

African American Hypertension Care

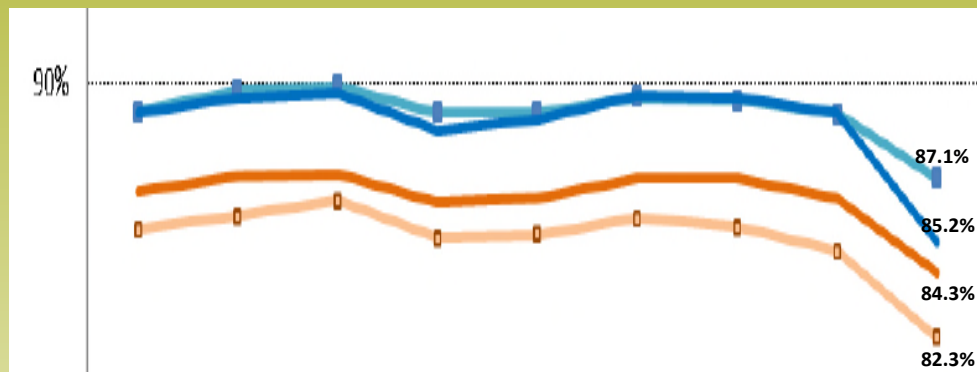
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September 14, 2018

HYPERTENSION DISPARITY 1Q2013 - 1Q2018 CONTROL RATE



	2016M03	2016M06	2016M09	2016M12	2017M03	2017M06	2017M09	2017M12	2018M03
Asian/PI	89.2%	89.8%	89.9%	89.1%	89.1%	89.6%	89.5%	89.1%	87.1%
Black	85.6%	86.0%	86.4%	85.3%	85.4%	85.9%	85.6%	84.9%	82.3%
Hispanic	86.7%	87.2%	87.2%	86.4%	86.5%	87.1%	87.1%	86.5%	84.3%
White	89.1%	89.6%	89.7%	88.6%	88.9%	89.6%	89.6%	89.1%	85.2%
Total	87.9%	88.4%	88.5%	87.5%	87.7%	88.3%	88.2%	87.7%	84.8%

Source: HEDIS: 1Q2018 SCAL Equitable Care CBP Report

CASE #1



Jada Jones



- 48 years old Female, married mother of 2
- History of HTN, currently on 2 medications
- After being contacted by the outreach nurse several times, a doctor visit was booked
- Patient has missed 2 prior appointments
- Feels overwhelmed
- Arrives to scheduled visit 15 minutes late
- HealthConnect Note: BP is 150/92 and MRAR for BP Medications is 65%

Asking Open-Ended Questions

What additional information would be helpful to best care for Jada?

Avoid:

- Short Answers
- Yes/No Response



A. How does she want to receive her care?

B. What is her family situation?

C. What are her stresses?

D. Does she have any transportation & financial challenges?

E. All of the above

Asking Open-Ended Questions

She is not taking her medication as directed, how would you identify the barriers?

Avoid:

- Short Answers
- Yes/No Response



A. How are you doing with your medication?

B. Are you having any problems taking your medication and/or side effect?

C. Do you have any concerns about the medicine?

D. Sometime meds can be very expensive, many of my patients have difficulty paying the high cost co pays, is this a concern?

E. All of the above

How do I respond to?



Hello Ms. Jones,
Is it okay if we talk about why it is so important for you to keep your blood pressure under control? I am here to help you in your care, is there any concerns scheduling and/or coming in for an appointments?

Dr. Tyler,
The medication is expensive and hard for me to pay. It is sometimes hard for me to get here on time since I have two jobs plus taking care of my family.



Medical Financial Assistance

What is Medical Financial Assistance Program (MFAP) and who is eligible?

Kaiser Permanente's Medical Financial Assistance Program provides financial assistance for qualifying patients who need help paying for emergency or medically necessary care they receive in a Kaiser Permanente facility or by a Kaiser Permanente provider.



Application may be downloaded in the following languages:
Arabic, Armenian, Chinese, English, Farsi, Spanish, Tagalog, Vietnamese

<http://share.kaiserpermanente.org/article/southern-california-medical-financial-assistance-2/>

Financial Counselors are available to answer questions or assist with the application process.

MFAP Hotline: 866-399-7696

8

Can't afford your co-pay? Forget to take your medicine?

Please answer the following five questions and turn this form into your doctor's nurse or pharmacy staff. Your answers will help us determine whether you may benefit from one of Kaiser's programs.

Member Self-Assessment Questionnaire

1. Have you recently avoided seeking medical care or picking up a prescription because of cost? [Yes, No]
2. Have you recently cut pills or skipped a dose of your prescription medication to save money? [Yes, No]
3. Is cost a major barrier preventing you from taking your medication as prescribed? [Yes, No]
4. Have you recently failed to take a prescription medicine as directed more than 20% of the time? [Yes, No, N/A]
5. When you have not taken a medication as directed, would you say forgetfulness was the primary reason? [Yes, No, N/A]
If No, what was the primary reason?

Contact Us
Kaiser Permanente
Medical Financial Assistance Program
West LA Office
6041 Cadillac Ave.
Los Angeles, CA 90034
Financial Counselor:
(323) 857-2708
24 Hours: (323) 857-3804

If your answer to three of the five questions is Yes, we can inform you about the resources that may be available to you!

Notes:

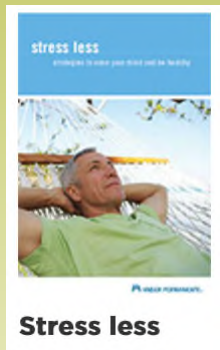
1. There may be several programs (e.g. Medical Financial Assistance Program) or other resources (e.g. Social Work, pill boxes, etc.) available to help you take better care of your health.
2. All information collected by KP staff will remain within Kaiser and will not be shared with any outside entities at anytime.

