



Clinical Champion Update

Date: 10/17/22 *Subject:* Hypertension

Most of our patient's blood pressures have not been well controlled in the past 2 years, due to various reasons - changes in work/jobs, stress, increased alcohol use, less exercise, weight gain, financial reasons and lack of resources - gyms closed or they are not wanting to return to the gym; food cost, and copay costs.

How can we help our patients prevent LVH, heart failure, stroke, heart attack, chronic kidney disease or kidney failure, especially in the setting of other co-morbid conditions? By ensuring that their blood pressures are less than 130/80. (AHA/ACC guidelines)

1. utilize the BP clinic where the MA can recheck your patient's BP in situations where you think that the elevated BP is because of an acute and easily resolved condition (back pain, ankle sprain etc). All centers have a dedicated day that is set aside for BP clinics. Mark it off on the check out slip when you want them to return for this. This is free.
2. you can start using the macros and send it to your "EHC/NHC/GHC/AMCfprn" for BP Titration clinic. They will help you manage your patients blood pressure and educate them also, all with instructions from your discussion note. If you are not sure how to use them, send us an email.
3. consider using more than 1 medication to bring that blood pressure under control. There is evidence that using 2 different classes of drugs (eg. ACEI plus CCB) - work more effectively than increasing one medication to it's maximum dose.
4. have your MA recheck the patient's blood pressure while in the office, while waiting for you if you are a bit late; or before the patient leaves. Instruct your MA that if the BP is not at the goal you want, they can add a BP clinic appointment on the check out slip for you.
5. keep in mind that the patient has to rest their backs against the chair and have their feet flat on the floor. If this is not possible, provide a small stool to rest their feet on as they are resting for the 5-10 minutes before checking their blood pressure.
6. please have the patient empty their bladder.
7. if your patient has their own HBPM, you can have your MA call them back the same day or in a few days and have that BP reading noted in the vital sign section. Or you can send a portal message to your patient and remind them to recheck it at home and send the reading back to you.
8. remind patients: 30 min of moderate physical activity daily; less than 1500 mg sodium per day (check labels); DASH diet/Mediterranean diet; no smoking; and if possible, no alcohol.
9. if you and your patient decide that less than 130/80 is not the goal for them, please note what their BP goal is in the problem list under the diagnosis of hypertension, so it is visible for all providers.

Thanks,

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Hypertension Clinical Champions