

# BP VISIT Session #3

## Monthly Reports and Patient Engagement



# Overview of BP Control Rate Data

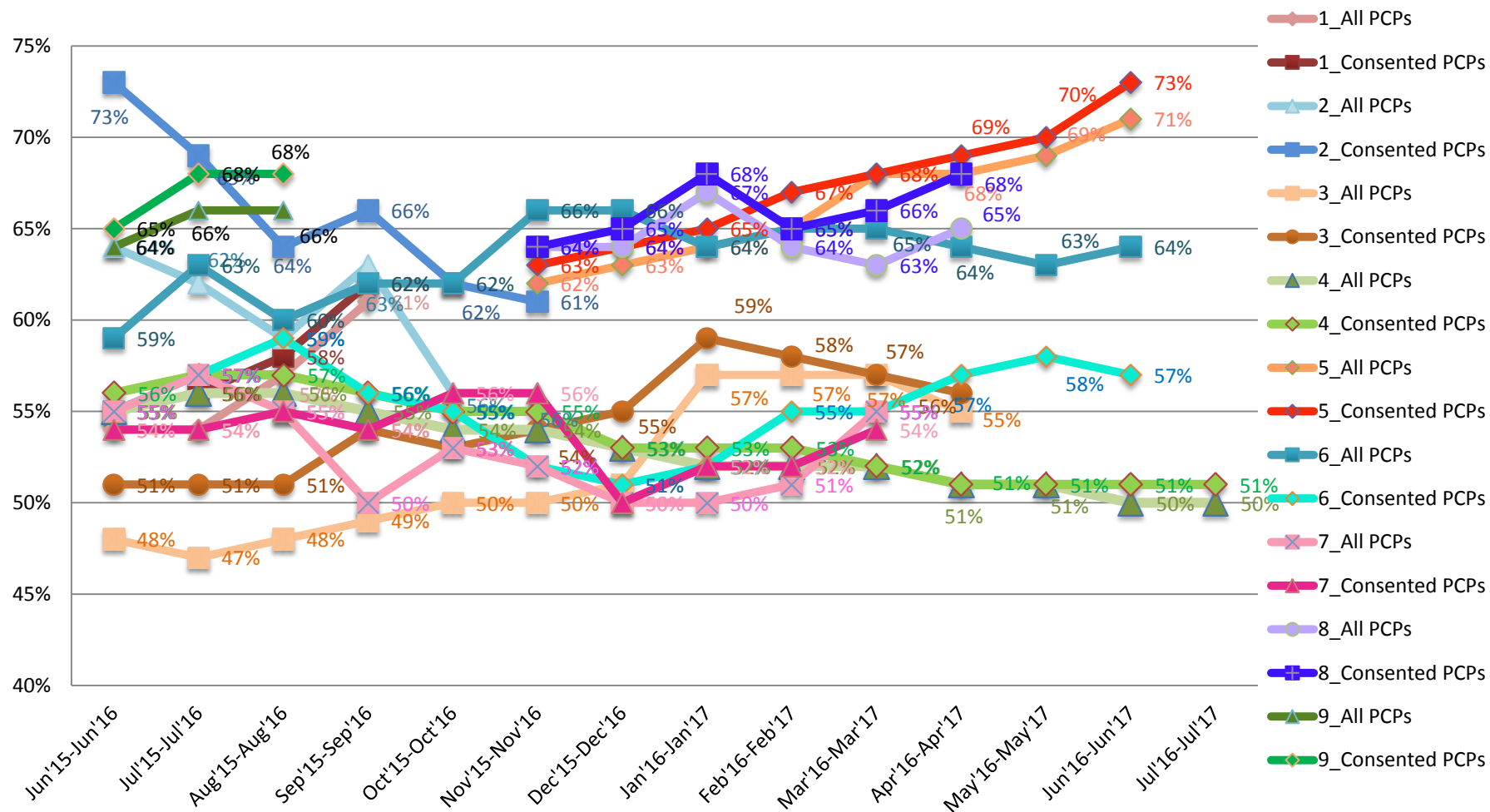
- Monthly BP control rates compared to other CHCs

