POWERFUL ENOUGH TO MAKE A DIFFERENCE: Promising Practices for Blood Pressure Control in Clinical Settings

December 4, 2012
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter(s)</th>
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</thead>
<tbody>
<tr>
<td>Welcome and Introduction</td>
<td>Judy Hannan, RN, MPH</td>
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<tr>
<td>Million Hearts Program Overview</td>
<td>Janet Wright, MD, FACC</td>
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<tr>
<td>Kaiser Permanente Guest Speaker</td>
<td>John A. Merenich, MD, FACP, FNLA</td>
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<td>HealthInsight Guest Speaker</td>
<td>Sarah Woolsey, MD, FAAFP</td>
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<tr>
<td>Ellsworth Medical Clinic Guest Speaker</td>
<td>Christopher H. Tashjian, MD, FAAFP</td>
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<td>Question &amp; Answer</td>
<td>All presenters and the moderator</td>
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<td>Short evaluation survey</td>
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Million Hearts™

Goal: Prevent 1 million heart attacks and strokes in 5 years

• National initiative co-led by CDC and CMS
• Partners across federal and state agencies and private organizations
## Status of the ABCS

<table>
<thead>
<tr>
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<th>Description</th>
<th>Percentage</th>
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<tbody>
<tr>
<td><strong>A</strong></td>
<td>Aspirin People at increased risk of cardiovascular events who are taking aspirin</td>
<td>47%</td>
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<tr>
<td><strong>B</strong></td>
<td>Blood pressure People with hypertension who have adequately controlled blood pressure</td>
<td>46%</td>
</tr>
<tr>
<td><strong>C</strong></td>
<td>Cholesterol People with high cholesterol who are effectively managed</td>
<td>33%</td>
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<tr>
<td><strong>S</strong></td>
<td>Smoking People trying to quit smoking who get help</td>
<td>23%</td>
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*CDC. MMWR. 2011;60(36);1248–51.*
Key Components of Million Hearts™

CLINICAL PREVENTION
Optimizing care

- Excellence in ABCS
- Health tools and technology
- Innovations in Care Delivery

Minority Health

COMMUNITY PREVENTION
Changing the context

- No smoking
- Reduced salt intake
- Trans Fat restriction
### Getting to Goal

<table>
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<tr>
<th>Intervention</th>
<th>Baseline</th>
<th>Target</th>
<th>Clinical target</th>
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<tbody>
<tr>
<td><strong>Aspirin for those at high risk</strong></td>
<td>47%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Blood pressure control</strong></td>
<td>46%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Cholesterol management</td>
<td>33%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>23%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Sodium reduction</td>
<td>~ 3.5 g/day</td>
<td>20% reduction</td>
<td></td>
</tr>
<tr>
<td>Trans fat reduction</td>
<td>~ 1% of calories</td>
<td>50% reduction</td>
<td></td>
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Unpublished estimates from Prevention Impacts Simulation Model (PRISM).
Prevalence of Hypertension Control among U.S. Adults with Hypertension

67 million adults with hypertension (30.4%)

46.5%

53.5%
(35.8M)

Uncontrolled

Controlled

Awareness and Treatment among Adults with Uncontrolled Hypertension

- **16.0M** Aware and treated
- **5.7M** Aware and untreated
- **14.1M** Unaware

Prevalence of Uncontrolled Hypertension, by Selected Characteristics

It Doesn’t Take Much to Have a BIG Impact
Small Reductions in Systolic BP Can Save Many Lives

Prevalence, %

Blood Pressure, mm Hg

Reduction in BP

% Reduction in Mortality
Stroke CHD Total

2 -6 -4 -3
3 -8 -5 -4
5 -14 -9 -7

All-Cause Hospitalization Risk Declines as Adherence Increases

Total All-Cause Health Care Costs Decrease as Medication Adherence Increases, Even with the Increase in Drug Costs

Environmental Drivers and Conditions

• Millions with uncontrolled HTN and more coming
• Millions of newly insured in 2014 with no increase in physician workforce
• EHRs adopted but not consistently used for quality
• Employer demand for value; cost-shifting
• Accountability for cost across care settings
• mHealth technologies looking for a market
• Growing knowledge base and interest in incentives
BP Control Attack Plan

