

azara
USER CONFERENCE
APR 30–MAY 2
BOSTON, MA 2024

All Hands-On Deck

A Multi-Disciplinary Approach
to Controlling Hypertension



Today's Presenters



Theresa Couey, RN CCM
Quality Improvement Nurse
Grace Health



Emily Reidenbach, PharmD
Clinical Pharmacist
Grace Health

Today's Agenda



INTRODUCTION INTO GRACE HEALTH

Jumping on Board with AMA MAP™ Hypertension



MAP HYPERTENSION

Measure Accurately



MAP HYPERTENSION

Act Rapidly



MAP HYPERTENSION

Partner with Patients

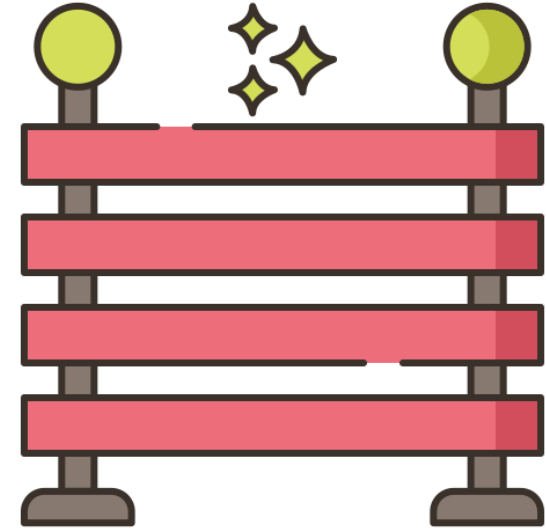
Objectives



Discover how Grace Health implemented the AMA MAP HTN™ continuous quality improvement program within their organization.



Explore Grace Health's utilization of the AMA MAP metrics within the DRVS platform to optimize program efficacy and long-term viability.



Understand the barriers and obstacles Grace Health encountered and their proactive strategies and solutions to overcome those challenges.



About grace HEALTH

181 West Emmett Street
Battle Creek, MI 49037
gracehealthmi.org

est. 1986



This entity receives HRSA Health Center Program grant funding under 42 U.S.C. § 254b and has been deemed a Public Health Service entity for purposes of certain liability protections, including Federal Tort Claims coverage, under 42 U.S.C. § 233(g)-(n).



grace HEALTH

Services



- . Behavioral Health
- . Dental
- . Family Practice
- . Health Education
- . Internal Medicine
- . OB/GYN
- . Optometry/Vision Care
- . Pediatrics
- . Pharmacy
- . Physical Therapy
- . Podiatry
- . School-based Health Centers



2023

Community Impact

27,803

Patients Served

109,531

Visits

**Free
Diabetic
Testing
Supplies**



**Easy
Pick Up Availability**

grace HEALTH

FULL-SERVICE Pharmacy



**Free
Delivery Service**



Sliding Fee Discount



**Non-Profit Partnership
Assistance**



Cost Reduction Programs



**Customized
Medication Packaging**

Immunizations



**One-on-One or Family
Consultations**

Low priced over-the-counter medications

est. 2018

164,720
Prescriptions
Filled



Pharmacy

2023 Impact

8,913
Patients Served

\$4,421,00
Out-of-Pocket
Prescription Savings for
Patients

9,262
Pharmacy
Deliveries

Our History of Hypertension Control and Why We Joined the Program

Hypertension Prevalence & Impact

48.1%

Percent of US adults with hypertension

2019

Nearly half a million deaths in the U.S. included hypertension as a primary or contributing cause

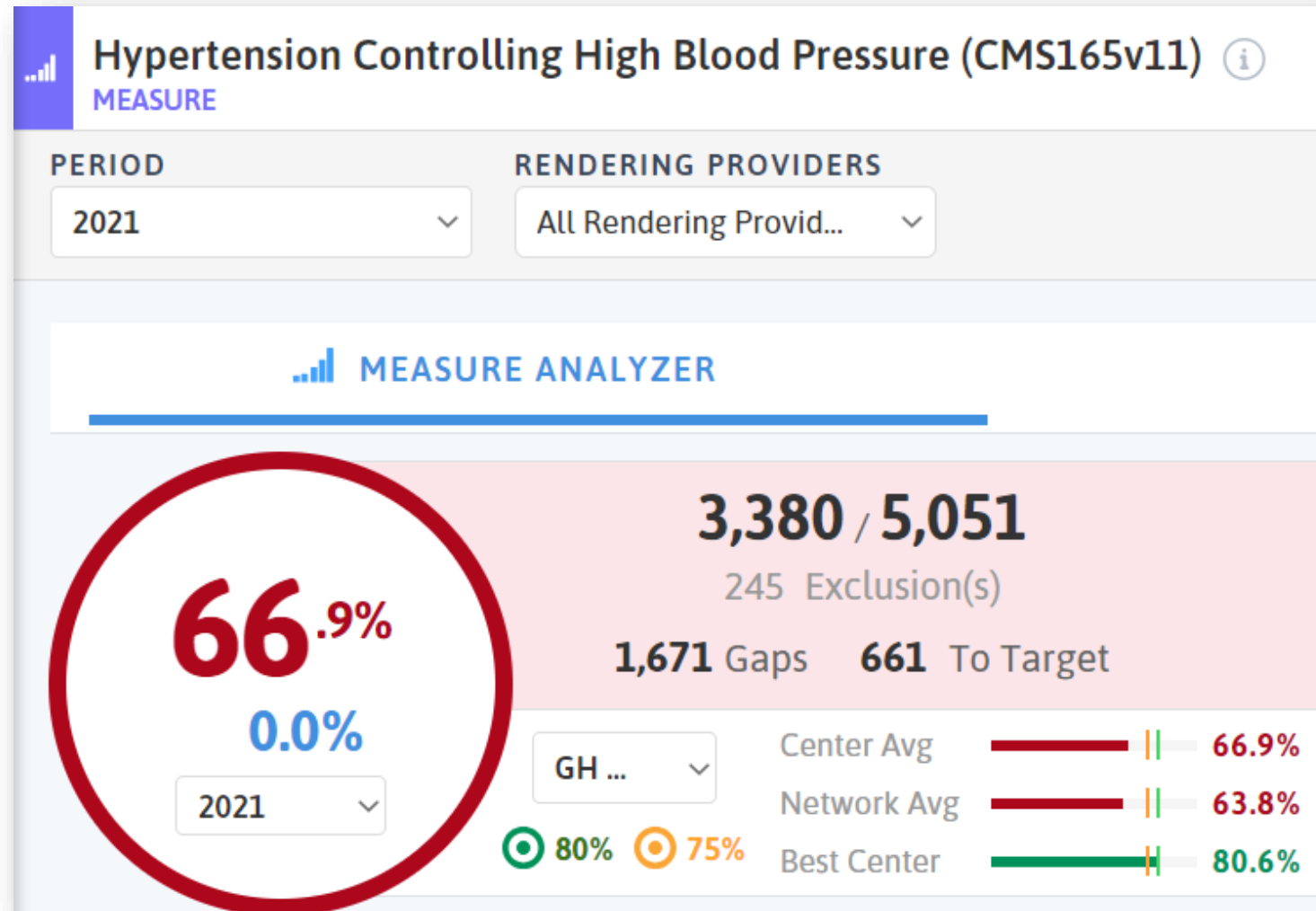
1.3 Million

ED visits in the US with essential hypertension as the primary diagnosis (2021)

\$131 billion

Average US cost on high blood pressure each year (2003-2014)

Hypertension Control History



Hypertension Control History



Gap Lists

Patient Name

MRN

Risk: Moderate (12) DOB:

ALERTS

RAF GAPS

OPEN REFERRALS

ACM DATA

Alert	Message	Most Recent Date	Most Recent Result
A1c	Overdue	3/27/23	5.4
LDL	Overdue	8/28/22	190
Eye	Overdue	6/22/22	normal
Foot	Overdue	7/24/22	Y
Dental	Missing		
BP High Stage 1 or 2 No Dx	Missing	6/21/23	Stage 1

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nextgen

healthcare

MEASURE ANALYZER

DETAIL LIST

VALUE SETS

Search Patients ...

All

Gaps

Num

Excl

Measure Investigation Tool

Reset Columns

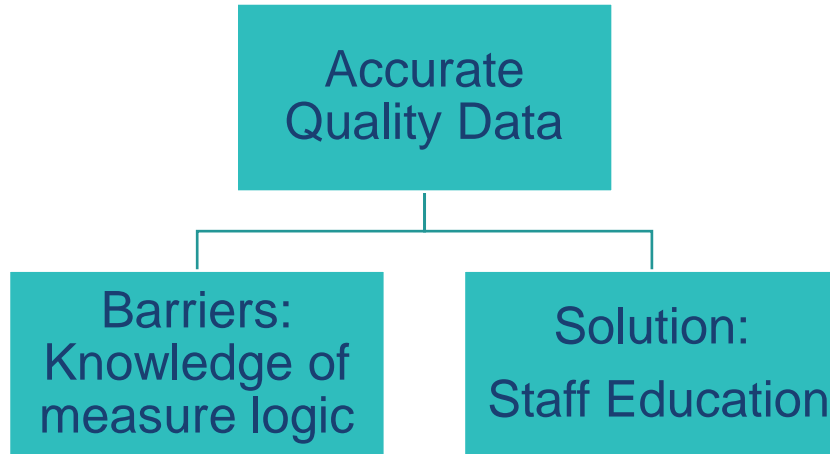
SAVED COLUMNS

NEXT APPOINTMENT				OUTPATIENT ENCOUNTER		HTN E 1ST DX		MULTIPLE BP LOWEST			PALLIATIVE	
PROVIDER	LOCATION	TYPE	REASON	DATE	CODE	DATE	CODE	DATE	SYSTOLIC	DIASTOLIC	VALUE	DATE
				12/29/2021	G0467	6/18/2013	59621000	12/29/2021	140	82	140/82	
Swafford, Krista	Battle Creek Medical Family Practice	Reck Hypertension	reck/ htn / meds -pat rs te	11/1/2021	G0467	3/21/2017	I10	11/1/2021	144	88	144/88	
				9/14/2021	G0467	11/29/2017	I10	9/14/2021	142	86	142/86	
				8/2/2021	99213	3/9/2017	I10	8/2/2021	128	90	128/90	
				8/30/2021	G0467	8/28/2017	I10	8/30/2021	148	100	148/100	
				11/8/2021	99214	1/15/2016	I10	11/8/2021	150	100	150/100	
				3/19/2021	G0467	11/13/2015	59621000	3/26/2021	160	80	160/80	
				5/11/2021	G0467	3/23/2018	I10	5/11/2021	144	82	144/82	
				3/17/2021	G0467	6/4/2019	I10	3/3/2020	118	72	118/72	
				11/30/2021	99214	1/27/2020	I10	11/30/2021	150	82	150/82	
				9/23/2021	99214	5/16/2018	I10	9/7/2021	176	94	176/94	
				2/18/2021	G0467	11/13/2019	I10	2/25/2021	160	92	160/92	
Zull, Patricia	Battle Creek Medical Womens	Reck/Gyn	reck/gyn/fu to previous visit/	9/10/2021	G0467	4/13/2018	I10	10/27/2021	157	103	157/103	
Collins, Brendan	Battle Creek Medical Womens	Reck/Gyn	reck/gyn/pessary cleaning	11/11/2021	G0467	3/7/2014	59621000	11/11/2021	148	82	148/82	
				7/19/2021	G0467	10/12/2015	I10	7/19/2021	136	90	136/90	
				4/19/2021	G0467	7/16/2019	I10	3/11/2020	126	92	126/92	
				11/8/2021	G0467	3/14/2013	1201005	11/8/2021	150	78	150/78	

Pre-visit Planning with EHR Plug-In



Measure Deep Dive



Hypertension Controlling High Blood Pressure (CMS165v11)

Endorser: None
Steward: NCQA

Patients 18-85 years of age who had an active diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period and whose most recent blood pressure during the measurement period was adequately controlled ($<140/90$ mmHg).

Numerator:

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period*

- Most recent systolic blood pressure in measurement period < 140 mmHg
- Most recent diastolic blood pressure in measurement period < 90 mmHg

*If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled." If multiple readings are taken on the same day, measure will look for the lowest diastolic and lowest systolic values from all readings. The Detail List includes a "Multiple BP" column that shows the lowest systolic and lowest diastolic readings. This means the final reported diastolic and systolic numbers may be a composite of values from different readings. For example, on reading of 150/95 and another of 135/100 would result in a reported value of 135/95.

