Speaker 1 Moderator – Rebecca Ellis (00:04):

Welcome to the American Heart Association's Hypertension Treatment Options podcast. This podcast is entitled "Team-based Care: A Free Clinics Success Story." This podcast series is part of a larger program addressing unmet needs in hypertension treatment options. In addition to the podcasts, this program includes webinars, spotlight series (which are speakers presenting grand rounds-type presentations), and an update to the comprehensive guide on hypertension, which will be released in January of 2023. The overall goal of this program is to improve systems of care and increase understanding around unmet blood pressure needs across the hypertensive patient journey. Our formal learning objectives are first to recognize treatment and management options for resistant hypertensive patients. Second, to apply shared decision-making strategies that improve health equity by better engaging patients and healthcare decisions, patient provider communication, and patient centered care. And lastly, to identify health disparities and hypertension treatment and management. This program is made possible by an education grant from Medtronic. However, the content has been created and directed by the volunteer planning committee independent of the grantor.

Today's episode will focus on the topic of team-based care in hypertension. My name is Rebecca Bartlett Ellis from Indianapolis Indiana. I am a board certified adult clinical nurse specialist and behavioral scientist from Indiana University. And I will be your host and I have no disclosures. We are joined today by our special guests from the Trinity free health clinic located in Hamilton county, Indiana in the United States. Thank you all for being here. Let's have everyone introduce themselves and we'll start with Mel Wischmeyer.

Speaker 2 (01:52):

Hi everyone. My name is Mel Wischmeyer. I'm the executive director of Trinity free clinic. I started in this role in May of 2020, just as many food service laborers, childcare and hospitality workers were losing their jobs and their health insurance due to COVID 19. The pandemic has greatly intensified the spotlight on unmet health needs among the disadvantaged populations we serve and also allowed us to increase our capacity to expand integrated health services.

Speaker 3 (02:21):

Well, hi my name is Daniel Gelman. I'm a semi-retired cardiologist who has and I've spent decades really of volunteering in free clinics and volunteering specifically at Trinity over the last several years. And I have no disclosures.

Speaker 4 (02:40):

Hello everyone. My name is Lacey Hamilton. I'm a family nurse practitioner and serve as the Director of medical operations here at Trinity free clinic. I have been practicing in underserved settings for about 10 years and am most passionate about chronic illness and poor outcomes, early prevention and engagement. The multidisciplinary approach in my nursing career prior to becoming a nurse practitioner, I worked at our state's largest facility in downtown Indianapolis on a cardiovascular surgical unit and knew then that I wanted to reach the patient years before getting to that point of severity and their illness.

Speaker 5 (03:15):

Hello, my name is Christine Ryder and I'm a registered dietician. I have volunteered at Trinity clinic for the past 10 years providing medical nutrition therapy as well as nutrition education programs. I've

worked as a registered dietician for over 40 years with clinical experience in critical care cardiovascular disease and oncology in several large hospital systems. Trinity clinic has provided me with opportunities to help marginalized populations within my own home area, receive access to quality, healthcare and services.

Speaker 6 (03:55):

Hi everyone. My name is Andrea Alcon West and I am a clinical year PA student at Franklin College here in Indiana with a future career in thoracic surgery. I have a passion for access to quality healthcare, and have been a recipient, provider and supporter of the clinic for many years. I'm also a native Spanish speaker as well and I'm also an immigrant for Venezuela. I currently volunteer mainly at Trinity. I have a passion for helping the Spanish speaking population and assisting them with navigating the healthcare system through my interpreting skills at Trinity.

