

## Promoting Sustainability of Million Hearts Interventions

Million Hearts Learning Collaborative  
February 15, 2023

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<b>Company</b>	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
<b>Nature of relationship</b>	N/A	N/A	N/A	N/A

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## **Understanding Sustainability**

- Group feedback: what is sustainability
- Defining sustainability
- Key components of sustainability
- Steps to promote sustainability

## **Discussion**

- Unity HealthCare: successes and challenges with sustainability
- Group discussion: current state and next steps



“THE EXTENT TO WHICH A NEWLY IMPLEMENTED INTERVENTION IS MAINTAINED OR INSTITUTIONALIZED WITHIN A SERVICE SETTING’S ONGOING STABLE OPERATIONS.”

Data source: Walugembe et al. Sustainability of public health interventions: where are the gaps? *Health Research Policy and Systems* (2019)17:8  
<https://doi.org/10.1186/s12961-018-0405-y>

## DISCUSSION

WHAT DOES SUSTAINABILITY OF YOUR  
MILLION HEARTS PROJECT LOOK LIKE?

WHAT DOES IT REQUIRE?

What is your level of confidence in the sustainability of your Million Hearts project after the grant ends?

- Not confident at all
- Slightly confident
- Somewhat confident
- Fairly confident
- Completely confident





## APPROACHES TO SUSTAINABILITY DEPEND ON

- A shared understanding of sustainability
- Integration with existing programs and policies
- Organizational capacity
- Stakeholder participation
- Partnerships
- Political support
- Strategic planning
- Demonstration of effectiveness
- Continuous monitoring of progress over time
- Ongoing training and capacity building
- Funding stability
- Program adaptation

Data source: Walugembe et al. Sustainability of public health interventions: where are the gaps? *Health Research Policy and Systems* (2019)17:8  
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1 - Integrate and Ingrain: workflows and training

2 - Demonstrate value: the right messaging to the right audience

3 - Program monitoring: sharing successes

4 - Program adaptation

5 - Funding stability

## 1 - Integrate and Ingrain: workflows and training

### ▪ **Develop workflows**

- Standard workflows for MHLC steps (e.g., referral processes, SMBP, clinical decision support)
- Embed, where relevant, in policies and procedures
- Becomes integrated and ingrained in overall clinic workflows

### ▪ **Include in standard training processes**

- For new hires as well as periodic/annual staff retraining
- Build and maintains organizational capacity
- Becomes integrated and ingrained in staff responsibilities and competencies

### ▪ **Staff turnover should not be a barrier to sustainability**

- If you (MH staff) did not go to work tomorrow, are the processes and staff knowledge in place to continue the MH work?

## 2 - Demonstrate value: the right messaging to the right audience

### ■ Know your value

- Each project has a value statement
- **What are your goals** for your project's growth/delivery system involvement/partnerships?
- **How can your project contribute** to community and population health improvement?

### ■ Know your audience

- Understand their priorities
  - Who are your stakeholders?
  - What are they accountable for?
  - How can your programming help them be accountable?

<Program Name> provides <what services> to <what target population> in <what geographic area> that are impacted by <what conditions>, resulting in <specific outcomes>.



