Quality Insights
Quality Payment Program Support Center

The Impact of Social Determinants of Health in Managing Hypertension Transcript from Live Webinar

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Laurie Fink: Hello everyone, and welcome to today's webinar, The Impact of Social Determinants of Health in Managing Hypertension. My name is Laurie Fink and I'm a Communications Specialist with Quality Insights. We're so glad you were able to take time out of your day to be able to join us live, and for those of you who are joining us through the recorded webinar, welcome.

Laurie Fink: Before we get started with the program, I'd like to go over just a few housekeeping items. First, all participants entered today's webinar in a listen only mode. Should you have a question during the presentation we ask that you please type it into either the chat, or the Q&A box, which can be found at the right side of your screen. While we will not be doing a formal Q&A at the end of the session we will be sure to provide you with answers to your question via email following the webinar.

Laurie Fink: Today's webinar is being recorded. The recording will be posted on the Quality Insights website, as well as the Quality Insights QPP Support Center website later this week, and that can be found on the Archived Events page. You should have received a copy of the slide deck for today's webinar earlier this morning via email, but if for some reason you did not we will send you all a link to where these resources will be posted on the website as soon as they are available.

Laurie Fink: So without further ado, it is now my pleasure to hand the presentation over to today's guest speaker, Dr. Greta Hawkins-Mathis.

Greta Hawkins-Mathis: Hello, my name is Dr. Greta Hawkins-Mathis, and welcome to, "The Impact of Social Determinants of Health in Managing Hypertension." Next slide please.

Greta Hawkins-Mathis: Um, first, let's describe hypertension. There are classifications for blood pressure via the American Medical Association and the American Heart Association. As we know, normal blood pressure is systolic, less than 120 millimeters of mercury and a diastolic less than 80 millimeters of mercury. Elevated blood pressure systolic of 120 to 129 millimeters of mercury, diastolic less than 80 millimeters of mercury and stage one hypertension, systolic of 130

to 139 millimeters of mercury or a diastolic of 80 to 89 millimeters of mercury. Stage two of hypertension, systolic greater than 140 millimeters of mercury or a diastolic of greater than 90 millimeters of mercury. Next slide please.

Greta Hawkins-Mathis: We are going to discuss the impact of the social determinants in managing hypertension. We all know that there is a relationship between the social determinants of health and hypertension. We know that there is also a link between hypertension and socioeconomic factors.

Greta Hawkins-Mathis: Social determinants to health are social conditions. They include where we live, they include where we work and they are shaped by a distribution of power, a distribution of income, a distribution of resources. They have a relationship with cardiovascular disease. It affects how we assess, it affects how we diagnose, and it affects how we treat. It also affects how we prevent hypertension. Next slide please.

Greta Hawkins-Mathis: We know that it is important to remember the existence of health inequities. Health inequities are where we are born, where we grow up, where we live, where we work, and our age. Also, our health inequities could be our education level. We know that there is a distribution of money, and power, and resources and we know that these are different. They're different levels globally, nationally, and locally. Next slide please.

Greta Hawkins-Mathis: Let's look at eight risk factors for high blood pressure. As you can see, we have hypertension centrally located, but different things may affect hypertension: age, race, family history, obesity, inactivity, tobacco use, sodium intake, and alcohol intake.

Greta Hawkins-Mathis: We also know that we have complications related to uncontrolled high blood pressure. We've listed six of them here: stroke, heart attack, heart failure, vision loss, kidney disease, kidney failure, and a very important one that I want you to keep in mind which is sexual dysfunction. We are going to incorporate this one later because I find that to be a great motivator for many of my male patients. They can often envision that one currently. That's one that they can relate to. Next slide please.

Greta Hawkins-Mathis: Here, we're going to discuss some categories that we need to consider in regard to social determinants of health. The first one is economic stability and this is basically, money. Where is the money coming from that they are going to need in order to treat hypertension? As you can see here that there are things such as expenses, debt, income, employment, medical bills, any financial support that they may have. Also, we have neighborhood and physical environment. This one pretty much comes down to zip code. Where do they live? We all know that where you live determines how you can take care of yourself. Housing, transportation, parks, can you walk to where you need to go? Is it safe? How do you actually get from one place to another?

