Getting to the Heart via Oral Health: A Medical and Dental Collaboration Summit

Thank you for joining
The event will begin at 8:30am EST
Getting to the Heart via Oral Health: A Medical and Dental Collaboration Summit

Friday, June 10, 2022
8:30 am – 2:30 pm EST
Welcome!

The purpose of this event is to increase collaboration between oral health and medical providers. This collaboration should lead to increased screenings, referrals, and diagnoses of hypertension.
Who is MPRO?

**QUALITY IMPROVEMENT**

Evidence based, data-driven quality improvement insights

**REVIEW SERVICES**

Thoughtful, impartial utilization review and dispute resolution services

We provide innovative problem-solving solutions and technical assistance.

“HELPING HEALTHCARE GET BETTER”
Reminders

• Please submit your questions and comments in the chat box
  – For technical support, please message Devon Parrott
• Please place yourself on mute during presentations. Feel free to unmute to ask questions during Q&A and contribute to discussion
• Use “Raise Hand” function and we will unmute you
• The recording and slides will be shared with all registrants following today’s event
Ice Breaker

• We want to hear from you! Add in chat:
  – Your name
  – Organization name
  – City, State
  – Summer state of mind: what is your favorite ice cream flavor? 😊

Thank you for joining us today!
Disclosure Statements

The following speakers, planners, and coordinators have no relevant financial relationship(s) with ineligible companies to disclose:

- Andrea Boucher, MHSA, CPHQ
- Julee Campbell, MPH, CPHQ
- Patti Burchett, BS, SSGBC
- Kristina Dawkins, MPH
- Christine Farrell, RDH, BSDH, MPA
- Michele Kawabe, MPH, RDN, CDCES
- Sandy Sutton, RDH, B.S.
- James Mitchiner, MD, MPH
KEYNOTE: MILLION HEARTS

Hilary K. Wall, MPH – Centers for Disease Control and Prevention
Disclosure Statement

• **Hilary Wall, MPH** has no relevant financial relationship(s) with ineligible companies to disclose
BREAK

9:35 AM – 9:45 AM EST
STATUS OF HYPERTENSION IN MICHIGAN

Phillip D. Levy, MD, MPH, FAHA, FACC - Edward S Thomas Endowed Professor of Emergency Medicine and Assistant Vice President for Translational Science and Clinical Research Innovation – Wayne State University Chief Innovation Officer – Wayne Health
CARE SETTING BREAKOUT DISCUSSIONS

**Dental Providers:** Hypertension Chairside/Quick-Guides

**Medical Providers:** Clinical Inertia
Care Setting Breakout Discussions

Medical Providers: Clinical Inertia

10:45 am – 11:15 am EST
Blood Pressure Goals

• Blood pressure (BP) goals are set using a combination of factors
  – Scientific evidence
  – Clinical judgment
  – Patient tolerance

• For most people, the goal is <140 mmHg systolic and <90 mmHg diastolic

Source: Protocol for Controlling Hypertension in Adults (hhs.gov)
Blood Pressure Guideline

• The AHA, ACC, and other organizations released a new guideline for diagnosis, treatment, and prevention of hypertension
  – Lowers the target for BP treatment to 130/80 mmHg
  – Emphasizes importance of early prevention, detection and treatment to reduce future cardiovascular risk

Source: BP Guideline | Target:BP (targetbp.org)
# Classification of Blood Pressure

## TABLE 1. Classification of BP

<table>
<thead>
<tr>
<th>BP Category</th>
<th>Systolic BP</th>
<th>Diastolic BP</th>
<th>Treatment or Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;120 mm Hg</td>
<td>&lt;80 mm Hg</td>
<td>Evaluate yearly; encourage healthy lifestyle changes to maintain normal BP</td>
</tr>
<tr>
<td>Elevated</td>
<td>120-129 mm Hg and &lt;80 mm Hg</td>
<td>Recommend healthy lifestyle changes and reassess in 3-6 months</td>
<td></td>
</tr>
<tr>
<td>Hypertension: stage 1</td>
<td>130-139 mm Hg or 80-89 mm Hg</td>
<td>Assess the 10-year risk for heart disease and stroke using the <a href="#">atherosclerotic cardiovascular disease (ASCVD) risk calculator</a></td>
<td></td>
</tr>
<tr>
<td>Hypertension: stage 2</td>
<td>≥140 mm Hg or ≥90 mm Hg</td>
<td>Recommend healthy lifestyle changes and BP-lowering medication (2 medications of different classes); reassess in 1 month for effectiveness</td>
<td></td>
</tr>
</tbody>
</table>