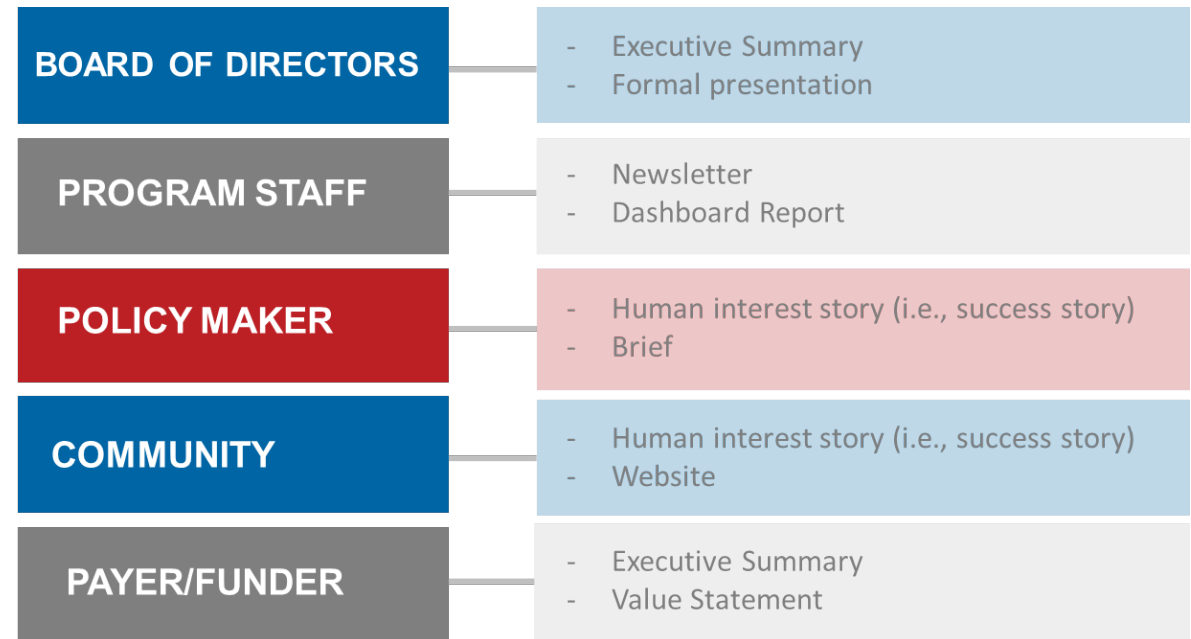
## 2 - Demonstrate value: the right messaging to the right audience

### ■ Understand what message they need

- Communication channel
- Desired action
- Technical expertise or comprehension
- Culturally appropriate
- Interest in the evaluation
- Experience and context

### ■ Have a communication strategy

- Best format
- Timeline
- Who will prepare/deliver
- Costs



## 3 - Program monitoring: sharing successes

- **Ongoing assessment of performance**
  - Measure process and outcome metrics
- **Compare results**
  - Benchmarks/targets
  - Trends
- **Share success: data visualization**
  - Understand the data you're trying to picture
  - Determine what you're trying to visualize and what you want to communicate
  - Know your audience
  - Keep visualization simple



## 4 - Program adaptation

- **Adaptations to right-size beyond pilot phase**
  - Expanded to additional populations
  - Expanded to different conditions/diagnosis
  - Targeted to a more focused group
- **Ongoing adaptations to the environment**
  - Reviews the evidence base/new science
  - Responds to changes in the environment
  - Adapts strategies as needed
- **Adaptations based on program monitoring**
  - Decrease/end ineffective components
  - Expand effective components





## 5 - Funding stability

- **Limit need for outside/additional funding by integrating and embedding in operations**
  - High-functioning program embedded in ongoing processes and staff training requires less resources
- **Demonstrating value builds buy-in, support, and can help secure additional funding**
  - Leadership
  - Payors/MCOs
  - Other funders/grant opportunities
- **Plan for sustainable funding early**
  - Building case with leadership/payors from the onset
  - Determining other potential funding streams





