Prevention for Positives:

Improving Blood Pressure Visits at the Moore Clinic

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1 Background

The Moore Clinic, the largest outpatient clinic of the Johns Hopkins Infectious Disease Division and HIV/AIDS Service, has approximately 20,000 annual visits and offers multidisciplinary, sub-specialty and primary care to people living with HIV and AIDS.

Hypertension is an important health concern for the Moore Clinic patients, especially as they age. Blood pressure (BP) control is also a HEDIS quality care measure for Priority Partners patients, which compromises 50-60% of the Moore Clinic. Despite this, the clinic lacked a protocol defining essential elements for communicating abnormal BP measures in clinic visits and guidelines to order and conduct BP Visits. The EMR was also under-utilized to support clinic staff and providers.

2 Objectives

- Survey patients, nurses (RNs), Certified Medical Assistants (CMAs), and providers about perceptions of and essential elements of BP Visits at Moore Clinic.
- Survey RNs, CMAs and providers on how best to triage and notify providers of abnormal blood pressure measurements incorporating best practices.
- Develop standardized Moore Clinic BP related procedures and protocols.
- Develop Moore Clinic clinical staff BP Competency Checklist.
- Create BP-specific documentation tools in the EMR.
- Train clinical staff and providers on new protocol and documentation tools. Provide updated education on BP control.

3 Methods

- Literature review of BP measurement best practices
- Develop surveys for patients, nurses, CMAs, and providers
- Analyze survey results
- Develop clinic protocols
- Develop EMR documentation tools
- Create education and training session for CMAs and nurses
- Provide update to clinical providers and synthesize multidisciplinary input

Funding Source:

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4 Results

Figure 1: How BP visits are ordered at Moore Clinic.

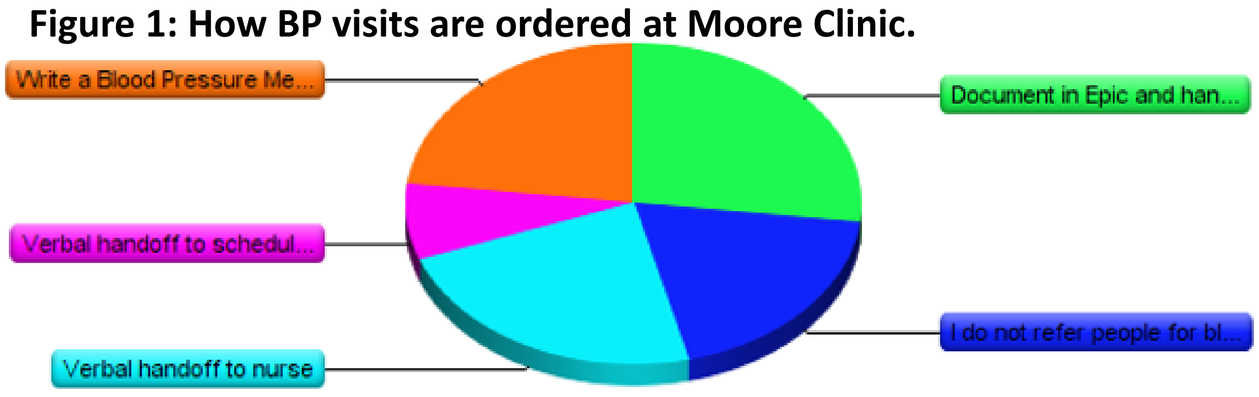


Figure 2: RN perceptions of essential elements in a BP visit.

