

# Team's low-tech approach addresses persistent problem



*Figure 1 From left to right: Elizabeth Belson, MD; Beth Van, RN; Rachel Stulock, RPh, PharmD; and Fred Jorgensen, MD.*

The Family Medicine program at Fairview Hospital had a problem. Its hypertension control was stuck at 70.6 percent, nearly 10 percent lower than the desired goal. The program had made several unsuccessful attempts to improve its HTN control. Then the team decided to turn the problem into a quality improvement (QI) project, with the goal of achieving HTN control in 80 percent of its patients (as measured by ACO metric #28) by June 30, 2017.

In the end, it was a stack of orange cards that helped them move the needle.

The QI project began in October 2015, using a Plan, Do, Study, Act (PDSA) approach. The first PDSA cycle resulted in barely discernible improvement. The second cycle, initiated in February 2016, resulted in a decrease. In May 2016, the team initiated the third cycle, and HTN control improved to 75.4 percent.

“We’re excited about the improvement and look forward to reaching our ultimate goal of 80 percent control,” says third-year resident Elizabeth Belson, MD, who is leading the QI team.

(Residents need to be involved in a QI project at some point during their clinical training.) The team also includes Clinical Pharmacy Specialist Rachel Stulock, RPh, PharmD, and Beth Van, RN. Fred Jorgensen, MD, oversees the team.

For the third PDSA cycle, the team devised orange cards pre-printed with a series of checkboxes for physicians to use during patient encounters:

- Follow up with doctor
- Follow up with pharmacy in two or four weeks
- No change and why

The cards are bright orange so they stand out, and they’re intentionally not digital so they don’t get overlooked in Epic, where there’s already so much information, explains Dr. Belson. Once the cards are filled out, they are reviewed by Ms. Stulock who helps get patients back into clinic for follow-up visits, and Ms. Van places reminder phone calls to patients.

The team also instituted guidelines for their patients. For example, to get a hypertension medicine refill, patients need to visit their physician at least once a year. If their hypertension is poorly controlled or very high, they must come in for a visit sooner.

Using the PDSA approach helped the team make small changes and then evaluate how the changes played out. “PDSA is

also easy to do in multidisciplinary teams because everyone contributes their perspectives to the larger goal,” says Dr. Belson.

Hypertension is a significant health issue for many people. According to the Centers for Disease Control and Prevention, seven out of 10 Americans who are 65 and older have hypertension, and almost half of that group don’t have their condition under control.

Dr. Belson, who graduates in June, plans to earn an MPH with a focus on global health. Her dream job? One that offers a mix of direct patient care, global health, health policy, quality improvement and improving healthcare access in developing countries, particularly Central America.