

Description of the Mississippi Hypertension Specialist Initiative

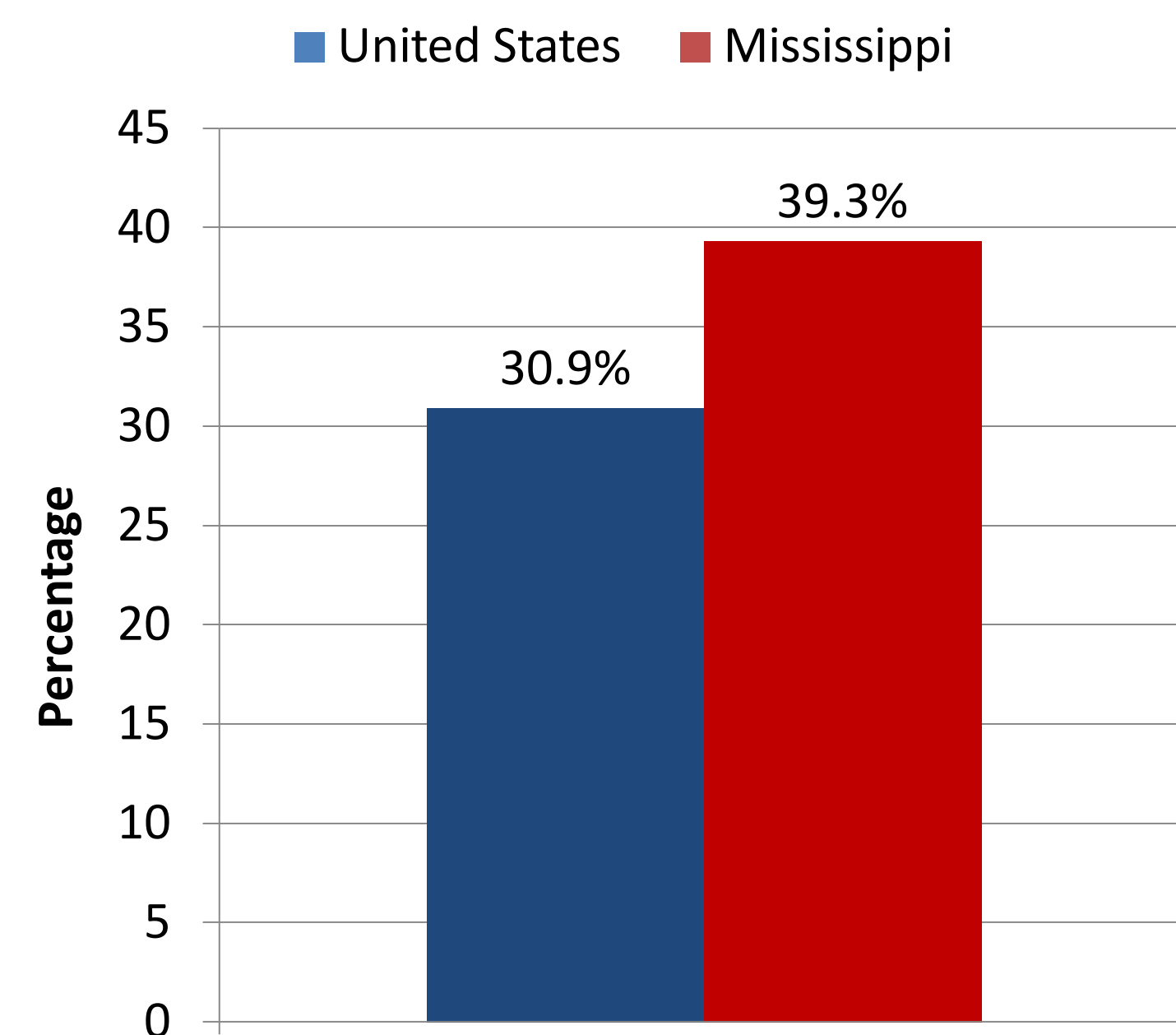
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BACKGROUND

