



## **Hypertension Quality Improvement Project Frequently Asked Questions**

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### **How long will it take to complete the Hypertension Quality Improvement Project?**

This learning collaborative is expected to run for 12 months, with additional support provided for two to three months of planning and an additional six month period to support sites in sustaining their quality improvement gains. Support during the implementation period will include at least monthly, but preferred bi-weekly EHR data transmission, as well as monthly action period calls to review data and suggest improvements to site teams. Support during the sustainment period will include quarterly data submission and quarterly action period calls to review data and suggest improvements to site teams. Please see participation requirements for more information on time commitment during the 12 month period.

### **How long will you keep my support staff out of staffing and will I need to close my clinic to teach staff about this project?**

All quality improvement activities are intended to be implemented into your practice setting and improve staff efficiency and patient care. We will schedule all phone calls prior to standard clinic hours or during the lunch hour. We will host an in-person meeting at the launch of the project which we will encourage the site QI team to attend, and at least one other in-person meeting during the 12-month implementation period. These meetings will be held in Columbus. Personnel attending this meeting will miss 1 day of work, but your clinic will not need to close to accommodate this meeting. When possible, we will communicate with practice sites through email.

### **How many trainers are going to be running around my clinic?**

On-site visits with QI Practice Coaches will be limited to a visit from one team member. The Practice Coach will work with your site team on project implementation needs relevant to your site. The practice coach will not interfere with your clinic process or disrupt patient care.

### **How often will I need to interact with the Managed Care Plans?**

During the planning stage of the project, the managed care plans may ask to meet with you by phone once a week or in person if you prefer once every two weeks to learn about what MCP-level barriers you are experiencing and to report back on MCP efforts to alleviate them. As the project progresses and insurance barriers decrease, the meetings will become less frequent or become part of the action period calls if this is agreeable to participating sites.

### **Do I have to learn new technology?**

We will use web-ex and conference call options for the meetings. The data system will request information from your existing EHR. It is not required for your site to purchase, install or train on new technology.



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### **How much of the medical director's time will be needed?**

It is important that your medical director is supportive of the assigned site team for the Hypertension QIP and ensures that the team has the adequate support and resources needed to achieve improvements via this learning collaborative. The medical director is encouraged to delegate responsibilities and will not be required to attend meetings if they are not interested in directly participating.

### **How much improvement in BP control can I expect?**

We are aiming to increase BP control for the target population by 20 percent from approximately 61% to 73% (an absolute change of 12 percentage points), by December 31, 2018. The target population for this project is Medicaid recipients with uncontrolled hypertension. For the African America population, the aim is to increase hypertension control from 52% to 66% by December 31, 2018 in order to reduce disparities.