Hypertension Control History

Automatic BP
implementation

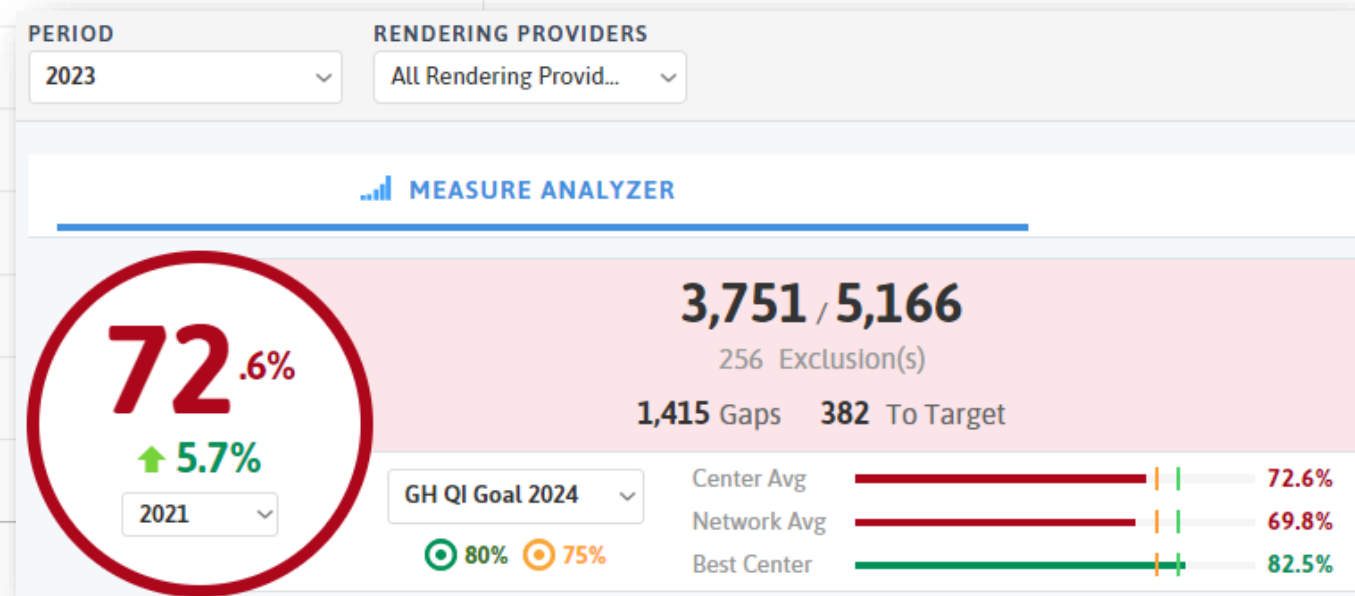
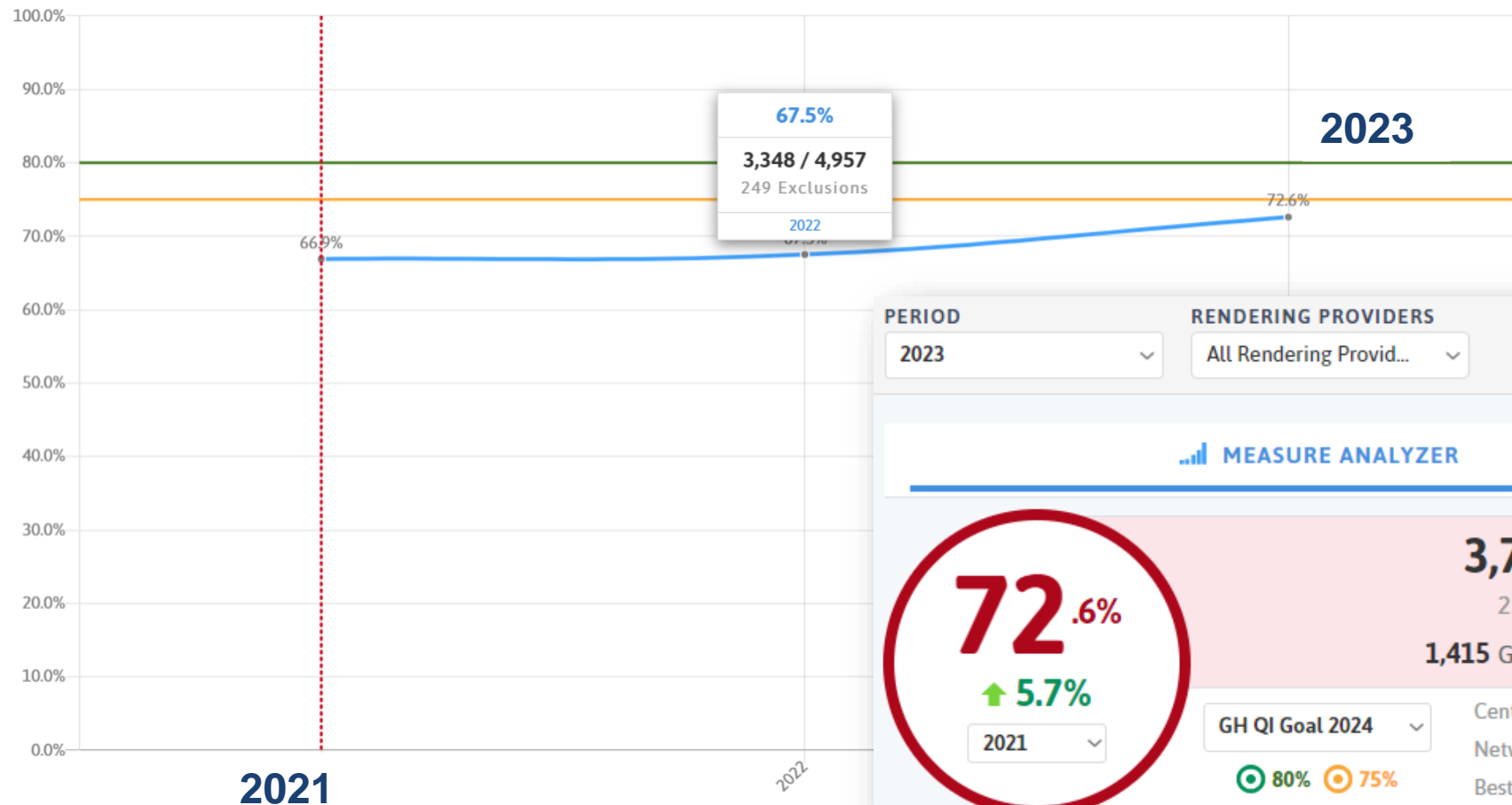
Provider
incentive for
Quality Measure

Cardiovascular
care workgroup

In Search of New Ideas to Move the Needle

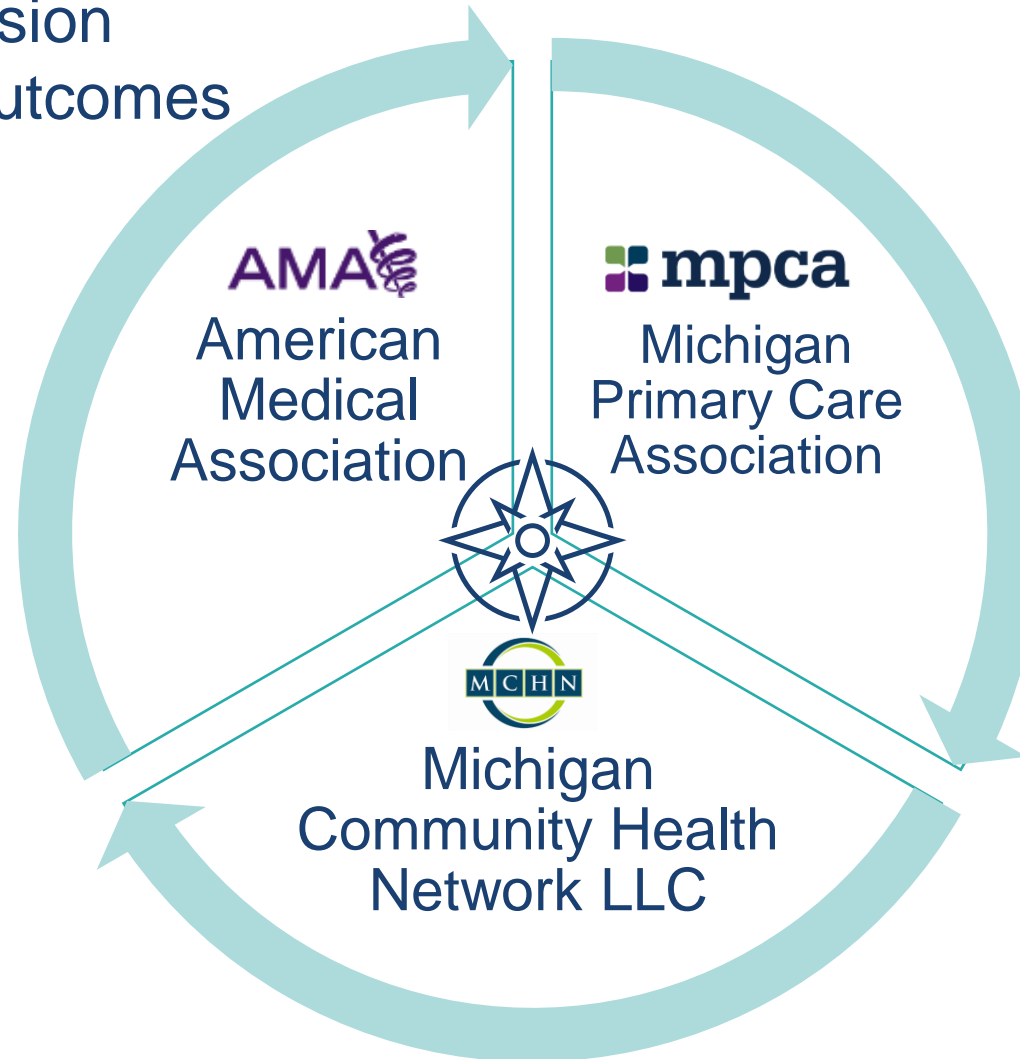
Hypertension Controlling High Blood Pressure (CMS165v11)