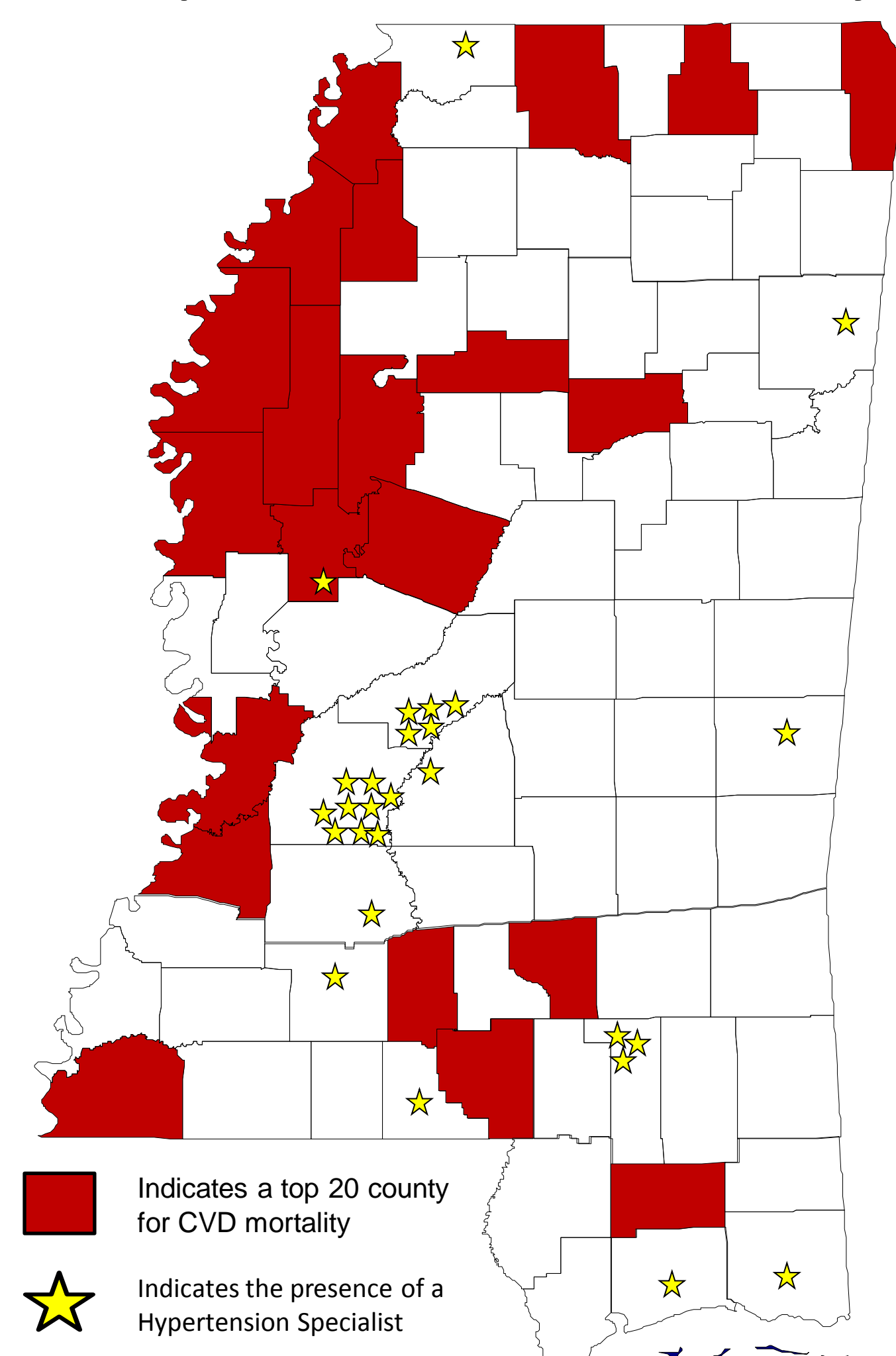
In 2009, the cardiovascular disease (CVD) mortality rate for Mississippi was 316 deaths per 100,000 persons, the highest in the nation. Also, in 2011, the prevalence of hypertension was 30.9% for the U.S. and 39.3% for Mississippi (Figure 1). Strategies that address leading CVD risk factors, such as hypertension, can greatly reduce the burden of CVD. Therefore, the Mississippi State Department of Health's Heart Disease and Stroke Prevention Program developed the Mississippi Hypertension Specialist Initiative (MHSI).