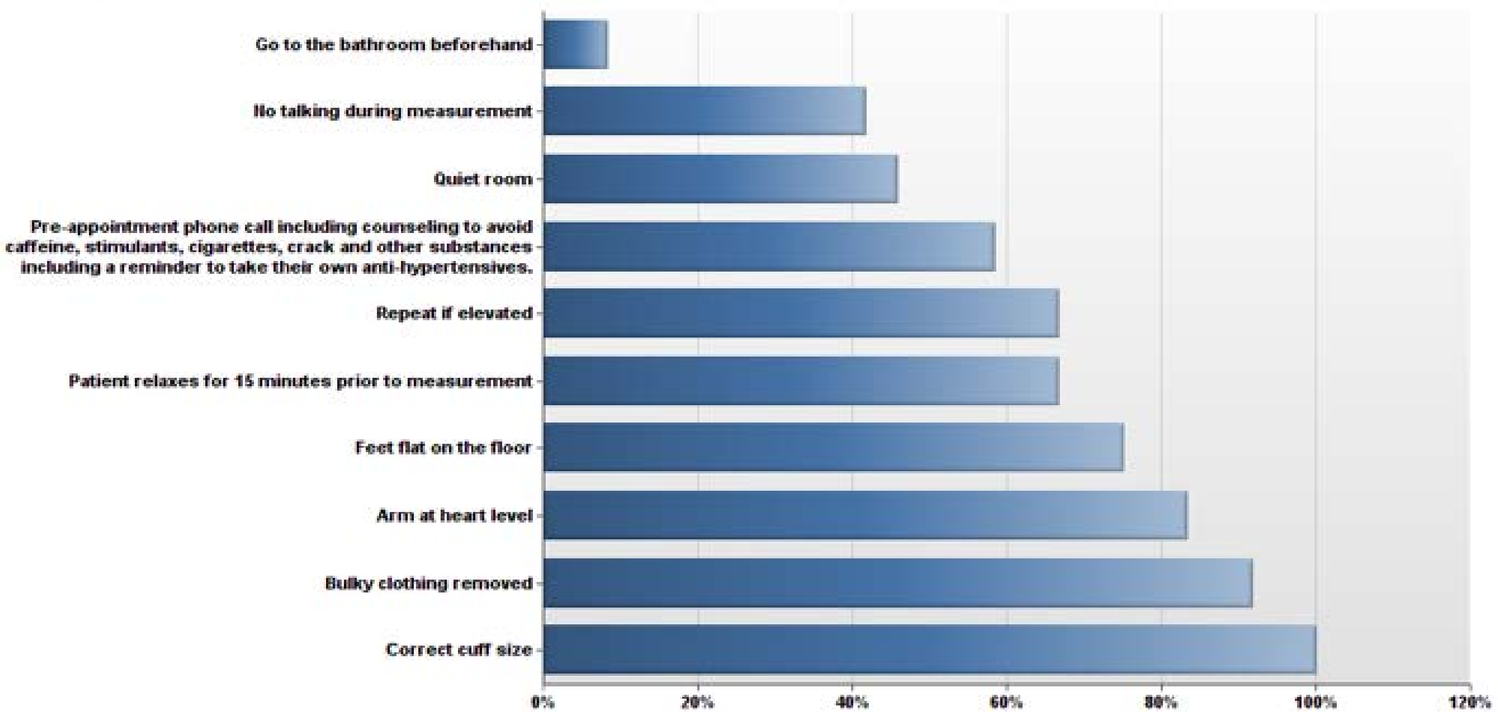
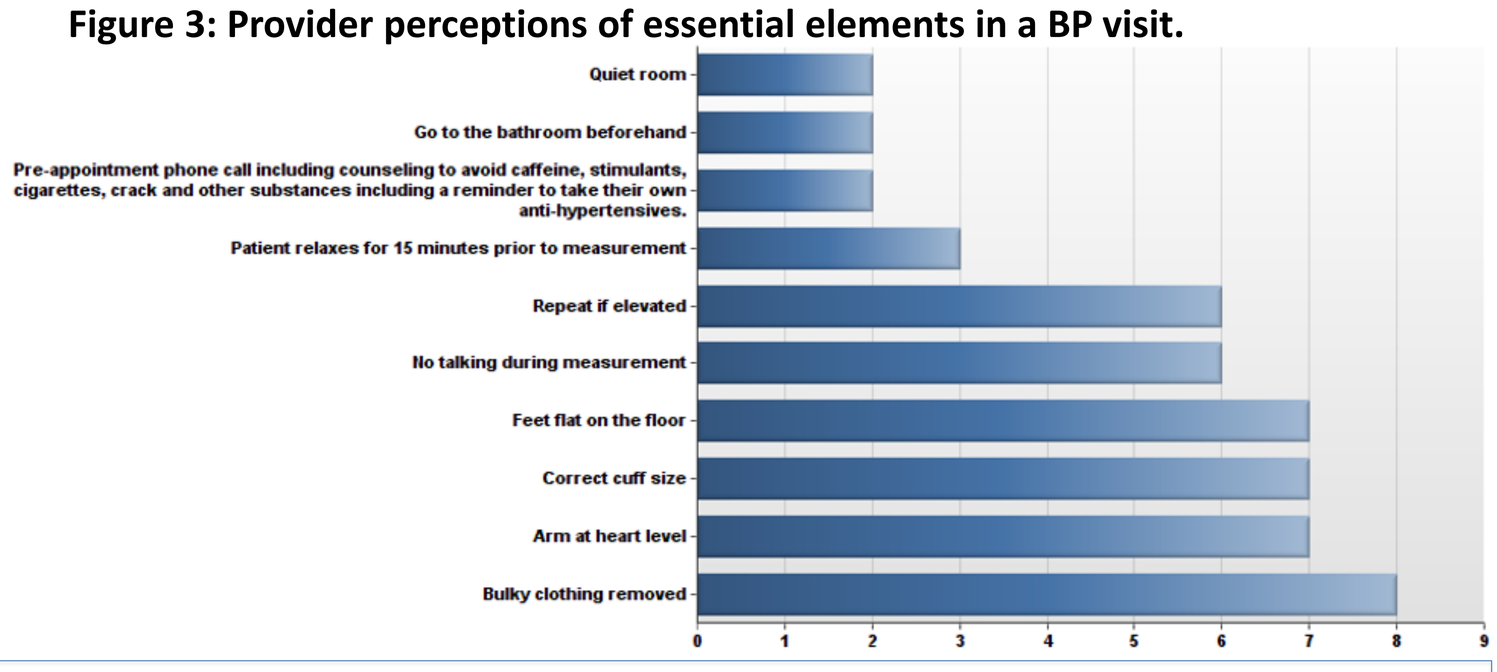


Figure 3: Provider perceptions of essential elements in a BP visit.



5 Conclusions

The provider survey identified several important insights into BP visits. BP visits led by clinic staff were ordered in several different ways, confirming staff anecdotes. Tracking of and next steps from BP visits were not transparent or consistent across providers. The EMR was also underutilized as a support and documentation tool.

Providers and RNs hold similar notions regarding the essential elements of a BP visit. A need to establish protocols for a standardized BP visit was clear. All staff agreed that with training and support CMAs could lead non-provider BP visits.

Patients demonstrate high medication adherence levels and multi-variate strategies to control their BP. No unique barriers exist to attending provider recommended BP visits conducted by clinical staff.

6 Future Directions

The finalized BP Visit Protocol and Visit Competency Checklist need to be incorporated into clinical practice at the Moore Clinic.

Provider buy-in to a standardized "order," hand-off to CMAs and task shifting from RNs to CMAs will be critical.

We suggest analyzing the effectiveness of the new protocol by comparing performance on the "Controlling High BP" HEDIS measurement and clinic process measures (e.g. length of visit, no-show rate, patient satisfaction, CMA satisfaction) before and after implementation.

If successful, this protocol could be expanded to all outpatient clinics within Johns Hopkins Hospital.

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