IMPROVING HTN YOUNG ADULTS WITHIN TWO FAMILY MEDICINE CLINICS
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INTRODUCTION: BACKGROUND & CONTEXT
- Hypertension (HTN) is a chronic disease impacting 1/3 of U.S. adults
- Primary care physicians typically are the 1st to identify and treat HTN
- Two family medicine residency clinics analysis of HTN patients:
  - Younger adult population (age 18-49) has high rates of uncontrolled HTN per system quality metrics (> race / gender)
  - Controlling HTN in younger patients has significant long-term health impacts
- Successful models for treating HTN use an interprofessional collaborative team approach including regular huddles

MISSION/VISION STATEMENT
VISION: To demonstrate GME’s leadership role in driving a culture of continuous learning - essential in a high reliability organization
MISSION: To improve care for our patients and the well-being of our clinical team members through implementation of system aligned QI projects within and across our GME programs/clinics/service units

AIM/PURPOSE/OBJECTIVES
- AURORA AIM: Apply tested interventions to facilitate a safer environment for patients and clinicians
- NI-7 PROJECT AIM: Reduce the discrepancy between our younger patients (age 18-49) vs our older patients (age > 50) who have controlled hypertension by 5%
  - Currently < 70% are controlled in age 18-49 vs 80% in age 50+
  - Ultimate Goal: Cut the disparity in half

METHODS: INTERVENTIONS/CHANGES
- PHASE 1: EDUCATION OF CLINICIANS AND CLINIC STAFF
  A. Baseline Survey of Physicians and Residents Revealed:
    - CLINICAL STAFF felt comfortable prescribing HTN medications for patients with an average age of 27 years according to current JNC 8 guidelines
    - CLINICAL INERTIA – Unlikely to prescribe HTN medications to younger adults (various reasons noted)
  B. Education
    - RESIDENTS EDUCATION: Didactic lectures on HTN and appropriate management (applicable to all ages with emphasis on young adults)
    - RES/FAC ANNUAL EDUCATION MEETING: Review data & strategies to improve HTN including Motivational Interviewing
    - CLINIC HUDDLES: Introduction and reiteration of hypertension goal and residency-wide initiative
- PHASE 2: PATIENT EDUCATION & WORKFLOW
  A. Created laminated BP card
  B. MAs circle BP risk on BP card
  C. Physicians or MA’s recheck BP
  D. Discuss JNC 8 management options
- PHASE 3: IMPLEMENT & SUSTAIN MOMENTUM
  A. Identify MA & Nurse champions
  B. Monitor quality metrics and adjust
  C. Monthly Res/Fac meeting discussion on progress

GROUP FEEDBACK

BARRIERS – STRATEGIES
- ACCESSING CONSISTENT DATA:
  - STRATEGY: Work with IT / EPIC to open Slicer/Dicer app to access data by age on consistent basis
  - STRATEGY: Work with Clinic Managers to optimize data reporting as system standards have changed during the project
- TRACKING: Multiple team members involved; difficult to track day-to-day implementation
  - STRATEGY: Explore use of EPIC “dot phrase” or “MyAurora”
  - STRATEGY: ↑ collaboration between Clinic Manager and other key professions (eg pharmacy, BP clinic)
- INCREASING INTERPROFESSIONAL TEAM INVOLVEMENT: Changing roles / expectations of other clinic professions vs their limited availability
  - STRATEGY: Create champions with each clinic to lead project initiatives, enhance identification, and disseminate concerns and solutions
  - STRATEGY: Orientation of roles (ie, role play various scenarios)

DISCUSSION: NEXT STEPS & AREAS SEEKING INPUT
- CRITICAL NEXT STEPS:
  - Collect and monitor data to determine if interventions are improving HTN control in younger adults
  - Move to Phase 3: Enhance patient and clinic members’ ownership
- AREAS SEEKING GUIDANCE/INPUT
  - Sustain participation – “inspire” & ↑ patients/team members’ involvement
  - Effective alternative for on-going communication (avoid “delete” key)
  - Utilization and value of HTN Educator in the clinics/system
  - Utilization of EHR Patient Portal (MyAurora) as intervention