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

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