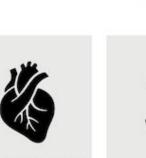


Improving Hypertension Control in Primary Care with Home and **Ambulatory Monitoring**

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Family Medicine Loma Linda University









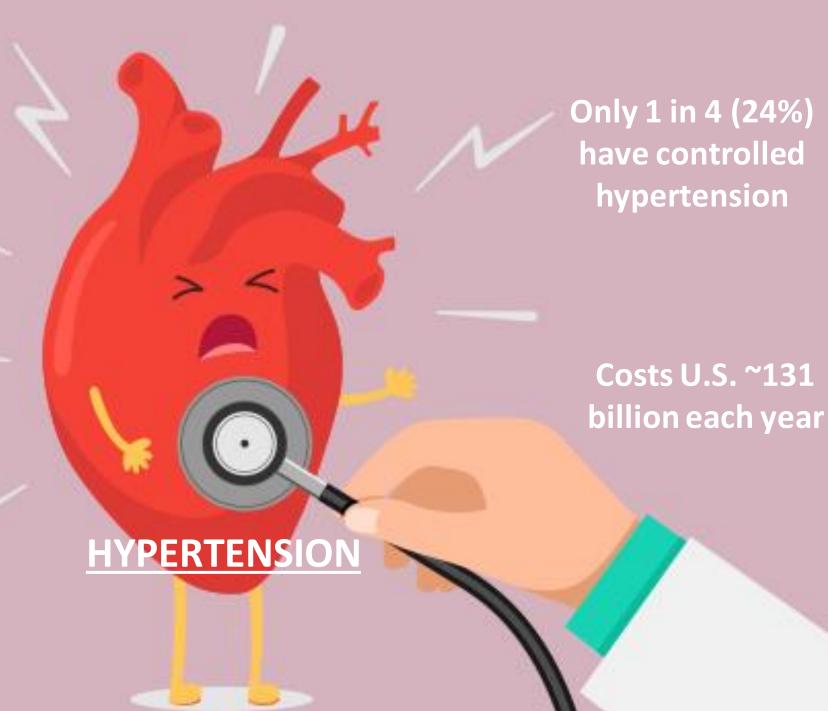


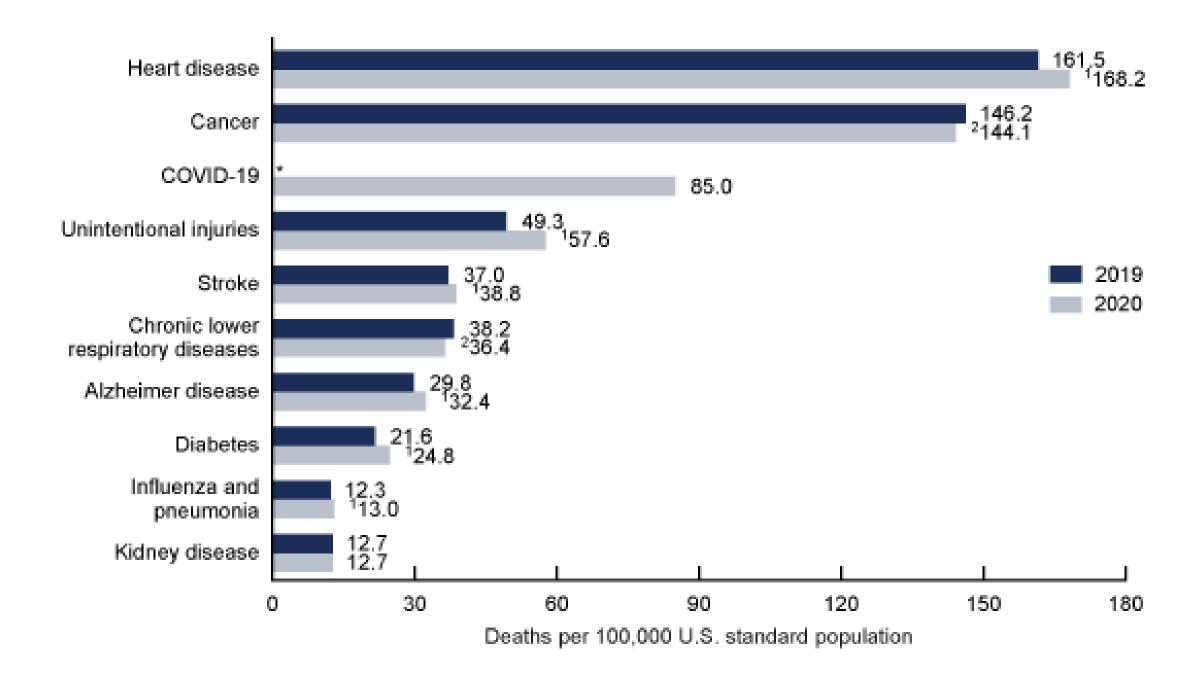




116 Million
U.S. Adults
have
hypertension

In 2020,
>670,000 deaths
had HTN as
primary or
contributing
cause





Reducing the Blood Pressure–Related Burden of Cardiovascular Disease: Impact of Achievable Improvements in Blood Pressure Prevention and Control

