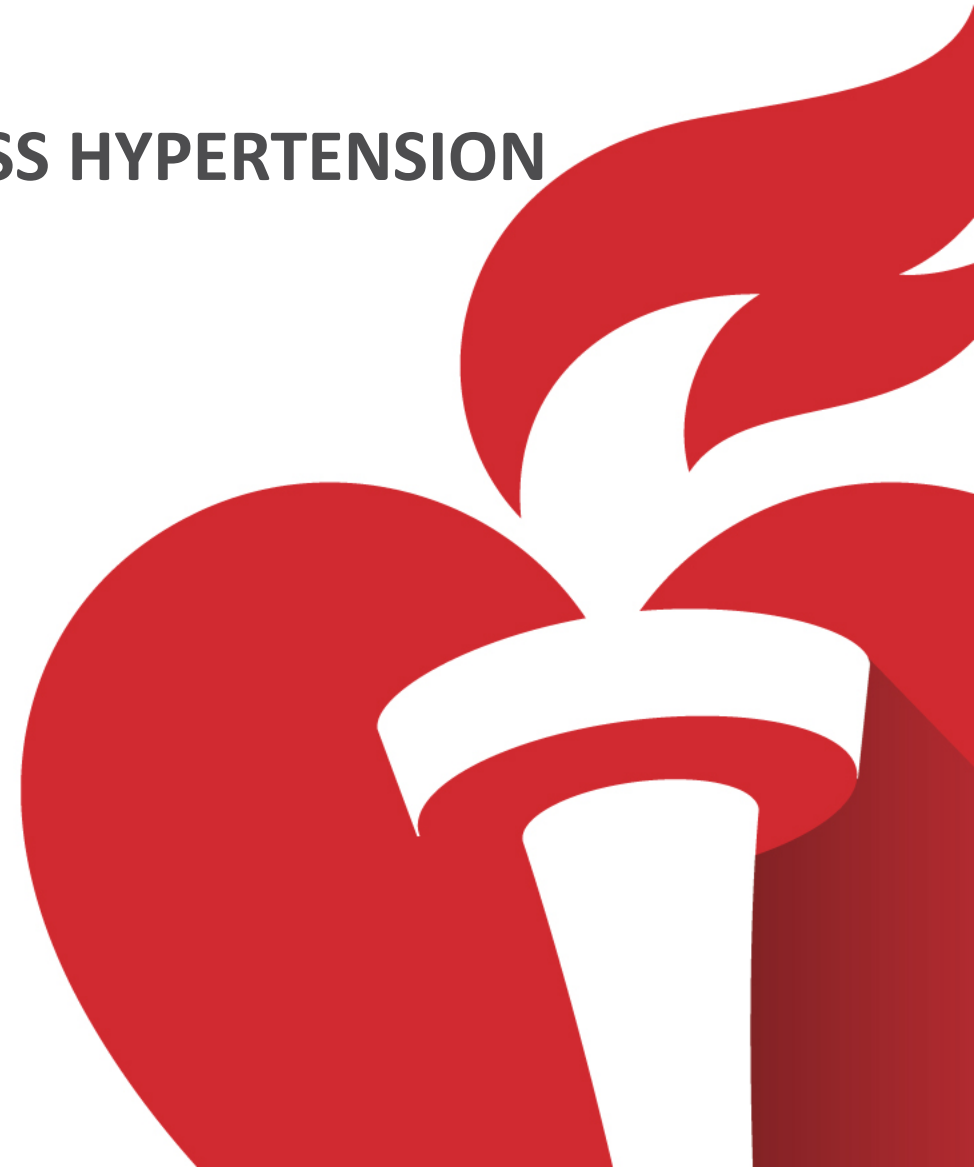




# PHYSICIAN OFFICE STRATEGIES TO ADDRESS HYPERTENSION AND HYPERLIPIDEMIA

Matthew Stripling, MHA  
Senior Director, Rural Health  
Southwest Affiliate  
*American Heart Association*



Matthew Stripling is the Senior Director for Rural Health for the American Heart Association. He currently oversees multiple health initiatives across the six states that make up the SouthWest region of the AHA. Matthew works to lead ambulatory quality improvement initiatives that target risk factors like hypertension, cholesterol, and diabetes. Additionally, he is partnering with state-wide efforts to address food insecurity, expanding access to healthcare, and addressing the social determinants of health in rural communities. Matthew has eight years of experience working across multiple levels of the health care systems to address chronic disease management. He holds an undergraduate degree in exercise science and a master's degree in health care administration. He is looking forward to getting married this October to his fiancé Stephanie and he currently calls Little Rock, Arkansas home.



# DISCLOSURES

## FINANCIAL DISCLOSURE:

No financial relationships to disclose

## UNLABELED/UNAPPROVED USES DISCLOSURE:

None to disclose

# OBJECTIVES

- WHAT'S THE GOLD STANDARD FOR HYPERTENSION AND HYPERLIPIDEMIA CONTROL
- COMMON ERRORS MADE IN PHYSICIAN OFFICES
- REVIEW OF THE MAP FRAMEWORK
- PARTNERING WITH PATIENTS EXAMPLE REVIEW: SELF MONITORING BLOOD PRESSURE PROGRAM
- WHERE TO GO FOR MORE RESOURCES

