

New Mexico Population Health Collaborative

Health Systems Assessment Report

June 30, 2020



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Introduction

Thank you for participating in the New Mexico Population Health Collaborative, a joint project of the New Mexico Department of Health's Population and Community Health Bureau and its partners Comagine Health and the West Virginia University (WVU) Office of Health Services Research.

This work is funded through the Centers for Disease Control and Prevention (CDC) 1815 cooperative agreement, "Improving the Health of Americans through Prevention and Management of Diabetes and Heart Disease and Stroke," which supports state efforts to prevent or delay development of type 2 diabetes in people at high risk, improve the health of people living with diabetes, and prevent and manage cardiovascular disease.

The Population Health Collaborative

Previously, a practice assessment was distributed to all health systems in New Mexico to evaluate the extent to which health systems in the state have policies or systems in place to support high quality service delivery for their adult primary care patients with respect to screening and management of certain chronic disease and cancers. The results of this assessment were sent to participants who completed the assessment in May 2019. For the purposes of the assessment, a health system is defined as a health care organization that provides centralized administrative oversight for its network of primary care clinic sites, which, in some cases, may only be a single clinic site. For the original assessment, 15 health systems across the state participated, ranging in size from a large, statewide system with 15 adult primary care clinic sites to a small, rural system with one clinic site.

In 2019 a follow-up assessment was conducted. This assessment included some of the same questions that were asked in the original assessment as well as additional questions designed to gather more detailed information on the capacity of health systems to manage patients with hypertension (HTN) and high blood cholesterol (HBC). For the follow-up assessment, 12 health systems across the state participated, ranging in size from a large, statewide system with 30 adult primary care clinic sites to a small, rural system with one clinic site.

Aggregated data from the assessment is used to describe the status of relevant patient health measures in New Mexico. The numbering of questions in this report corresponds to the numbers in the 2019 follow-up assessment. In instances where the same question was asked on both assessments, a comparison of responses is provided. Unless otherwise specified, the data has been rounded to the nearest whole number. We greatly appreciate your time and for providing this important information.

Overall Summary

A total of 12 health systems participated in the follow-up practice assessment:

- 10 health systems (83%) completed all 23 questions
- One health system completed 16 of the 23 assessment questions
- One health system completed four of the 23 assessment questions
- Four of the 10 health systems that answered all questions were able to provide MOST clinical measure data

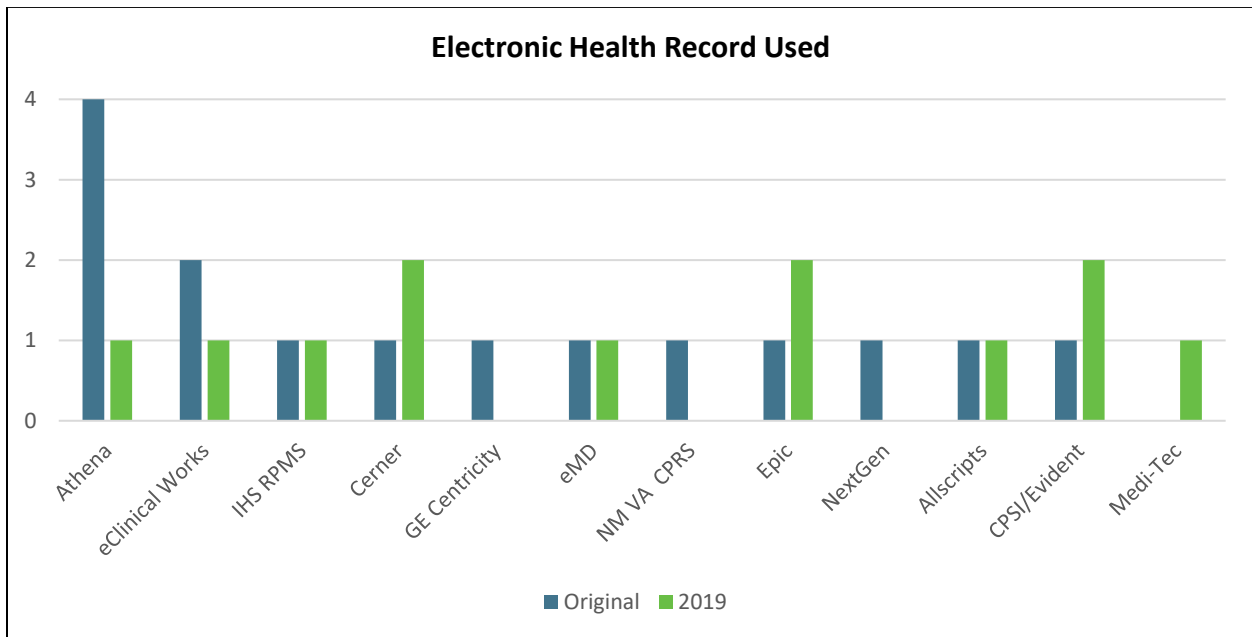
Most responses to clinical measure questions indicated that the data was not collected. About 82% of the health systems report clinical quality information on adequately controlled blood pressure in patients diagnosed with hypertension to external entities. About 64% percent of the health systems report clinical quality information on patients with atherosclerotic cardiovascular disease (ASCVD) who are prescribed or on statin therapy to external entities.

As noted in the original assessment, not much could be learned from the measures data. It still appears that electronic health record (EHR) systems are not being used to their fullest potential.