Shakia T. Hardy ⊡, Laura R. Loehr, Kenneth R. Butler, Sujatro Chakladar, Patricia P. Chang, Aaron R. Folsom, Gerardo Heiss, Richard F. MacLehose, Kunihiro Matsushita and Christy L. Avery

Originally published 27 Oct 2015 | https://doi.org/10.1161/JAHA.115.002276 | Journal of the American Heart Association. 2015;4:e002276

Article

Blood pressure lowering for prevention of cardiovascular disease and death: a systematic review and meta-analysis

Dena Ettehad MSc ^a, Connor A Emdin HBSc ^a, Amit Kiran PhD ^a, Simon G Anderson PhD ^a, ^c, Thomas Callender MB ChB ^a, ^d, Jonathan Emberson PhD ^b, Prof John Chalmers PhD ^c, Prof Anthony Rodgers PhD ^c, Prof Kazem Rahimi DM FRCP ^a △ ⊠

Lowering blood pressure to prevent myocardial infarction and stroke: a new preventive strategy

Law M, Wald N, Morris J.

Improving Hypertension Control in Primary Care With the Measure Accurately, Act Rapidly, and Partner With Patients Protocol

Brent M Egan ^{1 2 3}, Susan E Sutherland ^{1 2}, Michael Rakotz ⁴, Jianing Yang ⁴, R Bruce Hanlin ^{2 5}, Robert A Davis ^{1 2}, Gregory Wozniak ⁴

MAP Program

Measure accurately, Act rapidly, & Partner with patients



Method: Staff training in BP measurements, protocol of antihypertensive medications, patient BP self-monitoring



At the first visit, uncontrolled baseline BP & no medication changes, Measure Accurately = 11.1/5.1 mm Hg lower BP.

Hypertension control improved from 64.4% to 74.3%

Resident Led Multidisciplinary QI team addressed BP Control with 3 PDSA Cycles

- Resident team members work up the team hierarchy with roles and responsibilities each PGY
- Senior Residents choose the aim every June for the academic year to take turns leading 4-month cycles
- Attendings, staff, behavioral health, population health, and other faculty guide and support projects
- Monthly 7am team meetings with set agendas

PLAN

Assess current level of cognitive assessment on admission to hospice.

DO

Identify preferred
tool for use in
hospice setting and
embed it in
admission process.
Assess ease-of-use
and usability of tool.

ACT

Review implemented changes and make further changes to improve sustainability.

STUDY

Re-audit rates of both cognitive assessment being considered, and use of our chosen tool.

Root Cause Analysis of Barriers to BP Control: Fishbone Diagram **Materials** Method People MA and Patient accurate BP measurement BP Monitor and Cuff ---Providing patient Patients -AVS with BP log and with BP log instructions to Providers -Scheduling follow **Improved** measure BP up in 4-8 weeks MA's and LVN's -**Blood Pressure** Epic EMR --SAC Clinic -Pre/ Post test--Control DME Orders --Patient's home Staff Follow up Tab --Feedback ---Health Literacy SAC UDS Data Social Determinants of Health Green – Cycle 1 **Equipment** Measurement Blue - Cycle 2 **Environment** Orange - Cycle 3



2022-23 Aim

Improve Hypertension Control

PDSA Cycle 1 Aim Improve BP measurement accuracy

- 1. Patient & staff education
- 2. Clinic workflow for BP repeat measurement if >140/90

New Clinic Workflow & BPA

BLOOD PRESSURE CHECKLIST

☐ Position the patient		Position	the	patient
------------------------	--	----------	-----	---------

☐ Feet flat on the floor and uncrossed

☐ Arm and back supported

☐ Ask patient to not talk, use the phone, text, or email during the measurement

☐ Choose the appropriate cuff size

☐ Measure the cuff on the arm to make sure it is appropriate size for the patient