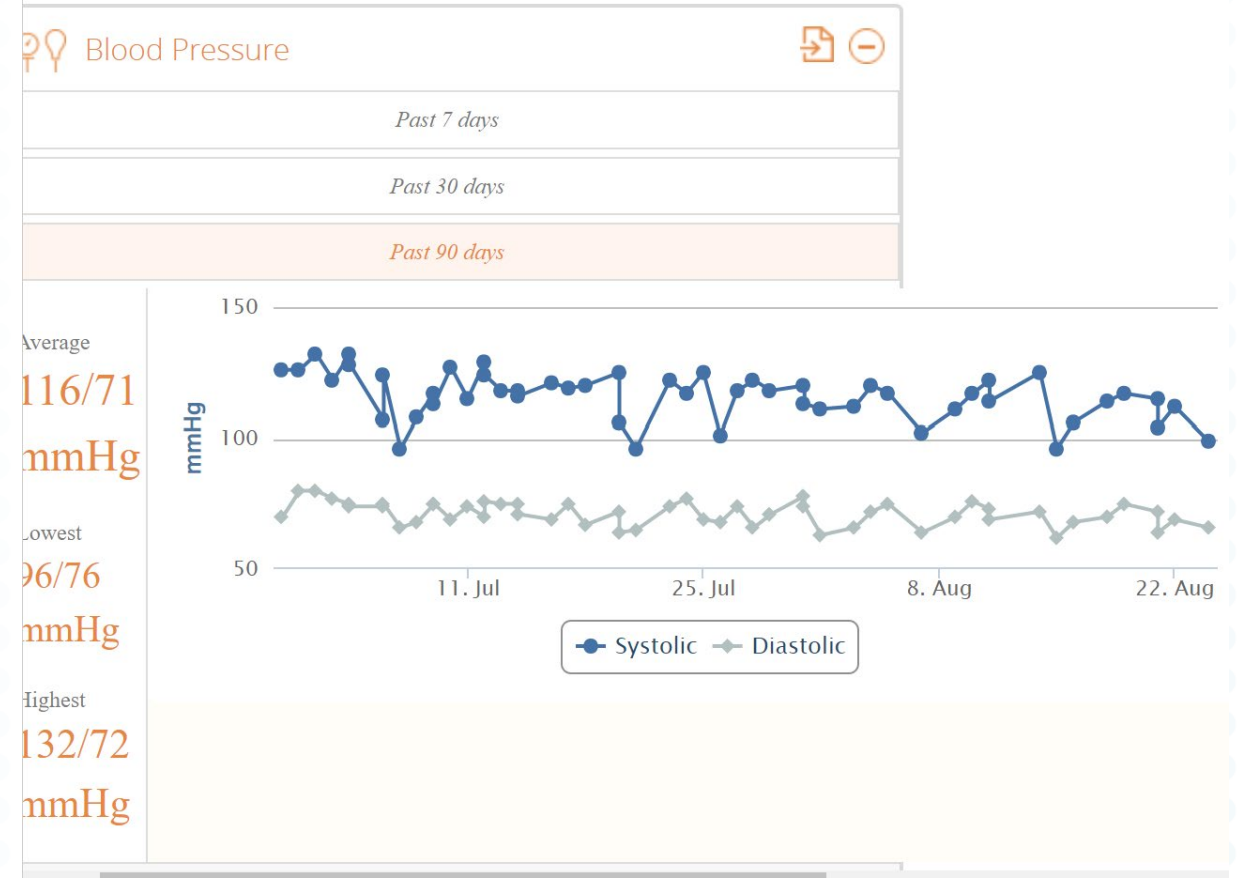
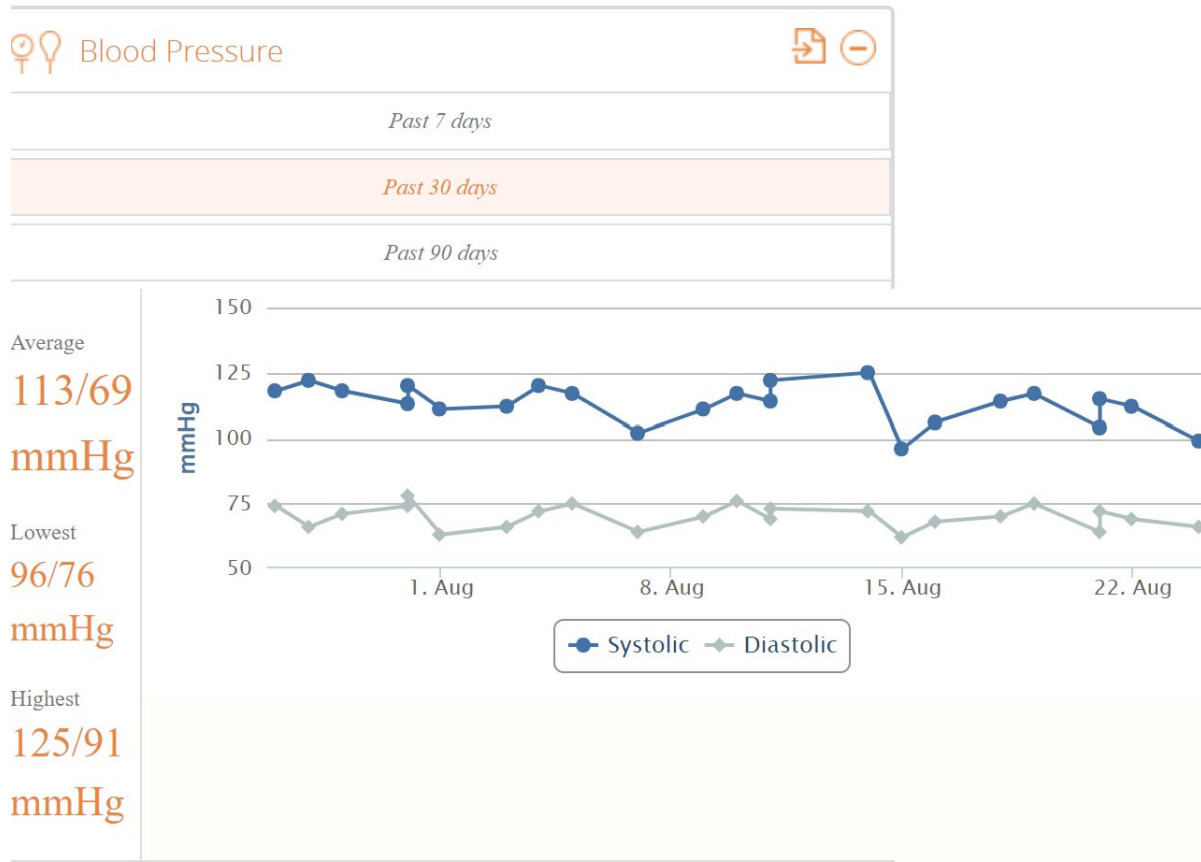
# Unity Bluetooth Blood Pressure Monitoring Program

