



M.A.P. Blood Pressure Program

Implementation checklist

Instructions: Use this checklist to help implement all parts of the M.A.P. Blood Pressure Program, which consists of **measure** accurately, **act** rapidly and **partner** with patients.

Please note there is an additional section in this checklist titled “Self-measured blood pressure” (SMBP). SMBP is recommended in all parts of the program.

Measure accurately

Recommendation: Start this part of the program first.

Weeks 1–2

- Assess current workflow and practice environment to identify gaps in measuring BP accurately
 - Use the “Measure accurately: Gap analysis” or “Measure accurately: Pre-assessment” tool
- Develop solutions for gaps identified when measuring BP
 - Use the “Measure accurately: Gap analysis” or “Measure accurately: Best practices” tool
- Begin implementing solutions to overcome gaps identified for measuring BP
- Train care team members to accurately measure BP (patient preparation, positioning, confirmatory measurement, documentation of confirmatory measurements)
- Assess competency on accurate measurement
 - Use the “BP measurement skills assessment” tool
- Implement confirmatory repeat BP measurements
- Review BP control metric (percentage) to establish a baseline control rate
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of patients with hypertension who are controlled to goal BP at their last visit (<140/90 mm Hg)

Weeks 3–4

- Complete implementing solutions for gaps identified when measuring BP
- Assess compliance with accurate BP measurement
 - Use the “BP measurement skills assessment” tool

Weeks 5–6

- Assess compliance with accurate BP measurement
 - Use the “BP measurement skills assessment” tool
- Assess compliance with confirmatory repeat BP measurement metric (percentage)
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of repeat BPs performed when initial BP is high
- Assess compliance with terminal digit metric (percentage)
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of BP measurements ending in “0” and should be 20 percent if using manual technique rounding to even numbers, and 10 percent if using automated devices that use even and odd terminal digits
- Re-train if needed based on compliance assessments
 - Use the “BP measurement skills assessment” tool and monthly report on confirmatory repeat BP measurement metric

Weeks 7–8

- Assess compliance with accurate measurement
 - Use the “BP measurement skills assessment” tool
- Assess compliance with confirmatory repeat BP measurement metric as described in weeks 5–6
 - Re-train where needed based on compliance assessments
- Assess compliance with terminal digit metric as described in weeks 5–6
- Review BP control metric as described in weeks 1–2

Self-measured blood pressure (SMBP)

Recommendation: SMBP is useful throughout all parts of the program and is recommended to be implemented at approximately the same time as measure accurately when possible.

Weeks 1–2

- Assess current workflow and identify gaps if using SMBP
 - Use the “SMBP: Gap analysis” or “SMBP: Pre-assessment” tool
- Develop solutions for gaps identified for using SMBP
 - Use the “SMBP: Gap analysis” or “SMBP: Best practices” tool
- Begin implementing solutions for gaps identified when using SMBP
- Train care team members on SMBP (patient selection, device accuracy, process for training patients on self-measurement, obtaining readings from patient, interpreting and acting upon results)
- Consider starting a device loaner program (optional—see program website for details)

Weeks 3–4

- Complete implementing solutions for gaps identified for SMBP
- Assess compliance with patient identification and recommending SMBP (record review)
- Assess compliance with training of patients on how to perform SMBP (staff observation)
 - Use the “SMBP: Staff competency” tool

Weeks 5–6

- Assess compliance with BP results being communicated from patient to the practice
- Assess compliance with patient identification for use of SMBP (record review)
- Assess compliance with training of patients on how to perform SMBP (staff observation)
 - Use the “SMBP: Staff competency” tool
- Re-train where needed based on compliance assessments

Weeks 7–8

- Assess compliance with BP results being communicated from patient to the practice
- Assess compliance with patient identification for use of SMBP (record review)
- Assess compliance with training of patients on how to perform SMBP (staff observation)
 - Use the “SMBP: Staff competency” tool
- Re-train where needed based on compliance assessments

Weeks 9–24

- Assess compliance with patient identification for use of SMBP (record review)
 - Perform monthly
- Assess compliance with training of patients on how to perform SMBP (staff observation)
 - Use the “SMBP: Staff competency” tool
 - Perform monthly
- Re-train where needed based on compliance assessments

Act rapidly

Recommendation: Start within eight weeks of implementing the “Measure accurately” part of the program.

