

These 3 action steps can help improve blood pressure control

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About half of U.S. adults have hypertension or high blood pressure, a primary or contributing cause of more than 925,000 deaths due to cardiovascular disease per year in the U.S. The effort to control blood pressure faces several obstacles.

Inaccurate BP measurement, treatment inertia, non-adherence to treatment, and infrequent follow up contribute to the problem.

"We know that measurement processes vary from practice to practice, system to system and even care team member to care team member. And this variability can lead to errors in blood pressure measurement and ultimately inaccuracies," according to Kate Kirley, MD, MS, a family physician and director of chronic disease prevention and programs at the AMA.

It can also affect how patients are diagnosed and treated, Dr. Kirley said during an AMA webinar.

But there is help available for patients, care teams, physicians and health care organizations. AMA MAPTM Hypertension is an evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control that can address such hurdles to care. The program has demonstrated a 10% increase in BP control in six months with sustained results at one year.

The AMA and Azara Healthcare are collaborating to give organizations access to AMA MAP Hypertension metrics, reports, quality improvement tools and resources. Azara DRVS is a centralized, scalable data reporting and analytics platform for population health management and quality improvement. The detailed analytics allow care teams to access a more comprehensive view of their patient population, including the socioeconomic challenges their patients are experiencing.

In collaboration with Azara, the AMA recently launched the AMA MAP Hypertension Learning Series. In the opening webinar of the three-part series, Dr. Kirley detailed how to use AMA MAP to guide BP-control improvements.



Apply BP measurement science

Most organizations monitor their BP control rates. Control rate metrics typically measure the percent of patients with controlled BP among adults 18–85 years old who have an active diagnosis of hypertension before—or continuing into—the measurement period, or who get an active diagnosis during the first six months of the measurement period. Many organizations use a BP control threshold of 140/90 mm Hg, and some use a threshold of 130/80 mm Hg.

Organizations commonly establish an organizational BP control goal of 70%, but some choose a more aggressive goal. The AMA MAP Hypertension. program users are encouraged to prioritize BP control, regardless of the goal they establish or the threshold they use.

Physicians and health systems should "continue pushing forward and trying to push their control rates higher because we know it improves outcomes for our patients," she said.

AMA MAP process metrics enable care teams to understand which BP control barrier to prioritize on their journey to improving blood pressure control for their patient population with hypertension.

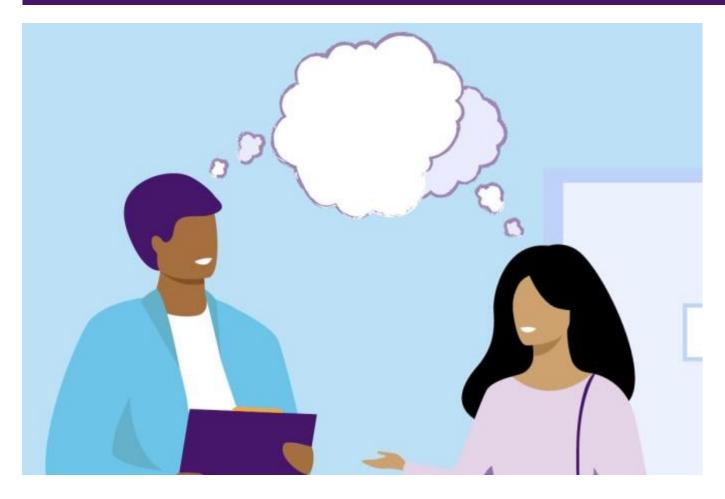
When addressing accurate BP measurement, Dr. Kirley recommends establishing a measurement protocol and ensuring workflows enable care teams to take repeat blood pressure measurements. The workflow must reflect when repeat measurements should be taken, how many should be taken, and how those measurements should be documented.

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Know when to act

The act rapidly metric tracks performance related to the problem of treatment inertia, perhaps the biggest obstacle to BP control.

"Many of our patients with uncontrolled hypertension are going to need more than one class of medication to get to their blood pressure goal," said Dr. Kirley.

Other process metrics relate to partnering with patients. For example, the frequency of follow-up visits within four weeks after a visit with uncontrolled BP.

"If we have patients follow up more frequently, we can get them to goal faster," said Dr. Kirley. "Our suggested goal for this metric is 50% or higher."



Access to resources in DRVS

At Azara Healthcare, the product team has been hard at work ensuring that AMA MAP Hypertension. metrics, reports, dashboard and resources are available to all DRVS users.

These valuable metrics, reports and resources are accessible to physicians and care teams in DRVS. Quality improvement, population health, care management professionals and organizational leadership teams have access to dashboards and scorecards to track population level BP performance over time.