

## BACKGROUND

- Patients with substance use disorders may not have their other chronic health needs or preventative care needs adequately addressed when being seen for Substance Use Disorder (SUD) or MAT (Medication for Addiction Treatment) visits.
- The majority of MAT patients at Peabody Family Health Center prefer the convenience of telehealth, causing the deferral of having vitals checked and the prevention of other health issues.
- A core component of further integrating MAT patients to a more stable lifestyle involved with healthcare providers is enabled by in-person visits and treating other conditions outside addiction.

## OBJECTIVES

- For patients receiving SUD care at Peabody Family Health Center, develop recommendations and a protocol to appropriately screen for and manage hypertension (HTN) while being sensitive to patient stability in SUD care.

## METHODOLOGY

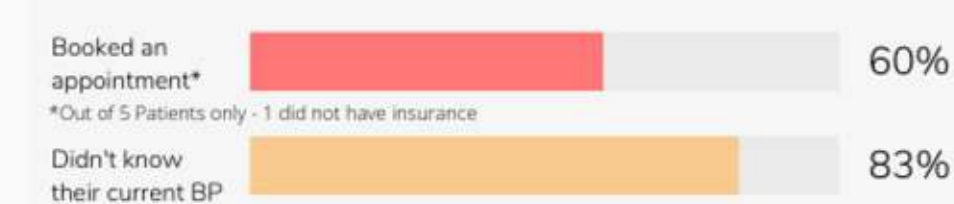
- Conduct patient interviews and medical staff interviews to understand our patient demographic and how to benefit them regarding SUD and other chronic comorbidities such as HTN.
- Integrate data from patient interviews, healthcare staff experiences, and create a workflow analysis to brainstorm a patient-centered protocol that would assist the patient through screening and treatment with SUD for HTN.
- Discuss with patients as well as physicians, NPs, RNs, medical directors, behavioral health staff and the rest of the healthcare team in order to define and determine the possible avenues of implementation of screening/protocol.
- Refine and test protocol under guidance of site mentors.

## RESULTS

### RESULTS OF TELEHEALTH PROTOCOL USE WITH MAT PATIENTS

Using the protocol, we talked to 6 MAT Telehealth patients to improve screening for HTN whether and asked if they would like to schedule a follow up appointment for HTN afterwards

#### Patient Results



#### What we learned

**Impact of Telehealth**  
Following the pandemic, a vast majority of patients opted for telehealth visits, causing a barrier between provider and patient in management of their conditions.

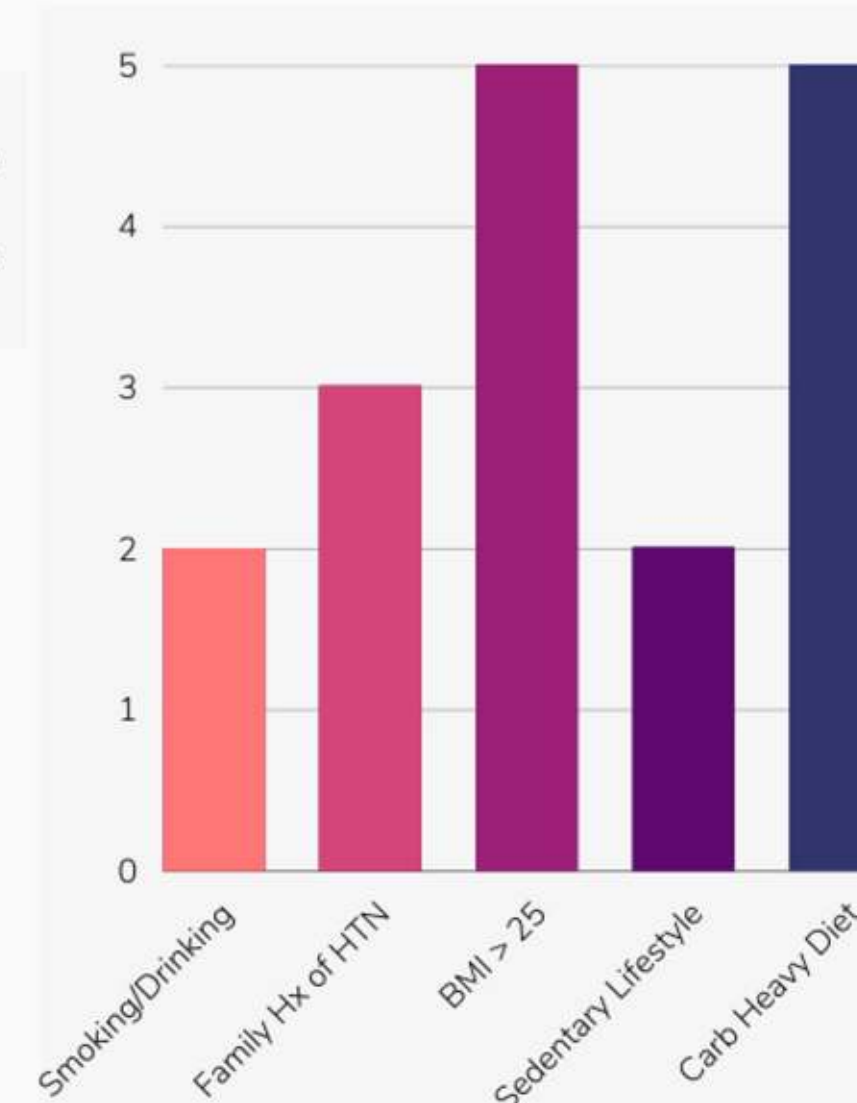
**Patient Education**  
Patients did not know their BP in majority of cases. Also they didn't know they can go to a pharmacy and get their BP checked.