Updates and Next steps

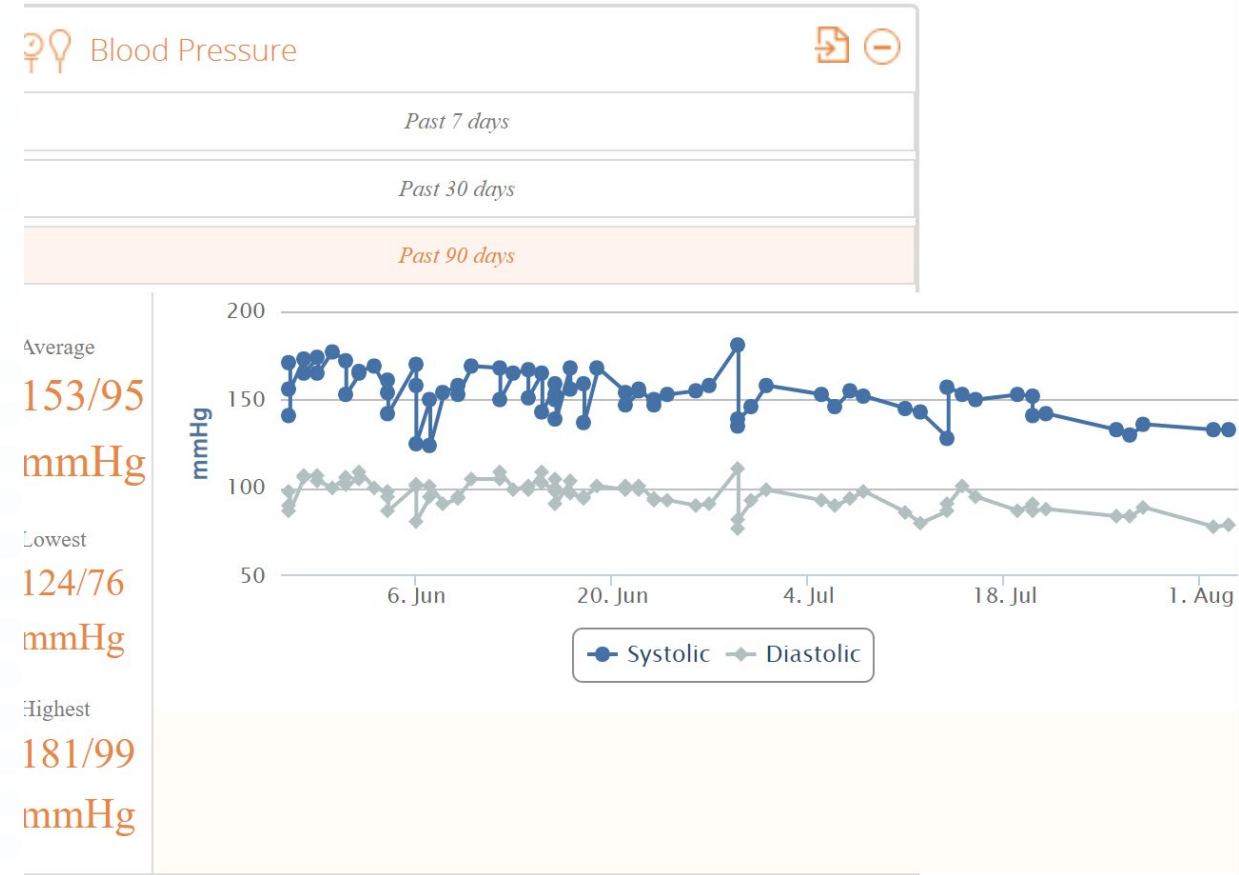