Kaiser Permanente. thrive

KP Resources

Encourage patients to register on Kp.org

- It is essential to be constantly in touch with members
- Self-Register for CHL Education
- E-mail/Texting



- Virtual Care
- Video Visit
- Telephone Appointment Visit

- Wellness Coaching by Phone - 1-866-862-4295
- Nurse Clinics/Health Fairs

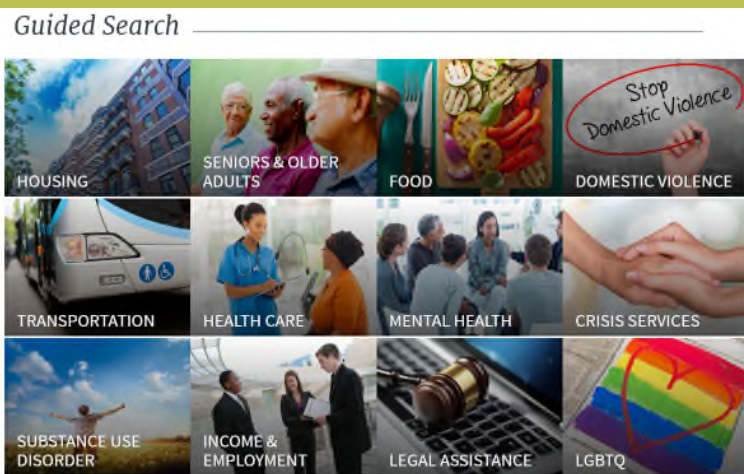
Warm Hand Off:

- Build trusting relationships through frequent follow up:
Provide a warm hand off to other key partners/departments

<https://thrive.kaiserpermanente.org/care-near-you/southern-california/center-for-healthy-living/bookshelf/>

Community Resources

Provider Refer to Social Medicine for External Community Resources:



TRANSIT
Bus Routes Ride Sharing Programs Toll Lane/Metro FasTrak Senior Transportation Local Bus Information Local Rail Information TAP Cards Discounted Fares
TRANSPORTATION EXPENSE ASSISTANCE
Bus Fare Bus Tokens Taxi Fare
TRANSPORTATION FOR PEOPLE WITH DISABILITIES
Access Services/Dial-a-Ride Non Emergency Medical Transportation

CASE #2



William Davis



- 53 year old male, 10 year history of hypertension
- Came in for a physical with wife (Lisa) who feels Kaiser prescribes to many medicines just to make money.
- Lisa feels William is taking too many medications & wants to discuss some natural remedies.
- Last Medication refilled was 5 months ago.
- Currently prescribed Hydrochlorothiazide and amlodipine to take daily.
- William states his blood pressure medications “slow him down.”
- He cut the water pill in half because he was urinating too frequently.
- A friend at work was taking the same medications and recently had a heart attack.
- Today's Exam: blood pressure 156/98.

Asking Open-Ended Questions

What additional information would be helpful to best care for William?



Avoid:

- Short Answers
- Yes/No Response

A. What are the side effects Williams is experiencing?

B. Role of the wife in relationship to William's care

C. What other methods has he tried to lower his BP?

D. All of the above

How do I respond to?

Mr. & Mrs. Davis,
Is it okay if we talk about your blood pressure medication & how every medication may have a side effect. I think reducing salt in your diet will help control your hypertension & I can provide some resources to help you.



Dr. Clark,
I feel like the blood pressure medications "slow me down." My wife does most of the cooking & suggests I try natural remedies since medications have side effects.

C.A.R.E Skills

Use the C.A.R.E Skills Model to learn how to access the needs of your patients & communicate better with them

C—Connect with the individual and family
A—Assess communication needs, health literacy, health beliefs and practices
R—Respond with respect and empathy
E—Empower the individual and family to follow the treatment goals and plan

C – CONNECT WITH THE INDIVIDUAL & FAMILY

- Introduce yourself to patient/member, address him/her formally by using Mr., Mrs., Sir, etc., then ask for preference: Ensure name was pronounced correctly.
- Introduce yourself to the family present. Find out who they are and their role.
- Be mindful of verbal and non-verbal cues (see verbal and non-verbal cues pocket card)
 - Eye contact
 - Posture and hand/arm movements and facial gestures (see "Communication Tools" pocket card).

A – ASSESS COMMUNICATION NEEDS, HEALTH LITERACY, HEALTH BELIEFS & PRACTICES

Communication

- Language
 - Assess for language preference and need for interpreter. Utilize the tools, "Interpreter Services Available" and/or "Language Identification Card."
 - Utilize interpreter for face-to-face interpretation, if available. If not available, utilize the Language Line for phone interpretation (see "Communication Tools" for tips when doing face-to-face vs. phone interpretation.)
- Hearing impaired
 - Hearing impaired individuals may exhibit the following behaviors:
 - Talk loudly
 - Ask things to be repeated
 - Sits in silence
 - If you suspect your patient is hearing impaired, refer him/her for auditory testing.
 - When interacting with a hearing impaired patient:
 - Look directly at the person
 - Do not shout
 - Lower the noise level
 - Do not interrupt
 - Ask how to facilitate communication
 - Provide sign-language or written interpretation
 - Learn how to access the telecommunication devices (TTY/TDD).

Health Literacy³

- Health literacy is the degree to which individuals have the capacity to obtain, process, understand, and act on basic health information and services needed to make appropriate health decisions.
- Four out of ten patients leaving your office will not understand the basic information and instructions they receive.

A – ASSESS (continued)

- The flags below may indicate health literacy problems:
 - Noncompliance with medication regimens.
 - Lack of follow through with lab tests or referrals.
 - Member taking a passive role in his or her care.
 - Silence during an appointment.

Health Beliefs and Practices⁴

- Elicit about health beliefs and practices without being judgmental or reacting. Assess health beliefs and practices using the following strategic questions:
 - What do you call your problem?
 - What do you think caused your problem?
 - Why do you think it started when it did?
 - What does your sickness do to you?
 - How does it work?
 - How severe is it? Will it have a short or long course?
 - What do you fear most about your disorder?
 - What are the other problems that your illness has caused you?
 - What kind of treatment do you think you should receive?
 - What are the most important results you hope to receive from the treatment?
 - What have you done so far to treat your sickness?

R – RESPOND WITH RESPECT & EMPATHY

Respect

- Respect individual perception and beliefs about illness and health (non-traditional western/bio-medical models).
- Respect individual beliefs about the "effect of the supernatural on illness and well being."

Empathy

- Consider individual beliefs by using verbal empathetic responses:
 - What is Empathy? It's NURS
 - **Naming the emotion:** "I can see that you are..."
 - **Understanding:** "I hear what you are saying..."
 - **Respect:** "May I ask you to tell me more..."
 - **Support:** "I want to help". "You are doing great."
 - Clinician verbal and non-verbal responses should match.

E – EMPOWER THE INDIVIDUAL & FAMILY TO FOLLOW TREATMENT GOALS & PLAN

1. **Assess** the patient's understanding of the diagnosis and treatment goals.
2. **Educate** within a personalized context.
3. **Explore** patient's perspectives, their health beliefs and practices, and explore potential resistance/barriers to negotiate for adherence.
4. **End** the visit with a clear and mutual understanding and agreement by:
 - Speaking in a normal voice, clearly, and not too fast.
 - Showing or drawing pictures.
 - Limiting the amount of information provided, and repeat it.
 - Encouraging questions.
 - Using the "teach-back" or "show-me" technique.³ Ask member to repeat the instructions or information in his or her own words.