• Identify the undiagnosed
• Control the treated
• Coach self-management
• Drive measurement and reporting
• Reduce Na intake of the population
BP Control Attack Plan

- Identify the undiagnosed 14 Million
- Control the treated
- Coach self-management
- Drive measurement and reporting
- Reduce Na intake of the population
BP Control Attack Plan

- Identify the undiagnosed  14 Million
- Control the treated  16 Million
- Coach self-management
- Drive measurement and reporting
- Reduce Na intake of the population
BP Control Attack Plan

- Identify the undiagnosed  14 Million
- Control the treated    16 Million
- Coach self-management   67 Million
- Drive measurement and reporting   > 67 Million
- Reduce Na intake of the population 330M
Essential Components of High Performing Models

• Teams, including families
• Technology to provide
  – actionable data, connected settings, timely reminders
• Self-management
• More frequent touches; more fluid contact
• Adherence to meds and health habits
• Payment
  – cover costs of the approach
  – linked to outcomes
Resources

• Vital Signs: Where’s the Sodium?
  http://www.cdc.gov/VitalSigns/Sodium/index.html

• Innovations and Progress Notes: How others have achieved high performance
  http://millionhearts.hhs.gov/aboutmh/innovations.html

• Vital Signs: Getting Blood Pressure Under Control
  http://www.cdc.gov/vitalsigns/Hypertension/index.html

• Team Up. Pressure Down.
  http://millionhearts.hhs.gov/resources/teamuppressuredown.html

• Community Guide: Team-Based Care
  http://www.thecommunityguide.org/cvd/teambasedcare.html

• SDOH Workbook: Promoting Health Equity, a Resource to Help Communities Address Social Determinants of Health

• Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases

• Data Trends & Maps
  http://apps.nccd.cdc.gov/NCVDSS_DTM
Join Us: Take the Pledge

http://millionhearts.hhs.gov
Kaiser Permanente Colorado
Hypertension Management Program

John A. Merenich, M.D., F.A.C.P., F.N.L.A.

Medical Director, CO Clinical Pharmacy Cardiac Risk Service
Medical Chairman, CO Integrated Cardiovascular Health Program
Medical Director, CO Clinical Informatics and Decision Support

- Anna Cosyleon, M.D.
- Stephanie Schneider R.N., M.S.N.
- Ann Wells, M.D.
Kaiser Permanente Colorado

- Colorado’s oldest and largest group health care organization with ~ 530,000 members

- Presently, 24 medical offices

- 1 in 4 adults has a dx of HTN → 95,000 members
  - 89,500 members 18–85 yrs
  - 5,400 members 86 yrs and older

- Efforts began in 2008 with complete redesign of Hypertension Management Program
KPCO HTN control rates (Jan 2008- Jul 2012)
Key themes

- People
  - Patient centered care and focus
  - Make the right thing easier to do
  - Get the right person to do the right job

- Process
  - Metrics, protocols, guidelines
  - Integration of teams

- Technology
  - Registries
  - Web and other resources
  - Outreach
Elements of Success

- Leader Sponsorship
- Dedicated Physician and Health Plan Lead
- Vision
Know your ABCDE’S!!

- Should you be on **Aspirin**? (ask your doctor if you’re high risk)
- Is your **Blood Pressure** at goal?
- Know your **Cholesterol** level?
- Is your **Diet** low in sodium, sugar, and trans-fats?
- Are you **Exercising** 150 minutes/week?
- If you **Smoke**, need help quitting?
Elements of Success - People

- Collaboration
  - Primary Care Providers
  - Nursing teams
  - Clinical Pharmacy Specialist
  - Specialty departments
Patient Engagement

- Engage member as team player
- Utilize coaching methods
- Reiterate importance of HTN control at every visit
- Educate member on correct BP measurement technique
- Encourage home BP monitoring with readings sent via email/phone/mail
Get Your Best Blood Pressure