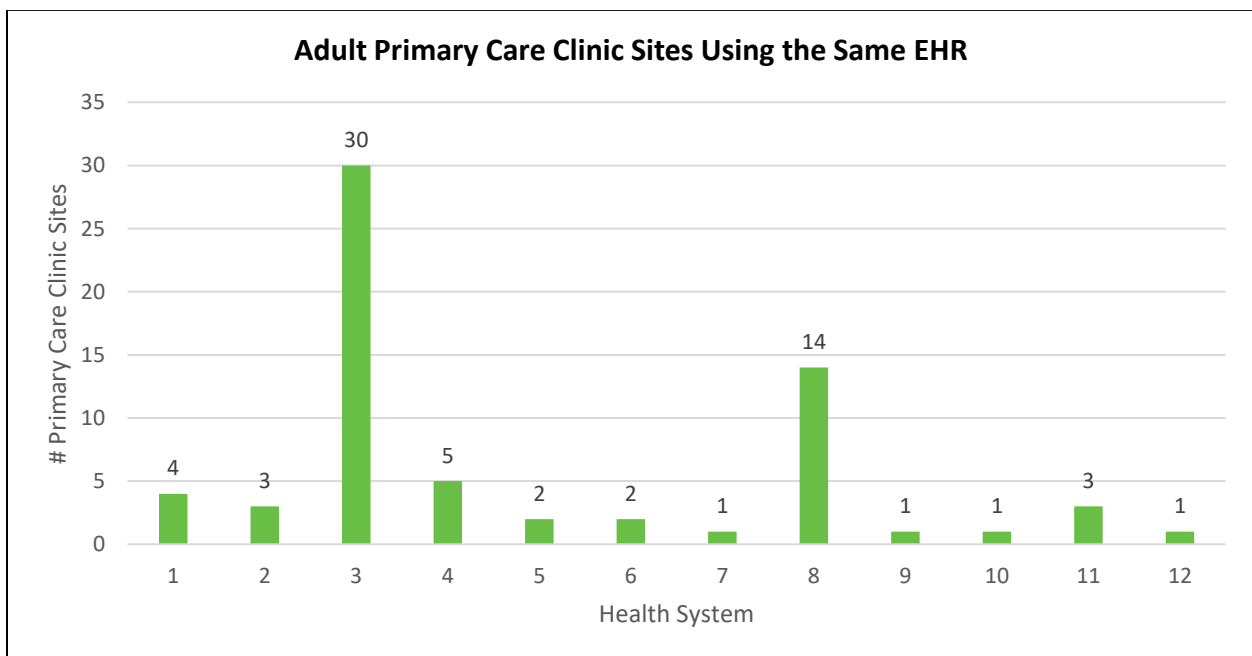
Health System Assessment Questions and Responses

This section contains findings clarifying responses to the questions in the practice assessment about the use of EHR systems. In some instances, the same question was asked on both the original and the follow-up assessments. For questions where this occurred, a comparison of responses is provided.

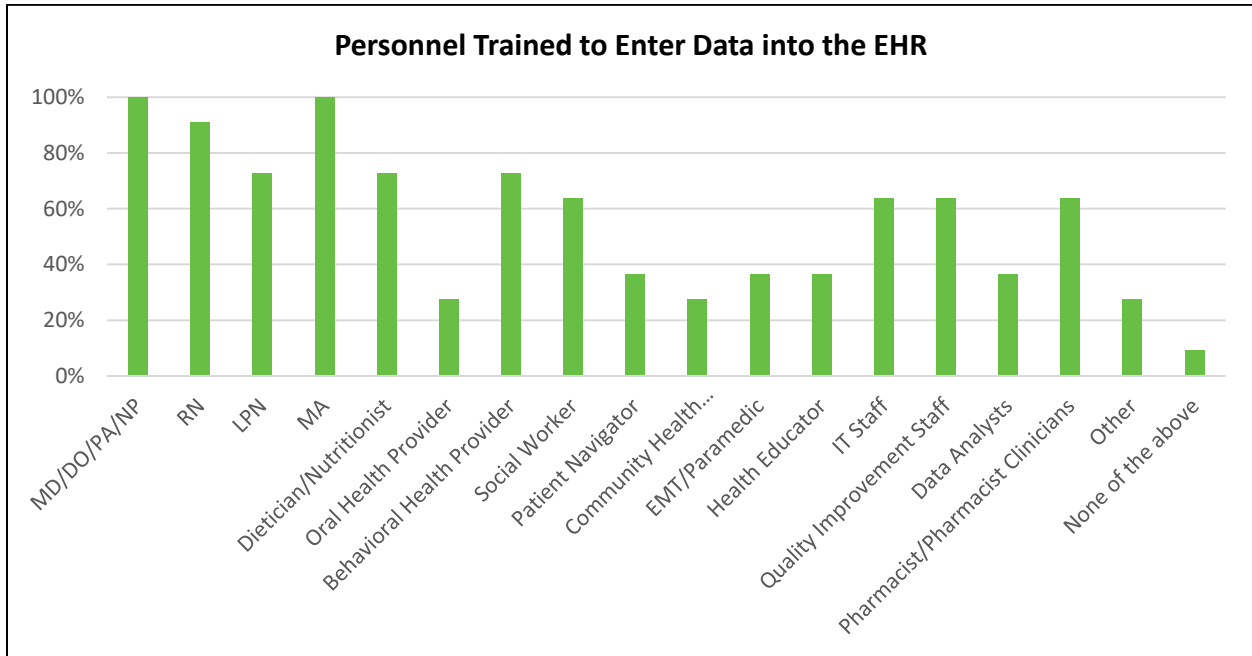
Q2. Which EHR does your health system use primarily?



Q4. How many of your adult primary care clinic sites use the same EHR?