Weeks 1–2

- Assess current workflow and practice environment to identify gaps in acting rapidly
 - Use the “Act rapidly: Gap analysis” or “Act rapidly: Pre-assessment” tool
- Develop solutions for gaps identified for acting rapidly
 - Use the “Act rapidly: Gap analysis” or “Act rapidly: Best practices” tool
- Begin implementing solutions for gaps identified for acting rapidly
- Train care team members on acting rapidly (treatment protocols, frequent patient follow-up, patient outreach)
- Develop or select a treatment protocol and train care team members on use

Weeks 2–4

- Complete implementing solutions for act rapidly gaps
- Implement use of treatment protocol
- Create process to identify patients with uncontrolled BP who have not been seen for follow up in more than eight weeks and make a list of these patients—the “uncontrolled BP list”
- Perform outreach to the patients on the uncontrolled BP list and schedule follow-up appointments every 2–4 weeks until BP is controlled

Weeks 5–6

- Assess current level of clinical inertia
 - Review medication intensification metric (percentage)
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of how often a new drug class is prescribed for treatment during an office encounter when a patient with a diagnosis of hypertension has uncontrolled high BP
 - Perform record reviews using the “Clinical inertia assessment” tool
 - Review BP control metric
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of patients with hypertension who are controlled to goal BP at their last visit (<140/90 mm Hg)
- Perform outreach to the patients on the uncontrolled BP list and schedule follow-up appointments every 2-4 weeks until BP is controlled
- Re-train where needed based on compliance assessments

Weeks 7–8

- Assess compliance with use of treatment protocol
- Assess current level of clinical inertia
 - Review medication intensification metric (percentage) as described in weeks 5–6
 - Perform record reviews using the “Clinical inertia assessment” tool
 - Review BP Control Metric as described in weeks 5–6
- Perform outreach to the patients on uncontrolled BP list and schedule follow-up appointments every 2–4 weeks until BP is controlled
- Re-train where needed based on compliance assessments

Partner with patients

Recommendation: Start within eight weeks of implementing the “Act rapidly” part of the program.

Weeks 1–2

- Assess current workflow and identify gaps in partnering with patients
 - Use the “Partner with patients: Gap analysis” or “Partner with patients: Pre-assessment” tool
- Develop solutions for gaps identified for partnering with patients
 - Use the “Partner with patients: Gap analysis” or “Partner with patients: Best practices” tool
- Train care team members on partner with patients (collaborative communication, diet and lifestyle, medication adherence)
- Begin implementing solutions for gaps identified in partnering with patients

Weeks 3–4

- Complete implementing solutions for gaps identified in partnering with patients
- Ensure care team members teach patients the importance of medication adherence and diet/lifestyle changes
- Reinforce processes for providing educational materials to patients with after-visit summary

Weeks 5–6

- Review average systolic BP (SBP) reduction after intensification metric (mm HG)
 - Presented in a monthly report or performance dashboard
 - Assesses the patients’ average change in systolic BP in mm Hg at the visit following medication intensification
- Review BP control metric rate
 - Presented in a monthly report or performance dashboard
 - Assesses the entire site’s percentage of patients with hypertension who are controlled to goal BP at their last visit (<140/90 mm Hg)
- Perform audits to assess care team member compliance with educating patients on healthy lifestyle change and medication adherence (random record reviews, look for documentation of educational materials provided for lifestyle and medication adherence)
- Re-train where needed based on compliance assessments

Weeks 7–8

- Review average SBP reduction after intensification metric as described in weeks 5–6
- Review BP control metric as described in weeks 5–6
- Perform audits to assess compliance with patient education (can create EHR report or perform random record reviews, look for education materials provided, patient education on medication adherence)
- Re-train where needed based on compliance assessments