Source: [Guideline Hypertension Highlights | Target:BP (targetbp.org)](#)
Achieving Blood Pressure Goals

• Lifestyle modifications should be recommended to all patients with hypertension

• Self-monitoring and requesting and reviewing readings from home and community settings is also encouraged for maintaining BP control

• For patients with hypertension and certain medical conditions, specific medications should be considered

Source: Protocol for Controlling Hypertension in Adults (hhs.gov)
WHAT IS CLINICAL INERTIA?
Clinical Inertia

• Also called therapeutic inertia, clinical inertia happens when a patient has uncontrolled high blood pressure, and their therapy is not intensified

• It is one of the most common factors contributing to uncontrolled hypertension

Source: Clinical Inertia Assessment (ama-assn.org)
Clinical Inertia

Why does it happen? (AMA Therapeutic inertia assessment):

- Uncertainty about the patient's “true” blood pressure
- Competing priorities during visits
- Uncertainty about a patient’s medication adherence
- Patient resistance to intensifying therapy

Figure 4. Conceptual model illustrating the relative contribution of physician factors, patient factors, and office system factors to clinical inertia. Clinical inertia is defined as failure to intensify treatment in a patient who has not yet achieved evidence-based goals of care.

Source: Clinical Inertia and Outpatient Medical Errors (ahrq.gov)
Source: Clinical Interia Assessment (ama-assn.org)
“Patients are best served when their expert knowledge of their concerns, hopes, and selves are assimilated with the clinician’s knowledge of what health care has to offer to improve their short-and long-term health and function.”

Source: Is ‘Clinical Inertia’ Blaming Without Understanding? Are Competing Demands Excuses? (nih.gov)
Finding clinical inertia

• It can be helpful to determine how often clinical inertia is occurring and what factors may be contributing at your practices
  – Act rapidly: Therapeutic inertia assessment (ama-assn.org)

Source: Clinical Interia Assessment (ama-assn.org)
DISCUSSION
Do you think clinical inertia is an issue for patients’ cardiac health?
What strategies do you feel are helpful for making sure patients with high blood pressure get the treatment they need?
How do you interact with other care team members or different settings of care to address clinical inertia?
What tools or resources would be helpful to support patients reaching their blood pressure goals?
RESOURCES
Resources

• American Medical Association MAP BP Clinical Inertia Assessment:
  – Clinical Interia Assessment (ama-assn.org)
  – Purpose: review a sample of patient visits to assess therapeutic inertia and identify opportunities for improvement
Resources

- Protocol for Controlling Hypertension in Adults
  
  Protocol for Controlling Hypertension in Adults (hhs.gov)

Protocol for Controlling Hypertension in Adults

Customize this template by gathering clinical staff to make consensus decisions about:

- Specific medications to be prescribed for most patients with hypertension
- Medications to consider for patients with hypertension and certain medical conditions
- Starting dosages and dosage increases with each titration
- Time intervals for follow-up and titration

Adopt the protocol across the practice or system and revise it over time to meet the needs of patients and staff

Resources

• ASCVD Risk Calculator
  – 2018 Prevention Guidelines Tool CV Risk Calculator (heart.org)
  – Purpose: to estimate a patient’s 10-year ASCVD risk at an initial visit to establish a reference point
  – Starting point, not final arbiter, for decision making in primary prevention of ASCVD

Source: 2018 Prevention Guidelines Tool CV Risk Calculator (heart.org)
Resources

• Act Rapidly Pre-assessment
  – Act Rapidly Pre-assessment | Target:BP (targetbp.org)
  – Purpose: to help identify areas of opportunity to better diagnose and manage hypertension
    • Flagging high blood pressure – notify provider of high BPs, flag high BPs in the EHR
    • Having treatment protocols in place
    • Using medical records – EHR reports of patients with uncontrolled high BP, schedule follow-up visits, SMBP, etc.