# BP Control Rates by Sites

Sites (1 yr panel)	Jun'15-Jun'16	Jul'15-Jul'16	Aug'15-Aug'16	Sep'15-Sep'16	Oct'15-Oct'16	Nov'15-Nov'16	Dec'15-Dec'16	Jan'16-Jan'17	Feb'16-Feb'17	Mar'16-Mar'17	Apr'16-Apr'17	May'16-May'17	Jun'16-Jun'17	Jul'16-Jul'17
1_All PCPs	54%	54%	57%	61%										
1_Consented PCPs	55%	56%	58%	62%										
2_All PCPs	64%	62%	59%	63%	56%	56%								
2_Consented PCPs	73%	69%	64%	66%	62%	61%								
3_All PCPs	48%	47%	48%	49%	50%	50%	51%	57%	57%	57%	55%			
3_Consented PCPs	51%	51%	51%	54%	53%	54%	55%	59%	58%	57%	56%			
4_All PCPs	55%	56%	56%	55%	54%	54%	53%	52%	52%	52%	51%	51%	50%	50%
4_Consented PCPs	56%	57%	57%	56%	55%	55%	53%	53%	53%	52%	51%	51%	51%	51%
5_All PCPs						62%	63%	64%	65%	68%	68%	69%	71%	
5_Consented PCPs						63%	64%	65%	67%	68%	69%	70%	73%	
6_All PCPs	59%	63%	60%	62%	62%	66%	66%	64%	65%	65%	64%	63%	64%	
6_Consented PCPs	55%	57%	59%	56%	55%	52%	51%	52%	55%	55%	57%	58%	57%	
7_All PCPs	55%	57%	55%	50%	53%	52%	50%	50%	51%	55%				
7_Consented PCPs	54%	54%	55%	54%	56%	56%	50%	52%	52%	54%				
8_All PCPs						64%	64%	67%	64%	63%	65%			
8_Consented PCPs						64%	65%	68%	65%	66%	68%			
9_All PCPs	64%	66%	66%											
9_Consented PCPs	65%	68%	68%											

\*\*Rates are calculated based on one year moving panel data; e.g., Jan'17 rates are being calculated based on Jan'16-Jan'17: 12 months data.

# BP Control Rates by Sites



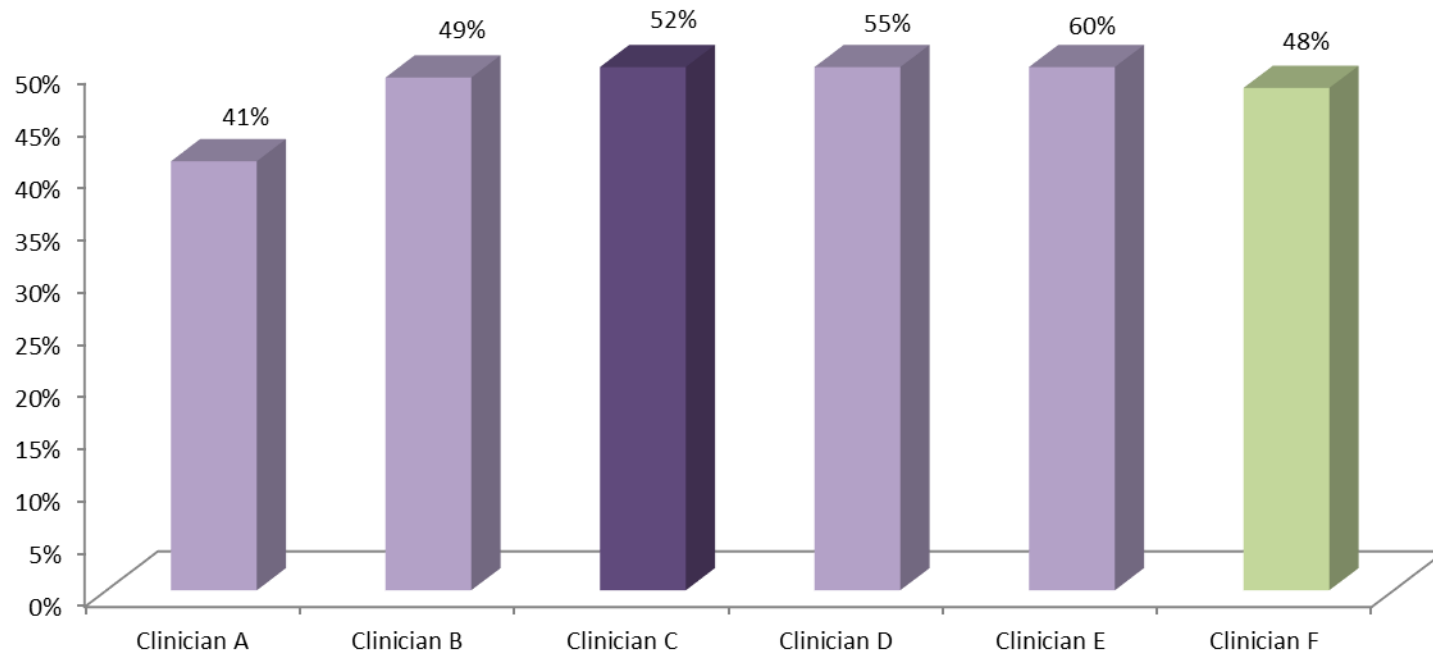
# Clinician Monthly Report: Interpreting Chart 1