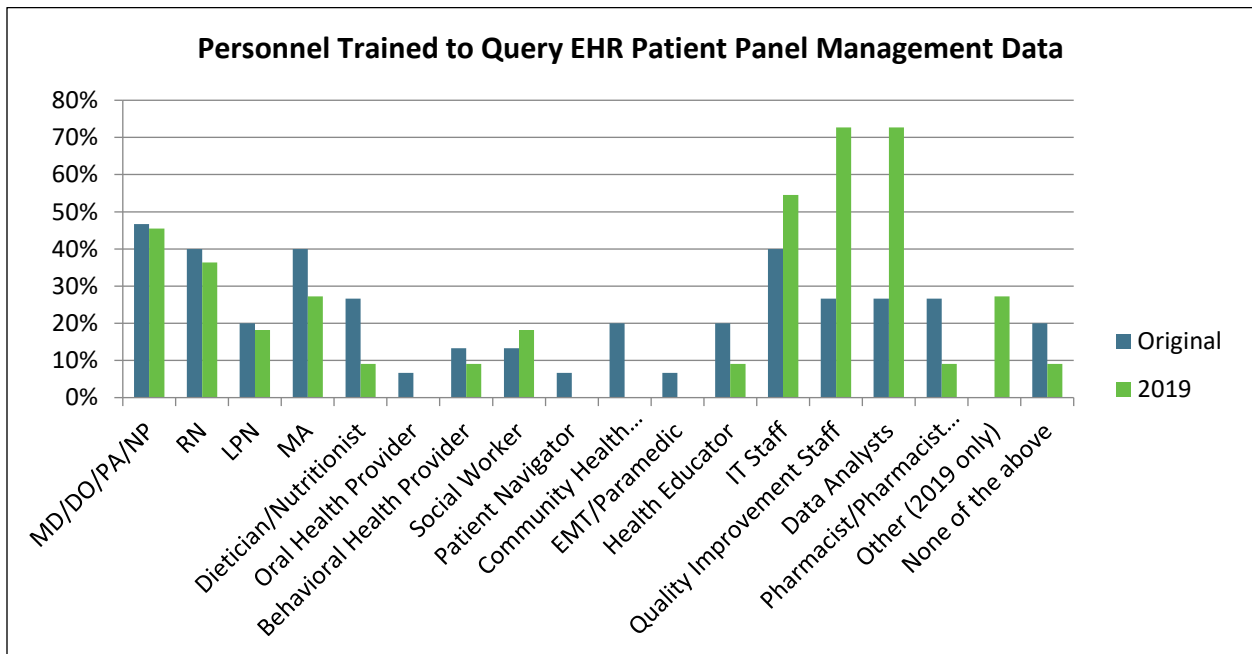


Q5. Which personnel in settings that provide primary care for adults are trained to enter data into the EHR?

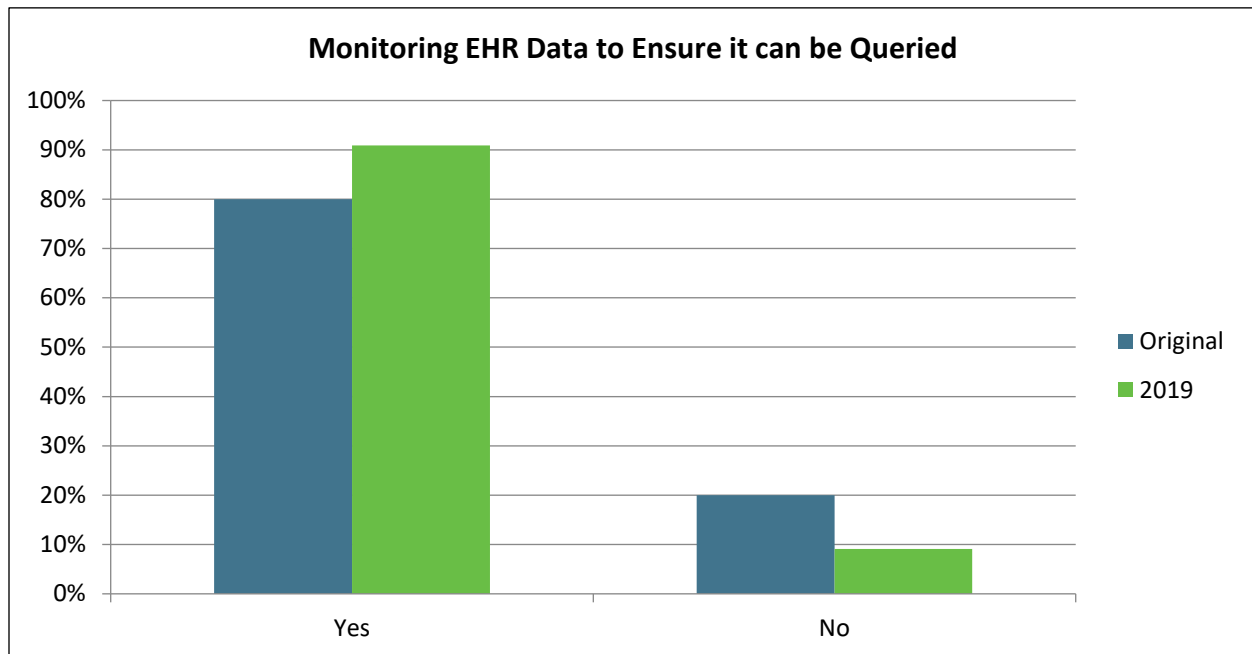


Comments: Every staff that sees patients enters data into RPMS/EHR; Lab, respiratory, imaging, therapies, infection, prevention, registration; Administrative staff etc.

Q6. Which personnel are trained to query patient panel management data from your EHR?



Q7. Does your health system monitor EHR data to ensure that information is entered in the correct fields so that data can be queried?



Health System Assessment Summary

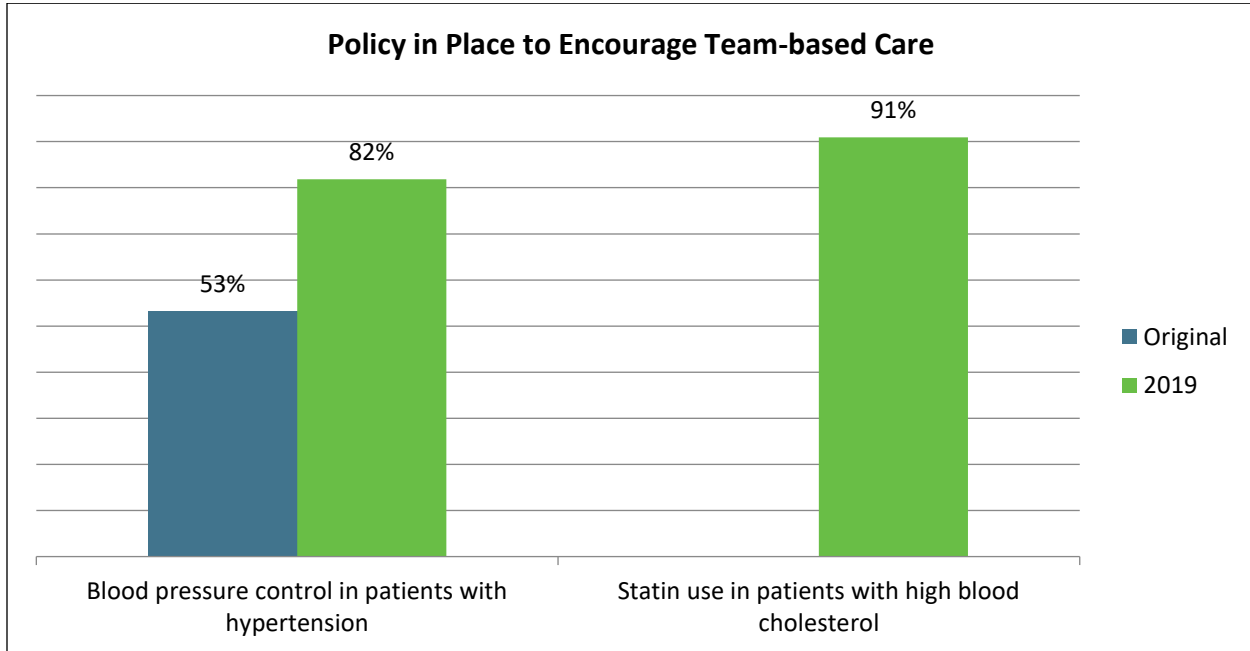
The data indicates that several health systems may have changed EHR systems since the original assessment was conducted.