EQUITABLE CARE HEALTH OUTCOMES (ECHO) The AIDET® Service Model

ACKNOWLEDGE

- DO: Address the patient by Mr., Mrs., or Ms. and surname.
- DO: Touch, Shake hands, warmly greet. Create familiarity by asking general questions the member is comfortable talking about.
- DO: Include family members the member designates to be involved with their treatment

INTRODUCE

- DO: Introduce yourself with your full name & your experience and qualifications to treat the medical condition of the patient.
- DO: Introduce or talk about your team.
- DO: Immediately get an interpreter if you suspect problems communicating the treatment plan

DURATION

- DO: Avoid being rushed, make sure all of the member's questions are answered
- DO: Explain all diagnoses, tasks, processes and procedures, time for reports, time to recovery

EXPLANATION

- ASK: What treatments do you use at home to make yourself feel better? What worries you?
- DO: Explain side effects of medications and ask the member if he/she agrees with the treatment plan
- ASK: Can you get your medicine, food, transportation to the clinic, read pill bottles?

THANK YOU

- ASK: Did you get what you needed?
- DO: End with a handshake, farewell, and personal conversation.

ECHO WIKI: <https://wiki.kp.org/wiki/display/equitablecarenatl/Home> AIDET® is the property of The Studer Group
 Source: Culturally Tailored 4-Habits: Building Connections with Hispanic/Latino Members/Patients 2013

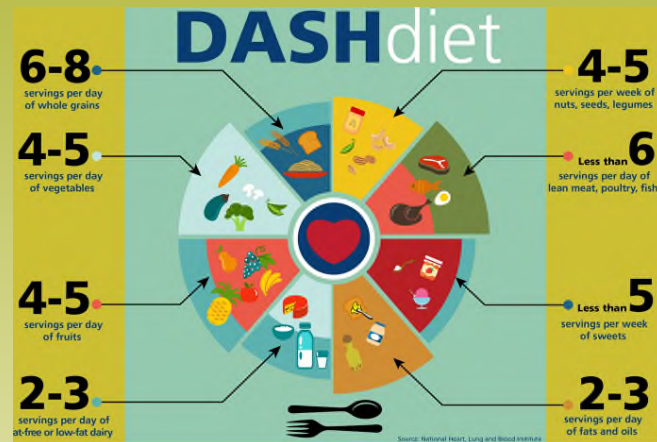
Salt Handout/DASH

LISTEN TO YOUR HEART: EAT LESS SALT

- ✓ New 2010 U.S. Dietary Guidelines recommend only 1,500 mg per day for people who have high blood pressure, diabetes and kidney disease, and also for African Americans and people who are over 50.
- ✓ The amount of sodium we consume has skyrocketed over the years. The average American consumes between 3,500 to over 5,000 mg of sodium per day.
- ✓ A surprising 80 percent of the sodium we get is not from the salt shaker, but from processed, restaurant, and fast foods. This includes canned, packaged/frozen foods, salt pork, sausage or lunch meats. Remember that using even just 1/4 tsp of salt adds 500 mg of sodium to your diet!

Tips to Lower Your Sodium:

- Eat out less often. Aim for one day a week.
- Cook at home. Make more and bring it to work for lunch the next day.
- Eat less processed, packaged and canned foods.
- Eat more fresh foods such as vegetables, fruits, whole grains, beans, peas, lentils and fish, chicken, and meats prepared without salt.
- Cut the amount of salt you add while cooking down by half, until you are not adding much, if any. Use herbs, spices, lemon juice, vinegar, balsamic vinegar, garlic, onions, wine, dry mustard or Trader Joe's Seasoning Salute instead.
- Cut the amount of salt you add at the table by half until you are not using any at all.



Exam Room Video African American Storytelling

Kaiser Permanente® Primary Care – Feature Presentation

Shedrick
Age 59,
High blood pressure
since age 19

00:31 02:34

Time Remaining
View Full Screen
Volume Control

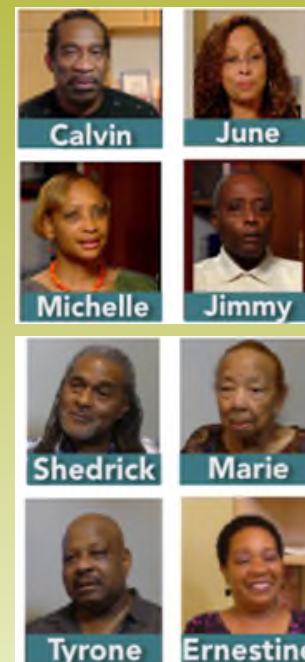
Note: While in "Full Screen" mode, press the [Esc] key to return to this page.

Patient Reference Documents

Featured Patient Videos

Language: English

- Advanced Care Planning
- Asthma: Adults
- Asthma: Children
- Cancer Screening
- Cardiovascular Disease
- Diabetes: Action Plan
- Diabetes: In Pregnancy
- Diabetes: Reducing Risk
- Fall Prevention
- Flu Prevention
- High Blood Pressure
- Hypertension Storytelling
- Living Healthier
- Newborn Care
- Other Health Concerns



HTN Story Telling Video
https://ocwebxp.kp.org/pc/7Video=Hypertension_Storytelling#1



CASE #3



Isabel Smith



- 52 year old female
- 1st visit after changing providers for 4th time in 2 years.
- She has concerns & hopes you can help her as her previous doctors did not listen to her concerns and just wanted to give her “more pills” for her blood pressure.
- Her mother had hypertension and died of stroke at 51 before Isabel finished college. This affected her greatly.
- She is married, husband is s/p MI, and has 2 grandkids, 5 and 7, that she describes as “the joy of my life.”
- Prescribed Prinzide 20/25 2 tablets daily, and her MRAR is 97%.
- In her opinion adding on amlodipine and metoprolol in the past really didn't help the blood pressure much, gave her side effects, and she's not interested in adding on medications right now.
- Vitals: BP is 164/102, BMI 35.7, pulse 99, Exercise 0 min /week, smokes, positive alcohol screen
- Sedentary data entry job works 9-5 with a 1 hour lunch break.
- Eats out on weekdays for at least breakfast (truck) and lunch (fast food).

Asking Open-Ended Questions

What additional information would be helpful to best care for Isabel?

What are this patient's values/priorities at the moment?



Are there non pharmacological interventions she might be receptive to?

Oh my, where do I even start with Isabel?

Respecting Autonomy

You're in the driver's seat
here **with your diet**

The Choice is yours **on how**
to approach your blood
pressure

What you choose to do is up to
you **out of the many ways to get**
your blood pressure down

**Helpful
Language**



Focusing

4 PROCESSES

Focusing
Determine the target
WHAT

6 Ways to Control Your Diabetes

CENTER FOR
HEALTHY LIVING
KAISER PERMANENTE



FOLLOW UP
ON LAB TESTS



EAT
HEALTHY



GET
MOVING



TAKE YOUR
MEDICATIONS



CHECK YOUR
BLOOD SUGAR



QUIT
TOBACCO

**PICK
ONE**

Take the first step by starting with one or two small changes.
We can help! Talk to your doctor or explore our resources.