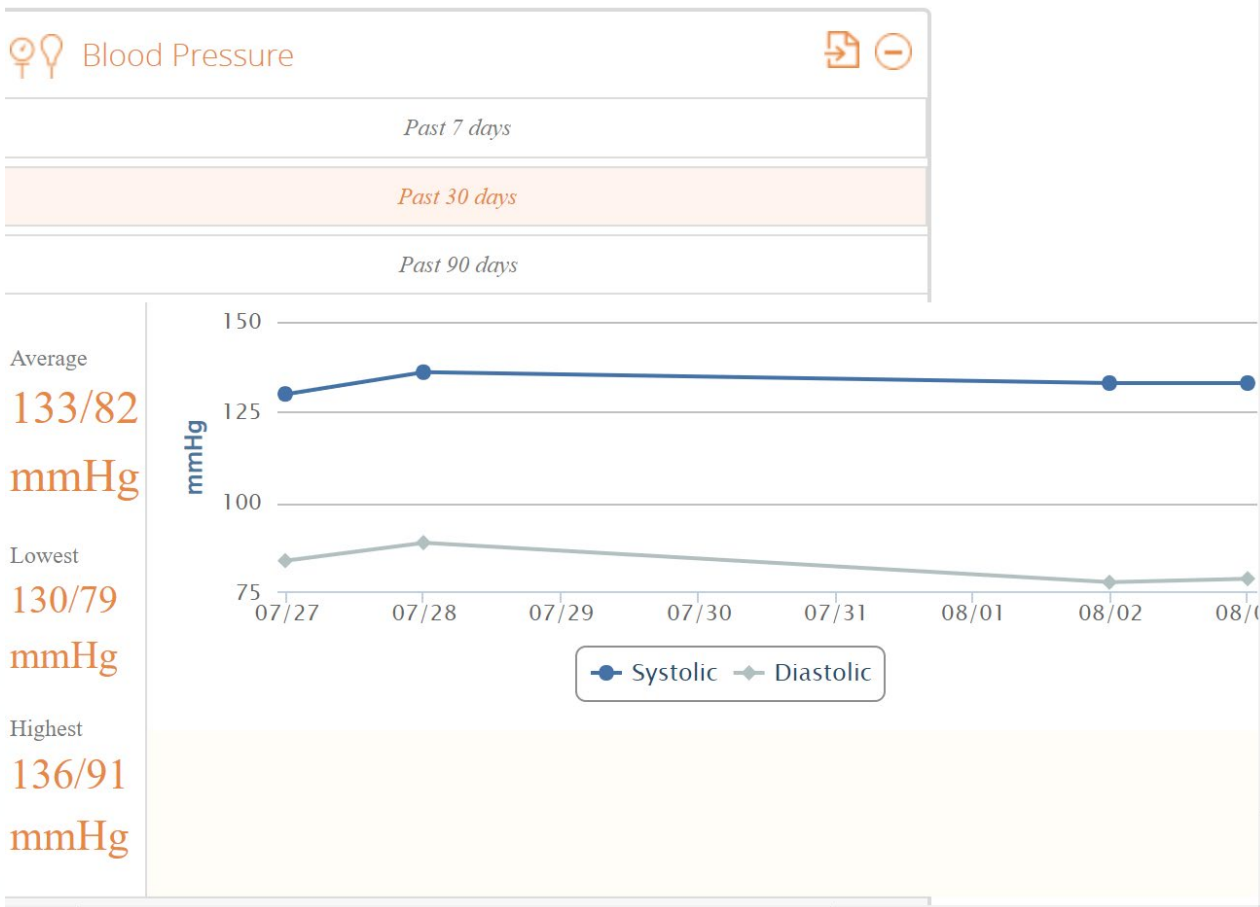
# Progress

