### AIMS

**AURORA AIM**
- Apply tested interventions to facilitate a safer environment for patients and clinicians

**FAMILY MEDICINE PROJECT AIMS & OBJECTIVES**
- **ORIGINAL**: Reduce age disparity gap between our younger patients (age 18-49) vs our older patients (age > 50) who have controlled hypertension by 5%
  - Baseline < 70% are controlled in age 18-49 vs 80% in age 50+
  - Ultimately seek to cut the age disparity in half

- **PIVOT AIMS (COVID-19)**
  - Increase patient awareness of hypertension-related sequela
  - Standardize clinician response to elevated BP virtual/ in person
  - Develop creative solutions to push toward achieving these aims despite pandemic restrictions/disruptions

### METHODS: Interventions

**PHASE 1: EDUCATION OF CLINICIANS AND CLINIC STAFF**

**A. BASELINE SURVEY OF CLINIC PHYSICIANS & RESIDENTS REVEALED:**
- Clinicians felt comfortable prescribing HTN medications for patients with average age of 27 yrs = current JNC 8 guidelines
- Clinical Inertia – Unlikely to prescribe HTN medications to younger adults (various reasons noted)

**B. EDUCATION**
- RESIDENTS: Didactics on HTN and appropriate management (applicable to all ages with emphasis on young adults)
- RES/FAC ANNUAL EDUC MEETING: Review data & strategies to improve HTN including Motivational Interviewing
- CLINIC HUDDLES: Introduction and reiteration of HTN goal and residency-wide initiative; delineate roles

**PHASE 2: PATIENT EDUCATION & WORKFLOW**
- Create laminated BP card
- MA’s circle BP risk on BP card
- Physicians or MA’s recheck BP
- Discuss JNC 8 management options

**PHASE 3: IMPLEMENT & SUSTAIN MOMENTUM**
- Identify MA & Nurse champions (role specificity)
- Monitor quality metrics and adjust
- Monthly Res/Fac meeting discussion on progress | strategies

**PHASE 4: PATIENT OUTREACH**
- Identify mechanisms for “COVID” outreach via online patient portal “MyAurora” during pandemic to check on high risk patients | offer appointments (virtual, phone, F2F in clinic)
- Secured foundation funds to purchase home BP cuffs to give to uncontrolled BP patients per priorities
- In targeted age group, Returning Citizens project
- Patient doesn’t want to come to clinic, white coat HTN

### RESULTS

#### ALL CLINICS

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Control</th>
<th>Uncontrolled</th>
<th>Age Disparity Gap</th>
<th>Control</th>
<th>Uncontrolled</th>
<th>% Control</th>
<th>Age Disparity Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 18-49</td>
<td>206</td>
<td>89</td>
<td>69.8%</td>
<td>194</td>
<td>74</td>
<td>72.4%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Age 50+</td>
<td>951</td>
<td>229</td>
<td>80.6%</td>
<td>891</td>
<td>241</td>
<td>78.7%</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

### DISCUSSION

**KEY FINDINGS**
- Pandemic’s impact on patient & team’s engagement with its “starts”, “stops” and “pivots” make data interpretation difficult
- Initial success in decreasing age disparity, offset by increase
- Younger HTN patients more likely to have activated MyAurora portal

**LIMITATIONS**
- Fluctuation in number of HTN patients via system QI data cumulative data makes it difficult to tease out variables impacting scores
- Redeployment | resident rotations changes
- One clinic relocated from easily accessible outpatient building to more difficult hospital-based setting in Sept 2020

**PHASE 5: SUSTAINABILITY**
- Secured funding for home BP monitors & cuffs
- Successfully recruited medical student to the team (in medical school track on training for urban/underserved patients)