Wellness Coaching by Phone:
1-866-862-4295

Diabetes workshops:
kp.org/centerforhealthyliving

Online resources:
kp.org/diabetes

Let's start something.

CENTER FOR
HEALTHY LIVING
KAISER PERMANENTE

Ambivalence

This side of the ambivalence is called
CHANGE TALK

This side of the ambivalence is called
SUSTAIN TALK

**I WANT TO
CHANGE**

**YES, BUT
TO CHANGE**



Bringing Out Change Talk

ABILITY

How do you know you'll be able to set aside time on the weekend to prepare food for the week?

REASONS

What might be some of the benefits of lowering your blood pressure

NEED

In what ways do your consistently high blood pressure concern you?

DESIRE

Why do you want to control your blood pressure better

COMMITMENT

What would be your first step trying to get your family to eat healthier?



Asking Open-Ended Questions

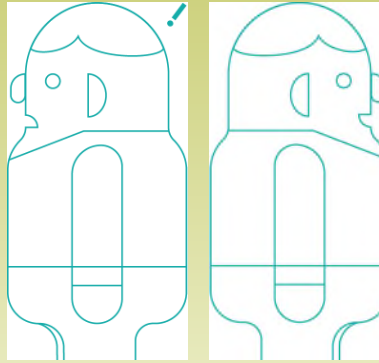
Are you still drinking half a bottle of wine at night?

Avoid:

- Short Answers
- Yes/No Response

What role does alcohol play in your life?

Did you know your weight is unhealthy?



What concerns do you have about how your diet and activity level and how it may be affecting your blood pressure?

Are you still smoking a pack a day?

What things make it easy or hard to cut back on smoking?

Choose a topic to discuss

- Reducing alcohol intake
- Improving dietary habits /weight loss
- Starting to be more physically active
- Reducing to quit smoking



Giving Information: Healthy Eating/Weight Loss



ASK PERMISSION:

Would it be ok we talked about your health and eating patterns today?
Would it be ok if we talked about your weight today?

TELL/INFORM:

It turns out what a person eats, how much, and how often can have a big effect on their blood pressure.
Studies show many people are able to reduce their blood pressure when they are successful with losing weight.

ASK FOR THOUGHTS:

What are your thoughts about that?
Is this a subject that interests you?

Giving Information: Healthy Eating/Weight Loss



ASK PERMISSION:

Would it be okay if I shared with you your benefits for resources to help people eat healthier & lose weight?

TELL/INFORM:

At KP we have a scientifically based program staffed with experts that help people lose an average 1-2 pounds a week, & it's absolutely free. It's called Healthy Balance

ASK FOR THOUGHTS:

Does that sound like something you might want to try out to bring down your blood pressure?

Referral to CHL (weight mgmt.)

HyperSpace - FAMOCLMO PCF2 - PR00 - HSCPRODCOM PRODCOM

Kphc, Fivetzczteest

PCP: YING, JOAN FRI (M.D.)
PCP Clinic Name: 3501 STOCK
Inter Need: No
Language: Aymara

Age: 38 year old, Female, 07/23/1980

Diagnosis: 1. OBESITY, BMI 35-39.9, ADULT

Place orders (Enc Date: 8/13/2018) - Wt: (Not entered for this visit) Ht: 1.727 m (5' 8")

New order: ref health ed

Diagnoses: 1. OBESITY, BMI 35-39.9, ADULT

Level of service:

Pharmacy: CC: ANAHEIM/CA/VIEW

RAY NANDA

3:21 PM

Referral to CHL (weight mgmt.)

HyperSpace - FAMOCLMO PCF2 - PR00 - HSCPRODCOM PRODCOM

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Level of service:

Pharmacy: CC: ANAHEIM/CA/VIEW

RAY NANDA

3:22 PM

DIRECT BOOK READY

REFERRAL HEALTH EDUCATION

Internal referral, Routine

Priority: Routine ☐ STAT ☐ Urgent ☐ FU Appt Request ☐

Class: Internal ref ☐ Internal referral ☐

Dx Assoc: Click to associate diagnoses

Reason: Weight Management ☐ Life Care Planning (All) ☐ Baby Care (All) ☐ Breastfeeding (All) ☐ Cholesterol (All) ☐ Coronary Artery Disease (All) ☐ Diabetes (All) ☐ Diabetes: Pre-Diabetes (All) ☐ Heart Failure (All) ☐ Hypertension (All) ☐ Insomnia (All) ☐ Tobacco Cessation (All) ☐ Weight Management, Adult (All) ☐ Weight Management, Bariatric Surg Prep Program (All) ☐ CONFIRM GUIDELINE MET ☐

For consults, do you authorize this department to book a telephone or video visit if available? ☐ Yes ☐ No ☐ This referral is not a consult request ☐

Comments:

Sched Inst:

Reference Links: 1. Table of Contents 2. Options Guideline / Bariatric Surgery Preparation Program

Referral:

To locpos:

To provider:

Reason:

Specialty Services:

Accept ☐ Cancel ☐ Remove ☐

1 order entered

Removing Barriers to Weight Loss



- Now NO CHARGE for members!
- 1 year program:
 - 16 weekly group-based, in-person workshops
 - Followed by monthly coaching calls
- Goal: achieve and maintain $\geq 5\%$ weight loss
- Delivered in English and Spanish
- Members can start whenever they're ready

Healthy Balance Self-Registration now available



*Did you know
that losing
weight may
help your
psoriasis?*

Help reduce
psoriasis
symptoms!

Visit kp.org/centerforhealthyliving to learn
about all the workshops
and programs we offer.

HEALTHY BALANCE

WEIGHT MANAGEMENT PROGRAM

Developed by professionals, this program is based on three basic ideas for success: healthy eating, daily habits, and physical activity. Kaiser Permanente medical and weight loss professionals work with you to help you achieve your goals, while other program members will help cheer you on. Programs are offered weekly. Start when you are ready.

Available at no cost to Kaiser Permanente members. For more information and class calendars, visit kp.org/healthybalance.

Services described here are provided to members on a fee-for-service basis and nonmembers are financially responsible to pay for them. Clinical services are provided by providers or contractors of the Southern California Permanente Medical Group. Results of services may vary among patients and cannot be guaranteed. Kaiser Foundation Health Plan, Inc., and Kaiser Foundation Hospitals may receive compensation for providing facilities and/or other support in connection with these services. These services are not meant to replace any covered services under members' health plan benefits. If you are a Kaiser Permanente member, please check your Evidence of Coverage for specific covered health plan benefit information.

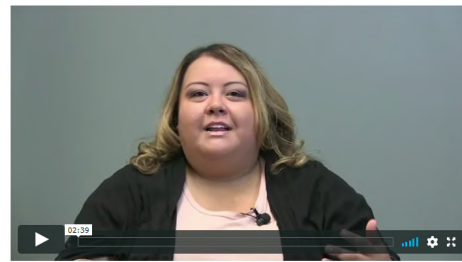
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Center for Healthy Living. H&E/2017/10. KP.org

Let's start something.

