When patients are receiving care for uncontrolled hypertension, it is vital that health care teams support medication initiation, intensification and adherence. Treatment also includes making healthy lifestyle changes when needed. In a call to action to control hypertension from U.S. Surgeon General Jerome Adams, MD, three goals and strategies are provided for physicians, health systems and other organizations to follow.

One of those three goals is to optimize patient care for hypertension control, and a big obstacle to overcome is the phenomenon of clinical inertia. That's when a physician or other health professional does not initiate or intensify therapy in a patient who has not achieved therapeutic goals.

“Early models of clinical inertia suggest that 70% of it is due to physician and health system factors related to time constraints, reactive versus proactive care, inefficient electronic health record workflows, and underused care teams,” says the surgeon general’s report. However, “30% is due to patient factors such as denial of disease and medication attitudes and adherence. Strategies that target both clinical and patient factors can help overcome inertia.”

**Advance use of standardized treatment**

Physician practices and health systems should first advance the use of standardized treatment approaches and guideline-recommended care. This can help overcome clinical inertia and organize care. Follow this hypertension treatment algorithm made simple.

“Treatment protocols can help identify patients eligible for clinical management, reduce variations and disparities in care, prompt medication initiation and intensification, standardize timely patient follow-up, reinforce lifestyle counseling and referrals, and empower all members of the clinical team to engage in patient management,” says the surgeon general’s report.


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Additionally, these standardized protocols should include guidance on how to measure BP accurately. Standardized protocols can help guide selection of validated devices, assessment and care team training. Other forms of BP measurement, such as ambulatory and self-measured blood pressure (SMBP) monitoring can also help detect different patterns of hypertension.

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.

**Promote use of health care teams**

Each patient should know their own BP number, understand the ramifications for their own long-term health, and be encouraged to work with their physician to achieve hypertension control. However, to overcome increasing demands on physicians, it is vital that all members of the care team are involved in hypertension management.

These teams can consist of diverse members—such as dietitians and mental health professionals—and can extend into various settings depending on access and availability.

Learn more from the AMA by debunking seven myths associated with BP measurement training.

**Empower and equip patients**

It is key that patients are empowered with their BP numbers to encourage engagement in their own hypertension management and goal-setting. This often includes the use of SMBP with other interventions, including counseling and telehealth support.

SMBP has also been shown to improve adherence to antihypertensive medications and help reduce clinical inertia. Begin with teaching patients how to select a validated SMBP monitor with appropriate cuff size. The SMBP monitor should be compared with an office monitor to check accuracy. Physicians and their care teams should also provide proper protocol for monitoring that includes duration and frequency. Lastly, patients should be taught how to share their readings with the clinical team.

Physicians and their care teams can follow this seven-step guide on self-measured blood pressure monitoring.


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