

# Blood Pressure Management and Risk: *What Patients and Providers Think*

Presented to Diabetes Alliance of Idaho

Boise, ID. November 5, 2010



# Today's Goal

Review Findings &  
Strategize Solutions



# As you watch, listen, consider...

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- ASK QUESTIONS, PLEASE!
- EVALUATE...
  - How the findings square with what you know.
  - How the proposed opportunities fit your practice.
- IMAGINE and TELL...
  - Other experiences or ideas, not mentioned.
  - How your practice can respond.
  - What you need from others ...
    - Health Plans, Primary Care, Diabetes Educators, Public Health
- PLAN ... next steps



# The Studies

Two Respondent Groups  
Two Perspectives



# Method of Collecting Information

## Patients

- 9 focus groups statewide
- Idahoans at moderate to high risk for diabetes and hypertension (age 45+, BMI 26+, personal diagnosis or family history)

## Providers

- 1 focus group of 12 FQHC providers & operations staff
- 14 in-depth interviews (IDIs) Idaho primary care providers – doctors and mid-levels – statewide.



# Method & Findings

## Patients



# Focus Group Locations, Participants - March, 2010

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Nine focus groups statewide with 36 Idahoans at moderate to high risk for diabetes and hypertension in March, 2010

- Age 45+, Self-described as “heavy” or “neither” [heavy nor underweight], Self-reported personal diagnosis or family history of diabetes or heart disease
- 3 high risk groups; 3 moderate/high; 3 moderate
- 19 women, 17 men
- 13 Lewiston, 13 Boise, 10 Pocatello
- 16 diagnosed with HBP, 11 with Diabetes [9 with Both]



# Discussion Outline

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- Knowledge, beliefs and experiences surrounding HBP symptoms, risks, and related outcomes, e.g., heart attack, stroke
- Health providers' assistance in helping people understand and manage health risks
- Knowledge about emergency handling of heart attack and stroke
- Knowledge about relation of diabetes to HBP
- Ways to improve knowledge and remove barriers
- Barriers and aids to maintaining healthful weight, activity, and diet



# Findings

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## Knowledge and Practices

- HBP, Diabetes
- Behaviors to Manage Disease: Diet, Weight, Exercise



# Knowledge, Perceptions of HBP

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Many or most...

- Considered it easy to check BP: stores, doctor's office, home.
- Did not know “good” or “normal” BP, defaulting to what is typical for themselves.
- Believed there are identifiable symptoms of HBP.
- Identified as consequences: stroke, or heart attack, or both.



# Management of HBP

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Many or most...

- Would take HBP seriously if the doctor conveys concern.
- Believe lifestyle improves hypertension:
  - Diet, Exercise, Medication, Salt.
  - No mention of tobacco.
- Would treat diabetes before HBP if they had both (less true of people with diabetes). Very few knew how they are related.



# Diet & Weight Control Beliefs

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Many or most...

- Identify one or more food attributes as “bad” for health or weight loss: high-fat, high-carbohydrate, processed and refined.
- Can list many high-sodium foods and how to avoid them, but don’t connect DASH diet with increased fruits, vegetables, grain.
- Don’t understand how overweight and activity affect diabetes and hypertension.



# Diet, Weight Control & Doctors

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Many or most...

- Have a 50% chance of being told to lose weight by a doctor, if they are overweight.
- Don't get helpful guidance from doctors on how to lose weight.
- Believe doctors should refer to nutritionists or trainers for lifestyle coaching.



# Findings Summary

Most Idahoans at risk for diabetes or hypertension interviewed...

- Believe lifestyle contributes to health, including hypertension and diabetes.
- Are ill-informed about the role of overweight and activity on diabetes and heart disease.
- Have a 50% chance of being told to lose weight by a doctor, if they are overweight.
- Don't get helpful guidance from doctors on how to lose weight.
- Believe doctors should refer to nutritionists or trainers for lifestyle coaching.



# Opportunities

## Public Education

- Facts about BP, chronic disease.
  - Target BP, Borderline BP, High BP
  - Lifestyle-related risks for chronic disease, e.g., overweight, exercise, diet, tobacco
- Reinforce “Fruits & Vegetables, etc” as antidote to chronic illness

## Provider Education

- Patients do not understand of HBP, diabetes, chronic illness.
- Patients need lifestyle counseling and discussion of overweight.
- List local lifestyle resources and encourage referral-making



# Method & Findings

## Providers



# Methods, Locations, Respondent Attributes - *July 2010*

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- One focus group – 1 MD, 12 Mid-levels and operations staff from FQHCs statewide.
- Fourteen, 60-minute, in-depth interviews (IDIs) with Idaho primary care providers.
  - 10 MDs/DOs, 4 Mid-levels.
  - 3 North Idaho, 5 SW, 6 SE.
  - FQHCs, Urgent Care, Solo, Hospital, Other multi-provider.
  - 14 Counties: 6 Urban Settings, 7 Rural, 1 Frontier.
  - 8 have EMR, 1 will by November.