Christine

December 1, 2017 | Success Stories

"Psoriasis doesn't own me anymore." Christine joined Healthy Balance after talking to her dermatologist about how she could improve her psoriasis.



Testimonial Video

kp.org/healthybalance

Ordering Online Education

Place orders (Enc Date: 8/13/2018) - Wt: (Not entered for this visit) Ht: 1.727 m (5' 8")

AMBULATORY CARE ONLINE EDUCATION PROGRAMS

Normal, Routine
View by Date (Maximum 1 year): 11/11/2018

New Program

Link	Problem	Code	Noted
	PREEXISTING DM W/O COMPLICATION IN PREGNANCY	024.319...	3/11/16
	SEVERE OBESITY, BMI 40-44.9, ADULT	668.01...	9/17/16
	PREDIABETES	873.03...	1/19/18
	ATHEROSCLEROSIS OF AORTA	I70.0	1/19/18
	SQUAMOUS CELL CARCINOMA, BASE OF TONGUE	C01	1/19/18
	SUPERVISION HIGH RISK PREGNANCY, HK OF CESAREAN SECTION	O09.299...	7/25/17
	BEZARE PERSONAL APPEARANCE	R46.1	12/20/17

1 order entered

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	PREDIABETES	873.03...	1/19/18
	ATHEROSCLEROSIS OF AORTA	I70.0	1/19/18
	SQUAMOUS CELL CARCINOMA, BASE OF TONGUE	C01	1/19/18
	SUPERVISION HIGH RISK PREGNANCY, HK OF CESAREAN SECTION	O09.299...	7/25/17
	BEZARE PERSONAL APPEARANCE	R46.1	12/20/17

1 order entered

***Healthy Eating, Smoking, HTN, CHF**

The Weight Conversation Tips

- Don't assume the patient hasn't tried to lose weight, many have many times
- Avoid using "fat" or "obese." If a word is required, members prefer "heavy" or "overweight."
- Affirm the patient for anything positive they are doing currently (i.e. physical activity, appointment attendance, dietary changes, etc.)
- Remind the patient that decision is ultimately up to them



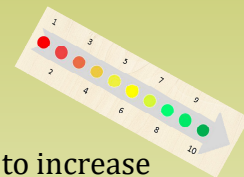
Exercise CREATING DISCREPANCY

How does NOT getting any exercise align with your desire to avoid taking more medications to control your blood pressure?

CHANGE RULER

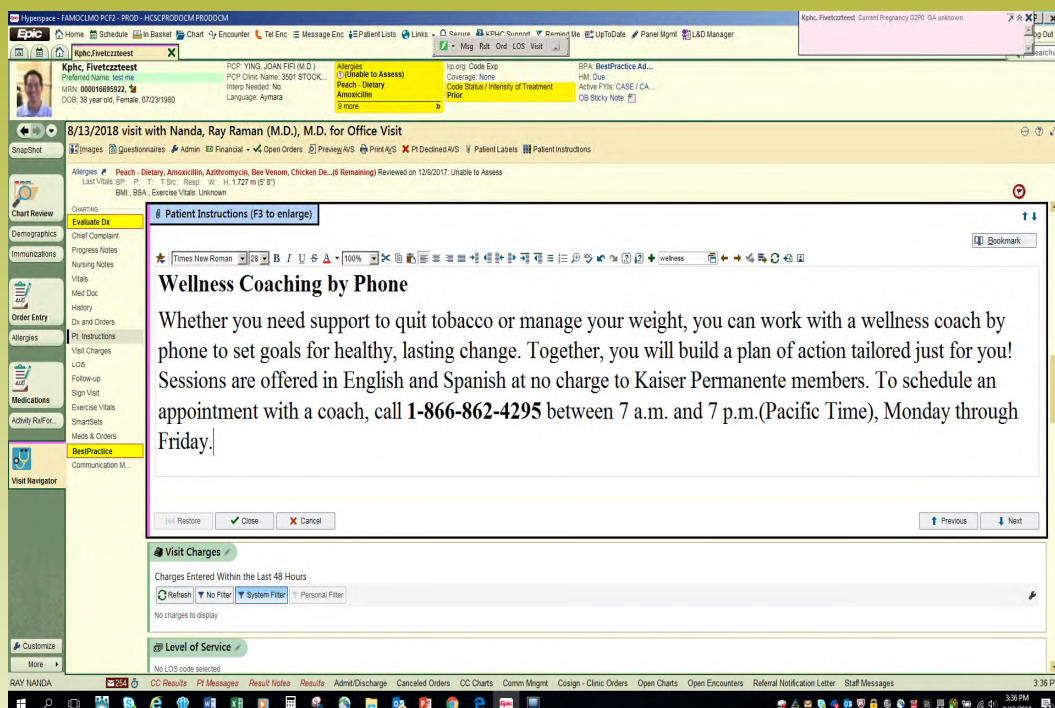
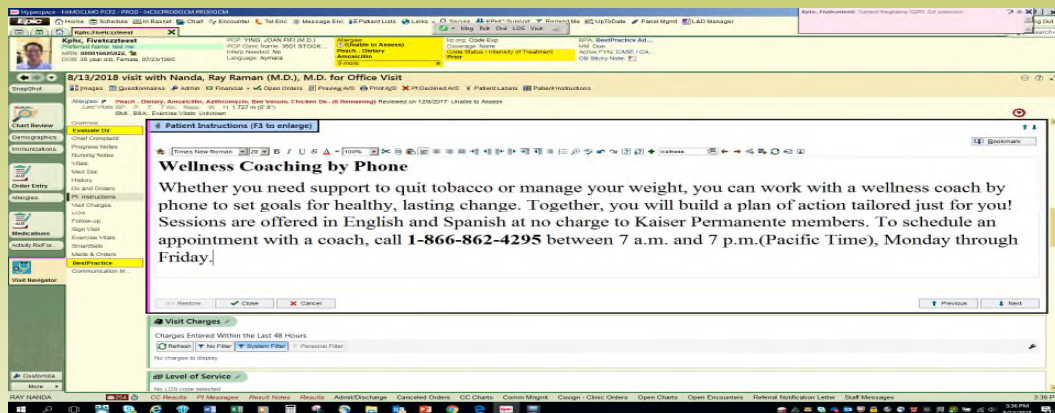
On a scale of 1-10 how important is it to you to try to increase your activity level to control your blood pressure?

On a scale of 1-10 how confident are you that you can increase your activity level to control your blood pressure?