PRIMARY 80% SECONDARY 75% X



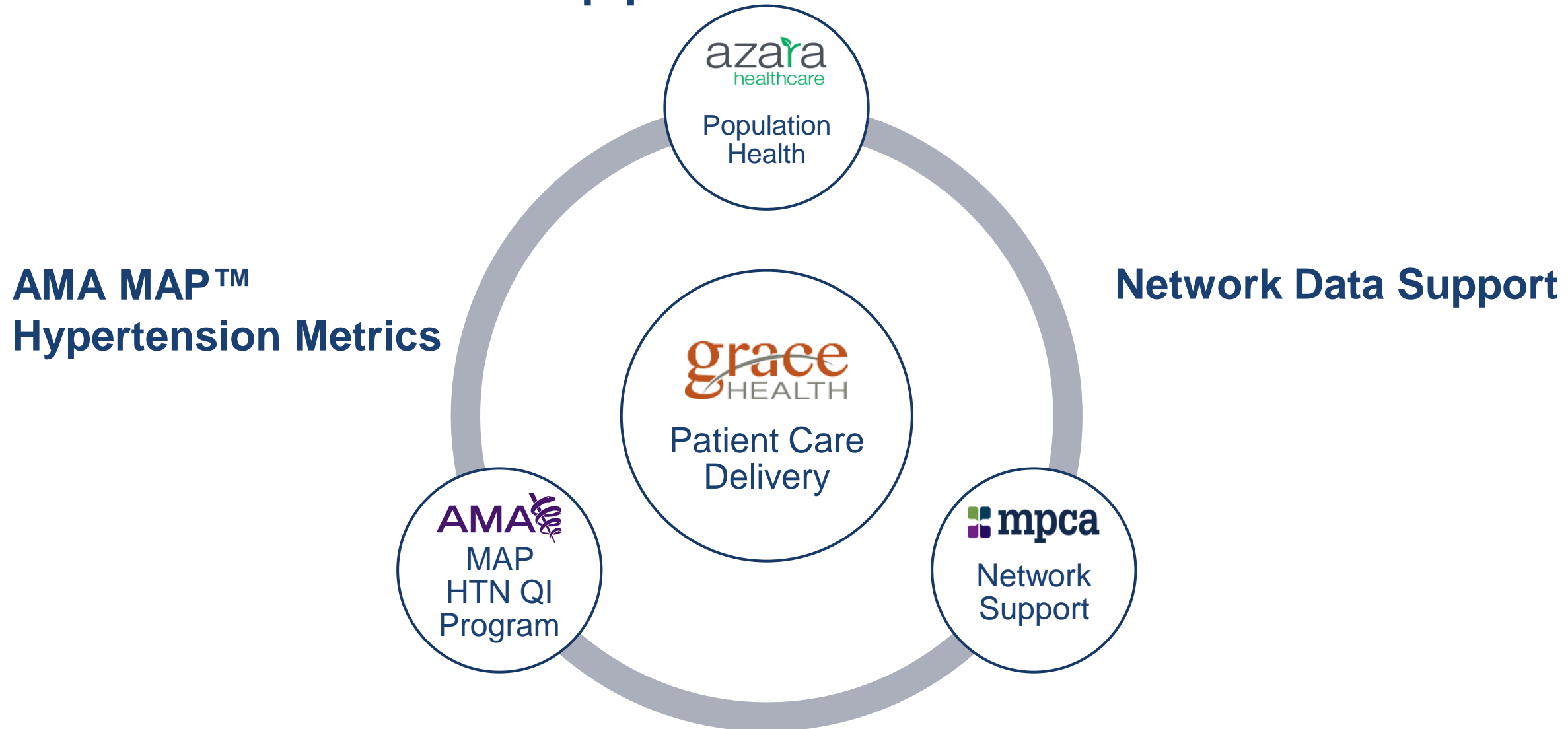
Moving in the Same Direction

Improving Hypertension
Control & Patient Outcomes



Jumping on Board

Collaborative Support Model



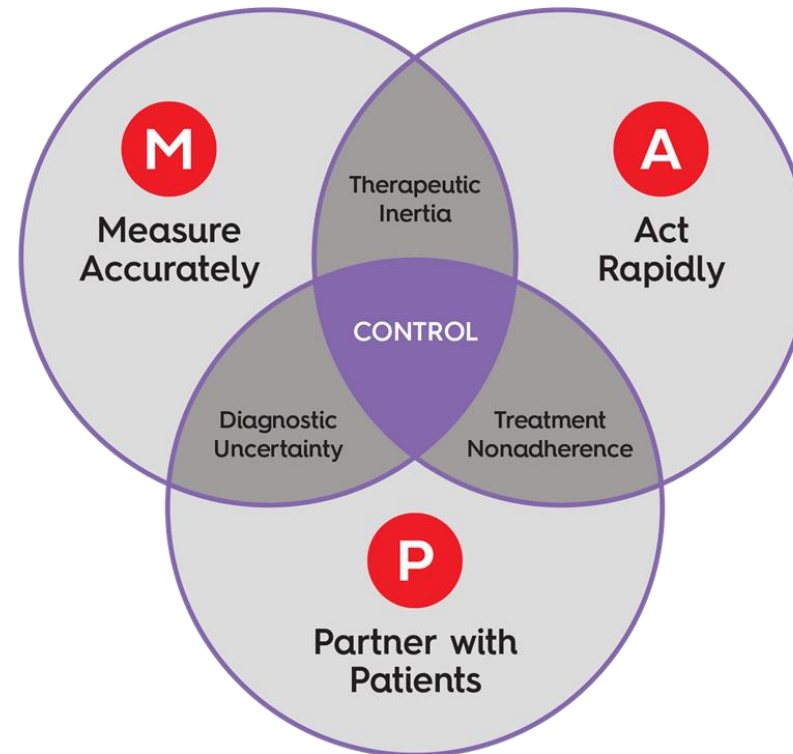
AMA MAP™ Hypertension. Coaching, Support, Tools & Resources

AMA MAP™ Hypertension

Problems in Clinical Care Processes

- Inaccurate BP Measurement
- Treatment Inertia
- Non-adherence to treatment and a lack of frequent follow-up

MAP Framework as a Solution



Each MAP component incorporates

- Evidence-based strategy and action steps
- Supporting tools and resources
- Quality improvement coaching (practice facilitation)
- Performance metrics, dashboards, and reports in Azara

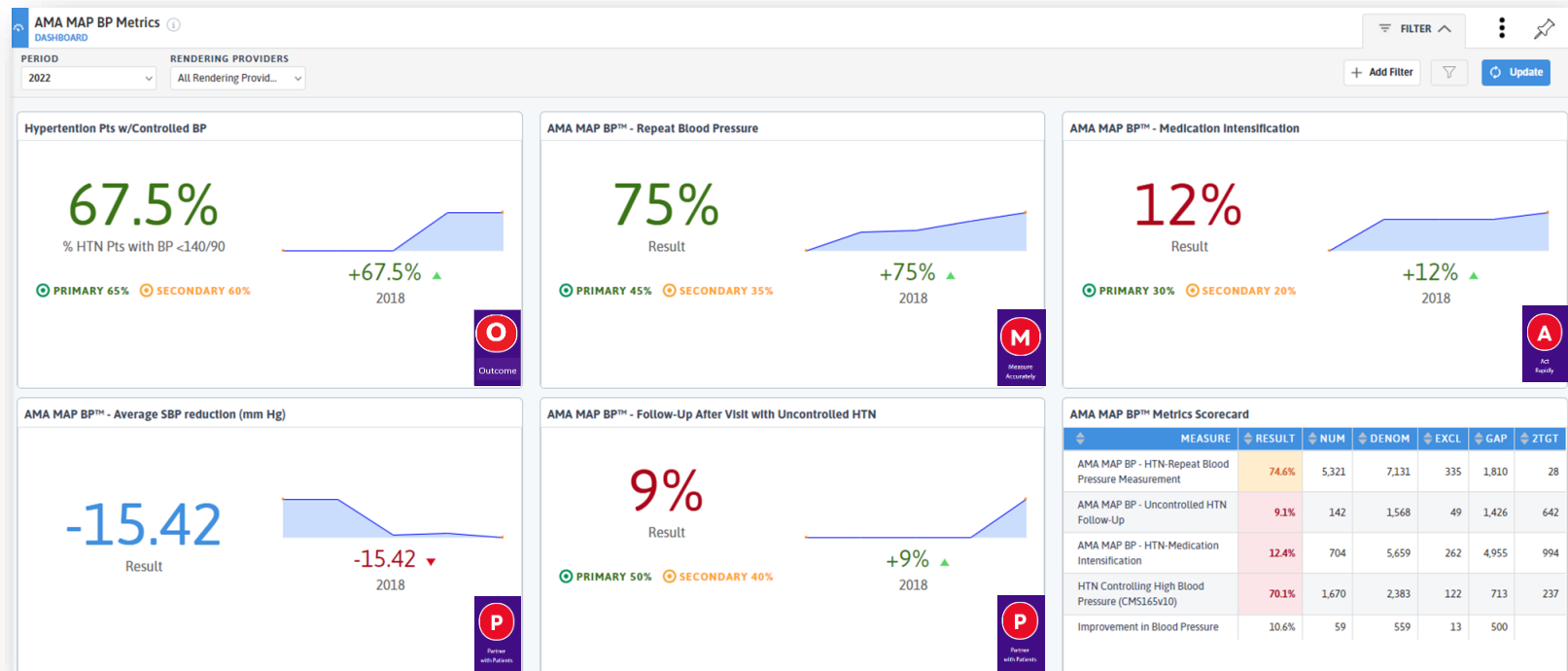
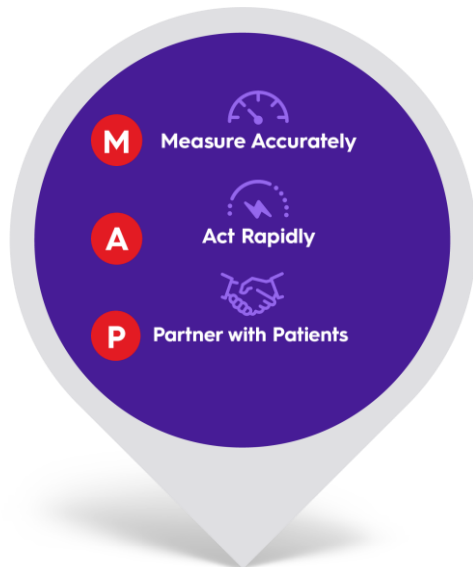
AMA MAP™ Hypertension Metrics in DRVS

AMA MAP™ Htn. Process Metrics

- HTN- Repeat Blood Pressure Measurement
- HTN- Medication Intensification
- Follow-Up Visit with Uncontrolled Hypertension
- Average Systolic BP Change After Medication Intensification

Outcome Metrics

- HTN-Controlling High Blood Pressure
- Improvement in Blood Pressure



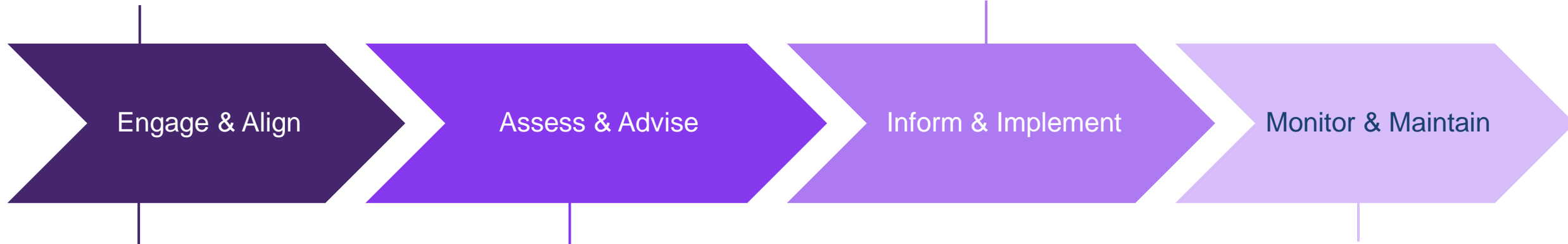
AMA MAP Hypertension™ Overview Roadmap



Strategic

- Team selection
- BP device procurement & calibration

- AMA MAP BP™ implementation overview
- Ongoing monthly support to operationalize evidence-based strategies & interventions



Metric

- Access to validated AMA MAP BP™ metrics, reports & dashboards in Azara DRVS
- Baseline data review & goal setting

- Virtual site visit
- Clinical Implementation Training
- Physician and Provider Training
- Leveraging AMA MAP BP™ Metrics & Reports accessible within Azara DRVS

- Leveraging AMA MAP BP™ metrics as a surveillance resource to maintain BP control
- Access to MPCA SME's for problem solving support

Goal Setting

METRIC	AMA RECOMMENDED GOAL	GRACE HEALTH DESIRED GOAL
Outcome % of patients with HTN whose BP is controlled to < 140/90	70%	80%
Measure Accurately % of patients with HTN who had an initial BP > 140/90 had repeat measurements taken	50%	85%
Act Rapidly % of visits where patients with uncontrolled HTN (>140/90) had a new class of BP medication prescribed	30%	30%
Partner with Patients % of patients who had a repeat blood pressure within 4 weeks of a visit where their BP was > 140/90	50%	50%