Greta Hawkins-Mathis: Education. Education affects our ability to communicate and we know that we can't treat hypertension without communicating with our patients. We have to take into consideration language and literacy, different levels of educational training or vocational training. The next one to consider is food. This is our diet. What are they eating? We need to know what our patients are eating if we're going to manage hypertension. Do they have access to healthy options?

Greta Hawkins-Mathis: Communities and social content. This is more about survival. How do they make it through the day? How do our patients make it week to week? We're looking at things that might affect that such as stress, discrimination, support systems, social integration, and community engagement.

Greta Hawkins-Mathis: Healthy care systems. This is all of us. It's the health care team which includes any one that interacts with the patient. We need to consider their access to health care, the quality of health care, the quantity of health care. Is it readily available? Next slide please.

Greta Hawkins-Mathis: Going into further detail, let's explore some of the categories that we just expressed. Food. We all know that we need food to live. We take for granted, food. We go home and we open our refrigerators, there's food in there. We can go to the stove to cook it. We can go to the microwave. We have utensils to eat our food with. Patients that are socio-economically depressed, they may not have any of these things. Especially in our homeless patients, they may not have access to this and if they do have a stove, the question is do they have electricity? Do they have gas? I have been in places where there's not running water. These are things that we take for granted that our patients may not have which will affect their ability to manage their hypertension.

Greta Hawkins-Mathis: Nutrition information. We all know that there's different type of diet so we have to make sure that we're able to allow our patients to incorporate that diet into their lifestyle. Do they have enough food to eat? Is it too much or in many cases, is it too little? Is it a low salt diet? Do they even know that they should even limit their salt? We also need to look at what type of food they're eating, the quality of the food. Is it fresh or frozen or canned? We know that canned food has a lot of salt, a lot of preservatives, which is what we're trying to avoid in hypertension.

Greta Hawkins-Mathis: Adequate food preparation. Again, many of us take it for granted that the foods that we eat don't need food prep time. If they need to be peeled, what do they peel it with? If they need to be rinsed, do they have running water? If they need to be chopped, do they have these utensils? Is there space available or the equipment available in order to prepare the foods that we want them to eat?

Greta Hawkins-Mathis: Education. Do they actually understand what hypertension actually is? Do they understand the impact that changing in their diet or doing exercise can actually have for hypertension?

Greta Hawkins-Mathis: Transportation. How are they going to get to your office? How do they get to your hospital, to the clinic? Are they walking? Are they on a bike? Do they need a private automobile? Many of my patients do not have access to a private automobile unless of course they were living in their private automobile.

Greta Hawkins-Mathis: Public transportation. Bus, subway, cab, Uber, Lyft, all of those. We have those, we have access to those, some of the patients use, but if you're in a rural area you may not have Uber or Lyft. You may not have a bus that you can actually take. You may rely on your neighbor or family or friends or church members. Sometimes we have people who have wheelchairs, motorized wheelchairs and that's what they use to actually get around to their appointment. They may have other assistive devices because they have other comorbid conditions in addition to the hypertension.

Greta Hawkins-Mathis: We have to also consider financial considerations. Where is the money coming from to pay for the doctor visits? When they came to our office they need money for the office visit in some form of a co-payment. They need money for prescription coverage. They may be on government assistance or they may be receiving a check monthly. They may be retired, on a fixed income. If they're employed, we need to find out how they get paid. Is it weekly? Is it biweekly or monthly? This is going to determine when they can come see you because that's when they can actually pay for the visit. That's when they can actually purchase the prescription that we want them to purchase to manage the blood pressure. We have to be concerned about individuals that fall into the donut holes with insurance gaps. Next slide please.

Greta Hawkins-Mathis: Let's consider their employment and that relates to office visits. We don't want people to lose their jobs because they're coming to see us for their high blood pressure. We have a lot of patients that have multiple jobs, maybe multiple part-time jobs. Maybe they have sick leave, but maybe there's none available. Maybe they have a job where they only get paid if they go to work. If they're not working, they don't get paid. We need to take that into consideration when we're asking them to come back to see us to follow up on high blood pressure.

