



Robert Wood Johnson Foundation

**Aligning Forces  
for Quality**



# Cleveland

USING DATA TO IMPROVE BLOOD PRESSURE CONTROL  
IN AFRICAN AMERICAN PATIENTS IN NORTHEAST OHIO

**C**leveland Aligning Forces for Quality (Cleveland AF4Q) is led by Better Health Greater Cleveland, an alliance of providers, patients, purchasers, and health plans. Established in 2007, the mission of the nonprofit collaborative is to improve the health and value of health care provided to people with chronic medical conditions in Northeast Ohio. Through its growing number of clinical partners, Better Health reaches more than 70 percent of the chronically ill in Cuyahoga County.

Its focus on electronic medical records-catalyzed public reporting of performance on nationally endorsed and locally vetted quality standards have made it a leader in the use of technology to drive improvements in health care delivery and clinical outcomes in primary care. A region-wide Quality Improvement Learning Collaborative is a vital component of our work, leveraging data to identify opportunities and best practices in improving care and outcomes within a peer network of primary care professionals. Led by practicing physicians with more than a decade of e-health and quality improvement experience, Better Health leverages its community-wide network of clinical partners to offer education and onsite consultation to achieve meaningful change through health IT.



# Using Data to Improve Blood Pressure Control in African American Patients in Northeast Ohio

When knee pain finally drove Albert Brooks II to see a doctor, he soon discovered that his bum knee was the least of his health problems. His blood pressure was so high that doctors wouldn't let him leave the office until they were able to get it down—and Brooks soon learned he had diabetes and high cholesterol, too.

**We are identifying specific approaches that are effective in different populations.**

High blood pressure usually has no symptoms and can affect the brain, heart, and kidneys, increasing the risk of stroke and heart attack. Thirty-five percent of African American adults like Brooks have high blood pressure, which accounts for 20 percent of the African American deaths in the United States—twice the percentage of deaths among Caucasians with the condition. The disparity is well documented, longstanding, and stubborn.

So when Better Health Greater Cleveland's Data Center found that 10 primary care practices from Kaiser Permanente Ohio had the highest percentage of patients with high blood pressure under good control in 2011—and that six of them had improved the most of all practices in the region—its analysts dug deeper. Both black and white patients were benefitting. What had Kaiser practices been doing?

Twice each year since 2008, Better Health Greater Cleveland (Better Health), the Aligning Forces for Quality community in northeast Ohio, has measured and publicly reported primary care practices' achievement on nationally endorsed standards for care and outcomes for patients with diabetes, heart failure, and high blood pressure. Using data provided by members' electronic health records, Better Health mines the results and stratifies them by race and ethnicity, insurance type, income, and education levels. The analysts hunt for patterns—positive outliers, or “bright spots”—to reveal new ways to improve the health of northeast Ohioans living with chronic disease.

**Among Better Health practices, the number of patients whose chronic conditions are under control is growing, leading to measurable gains in quality and cost as they use hospitals less.**

Among the more than 130,000 patients with high blood pressure of 614 primary care providers in Better Health, nearly 70 percent have good control—more than 20 percent higher than the national average, according to data from the Centers for Disease Control and Prevention. But Better Health

data also show that good control is more prevalent among Caucasians (73 percent) and Hispanics (65 percent) than among African Americans (62 percent). Further, and despite improvements among all races, the gap between African American and other groups is widening.

In Kaiser's primary care practices, however, all patients with high blood pressure were doing much better, and there were no race-related gaps in most of the practices. It turns out Kaiser practices had developed a structured treatment protocol, which was shared in Better Health's multiple forums and publications for other practices to adopt or adapt. With leadership from Kaiser's Christopher Hebert, MD, Better Health will launch a new initiative to close the race gap in blood pressure control with a combination of clinical protocols and training in cultural sensitivity. The program gets under way in June 2013.

"The exciting thing we are doing here is not only reducing high blood pressure," said Thomas E. Love, PhD, director of Better Health's Data Center. "We are identifying

specific approaches that are effective in different populations."

Closing the gaps in health among different groups is good for everyone—and for the community's overall health. High blood pressure costs the nation more than \$50 billion yearly in medical expenses and lost productivity. "Improved health equity is vital for delivering care that improves productivity, reduces avoidable hospital admissions, and makes health care more affordable," said Dr. Randall D. Cebul, president of Better Health.

Among Better Health practices, the number of patients whose chronic conditions are under control is growing, leading to measurable gains in quality and cost as they use hospitals less. All patients have to do better, including people in high-risk groups, like Brooks.

These days, Brooks' blood pressure is under control, along with his other cardiovascular conditions, and he is making good strides in losing the weight that contributed to his health problems. He said he feels better about himself than he has in years. "I look at it as a blessing," he said.

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