- Pilot program in 2022
  - 13 patients registered for Omron 7 Bluetooth-enabled monitors
  - 6 with synced reads in EMR (ECW)
- Successes
  - Improved BP over time
  - Able to see BP real time during visit
  - Diagnose white coat HTN
- Challenges
  - Tech issues
  - Self limiting – once readings at goal, patients stop measuring
  - Time and motivation intensive
    - Initial registration around 45 min to 1 hr
    - Patient has to sync data for future reads which requires syncing from machine to omron app, and then to ECW

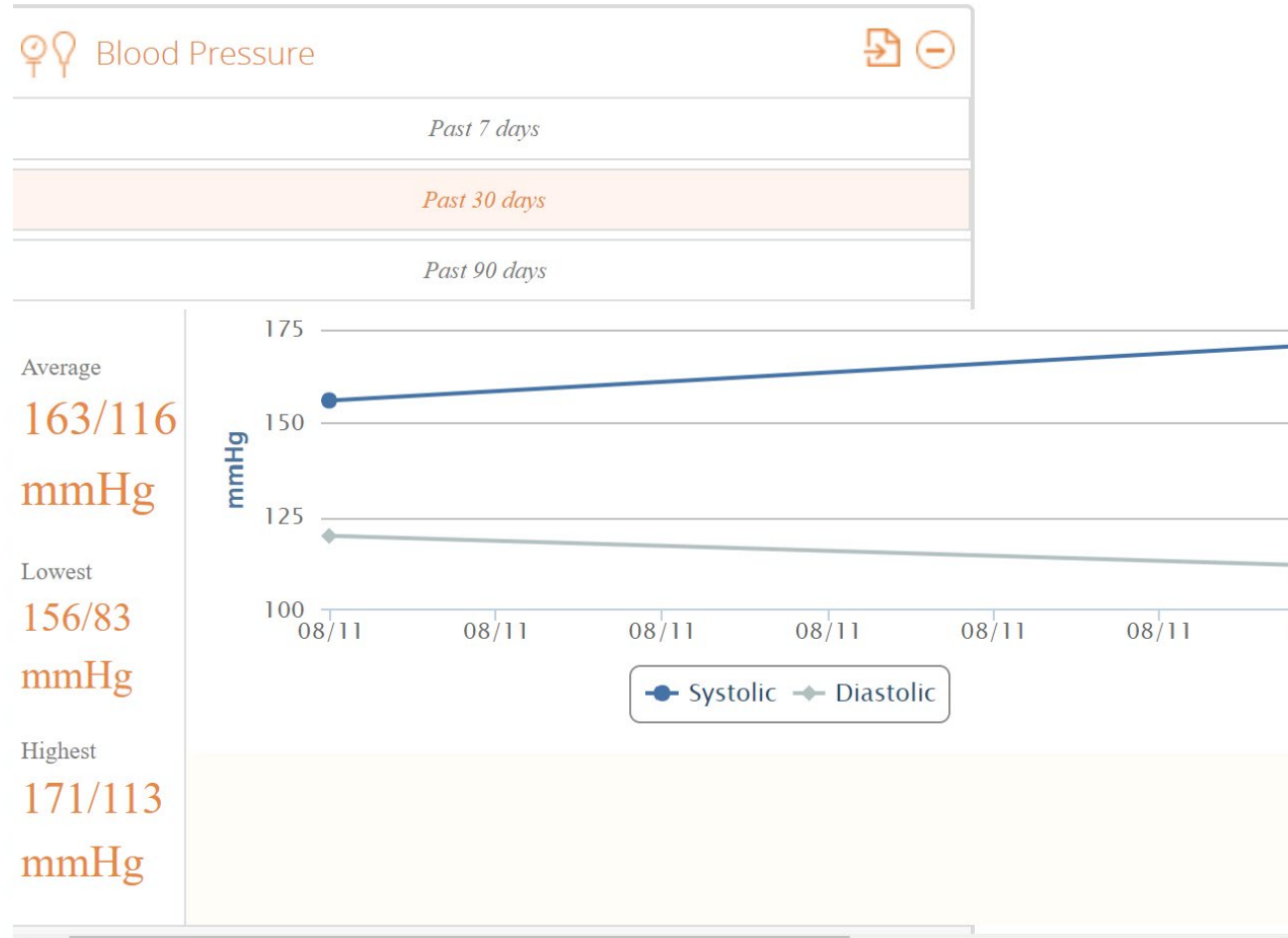
# 30-day and 90-day BP Readings Patient 1



