

# IMPROVING HYPERTENSION IN YOUNG AFRICAN AMERICANS IN A FAMILY MEDICINE CLINIC

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NI VIII Meeting #2 STORYBOARD

## INTRO: BACKGROUND & CONTEXT

### PROBLEM - Health Disparity<sup>1</sup>

- African Americans have the highest prevalence of HTN; 1/3 of which are between the ages of 18-44
  - Family Medicine physicians play a vital role in controlling and mitigating long term effects of HTN especially in underserved populations
  - In a Family Medicine Residency Clinic, in patients aged 18-50 there is a 22.3% disparity gap:
    - 63.9% African American patients HTN controlled
    - 86.2% non-African American patients HTN controlled
  - Effective interventions in this population include use of Home Blood Pressure Monitors (HBPM)
    - Number of studies limited | Results are mixed
1. Nye R. Is home blood pressure monitoring effective at reducing blood pressure in African American patients? A Clin-IQ. Under review JPCR&R

## METHODS: INTERVENTIONS/CHANGES

### PT EDUC FOR AFRICAN AMERICANS W HTN AGE 18-50

- Schedule patients for HTN-focused visit
- Increase understanding of HTN and HTN-related sequelae using available materials (AHA, AMA)
- Provide free HBPM to interested patients
- Demonstrate use of HBPM + LiveWell App for recording BP
- Continue normal care for uncontrolled HTN (meds, lifestyle)

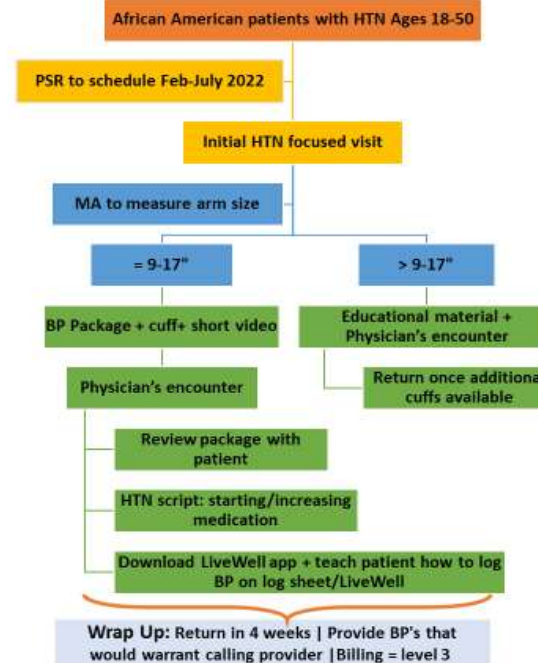
### CLINIC STAFF/PHYSICIAN EDUCATION

- Standard workflow, how to use HBPM & cuff
  - Resident Faculty Meeting
  - Morning Huddles
  - All Clinic Meeting

## METHODS: MEASURES/METRICS

- Aggregate data derived from system EHR
  - System quality metric for uncontrolled HTN
  - Clinical QI data for African American aged 18-50 in 1 of 2 FM Residency clinics (2<sup>nd</sup> clinic control)
- Patients
  - Frequency of recording HBP readings weekly in Live Well App
  - % of appointments completed (# complete / # schedule)
- Staff: Clinical Learning Environment Quick Survey<sup>2</sup>

2. Simpson D, et al. Preliminary Evidence Supporting a Novel 10-Item Clinical Learning Environ Quick Survey. JGME. 2021;13(4):553-60.



## BARRIERS – STRATEGIES

- CHALLENGE:** HBPM just 1 size Limits to “average” arm size
  - STRATEGY:** Seek to obtain additional sizes
- CHALLENGE:** Scheduling patients | repeat visits
  - STRATEGY:** Working with schedulers to be flexible with appointments, scripting schedulers with importance of visit for HTN, identify patient barriers
- CHALLENGE:** Use & |reporting of HBPM via LiveWell App
  - STRATEGY:** Standard MA scripts specific to each situation
  - Ask patient to demonstrate HBPM use while still in clinic

## MISSION/VISION STATEMENT

- Aurora:** To assure that our clinical learning environments are inclusive, respectful, & psychologically safe—a place where everyone feels they belong.

## QI Aim

- Aim:** is to reduce this 22.3% gap to 10%

## DISCUSSION

### CRITICAL NEXT STEPS

- Monitor workflow and adjust as needed
- Maintain clinician/patient engagement in HTN control: start/modify HTN medications

### AREAS SEEKING INPUT

- How to increase patient engagement in working to control their HTN
- Other strategies to have patients really understand seriousness & LT effects of HTN

## Group Feedback