Greta Hawkins-Mathis: Education. We should really think about whether or not the patient can read and or write. Sometimes we take this for granted and we don't know what their reading level is of the patient that we're actually seeing. It doesn't help to provide them with literature that they are unable to utilize.

Greta Hawkins-Mathis: We need to also think about barriers in comprehension from all the comorbid conditions. Let's consider if they're visually or hearing impaired and the most common problem I have with visual impairment is that people who are a little older, they don't have reading glasses. They have them, but they don't know where they are. They're looking at something, but they're holding it out as far as humanly possible and that keeps them from being able to take care of their hypertension because they can't read the instructions that we provided for them. We need to make sure that they have their hearing aids in place as well

and that we're speaking to them so that they can read our lips if that is something that is needed for them to understand what we're saying.

Greta Hawkins-Mathis: Social determinants. This one is extremely prevalent in the homeless population. Cigarette smoking, the population in general, cigarette smoking and substance abuse. Now, of course, we know we have legal and illegal drugs. Just considering marijuana is becoming legal and trying to speak to someone who's just smoked marijuana about hypertension. Or perhaps maybe there are illegal drugs that they're using which could be the cocaine or methamphetamine or heroine. These are definitely high on my list with hypertension in homeless.

Greta Hawkins-Mathis: We need to consider mental illness. This is another problem that I've found to be prevalent. They have mental illness and either it's not being treated properly or it's not being treated at all. It's hard to talk to patient who can't understand you because there's somebody else talking inside their head while you're talking to them. The inability to self-manage. The inability to adhere.

Greta Hawkins-Mathis: Exercise. When we think about exercise we may think about exercise in a gated community. They don't have home owners associations. It's about a luxury that a lot of our patients may have, but we need to think about safe spaces that they can utilize to exercise. Also, we need to think about recreation centers or gyms, sports centers, we need to think about things that may affect their ability to exercise. Such as, is it raining outside? Is it snowing outside? Is it bitter cold? Is it sweltering heat? Also, another concern is daylight. We want to make sure that the patients are able to exercise during daylight. Nobody wants to go walk around the neighborhood in nighttime, in darkness at two o'clock in the morning. We need to make sure that we focus on what is safe for them when we're asking them to exercise. Next slide please.

Greta Hawkins-Mathis: What is our plan? How do we integrate the social determinants of health into patient care? Community resources. Community resources are invaluable and we have them on the local level and the national level. We have to think about things such as, when it comes to food, Meals on Wheels. There are a lot of charities that will provide meals for seniors or for the homeless or for those that are just simply in financial need. In homeless shelters, homeless shelters provide food. We can never forget about homeless shelters when we know that there are patients that are hungry.

Greta Hawkins-Mathis: Nutrition consult. We need to think about foods in a cultural way. There are some things that people may want to eat and maybe they still can eat some of it as long as you make the appropriate substitution. So for instance, if you have someone who wants pork bacon to cook with, maybe we can substitute turkey bacon. If we have someone that's making vegetables, and that they're using smoked turkey instead of using fatback for some kind of pork products, to put those vegetables in.

Greta Hawkins-Mathis: We also should consider having some dietary handouts available or maybe incorporating a basic dietary template into our EMR. Sometimes with a

discharge summary you can have some basic nutrition that you can just already have on that template. This automatically will go into that discharge summary.

Greta Hawkins-Mathis: Financial considerations. Drug reps are our friends. Drug reps are our friends. I know that we go from room to room and we may be rushing in between, but we need to stop and listen to them. Listen to their presentations because we get rewarded by getting medications, medications that our patients actually need and that they cannot afford. Sometimes they'll give us sample medications or they may give us coupons or we may get free or discounted medication. Every little bit helps when we're helping the patient.

Greta Hawkins-Mathis: We need to think that this patient may have to choose between getting that medication for hypertension and having dinner. Not just for themselves, but for their families. The little bit of time that we carve off to get some medication and to give a signature to a drug rep can help them to eat and take their medication tonight.

