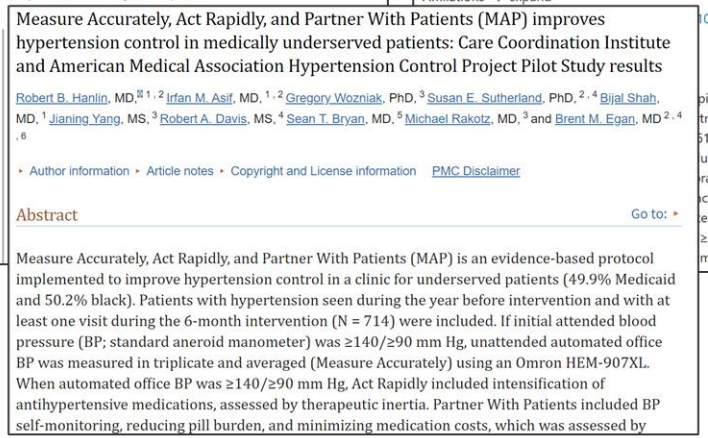
Brent M Egan [1,2,3], Susan E Sutherland [1,2], Michael Rakotz [4], Jianing Yang [4], R Bruce Hanlin [2,5], Robert A Davis [1,2], Gregory Wozniak [4]

Affiliations + expand



AMA Successfully Implements AMA MAP BP Program at Cook County Health

The AMA announced that it has successfully implemented its AMA MAP BP ... ging blood pressure at Cook County ... ublic health systems in the country.



Measure Accurately, Act Rapidly, and Partner With Patients (MAP) improves hypertension control in medically underserved patients: Care Coordination Institute and American Medical Association Hypertension Control Project Pilot Study results

Robert B. Hanlin, MD,[1,2] Irfan M. Asif, MD,[1,2] Gregory Wozniak, PhD,[3] Susan E. Sutherland, PhD,[2,4] Bijal Shah, MD,[1] Jianing Yang, MS,[3] Robert A. Davis, MS,[4] Sean T. Bryan, MD,[5] Michael Rakotz, MD,[3] and Brent M. Egan, MD[2,4,6]

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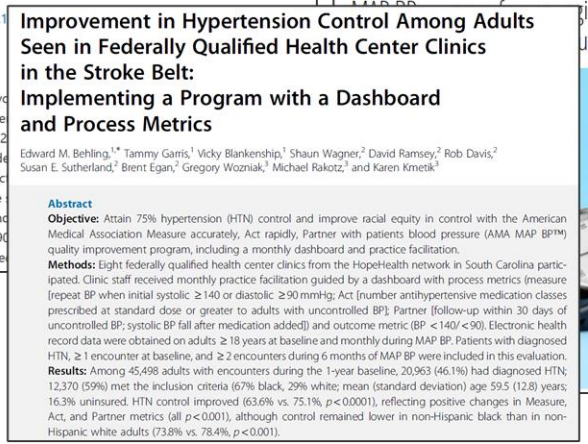
Abstract Go to: ▸

Measure Accurately, Act Rapidly, and Partner With Patients (MAP) is an evidence-based protocol implemented to improve hypertension control in a clinic for underserved patients (49.9% Medicaid and 50.2% black). Patients with hypertension seen during the year before intervention and with at least one visit during the 6-month intervention (N = 714) were included. If initial attended blood pressure (BP; standard aneroid manometer) was ≥140/≥90 mm Hg, unattended automated office BP was measured in triplicate and averaged (Measure Accurately) using an Omron HEM-907XL. When automated office BP was ≥140/≥90 mm Hg, Act Rapidly included intensification of antihypertensive medications, assessed by therapeutic inertia. Partner With Patients included BP self-monitoring, reducing pill burden, and minimizing medication costs, which was assessed by



Improvement in Hypertension Control Among Adults Seen in Federally Qualified Health Center Clinics in the Stroke Belt: Implementing a Program with a Dashboard and Process Metrics

Edward M. Behling,[1,*] Tammy Garris,[1] Vicky Blankenship,[1] Shaun Wagner,[2] David Ramsey,[2] Rob Davis,[2] Susan E. Sutherland,[2] Brent Egan,[2] Gregory Wozniak,[3] Michael Rakotz,[3] and Karen Kmetik[3]

Abstract

Objective: Attain 75% hypertension (HTN) control and improve racial equity in control with the American Medical Association Measure accurately, Act rapidly, Partner with patients blood pressure (AMA MAP BP™) quality improvement program, including a monthly dashboard and practice facilitation.

Methods: Eight federally qualified health center clinics from the HopeHealth network in South Carolina participated. Clinic staff received monthly practice facilitation guided by a dashboard with process metrics (measure [repeat BP when initial systolic ≥ 140 or diastolic ≥ 90 mmHg; Act [number antihypertensive medication classes prescribed at standard dose or greater to adults with uncontrolled BP]; Partner [follow-up within 30 days of uncontrolled BP; systolic BP fall after medication added]) and outcome metric (BP < 140/ < 90). Electronic health record data were obtained on adults ≥ 18 years at baseline and monthly during MAP BP. Patients with diagnosed HTN, ≥ 1 encounter at baseline, and ≥ 2 encounters during 6 months of MAP BP were included in this evaluation.

Results: Among 45,498 adults with encounters during the 1-year baseline, 20,963 (46.1%) had diagnosed HTN; 12,370 (59%) met the inclusion criteria (67% black, 29% white; mean (standard deviation) age 59.5 (12.8) years; 16.3% uninsured. HTN control improved (63.6% vs. 75.1%, $p < 0.0001$), reflecting positive changes in Measure, Act, and Partner metrics (all $p < 0.001$), although control remained lower in non-Hispanic black than in non-Hispanic white adults (73.8% vs. 78.4%, $p < 0.001$).

1. Boonyasai RT, Rakotz MK, Lubomski LH, et al. Measure accurately, Act rapidly, and Partner with patients: An intuitive and practical three- part framework to guide efforts to improve hypertension control. J Clin Hypertens. 2017;19: 684-694. https://doi.org/10.1111/jch.12995
2. Hanlin RB, Asif IM, Wozniak G, Sutherland SE, Shah B, Yang J, Davis RA, Bryan ST, Rakotz M, Egan BM. Measure Accurately, Act Rapidly, and Partner With Patients (MAP) improves hypertension control in medically underserved patients: Care Coordination Institute and American Medical Association Hypertension Control Project Pilot Study results. J Clin Hypertens (Greenwich). 2018 Jan;20(1):79-87. doi: 10.1111/jch.13141. Epub 2018 Jan 5. PMID: 29316149; PMCID: PMC5817408.
3. Egan BM, Sutherland SE, Rakotz M, Yang J, Hanlin RB, Davis RA, Wozniak G. Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol. Hypertension. 2018 Dec;72(6):1320-1327. doi: 10.1161/HYPERTENSIONAHA.118.11558. PMID: 30571231; PMCID: PMC6221423.
4. Behling, et al.; Health Equity 2023, 7.1. http://online.liebertpub.com/doi/10.1089/heq.2022.0109

Physicians' powerful ally in patient care