**Percentage of Patients at Goal\* in Last 1 yr. Panel**

**Clinician: 060123, Clinician C**

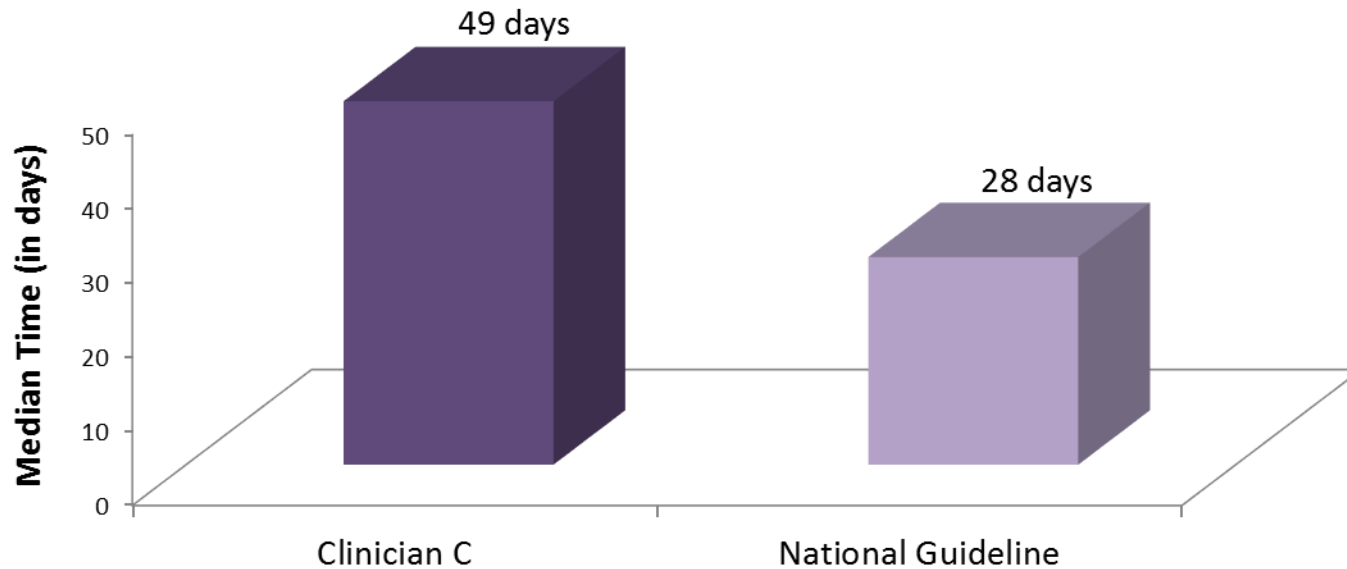
Total HTN Patients in Apr'15-Sep'16: **330**

No. of HTN Patients at Goal in in Apr'15-Sep'16: **172**



# Clinician Monthly Report: Interpreting Chart 2

**Followup Time of Patients Not at Goal\***



\* SBP < 140 mm Hg or DBP < 90 mm Hg

# Do you recall the 5As?



## The 5As: Engaging patients in collaborative partnerships for improving BP control

### **ASSESS**

Eliciting the patient's visit agenda and asking if the patient knows their BP goal and is motivated to achieve it.