Greta Hawkins-Mathis: I like to also use those samples when I have a patient that is in a donut hole with their insurance. It really helps to fill in that gap for them or those that are in between paychecks. Maybe they're not going to have medicine for a week because they don't get paid for a week. I love to use those drugs during that time period. Next slide please.

Greta Hawkins-Mathis: Now we're going to talk about some of my case studies with my homeless patients. My homeless population, as we know, similar in the United States, it's growing, it's increasing and there are people that are living paycheck to paycheck, it's increasing in the United States of America. Missing one paycheck could potentially make you homeless so it's very important that we learn how to take care of this population because this is our population.

Greta Hawkins-Mathis: This population is challenging because of the socioeconomic disparities. Just keep in mind teamwork, we're all a team. I had a driver who basically kept a safe, ready to put with the patients, and he provided meals for the patients in the evenings. I had one or two nurses that would go with me to the homeless shelters and they were stern that they cared for the patients. They were consistent with their information. I had a nursing assistant, or medical assistant, who also worked with me. In my office, I had certain treatments, clonidine, EKG, I had labs, but they were not STAT labs. I had the sample medications, of course. I had the cardiac referral so the ability to refer.

Greta Hawkins-Mathis: What I found out was, I had to figure out where these people were coming from. Their blood pressures were 200 over 100 or greater and I had to figure out where they were coming from so I had to make an assessment. I found out that they were all under the bridges and the overpasses and the parks, the street corners. They were the people who were begging, holding signs in their hand. I had to think about treatment options and my goal at that point was just to save their lives because I knew that I was dealing with a lot of alcohol, a lot of cocaine, and a lot of methamphetamine.

Greta Hawkins-Mathis: I also had to make sure that I built up rapport with them because I needed them to follow up with the cardiologist and in order to do that, they had to prove that they had no income. They had to prove that they lived in a homeless shelter and that required them to actually follow directions and to follow through which in the homeless population is a problem.

Greta Hawkins-Mathis: The main thing that they wanted to know before I ever touched them was that I cared about them as a person and that they weren't just a number. I had a mobile unit that I could take out for half a day, twice a month. I would park it in front of where they had to go and sleep. Some shelters you can sleep in and they would have to stand outside for a bed, so I parked my mobile unit right there so they could not get away from me. That way I could check their blood pressure while they were in line. I had a mobile van which I used a half a day a week. I took that into the alleys and to the parks, into the street corners. That gave me flexibility to be able to reach them instead of having to worry about how they were going to get to me.

Greta Hawkins-Mathis: My homeless shelter visits were very important, that was my best tool, my best assessment tool because I was able to tour each homeless shelter and I found out that all homeless shelters are not equal. Some homeless shelters have an indoor basketball court that's perfect for my exercise. They had ping-pong tables, some of them had different types of food. So when they tell me they can only have sugary drinks or root beer and I realized they had unsweet iced tea and water so that was not true. When they said they didn't have vegetables but that they had mostly high carb foods, that was not true. Once I figured out which homeless shelters had the salad bar, which homeless shelters had food that came in as a hot meal prepared on a daily basis, which ones had safe places for exercise, I could tell my patients which homeless shelter they needed to attend in order to control their blood pressure.

Greta Hawkins-Mathis: The main thing is that we need to build a rapport with the patients and make sure that they trust you. I also had a clinic where they could walk in half a day, once a week. It didn't require for them to come at a specific time. That helped with the compliance. As long as they could come sometime after lunch and before the end of the day, I was able to see them and take care of them. The tools I used to get them there, I had a van that could bring them to me, to my clinic. It would go out to the homeless shelters and also pick people up off of the streets, the street corners. I had cab vouchers. I also had access to bus vouchers. And Viagra is one thing that I learned, if I could let men know how to use their Viagra and what that meant to their blood pressure and as far as their cardiovascular disease, they would do labs, they would go to the cardiologist, they would do anything I wanted if I would give them some sample Viagra. Next slide please.

