



# CARDI•OH

Ohio Cardiovascular Health Collaborative



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# Results from the Cardi-OH Needs Assessment Survey

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# Disclosures



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Siran Koroukian, PhD

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# Objective of the Cardi-OH Needs Assessment Survey



- To identify knowledge gaps in hypertension (HTN) management and social determinants of health (SDOH) among Cardi-OH's participants, and to tailor Cardi-OH's educational activities accordingly

# Methods

- Online survey
- Questions were developed by Cardi-OH team members
- Key topics included:
  - Familiarity with and use of HTN guidelines
  - Barriers to HTN management
  - Interest in participating in case-based learning topics focused on HTN and SDOH
  - Quality improvement experience and needs

# Results



- 98 individuals were invited to complete the survey
  - 36 of the 84 respondents were part of a clinical team providing direct care to patients
    - 31 physicians
    - 1 physician assistant
    - 1 registered nurse
    - 1 psychologist
    - 2 pharmacists
  - 27 practiced in primary care settings

# Data about HTN management



<b>Familiarity with 2017 ACC/AHA guidelines</b>	Extremely or very familiar: ~70% Moderately familiar: 20%
<b>Ability to achieve recommended BP targets (140/90 or 130/80)</b>	> 75% of the time: 20% 50-75% of the time: 60%
<b>Outreach to patients for follow-up care</b>	< 25% of the time: 70%
<b>Using HTN treatment algorithm</b>	No: 70% Don't know: 20%

What are the major obstacles that you face in establishing home or ambulatory BP monitoring for patients with elevated BP, especially in the Medicaid population?



<b>Unable to determine easily where the home BP monitor should be sent</b>	63.9%
<b>Unclear is home BP monitor is covered for Medicaid patients</b>	44.4%
<b>Insufficient time and resources to teach patients how to take accurate blood home BP readings</b>	33.3%
<b>No time or system in place to review home BP readings with patients</b>	22.2%
<b>I am not involved in ordering home BP monitors</b>	11.1%
<b>Other</b>	5.6%

*Answers are not mutually exclusive*



# How interested are you in participating in a case-based learning program focused on...



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<b>Top 5 Topics of Interest (ordered by level of interest)</b>	<b>Extremely, Very, or Moderately Interested</b>
<b>Social determinants of health and HTN</b>	94%
<b>Team-based approach to HTN management</b>	94%
<b>Treatment of special populations (very elderly, chronic kidney disease, minorities, etc.)</b>	94%
<b>Medication adherence strategies</b>	91%
<b>Shared decision making in HTN management</b>	88%
<b>Complementary and alternative medicine (use and drug-drug interactions in HTN)</b>	86%
<b>Digital technology to manage HTN</b>	85%
<b>Practical tips in lifestyle management for BP control in low-income HTN patients</b>	77%
<b>Updates in HTN management and SDOH</b>	70%
<b>Acute presentation of HTN (HTN and syncope, hypertensive urgency)</b>	62%

*Answers are not mutually exclusive*

# Social Determinants of Health (SDOH)



<b>Importance of screening for SDOH</b>	<b>Extremely or very important: ~90%</b>
<b>Confidence that practice can address SDOH</b>	<b>Moderately or slightly confident: ~70%</b>

*Answers are not mutually exclusive*

# Medicaid Managed Care Plans could better assist my patients with the following...



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<b>Transportation</b>	80.6%
<b>Patient navigation of the health system</b>	75.0%
<b>Prescription coverage</b>	63.9%
<b>Health education resources</b>	50.0%
<b>Child care</b>	36.1%
<b>Other</b>	8.3%

*Answers are not mutually exclusive*

# Involvement in Quality Improvement (QI) initiatives (60% of respondents):



<b>Tools/Models:</b>	
Plan-Do-Study-Act	81%
Performance Benchmarking	52%
Process Mapping	43%
Six Sigma	29%
Lean	24%
Developing Change Ideas	24%
Model for Improvement	14%

*Answers are not mutually exclusive*

# Summary

## ***Most providers:***

1. Were highly interested in case-based learning topics
2. Were familiar with the ACC/AHA HTN guidelines
3. Identified barriers to obtaining home BP monitors
4. Felt it was important to screen for SDOH
5. Had knowledge gaps around specific QI tools

## ***Few providers:***

1. Felt they were meeting BP targets >75% of the time
2. Used treatment algorithms in their practice
3. Practiced in settings that conducted outreach to patients with elevated BP
4. Felt confident in their ability to address SDOH

# Implications



These results support several of the Cardi-OH initiatives:

- 1) Project ECHO series providing case-based learning on HTN management and SDOH
- 2) Sharing of evidence-based resources and promising practices related to HTN management and SDOH (web, webinar, in person conferences)
- 3) Education on specific QI tools such as process mapping and developing change ideas
- 4) Partnering with others to address barriers in HTN management

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