IMPROVING HYPERTENSION IN YOUNG AFRICAN AMERICANS IN A FAMILY MEDICINE CLINIC

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INTRO: BACKGROUND & CONTEXT

PROBLEM - Health Disparity
- 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)

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 (2nd clinic control)
- Patients
  - Frequency of recording HBPM readings weekly in Live Well App
  - % of appointments completed (# complete / # schedule)
- Staff: Clinical Learning Environment Quick Survey

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

QI AIM
- AIM: is to reduce this 22.3% gap to 10%

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)

BARRIERS – STRATEGIES

1. CHALLENGE: HBMP just 1 size
   - Limits to “average” arm size
   - STRATEGY: Seek to obtain additional sizes

2. 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

3. 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

DISCUSSION

CRITICAL NEXT STEPS
1. Monitor workflow and adjust as needed
2. Maintain clinician/patient engagement in HTN control: start/modify HTN medications

AREAS SEEKING INPUT
1. How to increase patient engagement in working to control their HTN
2. Other strategies to have patients really understand seriousness & LT effects of HTN

Group Feedback