





Albany Medical Center Approaches Hypertension Initiative with Community Partnership

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A community partnership approach to hypertension

Albany Medical Center's Health Equity Quality Improvement Team (QIT) forged a relationship with a local nonprofit organization, Chasing Health Inc.,



to improve hypertension treatment for patients with repeated ED visits.

Hypertension impacts almost all our subspecialties.

We previously launched initiatives to address HTN in our physician practice.

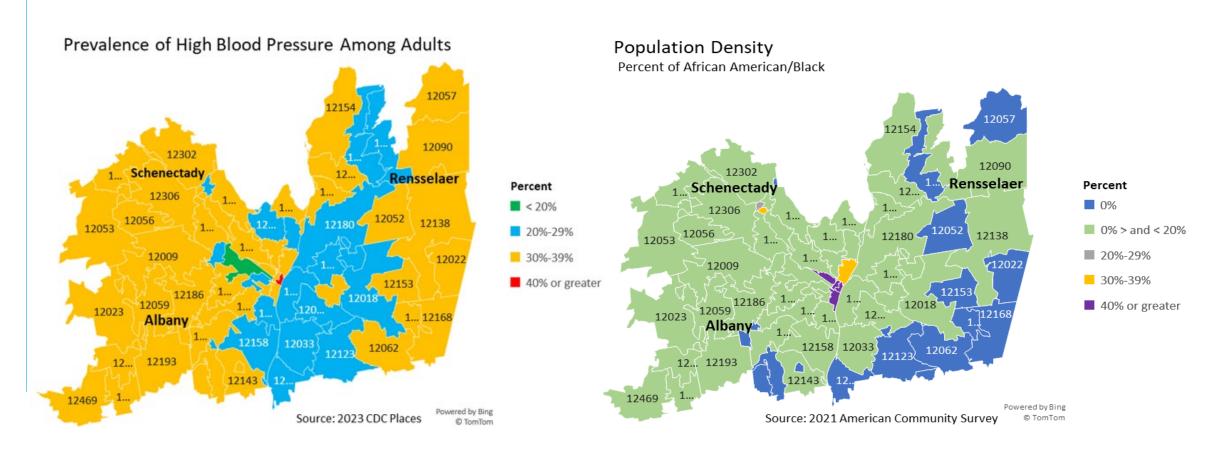
Currently unable to capture accurate "lost to follow up rate" data from ED visits.





Why this project

In our community, a disproportionate number of Black patients are impacted by hypertension, and these patients are more frequently seen in our ED for repeated visits.



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How we chose our community partners

Chasing Health, Inc. provides services that reduce avoidable hospitalizations and ED visits, in partnership with primary care providers, clinics and hospitals.

Blood pressure screenings

Chronic disease education (HTN, CVD, diabetes, stroke, brain health, and kidney disease)

Identify and address cultural sensitivity and SDoH concerns, make referrals to our service care partners

One-on-one health coaching

Preventive care services (blood pressure screenings, diet, tobacco and alcohol counseling) Educate and encourage clients to get vaccinations (flu, covid, pneumococcal) and screenings (mammogram, colorectal cancer)

Educate clients who do not understand their disease process, medication regimen or side effects

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Success stories

"How is it that I have learned so much more from you in a few minutes than I have learned from my primary doctor?"

This is what my patient told me after my first consultation with him. I explained that is why we are here – to provide answers and support to people like him, so that they can be drivers of their own care.

I checked on him the following week and his blood pressure was improved to 150/87.

Dr. Tina Omorogbe, Founder of Chasing Health

- 30,285 emergency department visits in the past 12 months with "hypertension" as coded diagnosis on chart.
- 6,802 patients (22%) identified as Black/African American.
- 4,975 were NOT admitted after being seen.
- 2,615 had more than 4 visits with hypertension as a coded diagnosis in the past 12 months.
- Gross majority of patients were seen for a chief complaint other than hypertension.





Challenges

- Lack of representation among providers serving a diverse population.
- Difficulty initiating treatment plans from the Emergency Department without a guaranteed follow-up plan to monitor effects of treatment.
- Lack of resources to address key drivers of inadequate blood pressure control, including patient health literacy and insurance status.
- Clean data collection with current analytics (the move to Epic will help).
- No current single referral system for patients in the Emergency Department and post-discharge.

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What's next?

- Establish a referral process between the emergency department and Chasing Health.
- Connect Chasing Health to the American
 Heart Association for expansion of resources
 (supplies and knowledge).
- Follow up with patients, weeks or months after the original consultation to monitor sustained blood pressure control.
- Measure the impact of our interventions by monitoring longer-term blood pressure control rates and patients' ability to follow up with a PCP or cardiologist.





Questions?

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