All Hands-on Deck



Board of Trustees

Executive Management

grace HEALTH

Director of Clinical Services

Director of Facilities & Purchasing

Director of Clinical Quality

Pharmacy Director

Medical Director

Quality Improvement Manager

Certified Family Nurse Practitioner

Staff Pharmacist

Quality Improvement Nurse

Clinical Education Coordinator

Certified Medical Assistant

Quality Improvement Specialist

Patient Services Assistant

Care Manager

Pharmacy Technician

Administrative Assistant

Registered Nurse

Community Health Worker

IT Analyst/Trainer

Registered Dietician

Behavioral Health Consultant

AMA MAP™ Hypertension

azara healthcare

mpca

MAP Hypertension

Measure Accurately

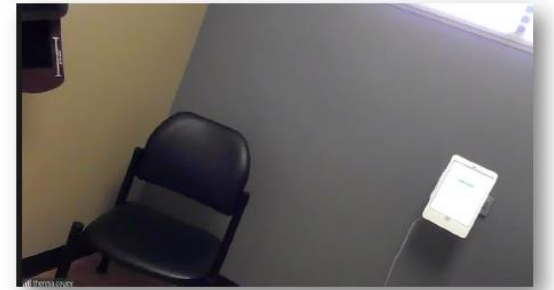
Assess & Advise | BP Measurement



Virtual Site Visit

Select rooms or areas where blood pressures are taken

Gather different devices available for BP measurement



Display all cuff sizes available for different devices

Patient education or commonly used materials related to BP measurement



Assess & Advise | Barriers



Virtual Site Visit



Staff not consistently using flags

Not having arm at the level of the heart

Staff rechecks but then does not document in EHR

Forgetting to obtain reading before checking patients out

Staff help walk another staff person's patients

Missed communication opportunities between staff

Staffing issues, float staff

Patient Refusal

Inform & Implement | Education



Measure
Accurately



Inform & Implement



Annual Clinical Training



Peer Reviews



Info graphs for educating patient
& staff on accurate measurement



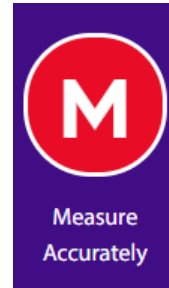
Magnet reminders for repeat BP



Undercover BP checks



Inform & Implement | Management & Facilities



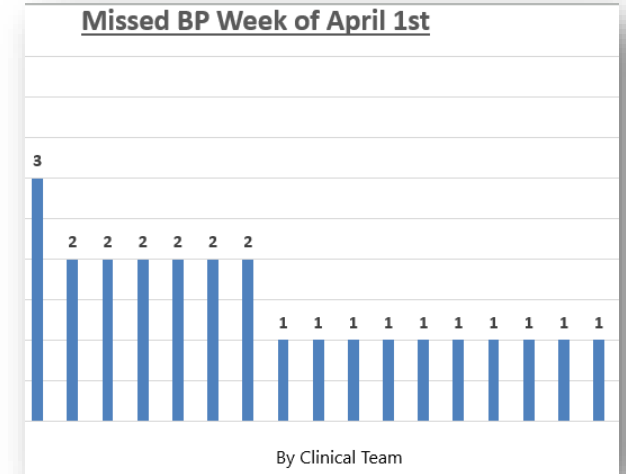
Inform & Implement

Management Team

- Azara report to evaluate performance by dept and by specific staff

Facilities Team

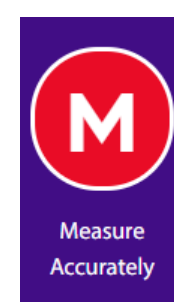
- Validating monitors
- Access to different sized manual cuffs
- Room set up, chairs with arms pediatric chairs and info graphs in rooms
- Instillation of automatic monitors in specialty depts



Additional exam room considerations



Inform & Implement | Quality & IT



Inform & Implement

Quality Team

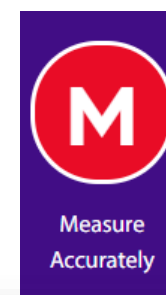
- Accurate BP measurement education to all staff and patients
- Education to clinical staff on repeat BP and documentation requirements
- Revision of the bp measurement Policy & Procedure

IT Team

- Sync times- Tablet icon for repeat BP
- Enhanced abnormal BP alert in EHR

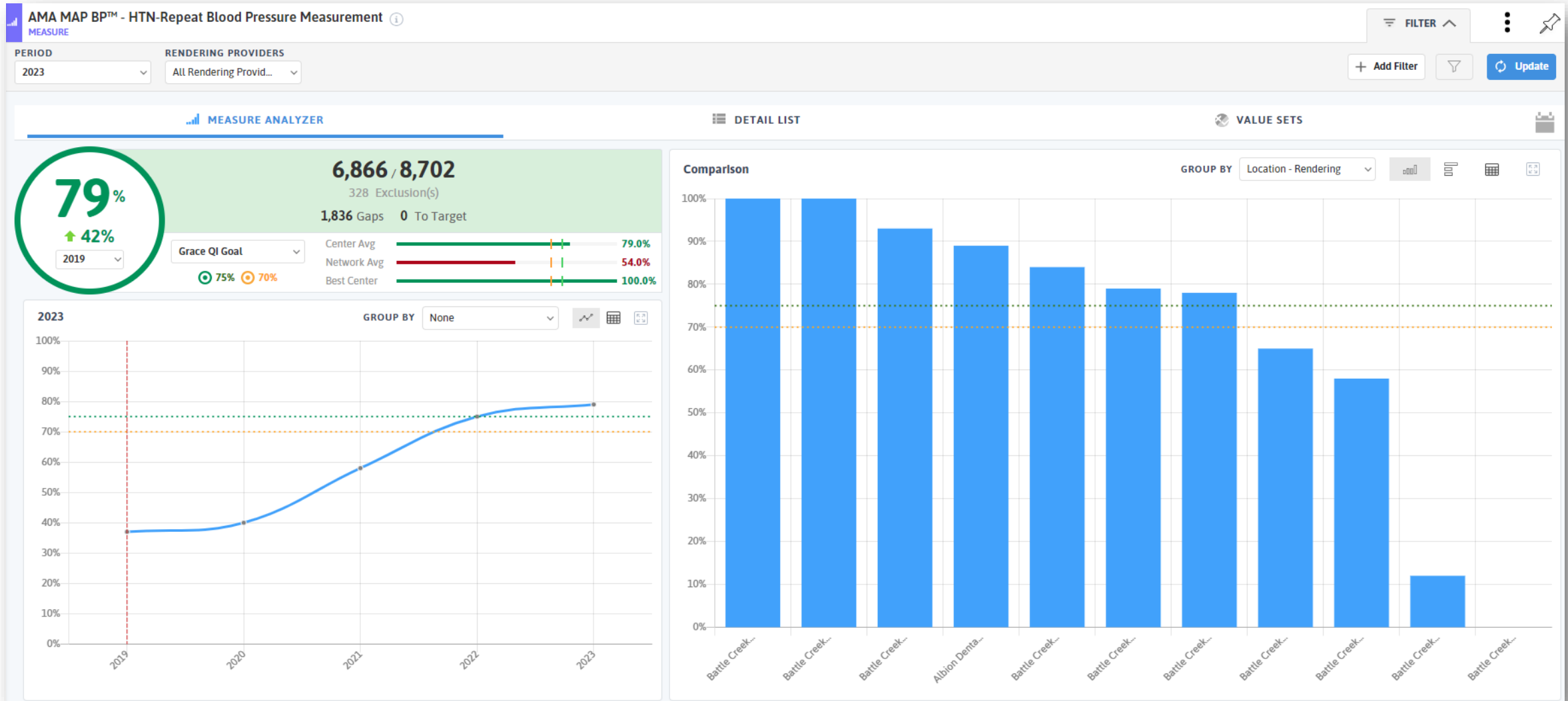


Monitor & Maintain | DRVS



Monitor & Maintain

Hypertension - Repeat Blood Pressure Measurement Measure



MAP Hypertension

Act Rapidly



Assess & Advise | Barriers

What do we do now with HTN

- 1 med increase dose
- Provider hesitancy to prescribe single-pill combos
- No standardized process for medication intensification

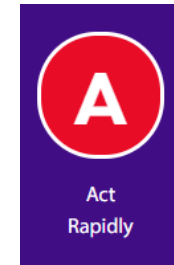
Multiple protocols

- Multiple definitions of HTN throughout those protocols



MAP Hypertension

Single Pill Combos education



Inform & Implement

Best Practice for Hypertension Control

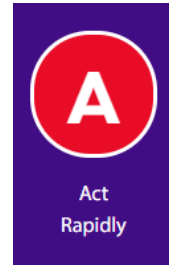
BEFEBITS OF SINGLE-PILL COMBINATIONS:

- ✓ **Ease of adherence** (*Most patients with uncontrolled BP will need >1 medication class to reach their goal)
- ✓ **Improved BP control** (*Adding a new BP medication class has 3x the BP-lowering effect of increasing the dose of an existing medication)
- ✓ **Potentially fewer adverse effects**
- ✓ **Better outcomes**

Combination	Once-daily oral dose		
	Low dose	Moderate dose	High dose
Angiotensin-converting enzyme inhibitor and thiazide diuretic			
Benazepril-hydrochlorothiazide	5 mg/6.25 mg	10 mg/12.5 mg or 20 mg/12.5 mg	20 mg/25 mg
Enalapril-hydrochlorothiazide	5 mg/12.5 mg	10 mg/25 mg	Not available
Fosinopril-hydrochlorothiazide	10 mg/12.5 mg	20 mg/12.5 mg	40 mg/25 mg
Lisinopril-hydrochlorothiazide	10 mg/12.5 mg	20 mg/12.5 mg or 20 mg/25 mg	40 mg/25 mg
Perindopril-indapamide (United States: Not available)	2 mg/0.625 mg	4 mg/1.25 mg	8 mg/2.5 mg
Quinapril-hydrochlorothiazide	10 mg/12.5 mg	20 mg/12.5 mg	20 mg/12.5 mg
Ramipril-hydrochlorothiazide (United States: Not available)	2.5 mg/12.5 mg	5 mg/12.5 mg or 5 mg/25 mg	10 mg/12.5 mg or 10 mg/25 mg
Angiotensin-converting enzyme inhibitor and dihydropyridine calcium channel blocker			
Amlodipine-benazepril	2.5 mg/10 mg or 5 mg/10 mg	5 mg/20 mg	10 mg/20 mg or 10 mg/40 mg
Perindopril-amlodipine	3.5 mg/2.5 mg	7 mg/5 mg	14 mg/10 mg
Ramipril-amlodipine (United States: Not available)	2.5 mg/2.5 mg	5 mg/5 mg or 10 mg/5 mg	5 mg/10 mg or 10 mg/10 mg
Angiotensin II receptor blocker and thiazide diuretic			
Azilsartan-chlorthalidone	40 mg/12.5 mg	40 mg/25 mg	40 mg/25 mg
Candesartan-hydrochlorothiazide	16 mg/12.5 mg	32 mg/12.5 mg	32 mg/25 mg
Irbesartan-hydrochlorothiazide	150 mg/12.5 mg	300 mg/12.5 mg	300 mg/25 mg
Losartan-hydrochlorothiazide	50 mg/12.5 mg	100 mg/12.5 mg	100 mg/25 mg
Olmesartan-hydrochlorothiazide	20 mg/12.5 mg	40 mg/12.5 mg	40 mg/25 mg
Telmisartan-hydrochlorothiazide	40 mg/12.5 mg	80 mg/12.5 mg	80 mg/25 mg
Valsartan-hydrochlorothiazide	80 mg/12.5 mg	160 mg/12.5 mg or 160 mg/25 mg	320 mg/12.5 mg or 320 mg/25 mg
Angiotensin II receptor blocker and dihydropyridine calcium channel blocker			
Amlodipine-olmesartan	5 mg/20 mg	5 mg/40 mg or 10 mg/20 mg	10 mg/40 mg
Amlodipine-valsartan	5 mg/160 mg	5 mg/320 mg or 10 mg/160 mg	10 mg/320 mg
Telmisartan-amlodipine	40 mg/5 mg	40 mg/10 mg or 80 mg/5 mg	80 mg/10 mg
Angiotensin II receptor blocker, calcium channel blocker, and thiazide diuretic			
Amlodipine-valsartan-hydrochlorothiazide	5 mg/160 mg/12.5 mg	5 mg/160 mg/25 mg	10 mg/160 mg/12.5 mg or 10 mg/160 mg/25 mg or 10 mg/320 mg/25 mg
Olmesartan-amlodipine-hydrochlorothiazide	20 mg/5 mg/12.5 mg	40 mg/5 mg/12.5 mg or 40 mg/5 mg/25 mg	40 mg/10 mg/12.5 mg or 40 mg/10 mg/25 mg

 **ACT RAPIDLY:** Intensify with Dual Therapy & follow up <= 4 weeks 

MAP Hypertension

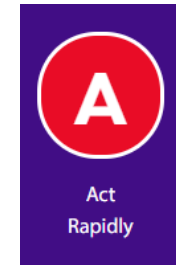


Inform & Implement

AMA supported Grace Health with developing standardized pathways for treating hypertension and collaborative practice agreement (CPA) with pharmacy



Clinical Pathway Implementation



Inform & Implement

HTN Clinical Pathway Implementation

- Guide evidence-based healthcare.
- Aim to "translate clinical practice guideline recommendations into clinical processes of care within the unique culture and environment of a healthcare institution."
- Help target the quadruple aim by:
 - Reducing treatment variation
 - Improving population health
 - Improving the patient experience
 - Improving work-life of the health care team
 - Reducing costs
- Can be described as structured multidisciplinary care plans which detail essential steps in the care of patients with a specific clinical problem



