

Team Based Approach and Workflows for Hypertension Success

- **Collaboration**
 - Involvement of many different health care professionals including: Providers, Specialists, Nurses, Outreach and Enrollment, Community Health Workers
- **Creating Organizational and Patient Centered Goals**
 - Team Based Incentives/ Provider Incentive
 - Patient Care Plans
 - Addressing Health Related Social Needs (eg. Medication Adherence)
- **Communication and Continuity of Care**
 - Daily Huddles, Chart Prep, and Open Door Policy (RN visit for BP checks)
 - Calibration of Home DME
 - Loop Closure on DI, Labs and Referrals

EDUCATION

Patient

- Educating the patient on what hypertension means and the effects of the condition
- Training on proper techniques to obtain a blood pressure at home
- Have patient bring in log of pressures taken at home (*Free logs can be found on American Heart Association website*)
- Providing educational materials (*utilizing American Heart Association website*)
- Educating on nutrition and diet
- Encouraging increased physical activity
- Smoking cessation counseling

Organizational

- Posted Target BP Infographics on blood pressure measurement techniques
- BP measurement competency yearly for all clinical team members
- Correct documentation in electronic health record (EHR) of BP readings for data to pull in reports
- Importance of repeat readings during the visit (*lowest reading counts*)

Blood Pressure Infographics

AMA MAP™
Hypertension

7 SIMPLE TIPS TO GET AN ACCURATE BLOOD PRESSURE READING

The common positioning errors can result in inaccurate blood pressure measurement. Figures shown are estimates of how improper positioning can potentially impact blood pressure readings.

