



*San Joaquin County Clinics •
Ambulatory Care Services*

HYPERTENSION MANAGEMENT

San Joaquin County Clinics

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OUR DESIRED FUTURE FOR PHASE/TC3

New Aim Statement and Focus Areas for Change



By **July 31, 2021**, our system will implement the 7 key changes of our new care model for all integrated primary care teams at 3 adult clinic sites in relation to hypertension management

- To return to pre-covid goals 65% entire patient population and 55% African American patients

By **March 31, 2022**, SJCC will improve the health of its hypertensive patients as evidenced by:

- Increasing % of patients with controlled hypertension from 61%(current) to 71%(projected future)
- Increasing % of African American patients with controlled hypertension from 47% (current) to 61%(projected future)



WHY IT'S NOT POSSIBLE NOW

- COVID barriers: Patients lack transportation services, unreliable communication devices, lack of financial means, and patients fears
- Staff reductions of 30%; reassignments, resignations, and relocations.
- The inability to monitor staff competencies



ACCOMPLISHMENTS AND ACTIVITIES



Bright Spots/Accomplishments	Activities We will Keep Doing Based on Learnings
Patient health improvements in decreasing their BP	Nurse lead SMBP programs
Heightened awareness from Quality awareness	Provider lead Hypertension clinics
Provider and Staff collaborative efforts for goal attainment through weekly meetings	Nurse lead clinic drive thru's or modified appts.
Patients more engaged and appreciated more support	Patient engagement on management and monitoring





WHAT ELSE IS POSSIBLE?

- Leveraging the EHR system that promotes ease of provider and staff workflow.
- Continuous and consistent staff engagement and education
- Continuing to expand the options for patient care





- Patient hypertension improvement to 70% within SJCC
- Patient and family quality of life improved
- Expanding outreach to improve health equity





CHALLENGES IF WE DON'T MOVE FORWARD WITH SOLUTION

- Our patients unimproved hypertension will ultimately effect their quality of life
- Impacts access to clinic
- More finance costs impacts patients, staff, and organization





WHAT WE NEED FROM OUR LEADERS TO MAKE IT HAPPEN

- Hiring dedicated staff (MA's and Nurses) allowing the organization to keep and expand SMBP programs, hypertension clinics, and drive thru clinics
- Providing providers and staff dedicated 1 hour every week unencumbered training
- Hire a hypertension educator that supports providers on further engagement of patient hypertension management



San Joaquin County Clinics – Ambulatory Quality

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