### **ADVISE**

Telling the patient what their BP goal is, what their current BP reading is, and steps they can take to improve it.

### **AGREE**

Inquiring about barriers and facilitators to achieving the goal (beliefs, costs, memory, side effects) and willingness of the patient to change blood pressure management.

### **ASSIST**

Inviting the patient to agree to monthly visits until their BP goal is achieved.

### **ARRANGE**

Scheduling a following up visit in one month.



**Addressing the 5As in Practice**  
**Questions for LPNs/RNs to Ask Patients during Visits**

**ASK**

- “Do you know what your BP is today?”
- “Is it OK if we discuss your BP today?”
- “What is our TARGET blood pressure when we treat you?” - 140/90
- “Good Job! Now, what is the OPTIMAL blood pressure for you?” - 120/80
- Trick question --- “What is your target blood pressure at home when you do your own home BP?” – 135/85
- “Why is hypertension so important? It is not like an infection and we usually do not feel anything” ---- Develop CVD, CVA, CKD

**ADVISE**

- “Other than taking medicines, what can you do to improve your blood pressure?”  
---- Give pamphlets
- “Of course medicines play an important role, how do you remember to take your medications everyday?” – Pill box, blister packs
- “Do you know how to take home blood pressures?”

**AGREE**

- “Do you agree to make BP control a priority and are you on board for monthly visits?”

**ASSIST**

- “How can we arrange our mutual schedules to get with the program?”
- “Any programs in the community that we can involve?”