# Discussion Outline

## *Focus Group & In-depth Interviews*

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- Experiences and needs in managing hypertension and diabetes.
- Barriers to promoting lifestyle changes in at-risk patients.
- Tools and approaches to help providers promote lifestyle changes.
- Awareness of chronic disease management guidelines (e.g., JNCs).
- Adherence to lifestyle and other best practices for managing HBP and diabetes.
- Sources of best-practice information.
- Best methods & modes for public health to communicate updates.



# Findings

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- Lifestyle coaching – beliefs, practice, barriers
- Referrals to lifestyle resources
- Role of EHRs
- Knowledge and requests of IDHW



# Lifestyle Counseling

## *Beliefs & Experience*

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Most primary care providers interviewed...

- Believe lifestyle is important to managing chronic diseases.
- Said HBP is easier to manage than diabetes, because of effective HBP drugs, and less reliance on patient's behavior, nutrition, exercise.
- Would deliver more and better coaching if it were reimbursed.



# Lifestyle Counseling

## *Training & Practices*

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Most primary care providers interviewed...

- Have little training in lifestyle coaching.
- Vary widely from one another in approaches and materials.
- Follow a personal coaching routine per chronic condition.
  - Explain the disease;
  - Recommend medication, monitoring.
  - Introduce lifestyle changes (diet, exercise, tobacco cessation) gradually, depending on disease severity, perceived readiness, etc.
- Distribute favorite materials – a few need more brochures.



# Referrals to Lifestyle Coaches

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Most primary care providers interviewed...

- Refer to a professional lifestyle coaches (Diabetes Educator) when they know of them.
  - In Treasure Valley there are Humphreys and major hospitals.
  - In other areas, some hospitals provide CDE, or RD; many don't.
  - Many patients don't follow through on referral because of cost, distance, perceived inefficacy.
- Vary in knowledge of community support resources and in recommendations to them, except Quitnet/Quitline.
- Would like local referral and resource list.
- Would like to know more about Chronic Disease Self Management resource.



# Beliefs about Patients' Lifestyle Change

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Most primary care providers interviewed...

- Can be described as *Behavior Enthusiasts* or *Behavior Skeptics*.
- *Behavior Skeptics* have little faith in patients' ability to change (v. take a pill).
- Most providers describe barriers to patients' lifestyle changes.
  - Cost to the patient.
  - Appetitive behaviors are highly change-resistant.
  - Depression – a cause & consequence of poor habits and health.
  - Social, cultural beliefs.
  - Poor support network: family, social, professional.
  - Unpredictable routine for diet and exercise.



# Achieving Best Practices

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Most primary care providers interviewed...

- Considered EHRs/EMRs key to efficient, high-quality practice.
  - With one exception, EHRs are not meeting expectations.
- Wanted to implement operations reform
  - e.g., medical home or related models, to improve prevention and disease management.
- Addressed “borderline HBP” of a diabetic per JNC7.
  - A small percentage did not.
- Get their practice updates from multiple sources
  - Trade publications, conferences
  - List-serves, online medical resources.
  - Some mentioned JNC7 as purveyor of HBP best practices.



# Requests of IDHW

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Most primary care providers interviewed...

- Know IDHW as Medicaid and request better reimbursement for lifestyle counseling.
- Are unaware of IDHW resources for lifestyle or other means of health promotion.
- Know of Quitnet/Quitline.
- Do not request brochures or printed materials – except FQHCs' request for language-free explanation of diabetes and HBP disease progression.
- Said to communicate with them through professional networks and conferences, email/Web, phone, or U.S. Mail.



# Findings Summary

Most primary care providers interviewed...

- Believe lifestyle coaching is important to managing chronic diseases.
- Need better EHRs to achieve efficient, quality disease management.
- Have little training in lifestyle coaching; approaches vary widely.
- Would deliver more and better coaching if it were reimbursed.
- Would refer to professional lifestyle coaches (Diabetes Educator).
- Experience barriers preventing referrals – availability, cost, distance.
- Know IDHW as Medicaid.
- Are unaware of IDHW resources for lifestyle or other health promotion.
- Know of Quitnet / Quitline.



# Findings to Action



# Strategic Opportunities

## *Collaborate, Coordinate, Educate*

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Educate medical providers in behavioral health resources.

*CMEs, professional lifestyle coaches, referral sources.*

Engage the health community to support healthy lifestyles.

Educate the public in health, chronic disease, & nutrition facts.

Build community resource and referral.



# Your Turn

- What would you add?  
Subtract?
- What opportunities do you see?
- What is the role of BP management in your practice?
- How can your practice respond?
- What do you need to respond?
- Whose help do you need to respond?



# For More Information

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