Hypertension Tool Kit

MOLINA® HEALTHCARE

Healthy Connections

2571159SC0615

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Hypertension (High Blood Pressure)

Overview

What is High Blood Pressure?

Blood pressure is the measurement of the pressure or force of blood pushing against blood vessel walls. The heart pumps blood into the arteries (blood vessels), which carry the blood throughout the body. High blood pressure, also called hypertension, means the pressure in your arteries is above the normal range. Blood pressure is determined by the amount of blood the heart pumps and the amount of resistance to blood flow in the arteries. The more blood the heart pumps and the narrower the arteries the higher the blood pressure. In most cases, no one knows what causes high blood pressure.

How is Blood Pressure Recorded?

Blood pressure is written as two numbers, such as 118/72. The first number is the systolic pressure. This is the pressure in the arteries when the heart beats and fills them with blood. The second number is the diastolic pressure. This is the pressure in the arteries when the heart rests between beats.

What is a normal blood pressure reading?

Type of blood pressure reading	Normal blood pressure
Systolic	Less than 140 mmHg
Diastolic	Less than 90 mmHg
mm = millimeters of mercury – the unit of measure for blood pressure	

Source: JNC 8 New Guidelines

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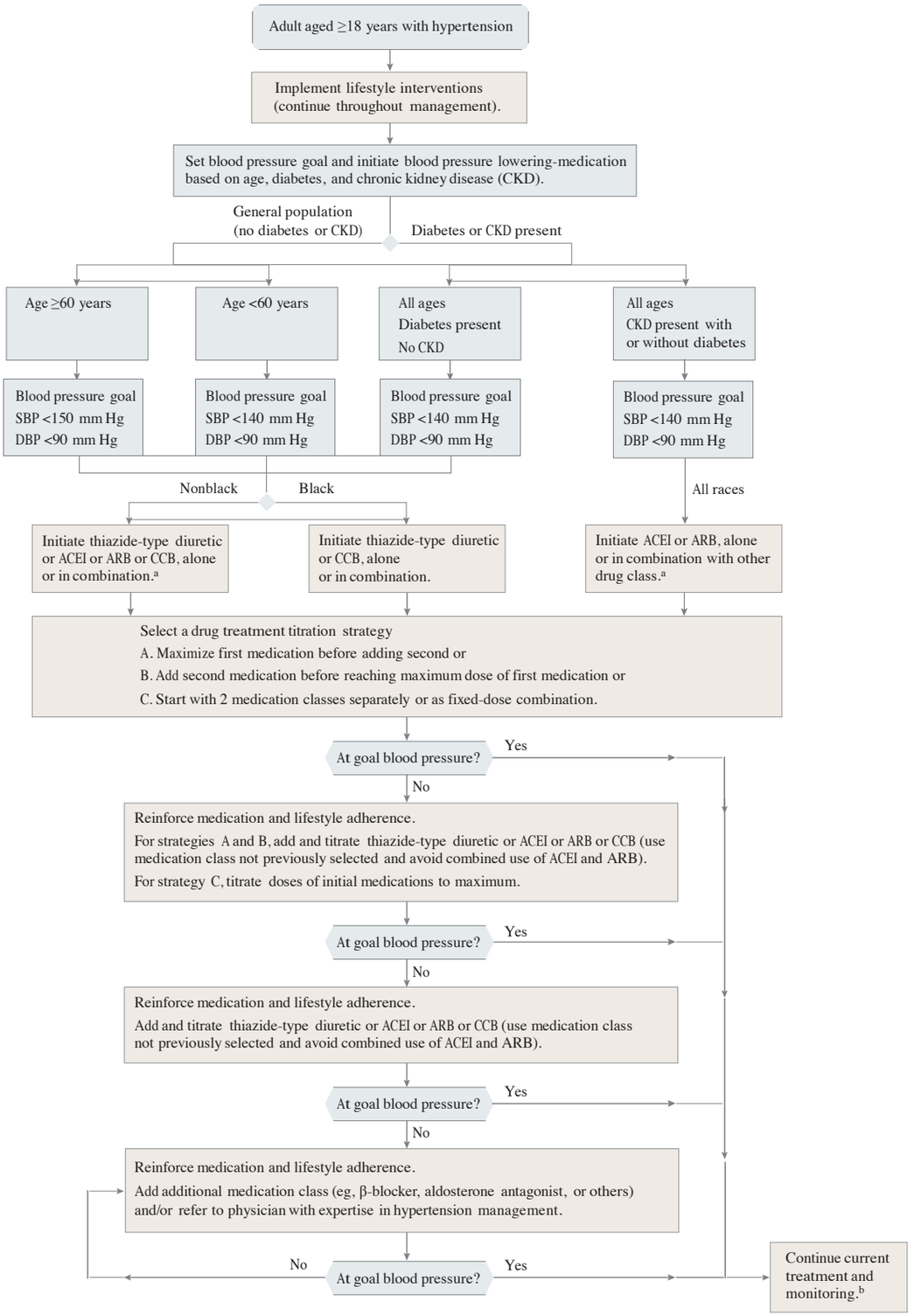
Figure. 2014 Hypertension Guideline Management Algorithm