- Rest for ~ 5 minutes
- If sitting, place feet flat on floor with your back supported
- Place the cuff on your bare skin
- Avoid talking while BP is being measured
- Rest your arm on a table or desk at heart level or allow the nurse to hold it
## Impact of Incorrect BP Measurement Technique

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<tr>
<th>Action</th>
<th>SBP Impact</th>
<th>DBP Impact</th>
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<tbody>
<tr>
<td>Patient sitting without back support</td>
<td>+ 6 to + 10 mm Hg</td>
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<tr>
<td>Recent use of tobacco/caffeine</td>
<td>+ 6 to + 11 mm Hg</td>
<td>+ 5 mm Hg</td>
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<tr>
<td>Legs crossed</td>
<td>+ 8 mm Hg</td>
<td>+ 6 mm Hg</td>
</tr>
<tr>
<td>Cuff too small</td>
<td>- 8 to + 10 mm Hg</td>
<td>+2 to + 8 mm Hg</td>
</tr>
<tr>
<td>Arm unsupported</td>
<td>+ 1 to + 7 mm Hg</td>
<td>+ 5 to + 11 mm Hg</td>
</tr>
<tr>
<td>Not using bare arm</td>
<td>+ 5 to + 50 mm Hg</td>
<td></td>
</tr>
<tr>
<td>Talking</td>
<td>+ 7 mm Hg</td>
<td>+ 8 mm Hg</td>
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</tbody>
</table>
Regional Culture Change Process

- Patient centered care - removal of barriers
  - No copayment BP nurse visit checks - scheduled or walk-in
  - Home BP monitors at cost

- Making the right things easier to do
  - Right equipment and 4-5 sized cuffs in each exam room
  - Removal of work-up stations
  - Having right person do right job

- CME
Elimination of Medication Titration Barrier

- Initiate lisinopril/thiazide combination as starting dose whenever starting blood pressure >20/10 mm over goal
Technology (or not ??)

- **Usage of technology**
  - Implementation of BPA whether it be in the EMR or not—allow staff time
    
    **Disease Management Reminder:**
    Pt with initial BP ≥ 140/90
    Action: Wait 1 minute, repeat BP reading, and document new BP under New Set of Vitals

  - Tickler system to proactively outreach (return for BP check to attain goal or yearly visit)
  
  - Correlate medication refills with appropriate labs

  - Develop dashboards for tracking accountability
Metrics, metrics, metrics

- Guidelines
- Protocols
- Change what you measure
- Measure what you want to change
- Process improvement mentality
Elements of Success

- Electronic Medical Record
- HTN HealthTRAC Registry
- ‘Actionable Lists’
- Pro-active Outreach
Outcomes as of 09/10/2012 09:09:243

<table>
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<tr>
<th>variable</th>
<th>outcome - yes</th>
<th>outcome - no</th>
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</thead>
<tbody>
<tr>
<td>ASA or Exception</td>
<td>97% (684/699)</td>
<td>2% (15/699)</td>
</tr>
<tr>
<td>LDL &lt; 100 or Statin or Exception</td>
<td>94% (658/699)</td>
<td>5% (41/699)</td>
</tr>
<tr>
<td>BP &lt; 140/90 in Last 2 Years</td>
<td>87% (612/699)</td>
<td>12% (87/699)</td>
</tr>
<tr>
<td>Never/Former Smoker or Tobacco Intervention in Last 2 Years</td>
<td>92% (647/699)</td>
<td>7% (52/699)</td>
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<tr>
<td>CV Risk Composite</td>
<td>77% (539/699)</td>
<td>22% (160/699)</td>
</tr>
<tr>
<td>CV Risk Assessed on Problem List</td>
<td>59% (414/699)</td>
<td>40% (285/699)</td>
</tr>
<tr>
<td>CV Risk Known (Ages 18-80) (CAD or Equiv or Assessed)</td>
<td>100% (629/629)</td>
<td>0% (0/629)</td>
</tr>
<tr>
<td>CRP in Last 2 Years</td>
<td>9% (69/699)</td>
<td>90% (630/699)</td>
</tr>
<tr>
<td>Serum Creatinine in Last Year</td>
<td>91% (641/699)</td>
<td>8% (58/699)</td>
</tr>
<tr>
<td>BMI in Last 2 Years</td>
<td>97% (685/699)</td>
<td>2% (14/699)</td>
</tr>
<tr>
<td>HDL in Last Year</td>
<td>89% (624/699)</td>
<td>10% (75/699)</td>
</tr>
<tr>
<td>FBG in Last Year</td>
<td>19% (137/699)</td>
<td>80% (562/699)</td>
</tr>
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</table>
Elements of Success

