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Seeking to improve HTN in young adults within two family medicine clinics... During a pandemic

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NI VII Meeting Four – Capstone Presentation  
Cohort Three: Clinical/Quality Outcomes

SEEKING TO IMPROVE HTN IN YOUNG ADULTS WITHIN TWO FAMILY MEDICINE CLINICS... DURING A PANDEMIC

Chella Bhagyam DO, Keyonna Taylor-Coleman MD, Lawrence Moore MD, Kim Schoen MSW, Catherine de Grandville MD, Pamela Graf MBA, Wilhelm Lehmann MD, Bonnie Bobot MD, Steven Murphy MD, Rambha Bhatia MD, Sarah Bowlby, Deborah Simpson PhD

Family Medicine Residency Program, Milwaukee, Wisconsin
Q1. What did you hope to accomplish?

**ORIGINAL AIM:** Improve BP control in younger hypertensive patients to reduce the age disparity

**PIVOT OBJECTIVES II° COVID 19:**
1. Increase patient awareness of hypertension-related sequelae
2. Standardize clinician response to elevated BP during clinic visits (virtual/in-person)
3. Develop creative solutions to push toward achieving these aims despite pandemic disruptions
Q2. What were you able to accomplish?

**INTERVENTIONS:**
- Education on HTN Management - use of Rxs in younger adults
- Patient education cards created/given to patients with elevated BP
- Designed team-based workflow (MAs, RNs, physicians)
- Utilized EPIC reporting functionality to define at risk population within individual clinicians’ panels and their use of patient portal
- Created “Covid-19” outreach using EPIC based patient portal

<table>
<thead>
<tr>
<th>ALL CLINICS</th>
<th>JANUARY 2020</th>
<th>AUGUST 2020</th>
<th>DECEMBER 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Control</td>
<td>Un-Controlled</td>
<td>% Control</td>
</tr>
<tr>
<td>Age 18-49</td>
<td>206</td>
<td>89</td>
<td>69.8%</td>
</tr>
<tr>
<td>Age Disparity Gap</td>
<td>10.8%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age 50+</td>
<td>951</td>
<td>229</td>
<td>80.6%</td>
</tr>
</tbody>
</table>

Blood Pressure Categories

- **Normal:** Less than 120 and less than 80. This is normal blood pressure and is healthy.
- **Stage 1 Hypertension:** 120-139 systolic and/or 80-89 diastolic. This is stage 1 hypertension and is at an increased risk for heart disease and stroke.
- **Stage 2 Hypertension:** 140-159 systolic and/or 90-99 diastolic. This is stage 2 hypertension and needs to be addressed immediately.

Questions or concerns? Please speak with your provider.
Q3. Knowing what know now, what might we do differently?

- **Avoid the pandemic!!**
  > Starts, stops, and pivots, makes non pandemic related teamwork difficult
  > Sustaining team member project engagement always a challenge but...

- **Recognize that our other variables impact QI data**
  > Clinic relocation
  > Pandemic waves/surges impacting patients’ ability to access care
  > QI Denominator Change Difficult
Q4. What surprised you and why?

- Disparity ↑ in targeted age group between Aug-Dec 2020
  - At clinic which moved its location September 1

- % patients in targeted age disparity gap who had signed up to use MyAurora
  - High disparity population

- Secured funding for BP Cuffs

- UWSMPH TRIUMPH Student!
Q5. Cohort Three – Lessons Learned

The single most important piece of advice

BE AGILE:

- Plan for things to change – as unexpected always happens
  - Shift thinking about community-based approach

ONBOARDING OF NEW TEAM MEMBERS

- Purpose & Goals
- Use a “flow chart” to orient them to project (and all its pivots and intricacies)
- Define the roles and responsibilities
  - Who does what, when
  - New team member’s role