



GUIDE TO HYPERTENSION MANAGEMENT IN YOUR PRACTICE

Create a Hypertension Protocol

A protocol can help all members of the health care team reinforce the importance of blood pressure (BP) control to their patients. This includes adherence to healthy habits, medications and self-measured blood pressure monitoring, or out-of-office monitoring.

1 Follow a standard hypertension treatment algorithm that includes:

- a) A blood pressure treat-to-target goal
- b) Treatment adherence assessment and strategies
- c) Patient self-management support

See panel two for example.

2 Use your Electronic Health Record (EHR) to create patient lists for population management.

- a) Identify patients who are undiagnosed, out-of-care or need more intensive management.
- b) Implement an action plan for your at-risk patients (e.g., outreach to re-enroll in care).
- c) Know your potentially uncontrolled patients.

A patient list is an EHR-generated report listing patients with a specific health condition. It can be used to manage your patient population, improve quality, provide outreach and reduce disparities.

3 Establish a plan to monitor practice performance.

- a) Decide which measures (e.g., EHR data) you will use to monitor your performance.
- b) Choose how the measures will be displayed and shared with your practice.
- c) Determine how and when the practice will take action based on the measures.

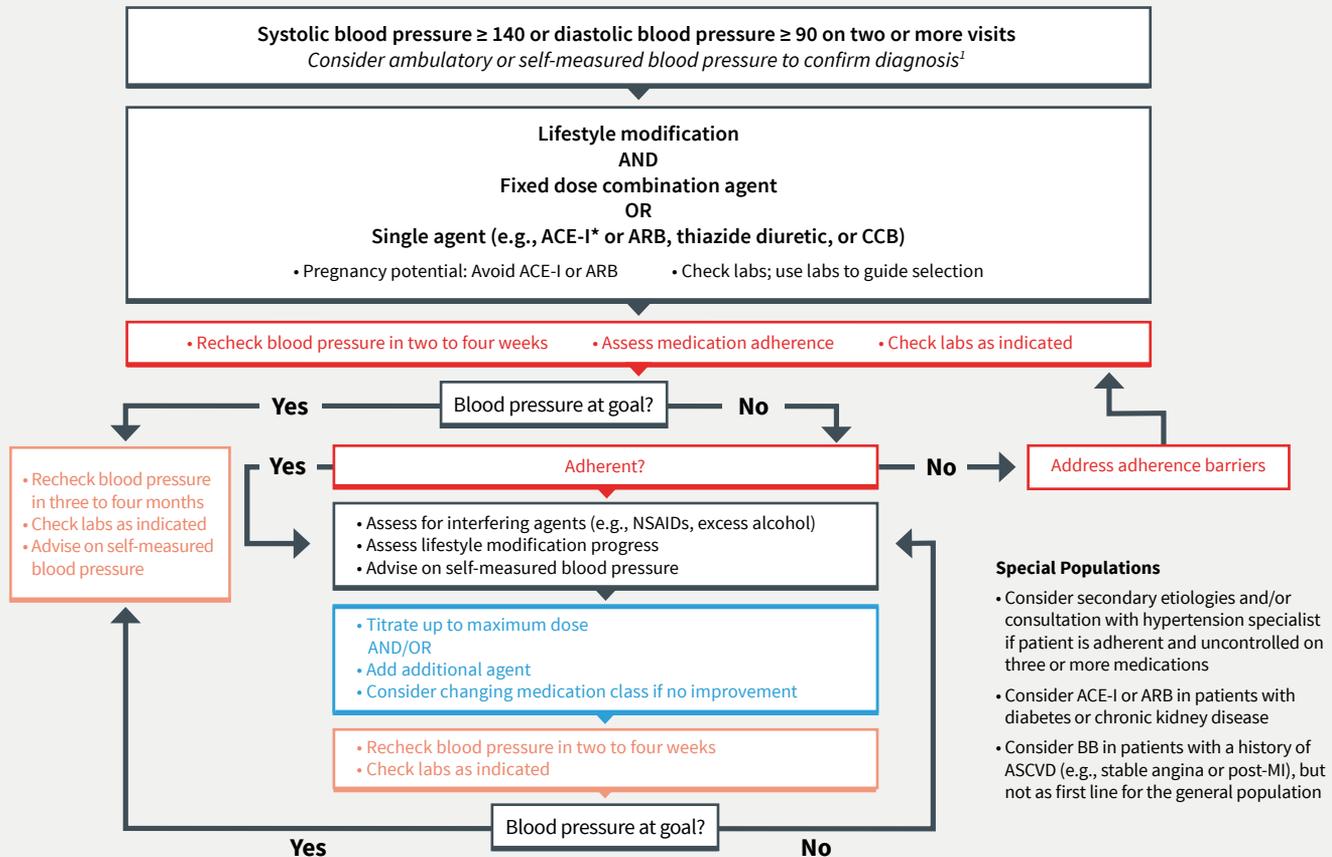
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- ✓ Who will create the hypertension protocol?
- ✓ Who will monitor the patient list?

Implement Your Hypertension Algorithm

Hypertension Diagnosis and Treatment for Adults

Aim for target systolic blood pressure of < 140 and diastolic blood pressure of < 90 for most patients, including patients over 60 years old.