# GOLD STANDARD

## ~~HOW DO YOU MEASURE UP?~~

- **TARGET BP** – 70% CONTROL RATE OF PATIENTS WITH A HYPERTENSION DIAGNOSIS
- **CHECK. CHANGE. CONTROL. CHOLESTEROL** – ACTIVELY USING THE ASCVD RISK CALCULATOR IN THE HER AND 70% CONTROL RATE OF MIPS 4328 CHO MANAGEMENT DATA.
- **AMBULATORY TARGET: TYPE 2 DIABETES** – HBA1C POOR CONTROL (>9%) LESS THAN 25% OF ADULT POPULATION

# COMMON MISTAKES

## Observer factors

- Wrong cuff size
- Cuff placed over clothing
- Improper positioning
- No rest period
- Terminal digit preference
- Talking to patient
- Rapid cuff deflation

## Patient factors

- Full bladder
- Stimulants
- Recent exercise
- Recent meal
- Talking, texting, reading

## System factors

- Location of monitor/device
- Noise
- Work flows

# PARTNERING WITH PATIENTS

## The M.A.P. Framework

Measure blood pressure accurately

Act rapidly to manage uncontrolled hypertension

Partner with patients, families and communities to promote self-management

# OVERVIEWING SMBP

## WHY SMBP MAY WORK FOR YOU....

- HELPS PROVIDE ASSESSMENTS OF BLOOD PRESSURE CONTROL
- EMPOWERS PATIENTS TO SELF MANAGE THEIR HTN
- MAY IMPROVE MEDICATION ADHERENCE
- IDENTIFY MASKED HYPERTENSION
- WHITE COAT SYNDROME



# OVERVIEW SMBP

## PATIENT PERSPECTIVE

- CHECK THEIR BP
- COMMUNICATE RESULTS
- MAKE ADJUSTMENTS BETWEEN VISITS
- SELF-MANAGE HTN

# OVERVIEW OF SMBP

## STAFF ENGAGEMENT FOR SUCCESS

- PROPER MEASUREMENT TECHNIQUE
- PROPER FREQUENCY OF MEASURES
- HOW TO RECORD SMBP PATIENT LOGS
- A PLAN FOR PATIENTS TO REACT IF BP IS OUTSIDE DESIRED RANGE
- HOW/WHEN TO COMMUNICATE READINGS

# OVERVIEW OF SMBP

## IDENTIFY PATIENTS WHO MAY QUALIFY FOR SMBP

- Systolic BP greater than 130 but less than 160 mm Hg or Diastolic BP greater than 80 but less than 100 mm Hg, it is reasonable to screen for the presence of white coat hypertension using SMBP prior to making the diagnosis of hypertension.
- Office BPs that are consistently between Systolic BP of 120-129 mm Hg or Diastolic BP 75-79, screening for masked hypertension using SMBP is reasonable

## Identify staff who will be the point person for internal referrals

- Execute a warm hand off or in person phone call to appointed staff
- Who trains the patient?
- Materials to be given to the patient? Education resources, BP Log Sheets, & BP Cuffs
- Keep track of loaned materials and cuffs
- Schedule follow-up visit before patient leaves to assess SMBP data at return visit
- [SMBP Loaner Device Inventory Management](#)
- [SMBP Loaner Device Agreement](#)

**TARGET:BP** | IEC | AMA

### Self-measured blood pressure Pre-assessment

Instructions: Check all of boxes that apply to your practice.

**What is included in your office workflow for self-measured blood pressure (SMBP)?**

- Identify patients who would benefit from performing SMBP to:**
  - Diagnose hypertension
  - Rule out white coat or masked hypertension
  - Improve patient adherence to treatment
  - Increase patient self-management
- Train staff on correct use of SMBP techniques (competency)**
- Train patients how to correctly self-measure their blood pressure**
  - Correct positioning
  - Correct cuff size selection for arm size
  - Use of clinically validated devices for upper arm
  - How to record SMBP measurements
- Recommend automated upper-arm SMBP devices**
  - Recommended SMBP devices validated for clinical accuracy
- Receive SMBP data from patients**
- Average and interpret SMBP results**
- Act upon SMBP results when indicated**
- Loan clinically validated SMBP devices to patients who need them**
- Test accuracy of (calibrate) patient's SMBP device**
- Ensure patient's SMBP device fits properly**

[Download PDF \(0.05MB\)](#)

# OVERVIEW OF SMBP

- Patient Education & Activation

- Clear expectations for the patient
- Measure twice a day, morning and evening, two measurements at each sitting, more than 1 minute apart
- Minimum of 3 consecutive days of consistent measurements is acceptable, 7 days is recommended
- Individuals with a know HTN diagnosis, SMBP should last 2 weeks after a medication adjustment
- Use of a data collection log that is easy to navigate for the patient
- Identify a home support system if possible
- Is one pill therapy appropriate?

- Interpret Results

Average the results of the data to determine if the hypertension diagnosis qualifies

Discuss lifestyle interventions with patients

# ADDITIONAL RESOURCES

[HTTPS://TARGETBP.ORG/TOOLS-DOWNLOADS/?SORT=TOPIC&](https://targetbp.org/tools-downloads/?sort=topic&)

[HTTPS://WWW.HEART.ORG/EN/HEALTH-TOPICS/CHOLESTEROL/CHOLESTEROL-TOOLS-AND-RESOURCES](https://www.heart.org/en/health-topics/cholesterol/cholesterol-tools-and-resources)

[HTTPS://WWW.HEART.ORG/EN/HEALTH-TOPICS/DIABETES/DIABETES-TOOLS--RESOURCES](https://www.heart.org/en/health-topics/diabetes/diabetes-tools--resources)



# QUESTIONS

American Heart Association