# 30-day and 90-day BP Readings Patient 2

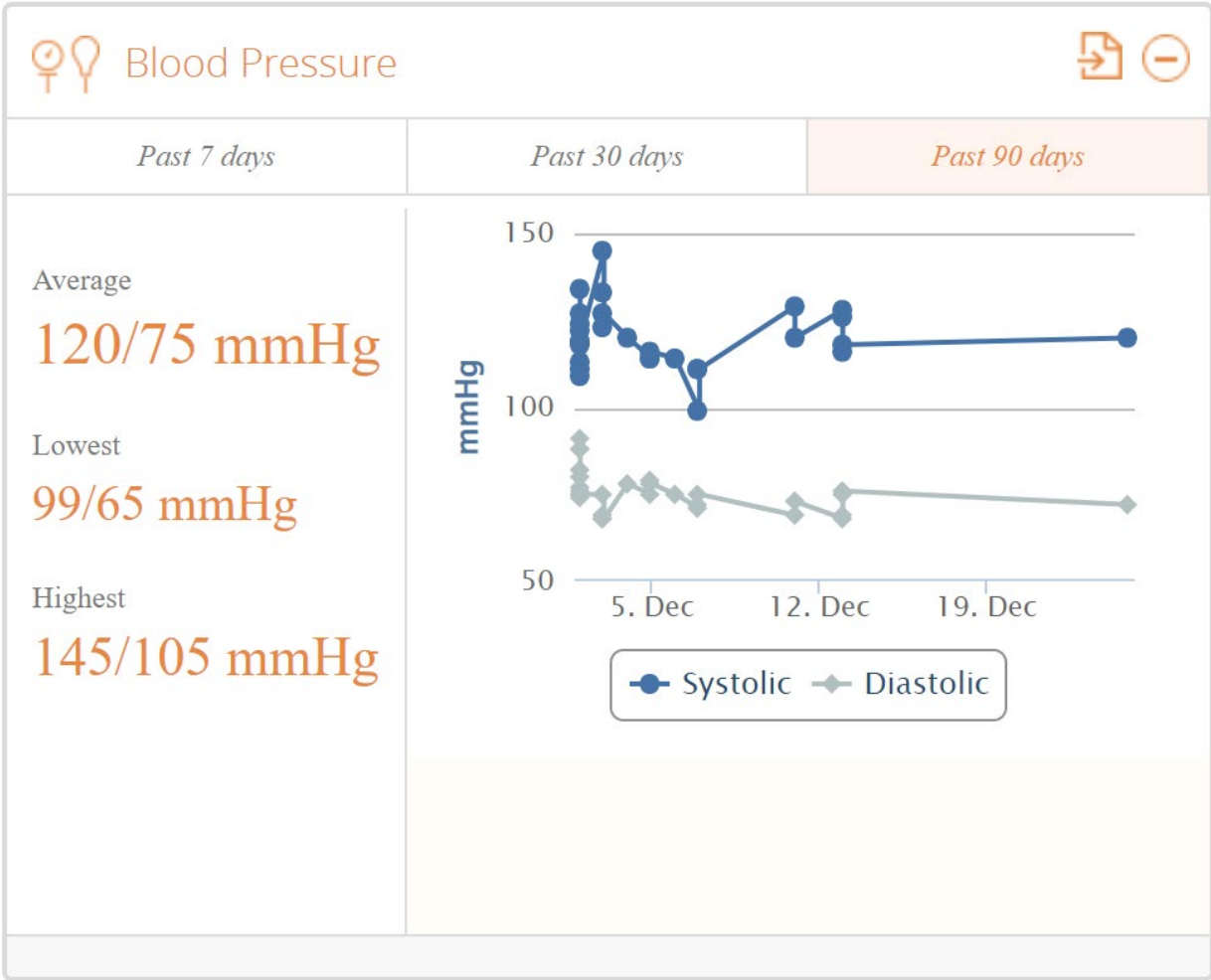


# 30-day BP Readings Patient 3





# White coat HTN Patient 4



# Next Steps – HTN Boot Camp

- Basis
  - Singapore study
- Target population
  - Patients with uncontrolled HTN
  - Comfortable with technology
  - Agreeable to home monitoring of BP
  - Analogous to using CGM for uncontrolled diabetics
- Protocol
  - 6 month study period – 4-6 visits
  - 1<sup>st</sup> group session to set up monitors (will save time rather than individual set ups)
  - 4 weeks telemed follow up, thereafter visit every 6 weeks
  - Team of physician, nurse, MA, care coordinator/PRC
- Data collected
  - BP from last visit, initial visit and subsequent visits
  - Can check lipid panel