Figure 1. Prevalence of Adults Who Have Been Told They Have High Blood Pressure, United States vs. Mississippi, 2011.



Source: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System, 2011.

Figure 2. Location of Hypertension Specialists in Mississippi and Top 20 Counties for CVD Mortality 1999-2009.



■ Indicates a top 20 county for CVD mortality
★ Indicates the presence of a Hypertension Specialist

- In 2011, there were twenty-seven (27) Hypertension Specialists in Mississippi.
- Hypertension Specialists were located in only 13 of the 82 Mississippi counties.
- The majority of Hypertension Specialists were located in the Jackson Metropolitan Statistical Area (JMSA).
- Out of the leading counties for cardiovascular disease mortality, only one county had a Hypertension Specialist.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 (ICD 10:100-199) on CDC WONDER Online Database, released 2012.

OBJECTIVE

To describe the implementation of the Mississippi Hypertension Specialist Initiative (MHSI), a unique, population- and evidence-based quality improvement project to enhance hypertension detection, prevention, and treatment.

PURPOSE OF MHSI

The purpose of the Mississippi Hypertension Specialist Initiative is to:

- Increase physicians' knowledge and skills in managing complex, treatment resistant forms of hypertension;
- Increase the number of physicians who are designated as hypertension specialists in Mississippi; and
- Increase the utilization of a nationally recognized hypertension registry in Mississippi.

METHOD

The initiative was comprised of five major components:

- Development of the project framework and selection of partners;
- Meetings with leaders of the healthcare provider community;
- Statewide recruitment of physicians and certification test preparation;
- Test administration and certification of results; and
- Pre- and post-test medical records review of patients of participating physicians.



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RESULTS

Figure 3. Schematic of the Mississippi Hypertension Specialist Initiative Implementation Process and Outcomes

Component I: Initiative Framework and Selection of Partners

- Overall plan developed that included key partners, scope of work for certification process, timelines, and recruitment strategies.
- Initial meeting convened with MS Task Force on Heart Disease and Stroke Prevention Chair, Medical Director of the Office of Health Disparity Elimination, and the American Society of Hypertension (ASH) officials.
- Selection of statewide partners needed for buy-in.
- Physician incentives for participating established.

Component II: Meetings with Leaders of the Healthcare Provider Community

- Meeting convened with major healthcare organizations that work closely with physicians.
- Goals of MHSI, organizations' role for recruitment, and potential for future insurance incentives for physicians with Hypertension Specialist designation.
- Time frame for recruitment outlined (December 2011-March 2012).

Component III: Statewide Recruitment of Physicians and Certification Test Preparation

- Recruitment involved email blasts from addresses provided by buy-in organizations.
- Website of Mississippi State Department of Health, ASH, and other buy-in organizations provided links to registration information.
- ASH registration for test involved preparation of several documents which included physician license and other official documents.
- 74% of those who registered actually attended (27 physicians registered for test prep course; 20 attended).
- Test prep involved a two-day course with presentations and ASH review course materials.

Component IV: Test Administration and Certification of Results

- 60% (12 physicians) who attended the test prep course also registered for the Hypertension Specialist exam.
- 58% (7 physicians) took the exam while 42% (5 of the physicians who registered) didn't sit for the exam.
- 43% of those physicians who took the exam passed (3 out of 7 physicians).

Component V: Pre and Post Test Patient Medical Records Review of Participating Physicians

- The Outpatient Quality Improvement Network (OQUIN) national registry currently contains two million patient records from 9000 physicians and other providers.
- Five (5) MS physicians signed Business Associate Agreements (BAA) to have patient info included in the registry.
- OQUIN's information technology department is currently working with the healthcare administrators from those physicians' clinics to extract patient data.

DISCUSSION

- MHSI increased the number of designated hypertension specialists in the state of Mississippi by 11% (from 27 to 30).
- Participating physicians received specialized training in the best practices and quality of care monitoring for hypertension management.
- More work needs to be done on physician retention in the training program.
- MHSI could serve as a model of quality improvement initiatives that focus on reducing CVD morbidity and mortality.