



# HEALTH IMPACT STATEMENT

## Quality Improvement Processes in Health Systems in Illinois

### I. PROBLEM

In 2016, heart disease killed more than 25,000 people in Illinois.<sup>1</sup> 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.<sup>2</sup> 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).<sup>3</sup> Uninsured adults were more than twice as likely to report being diagnosed with heart disease as those with any type of health insurance coverage.<sup>4</sup> 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.<sup>5</sup> The healthcare landscape in Illinois is diverse and complex. Implementing strategies to improve 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)

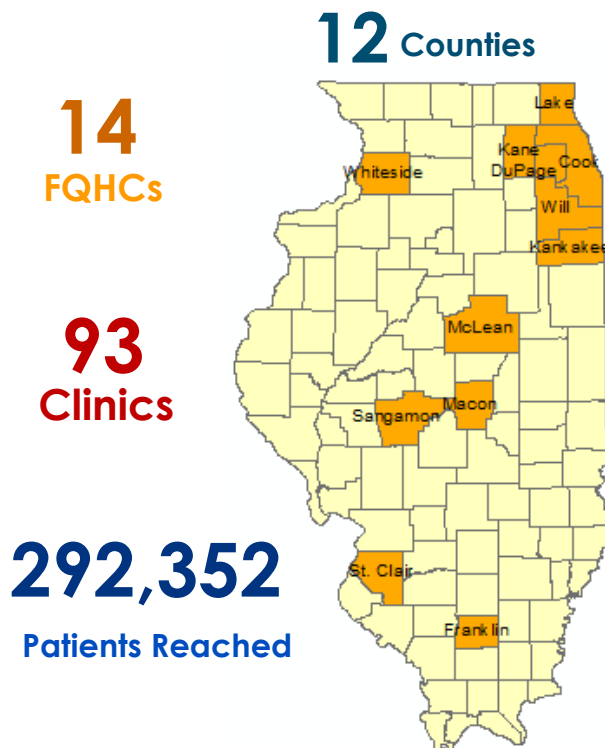
# ADULTS SERVED BY IDPH REGION		AVG % UNINSURED BY IDPH REGION	
West Chicago	117,830	West Chicago	41%
Edwardsville	72,453	Chicago	40%
Chicago	50,955	Rockford	18%
Marion	28,342	Edwardsville	10%
Champaign	14,177	Champaign	8%
Rockford	8,594	Marion	7%
<b>ILLINOIS (all health centers)</b>	<b>803,000</b>	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

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

### 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 (EHR) 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 to set up or enhance their EHR systems, better utilize patient reports, and improve patient care through electronic exchange of patient information. These intervention 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 electronic health record 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



Source: Illinois Health Information Systems Survey, 2016.



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### III. HEALTH IMPACT

Overall, program activities are having a positive impact on the number of health systems adopting and using EHRs to manage patients with HBP. When the program began in 2016, only 80 percent of the pilot sites were using a certified EHR system to coordinate care of HBP patients. During the three year project period, the number of HBP patients treated by an FQHC using certified EHRs increase by 25 percent, representing an increase in the number of sites using certified systems from 78 percent to 100 percent at the end of the funding period. Overall, participating FQHCs increased their use of EHRs, resulting in an increase of adults aware they have HBP from 53.3 percent to 58.7 percent. Controlled HBP among Illinois FQHC pilot sites increased from 56.5 percent to 66.8 percent. By continuing to increase EHR adoption across FQHC health systems at the statewide-level, more patients will have access to health systems that have the tools needed to better diagnose, monitor, and treat heart disease, stroke, and associated risk factors like HBP. This use of EHRs will ultimately lead to improved health outcomes (reduced hospitalizations and death due to heart disease) in Illinois.

Performance Measures	2015	2017	Percent Difference (absolute)	5-Year Goal
HBP Awareness	53.3%	58.7%	5.4%	55% Exceeded
HBP Controlled	56.5%	66.8%	10.3%	60% Exceeded

Source: (1) Illinois Health Information System Survey, 2016;

### IV. SOURCES

<sup>1</sup> 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>

<sup>2</sup> CDC. Chronic Disease calculator v2. Accessed August 2018.

<sup>3</sup> 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>

<sup>4</sup> 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](https://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf). Accessed August 21, 2018.

<sup>5</sup> 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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