



# What's All the Hype about Hypertension?

## Bringing Focus Back to the Basics

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# Continuing Education



- To complete the course, the learner must:
  - Watch the 60-minute webinar (live or recorded)
  - Complete evaluation & reflective questions
- 1.0 contact hours approved for Nursing
  - Quality Insights is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation
- There are no disclosures from Quality Insights



# Learning Outcomes

- After this course, the learner will:
  - Identify barriers to optimal BP control for patients
  - Explain and provide resources related to improving self-management of hypertension to patients
  - Describe their role in a hypertensive patient's journey





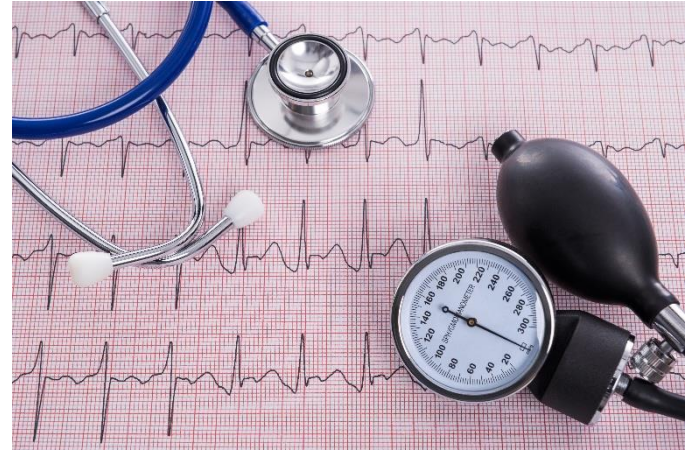
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NATIONAL  
**HIGH BLOOD  
PRESSURE**  
EDUCATION MONTH

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# Know the Facts

- Nearly half of the adult population in the U.S. (47%, or 116 million) have a diagnosis of hypertension.
- Approximately 1 out of 4 adults (24%) with diagnosed hypertension actually have their blood pressure readings and condition under control.
- A study from 2003 to 2014 shows that the U.S. spends about \$131 billion each year on high blood pressure.



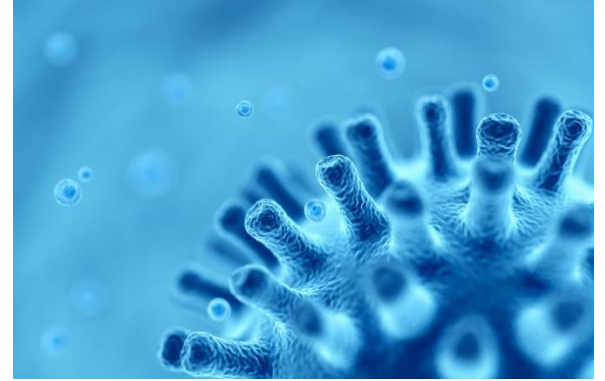
# Blood Pressure Categories

<b>Blood Pressure Category</b>	<b>Systolic mm Hg (upper number)</b>		<b>Diastolic mm Hg (lower number)</b>
<b>Normal</b>	<b>Less than 120</b>	<b>and</b>	<b>Less than 80</b>
<b>Elevated</b>	<b>120 – 129</b>	<b>and</b>	<b>Less than 80</b>
<b>High Blood Pressure (Hypertension) Stage 1</b>	<b>130 – 139</b>	<b>or</b>	<b>80 – 89</b>
<b>High Blood Pressure (Hypertension) Stage 2</b>	<b>140 or higher</b>	<b>or</b>	<b>90 or higher</b>
<b>Hypertensive Crisis (consult your doctor immediately)</b>	<b>Higher than 180</b>	<b>and/or</b>	<b>Higher than 120</b>



# Hypertension and COVID-19

- Hypertension is the most common comorbidity among those testing positive for COVID-19.
- Adults with uncontrolled high blood pressure are at an increased risk for more severe illness from COVID-19. (CDC)
- Hypertensive patients with uncontrolled disease may be at risk for compromised immunity, increased severity of lung injury, and increased likelihood of hospital exposure.