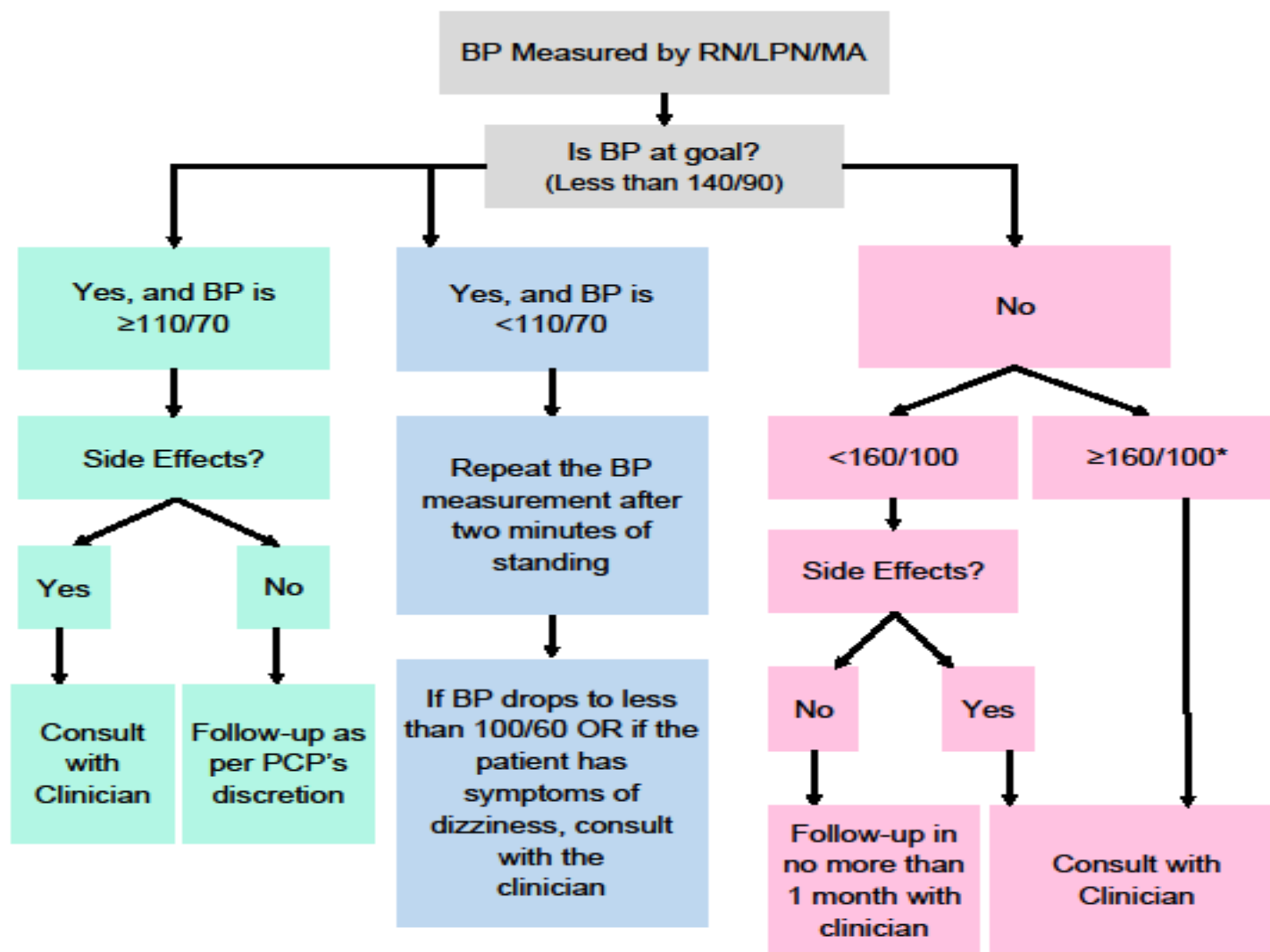
**ARRANGE**

- “Now, let’s schedule your next monthly BP check. Does \_\_\_/\_\_\_/\_\_\_ work for you?”

# Best Practices

- Monthly practice champion calls to review progress
- Monthly clinician reports
- Nurse/MA visits
- Patient outreach
- Templates and ordersets
- BP VISIT listserv newsletter
- Consultation with project cardiologist

## Nurse BP Control Algorithm



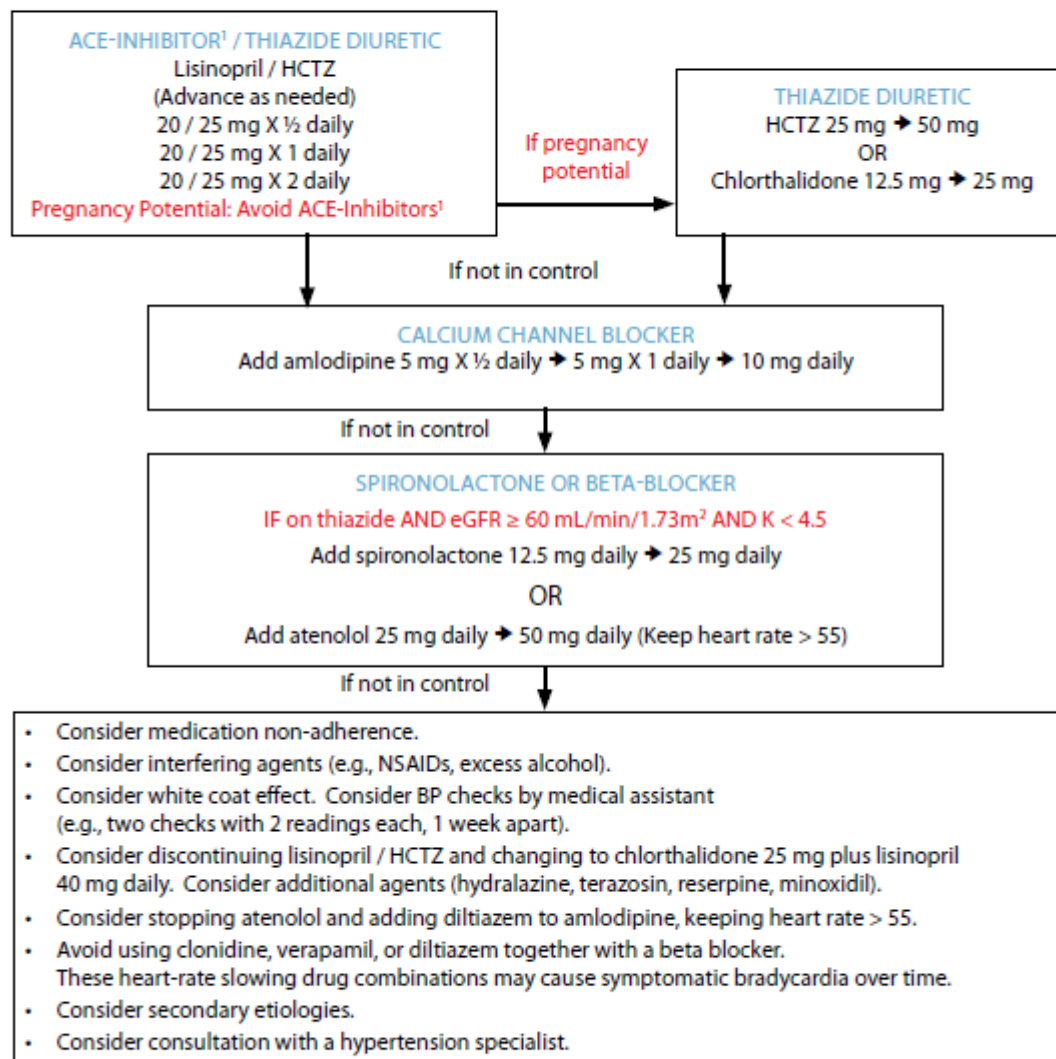
\* If BP is  $\geq 160/100$ , wait 15 minutes and repeat the BP measurement