Speaker 1 Rebecca Ellis (04:28):

I'd like to set the stage for our discussion with some education. The effects of lifestyle and diet on blood pressure and resulting hypertension are well known. In addition to blood pressure lowering medications used to treat hypertension, the 2017 American Heart Association/American College of Cardiology guidelines recommend weight loss, eating a heart healthy diet (such as the DASH), dietary sodium reduction, increased dietary potassium, increased physical activity and moderation in alcohol intake as effective strategies to manage hypertension. The guidelines also emphasize that out of office measurement of blood pressure, such as self-monitoring of blood pressure by the patient at home is helpful for confirming and managing hypertension. Clearly managing hypertension is multidimensional and complex as you consider aspects of managing medications and making behavioral changes such as diet and physical activity and home self-monitoring of blood pressure, all aspects that might require additional support. Bringing in expertise from a team of multidisciplinary healthcare professionals is one way to support patients and a recommendation included in these guidelines. That is the topic of our discussion today as we talk with our guests about their multidisciplinary team and how they work together with the patients they serve to manage hypertension. Mel, can you get us started today by telling us a little about the Trinity Free Clinic? So our listeners have a good understanding of the services that you provide and the community that you serve.

Speaker 2 (06:02):

Sure. Trinity Free Clinic helps address the healthcare disparities of the uninsured underinsured and low income residents of Hamilton county, Indiana by providing free medical, dental, vision, and behavioral healthcare with compassion and respect. The typical Trinity patient comes from a family of four with an average household income of $25,000 a year. Most patients are working two or more part-time jobs in a service industry, and they depend on those hourly wages and can't afford to miss work for their medical appointments. We strive to provide appointment times that work with their challenging schedules and also to provide integrated care and support while they are here. So if they come for an acute visit, we try to provide the labs and the prescriptions onsite to mitigate their time and transportation challenges. If they need a referral to a diabetes specialist or to a mental health professional, we often provide a warm handoff during that same patient visit.

Speaker 1 (07:02):

I understand one of the important aspects of the care you deliver at Trinity is treatment of hypertension. Dr. Gelfman, can you describe how you are working with your team to manage high blood pressure and treat hypertension in the populations you serve?

Speaker 3 (07:16):

Certainly our approach is to serve our patients who might otherwise not receive care or might end up seeking care in emergency rooms. Our goal is to establish relationships with our patients in a way that they feel truly cared for in a holistic and certainly in a holistic way. We do this through our organizational structure, which uses a team-based approach. We see patients as a team, which starts with our bilingual front staff front office staff, patients are seen with nursing staff who are either bilingual themselves or with an additional interpreter. Clear communication is essential. Patients are empowered to be part of their own care, their own care team, as they are involved in obtaining their own data such as blood pressure measurements or glucose measurements. Our pharmacists work with the same model and give verbal and written instructions in the patient's own language. Patients then work with our dieticians, usually on a separate visit, although sometimes not sometimes on the same visit. And we have insurance navigators who help ensure patients can get the care available to them and help them navigate our very complex health system.

Speaker 4 (08:40):

So as Dr. Gelfman described just a moment ago, we all work very collaborative collaboratively together. And all of these visits do happen in conjunction with one another, some even occurring on the same day for the patient convenience as he was talking about there. And then all documented in the same EHR or electronic health record where all the provider teams can then assess that patient's progress. Many of these follow up appointments are actually scheduled in the back office by our bilingual medical assistant, ensuring that the appointment is secured before exiting the clinic, which oftentimes happens. They walk out and have not made their follow appointments. I believe this encourages the compliance for these folks. Education also seems to be what consumes the majority of the visits I'm involved with as a medical provider, even, and in caring for a newly arriving individuals to the US, for example, we're often discussing basic navigation through the American healthcare system. For example, helping them to understand even how ongoing medication refills to the pharmacy are acquired and that our office doesn't authorize every month's refills. And so they don't necessarily need to call our office for that to take place. There's also much discussion on medication alternatives in relation to cost when coming to the US. And we always try to provide the highest quality of care but also affordable and sustainable long term for these guys. Dietary advice is often the same and not without its own struggles. Christina is our dietitian on our team and she'll describe how she works with our patients to create an individualized dietary plan.

