TVHC SKILLS TEST

Presented by Hector Sanchez

Introduction & Background

Why Blood Pressure Matters:

- High BP is a major risk factor for strokes, heart disease, and kidney failure
- It can go unnoticed without routine monitoring
- BP Management can improve long term health outcomes
- Clinical Interventions play a key role in improving BP control

"Nearly 1 in 2 U.S. adults has high blood pressure" – American Heart Association

OBJECTIVE

- Assess the impact of various interventions on BP control
- Compare pre- and post- intervention blood pressure metrics
- Calculate the percentage of patients achieving BP control (systolic < 140 mmHg and diastolic < 90 mmHg) after intervention
- Identify trends in outcomes by demographic characteristics and provider or site

KEY FINDINGS SUMMARY

What I Discovered:

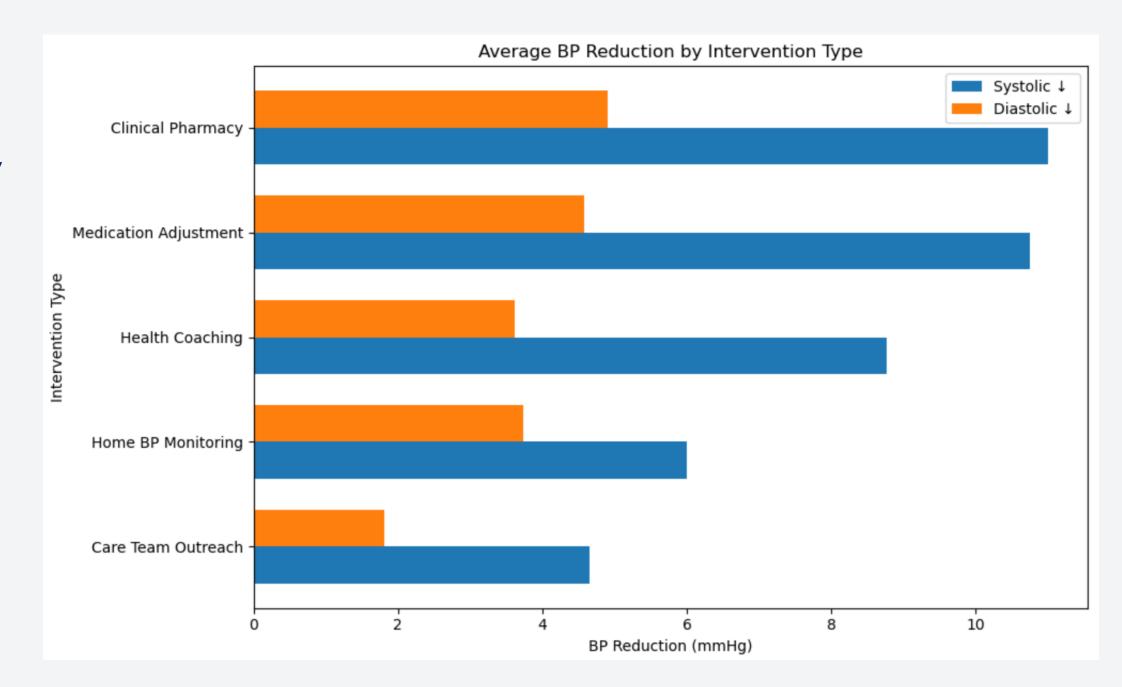
- 60% of patients achieved controlled BP post-intervention
- 25% of patients misclassified, Site A accounted for 56% of errors
- Intervention Effectiveness:
 - Clinical Pharmacy Program: 81.8% control
 - Health Coaching: 76.9%
 - Medication Adjustment: 75%
 - Home BP Monitoring and Care Team Outreach below 41%
- BP control varied by site (52%-71%)
- Demographic Disparities:
 - Males (63.8%) > Females (54.8%)
 - Medicaid/commercial (~63%) > Medicare/uninsured(~56%)
 - BP Control declines with age: 74% (30-44 yrs) -> 48% (60-74 yrs)