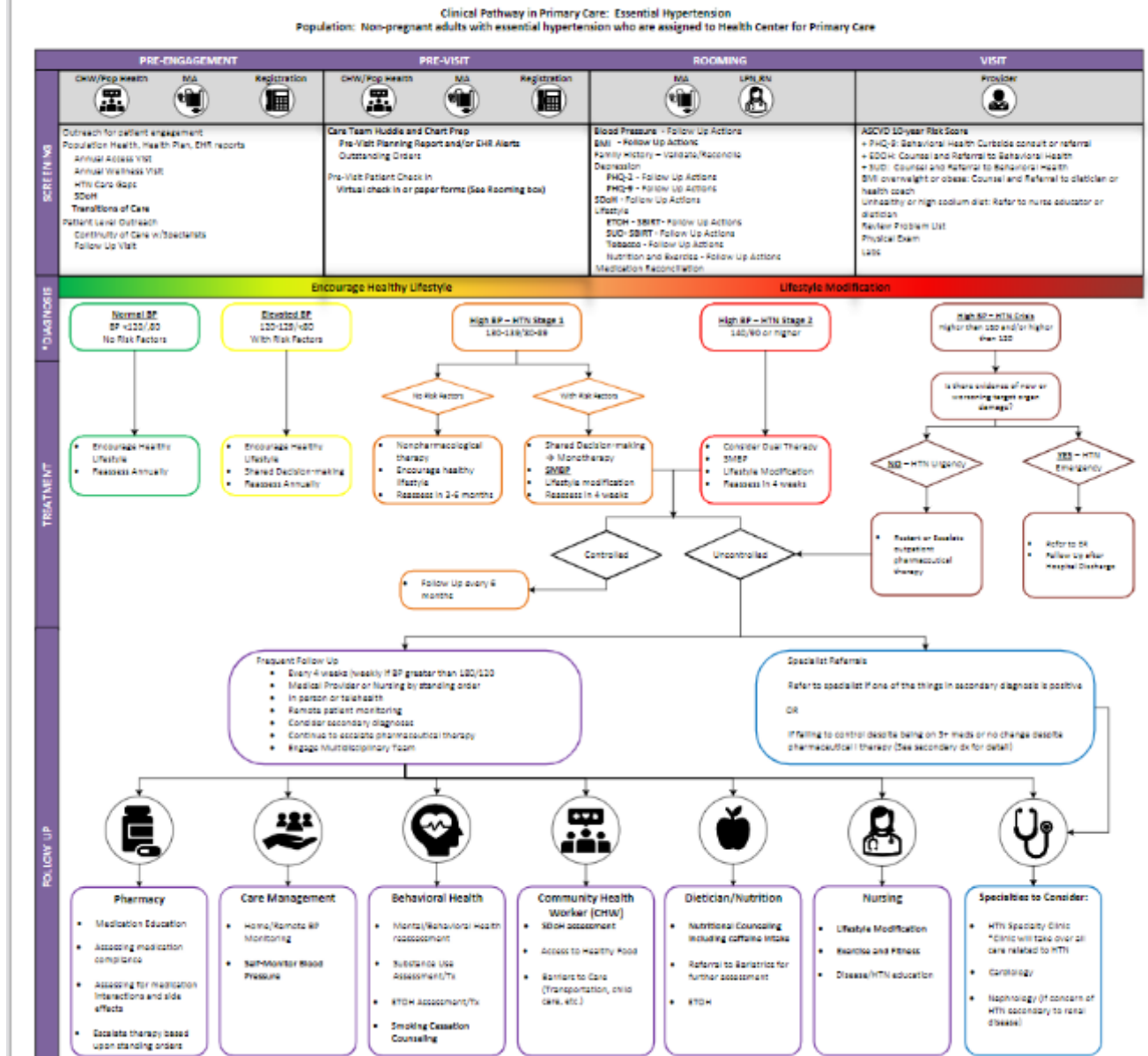
Clinical Pathway



Act
Rapidly

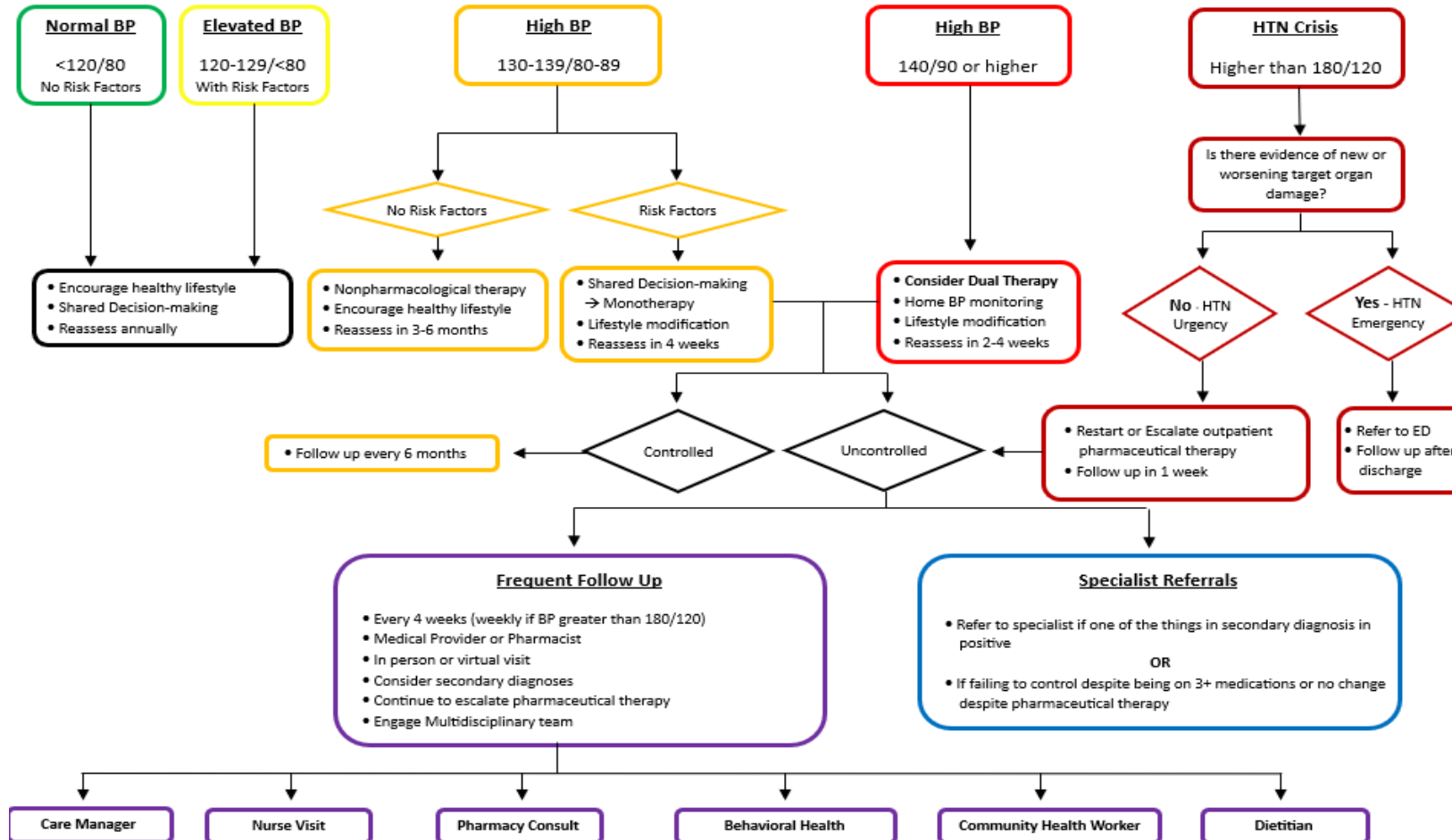


Inform & Implement

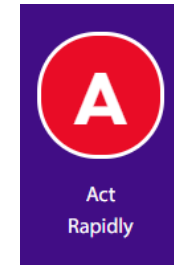


Customized HTN Protocol

Grace Health Essential Hypertension Clinical Pathway



MAP Hypertension | Pharmacist BP Recheck



Inform & Implement

Pharmacist appointments for repeat blood pressure

- Relieved the nurse schedule/pharmacist schedule availability
- Can complete a CMR and bill for the service for certain patients
- Perform med reconciliation and update med list

Pharmacist ability to track adherence to BP meds

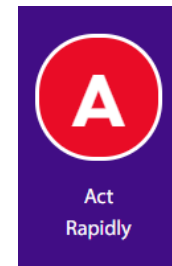
Provide Patient Education

- Medications
- Smoking cessation
- Lifestyle modifications
- Home BP measurement



MAP Hypertension | Pharmacy

Step #1 Plan

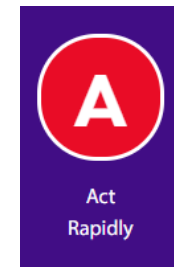


Inform & Implement

1.	Assessment	Essential hypertension (I10).
	Patient Plan	Re-check Blood Pressure slightly elevated BP target goal is less than 140/90 Continue lisinopril/hydrochlorothiazide to 20/25mg tab daily Re-check in approximately 2 weeks with Pharmacist Avoid processed foods, these are normally sold in cans, boxes, jars, and bags. Increase the amount of fresh or frozen fruits and vegetables Eat meats, fish, chicken, and turkey that are fresh instead of canned or sold at the deli counter Decrease amount of times eating out If you do eat pre-packaged foods look for labels reading "sodium free or low sodium" Try looking for foods with less than 400mg of sodium in each serving when looking at the food label
Provider Plan		
If BP is still > 140/90 at re-check appt increase add an additional 20mg tab Po QD of Lisinopril and re-check appt in 2 weeks. If BP not at goal increase HCTZ to 50mg tab PO QD Have Patient follow up with PCP in 2 weeks. If patient meets BP goal he is to return in 3 months for HTN check		
2.	Assessment	Erectile dysfunction, unspecified erectile dysfunction type (N52.9).
	Patient Plan	May try increasing Viagra 25mg tab to take 2-4 tabs, 1 hour prior to sexual activity. Do not exceed 100mg in 24 hours Complete labs If no improvement let me know, we can refer to urology Report to ER for an erection that lasts longer than 3 hours
3.	Assessment	Depression screen (Z13.31)

MAP Hypertension | Pharmacy

Step #2 Schedule



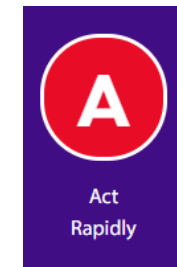
Inform & Implement

	Pharmacy Emily Tue & Thur Pharmacy, Emily Reidenbach
8:00 A	
8:15 A	
8:30 A	
8:45 A	
9:00 A	
9:15 A	
9:30 A	
9:45 A	
10:00 A	
10:15 A	
10:30 A	
10:45 A	
11:00 A	Pharm BP Recheck - BPR - Kept
11:15 A	
11:30 A	
11:45 A	
12:00 P	
12:15 P	
12:30 P	
12:45 P	
1:00 P	
1:15 P	
1:30 P	
1:45 P	
2:00 P	
2:15 P	
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2:45 P	
3:00 P	
3:15 P	
3:30 P	
3:45 P	
4:00 P	
4:15 P	
4:30 P	
4:45 P	
5:00 P	



10:45 A	
11:00 A	Pharm BP Recheck - BPR - Kept - Chkd Out
11:15 A	

MAP Hypertension | Pharmacy



Inform & Implement

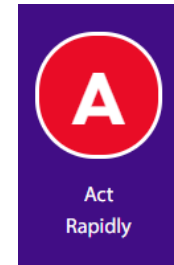
Step #3 Appointment

- ✓ DISCUSSION OF MEDICATION TOLERANCE/ADHERENCE
- ✓ CONDITION SPECIFIC EDUCATION AND FOLLOW UP
 - ✓ ACCURATE MEASUREMENT, SMOKING CESSATION, CALL US FIRST, NUTRITION, PHYSICAL ACTIVITY, SYMPTOM MANAGEMENT
- ✓ REVIEW SMBP
- ✓ VISIT SUMMARY/COMMUNICATION WITH PHARMACIST
- ✓ LINKAGE TO PHARMACY STAFF & SERVICES TO INCREASE COMPLIANCE