# Strengths and Limitations

## Strengths:

- Target to those in whom intensive measurements useful
  - Uncontrolled HTN
  - Can expand to masked HTN and white coat HTN

## Limitations:

- Small size
- Short term follow-up
  - Hence can add labs (lipid panel)
- Time and motivation intensive
  - Provider and patient

# Addressing Sustainability

- Target population
  - Uncontrolled HTN patients will likely use it more
- Initial group visit
  - Will save time on setting it up, troubleshooting and motivation
- Cost analysis done by Singapore study showed positive results
- Outcome
  - See if leads to better BP control
  - Assess uptake of technology

Teo VH, Teo SH, Burkill SM, Wang Y, Chew EA, Ng DW, Tang WE, Koh GC. Effects of technology-enabled blood pressure monitoring in primary care: A quasi-experimental trial. J Telemed Telecare. 2021 Jul 30:1357633X211031780. doi: 10.1177/1357633X211031780.

## 1. Understanding factors that impact sustainability

## 2. Assess current state

- Assessment of sustainability
  - Review results
  - Take again
- Qualitative assessment based on factors

## 3. Action plan

- What will you do next?

### MH GRANTEE SUSTAINABILITY ASSESSMENT



Score based on program has this to no extent (1) to program has to the full extent (7)  
Aggregate results of 2022 survey of MH grantees.

## PRIORITY AREAS:

- 1 - Integrate and Ingrain: workflows and training
- 2 - Demonstrate value: the right messaging to the right audience
- 3 - Program monitoring: sharing successes
- 4 - Program adaptation
- 5 - Funding stability

- Where you struggle most?
- What will it take to move the needle?
- Where have you been the most successful, and why?
- Are additional factors needed for sustainability? What are they? What do you need to achieve them?
- What is a concrete action step you can take right away?



# 1. To what extent did the session meet the stated objectives?

*(1 - not at all to 5 - met all objectives)*

- i. Define sustainability
- ii. Recognize the key components of sustainability
- iii. Describe the steps that can be taken to promote sustainability of Million Hearts Initiatives
- iv. Identify concrete next steps that can be taken to promote sustainability of Million Hearts Initiatives

# 2. How would you rate the session overall?

*(1 - poor to 5 - excellent)*

We are here to help you !

- ✓ For 1:1 site specific coaching, contact an HMA team member.
- ✓ To access previously recorded sessions and tools, visit <https://livingwell.dc.gov/page/million-hearts-providers> or see the technical assistance inventory document sent via email.



HEALTH  
MANAGEMENT  
ASSOCIATES

## Save the Date: Tobacco Treatment Specialist Virtual Training Program on March 6th to 9th

- Health centers are invited to participate in a comprehensive *4-Day live virtual Tobacco Treatment Specialist Training held March 6th to March 9th, 2023*. Sponsored by DCPCA and led by the Memorial Sloan Kettering Cancer Center (MSK), this training is designed to train multidisciplinary clinicians who work in various healthcare and community settings including primary care, behavioral health, addictions and rehabilitation settings, public housing, oncology settings, specialty medical care such e.g., pulmonary medicine, cardiology, oncology), and worksite wellness settings. Be on the lookout for registration details! For more information, please contact Sabah Sumo at [ssumo@dcpca.org](mailto:ssumo@dcpca.org).



## **\$1000 Collective Impact Grant Opportunity** **Federally Qualified Health Centers in Greater Washington Region Only**

The American Heart Association of the Greater Washington Region is currently seeking opportunities to build relationships and looking to provide resources for innovative strategies to Federally Qualified Health Centers in order to better serve minority and rural populations to improve cardiovascular care through our suite of ambulatory care quality improvement initiatives: Target: BP, Check. Change. Control. Cholesterol. and/or Target: Type 2 Diabetes.

**Questions?** Contact Trang Bui at [trang.bui@heart.org](mailto:trang.bui@heart.org) or (703) 609-4019.



For more information, see  
the AHA announcement:



Adobe Acrobat  
Document