General Intervention Effectiveness

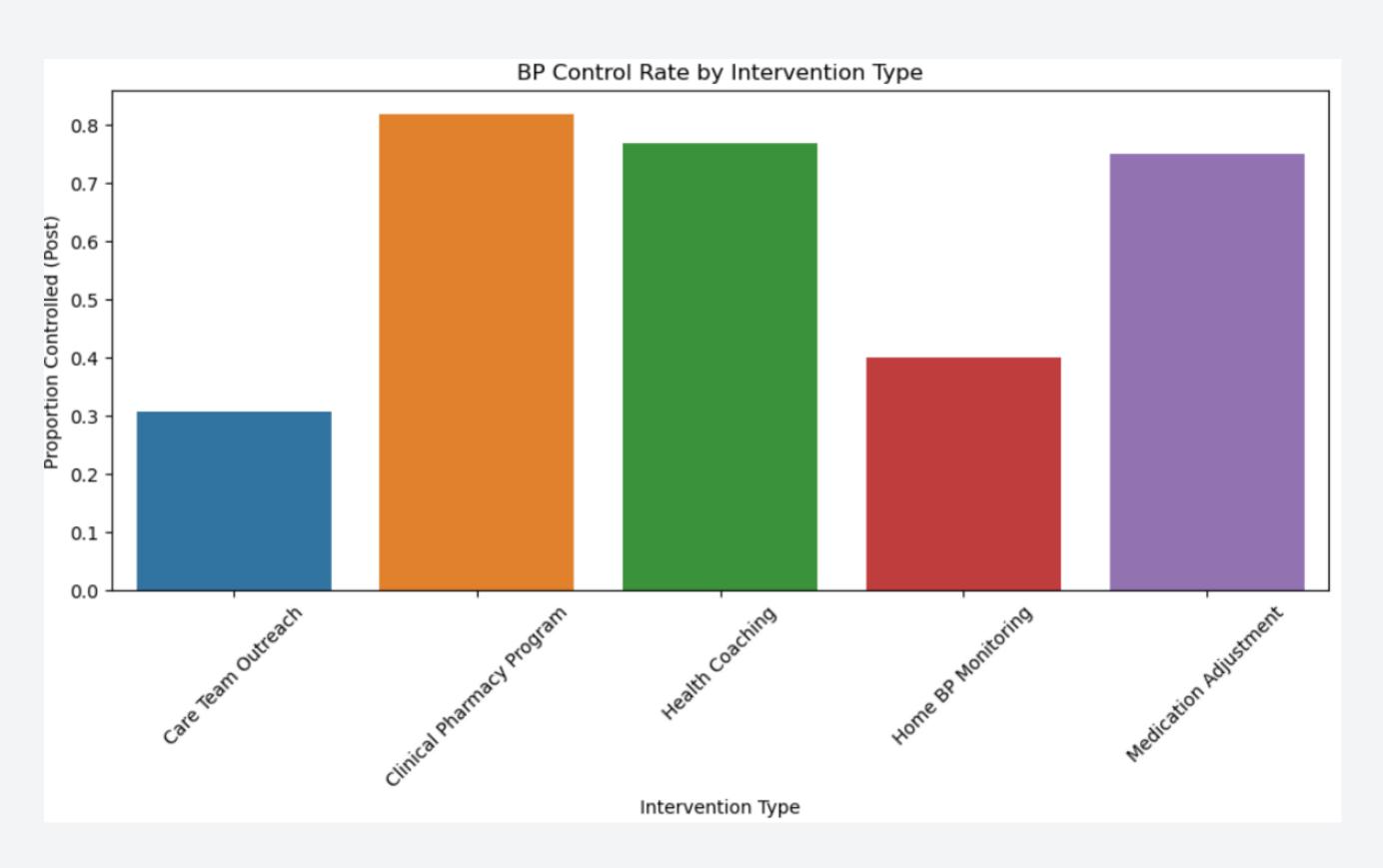
Blood Pressure Improvements After Intervention

- Average Systolic BP dropped by 8.25 mmHg (~6% decrease)
- Average Diastolic BP dropped by 3.68 mmHg) (~4% decrease)