# Adult Hypertension

## BLOOD PRESSURE (BP) GOAL

≤ 139 / 89 mm Hg – All Adult Hypertension

NNT CVA<sup>2</sup> = 63  
NNT MI<sup>2</sup> = 86  
NNT CVA or MI<sup>2</sup> = 36



1. ACE-Inhibitors are contraindicated in pregnancy and not recommended in most child-bearing age women.

2. NNT = number needed to treat to prevent one event, maintaining hypertension control for at least 5 years.

# EMR Orderset Templates

eClinicalWorks (Fiscella, Kevin A)

File Patient Schedule EMR Billing Reports CCD Fax ePayment Tools Community Meaningful Use Lock Help

## Order Sets

Search for Order Sets

**ORDER SET:** HTN - AJHC **Select All** **Order** **MEASURE:** **QUICK ORDER SET:** NO

**DIAGNOSES (TRIGGER):** **DIAGNOSES (LINKED):** (SAME AS TRIGGER)

**AGE (TRIGGER):** 13Y 0M To 80Y 0M

**GENDER (TRIGGER):** Unknown

**MESSAGE**  
Management of Hypertension in Adults - Recommend healthy lifestyle changes, including increased physical activity and a low-sodium diet, for all patients with hypertension and pre-hypertension. - Prescribe thiazide diuretics as the initial drug of choice for most patients. - Aim for target blood pressure of <140/90 for most hypertensive patients and <130/80 for those with diabetes or kidney disease. Source: City Health Information: Management of Hypertension in Adults. New York City Department of Health and Mental Hygiene.

**Opioid dependence in remission** **Chronic renal insufficiency, ...** **Chronic viral hepatitis C** **Others**

☐ Hgb A1C\* ALM, HH, KGHS, SMH, UMMC, UKMC 10/13/2015 Other Actions

☐ MICROALBUMIN RANDOM (incl. MA/CR Ratio)\* HH, SMH 05/02/2014 Other Actions

☐ CBC, PLT/DIFF\* ACM, HH, RHIO, SMH, URM 09/30/2015 Other Actions

**Future Labs**

☐ CBC, PLT/DIFF\* SMH, HH, ACM, URM, RHIO 1 4W 09/30/2015 Other Actions

☐ Hgb A1C\* ACM, HH, SMH, RGHS, URM, UMMC 1 4W 10/13/2015 Other Actions

**Diagnostic Imaging** **Assigned To:** Fiscella, Kevin A **Order** **Browse**

Description	DI Company	Frequency	Duration	Date	Status
<input type="checkbox"/> Echocardiogram	-	-	-	-	Other Actions
<input type="checkbox"/> Ultrasound : Abdomen	-	-	-	-	Other Actions
<input type="checkbox"/> CHEST FRONTAL & LAT	HH, HH	-	-	02/14/2013	Other Actions