Within nine of the health systems, all adult primary care clinic sites are on the same EHR system. Three health systems indicate that not all the adult primary care clinic sites are on the same EHR system. This may be the result of a change in systems.

Training is provided to staff at all different levels regarding EHR data entry. An increase in the number of health systems reviewing the data for accuracy was noted. The original assessment indicated that 12 of 15 (80%) of health systems were reviewing the data for accuracy. The follow-up assessment indicated that 10 of 11 (91%) of health systems are reviewing the data for accuracy. There has been an increase in the percentage of health systems who are training information technology (IT) staff, quality improvement staff and data analysts to query the EHR for patient panel management.

Team-based Care Questions and Responses

Q8. Does your health system have a written or informal policy or practice in place to encourage team-based care in adult primary care settings to achieve the following clinical outcomes?



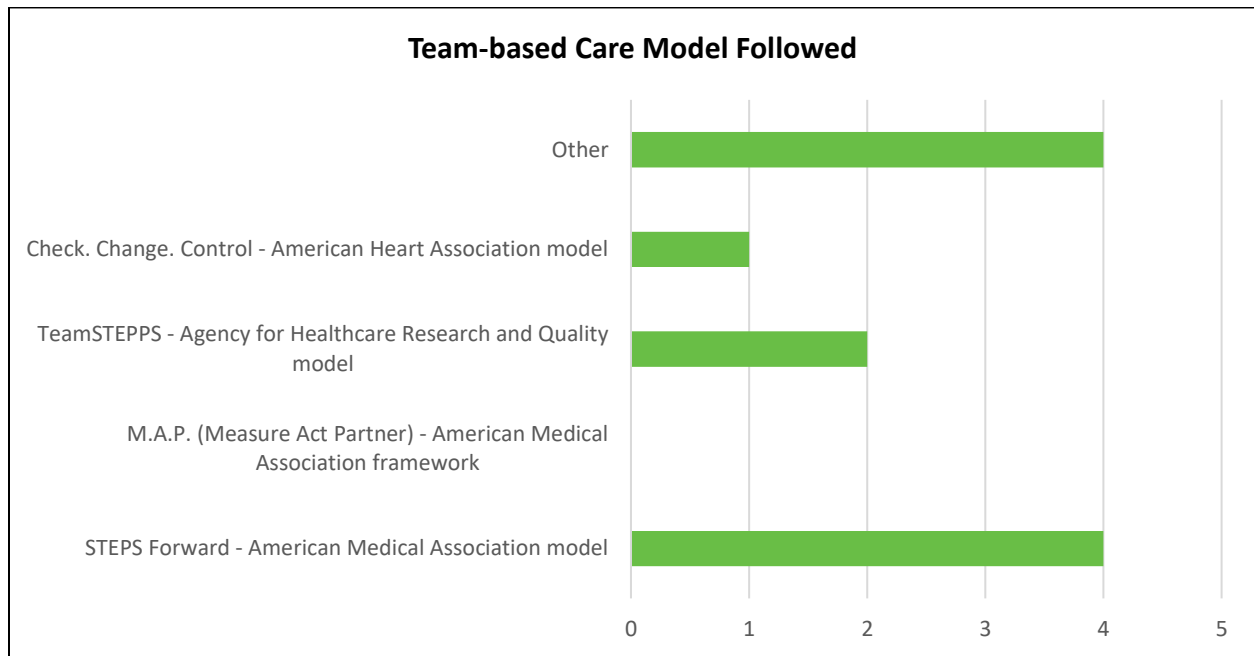
NOTE: The question regarding statin use in patients with high blood cholesterol was not asked in the original assessment, so comparison was not possible.

Q9. In addition to physicians and mid-level providers (NPs, PAs), please check the professionals/staff who participate in multidisciplinary team-based care for adult patients with hypertension or high blood cholesterol.

Provider	Hypertension		High Blood Cholesterol
	Original Assessment	2019 Assessment	2019 Assessment
Nurse	80%	89%	78%
Pharmacist	100%	100%	75%
Dietician/Nutritionist	56%	80%	80%
Oral Health Provider	100%	100%	0%
Behavioral Health Provider	100%	100%	50%
Social Worker	75%	100%	100%
Patient Navigator	100%	100%	0%
CHW/Promotora/CHR	50%	100%	0%
EMT/Paramedic	0%	100%	100%
Health Educator	20%	100%	67%
None of the above	100%	100%	100%

Other: We work with a vendor to help manage our chronic care management patients and they are staffed with nurses and MAs that follow up with med adherence.

Q10. What team-based care model do you follow?



Comments: None of these; We do not use a formal model; We follow our ACO guidelines as well as other (Medicare Advantage) initiatives in regards to our population health objectives; We use an Internally developed team-based care model for primary care; Training is ongoing, internal staff providing support

Team-based Care Summary

In the original assessment 53% of health systems indicated they had a policy in place to encourage team-based care in the adult primary care setting for blood pressure control in patients with hypertension. The 2019 follow-up assessment indicated that 82% of health systems have a policy in place to encourage team-based care in the adult primary care setting for blood pressure control in patients with hypertension.

About 91% of health systems have a policy in place to encourage team-based care in the adult primary care setting for statin use in patients with high blood cholesterol.

An increase was noted in the percentage of several professionals/staff who participate in multidisciplinary team-based care for adult patients with hypertension.

