Act rapidly
Workflow

Managing patients with high blood pressure without a diagnosis of hypertension

- If this is the first encounter with high blood pressure (BP) readings for the patient, schedule a follow-up visit per practice protocol (typically within one to four weeks)
- If the patient has high BPs for two or more encounters, coordinate and provide education on out-of-office readings, which include self-measured blood pressure monitoring (SMBP) or 24-hour ambulatory blood pressure monitoring
- Interpret out-of-office readings to confirm diagnosis
  - If using SMBP, average the systolic and diastolic measurements to obtain a BP to guide treatment
- If patient has a diagnosis of sustained or masked hypertension, use treatment algorithm to guide treatment
- If treatment is nonpharmacological, follow up (including reassessment and revision of plan) should occur every three to six months until BP is controlled
- If treatment includes BP lowering medications, follow up (including reassessment and revision of plan) should occur every four weeks until BP is controlled

Managing patients with high blood pressure with an existing diagnosis of hypertension

- Use a treatment protocol to guide treatment
- If treatment is nonpharmacological, follow up (including reassessment and revision of plan) should occur every three to six months until blood pressure is controlled
- If treatment includes blood pressure lowering medications, follow up (including reassessment and revision of plan) should occur every four weeks until blood pressure is controlled
- Recommend patient perform SMBP monitoring the week before scheduled appointment and average the systolic and diastolic measurements to obtain a BP to guide treatment

Outreach

- Run a query to identify individuals with a diagnosis of hypertension whose last in-office blood pressure was high and did not receive follow up every eight weeks
  - If the patient is on BP lowering medications, follow up should occur every four weeks until BP is controlled
  - If the patient is on nonpharmacological treatment, follow up should occur every three to six months until BP is controlled
- Review the list to determine if identified patients have upcoming appointments
  - If they do not, reach out to them to schedule a follow-up appointment
  - Flag appointment to notify provider that patient is coming in for a BP follow up