BRIDGING THE GAP: A MULTI-DISCIPLINARY PROGRAM TO CARE FOR WOMEN WITH HYPERTENSIVE DISORDERS OF PREGANCY ACROSS THE LIFESPAN

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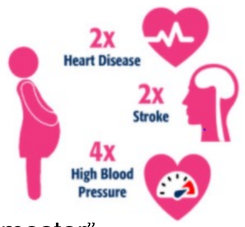
BACKGROUND

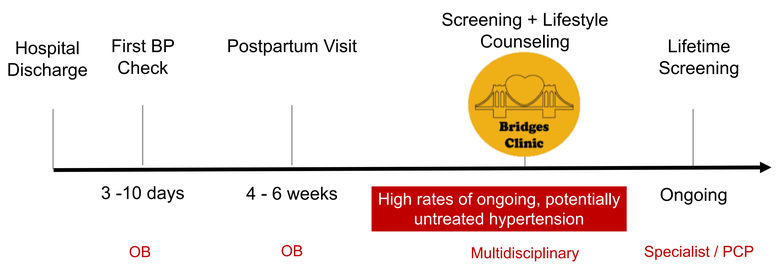
- Hypertensive disorders of pregnancy (HDP) including preeclampsia are associated with later life cardiovascular disease.
- 2/3 women who experience preeclampsia will die of CV disease



- Gap in care after pregnancy – "4th trimester"
- Lack of communication, education, and follow-up are barriers to coordination of ongoing care.

Multi-disciplinary Postpartum Hypertension Clinics can bridge this gap. As experts in the field, we are uniquely poised to develop this innovative program

VISION



OBJECTIVES

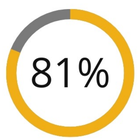
- Demonstrate the **feasibility** of a postpartum collaborative clinic for women with HDP at Magee-Womens Hospital of UPMC
- **Improve adherence** to follow-up appointments in the first year postpartum for women with HDP
- Establish **a system of ongoing** cardiometabolic risk factor screening, education, and risk modification within the first year postpartum

APPROACH / WORK TO DATE

- The team: Maternal-Fetal Medicine and Women's Cardiology
- Developed a clear template for visit + method of communication to health care team
- Educational materials for patient and provider
- Referral base (inpatient, remote BP program, outpatient)
- Ancillary services – social work, behavioral health, nutrition, weight loss programs, smoking cessation, sleep medicine, endocrinology
- Space/personnel/resources
- EMR, billing/coding issues
- Create a network of PCPs and cardiologists with interest/expertise in women's health for ongoing care
- Key stakeholders engagement
- Pivot to virtual visits during COVID
- Junior faculty development / Clinical research

OUTCOMES

Visit Compliance

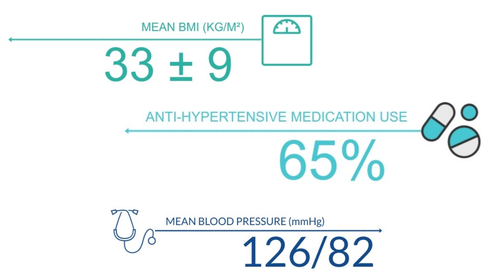


vs

~50% 6w PP

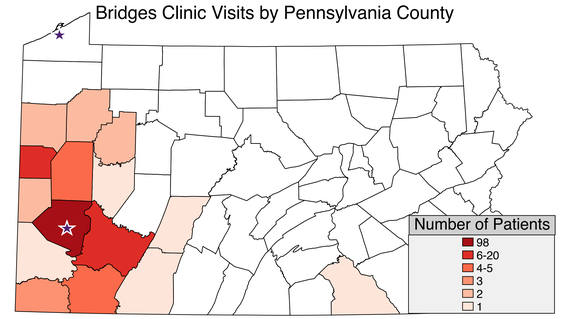
~25% 1y PCP

At Risk Population



- Soft launch early 2020; Two half-days per month with MFM and cardiology; 190 encounters to date
- Outstanding visit compliance
- Mean time for visit is 11 weeks after delivery
- 72% preeclampsia, 25% chronic hypertension, and 3% peripartum cardiomyopathy
- Representative diverse population (60% White, 33% Black)
- Appropriate "at risk" population
- Demand>>Availability
- Primary care follow-up recommendations made for 100% of patients to date

OUTCOMES



Feedback Survey:

- Press-Ganey Survey – universally positive
- Patient: *"I didn't really understand my diagnosis (preeclampsia) and what it meant. Drs X and Y have empowered me with a clear plan to improve my health before another pregnancy and to stay healthy for my family"*
- Provider: *"Thank you for the specific recommendations for management. I was not aware that preeclampsia had long term consequences"*

NEXT STEPS

- Ongoing tracking of process/outcome measures
- Expansion via telehealth
- Dissemination of information nationally
- Engage UPMC Health Plan
- Clinical trials – intervention studies
- Successful Prototype for other multi-disciplinary clinics

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