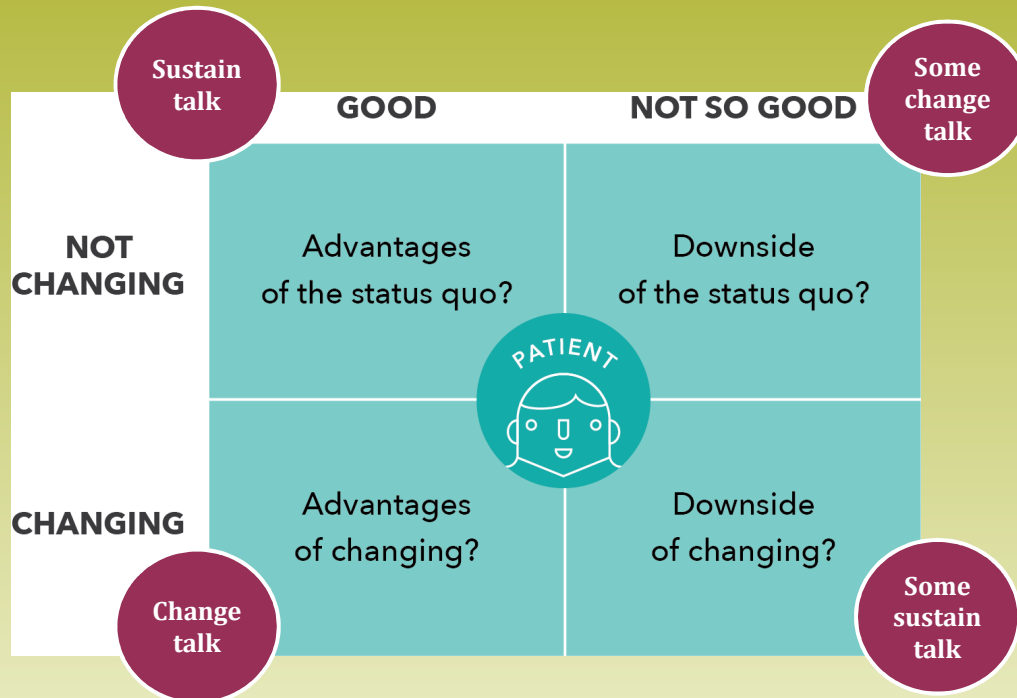


Resources for Exercise

- Wellness Coaching by Phone – direct referral
- Local community centers
- Commercial gyms
- Everybodywalk.org
- Coming soon – Opop GOAL TRACKER – walking routes
- Free Smartphone apps



Alcohol Reduction – Decisional Balance



Alcohol Reduction Tools

The screenshot shows a medical software interface for a referral in addiction medicine. The patient is Kphic, Fivecastest, a 38-year-old female. The referral is for 'REFERRAL ADDICTION MEDICINE' and is marked as 'Routine'. The reason for referral is 'Reason: 51 year old female with 1/2 bottle of wine per night habit affecting her blood pressure, prescribed naltrexone. Please see within 2 weeks'. The referral is to be made to 'Specialty Services'. The interface includes various tabs for patient information, orders, and referrals, and a sidebar with navigation options like 'Chart Review', 'Demographics', and 'Medications'.

SMARTRX - Alcohol

Kphc, Fivetcheest
 POP: YING, JOAN FRI (M.D.)
 Preferred Name: test me
 UIC: 0001689922
 DOB: 38 year old, Female, 07/23/1980
 Language: Aymara

Place orders (Enc Date: 8/13/2018) - Wt: (Not entered for this visit) Ht: 1.727 m (5' 8")

Medications

Name	Preferred	Formulary	Sig/Dose	Code	Type	Pref List	Section	OTL ID
SMARTRX - ACUTE GOUT	Yes			165142	Medica...	SCAL-MED-FAMIL...	SMARTRX	6976...
SMARTRX - ACUTE SINUSITIS, ADULT	Yes			119866	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - ALCOHOL USE DISORDER	Yes			159375	Medica...	SCAL-MED-FAMIL...	SMARTRX	6331...
SMARTRX - BRONCHITIS, ADULT	Yes			165078	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - C DIFFICILE COLITIS, ADULT	Yes			119867	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - CELLULITIS/SKIN INFECTION, ADULT	Yes			165076	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - CHRONIC GOUT	Yes			165143	Medica...	SCAL-MED-FAMIL...	SMARTRX	6976...
SMARTRX - COMMUNITY ACQUIRED PNEUMONIA, ADULT	Yes			119979	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - DIABETES TREAT TO TARGET DRUG THERAPY - ADULT	Yes			119990	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - DIABETES TREAT TO TARGET METER AND SUPPLIES	Yes			119991	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - DIABETIC DEEP ULCER, ADULT	Yes			165077	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - DIVERTICULITIS, ADULT	Yes			165026	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - DIVERTICULITIS - REDUCE ASCVD RISK, ADULT	Yes			4600003	Medica...	SCAL-MED-FAMIL...	SMARTRX	5708...
SMARTRX - H. PYLORI INFECTION/PEPTIC ULCER DISEASE, ADULT	Yes			165027	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - HERPES GENITAL, ADULT	Yes			165082	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - HIGH POTENCY TOPICAL STEROIDS	Yes			4600027	Medica...	SCAL-MED-FAMIL...	SMARTRX	6021...
SMARTRX - LOW POTENCY TOPICAL STEROIDS	Yes			4600025	Medica...	SCAL-MED-FAMIL...	SMARTRX	6021...
SMARTRX - MEDIUM POTENCY TOPICAL STEROIDS	Yes			4600026	Medica...	SCAL-MED-FAMIL...	SMARTRX	6021...
SMARTRX - MIGRAINE ACUTE ADULT	Yes			165028	Medica...	SCAL-MED-FAMIL...	SMARTRX	6938...
SMARTRX - MIGRAINE PROPHYLAXIS ADULT	Yes			165029	Medica...	SCAL-MED-FAMIL...	SMARTRX	6938...
SMARTRX - OTITIS MEDIA, ADULT	Yes			119981	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - PROSTATITIS, ADULT	Yes			119982	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - PYELONEPHRITIS, ADULT	Yes			165081	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...
SMARTRX - SSB PROPHYLAXIS, ADULT	Yes			119992	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - SMOKING CESSATION	Yes			160082	Medica...	SCAL-MED-FAMIL...	SMARTRX	6381...
SMARTRX - STREP THROAT, ADULT	Yes			119983	Medica...	SCAL-MED-FAMIL...	SMARTRX	2979...
SMARTRX - UNCOMPLICATED BITES (DOG, CAT, HUMAN), ADULT	Yes			165075	Medica...	SCAL-MED-FAMIL...	SMARTRX	6969...

