

## 4 steps to great teamwork with patients to improve BP control

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With the prevalence of high blood pressure rising dramatically with increasing age, including patients as key players on their health care team can improve outcomes. By partnering with patients, physicians and their care teams can help remove obstacles to treatment adherence and improve blood pressure control to save and extend lives. But that requires effective, patient-centered communication.

In a recent webinar hosted by Target: BP™, a national initiative co-led by the AMA and American Heart Association, three experts shared how to partner with patients using self-measured blood pressure (SMBP) monitoring and collaborative communication. They are:

- Yvonne Commodore-Mensah, PhD, assistant professor, Johns Hopkins School of Nursing
- Karen L. Margolis, MD, professor of medicine, University of Minnesota Medical School, and executive director of research, HealthPartners Institute
- Monika M. Safford, MD, professor of medicine and chief of general internal medicine, Weill Cornell Medical College

### Go beyond telling patients to do SMBP

By providing “systematic support for identifying and engaging patients who have hypertension and doing outreach to them either between visit contact or at visits is really important,” said Dr. Margolis, adding that “low cost, simple-to-use validated BP monitors are also essential and there are many of these that are around,” which can be found on the US Blood Pressure Validated Device Listing (VDL™).

“It’s a great resource to help patients identify blood pressure monitors that meet the top standards for validation,” she said.

Additionally, it is beneficial to involve members of the care team to take responsibility for teaching, goal setting, helping patients troubleshoot and review their SMBP measurements.

## **Use patient-centered skills to assess barriers**

“Patient-centered communication has been shown to actually help improve outcomes,” such as controlling hypertension, said Dr. Safford. In fact, “a collaborative communication style was associated with better adherence to hypertensive medications in one recent study in low-income hypertensive Black patients—this is the population that’s at highest risk for poor outcomes.”

To uncover patient concerns, physicians and care teams should turn to open-ended questions because “many times, patients are embarrassed when they haven’t been able to take the medication, or they can’t afford the medication,” said Dr. Safford. “We as physicians have to make our patients comfortable in telling us that they’re having these kinds of problems.”

## **Incorporate shared decision-making**

“In the context of hypertension,” shared decision-making, “helps us validate a patient’s perspective regarding their condition and, if done properly, it helps the provider to navigate the patient’s wide-ranging therapy options along with considering the patient’s goals,” Commodore-Mensah said. For example, physicians “should acknowledge the time that some patients may need to master the skill of SMBP.

“Some patients with low literacy may lack the confidence and the know how to measure their blood pressure accurately,” Commodore-Mensah added, noting that this is where the physician and care team can empower the patient and discuss SMBP, but also present other options that might better match their lifestyle.

That is because “the foundation of shared decision-making is establishing a relationship with a patient,” which “starts with acknowledging how challenging it may be for some patients to manage their hypertension along with other chronic conditions and just managing their life in general,” she said.

## Practice cultural humility

“When we are culturally humble, we maintain a stance that is open to the patient in relation to aspects of their cultural identity,” Commodore-Mensah said. “Many of us may be familiar with the term cultural competence, but it's considered a skill that can be taught and somehow achieved.

“The concept of cultural humility, by contrast, actually deemphasizes the knowledge and skill building, but acknowledges that cultural humility is a lifelong learning process,” Commodore-Mensah explained. For example, “we know that social determinants get in the way of patients’ ability to control their blood pressure, so advocate for better resources for patients in the community.”

Once cultural humility is adopted, it’s also about focusing “on identifying our own implicit biases and self-understanding,” she said.

Discover nine ways to reduce inequity in hypertension treatment and control.