Speaker 5 (10:17):

Thank you, Lacy. It is essential to build strong relationships with our patients. As most of my patients are new immigrants to the United States I work with various cultures and their customs, traditions, lifestyles, and languages. My recommendations need to be culturally appropriate and patient centered to build these relationships. I am grateful to the interpreters at Trinity Clinic who volunteer their time to make comfortable communication possible during these nutrition consultations. I receive the medical nutrition therapy referrals from the Trinity clinic medical providers. I begin my conversation with the patient by reviewing their usual dietary intake, not only to learn about their meal patterns and food choices, but also to learn also about their family and family life, their lifestyle and social situation. This

information is a starting point to begin a discussion about the dietary modifications and address how they relate to the individual and their health. Then adjustments can be made to individualize these modifications to the patient, to optimize their success. I can make a recommendation to the patient for a diet change, however, I need to consider their traditional foods and food preparation methods and make suggestions to that are useful to them while complying with standard dietary practice guidelines. Also, I provide written language multi-language nutrition education materials at various reading levels for the PA patients reference. Many of my patients return for a second or even a third visit. These follow up visits are a point of accountability for patients as the patient can set personal goals for these dates. They can be fundamental goals such as modest weight loss, giving up table salt completely or increasing their daily number of vegetable servings, or they can even be more substantial goals. These follow up visits are an opportunity to solve problems the patient may have, or it can be a time to celebrate their successes and we do celebrate their successes.

Speaker 1 (12:44):

That's so great to hear, thank you for sharing. Now, let's touch upon the aspects of disparities associated with poor hypertension control. Several studies, including ones using the us national health and nutrition examination survey have highlighted differences in blood pressure prevalence and control rates based on race and ethnicity. Recent studies have identified significant heterogeneity and the prevalence of hypertension among specific ethnic and racial groups while ethnic and racial inequalities are multifactorial insurance coverage and healthcare access are primary determinants of poor hypertension control. Lacey, can you tell us how your team serves the community to reduce these determinants of disparities associated with poor hypertension control?

Speaker 4 (13:33):

Yeah, as I discussed at the start of this episode, I've only ever worked in underserved clinics but this is the first free clinic I've ever encountered. And honestly, it still surprises me to this day when I go in each time that we have entire teams of healthcare providers that volunteer their time to serve in our clinic. This, I really feel like this giving servant nature is what makes this clinic truly unique and it's how it excels. So not only do healthcare professionals serve and care for the patients within the walls of the clinic each day, but many of them also open up their private practice doors for ongoing services that Trinity cannot provide onsite, and this is all still free of charge. So I think this servant nature is contagious and it bleeds into the few employees that we do have and creating this incredibly positive environment that's really hard to find. And I think what keeps everyone coming back.

Speaker 1 (14:31):

And then Mel, if you would share about how Trinity addresses insurance coverage.

Speaker 2 (14:36):

Sure. At Trinity we don't just serve the uninsured, we also provide care for the underinsured. For example, a senior who's on Medicare basic, they will have basic medical coverage, but they're not gonna have affordable access to dental or vision care. And so we fill in the gaps for these senior patients. We also, many of our patients work two or more part-time jobs and they either don't have health insurance. It's not offered to them. They can't afford to purchase it or they have it and they can't afford the deductibles and copays. So if you go back to that family of four, who's living on $25,000 a year, imagine if two of those kids need glasses, I have vision insurance and I still end up writing a check for two or $300 every time I need a new pair of glasses. If we did not provide vision services, many of these

families would have to choose between glasses, food, putting gas in their car or paying rent. And a child who cannot see is not going to do well in school, and that only adds to the stress levels of these underserved households. In addition, Trinity provides care to patients who do not qualify for any government assistance. So Lacey talked about you know, new immigrants to our country. We know through a recent study that 75% of our senior patients are immigrants or refugees. So these individuals have often encountered trauma before they come to the clinic and they're living in crowded family arrangements. So as you can imagine, when one family member gets sick, it spreads throughout the whole household. So we've really gotta keep our patients healthy. And as Dr Gelfman said we do have a patient navigator, an advocate on site to assist patients in completing Medicaid applications so that hopefully they can find a permanent health home and develop a really strong primary care relationship. And then in those cases, when emergency services are needed, our advocates and navigators can help them complete the applications for financial assistance. And I'll let Andrea talk about how we manage language barriers at the clinic. So Andrea,

Speaker 6 (16:45):