# Unique Race Factors

- An estimated 55% of African American adults have high blood pressure.
- African Americans have higher rates of hypertension than any other ethnic population.
  - May be linked to higher rates of obesity and diabetes
- The incidence of angioedema among African Americans is 5% and 0.7% among Caucasians, corresponding to an incidence rate 7x higher in the African American community.





# Detection

- Approximately 1 in 3 adults with high blood pressure are unaware they have hypertension. This means the group is an untreated population.
- Most people have no symptoms.
- Important to promote:
  - Annual wellness visits
  - Community Resources: BP machines in pharmacies



# Diagnosis

- An average of 2 or more accurately measured BP readings
  - In-office BP readings, at-home BP readings
  - If first reading is elevated, let the patient rest and repeat test 5-10 minutes later



# Common Causes of Inaccurate BP Measurements

Case	Systolic Effect
<b>Cuff size: (The most common source of error)</b> <ul style="list-style-type: none"><li>• Cuff too small</li><li>• Cuff too large</li></ul>	+ 10-40 mm Hg - 5-25 mm Hg
<b>Patient positioning:</b> <ul style="list-style-type: none"><li>• Arm above heart level</li><li>• Arm below heart level</li><li>• Feet not flat on floor</li><li>• Back not supported</li><li>• Legs crossed</li></ul>	+ 2 mm Hg per inch - 2 mm Hg per inch + 5-15 mm Hg + 5-15 mm Hg + 5-8 mm Hg
<b>Patient factors:</b> <ul style="list-style-type: none"><li>• Patient in pain</li><li>• Patient talking</li><li>• Patient has full bladder</li><li>• Recent tobacco or caffeine use</li><li>• White-coat syndrome</li></ul>	+ 10-30 mm Hg + 10-15 mm Hg + 10-15 mm Hg + 6-11 mm Hg + 11-20 mm Hg
<b>Method factors:</b> <ul style="list-style-type: none"><li>• Patient not rested for 3-5 minutes prior</li><li>• Cuff placed over clothing</li></ul>	+ 10-20 mm Hg + 10-40 mm Hg



# Barriers to Achieving Optimal BP Control

- Patients lost to follow-up
- Decline in annual wellness visits
- Telemedicine
- Education
- Medication
  - Side effects, cost
- Distrust of healthcare professionals





Working Together to Improve our Roles



# Doctors

- Detection
  - Annual wellness visits
  - Electronic health records
- Evaluation
- Treatment
  - Lifestyle changes
  - Medication



# Making BP Control a Priority

- Designate a “champion” or “lead” for the practice
- Provide BP checks without appointment-designated walk-in hours or hypertension clinics
- Provide BP checks without copays
- Expand the care team: community health workers, community pharmacists
- Standardized treatment approach





# Quality Insights Resource: *Adopting a Standardized Treatment Approach for Blood Pressure Control*

- Visit <http://bit.ly/BPprotocol> to download a free Million Hearts® customizable template to create your own hypertension treatment protocol.

## Adopting a Standardized Treatment Approach for Blood Pressure Control

Following are key components of blood pressure treatment. Visit <http://bit.ly/BPprotocol> to download a free Million Hearts® customizable template so that you can create your own hypertension treatment protocol.