SBP indicates systolic blood pressure; DBP, diastolic blood pressure; ACEI, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; and CCB, calcium channel blocker.

[a] ACEIs and ARBs should not be used in combination.

[b] If blood pressure fails to be maintained at goal, reenter the algorithm where appropriate based on the current individual therapeutic plan.

General HEDIS® Tips to Improve Scores

Hypertension

- **Work with Molina Healthcare of South Carolina (MHSC)**
  We are your partners in care and would like to assist you in improving your HEDIS® scores.
- **Use HEDIS® specific billing codes when appropriate.**
  We have tip reference guides on what codes are needed for HEDIS®.
- **Use HEDIS® Needed Services Lists that Molina Healthcare of South Carolina (MHSC) provides you to identify patients who have gaps in care.**
  If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.
- **Avoid missed opportunities.**
  Many patients may not return to the office for preventive care so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.**
  Review and evaluate appointment hours, access, and scheduling processes, billing and office/patient flow. We can help to streamline processes.
  - Review the next day's schedule at the end of each day.
  - Identify appointments where test results, equipment, or specific employees are available for the visit to be productive.
  - Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
  - Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
  - Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions.
  - Use the prescription for wellness document to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your electronic medical record (EMR).**
  If you have an EMR, try to build care gap "alerts" within the system.

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HEDIS® Tips:
Controlling High Blood Pressure

HOW TO IMPROVE HEDIS® SCORES

- Calibrate the sphygmomanometer annually.
- Upgrade to an automated blood pressure machine.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again (HEDIS® allows us to use the lowest systolic and lowest diastolic readings in the same day) and oftentimes the second reading is lower.
- Do not round BP values up. If using an automated machine, record exact values.
- If first BP value is high retake blood pressure again later during visit.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in 3 months.
- Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
- Molina has pharmacists available to address medication issues.

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MEASURE DESCRIPTION

- Patients 18-59 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and diabetes and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<150/90) during the measurement year.

Note: Patients are included in the measure if prior to June 30 of the measurement year there was a claim/encounter with a diagnosis of hypertension.

The most recent BP during the measurement year is used.

USING CORRECT BILLING CODES

Codes to Identify Hypertension

Description	ICD-9 Code
Hypertension	401.xx

Molina Healthcare of South Carolina

Medicaid Pharmacy Information

Pharmacy Department

Contact #: (855) 237-6178

Pharmacy Website

http://www.molinahealthcare.com/providers/sc/medicaid/drug/Pages/pdl.aspx

Pharmacy Locator

http://www2.caremark.com/micro/asset/molina_sc_pharmloc.htm

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Competency: Blood Pressure Measurement

Part I

☐ Initial Training ☐ Annual Training

Name: _____ **Department:** _____

Critical Elements	Met	Not Met
1. Places patient in a comfortable position. Place entire arm at patient's heart level. (If the arm is above the level of the heart, a falsely low reading may be obtained.)		
2. Wraps the cuff smoothly and evenly around the arm 1-2 inches above the antecubital space. (Do not place cuff over clothing.)		
3. Palpates the brachial artery on the ulnar side of the antecubital space with the second and third finger tips of one hand. With the same hand holds the diaphragm of the stethoscope. Closes the control valve clockwise with the other hand and inflates the compression bag (cuff) as rapidly as possible by pumping the inflation bulb. Continues until the pulse you are palpating can no longer be felt.		
4. Inflate the cuff for an additional 30 mmHg.		
5. Positions the diaphragm of the stethoscope over the brachial artery.		
6. Releases the valve turning it counterclockwise. (Do not deflate too slowly or you will obtain a falsely elevated pressure due to venous congestion. Do not deflate too quickly or you will get an erroneous reading.)		
7. Reads the manometer at eye level.		
8. Documents findings on appropriate form or in the electronic medical record (eMAR).		

