



Improvements in the Care of Hypertension and Cardiac Conditions

CARLA ALLEN, MSN, CENP, RNC-OB, C-EFM

Formerly with Wellstar MCG
Heart & Cardiovascular Services
Administrator
Augusta, GA

Objectives & Disclosures

Objectives:

- ❖ Review practices implemented to improve care of hypertensive patients at Wellstar MCG Health (formerly Augusta University Medical Center)
- ❖ Discuss interdisciplinary collaboration between cardiology, obstetrics, emergency medicine and virtual care at home
- ❖ Share program growth metrics and improvements through interdisciplinary partnerships
- ❖ Share barriers and lessons learned from implementing hypertension and cardiac conditions in obstetric bundles

Conflicts/Disclosures:

- ❖ No conflicts to disclose.
- ❖ Carla Allen is no longer an active employee of Wellstar MCG Health.

Wins through the OBED

- ❖ Implemented July 2018
- ❖ Expansion of OBED services in January 2021 to include patients from 14 wks of pregnancy rather than 20 weeks.
- ❖ 6 weeks postpartum allows us to care for women & have better recognition of maternal complications specifically related to blood pressure
- ❖ Utilized the community physician liaison to market services to local providers to ensure availability to women within our region who did not deliver with us so they could access our comprehensive care model.
- ❖ 2185 patients seen to date



Program Development

- **OB & Cardiology Attending met to discuss plan for identification initially of postpartum women for echo & follow up with preeclampsia diagnosis.**
- **Cardiology Practice Site opened once monthly clinic on Fridays for half-day sessions in July 2021**



Cardio-Obstetric Overview



Gyanendra Sharma, MD
Cardiology
Program Co-Director



Chadburn Ray, MD
Obstetrics and Gynecology
Program Co-Director



Monique Bethel, MD
Cardiology



Padmashree Woodham, MD
Maternal-Fetal Medicine



James Maher, MD
Maternal-Fetal Medicine



Meredith Saxon, NP, MBA
Lead Cardiology Advanced
Practice Provider



Toscha Charles, RN, MSN
Cardio-Obstetrics
Nurse Navigator

- ❖ Implemented in July 2021
- ❖ Partnership with Dr. Sharma in Cardiology for outpatient follow up for pregnant & postpartum patients
- ❖ Office visits available weekly with good follow up to obstetric providers for all patients referred for consult
- ❖ Slow uptake of referrals in the post partum period to the service for all patients with a diagnosis of pre-eclampsia
- ❖ Need development of formalized assessment tool to ensure all appropriate patients are referred for treatment.

Evolution of the Program

FY22

- ❖ Program starts with 1 ½ day clinic
- ❖ Dr. Ray introduces program at Perinatal Quality for inpatient knowledge & referral
- ❖ Dr. Ray presents to faculty & residents aGrand Rounds for education on this new program offering.

FY23

- ❖ DPH Grant Award for Cardio-Obstetric program development
- ❖ Formal commitment to GaPQC to participate in the program
- ❖ First formalized Cardio-OB team meeting
- ❖ Clinics expanded from monthly to weekly
- ❖ Toscha Charles begins as Cardio-OB Nurse Navigator
 - Attends Inpatient Rounds to risk stratify patients
 - Rounds on patients in the inpatient setting
 - Follow up calls to outpatients for education & reminders
 - Begins networking with other providers
 - Develops standardized referral program
- ❖ Additional of Dr. Bethel & Meredith Saxon, NP to team
- ❖ Utilization of Virtual Care at Home program
- ❖ Partnership with Dr. Marlo Vernon & Population Health
 - VidaRPM program begins
 - Addition of Dietician & Patient Educator

FY24

- ❖ Echo appointments now with obstetric slots in templates to accommodate patients on the same day as their Cardio-OB office visit
- ❖ Telehealth Expansion as well as VidaRPM service expansion
- ❖ Food as Medicine Program Start Up
- ❖ New Population Health/Cardio-OB Nurse Educator joining the team on 9/10/2023
- ❖ Utilization of Mobile Care Van to provide local care to patients
- ❖ Regional Outreach to all OB providers as well as family medicine practices for referrals
- ❖ Outreach education for emergency departments at non-delivering hospitals through Rural Emergency Medicine Program & Maternal Outreach

Cardio Obstetrics Program Data

FY22

- **67 Patients**
- 10 Cardiomyopathy
- 8 Pre-Eclampsia

FY23

- **232 Patients**
- 34 Cardiomyopathy
- 58 Pre-Eclampsia
- Remote Care Milestones
- 26 Patients Referred to Population Health for vidaRPM
- 2 referrals to Virtual Care at Home

**FY24 –TO
DATE**

- **233 PATIENTS**
- 52-Cardiomyopathy
- 130 Pre-eclampsia
- Remote Care Milestones
- 82- referred to virtual care
- Maxed out vidaRPM started vidaRPM Plus

Improvement through Virtual Care

- ❖ Implemented in FY23 as a partner for care
- ❖ Development of obstetric protocols allowed for outpatient monitoring, provider escalation and close follow up
- ❖ Solution for 3 day follow up for those with severe preeclampsia



CCOC Bundle Implementation: Virtual Care Data FY24

Month	Total Enrollments	# of Readmits	Readmit Rate	ER Visits	ER Visit Rate	Declined
07/23/24	1	0	0.00%	0	0.00%	0
08/23/24	3	0	0.00%	1	50.00%	0
09/23/24	3	0	0.00%	0	0.00%	0
10/23/24	6	1	33.33%	2	66.67%	2
11/23/24	7	0	0.00%	0	0.00%	5
12/23/24	20	0	0.00%	2	15.38%	6
01/24/24	14	3	33.33%	2	22.22%	0
02/24/24	10	2	25.00%	1	12.50%	2
OB Totals	64	6	13.95%	8	18.60%	13

Partnerships through Population Health

- Expansion of VidaRPM programs
- Education & screening
 - Blood pressure, weight, mental health, & diabetes
- Resources
 - Housing
 - Food
 - Transportation
 - Clothing
 - Diapers



Strengths

- ❖ Expertise of faculty
- ❖ Unique regional program for cardiology and obstetric partnerships
- ❖ Collaboration across multiple service lines
- ❖ Early adoption of AIM metrics and protocols
- ❖ Continuing education programs
 - Multiple OB conferences
 - ACC Georgia Conference presentations



Opportunities/Barriers

- ❖ Full integration of CCOC bundle metrics in the emergency department
 - Monitoring of pregnancy/delivery status to within the last year
 - Education opportunities for ED faculty & nursing staff
- ❖ EMR built risk assessment tool due to merger and awaiting EPIC go-live
- ❖ Patient access to care constraints
 - Transportation
 - Childcare
- ❖ Inconsistent referrals to program from referring facilities in the region

Next Steps

- ❖ Go live with our risk assessment
- ❖ Food to Medicine to roll out in April
- ❖ Utilization of Mobile Care Van to provide local care to patients
- ❖ Regional Outreach to all OB providers as well as family medicine practices for referrals
- ❖ Outreach education for emergency departments at non-delivering hospitals through Rural Em

Questions?