Source: Act Rapidly Pre-assessment | Target:BP (targetbp.org)
## Resources

### What Can I Do To Improve My High Blood Pressure?

<table>
<thead>
<tr>
<th>Modification</th>
<th>Recommendation</th>
<th>Approximate SBP Reduction Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight reduction</td>
<td>Maintain normal body weight (BMI=18.5-24.9 kg/m²)</td>
<td>5 mm Hg</td>
</tr>
<tr>
<td>DASH eating plan</td>
<td>Diet rich in fruits, vegetables, low fat dairy and reduced in fat</td>
<td>11 mm Hg</td>
</tr>
<tr>
<td>Restrict sodium intake</td>
<td>&lt;1500 mg of sodium per day</td>
<td>5-6 mm Hg</td>
</tr>
<tr>
<td>Physical activity</td>
<td>Be more physically active. Aim for at least 90 to 150 minutes of moderate-intensity activity per week.*</td>
<td>5-8 mm Hg</td>
</tr>
<tr>
<td>Moderation of alcohol consumption</td>
<td>No more than 2 drinks/day for men and 1 drink/day for women</td>
<td>4 mm Hg</td>
</tr>
</tbody>
</table>

*Adults should also do muscle-strengthening activities 2 or more days per week.

BP = Blood pressure, BMI = Body mass index, SBP = Systolic blood pressure, DASH = Dietary Approaches to Stop Hypertension

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**Best Proven Nonpharmacologic Interventions for Prevention and Treatment of Hypertension According to 2017 Hypertension Clinical Practice Guideline**

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Thank you!

Please join us back in the main session
BREAK
11:15 AM – 11:30 AM EST
IMPORTANCE OF HYPERTENSION SCREENING BY DENTAL PROVIDERS

Lisa L. Knowles, D.D.S. – Blue Cross Blue Shield of Michigan
Disclosure Statement

• Lisa Knowles, D.D.S. has no relevant financial relationship(s) with ineligible companies to disclose
LUNCH
12:15 PM – 12:45 PM EST
IMPLEMENTING BLOOD PRESSURE SCREENING IN THE DENTAL SETTING

Michele Kawabe – MDHHS
Kimberly Singh – My Community Dental Centers
Disclosure Statements

• **Michele Kawabe, MPH, RDN, CDCES** has no relevant financial relationship(s) with ineligible companies to disclose

• **Kimberly Singh, MA, CHES** has no relevant financial relationship(s) with ineligible companies to disclose
INTEGRATED CARE SETTING BREAKOUT DISCUSSIONS

Kristina Dawkins, MDHHS
Andrea Boucher, MPRO
Julee Campbell, MPRO
Patti Burchett, MPRO
Integrated Care Setting
Breakout Discussions

1:30 pm – 2:25 pm EST
WHY SHOULD WE COLLABORATE?
Team-based care to improve BP control

For prevention of cardiovascular disease, team-based care involves a multidisciplinary team to:

- Maintain an ongoing dialog with patients about their health and care
- Identify risk factors for disease
- Prescribe and modify treatments
- Educate patients

Source: Promoting Team-Based Care to Improve High Blood Pressure Control | CDC | DHDSP
Team-based care (continued)

- Doctors
- Nurses
- Pharmacists
- Community Paramedics
- Community Health Workers
- Primary Care Providers
- Oral Health Professionals

Source: Promoting Team-Based Care to Improve High Blood Pressure Control | CDC | DHDSR
Impact of team-based care

**Hypertension Management**
- Significantly improved hypertension control
- Lowered systolic and diastolic BP levels
- Improved patient adherence to hypertensive medication

**Health Disparities**
- Team-based care has been found effective when used among diverse patient populations, including:
  - Those with members of different racial and ethnic groups
  - Among patients with multiple health conditions
  - Low-income populations

**Economic**
- **$355 per person per year** = median total cost for providing team-based care for hypertension control
- **$25.3 billion** = averted disease costs modeled with nationwide adoption of team-based care for hypertension over 10 years
- **$5.8 billion** = estimated net cost savings to Medicare with nationwide adoption over this same time period
Care setting collaboration

If the patient’s blood pressure readings are high, oral health professionals should inform the patient, provide a referral to the patient’s primary care provider, and follow up to ensure needed care was obtained to prevent long-term consequences of hypertension.

