

Why pharmacists, dentists are key members of the BP control team

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In West Virginia, 41% of adults have hypertension, and nearly 16% have cardiovascular disease. When looking at the implications for hypertension management and additional disease burden, it ranks among the highest in the nation, signaling a significant opportunity for Valley Health Systems based in West Virginia, to improve health outcomes with a team-based care approach that includes many different players.

Valley Health is one of the largest federally qualified health centers in the U.S., with 40 locations across several counties in southwestern West Virginia and one location in southern Ohio, providing health services to patients from West Virginia, Ohio, and Kentucky.

“We have more opportunity to reduce morbidity and mortality in our patients by addressing hypertension than we do with just about any other clinical condition, risk factor or preventive disease consideration,” said Mathew Weimer, MD, a family physician, vice president of health services and chief medical officer at Valley Health.

That’s why, in 2019, Valley Health started implementing AMA MAP BP™, an evidence-based quality improvement program, providing a clear path to significant, sustained improvements in BP control.

While Valley Health’s BP control rate dropped to 58% early in the pandemic, there was an uptick of nearly 5%, back up to 62.8% this year, said Brett Wellman, a family nurse practitioner and associate vice president of business operations at Valley Health.

“The pandemic has been very difficult for us on our data reporting, but we have—year over year—seen a statistically significant improvement in blood pressure control rates since the pandemic began,” Wellman said.

This is due to getting patients back into the office and revisiting evidence-based strategies that lead to improved BP control, such as using calibrated—and validated—automated office blood pressure

(AOBP) devices, a standardized BP measurement protocol, auditing to help identify “therapeutic inertia and focusing on effective treatment for uncontrolled hypertension,” Wellman added.

Valley Health uses Azara DRVS, a centralized data reporting and analytics solution which facilitates care transformation, drives quality improvement, aids in cost reduction and simplifies mandated reporting. They are using DRVS to access the AMA MAP Metrics and intend to use the data to track their progress and identify opportunities to improve using the evidence-based interventions associated with AMA MAP BP.

Another aspect of Valley Health’s success has been using a team-based approach for improving blood pressure control.

How pharmacists are helping

If “a patient is seeing me as a family doctor and I’m adding a new therapy, they could then be referred to a clinical pharmacist who would follow up with the patient,” said Dr. Weimer. “A lot of this happened during the pandemic such that when patients weren’t as able to come in for in-person appointments, the pharmacist would call them and have them relay their home blood pressure, talk about side effects and symptoms, and make recommendations or at least communicate back to the primary care physician to say they had spoken with a patient.

“Of course, they would document all this in the medical record and would either let the primary care provider know what was going on or maybe even make a recommendation to add a specific class of medications based on what the patient was experiencing,” he added. “That team-based approach is really important and was part of the culture shift that we’ve ushered in with this work over the past few years.”

Get teeth cleaned and BP checked

“We have a pretty robust dental program and our dentists really have embraced the guidelines from the American Dental Association on screening for high blood pressure,” said Wellman, noting they “have really taken an interest in screening patients—particularly adult patients—for hypertension.”

“The majority of our dental sites are co-located with primary care,” he said, crediting “a lot of forward-thinking dental leaders” for progress in this area.

“As of April, we’ve instituted AOBPs in every single dental practice, so we’ve taken it beyond primary care and are able to do the screening,” Wellman said. “And if it’s elevated ... they are now using the

AOBP to average blood pressures, get a better assessment and then consult and collaborate with either the patient's outside primary care physician or internally with our primary care teams at the site to make sure the patient is taken care of."

"When you go to the dentist at Valley Health, you're there to get your teeth cleaned or to get a dental problem fixed, but it is also helpful to weave some focus on hypertension into that workflow," said Dr. Weimer. "It may be a little unconventional, but it allows us to continue to work on improving hypertension control. While the primary focus of this visit is dental care, it makes sense to also address blood pressure and hypertension in some way."