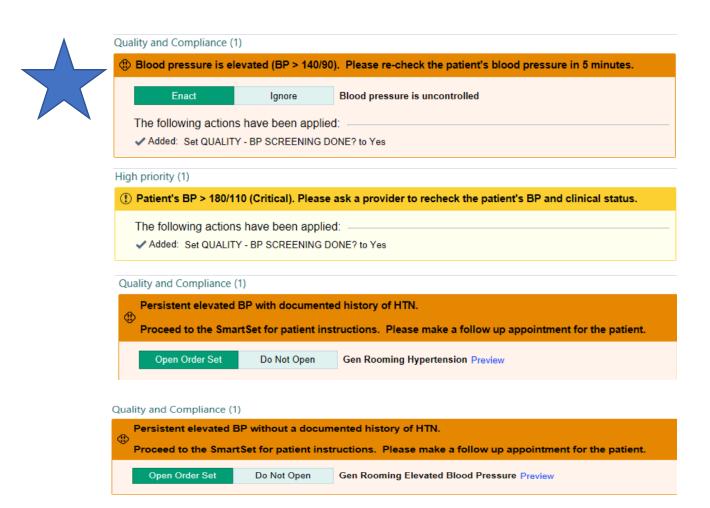
RECOMMENDED CUFF SIZES				
Arm Circumference	Adult Cuff Size			
22 to 26 cm	Small adult (12X22 cm)			
27 to 34 cm	Adult (16X30 cm)			
35 to 44 cm	Large adult (16X36 cm)			
45 to 52 cm	Adult thigh (16X42 cm)			

☐ Choose the appropriate arm

- ☐ Avoid arm with dialysis shunt
- ☐ Avoid on the same side as a mastectomy
- ☐ Avoid on the side affected by a stroke
- ☐ Place the cuff on upper arm against **bare skin** and positioned patient's arm to be **at heart level**

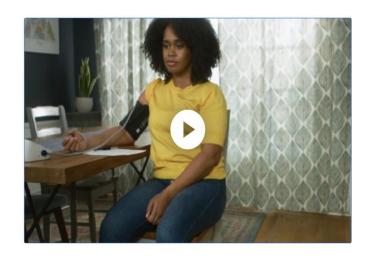
☐ If SBP >140 and/or DBP >90

☐ repeat the above again in the examination room AFTER patient has been seated for at least 5 minutes

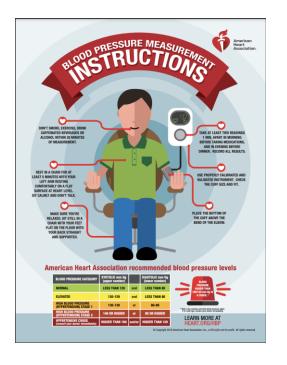


Patient and Staff Education

Waiting Room Video



Flyer in clinic visit



<u>AMA Video</u> <u>for Staff</u>





2022-23 Aim

Improve Hypertension Control

PDSA Cycle 2 Aim

Use appropriate BP cuff sizes in clinic and home

- 1. Clinic access to XL BP cuffs
- 2. Clinic workflow to measure and document correct arm cuff size

Staff Education Flyers

- Cuff sizes = upper arm circumference posted at attending desks in PODs
- Small to Large cuffs order from pharmacy
- Extra Large cuffs order as DME

Arm Circumference

Recommended Cuff Size (width x length in cm)

22 - 26	12 x 22 (small child)	
27 - 34	16 x 30 (adult)	
35 - 44	16 x 36 (large adult)	
45 - 52	16 x 42 (extra-large adult)	



2022-23 Annual Aim

Improve Hypertension Control

PDSA Cycle 3 Aim

Improve Clinic & Home BP Recording and Follow-up

- Clinic workflow to order home BP monitor & include AVS home BP log
- 2. Patient education to log BP & follow-up with PCP

MA Blood Pressure Checklist:

1. Position the Patient

- Feet flat on the floor and <u>uncrossed</u>
- Arm and back <u>supported</u>
- Ask patient to not talk or use their phone during the <u>measurement</u>

2. Choose the appropriate cuff size

 Measure patient's arm circumference and use the chart to make sure it is the appropriate cuff size

Arm Circumference		Recommended Cuff Size (width x length in cm)	
cm	in		
22 - 26	8.7 - 10.2	12 x 22 (small adult)*	
27 - 34	10.6 - 13.4	16 x 30 (adult)*	
35 - 44	13.8 - 17.3	16 x 36 (large adult)*	
45 - 52	17.7 - 20.5	16 x 42 (extra-large adult)	

3. Choose the appropriate arm

Avoid arm with dialysis shunt, side affected by stroke or same side as <u>mastectomy</u>

4. Measure Blood Pressure

- Place the cuff on patient's upper arm against bare skin and position patient's arm at heart level
- If SBP > 140 and/or DBP > 90, repeat the blood pressure measurement again in examination room after the patient has been seated for at least 5 minutes

5. Questions to ask Patient and Documentation

- "Have you been told by a provider that you have high blood pressure?"
- "If so, do you have a blood pressure monitor and cuff at home?"
- Log arm circumference and if patient has BP equipment at home in a note on Epic