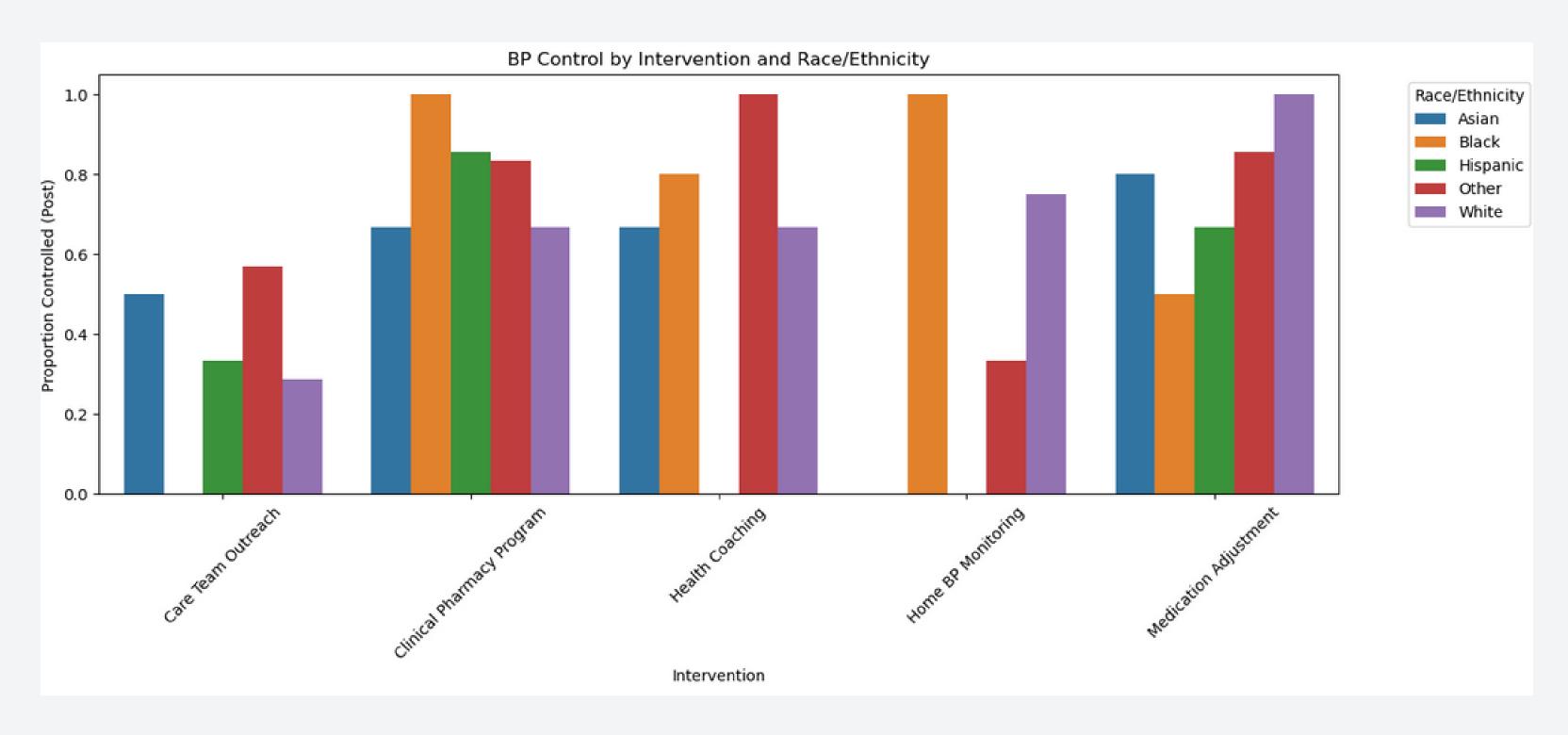
Blood Pressure
Improvements by
Intervention