- Nurses: 80% in the original assessment, 89% in the follow-up assessment
- Dietitians/nutritionists: 56% in the original assessment, 80% in the follow-up assessment
- Social workers: 75% in the original assessment, 100% in the follow-up assessment
- Community health workers/promotoras/community health representatives: 50% in the original assessment, 100% in the follow-up assessment
- Emergency medical technicians/paramedics: 0% in the original assessment, 100% in the follow-up assessment
- Health educators: 20% in the original assessment, 100% in the follow-up assessment

Except for dietitians/nutritionists, social workers and EMTs/paramedics the percentage of other professional staff who participate in multidisciplinary team-based care for adult patients with high blood cholesterol is lower than that for adult patients with hypertension.

Participants were asked to indicate what team-based care model they were using. Seven of the 11 health systems (64%) indicated that they are using one of the formal team-based care models identified. The other four systems (36%) indicated that they were not using a formal model or were using some other form of team-based care (e.g. internally developed).

Clinical Quality Measures Questions and Responses

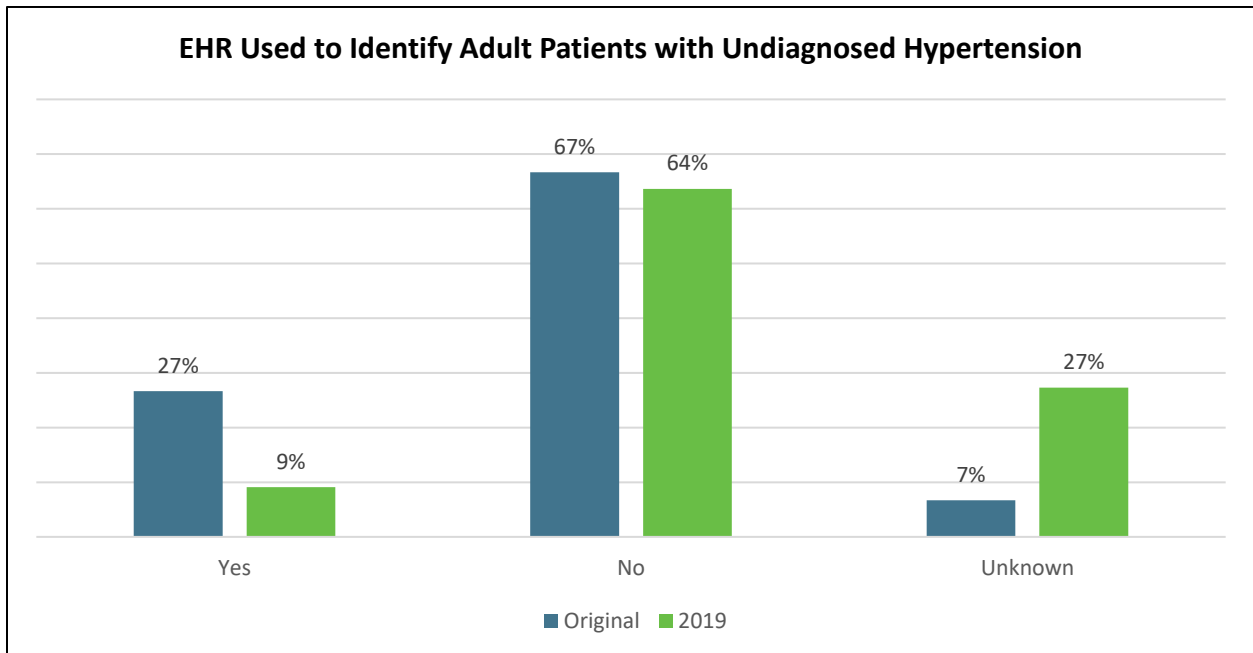
Q11. Does your health system report on any of the following clinical quality measures?

Clinical quality measure	Health System Reports	
	Yes	No
Patients aged 18 -85 with diagnosis of hypertension and blood pressure was adequately controlled (<140/90) during the measurement year	73%	27%
Adults aged > 21 years with diagnosis of clinical ASCVD prescribed or on statin therapy during the measurement period	64%	36%

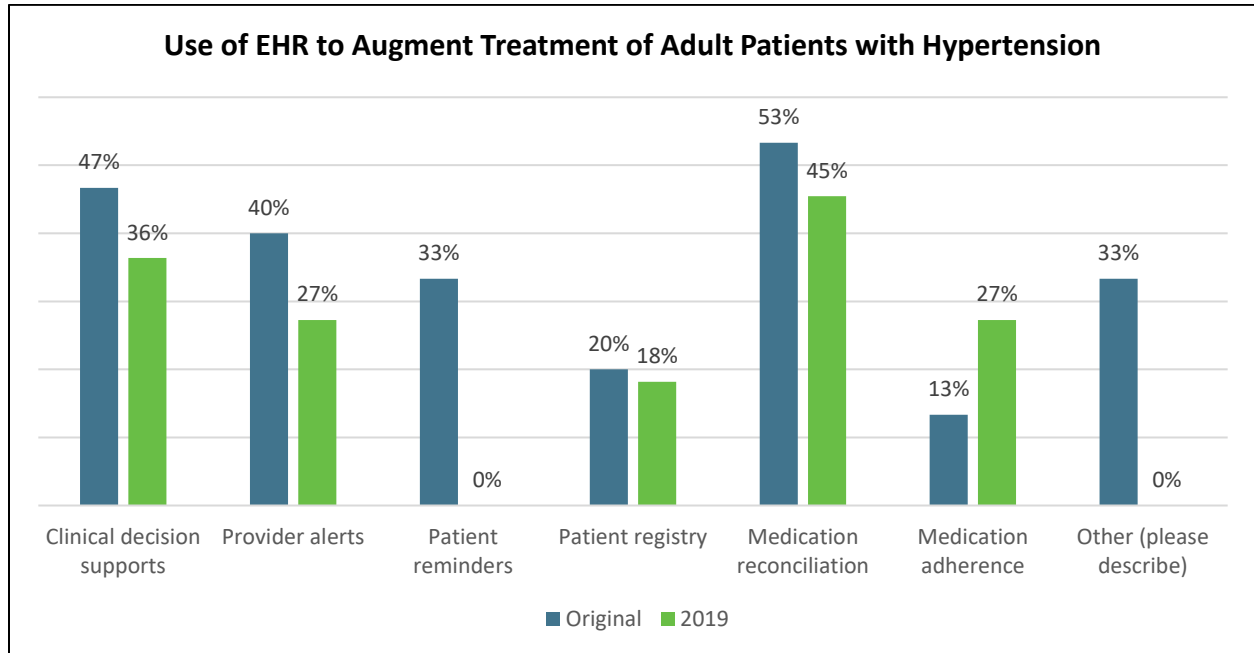
Q12. Does your health system report the following clinical quality measures to any state, national, federal or other reporting, funding or accreditation agencies? (e.g., Quality Payment Program reporting.)