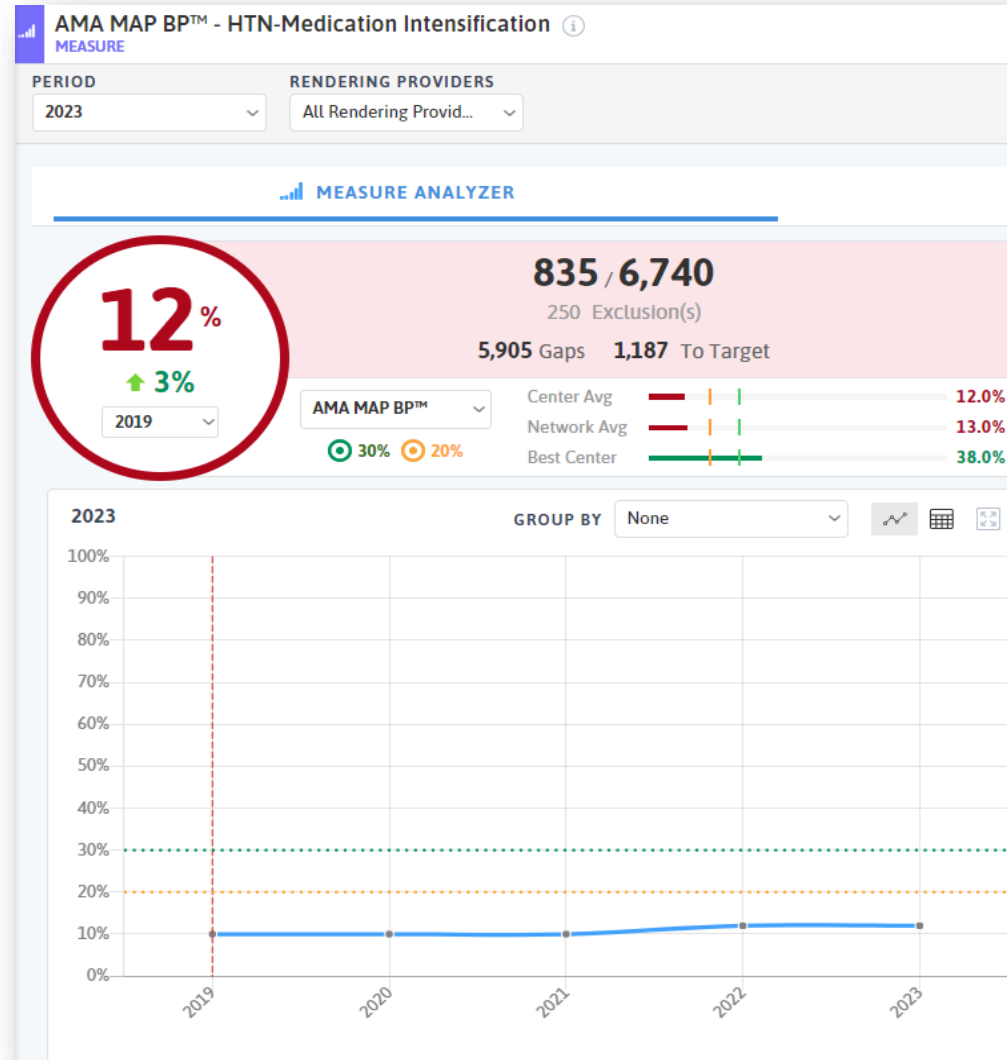
1.	Assessment	Essential hypertension (I10).
	Patient Plan	Stop smoking. Remember to take all blood pressure medicine as directed. Check blood pressure either at home, or in pharmacy/store weekly. If blood pressure persists over 140 on the top, or 90 on the bottom, call our office for further instructions. Do not use a lot of salt (less than 2000mg a day), and lower your caffeine to 2 servings per day. Try to stay on a low cholesterol diet. Exercise at least 30 minutes per day, and limit alcohol to no more than 2 servings a day. Also, eliminate recreational drug use. Keep follow-up appointments with your primary care provider (PCP) as scheduled. Tell your provider if you experience any dizziness, chest pain, or shortness of breath
	Provider Plan	BP is at goal per provider's last note. Will send message for recheck in 3 months. Patient is interested in nicotine gum. Will send message to provider for an RX.

MAP Hypertension | DRVS

Hypertension Medication Intensification Measure



Monitor & Maintain



MAP Hypertension

Partner With Patients

Assess & Advise | Barriers



Assess & Advise

Virtual Site Visit

Inconsistent patient education

Treating home BPs instead of in office BPs/White Coat HTN

Home BP cuffs-not taking accurately or wrong cuff size

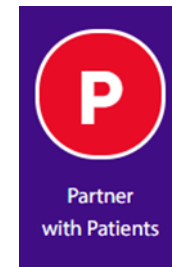
Inconsistent return of BP logs and documentation

Not coming back soon enough after high BP (RN visit-provider 3 months)

Patients not keeping follow up visits



MAP Hypertension | SMBP Training



Inform & Implement

7 Steps for SMBP



1 Identify patients for SMBP

- Patients with an existing diagnosis of hypertension
- Patients with high blood pressure without a diagnosis of hypertension
- Patients suspected of having hypertension (labile or masked hypertension)

2 Confirm device validation and cuff size

- Make sure patients have automated, validated devices with appropriately sized upper arm cuffs

 **Tools:** Use the [US Blood Pressure Validated Device Listing™](#) and [Self-measured blood pressure cuff selection](#)

3 Train patients

- Educate patients on how to perform SMBP using an evidence-based measurement protocol
 - Education should include proper preparation and positioning before taking measurements, as well as resting one minute between measurements
- Verify patients' understanding and share educational resources

4 Have patients perform SMBP and relay results

- Conduct SMBP monitoring whenever BP assessment is desired (e.g., to confirm a diagnosis, to assess every 2-4 weeks if BP is uncontrolled or at physician discretion)
- Provide instructions on the duration of monitoring and the number of measurements to take each day
 - 7 days of monitoring recommended; 3 days (i.e., 12 readings) minimum
 - Measurements should be taken twice daily (morning and evening) with at least two measurements taken each time
- Determine when and how patients will share results back to care team
 - Examples include phone, portal or secure messaging

5 Average results

- Average all SMBP measurements received from patients for monitoring period
- Document average systolic and average diastolic blood pressure in medical record
 - Use the average systolic and average diastolic blood pressure for clinical decision making
 - 3 days of measurements (i.e., 12 readings) are recommended as a minimum for clinical decision-making

 **Tool:** Use the [SMBP averaging tool](#)

6 Interpret results

- Make diagnosis and/or assess control
- Initiate, intensify or continue treatment as needed

 **Tool:** Use the [SMBP interpretation tables](#)

SMBP classifications for patients WITHOUT a diagnosis of hypertension

Description of BP	SMBP measurement	Office BP measurement	Interpretation/plan
Normal BP	<120/80	<120/80	Recheck BP in 1 year
Elevated BP	120-134/80-84	120-139/80-89	Manage per guideline recommendations Recheck BP within 6 months
Hypertension	≥135/85	≥140/90	Diagnose hypertension; order additional diagnostic testing as needed Initiate treatment per guideline recommendations/treatment protocol Recheck BP within 4 weeks
Hypertensive urgency/emergency	≥180/100	≥180/100	Immediate evaluation and management by physician; patient likely has hypertension

SMBP classifications for patients WITH an existing diagnosis of hypertension

Description of BP	SMBP measurement	Office BP measurement	Interpretation/plan
Controlled BP	<135/85	<140/90	Continue treatment Recheck BP within 1-6 months (per physician discretion)
Uncontrolled BP	≥135/85	≥140/90	Initiate or intensify treatment per guideline recommendations/treatment protocol Recheck BP within 4 weeks

For both tables, if systolic and diastolic BPs are in different categories, defer to the higher category of BP.

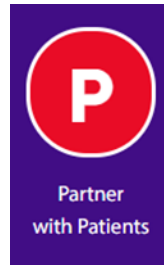
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4 of 9

7 Document plans and communicate to patients

- Document treatment and follow-up plans and communicate to patients
- Confirm patients' agreement and understanding

MAP Hypertension | BP Average



Inform & Implement

"UD7_vital_signs_adult" - [New Record]

Height/length measurements:

ft in total in cm Position: ☐ Standing ☐ Lying

Last Measured: / / ☐ Measured today ☐ Carry Forward

Weight measurement:

lb kg Context: ☐ Dressed with shoes ☐ Dressed without shoes

BMI/Percentile/BSA calculation:

BMI: kg/m² %ile:

BSA: m²

[BMI Plan](#)

☐ Unobtainable:

☐ Patient Refused:

☐ Self-Reported Vital Signs

[Exclusions](#)

[Non-MU Exclusions](#)

[Neck/Waist/Hip Circumference](#)

[Audiometry Exam](#)

[Vision Screening](#)

[Orthostatic Vital Signs](#)

Blood Pressure and pulse:

Systolic: Diastolic: [HTN Plan](#)

/ mm/Hg

Position:

☐ Sitting ☐ Standing ☐ Lying

Side:

☐ Right ☐ Left

Site:

Pulse:

Pulse pattern:

/min ☐ Regular ☐ Irregular

Method:

☐ Manual ☐ Automatic ☐ Home monitor

Cuff size:

☐ Pediatric ☐ Adult ☐ Large ☐ Thigh

Respiration and Pulse Ox:

Respiration: /min

Method:

☐ Room air ☐ FiO2: % L/min

Pulse Ox Rest: %

Pulse Ox Amb: %

Source: ☐ Room air

☐ Oxygen: L/min

Measured: ☐ Pre-treatment ☐ Post-treatment

Finger Probe:

Peak flow: L/min

☐ Pre-treatment

☐ Post-treatment

Method:

Pain scale:

Pain score:

Method:

[HAQ-DI](#)

[Pain Plan](#)

Comments:

LMP date:

/ /

☐ Premenopausal

☐ Perimenopausal

☒ Postmenopausal

Measured date:

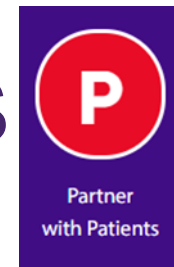
/ /

Time:

Measured by:



MAP Hypertension | Quality Focus Measure Calendar



Inform & Implement

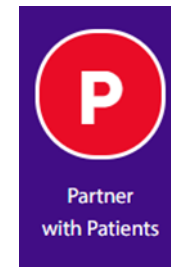
- **Clinical Staff**
 - Stressing importance of sooner follow up if BP uncontrolled
- **Reception/Provider access**
 - Changed scheduling templates/using recalls within EHR (no show rates decline)
- **QI Focus Measure Concept**

2024 Quality Focus Measure Calendar

☐ Primary ☐ Secondary

Specialty	January & February	March & April	May & June	July & August	September & October	November & December
Family Practice/ Internal Medicine/ Residency	Heart Health <ul style="list-style-type: none"> • Hypertension: Controlling High Blood Pressure • Ischemic Vascular Disease (IVD)—Aspirin Use • Statin Therapy for Prevention and Treatment of Cardiovascular Disease (CVD) 	Cancer Awareness/ Screening <ul style="list-style-type: none"> • Breast • Cervical • Colorectal 	Mental Health <ul style="list-style-type: none"> • Depression Screening & Follow-up • Social Determinants of Health (SDOH) 	Wellness Exams <ul style="list-style-type: none"> • Adults • Children 	End of Year Emphasis <ul style="list-style-type: none"> • Breast Cancer Screening 	Diabetes <ul style="list-style-type: none"> • A1c • Diabetes Vision Exam • Diabetes Foot Exam • Kidney Health
	Medication Adherence	Chlamydia Screening	<ul style="list-style-type: none"> • Healthy Weight/BMI & Follow-up • HIV Screening 	<ul style="list-style-type: none"> • Immunizations • Lead Screening 	<ul style="list-style-type: none"> • Asthma • Tobacco Screening & Cessation Counseling 	<ul style="list-style-type: none"> • Medication Adherence • TBD

MAP Hypertension | Education




Inform & Implement

Education goes out to all patient & staff emails, social media, waiting rooms and in exam rooms.

SMBP

Medication
Adherence

Pharmacy
Services



grace HEALTH PHARMACY


Has services that help you
STICK TO YOUR MEDICATION PLAN!

If you have **heart disease, diabetes, asthma** or **other chronic conditions**, daily medication may be an important part of your treatment plan.

