



Promoting Team-Based Care to Improve High Blood Pressure Control

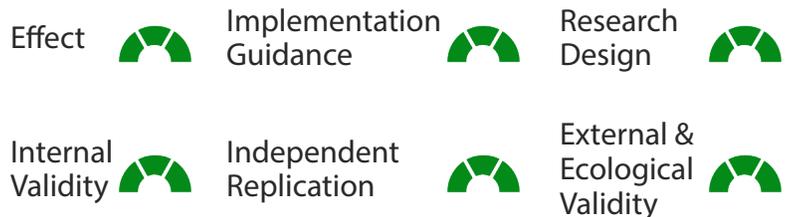
Team-based care is a strategy that can be implemented at the health system level to enhance patient care by having two or more health care providers working collaboratively with each patient. Within the context of cardiovascular disease (CVD) prevention, it often involves a multidisciplinary team working in collaboration to educate patients, identify risk factors for disease, prescribe and modify treatments, and maintain an ongoing dialog with patients about their health and care.^{1,2} These teams may include doctors, nurses, pharmacists, community paramedics, primary care providers, community health workers, and others (e.g., dietitians).

Summary

Team-based care, involving collaboration between doctors, nurses, pharmacists, paramedics, and others, is a cost-effective strategy for increasing medication adherence and lowering blood pressure among diverse populations and in various settings.

Stories From the Field:
WinMed Health Services
(Cincinnati, Ohio).

Evidence of Effectiveness



Legend: Well supported/Supported  Promising/Emerging  Unsupported/Harmful 

Evidence of Impact



Legend: Supported  Moderate  Insufficient 



Evidence of Effectiveness

The evidence base for implementing team-based care in health care systems and practices is very strong. Solid evidence exists that this strategy achieves desired outcomes, with studies demonstrating internal and external validity. This strategy has also been independently replicated, which shows reliability of impact. Several randomized controlled trials, which are often considered the gold standard in research, have been conducted and show positive results from using multidisciplinary teams as a way to improve hypertension control. Various organizations, such as the American Medical Association and the Agency for Healthcare Research and Quality (AHRQ), have developed guidelines to help health care systems and practices implement this strategy as part of their policies and protocols.

Evidence of Impact

Health Impact

A systematic review by the Community Preventive Services Task Force concluded that team-based care can lead to significantly improved hypertension control, lowered systolic and diastolic blood pressure levels (overall median reductions were 5.4 mmHg and 1.8 mmHg, respectively), and improved patient adherence to hypertensive medication.³

The evidence base for implementing team-based care in health care systems and practices is very strong.

Health Disparity Impact

Team-based care has been found to be effective when used among diverse patient populations, including those with members of different racial and ethnic groups (e.g., whites, African Americans) and among patients with multiple health conditions.

Evidence also exists that this strategy is effective among low-income populations. Additional research is needed to examine effectiveness among populations that are primarily Hispanic and in communities with other minority populations.³

Economic Impact

Team-based care has proven to be cost-effective. The median total cost for providing team-based care for hypertension control was found to be \$355 per person per year. The median cost per quality-adjusted life year (QALY) gained over 20 years was either \$10,511 or \$15,137, depending on the QALY conversion method used.⁴ Both estimates were well below the commonly used and conservative cost-effectiveness threshold of \$50,000 per QALY.

Researchers modeled the health and economic impact of nationwide adoption of team-based care for hypertension over 10 years and estimated a net cost savings to Medicare of \$5.8 billion (2012 US dollars) over this period.⁵ This model also estimates an overall national savings of \$25.3 billion in averted disease costs, which offsets an estimated \$22.9 billion cost of using this intervention to the health care system. Costs for patient time over this period are estimated at \$15.8 billion, but are largely offset by an estimated \$11 billion in productivity gains.



Stories from the Field

Team-Based Care



Team-Based Care at WinMed Health Services

WinMed Health Services, an FQHC in Cincinnati, Ohio, is a 2014 Million Hearts® Hypertension Control Champion that successfully incorporated team-based care to help achieve hypertension control among its patients. To ensure a continuum of complete patient care, WinMed's care teams include physicians, pharmacists, and behavioral and dental professionals. WinMed focuses on increasing health care providers' expertise and skills, providing opportunities for patient education, ensuring that patient care is team-based, and using registry-based information systems. The WinMed care teams use electronic health records to increase proper communication between patients and the different providers. By improving community ties and patient education, encouraging greater patient engagement, and adding pharmacists and patient assistants to the health care team, WinMed achieved a 7% increase in hypertension control among its patients from 2013 to 2014.

For more information:

Website: www.winmedinc.org/index.htm



Four Considerations for Implementation

1 Settings

Team-based care has been successfully implemented in multiple settings, including Federally Qualified Health Centers (FQHCs), patient-centered medical homes, and managed health care systems, in various locations throughout the United States.

2 Policy and Law-Related Considerations

Scope-of-practice laws and organizational policies that allow nurses, physician assistants, pharmacists, and other health care providers to practice to the full extent of their licensure and training can facilitate team-based care.

3 Implementation Guidance

The American Medical Association and AHRQ have developed modules for implementing team-based care:

- [American Medical Association's STEPSforward: Implementing Team-Based Care.](#)⁶
- [Agency for Healthcare Research and Quality's Practice Facilitation Handbook.](#)⁷

4 Resources

Many federal initiatives and medical institutions support team-based care approaches. Examples include the following:

- [Centers for Disease Control and Prevention's 6|18 Initiative.](#)⁸
- [National High Blood Pressure Educational Program, supported by the National Heart, Lung, and Blood Institute.](#)²
- [American Heart Association.](#)⁹
- [National Academy of Medicine.](#)¹⁰



References

1. Community Preventive Services Task Force. Cardiovascular Disease: Team-Based Care to Improve Blood Pressure Control. The Guide to Community Preventive Services website. <https://www.thecommunityguide.org/findings/cardiovascular-disease-team-based-care-improve-blood-pressure-control>. Accessed October 18, 2016.
2. Chobanian AV, Bakris GL, Black HR, et al. Seventh report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension*. 2003;42(6):1206–1252.
3. Proia KK, Thota AB, Njie GJ, et al. Team-based care and improved blood pressure control: a Community Guide systematic review. *Am J Prev Med*. 2014;47(1):86–99.
4. Jacob V, Chattopadhyay SK, Thota AB, et al. Economics of team-based care in controlling blood pressure: a Community Guide systematic review. *Am J Prev Med*. 2015;49(5):772–783.
5. Dehmer SP, Baker-Goering MM, Maciosek MV, et al. Modeled health and economic impact of team-based care for hypertension. *Am J Prev Med*. 2016;50(suppl 1):S34–S44.
6. Sinsky C, Rajcevic E. Implementing Team-Based Care website. <https://www.stepsforward.org/modules/team-based-care>. Accessed February 1, 2017.
7. Agency for Healthcare Research and Quality. Module 19. Implementing Care Teams. Practice Facilitation Handbook website. <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod19.html>. Accessed February 1, 2017.
8. Centers for Disease Control and Prevention. The 6|18 Initiative: Accelerating Evidence into Action website. <https://www.cdc.gov/sixteen/>. Accessed February 1, 2017.
9. Heidenreich PA, Trogon JG, Khavjou OA, et al. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. *Circulation*. 2011;123(8):933–944.
10. Institute of Medicine. *A Population-Based Policy and Systems Change Approach to Prevent and Control Hypertension* Washington, DC: The National Academies Press; 2010.