Patient Categories	Yes	Internal Review Only	Not Applicable
Proportion of adult patients with diagnosed HTN whose BP is < 140/90 (adequately controlled)	82%	0%	18%
Proportion of adult patients with diagnosis of clinical ASCVD prescribed or on statin therapy	64%	18%	18%

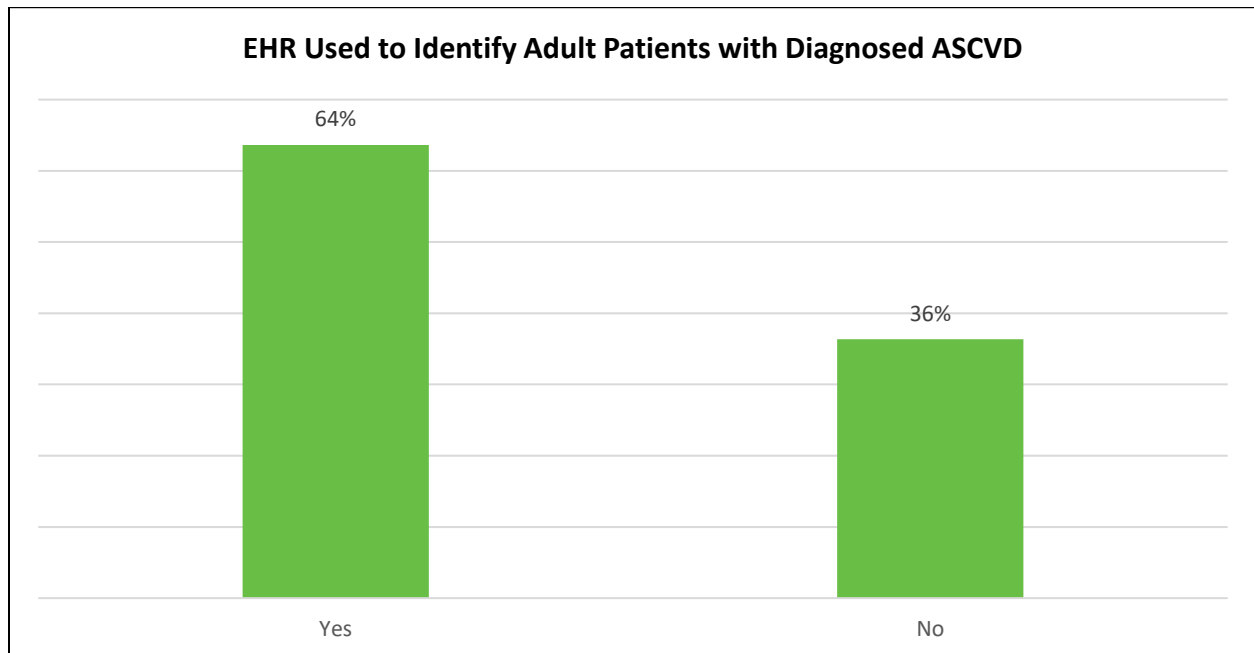
Q13. Does your health system use the EHR to identify adult patients with undiagnosed hypertension?



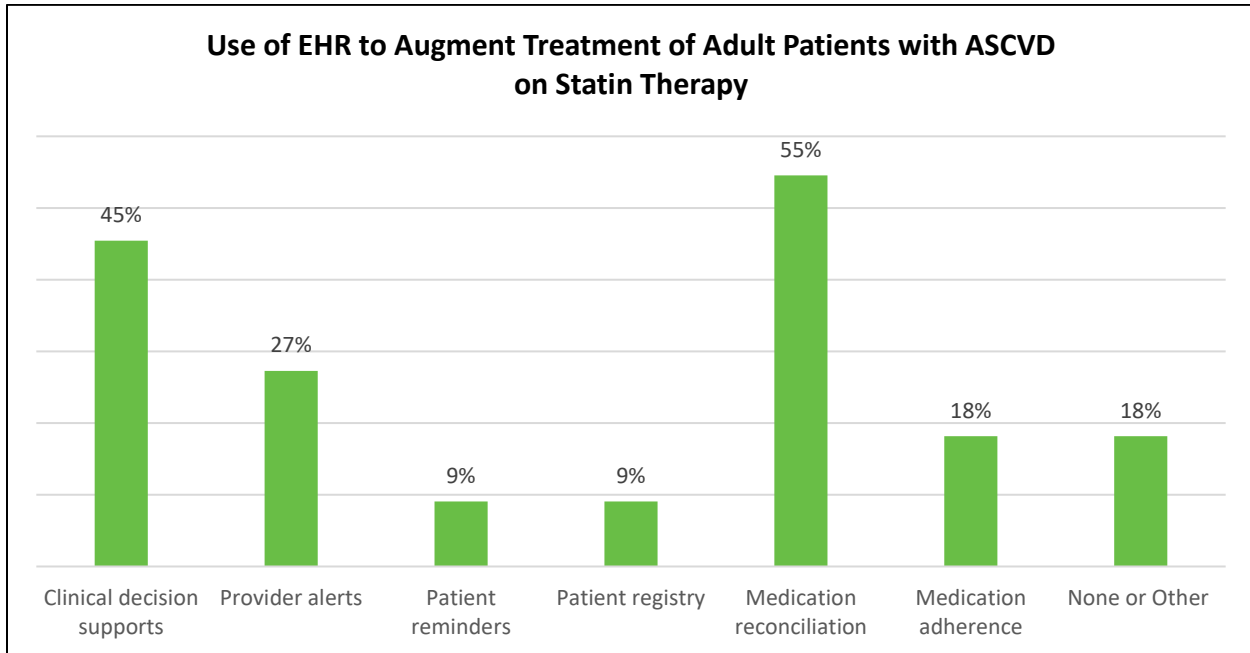
Q14. Does your health system use the EHR to augment treatment of adult patients with diagnosed hypertension through any of the following functions?



