Hypertension has been a scourge on the U.S. population for decades now. And while incentives still lag behind what is needed to tackle this leading risk factor for premature death and disability, some health systems have decided to take on a new evidence-based quality improvement program to get high blood pressure under control in their patient populations. Why? Because that’s the mission of medicine.

Mercy Health Physician Partners, a health system in Western Michigan and a member of Trinity Health, adopted the AMA MAP BP™ program in 2019. In less than a year, the health system saw the diagnosis of high blood pressure and control of hypertension improve dramatically. And since then, Mercy Health has seen how a focus on hypertension can drive quality improvements throughout primary care.

AMA MAP BP is an evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control. It’s named for three key elements, which help physicians and health care organizations focus to:

- Measure accurately.
- Act rapidly.
- Partner with patients.

AMA MAP BP helps health care organizations improve hypertension-control rates quickly. The program demonstrated a 10% increase in BP-control at six months and sustained results at one year.

20% improvement in BP control

Mercy Health began seeing improvements in BP-control rates shortly after implementing AMA MAP BP.
“We’d been hanging at a pretty steady 73–75% control rate for four to five years before starting the program in February 2019,” said Michelle Klanke, DO, regional medical director of quality and primary care at Mercy Health Physician Partners. “But by December—so in less than a year—we were at 81%. And we’ve never looked back. We’re currently at 88% control.”

That represents a 20% improvement. The program has also encouraged Mercy Health to be more outward looking—to find additional, undiagnosed patients.

“When we started with AMA MAP BP, we had about 63,000 patients that we had identified as having a diagnosis of hypertension,” Dr. Klanke said. “But by doing intentional outreach and starting to pay attention to blood pressures as a whole care team, we identified about 30,000 more patients with hypertension in just 10 months.”

Of course, some of those were new patients—people coming into the Mercy Health system—Dr. Klanke noted. “But surely not all 30,000.”

And then there were patients with uncontrolled BP.

“Before we started this work, we were only seeing about 2% of our uncontrolled patients back within four weeks,” Dr. Klanke noted. “But as we started to put some intentionality behind it, we got up to 42%, and we’re staying around 40%.”

**Effects beyond BP**

Adopting the AMA MAP BP program delivered some unexpected outcomes too.

“In 2019, we weren’t focusing on diabetes, but we dramatically improved our A1C control,” Dr. Klanke said. “It’s because of that targeted outreach we were doing.

“So often patients don’t come just with the diagnosis of hypertension,” Dr. Klanke added. “Focusing on hypertension can impact their readmission rates, their congestive heart failure, their chronic kidney disease. It touches so many places.”

AMA MAP BP also provides access to powerful data and metrics—including through a dashboard that provides monthly reports and tracking data on process and outcome metrics. In addition, AMA experts provide planning and support during program setup and implementation, such as help with assessing practice sites’ readiness, training clinical teams and creating kickoff event presentations.

The resources offered by the AMA as part of the program are provided at no cost. Contact the AMA to learn how your organization can get started.


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Also, the AMA has developed online tools and resources created using the latest evidence-based information to support physicians and care teams to help manage their patients' high blood pressure. 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.