Source: Hypertension Screening Guidance for Michigan Oral Health Professionals
Stories from the field

Team-Based Care at WinMed Health Services
WinMed Health Services, an FQHC in Cincinnati, Ohio, is a 2014 Million Hearts® Hypertension Control Champion that successfully incorporated team-based care to help achieve hypertension control among its patients. **To ensure a continuum of complete patient care, WinMed's care teams include physicians, pharmacists, and behavioral and dental professionals.** WinMed focuses on increasing health care providers' expertise and skills, providing opportunities for patient education, ensuring that patient care is team-based, and using registry-based information systems. The WinMed care teams use electronic health records to increase proper communication between patients and the different providers. By improving community ties and patient education, encouraging greater patient engagement, and adding pharmacists and patient assisters to the health care team, WinMed achieved a 7% increase in hypertension control among its patients from 2013 to 2014.

Learn more.

Source: [Promoting Team-Based Care to Improve High Blood Pressure Control | CDC | DHDSP](https://www.cdc.gov/dhdsp)
Lorain County is a multidisciplinary health center, offering services in women’s health optometry, podiatry, primary care, pediatrics, and dentistry. Within each discipline, the health care team checks patients’ blood pressure, helping ensure no cases of hypertension are left hiding in plain sight.
Stories from the field

Success Story: Pawhuska Indian Health Center Achieves Success for its Population

Pawhuska Indian Health Center, Pawhuska, Oklahoma (2013)

In previous rounds of the Hypertension Control Challenge, Million Hearts® established a benchmark of 70% hypertension control for applicants’ adult populations. This 2013 success story reflects the earlier benchmark.

• PHIC used the Improving Patient Care program, a patient-centered approach supporting a strong collaboration among nurses, physicians and patients
  – Other PIHC departments, such as dentistry and optometry, used the same EHR system and, when treating a patient with high blood pressure, easily identified and referred at-risk patients to the care team for follow-up
  – PIHC’s strong internal communication across primary care, pharmacy, dentistry and optometry helped reduce the risk that patients might fall through the cracks and provided additional opportunities for blood pressure checks
Challenges and strategies

• Electronic medical and dental records may not be interfacing
  – Referral generation
  – Bidirectional communication

• Talking with patients about risks of dental procedures with unknown hypertension
DISCUSSION
What works best for cross-setting communication?

• Example: Sample referral form
  – Reason for referral
  – Patient’s information
  – BP readings

Source: [Hypertension Screening Guidance for Michigan Oral Health Professionals](#)
How should communication between oral health and primary care settings happen?
Should this be two-way communication to determine if the patient received follow-up care?
What barriers do you see to this cross-setting collaboration?
What information needs to be exchanged so that providers in both medical and oral healthcare settings have the information they need?
What education should be happening with patients about high blood pressure in oral health and medical settings?
What impacts will collaboration between oral health and medical providers have on patients?
What should next steps be if a patient does not have a primary care provider?
As more patients have their blood pressure measured in oral healthcare settings, how do you see this informing patients’ treatment?
What will your next steps for collaboration be after today’s Summit?
Thank you!

Please join us back in the main session
CLOSING REMARKS

Julee Campbell, MPRO
Is changing its name to…
Thank you!

• Please complete the event evaluation!
• Process for obtaining CEs
• The recording, presentation slides, and remaining Q&A will be shared with all registrants following today’s event
Additional Questions?

Interested in more events and resources?

Contact: jcampbel@mpro.org