

Automated office BP readings offer a chance for patient education

APR 8, 2019

Sara Berg, MS

Senior News Writer

Five years ago, a federally qualified health center in Harvey, Illinois, had a 56 percent blood-pressure control rate. After investing time and energy training its team, the control rate increased to 65 percent in 2017. Unfortunately, the gains were not sustained.

To address the drop in BP control experienced in 2018, Family Christian Health Center (FCHC) worked with the AMA to implement the M.A.P. BP Improvement Program. As part of this quality improvement program, FCHC redesigned the way it takes BP measurements by implementing unattended automated office blood pressure (AOBP) readings in their clinics.

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients' high BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association.

Target: BP offers annual, recurring gold-level recognition for all participating sites that achieve hypertension control rates of 70 percent or higher among their adult patient population, and participation level recognition for those sites that prioritize improving BP control each year and submit data. In 2018, more than 800 organizations were recognized for their efforts focusing on BP control within the populations they serve.

“Blood-pressure control rates are a metric that we pay close attention to and we strive to achieve a high control rate,” said Lester Hockenberry, MD, medical director of quality at FCHC. “Once we realized that education alone would not sustain high control rates, we realized that we truly needed to do something different and that is what motivated us to implement the M.A.P. BP Improvement Program.”

Located in Chicago's south suburbs, FCHC serves a diverse population of about 22,000 people, roughly half of whom are under the age of 18. There are about 2,500 patients with high BP. Seventy percent of FCHC's patients have income that falls under 200 percent of the federal poverty level and see challenges accessing healthy foods along with primary and specialty care, Dr. Hockenberry said.

"We are aware of practices similar to ours that have a control rate of around 70 percent," he said. "We very much want to eliminate that 10 percent disparity. We are really focused on reaching a 70 percent goal."

This is how AOBP readings have helped to improve patient care, education and BP control at FCHC.

Changing the patient perception. Before implementing the M.A.P. BP Improvement Program, the staff would take a BP reading and, if it was high, refer the patient to a provider for further evaluation.

"Since we have implemented unattended AOBP measurements in response to an initial high reading, patients have been more interested in their blood-pressure reading and more concerned about high readings," he added. "The patients' perception of the severity of hypertension diagnosis has increased."

Standardizing workflow. After only three months, the unattended AOBP measurement process has been standardized. "Expediency is a powerful driver and we did notice with some of the care teams, the confirmatory BP fell off," said Dr. Hockenberry. "Medical assistants wanted to get through the visit, move on to the next patient and their focus was on not falling behind on the patient schedule."

"We were able to look at provider data and identify outliers. The data allowed us to identify team members who struggled with the change. We were able to follow up with those specific providers and reiterate why unattended AOBP helps with patient care and controlling high blood pressure."

"I really have come to trust the automated readings. The patient's measurement is accessible when you first come in the room," said Dr. Hockenberry. "To be able to focus on talking through next steps with my patients, based on a result that I have confidence in, has streamlined my visits and made me feel more effective and efficient. I really appreciate that."

Training for proper BP technique. "By implementing unattended AOBP for patients with an initial high BP into the daily routine, our team had to work on ensuring non-physician care team members take the measurements, address workflow and refine blood pressure measurement techniques. These efforts will continue to evolve in our practice," Dr. Hockenberry said.

The recent BP statement released in the journal *Hypertension* is the first in U.S. history to recommend AOBP as the preferred method for in-office BP measurement. Through the use of validated AOBP devices in an office setting, physicians and other health professionals can obtain accurate,

representative measurements.

“The support and training through the AMA multidisciplinary team has truly been wonderful,” Dr. Hockenberry said. “It’s allowed us to move forward much more quickly. To have a program that is established with a proven track record makes it much easier and quicker to implement. We don’t have to define the interventions on our own.”

“That step-by-step approach from training our medical assistants to training our provider staff, the continued touchpoints with the AMA’s quality improvement team, truly has been helpful,” said Dr. Hockenberry.