- Dashboard
  - Primary Care Providers
  - Nursing teams
Barriers

- Competing priorities
- Time for correct BP measurement technique
  - Exam room set up
- Correct No-copayment visit type
- Education importance of BP control
Ultimate Goal:

Making a difference to prevent heart attacks and strokes & improve lives
Thank you
Community Health Centers, Inc.  
Blood Pressure Improvement for People with Diabetes  
(we are doing it, so can you)

Sarah Woolsey, M.D.  Family Physician CHC, Inc.  
Medical Director, HealthInsight Utah
CHC, Inc. Overview

- 4 urban sites, Federally Qualified Health Center
- 26 providers
- In 2011, served 27,926 patients (all ages)
- 55% of our patients uninsured
- 66% of Hispanic descent
- 99% at or below 200% of the federal poverty line
- Participant in Beacon Communities Project 2010-2013
- Implemented EMR 2010-ECW

Beacon Team Members:
- Jennifer Thomas, MBA
- Chris Hyer, PA-C
- Sue Urban
- Linda Stearn, RN, PA
- Monica Perez, Health Educator
- Keith Horwood, M.D.
- Sarah Woolsey, M.D.
It all starts with an “AIM”

• 1st AIM: Increase DM 2 patients with controlled blood pressure (<130/80) by 5% by March 1, 2012

• After initial success we committed to 10% overall improvement by December 2012
CHC – all clinics
B/P control <130/80
Patients with DM2

Community benchmark
10% goal
5% target date

CHC data

Data from Practice Analytics Software
<table>
<thead>
<tr>
<th>Barriers</th>
<th>HOW ADDRESSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaccurate clinic improvement data</td>
<td>EMR documentation improvement</td>
</tr>
<tr>
<td>Inaccurate recording patient B/P</td>
<td>EMR training, Patient B/P home monitoring implementation</td>
</tr>
<tr>
<td>Incorrect diagnosis of HTN</td>
<td>Medical Assistant training on accurate B/P measurements, registry recalls</td>
</tr>
<tr>
<td>Therapeutic inertia</td>
<td>Educational session for all providers, Purchase and training of automatic cuffs</td>
</tr>
<tr>
<td>Poor patient engagement</td>
<td>Patient B/P home monitoring implementation</td>
</tr>
<tr>
<td>No timely access to care</td>
<td>Walk in BPs, Home monitors, registry recalls</td>
</tr>
</tbody>
</table>
Themes for Improvement

• Actionable Data (patient, quality)

• Education (patient, provider, staff)

• Develop processes that remove barriers (everybody)
Electronic Medical Record Documentation

• Needed accurate B/P control baseline
• Found system-wide recording errors
• Retraining of all MAs, providers to put B/P in the right place, the right way!
• Built trust in our monthly data pulls
• Hypertension registry reports were now more trustworthy
Engaging Provider Education

• Lecture by respected Pharmacist, Educator
• Updated on current best-practices
• Hypertension guidelines from state shared as a resource tool

Also-

• Shared our AIM to improve B/P control and ready providers for this project, asked for their ideas
• Same for Self-management roll-out
Training on B/P measurement

• Key to accurate diagnosis and therapy decisions
  – Providers trust good measurements and ACT!
  – Avoids over-diagnosis, over-treating of patients

• It seems like this is easy- but it is not*

• Correct cuff size

• Requires reminders/regular re-training

*“Blood pressure reading does not seem to be done correctly in any clinic…It appears to be so simple that anyone can do it, but they can’t…”

JAMA 2008; 299:2842
Purchase of automatic in-clinic B/P machines

- Using centralized machine on roller
- Calibrated regularly
- Trained all staff/providers on use
- Takes the attention off the “Kortakoff” and we now pay attention to the patient position, timing of measurement

