

## Award Application

1	Project Title	BHMG Paducah Primary Care Pilot to Improve Hypertension Self-Management
2	Clinical or Operational Area	Primary Care
3	Healthcare System	Baptist Health
4	Hospital or Entity Name	Baptist Health Medical Group Paducah Primary Care Practices
5	Applicant Name	Mitsy Harned/Jordan Ellis/Christina Harrod
6	Applicant Title	AVP, Continuum of Care
7	E-mail Address	Mitsy.harned@bhsi.com
8	Telephone	502-253-5999
9	Mailing Address, City, State, Zip Code	1901 Campus Place Louisville, KY 40299
10	Please list the names and titles/roles of the additional members of the project team:	
	Name:	Title/Role:
	Bobby Learch, DO	Primary Care Medical Director
	Jordan Ellis	Director of Operations, Value-Based Care
	Mitsy Harned	Associate Vice President, Continuum of Care
	Christina Harrod	System Manager, Ambulatory Case Management
11	Name of Senior Risk Management or Corporate Insurance Representative	Lynn Kolokowsky, VP Risk Management and Insurance
12	Mailing Address, City, State, Zip Code	1901 Campus Place, Louisville, KY 40299

**13. The best practice/improvement submitted for consideration is a: (Check all that apply)**

- Clinical Policy
- Performance Improvement Strategy (*Six Sigma, etc.*)
- Communication Strategy (*Briefing before surgical procedure, senior management rounds, etc.*)
- Other (*Please specify*)

Click or tap here to enter text.

**14. Can the project be duplicated to support patient safety/risk mitigation strategies at other organizations?**  Yes

No

**15. Briefly describe the project: (two paragraphs maximum, please attach any supporting documentation)**

The Epic MyChart Care Companion Hypertension care plan was added to improve patient self-management and improve ambulatory blood pressure control capabilities in primary care.

**16. Describe how this project has reduced the potential for liability and improved patient safety. (one paragraph maximum)**

This project addresses uncontrolled hypertension in the communities we serve. Epic MyChart Care Companion is an interactive, highly individualized plan of care delivered to at-risk patients through user-friendly, accessible technology. The interactive plan of care delivers notifications, analyzes data provided by patients and connected devices, and orchestrates changes to the plan and escalations as needed to help patients, their caregivers, and care managers stay on top of a patient's care.

**17. What metric(s) have been used to measure and/or sustain success? (one paragraph maximum)**

**Patient Volume; Avg. Median LOS; Avg. Reg to Triage; and Patient Experience**

The pilot included 160 engaged patients (243 enrolled) for a 66% engagement rate. 85 patients met the quality measure (53%); with 98 patients improving systolic and 124 measures improving diastolic. The pilot resulted in an average systolic decrease of 9.70 mmHg and an average diastolic decrease of 3.31 mmHg.

**18. Are you willing to share this project with other members of AEIX?  Yes  No**

**19. Was this project an original concept created by the project team?  Yes  No**

**20. Was this project based on successful practices evaluated from literature or other healthcare providers?  Yes  No**

**21. Is this project being implemented in your health system for the first time?  Yes  No**

**22. Do you have plans to publish the project results in a professional publication or networking forum?  Yes  No**

**23. Is there anything else you'd like to share about this project?**

**The use of programs integrated with the electronic health record improves patient access to their care team for improved communication and care coordination of patients with hypertension.**

Thank you for completing the application. Please follow these next steps.

- Please save this document in Word format and gather your supporting documentation.
- Forward the application and documentation to your senior risk management leader or corporate insurance representative. *They will need to complete and sign the Evaluation of Awards Application Form on the final page of the application before submitting it to American Excess Insurance by **Friday August 16, 2024.***

## Evaluation of Award Application

The evaluation must be completed and signed by the senior risk manager or corporate insurance representative. Please evaluate the Award Application by indicating the best answer to the question.

**1. How will this project improve safety and/or reduce liability?**

- Little effect on safety and liability (1)
- Some improvement but metrics are not defined and/or it is not clear that measurable effect can be sustained (2)
- Strong effect with clearly defined metrics (3)

**2. What is the potential to share this project or practice with other AEIX members?**

- Little potential – i.e. *implementation requires major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (1)
- Some potential but process may be hard for another organization to implement, and/or its application may be limited - i.e. *major budgetary commitment, topic is highly specialized, and/or metrics are not clearly defined* (2)
- Strong potential for producing best practices (3)

**3. What level of impact will this project or practice have on the severity of risk exposure?**

- Little chance of impacting severity of risk but could address other issues (1)
- Some potential to impact risk exposure (2)
- Strong ability to impact severe malpractice exposure caused by significant risk events (3)

**4. What level of innovation best describes this project?**

- Project/practice is new to this organization and is based primarily on firmly established best practices (1)
- Project/practice was created primarily by applicants with some assistance from an outside vendor and contains well-established best practices with additional innovative features (2)
- Project/practice was created solely by applicants and could be included in established literature or industry best practices (3)

**5. Share your comments or recommendations.**

**Partnership with our third party vendor, Epic, to create this program ensured an integrated approach to chronic care delivery. This improves communication amongst the care team and with the patient.**

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E-Signature

Title

Date

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502-253-5979 [lynn.kolokowsky@bhsi.com](mailto:lynn.kolokowsky@bhsi.com)

Phone

Email

Send the completed application in Word format, supporting documentation, and signed evaluation to [ana\\_taylor@premierinc.com](mailto:ana_taylor@premierinc.com) by *Friday August 16, 2024*.

**Thank you for your submission. In continued pursuit of our mission and vision to partner with forward-thinking healthcare leaders, inspire innovation, and provide the leading pathway for managing risk, we may share your project with other members of American Excess. However, this project will not be shared outside of the American Excess Insurance membership without your prior consent.**