

Improving Patient Follow-up for HTN in the UIM clinic

Internal Medicine PGY-1, Dena Rhinehart MD, Chelsey Petz MD
 Department of Internal Medicine, Medical University of South Carolina

Background

Elevated blood pressure is a risk factor for cardiovascular disease including stroke and heart attack. National Clinical Practice Guidelines recommend following up with patients within 1 month of an elevated blood pressure reading (Class I recommendation) to discuss target blood pressure and ideal management.

Current Condition

In the MUSC Internal Medicine Resident Clinic, 1 month follow up occurs 27% of the time. This requires physician and patients to agree upon 1 month follow up, the physician to request 1 month follow up, openings to be available within 1 month, schedulers to make this appointment, and patients to attend the appointment.

Goal

We aim to improve the percentage of patients with elevated blood pressure readings (>130/>80) who follow up within 1 month by 10% by March 2023.

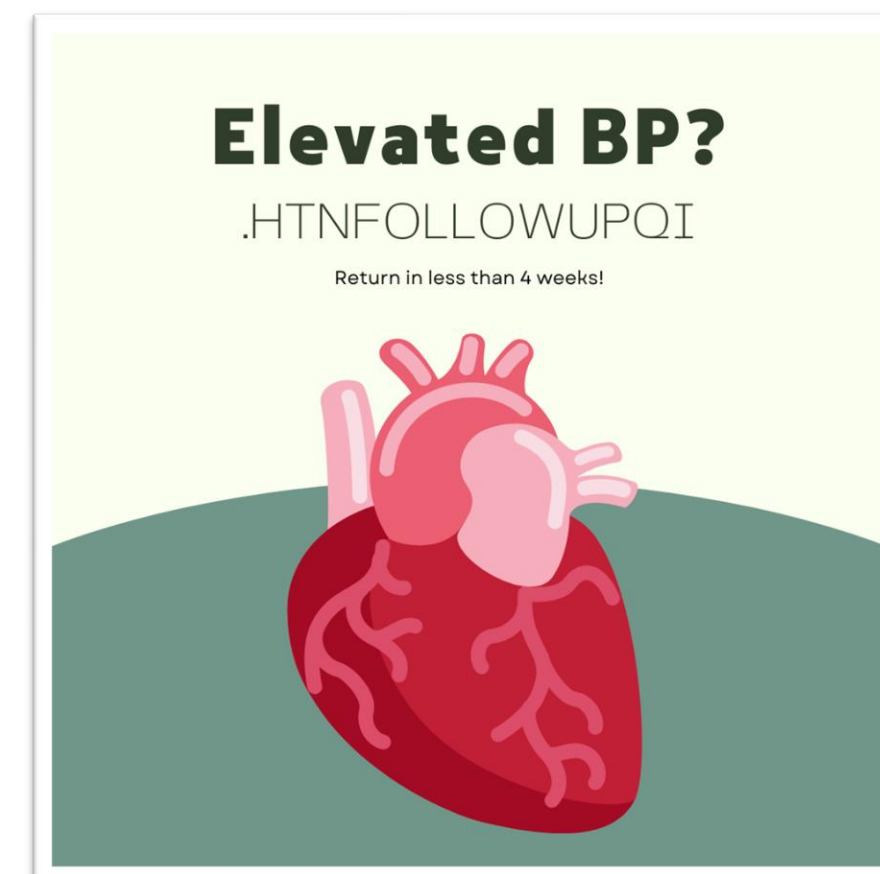
Problem Analysis

Problem: Why are patients not seen in 1 month?
 -Providers not requesting follow up
 -No patient openings in 1 month
 -Miscommunication with schedulers
 -Patient health values (asymptomatic condition)
 -Patient transport, finances (copayment, lost wages)

Target Conditions

Interventions:

1. Educate **physicians** on requesting sooner follow up visits for patients with elevated BP. Education provided through morning report announcements, email, and printed posters within UIM clinic.
2. Empower **physicians** that follow up visits for HTN can address HTN alone when clinically appropriate.
3. Request **registration staff** schedule patients with elevated BP (as designated by providers above) for follow up within 1 month. Accomplished through creation of epic smartphrase shared throughout residency program instructing schedulers to schedule patients within 1 month time frame.
4. Engage **patient** in shared decision making about blood pressure goals and follow up.



Evaluation

AMA Dashboard data was reviewed monthly. However, in December, we began to notice wide variation in the data (up to 20% change) each month. Thus, manual chart review was performed on a sample of resident patient panels to check for errors in data collection.

Reliance on the external AMA dashboard proved difficult for this project due to the structure of our clinic (multiple physicians seeing the same patient, physicians only in clinic every 3rd month) and manual review showed up to 40% of data was included in error on some resident panels (most commonly including patients never seen by the resident).

Between July 2022 and March 2023, the percentage of patients followed up within 1 month fluctuated between 25% and 43% according to the AMA dashboard. However, manual chart review estimates **39%** of patients were seen for 1 month follow up by the end of the project.

Evaluation of the interventions showed:

The smartphrase was used approximately 40% of the time to request follow up.

For patients whom the smartphrase was used to schedule follow up, nearly 100% of patients were scheduled in the requested timeframe.

Follow Up

What went well?

Communication with registration staff and physicians proved effective for increasing follow up scheduled; sense of empowerment among residents to address BP only when appropriate

What could be improved?

Less reliance on the AMA dashboard to provide data; increasing use of the smartphrase to communicate with schedulers since this was effective

What did we learn?

Focusing on problems that we can impact in our day to day and utilizing the available resources in our clinic

What would we do differently?

Either not rely on an external tool to collect data or perform manual chart reviews to confirm data each month so that we are not delayed in identifying interventions that are/are not working

Next steps?

Continue this project with bolstering use of the smartphrase, more frequent manual review of the data, and extension to measure therapeutic intensification and blood pressure change

PLAN

DO

STUDY

ACT