Q15. Does your health system use the EHR to identify adult patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD?



Q16. Does your health system use the EHR to augment treatment of adult patients with diagnosed ASCVD who were prescribed or were on statin therapy through any of the following functions?



Other: Heart Failure Program - Available to patients

Q17. In your health system, what is the total number of current adult patients (ages 18 to 85) for the time frame July 1, 2018 - June 30, 2019? If data during this time frame is not available, then 2018 calendar year data (January 1, 2018 - December 31, 2018) will suffice. Along with the number, please indicate which time frame is being used and use the same time frame for all patient counts provided.

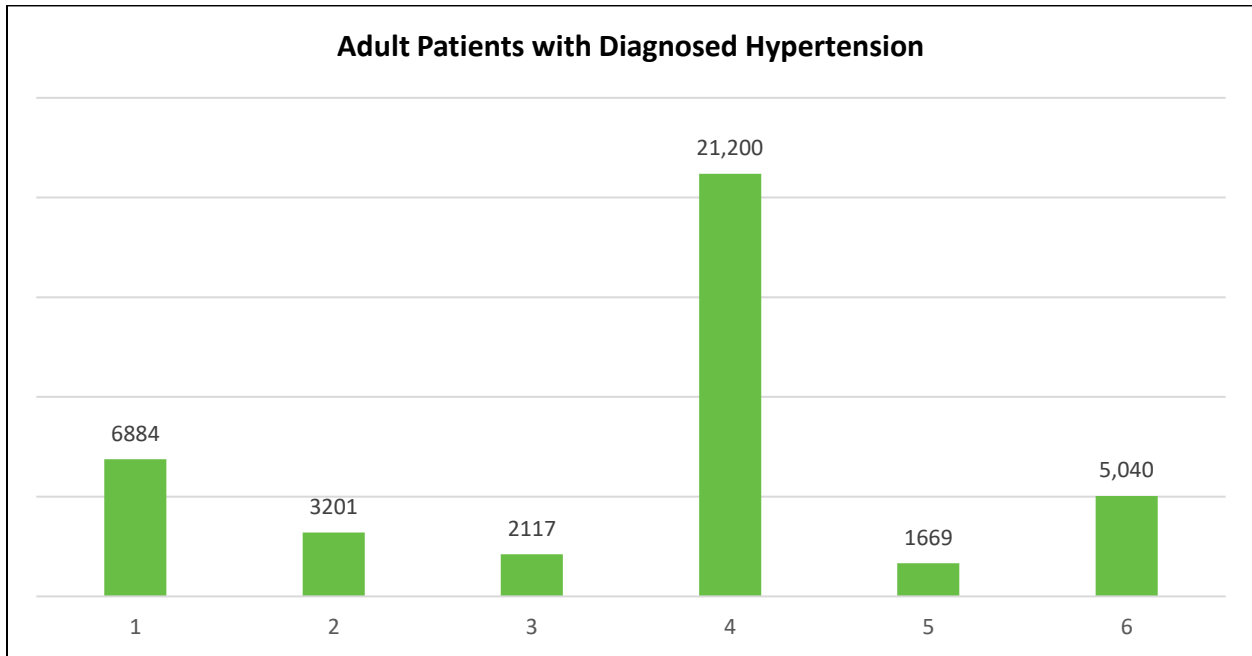
Three respondents to this question were able to collect the data for the requested time frame of July 1, 2018 through June 20, 2019.

Four respondents used an alternate time frame to collect the data:

- Three used the suggested alternate time frame of January 1, 2018 – December 31, 2018
- One used the alternate time frame of October 1, 2018 – September 30, 2019

Three respondents were not able to provide this information.

Q18. In your health system, what is the number of adult patients with diagnosed hypertension?



Q19. Is there a policy (written or unwritten) that guides your health system to encourage self-managed blood pressure (SMBP) monitoring with clinical support for patients with hypertension?

- **70%** of respondents indicated that there was no policy that guides the health system to encourage SMBP with clinical support
- **30%** of respondents provided comments

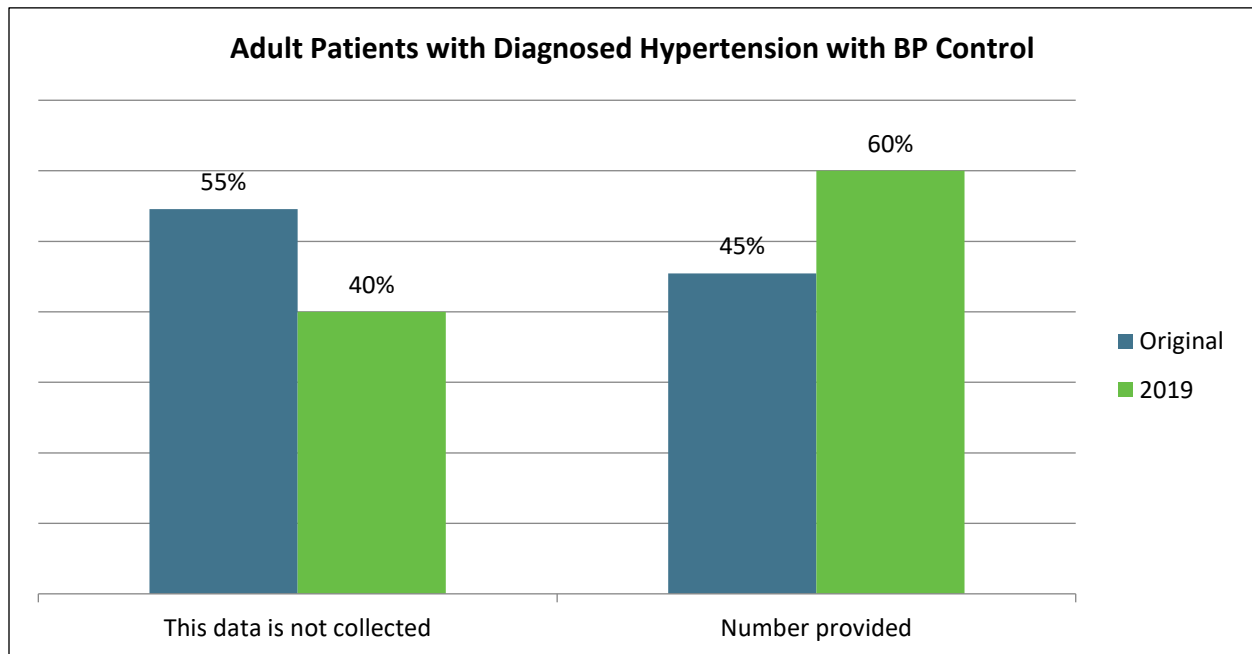
Comments: Up-to-date clinical treatment standard of care guidelines; This is standard procedure with individual monitoring by PCPs and patients are scheduled for f/u RN visits for BP checks regularly; We are aware of it, and currently working on it.