### Clinical Staff – Practice has policy/procedure to address:

- Performing BP checks without scheduled appointments
- Ensuring the practice EHR has clinical decision support to generate a warning in red when BP is out of normal range and has ability to configure BP reading flow sheet
- Training clinicians on proper BP measurement (example: 7 Simple Tips tool)
- Measuring, documenting and repeating BP as necessary
- Assessing clinicians' skills on adherence to proper BP measurement techniques
- Scheduling patients with a new diagnosis of hypertension for frequent follow-up visits until BP is controlled
- Scheduling follow-up visits for patients with controlled hypertension
- Scheduling follow-up visits for patients with uncontrolled hypertension
- Generating monthly care gap reports to identify patients with hypertension who have not been seen within the last \_\_\_\_\_ months
- Performing medication reconciliation at every clinical visit
- Performing a vaccination assessment and administration of indicated vaccinations at time of visit

### Patients – Practice has policy/procedure to address:

- Empowering patients to achieve and maintain control of their blood pressure and engaging patients and families using evidence-based communication strategies
- Coordinating community resource programs to support home and/or ambulatory BP monitoring
- Supporting patients' blood pressure self-monitoring: advising on device/cuff size, checking device for accuracy, training patient on use, monitoring and assisting to help patients accurately self-measure BP, counseling patients, providing BP logs (electronic/paper/portals)
- Providing educational materials to patients to help them understand elevated blood pressure and its implications
- Providing healthy lifestyle educational materials on the patient portal, including addressing elevated blood pressure, supporting a low-sodium nutrient-rich diet, engaging in moderate physical activity/exercise, maintaining a healthy body mass index (BMI) and access to community resources
- Developing a process to inform patients to bring a list of all medications or all medication bottles to every appointment and to direct patients and families to resources that support medication adherence
- Developing a process to inform patients to bring BP logs (when applicable) to every clinical visit



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# Nurses

- Education
  - Use of at-home monitoring systems
  - Healthy lifestyle changes
  - Medications
- Resources
  - BP logs
  - At-home BP cuffs
- Behind the Scenes
  - HTN Registry
    - BP logs, medication refills, follow-ups, educational materials up-to-date





# Role-Play



# Quality Insights

## Resource:

### 7 Tips to Get an Accurate BP Reading

**7 SIMPLE TIPS**  
TO GET AN ACCURATE BLOOD PRESSURE READING

mmHg  
(millimeters of mercury—a unit of pressure)

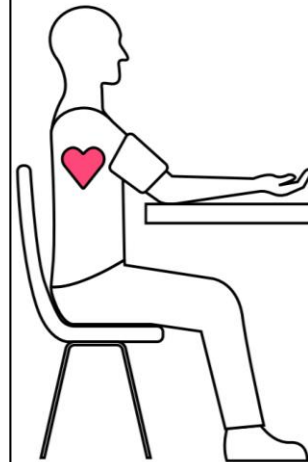
- 1 Don't Have a Conversation**  
Talking adds 10–15mmHg
- 2 Support Back**  
Unsupported back adds 5–10mmHg
- 3 Put Cuff on Bare Arm**  
Cuff over clothing adds 10–40mmHg
- 4 Support Arm at Heart Level**  
Unsupported arm adds 10mmHg
- 5 Empty Bladder**  
Full bladder adds 10–15mmHg
- 6 Keep Legs Uncrossed**  
Crossing legs adds 5–10mmHg
- 7 Support Feet**  
Unsupported feet add 5–10mmHg

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## HOW TO CORRECTLY MEASURE BP



#### Patients can be prepared by:

- Not participating in vigorous physical activity within 30 minutes of blood pressure being taken
- Not drinking coffee, regular or diet caffeinated soda, alcohol, or smoking within 30 minutes of blood pressure being taken
- Emptying bladder and bowel right before BP is taken
- Sitting calmly for 5 minutes before BP is taken

#### Providers:

- Make sure the device is calibrated regularly according to manufacturers' recommendations
- Wash hands
- Ensure you are using the proper cuff size for the patient
- If a recheck is necessary do not check on the same arm immediately after
- If rechecking because the reading is high — let the patient rest for 3–5 mins. at a minimum

#### Cuff Sizes:

- Small adult - 9–10 in. arm circumference (22–26 cm)
- Standard adult - 11–13 in. arm circumference (27–34 cm)
- Large adult - 14–17 in. arm circumference (35–44 cm)
- Adult thigh - 18–21 in. arm circumference (45–52 cm)

#### Resources:

- <http://bit.ly/howtomeasurebp>



# Pharmacists

- Studies have shown clinical, economic and quality-of-life outcomes improve when pharmacists routinely screen patients for BP control and medication adherence as part of team-based care.
- Make sure providers are considering the best medications for patients.
- Provide patient care services, encourage lifestyle changes, self-management strategies, counsel patients who are not adhering to prescribed drug treatments, and help patients take medications correctly.