Thank you, Mel. So according to the 2020 census data, approximately 22% of Americans, which is about 66 million people speak a language other than English at home. So to address access to healthcare, myself and other volunteers utilize our interpreting skills to help overcome cultural and language barriers for these patients. Title six of the civil rights act of 1964 actually requires that all limited proficiency patients be provided with appropriate language services, and failure to do so is actually an issue. Yet in healthcare we don't really see this at every single visit in other establishments. Trinity does a fantastic job with having volunteer interpreters on site for appointments, as well as having our bilingual staff that's already been covered, which is really critical to help close that loop as their first interaction during registration and last interaction when leaving and scheduling follow-ups. In a 2019 systematic review some of the suggestions to improve care for limited English speaking/ English proficiency patients in health system include action items that Trinity already incorporates into their system, such as ensuring baseline language preference, data is collected and documented, which we do in our EMR. We also record interpreter use when they occur during the appointment. So all the providers can see at the last previous notes who interpreted and we all work together and are dedicated to linguistically and culturally appropriate continuous quality improvement efforts at Trinity

Speaker 1 (18:16):

In a 2020 expert analysis published by the American College of Cardiology on racial disparities, in hypertension, prevalence in management, the authors shared that newly arrived immigrants into the United States are at an increased risk for hypertension disparities because they are more likely to have poor insurance and limited access to healthcare and in some cases, these groups come from countries with high prevalence of hypertension. Additionally, the evidence cited by these authors indicates that the length of US residency increases immigrants risk for developing hypertension. Andrea, can you describe the model of care and the approaches you are using to treat hypertension and the population of immigrants you serve?

Speaker 6 (18:57):

Of course. So as a, I'm a PA as a student, I did a rotation with Lacey this summer where I saw an opportunity to attain funds for the cardiovascular program at Trinity. And through some data assessment, we realized one of the top diagnosis that was being made was high blood pressure. Many of the patients were either unaware of blood pressure being elevated, their medication doses were

suboptimal, or they didn't fully understand the physiology and long term effects of uncontrolled blood pressure. So I have used my network to enable and strengthen the free comprehensive cardiovascular program through a $10,000 global outreach grant I received for Trinity from the PA foundation. And this grant has allowed us to provide free blood pressure cuffs to these patients, free labs, education, medications, and continued care for the patients to reach control of their blood pressure. The model we focus on is patients starting with a general checkup, which they typically do that with Lacey, where she does a very detailed history and physical and then she gets the ball rolling on starting medications, ordering labs, such as comprehensive metabolic panels, lipid panels, A1C and sometimes we order a TSH if necessary. We also provide at that initial appointment, a free blood pressure cuff to the patient. If they don't already have one, depending on the individual patient situation, either it was one in the office versus they already have a history of high blood pressure, train them on how to use the monitor, how and when to log the information on a document we provide that is also an English and Spanish and we explain the data is to be brought back with them to their next appointment, which is typically in the hypertension clinic where they will see a specialist like Dr. Gelfman, cardiologist, or another volunteer physician. We also provide referrals at that appointment to everyone else in the clinic, such as vision podiatry, Christine for dietician and all of this is done through the use of interpreters when needed and we also have try to have everything in Spanish and English for the patients to kind of them understand it all.

Speaker 1 ([21:03](https://www.rev.com)):

Thank you. It sounds like your patients are getting really great quality care. So how does team-based care ensure good blood pressure control?

Speaker 6 ([21:12](https://www.rev.com)):