☐ Passed ☐ Reviewed only ☐ Needs to repeat

Validated by: _____ Date: _____

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Employee Competency Training Evaluation

Part II

Name: _____

Department: _____

1. High blood pressure may lead to:

- **a.** Heart Attacks
- **b.** Stroke
- **c.** Kidney Damage
- **d.** All of the above

2. Accurate measurement of blood pressure is important because:

- **a.** You are likely to see several hypertensive patients throughout the day
- **b.** Blood pressure is used to diagnose and guide therapy
- **c.** Inaccurate blood pressure may lead to organ damage
- **d.** All of the above

3. Which of the following is true?

- **a.** The diastolic blood pressure is always greater than the systolic blood pressure
- **b.** The systolic blood pressure is the first sound heard
- **c.** Blood pressure is measured in mmH20
- **d.** The vast majority of patients have a normal blood pressure

4. Blood pressure is measured using:

- **a.** The brachial artery
- **b.** The radial artery
- **c.** The main vein
- **d.** A pulse oximeter

5. Which of the following is true?

- **a.** It is ok to ask the patient a question while you are measuring the blood pressure
- **b.** The patient should cross their legs, right over left, before the blood pressure is taken
- **c.** A pulse is only necessary if the blood pressure is very low
- **d.** The marking on the blood pressure cuff should be placed over the brachial artery

6. In taking the blood pressure:

- **a.** You should not use the arm on the same side that was affected by a stroke
- **b.** The cuff should be deflated at a rate of 2-3 mmHg per minute
- **c.** The blood pressure should never be taken in a standing position
- **d.** A and B only

7. In taking the blood pressure:

- **a.** The cuff should never be placed on the bare arm
- **b.** The arm should always be below the level of the heart
- **c.** If the sounds never disappear, the point at which the sound muffle is used for the diastolic pressure
- **d.** None of the above

8. In taking the pulse:

- **a.** You should only note whether it is regular or irregular if the blood pressure is taken while standing
- **b.** You should only note the pulse if the blood pressure is abnormal
- **c.** If the pulse is regular you can measure the number of beats in 15 seconds and multiply by 10 to get the pulse rate in B/min
- **d.** The pulse indicates how many times the heart beats in one minute

9. If sounds are heard immediately when deflating the blood pressure cuff:

- **a.** The cuff pressure was too high
- **b.** You need to deflate the cuff and start over at a higher pressure target
- **c.** The diastolic blood pressure is too high
- **d.** All of the above

10. In checking a patient for orthostatic pressure:

- **a.** You should check sitting then standing
- **b.** The highest blood pressure should be recorded
- **c.** You should check standing then sitting
- **d.** A and B only

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Answer Key: 1. D; 2. D; 3. B; 4. A; 5. D; 6. D; 7. C; 8. D; 9. B; 10. A;

High Blood Pressure Fact Sheet

High Blood Pressure may lead to:

- Heart Attack
- Enlarged Heart
- Stroke
- Heart Failure
- Kidney Damage
- Peripheral Vascular Disease

Tips When Taking Blood Pressure

- Make sure cuff size is appropriate for the patient.
- Place the lower edge of the cuff 2.5cm above the antecubital fossa.
- When the pulse is no longer palpable, deflate the cuff.
- The cuff should be deflated at a rate of 2 mmHg per second while listening for repetitive sounds.

The Importance of an Accurate Measurement

- You may see several hypertensive patients throughout the day.
- Can help diagnose and guide therapy.
- Inaccurate blood pressure may lead to organ damage.

NEVER!

Never use the arm on the same side:

- affected by a stroke.
- that has a dialysis shunt placed.
- as a mastectomy.

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American Medical Group Association. (2006, 2007). Best Practices in Managing Hypertension Compendium: The Hypertension Improvement Project. Cleveland Clinic Medicine Institute, Independence, OH.

How To Correctly Take Blood Pressure:

Step by Step Process

All measurements must be performed by individuals experienced in assessment techniques of blood pressure and standardized equipment. The observer must view the manometer at eye level.

