Throughout 1815 Year 4 (June 30, 2021-June 29, 2022), the Heart Disease and Stroke Prevention Program (HDSPP) partnered with Huron Clinic to partially fund a Chronic Care Coordinator. This individual provided management for high needs cardiovascular patients, each of which had multiple, additional co-morbidities. Another service the Chronic Care Coordinator provided was to complete Annual Wellness Visits for Huron’s Medicare patients. During these sessions, the Chronic Care Coordinator assessed for any cognitive impairment and checked functional ability and safety levels. She also completed a depression screening, established an overall screening schedule for the next 5-10 years, identified any risk factors, and provided health education and preventative counseling and referrals.

In addition to their care coordination program, Huron continued utilization of their self-measured blood pressure (SMBP) monitoring program throughout this project period. SMBP allows patients with elevated blood pressure readings to take a blood pressure cuff home with them, monitoring their blood pressure readings regularly over a specified period of time (typically 2 weeks or more). Throughout that time, the patient communicates with their care team and makes adjustments to their treatment plan until their blood pressure is controlled (less than 140/90 mm Hg). This may mean adding or adjusting their medications, incorporating lifestyle modifications, or even making no changes at all if they find the patient’s blood pressure levels are within normal range outside the clinic setting.

Next Steps

Through CDC’s 1815 cooperative agreement, Huron Clinic will receive continued funding from the HDSPP to assist with supporting their Chronic Care Coordination and SMBP Programs in 2022-2023. The clinic plans to expand both programs to additional patients during Year 5.
Results

Huron’s Chronic Care Coordinator had a patient panel that grew to 56 individuals receiving ongoing management during this project period. One benefit to providing care coordination to these patients was Huron’s ability to receive reimbursement for an additional 221 insurance claims in Year 4 and 509 additional claims since they implemented this project. Huron would not have otherwise received reimbursement for these claims had they not implemented this care coordination program. In addition to managing the needs of their high-risk cardiovascular patients, Huron administered 643 annual visits in Year 4 for a total of 1,273 since starting this project in Year 2 of 1815.

Additionally in Year 4, 50 individuals participated in Huron’s SMBP program with 31 completing prior to the end of the project period (June 29, 2022). Of those individuals completing the program, 13 individuals needed adjustments to their medication regimen and 19 were considered controlled (below 140/90 mm Hg).

Since the start of their SMBP program in February 2019, 243 patients have enrolled with 188 completing programming. Eighty-one of those individuals required medication changes and 120 were considered controlled.

Get Involved

For additional information on this project or to learn more about HDSPP funding opportunities, contact Rachel Sehr, Heart Disease and Stroke Prevention Coordinator at Rachel.Sehr@state.sd.us or 605-367-5356.

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