SCIENCE- IN-BRIEF

TURNING SCIENCE INTO ACTION

Population Care Management and Team-Based Approach to Reduce Racial Disparities among African Americans with Hypertension

The following is a synopsis of "Population Care Management and Team-Based Approach to Reduce Racial Disparities among African Americans/Blacks with Hypertension," published in *Permanente Journal/Winter 2016/ Volume 20 No. 1.*

What is already known on this topic?

According to the National Health and Nutrition Examination Survey (NHANES) data from 2009 to 2012, nearly one-third of the United States population is affected by hypertension and a little over half of that affected population has it controlled. Non-Hispanic African-American/black adults have the highest rate of hypertension. Furthermore, in comparison with white Americans, black Americans receive a hypertension diagnosis earlier in life and have higher than average blood pressure levels. Black Americans have increased rates of stroke (fatal and non-fatal), increased deaths due to heart disease, and increased incidence of end-stage kidney disease.

What is added by this article?

This article describes an approach designed by KP Care Management Institute and the 21st Century Care Innovation to address disparities in hypertension control. It goes on to report how a medical group reduced racial disparities in hypertension control by using this approach with tailoring of patient education along cultural lines.

This approach involves several strategies: population care management, a team-based approach, home blood pressure (BP) monitoring, cultural tailoring of patient education, behavioral counseling, and computerized clinical decision support.

Panel management is defined as a set of tools and processes for population care that are applied systematically at the level of a primary care panel, with primary care physicians directing proactive care for their empaneled patients. Two features distinguish panel management from KP's previous implementation of population care management: 1) processes to identify and address unmet care needs are more tightly linked with primary care practices and 2) less intense, individualized outreach and follow-up are provided for more patients via telephone contact with panel management assistants (PMAs), who communicate physician recommendations to patients.[2]

An example of best practices is highlighted in the article: Gardena Medical Offices, a medical group located in Southern California. To combat apparent health disparities between

black and white patients, Gardena used culturally tailored communication tools to build trust and improve care. Through education, they enabled cross-cultural awareness among the medical staff which resulted in a healthier and more trusting relationship between the medical staff and the patient.

The article suggests that several strategies contributed to the decrease in health disparities among patients with hypertension at Gardena Medical Offices. First, staff received education on treatment intensification, medication adherence, and on the importance of consistently using evidence-based adult hypertension clinical prac¬tice guidelines. Second, team-building activities fostered motivation and engagement among the Gardena health care team. Third, Gardena care teams were provided with incentives for performance.

At Gardena, strategies to build trust among black patients and community involvement were used. One strategy was to train staff on a communication model known as AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank you), which helps decrease patient anxiety, build trust, and increase compliance, resulting in im¬proved health outcomes and patient satisfaction. Another strategy was culturally tailored community outreach with emphasis on healthier eating practices, exercise, self-monitoring, and smoking cessation.

Gardena Medical Offices report that the hypertension control rate for white patients increased from 82.9% to 84.2%, and the rate for black patients increased from 76.6% to 81.4%. Thus the gap between black and white patients narrowed from 6.3% to 2.8%. Furthermore, as these strategies spread throughout the KP national program, the gap in BP control seen in the two groups decreased by 50%, from 8.1% to 3.9%.

What are the applications/ implications for these findings?

A multilevel approach can reduce racial health disparities and can include:

- Programming to increase quality of care
- A comprehensive restructuring of the health care delivery system clearly defining key roles and responsibilities in hypertension management for the health care team
- Educational programs to improve medication adherence
- Treatment intensification
- Patient education on self-management of BP and lifestyle modifications

In launching any effort to reduce health disparities, a tool should be developed to collect reliable socioeconomic, language preference, and racial/ethnic data. Through the meaningful use of electronic health records, health professionals can determine how care can become more equitable and targeted, and thus may be able to broaden the scope of health disparities to be addressed.

Lastly, more education should be directed towards increasing cultural competency among providers and other medical team staff. Ideally this increase in cultural competency would assist in reducing cultural barriers and instill more a solid foundation of trust within the patient-provider dynamic.

Resources

CDC Division of Heart Disease and Stroke Prevention
African Americans Heart Disease and Stroke Fact Sheet
http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_aa.htm

CDC Division of Heart Disease and Stroke Prevention
A Closer Look at African American Men and High Blood Pressure Control
http://www.cdc.gov/bloodpressure/aa_sourcebook.htm

Million Hearts®

Hypertension Tools and Protocols
http://millionhearts.hhs.gov/tools-protocols/tools.html

Citation of the original article

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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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