USE CORRECT CUFF SIZE
Cuff too small adds 2-10 mm Hg

DON'T HAVE A CONVERSATION
Talking or active listening adds 10 mm Hg

PUT CUFF ON BARE ARM
Cuff over clothing adds 5-50 mm hg

EMPTY BLADDER FIRST
Full bladder adds 10 mm Hg

SUPPORT ARM AT HEART LEVEL
Unsupported arm adds 10 mm Hg

SUPPORT BACK/FEET
Unsupported back and feet adds 6 mm Hg

KEEP LEGS UNCROSSED
Crossed legs add 2-8 mm Hg

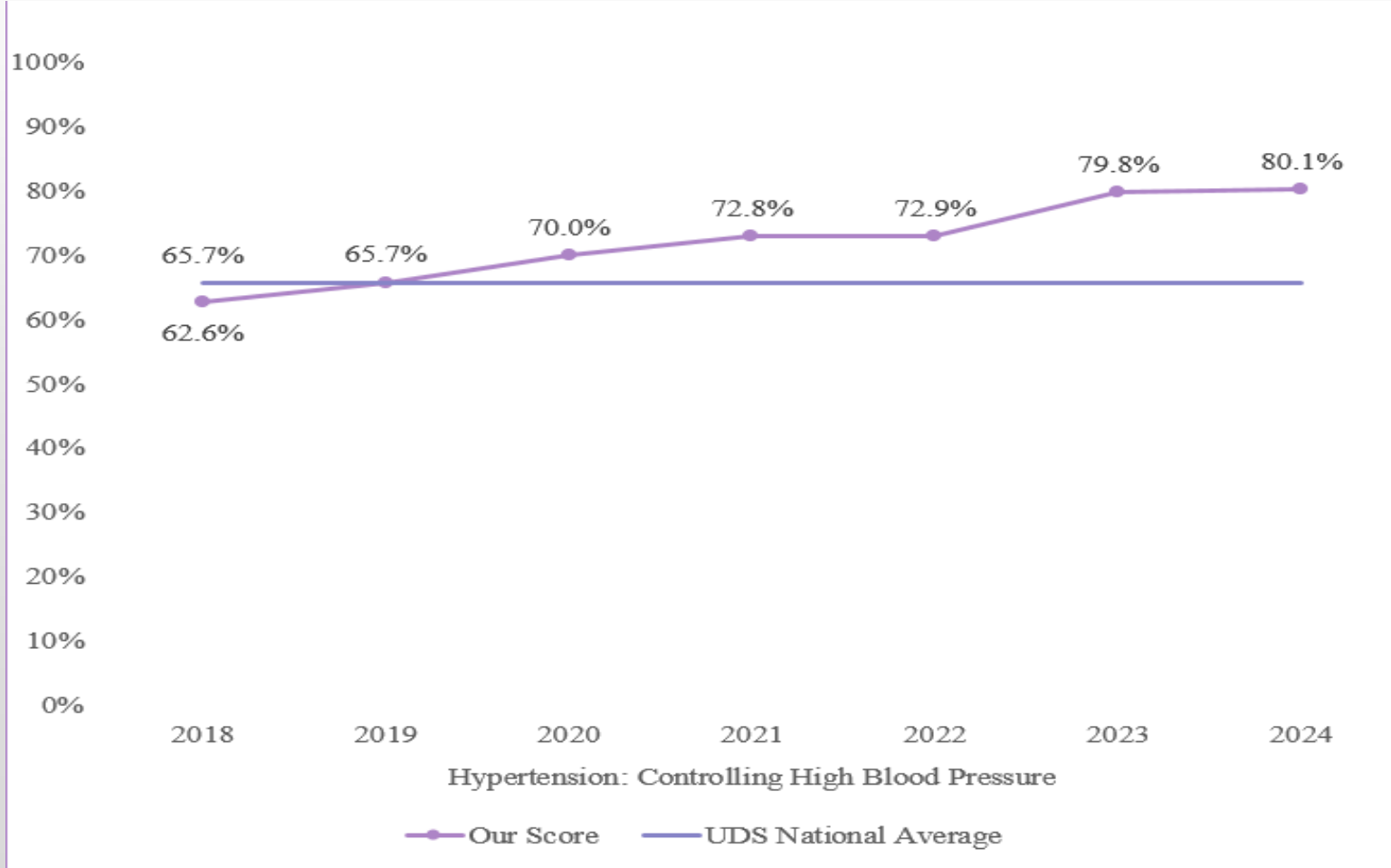
Sources:
1. Pickering, et al. Recommendations for Blood Pressure Measurement in Humans and Experimental Animals Part 1: Blood Pressure Measurement in Humans. *Circulation*. 2005;111: 697-716.
2. Handler J. The importance of accurate blood pressure measurement. *The Permanente Journal*/Summer 2009/Volume 13 No. 3 51

This 7 simple tips to get an accurate blood pressure reading was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at www.ama-assn.org/ama-johns-hopkins-blood-pressure-resources.

This resource is part of AMA MAP™ Hypertension, a quality improvement program. Using a single or subset of AMA MAP™ tools or resources does not constitute implementing this program. AMA MAP™ includes guidance from AMA hypertension experts and has been shown to improve BP control rates by 10 percentage points and sustain results.

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Data and Leveraging Technology



Value Based Care

- **This is a Triple weighted measure for Medicare Star Rating population**

This means that it contributes three times as much to a plan's overall star rating as other quality measures. Medicare Star Ratings are used to assess the quality of care provided by health plans, and a high star rating can lead to financial incentives for the plans.

- **Educate on the measure.**

Specifically, that Compliance is $<140/90$. Use Serial BP fields in EHR to capture a second BP if initial reading is out of compliance. The Quality Team went to each office and educated on this.






- **Leverage your EHR to automate adding CPT category II codes to claims**

Many EHRs allow for this, it is worth researching and configuring.

- **CBP (Controlling HTN) is a dynamic measure.**

Use reporting at end of year to capture out of compliance patients. We have Walk in clinics and a patient with HTN BP at these visits still pull into the denominator. Circle back to these patients and having a follow up call to document a Self-reported or Nurse visit to capture the most recent reading

Our barriers and approaches to address performance on this measure?

Barriers		Solutions
EMR documentation		Guidance on Structured Data Fields
Health Literacy		Providing Patient Education
Health Related Social Needs		Community Health Worker Referrals
Access to Provider		Utilizing RN visits
Staff Competency		Staff Education

Thank you!

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