## Using the Pharmacists' Patient Care Process to Manage High Blood Pressure: A Resource Guide for Pharmacists

A Resource Guide for Pharmacists



# Creating a Plan: Keep in SIMPLE

- **S**implify the regimen
- **I**mpart knowledge
- **M**odify patients' beliefs and behaviors
- **P**rovide communication and trust
- **L**eave the bias
- **E**valuate adherence

KEEP IT  
SIMPLE



# COVID Happened and Times Have Changed

- A survey from the *Journal of American Medicine* found that 41% of people skipped medical care in 2020.
  - Estimated 115,000 people skipped colonoscopies
  - Nearly 160,000 people missed mammograms
  - Over 114,000 women missed pap smears
- Annual wellness visits have taken a back seat.





# Annual Wellness Visits

- Annual wellness visits were introduced in 2011 by Medicare as part of the ACA.
- In 2019, patients who received an AWW experienced a 5.7% reduction in total health care costs over the course of a year. They also saw a 44% reduction in ED visits and a 44% reduction in hospital readmission rates.
- The AWW is an important service for achieving the quadruple aim of health care: increased quality, lower cost, patient experience and provider experience.



You get your car tuned up.

## WHAT ABOUT YOUR BODY?

Medicare covers an Annual Wellness Visit once every 12 months. This visit can help you and your doctor catch disease early and keep you healthy. Your doctor can also recommend tests and shots to prevent illness.

The Part B deductible does not apply, so as long as a Medicare participating doctor conducts your exam, there is no cost to you.

**Ask your doctor about Medicare's Annual Wellness Visit today.**



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# Annual Wellness Visits

- Conducted by a primary care physician (PCP)
- Entails a series of questions to understand patient's health, history and what future care will be needed
- Results in a care plan that documents what the patient will need for the remainder of the year based on current health and underlying risk factors
- For qualified individuals, cost of the AWV is 100% covered, once every 12 months, as are many specific preventive services





# Annual Wellness Visits

- Remain vastly underutilized, especially among high risk groups
- 8.1% of all Medicare beneficiaries utilized the AWV in 2020
- 23% of all Medicare beneficiaries utilized the Annual Wellness Visit in 2016
- 19% of all Medicare beneficiaries utilized the Annual Wellness Visit in 2019



Get Back to Health



# Resources

- Free Million Hearts® customizable template to create hypertension treatment protocol: <http://bit.ly/BPprotocol>
- Tool for screening and diagnosing hypertension: <http://www.womensheart.org/pdfs/bpassessmenguidelines2002.pdf>
- Printable BP log for patients: [https://www.cdc.gov/heartdisease/docs/My\\_Blood\\_Pressure\\_Log.pdf](https://www.cdc.gov/heartdisease/docs/My_Blood_Pressure_Log.pdf)
- How to correctly measure BP for patient education: <http://bit.ly/howtomeasurebp>
- Tip sheet for healthcare professionals to help improve medication adherence: [https://millionhearts.hhs.gov/files/TipSheet\\_HCP\\_MedAdherence.pdf](https://millionhearts.hhs.gov/files/TipSheet_HCP_MedAdherence.pdf)



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# Thank You

- Evaluation

- Please remember to complete the evaluation and reflective questions at the conclusion of this webinar to receive 1.0 nursing contact hour.

<https://www.surveymonkey.com/r/GMQDNB7>

- Contact Information

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*Activate the camera on your smart phone and scan this QR code to link to the **evaluation.***