- Costly=$2500
Patient B/P Self-Management Program

- Beacon Self-management of HTN presentation, Dr. Barry Stults, University of Utah
- Chose FDA approved home monitor to suggest to patients
  
  **Note: Monitor must be validated:**
  
  Omron (http://www.omronhealthcare.com/)
  A&D – Lifesource (http://www.andmedical.com/)
  MicroLife (http://www.microlife.com/)
  http://www.hypertension.ca/devices-endorsed-by-hypertension-canada

- Standardized order in EHR for home B/P machine, AND large cuff
- Ideally-get cuff, return for training with health educator
- B/P monitoring training checklist developed for MA to train with patients if not able to see our educator
Patient B/P Self-Management Program

• Developed patient education tools (loaded into EHR)
  -- “How To Take Your Blood Pressure”
  -- “How To Watch Your Sodium”
• Home B/P monitoring log (English & Spanish)
• No charge walk-ins for patients without home monitors (MA protocols for abnormals)
Mi Diario de la Presión Sanguínea

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<td>Dia 10</td>
<td>Dia 11</td>
<td>Dia 12</td>
<td>Dia 13</td>
<td>Dia 14</td>
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Como Tomarse La Presión Sanguínea

1. Síntese y descanse por 5 minutos.
2. No tome cafeína, alcohol o fume por 30 minutos antes de la medición.
3. Síntese derecho y ponga sus dos pies firmes en el suelo.
4. No se toma la presión sanguínea sobre la ropa. Use el brazalete en forma apropiada.
5. Asegúrese que la parte superior de su brazo esté al mismo nivel de su corazón con el codo ligeramente flexo. La palma de su mano hacia arriba y sobre una superficie plana.
6. Infla el brazalete.

Sources: Heart Disease & Stroke Prevention Program, Utah Health Department, America Heart Association and the Joint National Committee’s Seventh Report on High Blood Pressure
Ongoing Registry Review and Recall (RRR)

• Key to population management
• Provide patient lists to providers—individualized reports hit home
• Use lists to choose self-management patients or refer for education (behind the scenes)
CHC – all clinics
B/P control <130/80
Patients with DM2

Data from Practice Analytics Software
Theme review

• Actionable Data (patient, quality)

• Education (patient, provider, staff)

• Develop processes that remove barriers (everybody)
Review Today’s Themes

• Actionable Data (patient, quality)

• Education (patient, provider, staff)

• Develop processes that remove barriers (everybody)
Additional Tools
Hypertension (HTN) Fault Tree - 75 million patients

A Aware of HTN
81% - 61 million patients

B Unaware of HTN...
19% - 14 million patients

A1 Patient Untreated...
10% - 6 million patients

A2 Patient Treated
90% - 55 million patients

A2.1 HTN Controlled
69% - 38 million patients

A2.2 HTN Uncontrolled
31% - 17 million patients

A2.2.1 Inaccurate BP Measurement...
≥ 10% - 1.7 mil pts

A2.2.2 Low Patient Adherence...
(Treatment)
20% - 3.4 mil pts

A2.2.3 Resistant HTN
(tough disease)
10% - 1.7 mil pts

A2.2.4 White Coat HTN
(office only)
15% - 2.6 mil pts

A2.2.5 Therapeutic Inertia...
30% - 5.1 mil pts

A2.2.5 Suboptimal Rx Regimen
15% - 2.6 mil pts

BEST PRACTICES FOR TAKING ACCURATE BLOOD PRESSURE READINGS
FROM WELCH ALLYN

1. Use the proper size cuff; if two cuffs fit, use the larger one.
2. Roll Sleeve
3. Place the cuff on a bare arm
4. (Align with Brachial Artery)
5. (Just few Fingers)
6. (Do Not Move)
7. (Shake)
8. (Support Back—Legs Uncrossed)
9. (At Heart Level)
10. Keep the arm still during the measurement cycle