6. Discharge with BP Log in AVS

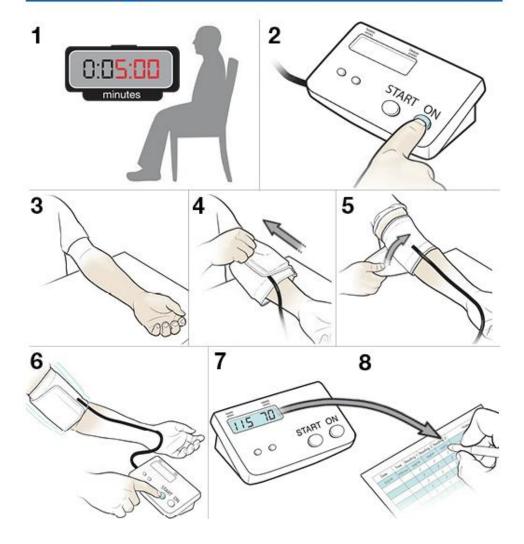
- For patient's with diagnosis of elevated blood pressure or hypertension include the dot phrase (.FMHTNLOG or .FMHTNLOGSPANISH) into Patient Instructions section to print out Blood pressure log into AVS and
- Remind patients to bring BP log to next <u>visit</u>

Smart Phrase to include in AVS

.FMHTNLOG

- Includes instructions for patients on how to correctly measure BP
- BP log with AM and PM recordings
- Follow up instructions to return in 4-8 weeks with BP log
- Lifestyle education to control BP

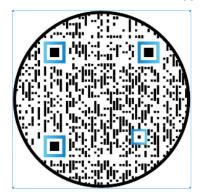
Checking your Blood Pressure at Home:



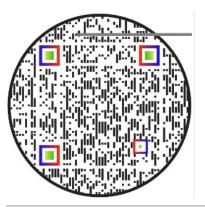
Patient AVS BP Log for Home Monitoring

Use the QR code below to log your blood pressure on a free app!

Blood Pressure -SmartBP for Apple phones



Smart BP Blood Pressure Tracker for Android phones



Home Blood Pressure Log

Check your Blood Pressure twice a day, in the morning and late afternoon or evening - at about the same times every day. Follow up with your provider in 4-8 weeks regarding your high blood pressure and bring this log with you to your appointment.

Date	Time (AM)	Blood Pressure	Time (PM)	Blood Pressure

Ql Interventions across 12 months to improve hypertension control:

BP Measurement

- MA measure & record arm circumference in Epic
- MA record home monitor needs & inform PCP
- MA recheck BP if > 140/90

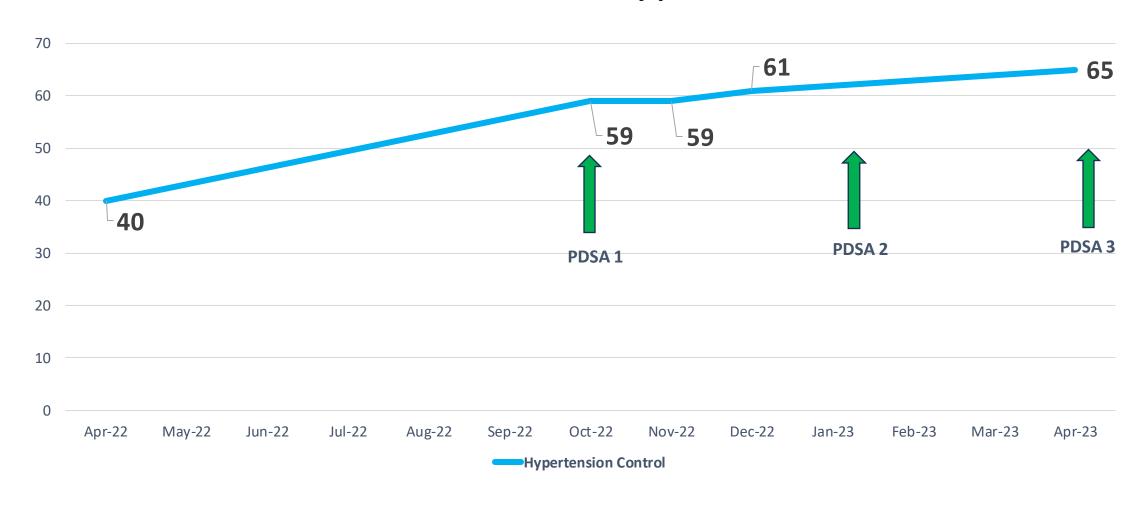
BP Equipment

- PCP order BP
 Kit with correct cuff size
- PCP remind patient to fill out home BP log
- Return to clinic with log in 4-8 weeks

Discharge

- MA include dot phrase for home BP log in AVS
- MA remind
 patient to bring
 BP log to
 follow-up clinic
 visit

Percentage of Family Medicine Residency Patients with Controlled Hypertension



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Thank you!