**Procedures** **Assigned To:** Fiscella, Kevin A **Order** **Browse**

Description	Frequency	Duration	Date	Status
<input type="checkbox"/> ECG RECORD/REVIEW	-	-	-	Other Actions

**Immunizations** **Order** **Smart Forms**

Name	Dose	Date	Status	Name
<b>Therapeutic Injections</b>				BMI
				Fax To Quit
				PHQ2
				Tobacco Control

**Appointments** **Order** **Referrals** **Order**

☐ Follow-Up In: 2W

☒ Follow-Up In: 4W

☐ Outgoing Referral for: Clinical Pharmacist

☐ Outgoing Referral for: Dietician

**Documents** **Billing** **Send** **Print** **Fax** **Record** **Lock** **Details** **Scan** **Templates** **Claim** **Letters** **Ink**



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Opioid dependence in remission Chronic renal insufficiency, ... Chronic viral hepatitis C Others

Rx

	Name	Strength	Take	Freq	Duration	Refills	Route	Formulation	Dispense	Date	Status
<input type="checkbox"/>	Lisinopril-Hydrochlorothiazide	20-25 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Lisinopril	10 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Hydrochlorothiazide	25 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Amlodipine Besylate	5 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	10/21/2015	Ordered
<input type="checkbox"/>	Losartan Potassium	50 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Furosemide	20 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Chlorthalidone	25 MG	1 tablet every morning	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions
<input type="checkbox"/>	Carvedilol	12.5 MG	1 tablet with food	Twice a day	30 day(s)		Orally	Tablet	60	-	Other Actions
<input type="checkbox"/>	Metoprolol Succinate	25 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet Extended Release 24 Hour	30	-	Other Actions
<input type="checkbox"/>	Aspirin-81	81 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet Delayed Release	30	-	Other Actions
<input type="checkbox"/>	Spironolactone	25 MG	1 tablet	Once a day	30 day(s)		Orally	Tablet	30	-	Other Actions

Labs

Assigned To: Fiscella, Kevin A

	Description	Lab Company	Frequency	Duration	Date	Status
<input type="checkbox"/>	BASIC METABOLIC 8 PANEL	URMC	-	-	-	Other Actions
<input type="checkbox"/>	COMPREHENSIVE METABOLIC 14	URMC	-	-	-	Other Actions
<input type="checkbox"/>	LIPID PANEL*	ACM,UMMC,URMC	-	-	05/02/2012	Other Actions
<input type="checkbox"/>	LIPID PANEL ACM*	ACM	-	-	-	Other Actions
<input type="checkbox"/>	Microalbumin/Creat Ratio, Random Ur	-	-	-	-	Other Actions
<input type="checkbox"/>	Hemoglobin A1c - ONSITE TEST (In Control: <7)	-	-	-	10/13/2015	Other Actions
<input type="checkbox"/>	TSH*	ACM,HH,RGHS,SMH,URMC	-	-	09/19/2014	Other Actions

Send Print Fax Record Lock Details Scan Templates Claim Letters Ink

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SE (TRIGGER): 13Y 0M To 80Y 0M  
ENDER (TRIGGER): Unknown

Opioid dependence in remission Chronic renal insufficiency, ... Chronic viral hepatitis C Others

Physician Education

PDF

- hypertension-hcp-pocketguide.pdf
- hypertension-hcp-chi.pdf
- Aspirin cut-off.table.pdf
- US Prev Services Task Force Aspirin Prophylaxis.pdf
- JNC8.2014.JAMA.pdf
- CVDPrevention2013Guidelines..pdf
- CommHealth\_ExerciseBrochure\_9 2013.pdf