IF THE ACCURACY OF A BLOOD PRESSURE MEASUREMENT IS IN QUESTION, VERIFY THE ACCURACY USING THE AUSCULTATORY METHOD WITH A CALIBRATED MANUAL INSTRUMENT.
Patient B/P
Self-Management Program links

• Home BP technique video:
  – http://www.hypertension.ca/hypertension-videos

• Home BP technique written instructions:
  – http://www.hypertension.ca/measuring-blood-pressure
  – http://www.hypertension.ca/chep-resources-and-downloads-dp1
BP Measurement: KEY TECHNIQUES

Rest ≥ 5 min, quiet
Seated, back supported
Cuff at midsternal level
Large enough cuff
Bladder center over artery
Deflate 2 mm Hg/sec
No talking during measurement

If initial BP > goal BP:
  3 readings, 1 min apart
Discard 1st, average last 2

△ BP (mm Hg) if not done

↑ 12/6
↑ 6/8
↑ ↓ 2/inch
↑ 6-18/4-13
↑ 3-5/2-3
↓ SBP/↑ DBP
↑ 17/13

1st reading higher
• “Alerting response”

• HOW CAN WE TEACH/IMPLEMENT?

Hypertension 2005; 45:142
J Hypertens 2005; 23:697
Can J Card 2008; 24:455
“Your Heart Age”

Provides patient communication tool:

| Patient's Cardiovascular Age in Years. (Age of a pt with no CVD risk factors who has this many points.) | ">80" | 54 | and assume full reversibility of the effects of risk factors. - JC |

“You have the cardiovascular age and risk of a ___ year-old”

http://www.zunis.org/FHS_CVD_Risk_Calc.2008htm
Medication Adherence

What gets in the way of taking your medicine(s)?

- [ ] Makes me feel sick
- [ ] Cost
- [ ] Can’t remember
- [ ] Nothing
- [ ] Too many pills
- [ ] Other: ________________________________

Provider: remember to document asking the patient and the patient response!
Other Factors to Consider When Taking a Blood Pressure

The following is a list of other factors that can influence blood pressure. Each of these factors can have a significant affect on your blood pressure reading.

**Talking**
Can increase blood pressure 17/13 mmHg

**Cold Exposure**
Can increase blood pressure 11/8 mmHg

**Bowel/Bladder Distention**
Can increase blood pressure 27/22 mmHg

**Caffeine**
Can increase blood pressure 10/7 mmHg

**Physical Activity**
Can decrease blood pressure 5-11/4-8 mmHg
la sal y el sodio

10 consejos para ayudarlo a reducirlos

Visite www.choosemyplate.gov para obtener más información.
What Is High Blood Pressure?

Another name for high blood pressure (HBP) is hypertension (hi-per-TEN-shun).
Thank you

Contact information
Sarah Woolsey, M.D., F.A.A.F.P.
HealthInsight Utah
swoolsey@healthinsight.org
(801)892-6622
Making Meaningful Use of Meaningful Use

Combining Medicine and Technology to Improve Quality and Transform Healthcare

Christopher H. Tashjian, MD, FAAFP

President River Falls, Ellsworth and Spring Valley Medical Clinics
Low Tech
High Tech

- First Take Data from EHR and Export to Excel and Generate Patient Lists
### Provider Statistics - Optimal Vascular Care

<table>
<thead>
<tr>
<th>Provider</th>
<th>DP</th>
<th>LDL</th>
<th>ASA</th>
<th>Tobacco</th>
<th>0/4</th>
<th>1/4</th>
<th>2/4</th>
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Health Partners: Partners in Excellence Award Levels: GOLD 80% - SILVER 55%
Results!

- In just four years, Ellsworth Medical Clinic reported the following improvements in blood pressure control:
  - Among patients with diabetes, hypertension control increased from 73% to 97% (2007–2011)
  - Among patients with cardiovascular disease, BP control increased from 68% to 97% (2007–2011)
  - Currently as of August 2012
    **ALL** patients with hypertension controlled at 90%
Be BOLD!

Don’t be afraid to take a big step if one is indicated.

You can’t cross a chasm in two small steps.
Join Us: Take the Pledge
http://millionhearts.hhs.gov

Questions & Answers