Lifestyle Modification	Recommendation	Approximate Systolic BP Reduction (range)
Weight reduction	Maintain a normal body weight (body mass index 18.5-24.9 kg/m ²). If overweight or obese, weight loss of 5 percent to 10 percent can improve blood pressure.	3-4 mmHg/5kg ^{4,5}
DASH eating plan⁶	Consume a diet rich in fruits, vegetables and low-fat dairy products with a reduced content of saturated and total fat.	8-14 mmHg
Dietary sodium reduction	Reduce dietary sodium intake to less than 2,300 mg of sodium.	2-8 mmHg
Physical activity	Engage in at least 30 minutes of moderate physical activity (such as a brisk walk) at least five days a week.	4-9 mmHg
Moderation of alcohol consumption	Limit alcohol consumption to no more than 2 drinks per day for most men, and no more than 1 drink per day for women and lighter weight people (1 drink = 12 oz. beer, 5 oz. wine, or 1.5 oz. spirits).	2-4 mmHg
Always recommend smoking cessation for overall cardiovascular risk reduction.		

*ACE-I may have a smaller blood pressure effect in Black patients^{2,3}

For all references, visit nyc.gov/health and search for “high blood pressure.”

The hypertension algorithm was developed by the New York City Department of Health in partnership with NYC Health + Hospitals. It is designed to provide general guidance and assist clinical decision making and is not intended as a substitute for the clinical judgment of a qualified health care provider.

te a team-based workflow in your practice to optimize hypertension management

- ✓ Who will champion the implementation of the algorithm?
- ✓ Who will counsel patients on lifestyle modification?

Tools and Tips to Implement Your Hypertension Algorithm

Medication Adherence Assessment



Are You Taking Your Medicine?

Many people have trouble taking their medicine all the time. Fill out this form and give it to your provider or pharmacist. It will help them better understand your health needs.

- 1 Do you ever forget to take your medicine?
 Yes No
- 2 When you feel better, do you sometimes stop taking your medicine?
 Yes No
- 3 If you feel worse when you take your medicine, do you sometimes stop taking it?
 Yes No
- 4 Are there other things that get in the way of taking your medication?

- 5 Do you sometimes take your medicine differently from how your provider prescribed? For example, taking less or skipping days?
 Yes No

Note to Providers: Use the Hypertension Management Guide for additional resources related to medication adherence.

Questions 1-3 are adapted from Morisky DE, Green LW, Levine DM. Concurrent and predictive validity of a self-reported measure of medication adherence. Med Care. 1986 Jan;24(1):67-74

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Medication Adherence Tips

- Switch to once-a-day dosing if possible.
- Try a fixed-dose combination pill.
- Recommend pill boxes or blister packaging.
- Prescribe a 90-day supply when possible.
- Provide patient education support (e.g., pharmacist, nurse or medical assistant).

Prescribing Tips

- Start with the lowest dose as the side effect profile is often dose-dependent.
- Do not use ACE-I and ARB in combination.
- Change ACE-I to ARB if the patient has a persistent cough.
- Adhere to maximal dosing standards for simvastatin when prescribed with CCB (≤ 10 mg of simvastatin with verapamil or diltiazem, ≤ 20 mg of simvastatin with amlodipine).

Blood Pressure Monitoring Tips

- Train staff and patients on proper measurement techniques.
- Document in-office and self-measured blood pressure readings in EHR.
- Counsel on self-measured blood pressure recordings.
- Make sure patients know their blood pressure goals.
- Remember to encourage pharmacy use for self-measured blood pressure monitoring.



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- ✓ Who will assess medication adherence?
- ✓ Who will ensure proper measurement techniques training for staff and patients?
- ✓ Who will monitor and document out-of-office blood pressure readings provided by patients?

Support Your Patients Between Office Visits

Use these tools to supplement in-office hypertension management:

A Reinforce the importance of self-measured blood pressure monitoring using home blood pressure monitors and community pharmacies.

- Use the Guide to Self-Measured Blood Pressure for Health Care Providers, How to Take Your Blood Pressure Fact Sheet and Blood Pressure Tracking Card to support patients.

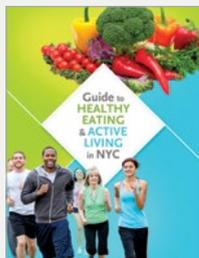
B Highlight community pharmacy resources.

- Counseling, including medication therapy management (MTM) when available
- Self-measured blood pressure monitoring
- Adherence support

MTM is a patient service performed by pharmacists. It includes medication therapy review, management of a personal medication record, development of a medication-related action plan and intervention or referral. Follow-up communication with others in the provider team closes the loop. Some insurance plans and Medicare Part D cover this service for MTM-eligible beneficiaries.

Check with your local pharmacy to see what specific resources they offer.

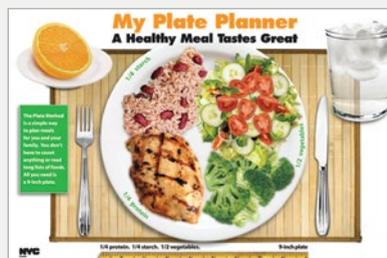
C Promote healthy lifestyle resources such as New York City farmers markets, low-cost recreation center memberships and Shape Up NYC fitness classes. Call 311 for healthy lifestyle print resources, including:



Healthy Eating and Active Living Guide



Sodium Health Bulletin



My Plate Planner



My Medication List

To download a list of references and all hypertension resources, visit nyc.gov/health and search for “high blood pressure.”

- ✓ Who will identify local resources for patients?
- ✓ Who will teach patients about self-measured blood pressure?
- ✓ Who will educate or refer patients to healthy lifestyle resources?