Q20. In your health system, what is the total number of adult patients with diagnosed hypertension who have a SMBP plan?

Answers for both the original assessment and the 2019 follow-up assessment indicated that most respondents do not collect this data.

- 83% of respondents to the original assessment did not collect this data
- 90% of respondents to the follow-up assessment did not collect this data

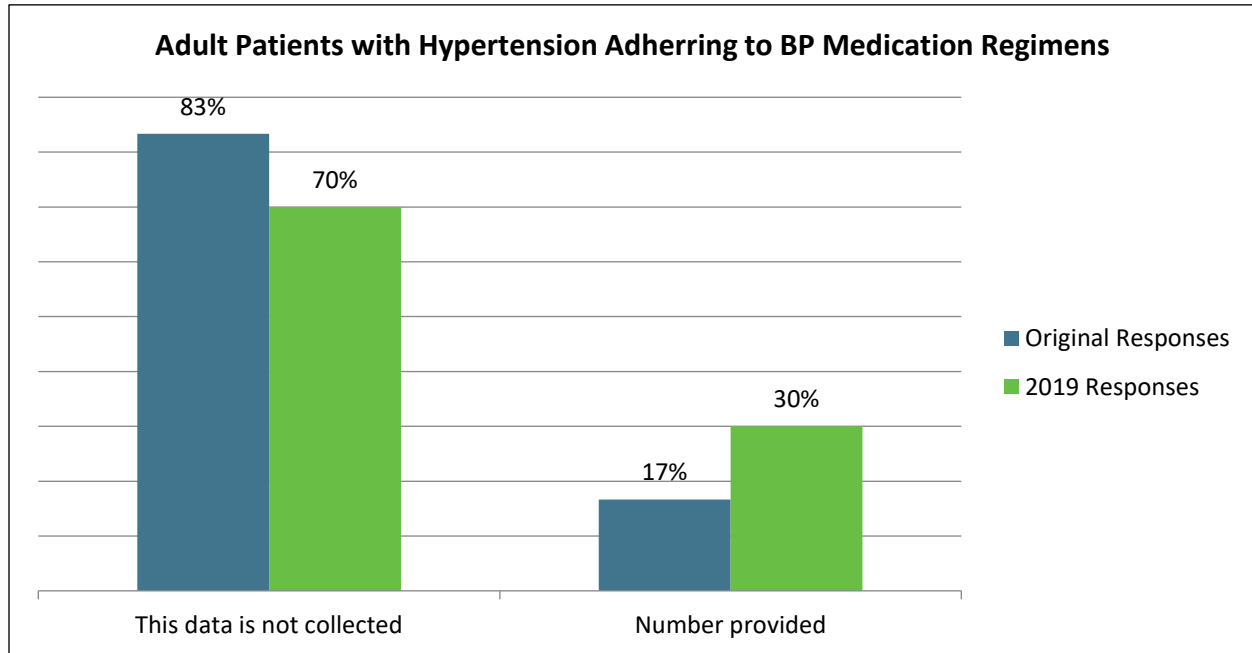
Q21. In your health system, what is the total number of adult patients with diagnosed hypertension who have achieved blood pressure control?



Blood pressure control is defined as <140/90.

At the time of the original assessment, 45% of respondents were able to provide a number in response to this question. For the 2019 follow-up assessment, 60% of respondents were able to provide a number in response to this question.

Q22. In your health system, what total number of adult patients with diagnosed hypertension are in adherence to blood pressure medication regimens?



Q23. In your health system, what total number of adult patients with high cholesterol are undergoing statin therapy?

About 50% of respondents can collect this information.

Clinical Quality Measures Summary

Most health systems report clinical quality measures for adequately controlled blood pressure in patients with hypertension and patients with a diagnosis of ASCVD who are prescribed or on statin therapy. About 84% of health systems report the hypertension measure to an external entity and 64% report the ASCVD measure to an external entity.

Most participating health systems (64%) do not use the EHR to identify patients with undiagnosed hypertension. This is comparable to what was reported in the original assessment (67%). The follow-up assessment indicated that all participating systems use some function of their EHR to augment treatment for patients with hypertension. This is an increase from what was reported in the original assessment (87%). The medication reconciliation function was the most used by health systems (53% in the original assessment, 45% in the follow-up assessment).

Most participating health systems (64%) use the EHR to identify patients who were previously diagnosed with or currently have an active diagnosis of clinical ASCVD. Most health systems (91%) use some function of their EHR to augment treatment of patients with ASCVD on statin therapy. The medication reconciliation function was the most used by health systems at 55%, and patient reminders and patient registry were the least used at 9%.

There was variation in the ability of health systems to collect data for a specified time frame. Most respondents were able to collect data for a 12-month period, but the time frame varied.

On the follow-up assessment, most responses to clinical measure questions indicated that the data was not collected.

- 90% of respondents did not collect data for patients with diagnosed hypertension who have a SMBP plan
- 40% of respondents did not collect data for adult patients with diagnosed hypertension who have achieved blood pressure control
- 70% of respondents did not collect data for adult patients with diagnosed hypertension who are in adherence to blood pressure medication regimens
- 50% of respondents did not collect data for adult patients with high cholesterol who are undergoing statin therapy

Next Steps

This New Mexico Department of Health chronic disease project will continue with the primary aim of supporting efforts to prevent and manage cardiovascular disease. This will be done with an emphasis on a team-based approach to providing patient care, patient self-management plans, and using community health workers for a more comprehensive approach to hypertension management. The COVID-19 pandemic has affected the way all of us are working and will work in the future. Please be on the lookout for things to come.