1. Have the patient sit on a chair that has back support. Ensure that their feet are flat on the floor.
2. Their bare upper arm needs to be exposed and supported on a table or at the patient heart level. A small pillow can be used to support the arm. This position will ensure the most accurate reading.
3. Evaluate the patient's bare upper arm for the appropriate size cuff (see Table #1). No tight or constrictive clothing should be present. Please use the same arm each time the blood pressure is taken.
4. Place the cuff on the patient's bare upper arm, with the lower edge of the cuff 2.5 cm above the antecubital fossa. The midline of the bladder of the cuff should be placed over the path of the artery.
5. Rapidly inflate cuff to 70 mmHg and steadily inflated by 10-mmHg increments while the examiner simultaneously palpates the patient's brachial or radial artery pulsation. Once the pulse is no longer palpable, deflate cuff. Note the pressure at which the pulse is obliterated on insufflation and reappears on desufflation. This determines how high to inflate the cuff on subsequent readings.
6. Wait 15 to 30 seconds, and place the bell head of the stethoscope over the brachial artery. Inflate the cuff to a pressure 30 mmHg above the pressure noted in step 5.
7. Allow the cuff to slowly deflate at a rate of 2 mmHg per second while listening for repetitive sounds.
8. Record the pressure at which the first of at least two repetitive sounds is heard. This is the systolic pressure (phase 1 sounds). Adjust the valve such that the cuff deflates at a rate of 2 mmHg per beat.
9. Record the pressure at which the last regular sound is heard. This is the diastolic pressure (phase 5 sounds). Continue listening during full deflation to confirm disappearance of the heart sounds. Record the pressures.
10. Repeat process if the recording is high, later during the visit.

Recommended Cuff Sizes	
Arm Circumference	**Adult Cuff Size**
22 cm to 26 cm	Small Adult (12 x 22 cm)
27 cm to 34 cm	Adult (16 x 30 cm)
35 cm to 44 cm	Large Adult (16 x 36 cm)
45 cm to 52 cm	Adult Thigh (16 x 42 cm)

Source: American Heart Association Guidelines

American Medical Group Association. (2006, 2007). Best Practices in Managing Hypertension Compendium: The Hypertension Improvement Project. Cleveland Clinic Medicine Institute, Independence, OH

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Tips for Taking Accurate Blood Pressure

1. 

Make sure it has been **30 minutes** if the patient has smoked or ingested caffeine.

2. 

Arm supported at the level of the heart. Seated patients may have their arm rest on a table.

3. 

Make sure the patient has both feet flat on the floor. **Legs should NOT be crossed.**

4. 

Patient should **NOT be talking** when blood pressure is being taken.

5. 

Select the appropriate sized blood pressure cuff. **One size does NOT fit all.**

6. 

Avoid rolling up sleeve to expose the arm. **No tight clothing on limb.**

7. 

DO NOT Round Up the blood pressure reading values when documenting.

8. 

If the first reading is high. . .**retake again** later during the visit.

Recommended Cuff Sizes	
Arm Circumference	**Adult Cuff Size**
22 cm to 26 cm	Small Adult (12 x 22 cm)
27 cm to 34 cm	Adult (16 x 30 cm)
35 cm to 44 cm	Large Adult (16 x 36 cm)
45 cm to 52 cm	Adult Thigh (16 x 42 cm)

Source: American Heart Association Guidelines

GOAL:

Age	Diagnosis	Goal Blood Pressure
18-59	Hypertension	<140/90
60-85	Hypertension & Diabetes	<140/90
60-85	Hypertension	<150/90

Source: JNC 8 New Guidelines

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Achievement Award

This award is presented to

for outstanding achievement in

Taking and Documenting Accurate Blood Pressure

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Signature

Date

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Prescription for Wellness

Patient Name: _____ DOB: _____

Diagnosis: _____

Physician Name: _____ Date of Service: _____

Congrats on deciding to improve your health. Here is the plan we talked about to start you on your way.

Today's Blood Pressure: _____ My Blood Pressure Goal: _____

1. Prescription Info & Instructions: _____

_____

_____

2. Diet Info & Instructions: _____

_____

_____

3. Things to stop or avoid: _____

_____

_____

4. Exercise plan: _____

Start with: _____ for _____ minutes _____ days per week

Slowly increase to: _____ minutes _____ days per week

5. Other: _____

_____

_____

Physician Signature: _____ Date: _____

Follow Up Appointment: _____

Thank you for coming to see me today. I appreciate you choosing_____ for your medical care. If you have any questions about your visit today and if your symptoms worsen please call our office. My staff will forward your message to me. I will get back to you as soon as possible.

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