Blood Pressure 101: Refresher for Healthcare Providers

Produced by the Alabama Department of Public Health Distance Learning and Telehealth Division

Faculty

Mary McIntyre, MD, MPH, SSBB Chief Medical Officer Alabama Department of Public Health

Why is BP Taken First in Every Clinic Visit?

- · Quickest and cheapest screening available
- · Screens for hypertension and hypotension
- · Monitors current condition
- Hypertension--the silent killer
 - Often no symptoms
 - Many unaware of condition
 - Many stop taking medications believing it cured

Risks of Uncontrolled BP

- Stroke
- Heart attack
- Heart failure
- Dementia
- · Kidney (renal) disease
- Vision problems (retinopathy)
- Erectile dysfunction
- Some forms of cancer

American Heart Association

- MAP Framework
 - -Measure BP accurately
 - Act rapidly to manage uncontrolled HTN
 - Partner with patients, families, and communities to promote self-management

Measure BP Accurately

- Measure accurately using consistent technique
- Important to measure the same way every time
- Record measurements accurately over time

Measure BP Accurately

 Some clinics create a BP room, with soothing colors, 1 or 2 armchairs of differing heights, and reading materials so patient can relax 3-5 minutes prior to BP reading

Act Rapidly to Manage HTN

Hiding in Plain Sight

- Patients with HTN that are not diagnosed and treated
- White Coat Syndrome
- May need to schedule quick repeat visit
- Use a BP Protocol and Algorithm

Alabama's Blood Pressure Protocol

- Alabama is the first state to adopt a BP protocol and algorithm
- Customizable according to the doctor's preferences
 - -JNC 7 Guidelines
 - -JNC 8 Recommendations built in

Alabama's Blood Pressure Protocol

- Can be embedded in EHR or EMR
- Will alert doctor to potential HTN diagnosis
- http://adph.org/cvh/Default.asp?id=7 168

Partner with Patients, Families and Communities

Promote Self-Management of HTN

- Medication
 - Adherence to medication schedules
 - -Understanding that there are no symptoms

Partner with Patients, Families and Communities

- Lifestyle Interventions
 - -DASH diet (Dietary Approaches to Stop Hypertension)
 - Mediterranean Diet
 - -Increase activity exercise
- Lifestyle Interventions are only possible with cooperation of the family

Self-Monitoring Programs

- YMCA programs and other community resources
- AHA website
- Helpful apps to record BP and share with doctor
- Goal is to improve BP control and prevent heart attacks and strokes
 - Prevents other chronic diseases and cancers

Check Out Helpful Phone Apps



- New AHA On-the-Go, for healthcare providers
- Apps available for all types of lifestyle changes: smoking cessation, diets, exercise, recording BP, blood sugar, or foods, etc.

Barriers to Success

- Non-adherence to medication schedule
 - -Cost
 - -No symptoms
 - -Can't read medication labels due to literacy or poor eyesight

Barriers to Success

- Hard-to-follow lifestyle change plans
 - -Lack of time
 - -Cost
 - Bored with diet
 - Ego or pride do not want to acknowledge problem

Performance Metrics

- Medicare / Medicaid systems award practices that succeed in lowering overall BP of patient base (NQF0018 or PQRS measures)
- More than a cost containment metric, but one that helps people to live longer, more productive lives

Questions?

• Alabama Department of Public Health



- Cardiovascular Health Program
- http://adph.org/cvh/index.asp?ID=938