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Hypertension Management Initiative: Qualitative Results From Implementing Clinical Practice Guidelines in Primary Care Through a Facilitated Practice Program

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ABSTRACT

The goal of the Hypertension Management Initiative (HMI) is to improve the management and control of hypertension by both primary care providers and patients. The HMI was in effect in 11 primary care sites across the province of Ontario, Canada. This was a qualitative study. Focus groups and a lobby survey were completed with a total of 199 of the 3934 patients enrolled in the study. Interviews with 41 participating health care providers from all sites were performed. A qualitative description approach was used to give a rich description of each informant's experiences. Patients expressed motivation and engagement in their own health care and became more knowledgeable about hypertension and how to manage it with their health care providers. Most reported satisfaction with the discipline of regular appointments and ongoing monitoring and counseling of the program including identifying and working on goals for their modifiable risk factors. Their health care providers felt the HMI program had a positive impact on the treatment and management of hypertension and also that it improved the functioning of the interprofessional team. The HMI helped to improve patient self-empowerment and self-management and also improved physicians' and nurses' confidence in diagnosing accurately and in hypertension management. Physician buy-in is key to maintaining clinical hypertension management. Interprofessional

Despite recent improvements in cardiovascular mortality, in part due to better blood pressure control, over one-third of people with hypertension remain uncontrolled.¹ Clinical practice guidelines allow all the members of the interprofessional team to work toward common goals. The role of interprofessional education in leading to provider and patient behaviour

RÉSUMÉ

Le but de l'*Hypertension Management Initiative* (HMI c.à.d. l'initiative de gestion de l'hypertension) est d'améliorer la prise en charge et la maîtrise de l'hypertension par les dispensateurs de soins primaires et les patients. La HMI se retrouvait en effet dans 11 sites de soins primaires à travers la province de l'Ontario, au Canada. Il s'agissait d'une étude qualitative. Les groupes de discussion et une enquête lobby ont été tenus par un total de 199 patients sur 3934 inscrits à l'étude. Des entrevues de 41 dispensateurs de soins participants de tous les sites ont été réalisées. Une approche qualitative a été utilisée pour offrir une riche description de chacune des expériences des répondants. Les patients ont exprimé leur motivation et leur engagement dans leurs soins de santé, et ont acquis plus de connaissances sur l'hypertension et sur la manière de la prendre en charge à l'aide des dispensateurs de soins de santé. La plupart ont exprimé leur satisfaction par l'assiduité aux rendez-vous, et la consultation et le suivi constants du programme, dont l'identification et le travail sur leurs facteurs de risque modifiables. Leurs dispensateurs de soins ont trouvé que le programme de la HMI avait un effet positif sur le traitement et la prise en charge de l'hypertension et qu'il améliorerait également le fonctionnement de l'équipe interprofessionnelle. La HMI a aidé les patients à améliorer l'autonomisation et la prise en charge

changes in chronic disease management would seem almost self-evident,² yet there is still a paucity of data on its effectiveness.³

Qualitative methods are appropriate for understanding the how and why questions about achieving blood pressure control. This report on the qualitative component of the Hypertension Management Initiative (HMI) research study was designed to provide rich insights into participants' views and beliefs about their experience in the study. (See [Supplemental Introduction S1.](#))

Methods

The HMI was a 3-year effectiveness initiative at 11 sites (10 family health teams and 1 community health centre).⁴

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See page 634 for disclosure information.

collaboration was improved for physicians and nurses but less so for pharmacists. Greater confidence among the nurses to manage hypertension more independently reduced demands on physician time.

Participating patients provided written consent. The main objectives of the HMI were to improve provider practices and the management of essential hypertension and patient-provider interactions, as well as patient self-management of hypertension, with the primary outcome being a sustainable reduction in patients' blood pressure (BP). This intervention was designed to achieve these objectives by incorporating interprofessional education, practice support and facilitation, an evidence-informed tool kit for health care providers, and self-management resources for patients in participating primary care practice teams. Each site was provided with automated office BP monitors (BpTRU monitors) and appropriate training of staff on their use. Patients who were unable to afford a home BP monitor were provided with home BP monitors.

The qualitative research component of the study was conducted to explore participating patients' feelings about the program and their perceptions about changes in their knowledge and behaviours in their hypertension management. Health care providers were asked about their attitudes, their current practices in management of hypertension, and their perceptions about interprofessional collaboration and care with respect to the HMI program.

A purposive sampling strategy was used to obtain the perspectives of a broad range of individuals. A qualitative description approach was used in order to give a rich description of informants' experiences.⁵ Two patient focus groups, with 8 to 10 participants per group, were conducted across each of the 11 participating sites.

The research team conducting the patient focus groups was from Research Strategy Group and consisted of 3 members: 2 discussion facilitators and a recorder. A semi-structured focus group guide was used to facilitate the discussion, and participants were encouraged to share meaningful experiences and to reflect on and respond to the comments made by others. The objective was to elucidate common issues and themes about the HMI program that are truly reflective of the opinions and preferences held by the participants.

Surveys of the participating health care providers were done to understand the effectiveness of the programs and tools. At the end of study, 111 interviews were conducted via a mail methodology with each of the 3 health provider segments (28 physicians, 46 nurses or nurse practitioners, and 37 pharmacists). In all, 216 providers were sent the survey, and the response rate was 51% (37% among pharmacists, 54% among physicians, and 82% among nurses).

In addition, 41 one-on-one interviews with health care providers were conducted across all sites. The interviewees

autonome, et à améliorer la confiance des médecins et des infirmières à faire un diagnostic approprié et à prendre en charge l'hypertension. L'appui du médecin est la clé pour maintenir la prise en charge clinique de l'hypertension. La collaboration interprofessionnelle des médecins et des infirmières a été améliorée, mais l'a été dans une moindre mesure pour les pharmaciens. Le fait que les infirmières ont acquis une plus grande confiance pour prendre en charge l'hypertension a réduit d'une manière plus indépendante les demandes faites sur le temps du médecin.

included 10 physicians, 15 registered nurses, 7 nurse practitioners, and 9 pharmacists. The main purpose of the one-on-one exploratory interviews was to supplement and provide context to findings from the quantitative phase of the research program. (See [Supplemental Methods S2](#) and original methodology paper.) A breakdown on those participating in the interviews is found in [Table 1](#).

Results

Patient feedback, relationship with providers

Many patients said they were initially frightened and concerned by the diagnosis of hypertension and worried about how it might affect their quality of life. Most people reported that they did nothing or very little to control their BP prior to joining the HMI program. However, once they were in the program, people felt more supported, empowered, knowledgeable, and generally more confident in managing their condition.

Most patients reported seeing their health care provider more frequently, every 3 to 4 months, during the program, while some who had achieved control were now seeing their health care provider twice a year. At the visits, most said that in addition to having their BP and waist measurement taken, a discussion about medication adherence and lifestyle changes was also taking place. However, a few patients thought that they were needlessly repeating BP measurements that always had the same results.

Patients identified 3 things as the best aspects of the program: caring approach of the staff, good advice and support for lifestyle change, and ongoing monitoring of their BP both at home and at the clinic.

Impact on knowledge and behaviour

The majority of participants generally felt that the program provided them with the motivation to continue to manage their condition on their own.

Nonetheless, most patients reported a preference for the discipline of regular appointments and ongoing monitoring and counseling to help them to maintain these changes.

Table 1. Hypertension Management Initiative health care professionals participating in interviews

	Physicians	Nurses	Pharmacists
Mean age, years	49	45	48
Women, %	36	98	49

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