SMARTRX - Alcohol

Kphc, Fivetcheest
 POP: YING, JOAN FRI (M.D.)
 Preferred Name: test me
 UIC: 0001689922
 DOB: 38 year old, Female, 07/23/1980
 Language: Aymara

Place orders (Enc Date: 8/13/2018) - Wt: (Not entered for this visit) Ht: 1.727 m (5' 8")

SMARTRX - ALCOHOL USE DISORDER: starting 8/13/2018, Fill Later

Alternative Selection

* Naltrexone (REXIVA) is the preferred agent unless the patient is on opioid therapy (must not have had opiates for 7 days prior to starting naltrexone) or has severe liver dysfunction. Check baseline LFTs, LFTs again in 3 months, then every 6 - 12 months. RX can be continued indefinitely.

* Acamprosate (CAMPRAL) can be used in all patients except those with severe renal disease (CrCl <50). Check baseline creatinine, then again in 3 months, then every 6 - 12 months. RX can be continued indefinitely.

* Patients can start these medications without being abstinent from alcohol. There is no disulfiram-like reaction with these medications.

* If immediate abstinence is desired, please consider chlordiazepoxide (LIBRIUM) to prevent alcohol withdrawal.

* All patients should be offered an Addiction Medicine referral and have a follow-up appointment booked within 1-2 weeks with Primary Care or Addiction Medicine.

* For more details, please refer to the Medication Assisted Therapy for Alcohol Use Disorder for Primary Care Guideline web link to the right.

Alternative

Alternative	Details	Cost
naltrexone 50 mg tab (REXIVA)	0.5 TAB PO DAILY FOR 1 WEEK, THEN 1 TAB PO DAILY, Disp...	
acamprosate 333 mg tab (CAMPRAL)	2 TABS PO TID, Disp-98, R-9	
chlordiazepoxide 25 mg cap (LIBRIUM) for ALCOHOL WITHDR...	2 CAPS PO Q8H FOR 4 DOSES, THEN 1 CAP PO Q8H FOR 8 ...	
PNL, naltrexone 50 mg tab (REXIVA), 0.5 daily x 7 days, then 1 d...	***PANEL***	
PNL, acamprosate 333 mg tab (CAMPRAL), 2 tid + chlordiazep...	***PANEL***	

Web Links

Medication Assisted Therapy for Alcohol Use...

HEDIS- 2 week follow up

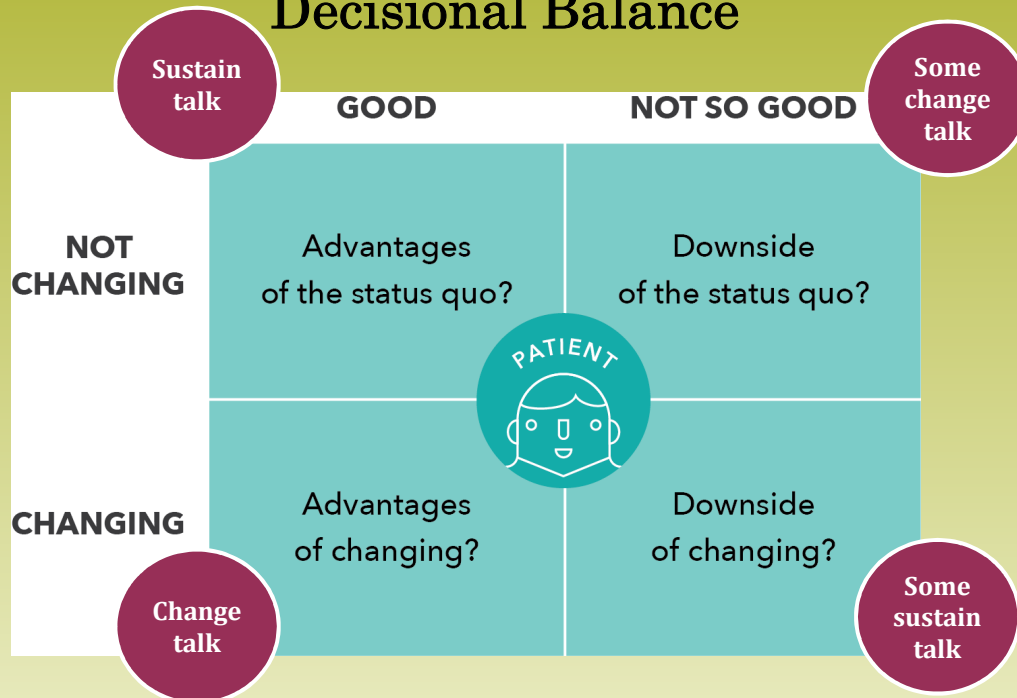
Diagnoses

Add Diagnosis

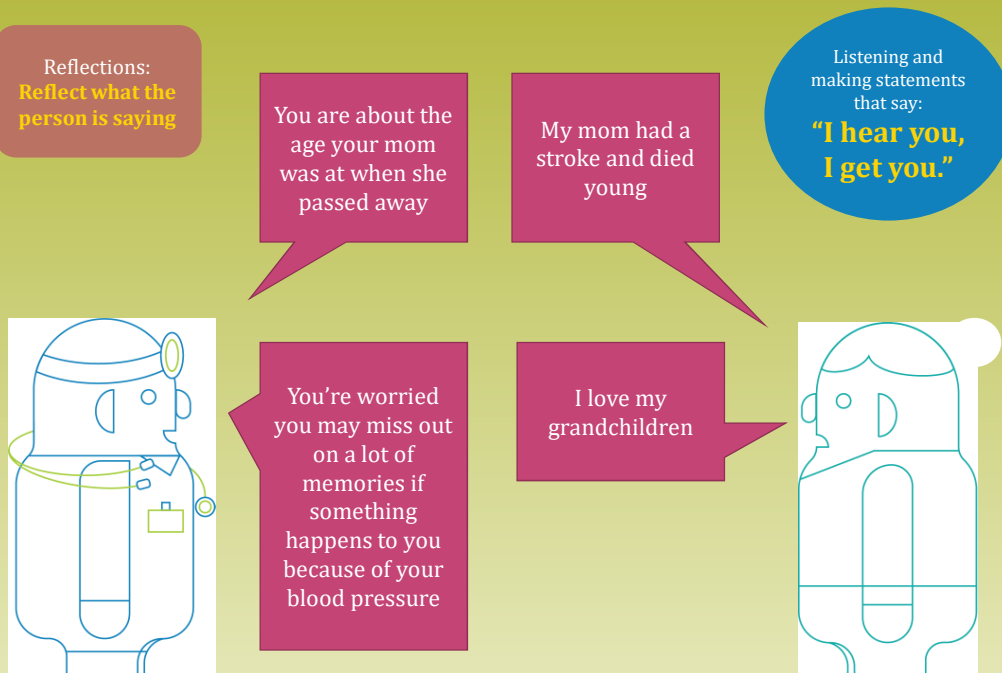
No encounter diagnoses present.