#### Access to Care

Difficulty securing transportation makes it difficult for MAT patients to attend in person visits.

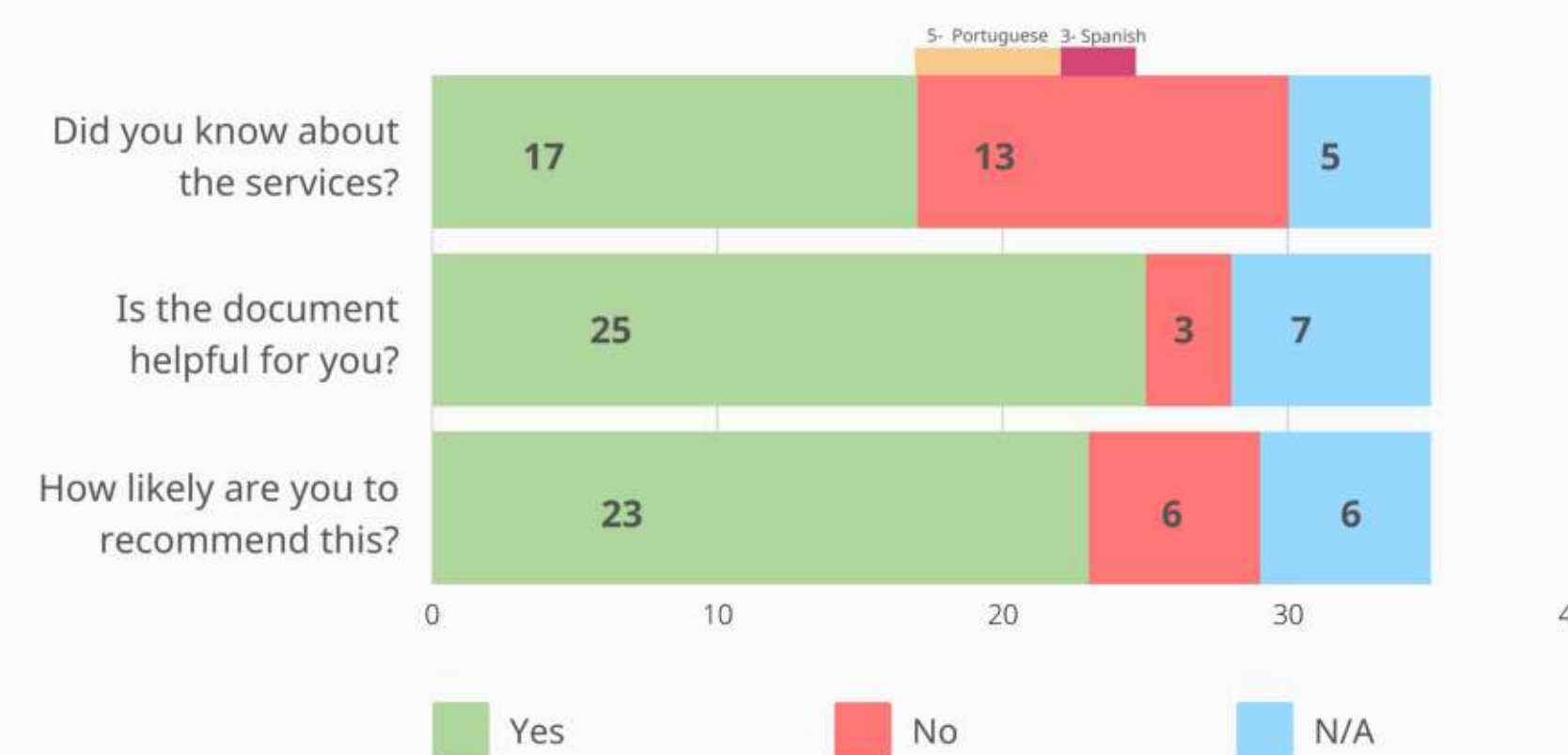
#### In-Person Visits

It has been marked by providers that in-person visits help build the connection with the patient in the healthcare system and also improve many more health outcomes to



### FLYER INTERVIEW DATA

We created a flyer that introduced the services of the clinic in three different languages and asked 39 patients what they thought.



13 English Speaking, 15 Portuguese Speaking, 11 Spanish Speaking

## CONCLUSIONS

- Telehealth MAT patients benefit in their HTN control and benefit in treatment as a whole by an implementation of a HTN screening protocol within MAT patient visits.
- Many patients do not know the services offered at Northshore Peabody Community Health Center, and even if they do know the resources, most find a flyer listing all of the resources would be helpful for them and beneficial for those around them.
- One way to benefit MAT patients regarding their SUD can be done through recognizing and treating other

## RECOMMENDATIONS

- Continue distribution and education of the services flyer and implementation of HTN protocol.
- Emphasize to MAT patients the connection between blood pressure and overall health.
- Recommend HTN plans for MAT patients after screening/evaluating for risk of HTN.
- Educate patients on the importance of self-checking blood pressure and highlight local resources, such as pharmacies.
- Educate patients on the resources offered at Peabody Family Health Clinic to improve prevention of HTN and other issues.

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#### References

Whelton P, Carey R, Aronow W, et al. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. *J Am Coll Cardiol.* 2018 May, 71 (19) e127–e248. <https://doi.org/10.1016/j.jacc.2017.11.006>