Hypertension Guideline Adherence Within The Retail Health Setting

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Introduction & Background

- Pandemic exacerbated barriers hindering hypertension patient management
- American Heart Association (AHA) American College of Cardiology (ACC) guidelines demonstrate higher prevalence (45%) of identifying individuals at risk of hypertension
- 40% of providers adhere to current hypertension guidelines
  - Mostly occurred in providers outside of primary care

Undiagnosed Hypertension Patient

Primary Care	Ambulatory Care (Urgent Care or Retail Health)	Emergency Department
• Diagnosis and Follow up • Treatment • Medication Adherence	• Diagnosis and Follow Up • Treatment • Follow Up Adherence	• Diagnosis and Treatment • Follow Up Adherence

Purpose Statement & Project Aims

Purpose Statement

Enhance the identification of patients with undiagnosed or undertreated hypertension in regional retail clinics by increasing the provider's knowledge, chart documentation and follow-up according to current 2017 ACC/AHA hypertension guidelines.

Aim 1:

- Determine the effect of the virtual hypertension education program on provider knowledge through a 5-item survey.

Aim 2:

- Determine the effects of the hypertension education program on provider orders among patients in hypertension stage 1 or higher in accordance with current 2017 AHA/ACC hypertension guidelines.

Methods

- **Design:** Pre and Post Test Design (5-Item Survey)
- **Setting:** A retail health region in the Northeast
- **Sample**: 10 Family Nurse Practitioners
- **Timeframe:** 12-week period
- Retrospective data
  - All 60 regional providers documented hypertension diagnosis within the EMR system
  - One-month pre/post educational intervention

Intervention

Duration: 5 weeks, Biweekly virtual sessions

Session 1
- AHA/ACC Hypertension Guideline Criteria
- Hypertension Medication Initiation & Treatment
- ASCVD Usage
- Masked/White Coat Hypertension

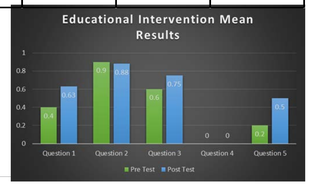
Session 2
- Patient Case Scenario
- EMR Hypertension Documentation

Results: Provider Knowledge

	Mean (Difference of Pre/Post Test)	Standard Deviation (SD)	Medium	IQR	p-value
Aim 1:Provider's Knowledge	0.75	1.8	1	2.5	0.301

❖ Statistical significance not met

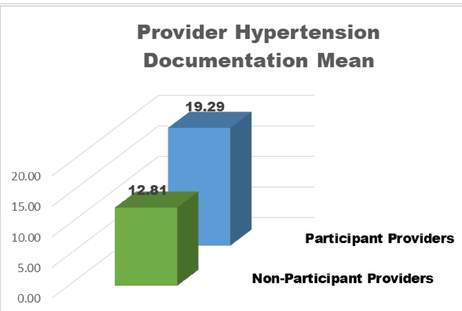
- Clinical Findings:
  - ❖ Notable improvement from pre-post test.
  - ❖ No change within white coat and masked hypertension



Results: Provider Documentation

Hypertension Documentation Within EMR	Mean	Standard Deviation (SD)	Median	IQR	p-value
Providers Who Participated in Eduational Intervention	19.83	23.9	9	19	0.07
Providers Who Did Not Participate in Eduational Intervention	12.8	21.82	2.5	14.25	

p-value > 0.05 statstical significance not met



Conclusion

- The need for provider hypertension guideline adherence within retail health setting can help identify those at risk of hypertension and manage those unable to access primary care.
- Findings within this quality improvement project noted the educational intervention benefit to providers' knowledge in hypertension guideline adherence and implore the need for future studies within this healthcare setting.

Limitations

- Future projects should encompass a larger, diverse sample size and have a longer implementation period
- Providers with administrative roles should not be included within the eligibility criteria for future studies
- Providers and staff should be included in future educational efforts to enhance interprofessional collaboration, hypertension guideline adherence and implementation

Sustainability

- Will be maintained by the regional leadership and quarterly virtual education sessions will be available to regional providers.
- Regional providers will receive quarterly percentages of their hypertension documentation through the audit and feedback method, and chart reviews.

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