

**Abstract Form**

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<b>Project Title:</b>	Increasing Empanelment of Hypertensive Urgent Care Patients

**Research Category (please check one):**

<input type="checkbox"/>	<b>Original Research</b>	<input type="checkbox"/>	<b>Clinical Vignette</b>	<input checked="" type="checkbox"/>	<b>Quality Improvement</b>	<input type="checkbox"/>	<b>Medical Education Innovation</b>
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**Abstract**

**Introduction**

Hypertension is one of the primary drivers of cardiovascular disease in the USA. According to 2016 CDC data, 75 million US adults have hypertension, of which 35 million are uncontrolled, leading to increased risks of hospitalizations and costs of hospitalizations due to cardiovascular events. At Olive View-UCLA Medical Center, 26% of patients seen in urgent care clinic have hypertension (BP >140/90), of whom 60% are empaneled to a Department of Health Services (DHS) primary care provider. This quality improvement project aimed to improve access to primary care services among patients with hypertension to decrease preventable hospitalizations and improve cardiovascular outcomes for hypertensive patients.

**Aim**

This quality improvement project was performed 2020-2021 with the following aim statement: "Among patients presenting to Olive View-UCLA Urgent Care Clinic with blood pressure >140/100 unlikely due to pain, we hope to increase the proportion of patients who are empaneled with a primary care doctor by 20% by January 2022."

**Intervention**

Utilizing a multidisciplinary team of urgent care providers under the change concepts of "Improve Work Flow" and "Error Proofing," we implemented several interventions. The first intervention used posted placards in physician workrooms which described the steps to empanel patients with primary care physicians. The second intervention integrated with the electronic health record (EHR) to streamline workflow by providing triage nurses with short pre-written phrases noting the patient's hypertension and prompting physicians to consider empanelment with primary care.

**Data Collection and Analysis**

Data was collected by a team of resident physicians using both automated and manual review of the EHR. An automated workflow identified all patients with hypertension >140/90 whose chief complaint was unrelated to pain. These patients were manually reviewed 1-2 months after their urgent care visit to determine appropriate empanelment. Data for balance and process measures were collected via EHR review.

**Results**

Prior to intervention, 10% of eligible patients were subsequently established with a primary care physician. After intervention, 12.5% of eligible patients were established with a primary care physician. No significant change was seen during the interventions. Process measures demonstrated that only 5% of eligible patients were receiving the intervention as planned. The balancing measure, clinic cycle time, was unaffected.

**Discussion**

Above is described a largely unsuccessful attempt to improve primary care empanelment among hypertensive patients seen in urgent care. Review of process measures demonstrated poor uptake of our intervention at the triage MA level, highlighting the need for improved communication with clinic staff and establishment of an interdisciplinary team of stakeholders prior to implementing any intervention. Other limitations to this project included workflow changes caused by the COVID-19 pandemic, clinic moves, and primary care availability in the setting of changes to California Medicaid eligibility. Future efforts will focus on creating a core team including physician, nursing, and staff colleagues to streamline interventions that are feasible and effective for the interdisciplinary unit.