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Title

Process Evaluation of The Development & Implementation of a Hypertension Disparities Dashboard

Priority 1 (Research Category)

Cardiovascular disease

Presenters

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Abstract

Context: Hypertension is one of the most common chronic health condition in the United States (US). Available estimates also show increasingly poor control rates and greater burdens in minorities, including Black/African Americans, Asians, American Indians, Native Hawaiians/Pacific Islanders, and Hispanics/Latinos.

The use of dashboards for addressing hypertension disparities, especially in healthcare has been discussed in the literature. However, there are no current studies on dashboard integration in a primary care setting.

In 2018, the University of Utah (UofU) and the Utah Department of Health and Human Services developed a hypertension dashboard to understand hypertension disparities within the UofU Health's primary care patient population and to develop interventions to address those disparities.

Objective: This study evaluated the approach, efficiency, effectiveness, sustainability, and impact of the hypertension disparities dashboard.

Study Design: An exploratory sequential mixed-methods study was implemented to answer our research questions. We used semi-structured interviews and Think Aloud Protocol to collect qualitative data from members of the dashboard development, academic, and clinical teams. We also used System Usability Surveys (SUS) to capture user experience data from primary care providers.

Setting: Primary Care

Population: Primary care providers, Academic researchers, and Quality improvement specialists.

Outcome Measures: Hypertension Dashboard approach, efficiency, effectiveness, sustainability, impact, and user experience.

Results: We completed 17 interviews, consisting of 9 semi-structured interviews and 8 think-aloud interviews. Additionally, we sent out SUS questionnaires to 68 primary care providers. The preliminary results indicate generally positive experiences with the dashboard, particularly with its utilization of colored graphs and visualizations. Furthermore, participants envisioned future health applications for the dashboard, such as for disease management of diabetes and colorectal cancer. We intend to present the final results at the conference.

Conclusions: EHR-driven hypertension dashboards illuminate innovative interventions aimed at improving heart health conditions in primary care. Future research should further explore best practices for integrating these dashboards into clinical practice.