Greta Hawkins-Mathis: Main thing to remember is that we need to educate the patients. We need to educate them when they come in as to what their blood pressure is, make sure that we use the language that's appropriate, make sure that we have reading materials that is appropriate and never, ever miss a teaching opportunity. If

they're in your office, it's a teaching opportunity. If they're sitting, ready for you in the lobby, that's a teaching moment for one of your staff to talk to them.

Greta Hawkins-Mathis: Make sure that the provider knows that the blood pressure is abnormal. We need to make sure that our staff is trained and that they know to communicate with us regarding the blood pressure whether it's through EMR, a note, in person. We also need to make sure that the patients are going to be able to follow up, give them advance notice of when they need to come back so that they can integrate that into their job schedule or their life schedule. I personally like to recheck any blood pressures that are above 140 over 90. I just need to make sure that I hear it with my own ears. Especially if it's greater than the 200 over 100. I want to do a manual blood pressure and make sure I hear with my own ears, give them a chance to rest and maybe recheck it again. Next slide please.

Greta Hawkins-Mathis: We want to make sure that the blood pressure is accurate, that all staff has the correct blood pressure cuff size, make sure that all staff is trained. We have teaching stethoscopes that are available for competency, make sure that we have the ability to recheck the blood sugar if it appears to be abnormal.

Greta Hawkins-Mathis: Team work. It's all the entire clinic's responsibility to make sure that we control blood pressure and give patients encouragement to become compliant. Make sure that we look at our EMR for modifications, so that the blood pressure can be bolded or in color or highlighted or put on spreadsheet so that we can see the trends. Next slide please.

Greta Hawkins-Mathis: When it comes to exercise, they can walk in the shopping malls, they can walk in the shopping centers if there's inclement weather, they can go to grocery stores. I really love Walmart and Target, they're big. You can walk through it, you don't have to worry about what the weather is and it doesn't cost you any money to walk through those stores.

Greta Hawkins-Mathis: Think about therapy referrals if we need them. We can use those and we can teach patients what they need to do at home. Home exercises can really pay off and they can use common items that may be found within the home. Make sure it's fun. Make sure you can incorporate your friends and family and your coworkers. It's fun to exercise when other people are doing it with you. Consider doing activities such as swimming in the public pool, playing basketball maybe on a public court, use IT devices so that you can download things if you do have access to a cellphone. Make sure that you are taking the steps at work as opposed to using those elevators. Park a little bit further away from the store when you're going there so that you get exercise going into the store and out of the store. Make sure you're setting aside time to actually exercise. Next slide please.

Greta Hawkins-Mathis: Compliance is what we need. We need compliance from our patients in order to help them to achieve our goals. Make sure that the patients are a part of the process, if they're a part of the planning process they're more likely to comply

with the information that we're giving them. Make sure you have a very good doctor patient relationship, that's very important. When you suggest something they're more likely to follow it if they already trust you and believe that you have their best interests at heart. Make sure you eliminate any medication from the list that is not needed from other doctors, if it's outdated take it off the list, we don't want to have excessive pills. Make sure you incorporate the timing of that patients' medication into their schedule, their schedule for work or their schedule for school because we know these medications have different side effects and we want to maximize the medication and minimize the side effects. Make sure they have follow-up visits with you. Next slide please.

Greta Hawkins-Mathis: Make sure that we address the smoking cessation issue whether it's with the patch or with the pill or with classes or with all of the above. Make sure that we address these issues as far as drug use and alcohol. It's hard to manage blood pressure when your patient is using cocaine, very difficult, and it's hard to manage blood pressure if you can't speak to them because they're intoxicated with alcohol. Make sure we manage the mental health aspects of their conditions as well. Next slide please.

Greta Hawkins-Mathis: Thank you today for sharing your patience with me and sharing your time with me.

Laurie Fink: Alright, well thank you so much Dr. Hawkins-Mathis and also a big thanks to everyone who joined us today. Just wanted to quickly remind you that when you close out of today's session you will be automatically directed to a very brief evaluation. We ask that you take a moment to complete it as we greatly appreciate your feedback and comments. Thanks again, have a great rest of the day, and this session is now concluded.

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