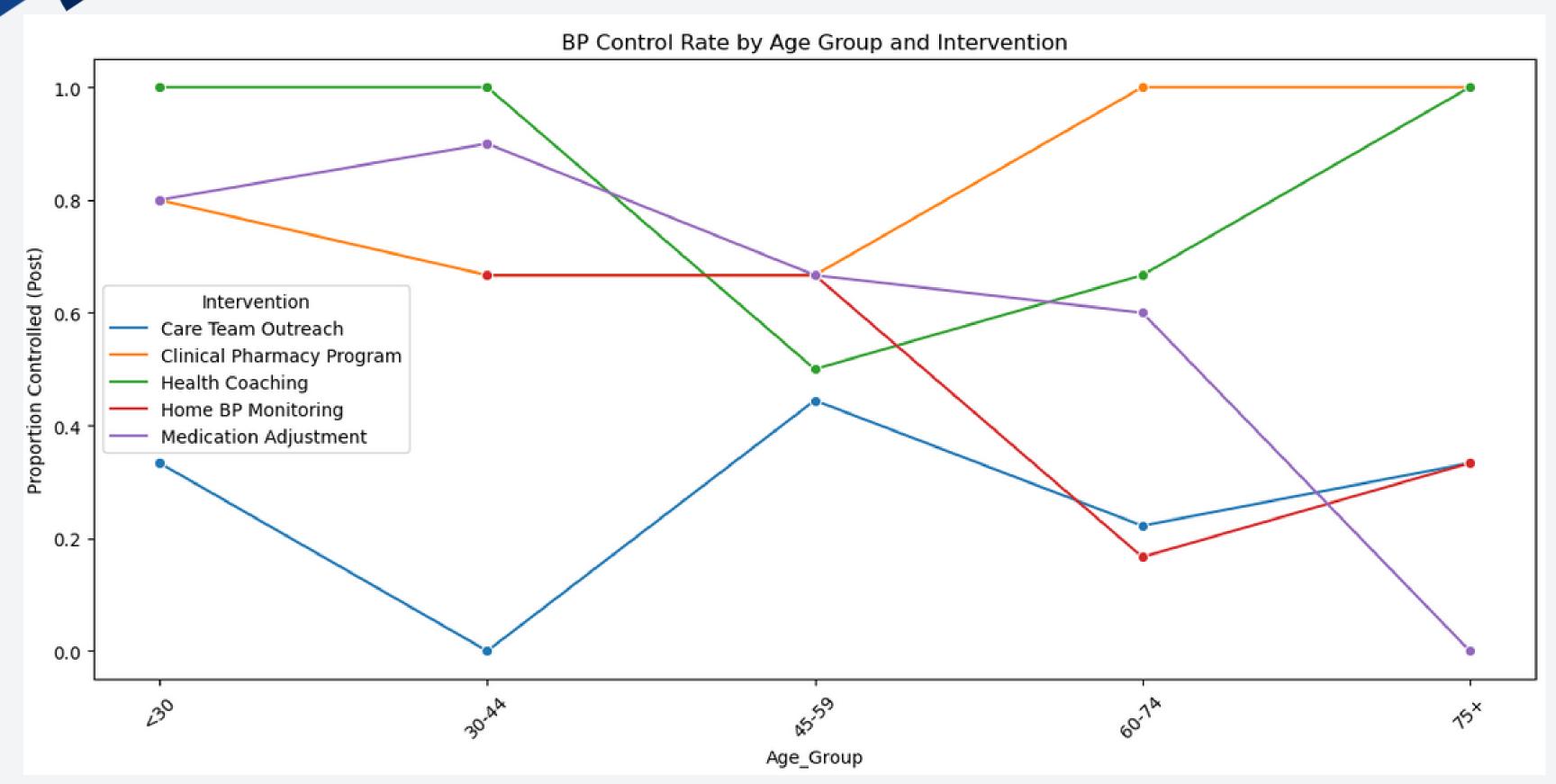
Effectiveness by Intervention Type



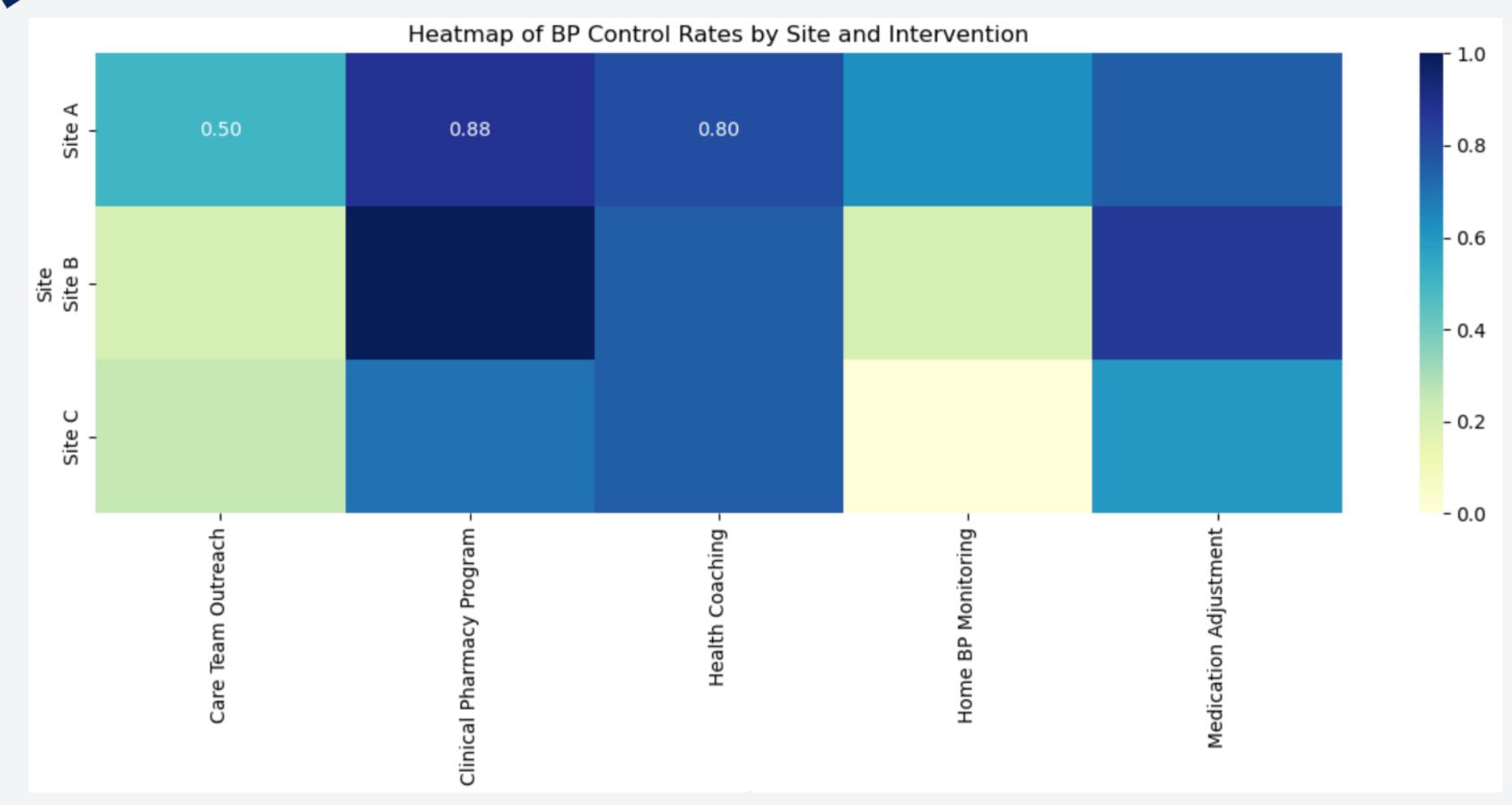
Effectiveness of Intervention by Race/Ethnicity



Effectiveness of Intervention by Age Group



Effectiveness of Intervention by Site



EQUITY & DEMOGRAPHICS

Who Benefits Most?:

- Males: Higher BP Control (63.8%)
- Clinical Pharmacy Program was effective across ALL race groups
- Hispanic (64.3%) and Other (67.9%)
 race groups had the highest BP
 control rates
- Medicaid patients: Strong outcomes across most interventions (100% in some)

Who Needs More Support?:

- Females: Lower BP control (54.8%)
- BP Control declined with age: 74% in ages 30-44 and 48% in ages 60-74
- Black (50%) and Asian (56.3%) race groups had the lowest BP control rates
- Medicare & Uninsured: Lower control (~56%) and less consistent success

RECOMMENDATIONS

1. Improve Data Quality and Accuracy

- Why: Large discrepancy between the reported BP_Controlled_Post variable and the actual BP values after intervention.
- Action: Standardize the criteria used to classify BP control across all sites to ensure data reliability and consistency.

2. Expand Access to High-Impact Interventions

- Why: Certain interventions (Clinical Pharmacy Program) showed significantly better improvements in systolic and diastolic BP.
- Action: Apply more effective interventions across all patient groups.

3. Target At-Risk Populations

- Why: Some patient subgroups had significantly lower BP control rates.
- Action: Identify high risk segments (by Sex, Race/Ethnicity, Insurance, Age) and tailor interventions to address their specific barriers.

RECOMMENDATIONS

4. Standardize Best-Practices Across Sites

- Why: Some sites performed better in reducing BP or applying effective interventions.
- Action: Investigate workflows, staffing, and follow up processes at top performing sites and apply learnings to underperforming sites.

5. Enhance Reporting Metrics

- Why: Tracking average changes in BP offers more nuance than binary "controlled/uncontrolled" outcomes and helps highlight meaningful improvements.
- Action: Integrate mean BP change and percent improvement metrics into clinical dashboards to support data driven decision making.

Q&A/Appendix

View My Full Analysis and Slides on Github:

https://github.com/hesanche94/TVHC/tree/main

THANK YOU!