

Therapeutic inertia assessment

Act rapidly



Problem to address: Therapeutic inertia occurs when a patient has uncontrolled high blood pressure (BP) and treatment is not intensified.

Therapeutic inertia is one of the most common factors contributing to uncontrolled hypertension. Issues leading to therapeutic inertia include uncertainty about a patient's "true" blood pressure, competing priorities during a visit, uncertainty about a patient's medication adherence, patient preference not to intensify therapy and simply being unaware that therapeutic inertia exists.

Instructions: Use this tool to measure how often clinical inertia occurs and identify contributing factors in your practice.

What you need: Electronic health record data from office visits eight to 10 weeks prior to conducting this assessment.

Guidance for using this tool

- Identify sample of patient visits you will review with tool. This tool can be used for each physician or other provider
 - Identify approximately 24-28 patient visits in the past 8-10 weeks where the patient had an established diagnosis of hypertension.
 - Review the BPs in the vitals section from these patient encounters to identify eight where the BP was $\geq 140/90$ mm Hg (i.e., encounters with high BP).
 - Exclude visit if it was a new patient encounter or for a procedure (e.g., stress test or biopsy).
 - Ensure you identify 8 patient encounters that meet the above criteria
 - Once you have done that, review each encounter and complete the tables on the next few pages. You can use the results of this review to assess therapeutic inertia and identify opportunities for improvement.

This tool was adapted with permission of the American Medical Association and The Johns Hopkins University. The original copyrighted content can be found at ama-assn.org/ama-johns-hopkins-blood-pressure-resources

This resource is part of AMA MAP BP™, a quality improvement program. Using a single or subset of AMA MAP BP tools or resources does not constitute implementing this program. AMA MAP BP includes guidance from AMA hypertension experts and has been shown to improve BP control rates by 10 percentage points and sustain results.

Today's date: _____ Completed by: _____

A Visit date from eight to 10 weeks ago	B Patient identifier (DOB or MR #)	C BP at visit from column A	D Action taken from visit in column A (select all that apply)	E Is BP currently controlled if action was taken at visit in column A? (select one)	F Reason for no action taken at visit from column A (select all that apply)
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up on _____ (enter date) <input type="checkbox"/> Had patient perform self-measured blood pressure (SMBP) <input type="checkbox"/> Increased medication dose <input type="checkbox"/> Added medication class <input type="checkbox"/> Counseled on lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient prefers no treatment or change in treatment <input type="checkbox"/> Other:
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed self-measured BP (SMBP) monitoring or ambulatory BP monitoring (ABPM) <input type="checkbox"/> Increased or added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other:

Today's date: _____ Completed by: _____

A Visit date from eight to 10 weeks ago	B Patient identifier (DOB or MR #)	C BP at visit from column A	D Action taken from visit in column A (select all that apply)	E Is BP currently controlled if action was taken at visit in column A? (select one)	F Reason for no action taken at visit from column A (select all that apply)
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up on _____ (enter date) <input type="checkbox"/> Had patient perform self-measured blood pressure (SMBP) <input type="checkbox"/> Increased medication dose <input type="checkbox"/> Added medication class <input type="checkbox"/> Counseled on lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient prefers no treatment or change in treatment <input type="checkbox"/> Other:
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed self-measured BP (SMBP) monitoring or ambulatory BP monitoring (ABPM) <input type="checkbox"/> Increased or added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other:

Today's date: _____ Completed by: _____

A Visit date from eight to 10 weeks ago	B Patient identifier (DOB or MR #)	C BP at visit from column A	D Action taken from visit in column A (select all that apply)	E Is BP currently controlled if action was taken at visit in column A? (select one)	F Reason for no action taken at visit from column A (select all that apply)
<p>____/____/____</p>		<p>____/____ mm Hg</p>	<p>Action taken</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arranged for follow-up on _____ <input type="checkbox"/> Had patient perform self-measured blood pressure (SMBP) <input type="checkbox"/> Increased medication dose <input type="checkbox"/> Added medication class <input type="checkbox"/> Counseled on lifestyle change <input type="checkbox"/> Other <p>Next step: Complete box E</p> <ul style="list-style-type: none"> <input type="checkbox"/> No action taken <p>Next step: Complete box F</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient prefers no treatment or change in treatment <input type="checkbox"/> Other:
<p>____/____/____</p>		<p>____/____ mm Hg</p>	<p>Action taken</p> <ul style="list-style-type: none"> <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed self-measured BP (SMBP) monitoring or ambulatory BP monitoring (ABPM) <input type="checkbox"/> Increased or added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other <p>Next step: Complete box E</p> <ul style="list-style-type: none"> <input type="checkbox"/> No action taken <p>Next step: Complete box F</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <ul style="list-style-type: none"> <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other:

Today's date: _____ Completed by: _____

A Visit date from eight to 10 weeks ago	B Patient identifier (DOB or MR #)	C BP at visit from column A	D Action taken from visit in column A (select all that apply)	E Is BP currently controlled if action was taken at visit in column A? (select one)	F Reason for no action taken at visit from column A (select all that apply)
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up on _____ <input type="checkbox"/> Had patient perform self-measured blood pressure (SMBP) <input type="checkbox"/> Increased medication dose <input type="checkbox"/> Added medication class <input type="checkbox"/> Counseled on lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient prefers no treatment or change in treatment <input type="checkbox"/> Other:
____/____/____		____/____ mm Hg	Action taken <input type="checkbox"/> Arranged for follow-up BP <input type="checkbox"/> Prescribed self-measured BP (SMBP) monitoring or ambulatory BP monitoring (ABPM) <input type="checkbox"/> Increased or added medication <input type="checkbox"/> Counseled diet/lifestyle change <input type="checkbox"/> Other Next step: Complete box E <input type="checkbox"/> No action taken Next step: Complete box F	<input type="checkbox"/> Yes, BP controlled <input type="checkbox"/> BP unknown (no follow up occurred) <input type="checkbox"/> No, BP uncontrolled due to ... <input type="checkbox"/> Follow-up issue <input type="checkbox"/> Still managing BP <input type="checkbox"/> Other:	<input type="checkbox"/> Unsure about true BP <input type="checkbox"/> Competing priorities <input type="checkbox"/> Medication complexity concern <input type="checkbox"/> Medication adherence concern <input type="checkbox"/> Patient does not want treatment <input type="checkbox"/> Other: