

Introduction

Facility HTN Controlled (BP <140/90mmhg) = 49% (6/2014), HTN Goal = 75% or higher

Lack of knowledge on hypertension was noted to be a major barrier to long-term blood pressure control. Assessment of the patient's basic knowledge on hypertension and lifestyle management aids tailoring hypertension education according to the needs of the patients and the practice.

Challenges to HTN education:

- Busy practice, time constraints
- Lack of HTN protocol
- Limited resources
- Electronic Health Record/IT support
- CMS Quality Initiatives (BP Control) with financial incentives /sanctions
- Patient case mix

Purpose

To integrate and evaluate the Hypertension Evaluation and Lifestyle Management (HELM) questionnaire in primary care practice as a tool to tailor hypertension education.

The HELM Questionnaire

14 items across three domains: general hypertension knowledge, lifestyle and medication management, measurement and treatment goals. HELM provides a valid measure of the knowledge required for patients to take an active role in the chronic disease management of hypertension (Schapira et al, 2013).

Methods

Setting: A rural primary care clinic in the Southeastern U.S.

Participants: Thirty patients were recruited throughout the project, 5 in the initial phase and 25 in the second phase.

Procedure:

Preliminary processes -EMR integration of the HELM questionnaire, and staff education.

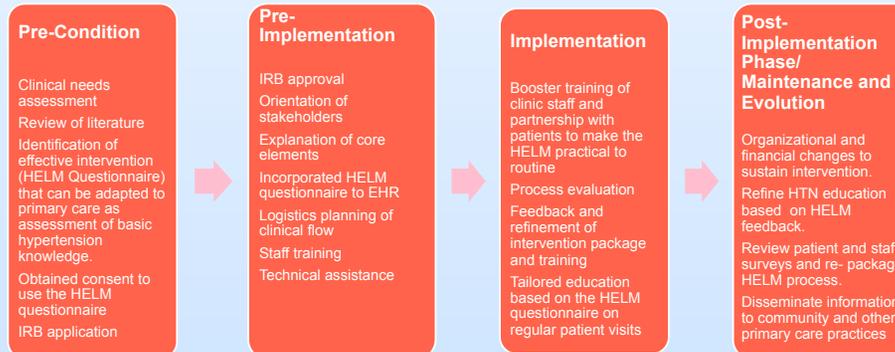
Intervention - participants completed the HELM, received targeted hypertension education, and evaluated satisfaction with the HELM and the education process.

Outcomes Criteria



Implementation Framework

The Replicating Effective Programs (REP) framework for healthcare interventions process (Kilbourne, 2007). This provides a critical link in bridging research and practice, namely packaging interventions (HELM) so that they can be easily implemented in primary care.



Results

CRITERIA	CLINICAL QUESTIONS	RESULTS
ADAPTABILITY	1. Was the HELM questionnaire easy to understand?	Yes
	2. How long did it take to incorporate the HELM questionnaire in the current EHR?	90% in 15 min or less
	3. Can patients and staff complete the HELM in a routine visit?	Yes
UTILITY	1. Did the HELM questionnaire evaluate HTN knowledge?	30/30, 28/30 increased knowledge
	2. Did it provide a substantial results for providers to target patient education on hypertension?	Yes
	3. Did the staff and patients find it useful and practical?	Yes
FEASIBILITY	1. What is the overall cost of the project?	<\$500.00
	2. Can the HELM questionnaire and patient education be incorporated in current workflow?	Yes
	3. Did the HELM questionnaire reflect organizational goals of improved education in Hypertension management?	Yes

Discussion

Findings supported that it was feasible to integrate an innovative strategy like the hypertension knowledge questionnaire to facilitate targeted education in primary care based on the needs of the patients and the organization.

Conclusion

Implementation of the HELM Questionnaire as a tool to assess HTN knowledge and structure HTN education can be done in other settings with an in-depth analysis of:

- Organizational structure
- Resources
- Patient flow
- Stakeholder readiness
- Clinical quality goals

References

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