So as we already know, Trinity is a whole nonprofit. So all those services we provide are free. And with this providers can spend time with patients. The main focus is the patient sitting in front of us. And these appointments patients get phenomenal care from the moment they call the clinic and speak to someone in their respective language. Once they walk into our clinic and interact with our bilingual staff, nursing volunteers, preparing them by getting vital signs and their chief complaint and the providers assessing and diagnosing. Pharmacy, preparing their medications in English and Spanish, if they require it and interpreters helping through each step of the way. Additionally, we try to go to the extra mile with patients and Lacey does a great job providing care plan in English and Spanish with a review of the visit and next steps. So we try to do that as well. We also provide patients with written instructions in both languages to our partner lab, to have them get their free blood work done. And we, we emphasize that it's free. Sometimes the patients feel like, oh, I have to go somewhere else to get my labs. They, some of them are afraid that it's not gonna be free. So we try to remind them it's all free. And all of this is done under one roof and I believe patients truly appreciate the attention and time they receive during these visits. Therefore, I believe this translates over to increased patient engagement and adherence. I realized this is obviously an anecdotal perspective at our clinic, but optimal teamwork by everyone at each step of the patient visit is critical to our success at helping patients get their blood pressure under control.

Speaker 1 ([22:41](https://www.rev.com)):

There are many free clinics. What makes this one work so well and have a good outcome.

Speaker 4 ([22:48](https://www.rev.com)):

So, as I was talking about earlier, I have never encountered a free clinic until this one. And I think this was probably the hardest question I've had to think about because I, I don't know how it works, but it does and I guess I can only come back to the culture of the servant foundation that Trinity has is what sets it apart. And so that's the only thing that I can amongst all the things we've talked about today, we've given you lots of great tips and tricks here, but I feel like this is kind of the lifeblood running through it. And so it's what I probably point to as being the strongest.

Speaker 1 (23:28):

Andrea, how about for you?

Speaker 6 (23:30):

Yes. Another thing I wanna add to Lacey's comments…everything that we do at Trinity, when it comes to medications, they get free medications on site. And once we stabilize these patients, Lacey and the other provider volunteers also do a really good job at finding and using different websites to find where the medication refills are going most affordable, be it the local grocery store or another large chain. We try to find where it's gonna be cheapest for them to be able to refill those medications. And that communication with the patient is also really important and has helped patients be able to afford continuing medication treatment as well. As well as Trinity has been implementing initiatives to address health disparities for more than 20 years and has demonstrated a longstanding commitment to education through strong partnerships with various educational institutions in the area, such as IU school of dentistry, IU school of nursing Butler university and Purdue University's pharmacy programs, Marion university medical program. And this year Franklin college PA program as with myself being their first PA student to rotate through with these partnerships, they promote sustainable development in the areas of healthcare and education. Cardiovascular risk section will always be a need in the community and involving our future providers during their schooling, not only helps the clinic, but also helps the community as a whole

Speaker 1 (24:52):

Let's wrap up. This has been a fabulous conversation. And as we're summarizing today, what additional points would you like people to consider that we may not have already touched on today or take away points for the audience, Mel?

Speaker 2 (25:09):

Well, I just kinda like to echo what Lacey said earlier that our organization has been successful because we're willing to adapt to changing community needs. And it works because of the wonderful collaboration between our volunteer providers, our dedicated staff, our donors, and the community leaders and partners who are committed to keeping everyone in our community healthy. So I encourage you, if you want more information to visit Trinity free clinic.org,

Speaker 3 (25:36):

I would say that key take home points are the teamwork, which includes the patient as part of that team and also excellent communication. I think those, those are very, very important.

Speaker 4 (25:52):

Yeah. I would just, like I say, I appreciate the time and hope that this serves as a model for others trying to do this great work out in the communities.

Speaker 6 (26:02):

I wanted to say one last thing. I, I think another huge part of this is the amount of interpreter volunteers that we have at the clinic and the bilingual staff that we have as well. They make these patients that are immigrants or Spanish speaking that can't speak any English, really feel comfortable voicing their concerns about their medical problems and I think that really makes a huge difference for people, having someone on site to be part of that conversation as well. And thank you for having me!

Speaker 1 (26:37):

Thank you for these valuable comments and thanks again to our special guests for joining us today, to share their expertise on this topic with our listeners. Just a reminder that the views and opinions in this podcast are those of the speakers and reflect the synthesis of science and expertise. Content should not be considered as the official policy of the American Heart Association.

Stay tuned for our next podcast from the American Heart Association on Unmet Needs in Hypertension Treatment series where we will discuss renal denervation.

Thanks for joining and have a great day.