WEB REFERENCE

- <http://www.westernstroke.org/PersonalStrokeRisk1.xls>
- <http://hp2010.nhlbi.nih.net/atpiii/calculator.asp>
- <http://tools.cardiosource.org/ASCVD-Risk-Estimator/>

Patient Education

PDF

- ☐ Blood Pressure Tracking Card.pdf
- ☐ hypertension-pt-diet.pdf
- ☐ hypertension-pt-foodlabel.pdf
- ☐ Patient Medication Log.pdf
- ☐ Saltreduction.pdf
- ☐ HTNSelfCareGoals.pdf
- ☐ BPTips.pdf
- ☐ 14\_DASH-Diet African American.pdf
- ☐ 10 TipsHealthyHeart.pdf

WEB REFERENCE

- ☒ [http://www.nlm.nih.gov/medlineplus/tutorials/hypertension/htm/\\_no\\_50\\_no\\_0.htm](http://www.nlm.nih.gov/medlineplus/tutorials/hypertension/htm/_no_50_no_0.htm)
- ☐ <http://www.cardiosource.org/science-and-quality/practice-guidelines-and-quality-standards/2013-prevention-guideline-tools.aspx>

Apply Apply Browse

Apply Browse

Apply Browse

MEN (10-Yr MYOCARDIAL INFARCTION (MI) RISK)		WOMEN (10-YR STROKE RISK)	
Age Range	MI Risk	Age Range	Stroke Risk
45-59 years	>4%	55-59 years	>3%

Billing Information

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# Newsletters

BP Visit Newsletter: Hypertensive Urgency - "Primum Non Nocere" - Message (HTML)

File Message Tell me what you want to do...

Ignore Delete Reply Reply All Forward Meeting More... Move OneNote Actions Mark Unread Categorize Follow Up Translate Find Related Select Zoom

Mon 4/10/2017 4:38 PM

**BPVisit**

**BP Visit Newsletter: Hypertensive Urgency - "Primum Non Nocere"**

To BPVisit

Dear Clinicians,

The subject of hypertensive urgency has come up a lot in our practice champion sessions. Hypertensive urgency is defined (by JNC-7) as a SBP of at least 180 mm Hg and/or DBP of at least 110 mm Hg, without associated end-organ damage. By definition, it is ASYMPTOMATIC (to the patient). However, the sheer elevation of blood pressure levels can cause some downright scary symptoms in healthcare providers! But stop and catch your breath! As a hypertension guru once remarked, "No data currently exist to show immediate benefit from acutely lowering BP in ASYMPTOMATIC patients with severe hypertension ..... BUT data does suggest that an aggressive approach may be "HARMFUL."

Once upon a time, patients with severely elevated diastolic BPs in the 115-130 mmHg range were followed untreated for 3 months before being randomized in a clinical trial. Yes, this experiment was actually done; but it was done in the 1960s. Guess what? No adverse outcomes occurred in these 143 males during those 3 months. I suggest to you that we often over-react to severely elevated asymptomatic blood pressures.

There are no official algorithms endorsed by the hypertension societies. In my practice, we first ensure that the blood pressure measurement is actually accurate. Allow the patient to rest in a quiet area and repeat the blood pressure with an automated device several times, preferably with an automated office blood pressure monitor. Most importantly, if there is even a hint of symptoms, the patient should be referred to the ED. This is a case of hypertensive EMERGENCY. Hypertensive emergency cases absolutely benefit from ER referrals. I also have a lower threshold to send a patient to the ER if I find out that they had suffered a cardiovascular / cerebrovascular / vascular or renal failure event in the past 3-6 months. A focused exam to rule out subtle encephalopathy and heart failure should be performed. EKGs are commonly performed but will often be abnormal because they often show LVH w/ strain pattern. In women of child-bearing age, it is not unreasonable to check a pregnancy test because this may be an occasion for pre-eclampsia to declare itself (in a previously undiagnosed pregnancy).



# Next Steps

- What did you find most useful today?
- What do you plan to do differently as a result of what you learned today?

# BP Visit Website and Resources

<http://www.cdnetwork.org/bp-visit>

# THANK YOU!

