HEALTH IMPACT STATEMENT

Use of Team-Based Care in Health Systems in Illinois

I. PROBLEM

In 2016, heart disease killed more than 25,000 people in Illinois.[1] Heart disease is the third leading cause of death for people ages 25–64, and accounts for more direct and indirect medical costs than diabetes and strokes combined.[2] Nationally, the burden of heart disease and related risk factors were highest among low-income and uninsured adults. Adults in households with annual incomes less than $35,000 were 33 percent more likely to report being diagnosed with heart disease than those with incomes over $35,000 (14.3 percent vs. 9.6 percent).[3] Uninsured adults were more than twice as likely to report being diagnosed with heart disease as those with any type of health insurance coverage.[4] High Blood Pressure (HBP) is a significant risk factor for heart disease and stroke. In 2015, over three million adults (3,048,058) in Illinois said they were told by their physician they had HBP.[5] The healthcare landscape in Illinois is diverse and complex. Implementing strategies to improve patient care and preventing poor health outcomes, awareness, and providing tools for better disease management is essential to improving patient care and preventing poor health outcomes.

PATIENTS SERVED BY ILLINOIS FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

# ADULTS SERVED BY IDPH REGION		AVG % UNINSURED BY IDPH REGION	
West Chicago	117,830	West Chicago	41%
Edwardsville	72,453	Chicago	40%
Chicago	50,955	Rockford	18%
Marion	28,342	Edwardsville	10%
Champaign	14,177	Champaign	8%
Rockford	8,594	Marion	7%
ILLINOIS (all health centers)	**803,000**	**ILLINOIS** (all health centers)	**20%**

Source: Health Resources & Services Administration (HRSA), Uniform Data System (UDS), 2016 Health Center Profile. Retrieved from https://bphc.hrsa.gov/uds/datacenter.aspx?q=d

II. INTERVENTION

The Illinois Department of Public Health (IDPH), in partnership with the Illinois Primary Health Care Association (IPHCA), recruited health systems throughout the state to improve the quality of care delivered to patients with HBP. Health systems were given a survey to help IDPH determine if their electronic health records (EHRs) were able to track referrals to community self-management programs, use data to improve the quality of care for patients with HBP, and improve blood pressure control. Training and technical assistance was provided to participating health systems on the addition of new staff or changing staff roles to work with a primary care provider. These interventions were tested with a group of seven federally qualified health centers (FQHCs) in Illinois in 2016. The health systems identified patients with uncontrolled HBP and decided on the best treatment or intervention for the patient. Treatments or interventions used by the FQHCs included: policies or systems for team-based care, blood pressure self-monitoring, physician prescribed self-management plan, and/or enhanced EHR capabilities. Based on the positive results and feedback from the pilot sites, IDPH and IPHCA: 1) expanded the interventions across other health systems (three sites in 2017, and four sites in 2018); and 2) developed a learning collaborative where pilot sites shared their progress and lessons learned with other Illinois health systems. In partnership with the health systems, IDPH set out to achieve HBP goals by June 2018; HBP awareness (target = 55 percent) and HBP control (target = 60 percent).

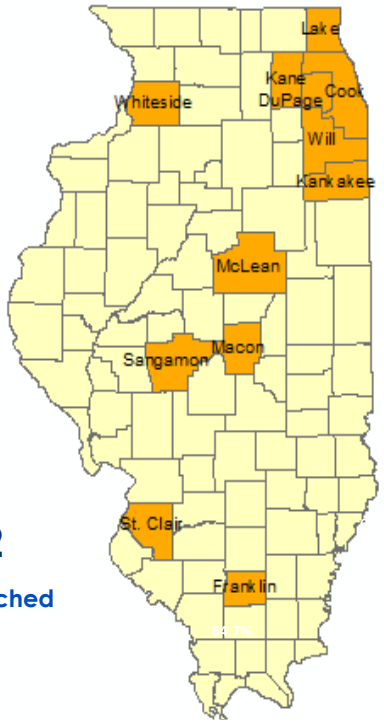
ILLINOIS FQHC PILOT SITES

12 Counties

14 FQHCs

93 Clinics

292,352 Patients Reached



Source: Illinois Health Information Systems Survey, 2016—2018.

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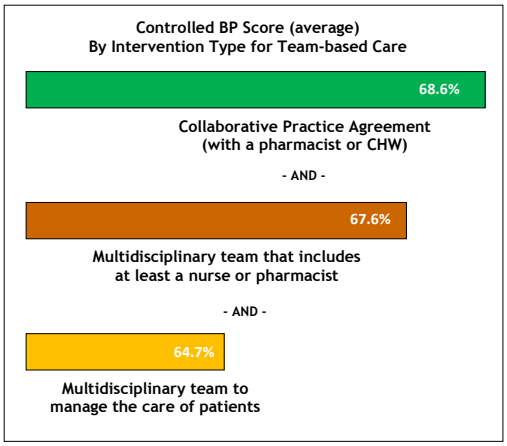
III. HEALTH IMPACT

Since IDPH and IPHCA started working together, program activities are having a positive impact on the way health systems approach and manage the care of HBP patients in Illinois. Using a multi-disciplinary team approach to blood pressure control and patient self-management of HBP have proven successful in identifying and managing HBP. Information gathered before and after IDPH and IPHCA started working together showed that 75 percent of the pilot sites used a multi-disciplinary team approach to blood pressure control, which increased to 92 percent after the program. Additionally, 67 percent of the pilot sites reported using patient self-management plans before the program which increased to 100 percent after the program. As a result, there was an absolute increase in the number of adults whose HBP was controlled after the program (68.1 percent) compared to the number of adults whose HBP was controlled before the program (66.6 percent). By continuing to increase the number of FQHC health systems practicing a multi-disciplinary approach to HBP patient care and teaching patients to self-manage their HBP, more patients in Illinois will have access to health systems with processes in place to better diagnose, monitor, and treat heart disease conditions like high blood pressure. These new approaches to patient care will ultimately lead to improved health outcomes.



Source: Illinois Health Information Systems Survey, 2018 and HRSA UDS Report (2015—2017).

IV. SOURCES

[1]America's Health Rankings analysis of CDC, National Vital Statistics System, United Health Foundation, AmericasHealthRankings.org, Accessed 2018. https://www.americashealthrankings.org/explore/annual/measure/CVDDeaths/state/IL

[2]CDC. Chronic Disease calculator v2. Accessed August 2018.

[3]Illinois Behavioral Risk Factor Surveillance System. Illinois and Strata Area Prevalence Data (2013 – 2016). Accessed August 20, 2018. http://www.idph.state.il.us/brfss/default.asp

[4]Blackwell DL, Lucas JW, Clarke TC. Summary health statistics for U.S. adults: National Health Interview Survey, 2012. National Center for Health Statistics. Vital Health Stat 10(260). 2014. Pp. 24 – 25. https://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf. Accessed August 21, 2018.

[5]Illinois Behavioral Risk Factor Surveillance System. Illinois and Strata Area Prevalence Data (2013). Accessed August 20, 2018. http://www.idph.state.il.us/brfss/default.asp

V. FOR MORE INFORMATION

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