Pharmacy: OCA/WH/ML/VIEW

Smoking Reduction/Cessation Decisional Balance



Reflections "I hear you, I get you"



Freedom From Tobacco

Freedom From Tobacco
4 week workshop

8/13/2018 visit with Nanda, Ray Raman (M.D.), M.D. for Office Visit

Wellness Coaching by Phone

Whether you need support to quit tobacco or manage your weight, you can work with a wellness coach by phone to set goals for healthy, lasting change. Together, you will build a plan of action tailored just for you! Sessions are offered in English and Spanish at no charge to Kaiser Permanente members. To schedule an appointment with a coach, call **1-866-862-4295** between 7 a.m. and 7 p.m.(Pacific Time), Monday through Friday.

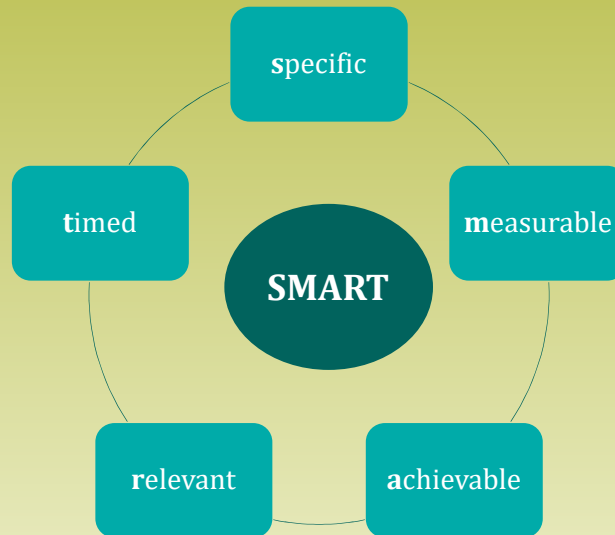
SMOKING CESSATION TOOLS

[illegible]

PLANNING

Planning:
Strengthen commitment,
consolidate the plan
How

Developing a specific change plan that the patient agrees to and is willing to implement



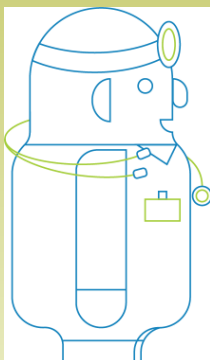
49

SMART Plans

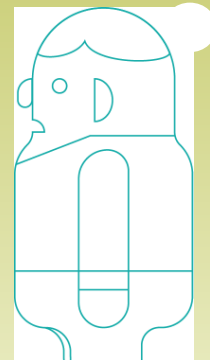
Planning:
Strengthen commitment,
consolidate the plan
How

- ✓ Specific
- ✓ Measurable
- ✓ Achievable
- ✓ Relevant
- ✓ Timed

For the next 2 weeks you've decided to not keep cigarettes in your car but pack carrot sticks every morning to use while commuting instead. You will do a walk in blood pressure check at that point.



For the next month your plan is to walk around the soccer field during your grandkids' hour long soccer practices 4 days a week. Let's see each other in 30 days and see how that affects your blood pressure.



Questions



APPENDIX

KP RESOURCES/TOOLS:

Strong Collaboration with Equity, Inclusion, & Diversity Champions, Complete Care Leads, & Center for Healthy Living

Improve the Cultural Care Experience	Patient Centered Treatment	Provider/Care Team Education
<ul style="list-style-type: none"> • Provide Emotional Support: • Involve the Family/Support in their care at all stages • Warm Hand Off: Build trusting relationships through frequent follow up: Provide a warm hand off to other key partners/departments • Investigate how the patient feels about the care/treatment: Communicate optimistic view of their ability to manage and succeed • Keep Educating: Reinforce messages over time, improve health literacy <p>Complete Care WLA</p> <ul style="list-style-type: none"> • Personalized Letter with MD photo • Automated reminder calls with physician voice 	<p>Encourage patients to register on Kp.org:</p> <ul style="list-style-type: none"> • It is essential to be constantly in touch with members and as it is the only way to keep them on track (or try to keep them on track). • oPAP/Health Media <p>Patient Centered Treatment & Education</p> <ul style="list-style-type: none"> • SALT Test Questionnaire/"Eat Less Sodium" • Strong focus on Medication Titration • Medical Financial Assistance Program • Nurse Clinics/Health Clinics/Health Fairs • Access/Extended Hours • Validated Parking Pass (LA) • PHQ9/Mental Wellness Assessment <p>Center for Healthy Living Classes:</p> <ul style="list-style-type: none"> • Healthy Balance – Weight Management • HTN/Caring for the Heart • Stress Management • Free from Tobacco • BP/SB • Healthy Cooking Classes <p>MORE TO COME: Waiting Room TV's Member centered: CSG's/Thrive Ads/Healthy Living</p>	<ul style="list-style-type: none"> • AIDET Culturally Tailored Communication Training • 4 Habits – Communication • Unconscious Bias Badge Inserts • Diversity Series Videos <ul style="list-style-type: none"> • "Touching the Dream" • Equity, Inclusion & Diversity Scorecard • Poverty Simulation Education <p>• https://wiki.kp.org/wiki/display/equitablcarenatl/Tools</p> <p>• https://wiki.kp.org/wiki/display/CMI/Inglewood-West+Los+Angeles+African+American-Blacks+Hypertension+Disparity+-+Resources+and+Tools</p>
<p>Exam Room Patient Videos:</p> <ul style="list-style-type: none"> • Individual Medical Center Storytelling Videos • KP Feature Presentation: https://ocwebxp.kp.org/pc/ • HTN Story Telling Video https://ocwebxp.kp.org/pc/?Video=Hypertension_Storytelling#1 • Emmi Videos 		



AIDET Badge
Logos



Unconscious Bias
Inserts



Pov. Simulation



HTN CR



PL Handout



Salt T Script



Salt T Guide



Salt Tip

Best Practices - What has been adopted

Culturally Responsive Care Approach

1. Physicians & Staff Education:
 - "Touching the Dream" Diversity in Health DVD Series
2. MD-Patient Communication
 - MD photos on letters
 - Automated telephone calls in PCP voice
3. MD-Patient Trust Building
 - AIDET Model for cultural communication
4. Patient Education: KP AA Storytelling DVD
5. Community Outreach: AA church, Barber Shops
6. POINT HTN Reports by Race/Ethnicity and Primary Care MD for member outreach efforts



Clinical Care Approach

1. Optimize Medication Titration for AA
 - Telephonic adjustments by provider and Care Manager
 - HTN clinics: 50 patients/provider per half day: adjust medication if BP high
3. Medication Adherence
 - Monitor frequency of refills
 - Is financial aid an issue? (Member Financial Aid-MFA Form is available for pts in need)
 - Pill boxes
4. Low Salt Diet: AA more sensitive to salt
 - Educate patients, providers and nurse on 1.5gm Na diet
 - Patient Education material
5. Accountability
 - Provider level scorecards showing AA control rate and disparity
 - Vital Sign report Medical Center