



# 2013 HYPERTENSION CONTROL CHAMPION: CHESHIRE MEDICAL CENTER/ DARTMOUTH-HITCHCOCK KEENE

*Million Hearts®—Success in Blood Pressure Control*

## FAST FACTS

### CMC/DHK's Patient Population

- Serves 49,381 patients in rural New Hampshire.
- 32% have high blood pressure.
- 3.7% belong to a racial or ethnic minority.
- 8.5% are eligible for Medicaid.



Cheshire Medical Center/Dartmouth-Hitchcock Keene staff. Credit: CMC/DHK.

In 2006, Cheshire County, New Hampshire, set out to become the healthiest community in America by 2020. To achieve this goal, partners across the county—including Cheshire Medical Center/Dartmouth-Hitchcock Keene (CMC/DHK)—joined forces to tackle an array of health issues. Because cardiovascular disease is the county's leading cause of death, the community decided to focus efforts on that problem, specifically targeting control of high blood pressure, also called hypertension, a major risk factor for heart attack and stroke. As the county's only hospital, CMC/DHK played a leading role in these efforts, ultimately increasing the percentage of its patients who had their high blood pressure under control from 72.6% to 85%.

## WHAT WE DID

- **Designated hypertension champions.** By forming an internal Hypertension Quality Improvement Team, CMC/DHK made this initiative a priority. The 15- to 20-person team brought together members from primary care, specialty medicine, quality control, facilities, communications, and other parts of CMC/DHK to ensure broad representation and understanding. Together, the team helped facilitate a consistent approach to high blood pressure control across practice areas.
- **Used team-based care models.** CMC/DHK maintained a free nurse clinic that saw hundreds of patients each month. Nurses in the clinic measured blood pressure and coordinated with primary health care professionals to schedule follow-up visits for patients working to manage their high blood pressure. Through the clinic, at-risk patients were identified and connected or reconnected to care.
- **Implemented consistent, strategic use of electronic health records.** A dedicated registry supported the health care team in tracking patients with hypertension. Physicians across CMC/DHK had access to the registry and could add blood pressure readings, helping practitioners identify individuals with high blood pressure who came in for unrelated health issues, such as a broken leg or other medical condition.
- **Stayed connected to patients.** It can be hard to understand how to get blood pressure under control. To make it easier, Cheshire County partners felt it was important for patients to receive consistent messages, so they made and distributed a patient wallet card to track blood pressure and other important health numbers. This card allowed patients to see the same information at multiple locations throughout the county, including at CMC/DHK.

## Organization Information for Cheshire Medical Center/Dartmouth-Hitchcock Keene

**Web site:** www.cheshire-med.com

**Facebook:** www.facebook.com/CheshireMed

**Twitter:** @CheshireMed

**Phone:** 603-354-5400

**Address:** 580-590 Court Street, Keene, NH 03431

### WHAT WE ACCOMPLISHED

CMC/DHK saw an increase of 12 percentage points in its hypertension control rate, moving from 72.6% at the beginning of 2012 to 85% by July 31, 2013, meaning nearly 2,000 patients had their high blood pressure under control.

### WHAT WE LEARNED

#### Success Factors

For other practices looking to improve hypertension control, CMC/DHK recommends

1. Getting buy-in that hypertension must be addressed from inside and outside the clinical setting, such as from local public health entities, and then inviting input on solutions from all stakeholders.
2. Thinking outside the box in terms of cost, compliance, and other typical barriers. If the issue is important to the organization and community, examine ways to redistribute resources, such as staff, to meet goals.
3. Talking with patients about their role in the team working to achieve blood pressure control so that patients feel empowered and accountable.

### BARRIERS AND CHALLENGES

CMC/DHK's providers and staff faced many competing priorities as well as a large volume of patients, often making it hard to focus on high blood pressure control. The key to overcoming these barriers was to reframe chronic conditions as interrelated health challenges to be tackled together, rather than isolated problems to be dealt with one by one.

“It’s about accountability to our patients. We all have a role to play in their health.”

—Andrew Tremblay, MD, family medicine physician

### WHAT WE ARE DOING NOW

Together with the surrounding community, CMC/DHK is using the lessons it learned working to control high blood pressure to tackle another disease deeply affecting the community—diabetes. CMC/DHK hopes to improve diabetes control by obtaining similar broad buy-in, using team-based care, providing consistent messaging, and applying a consistent quality improvement framework across the organization and community.

**PRE-HIGH** Systolic between 121-139 **OR** Diastolic between 81-89

**Pre-High Blood Pressure** more than doubles the risk for developing full blown High Blood Pressure... but a healthy diet, a healthy weight, physical activity, avoiding salt, and avoiding tobacco all reduce this risk.

	Ideal	Date / /	Date / /
Blood Pressure	<120/80		
Fasting Blood Sugar	<100		
Total Cholesterol	<200		
HDL (Good) Cholesterol	>60		
LDL (Bad) Cholesterol	<100		
Weight & BMI	18.5 – 24.9	Wt BMI	Wt BMI
Waist Size	Men <40" Women <35"		

Card developed by Cheshire Medical Center and Dartmouth-Hitchcock Keene. With the support of the Prevention Research Center at Dartmouth.

Image from patient wallet card, developed by CMC/DHK and the Prevention Research Center at Dartmouth. Credit: CMC/DHK.