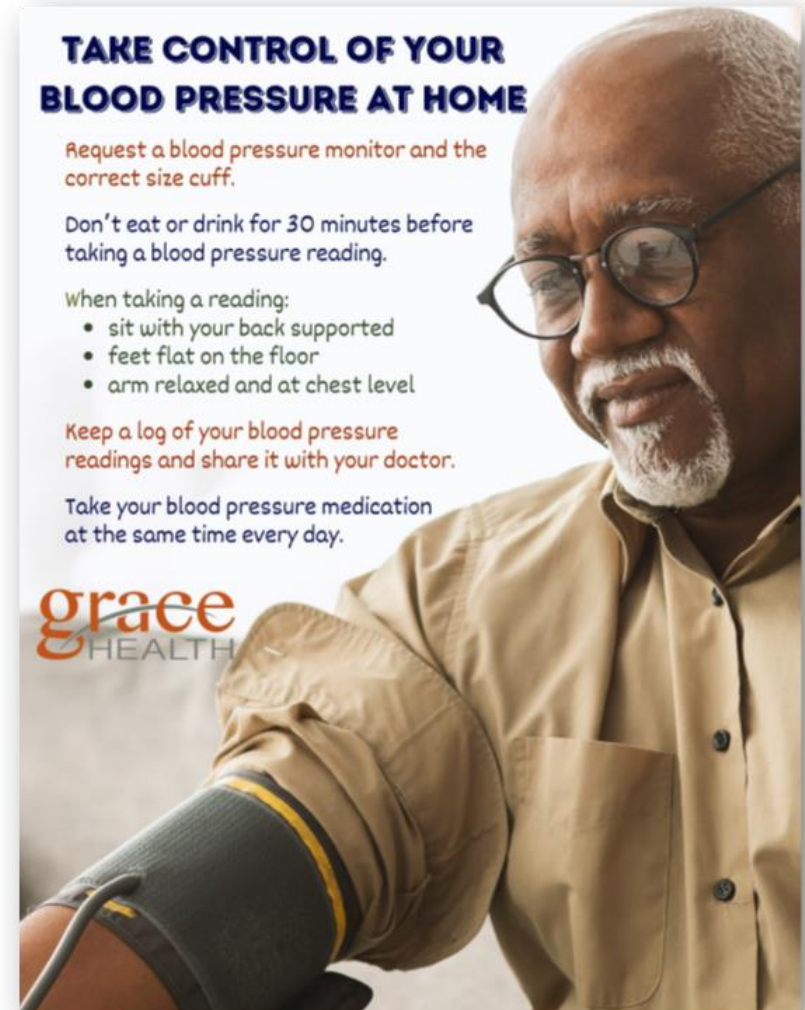
Grace Health Pharmacy can help you manage your medications by providing:

- An **on-site pharmacy** for convenient medication pick up after your office visit (some exceptions may apply)
- **Refills** by phone or on the app
- **Text notification** when your medication has been filled.
- **Free delivery** within a 20-mile radius of Grace Health and in Albion.
- **Curbside pick** of medications
- **Once-a-month pickup or delivery** with medication synchronization.
- **Medication review**, by appointment, with a pharmacist.
- **Sliding Fee Discount** on most medications for those who qualify.
- **Free diabetes testing supplies** for Grace Health patients, with a prescription
- **Medication packaging** by day, dose, and time of administration.

Ask about additional ways Grace Health can help you manage your medications.



Grace Health
181 West Emmett
Battle Creek, MI 49037
Pharmacy Phone: (269) 441-6774
Prescription Refills: (269) 441-6819
Hours: Monday – Friday: 8:00 am – 7:00 pm



TAKE CONTROL OF YOUR BLOOD PRESSURE AT HOME

Request a blood pressure monitor and the correct size cuff.

Don't eat or drink for 30 minutes before taking a blood pressure reading.

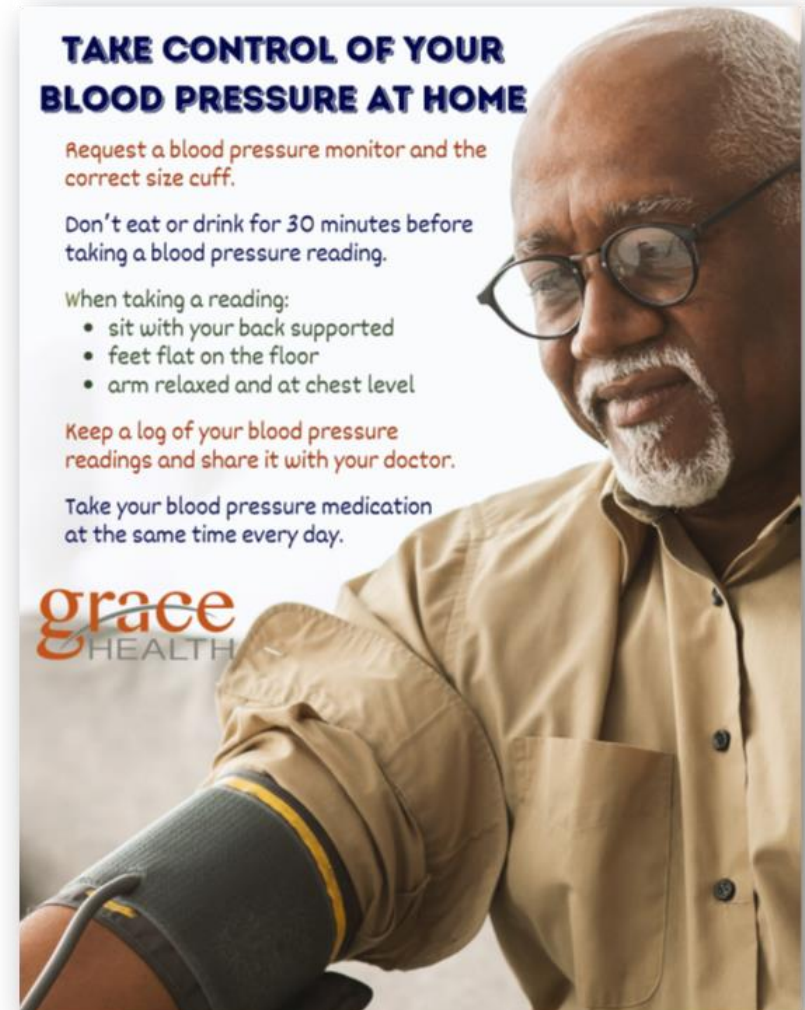
When taking a reading:

- sit with your back supported
- feet flat on the floor
- arm relaxed and at chest level

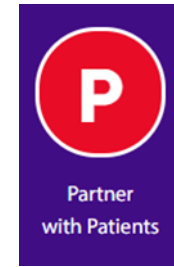
Keep a log of your blood pressure readings and share it with your doctor.

Take your blood pressure medication at the same time every day.

grace HEALTH



MAP Hypertension | Nurse Visits



Inform & Implement

Consistent disease specific education

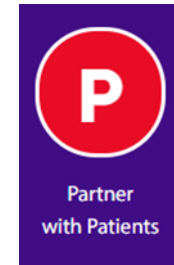
Motivational interviewing and goal setting

Action planning and ED visit prevention

Initiating SMBP



MAP Hypertension | Multidisciplinary Team Cont.



Inform & Implement

Care Management

- Targeted Outreach for Uncontrolled BP (Phone, text, mail)
- Chronic Care Case Management

Community Health Workers

- Transportation, food, housing, medical cost, community partners

Integrated Behavioral Health

- Smoking cessation, stress, chronic illness group therapy

Dietician

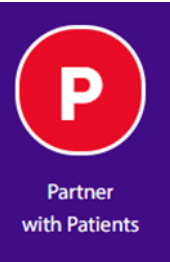
- Meal Planning, Food Pharmacy, Healthy lifestyles coaching

