



# Health Hearts Healthy Homes Grant

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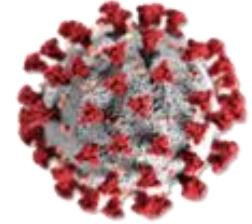


# Our Desired Future for TC3

By December 2021, RUHS will:

- ❖ **Return to baseline** performance of 74% for blood pressure control
- ❖ Achieve 95% performance rate for **blood pressure rechecking** and **BPA acknowledgement**
- ❖ Optimize patient Self Measured Blood Pressure **SMBP** workflow
  - Patient education / competency , and spread workflow to all community health care centers.
  - Performance monitoring of BP control
- ❖ Pilot **Bluetooth** enabled BP monitors and create interoperability within the EHR
  - Partner with IEHP
- ❖ Increase **remote monitoring** of blood pressure during virtual visits.

# Why It's Not Possible Now



- ❖ Pandemics make it difficult to do traditional process improvement
  - Focus on emergency operations
  - Patient self management challenges
  - Variations in clinic workflow
  - Remote BP monitoring is limited to patients who have IEHP coverage for home BP test kit.
- ❖ Bluetooth interoperability does not exist and build requires resources that are focused elsewhere.
- ❖ Desired Epic tools are not yet available
  - MyChart Care Companion for Hypertension management
  - HTN Registry



# Learnings that Will Inform Our Desired Future

## Bright Spots/Accomplishments:

- Continue to automate standardized workflow into EHR including virtual visit and SMBP documentation
- Learning from high performers
- Learning from data
- High Best Practice Alert adoption rate
- More active prescribing of BP kits for IEHP patients

## Activities We will Keep Doing Based on Learnings:

- Continue to engage front line staff and patients for input on workflow
- Promote staff recognition/quality awards for performance improvement
- Develop EHR tools to support patient self management of chronic illness – MyChart Care Companion for BP control
- WPHS - to look at other factors that may impact ability to control BP
- Empanelment/Continuity impact on BP control



# What Else is Possible?

- Patients more engaged in managing their own chronic illness/blood pressure
- Expand EHR tools for blood pressure management is a available tool for patients with HTN
- Linking of the WPHS and SDOH using REAL/SOGI data to identify areas of disparity that may impact HTN
- Greater engagement with health home teams and health coaches for care management and patient navigation
- Further expansion of virtual visits to include nurse visits for remote SMBP and patient education
- Spreading BP workflows in specialty care to refer back to primary care



# Benefits of Achieving Desired Future



## Standard care becomes outstanding care:

- High achievement of BP control across all primary clinic sites
- Patients will have better ownership and control over their own chronic disease management with SMBP.
- Care delivery becomes more collaborative and patient-centered.
  - Superior patient outcomes
  - Enhanced care team engagement and satisfaction
- Framework for care delivery will be value-added and progressive
  - EHR tools, optimum workflows and complete data.
- Disparities are minimized.



# Challenges if We Don't Move Forward with Solution

- Non-sustainable BP control
- Lack of standard workflow
- Lack of understanding regarding patient barriers to achieving BP goal
- Lack of focus on equity



# What We Need from Our Leaders to Make it Happen

- Administrative support for provider team recognition
  - Create dedicated time/forum to recognize providers– 2 hours quarterly.
  - Financial support to purchase awards/incentives.
  - 8 hours per quarter to coordinate provider recognition
- Staff support
  - Dedicated time (1 hour per month) to test new workflows and participate in trainings
- Operational buy-in to help monitor and implement standard workflow/competencies 30 minute per week to review Blood pressure workflow during clinic leadership huddle
- Data analyst support - to share reports consistently on provider/care team performance
  - 4 hours per week for data analysis and report development



**Thank you for your time!**