Pharmacy Tech

- Assist with pt concerns, questions, medication cost, delivery

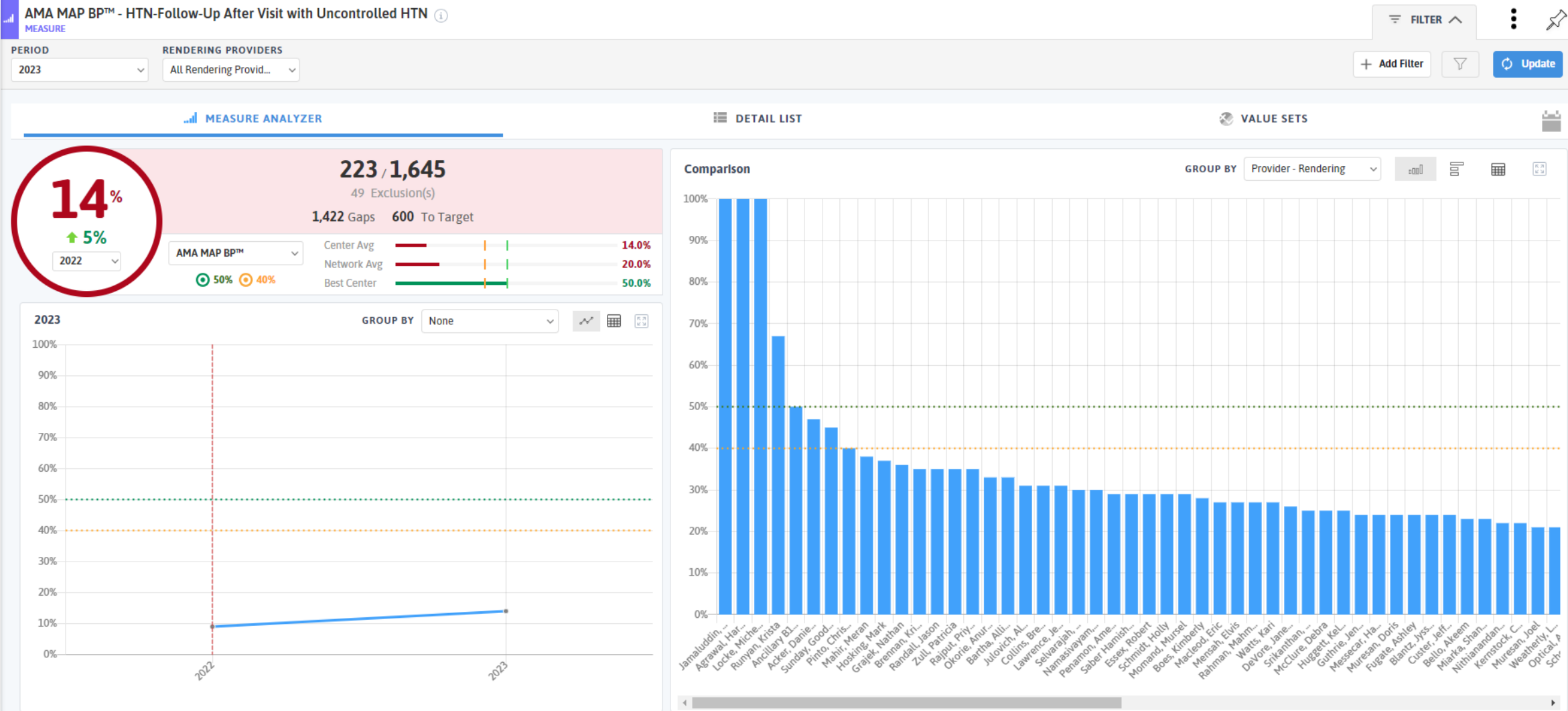


MAP Hypertension Metrics in DRVS

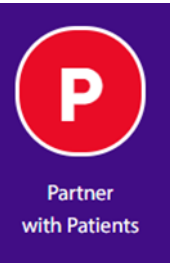


Monitor & Maintain

Follow Up After Visit with Uncontrolled HTN Measure

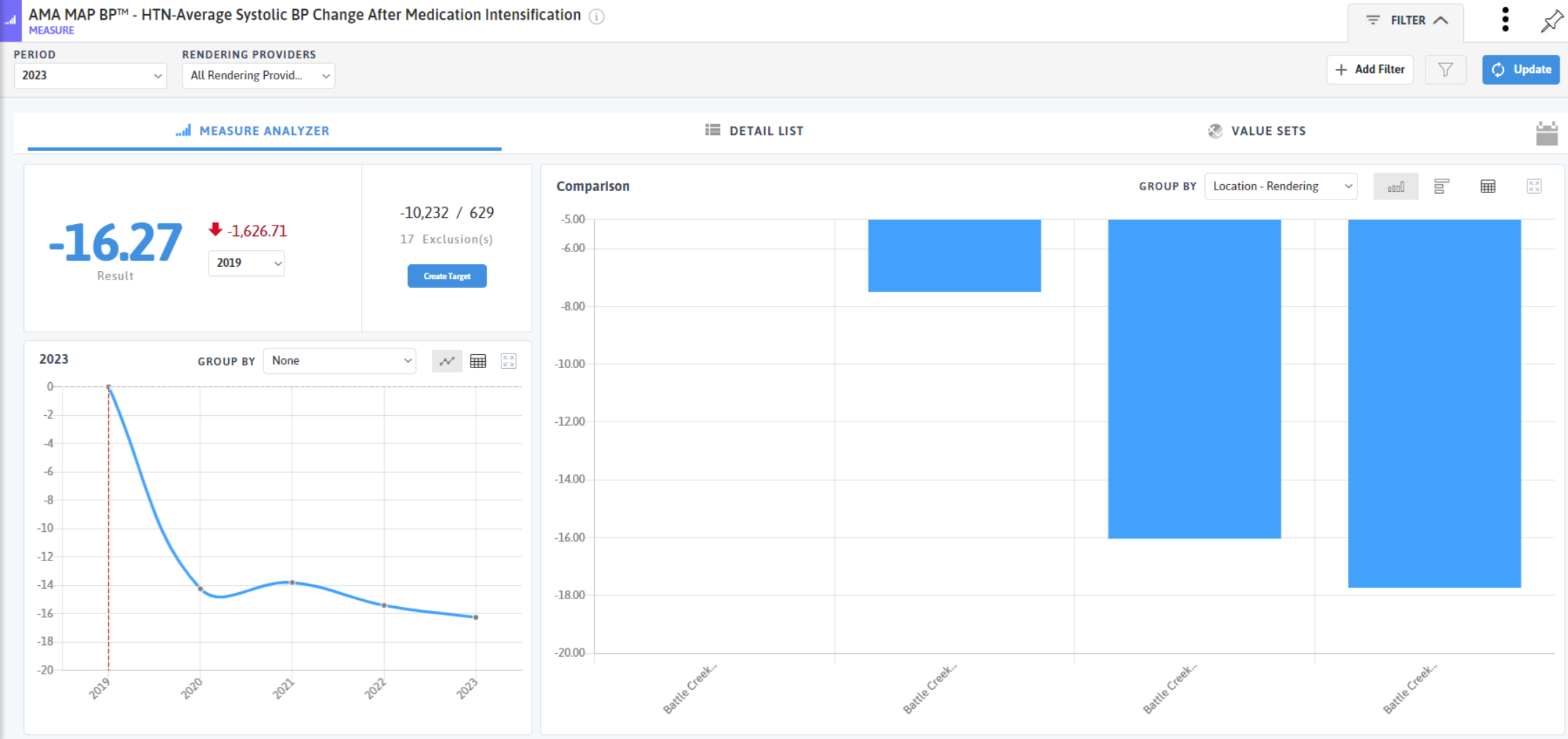


MAP Hypertension Metrics | DRVS



Monitor & Maintain

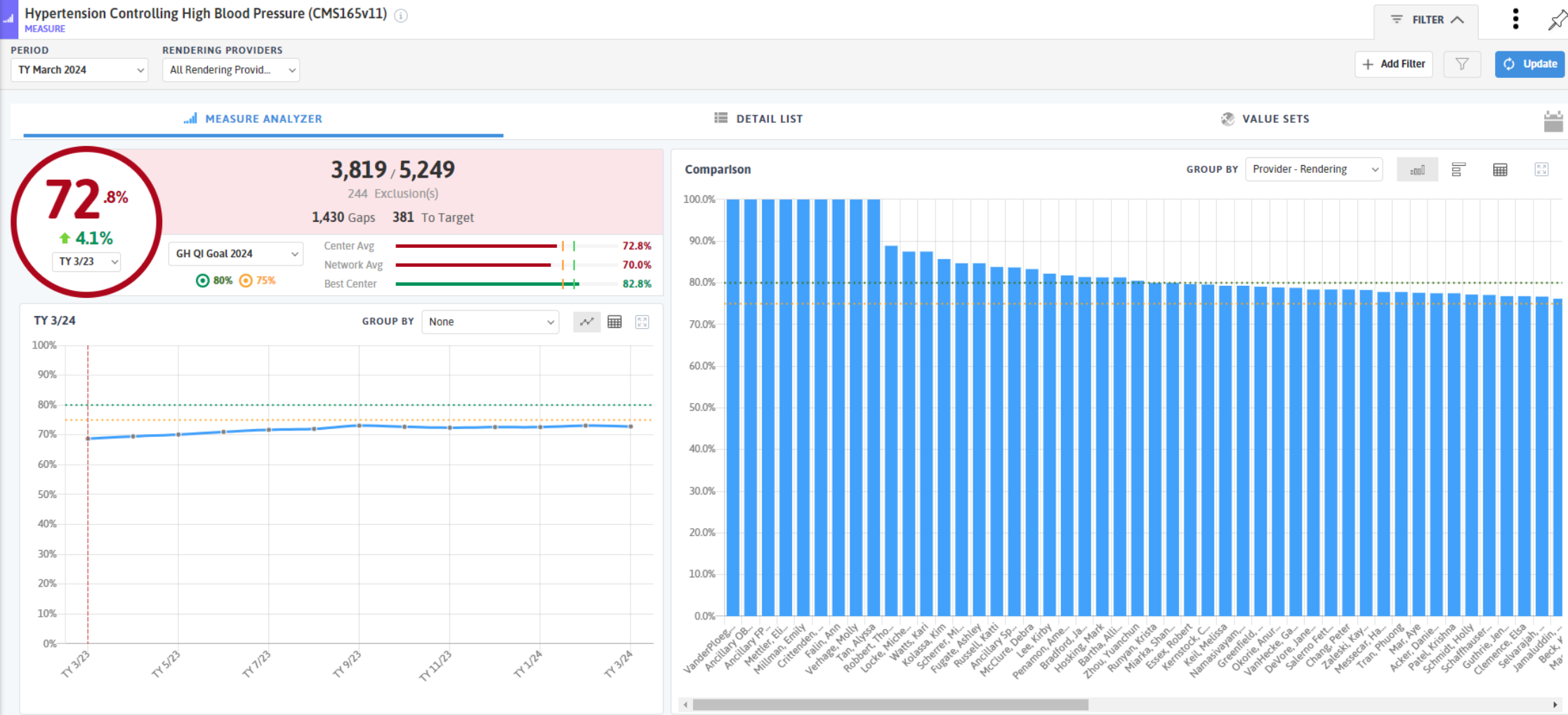
Average Systolic BP Change After Medication Intensification Measure



MAP Hypertension

Outcomes

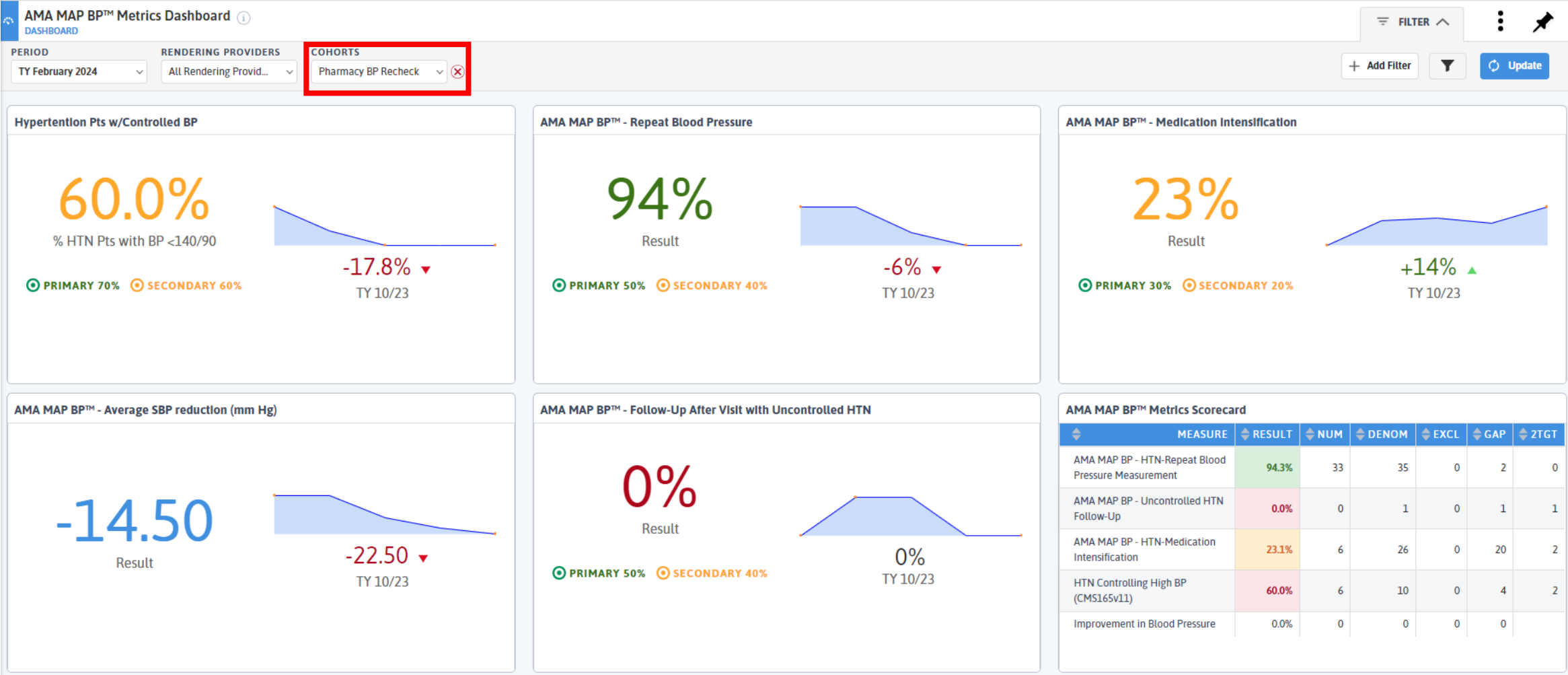
Hypertension Controlling High Blood Pressure (CMS165v11)



Pharmacy Managed Cohort | DRVS



AMA MAP™ Hypertension Metrics Dashboard



Questions?



Achieve, Celebrate, Engage!

ACE'd it? Share your DRVS success story and become an Azara ACE!

Show your organization has used DRVS to **A**chieve measurable results, **C**elebrate improvement in patient health outcomes, and effectively **E**ngage care teams and/or patients. Stories should showcase how DRVS helped your organization overcome a challenge, the tools and solutions used to drive improvement and details of the successes that resulted from your initiatives. ACEs should be able to provide examples that quantify quality improvement, cost savings, operational efficiency or patient health improvement.

Benefits:

- Azara will help tell your story and provide a client-branded version for your use
- Potential to create a 2-4 minute video or hour-long Azara-hosted webinar
- Win Azara swag!



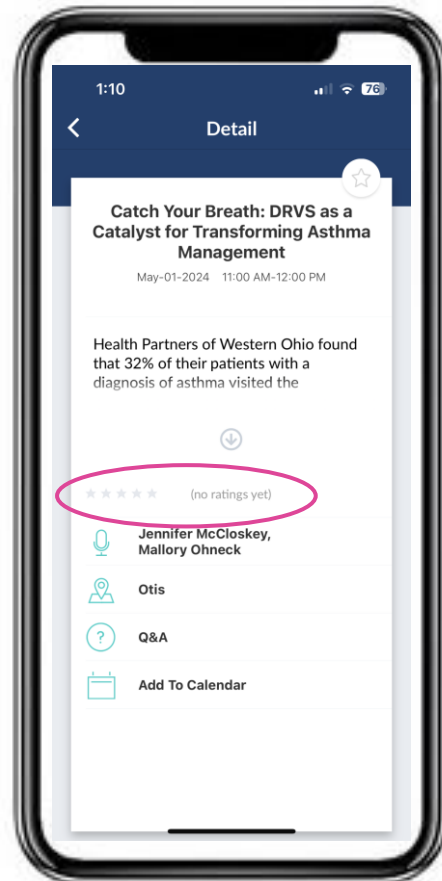
Submit your success story by completing the form [at this link](#) or scan our QR code:

See this year's ACE posters in the Ballroom Foyer!



We Want to Hear From You!

Click on the session from your agenda in the conference app.
Click the stars in the center of your screen to rate and provide feedback.



Quick and Easy



Rate the session and
the speaker(s)



Provide brief
feedback or ideas



Help us continue to
improve

Thanks for attending!

