



Screening, Measurement and Self-Management of Blood Pressure

February 2021

*Improving the Health of Americans Through Prevention and
Management of Diabetes, Heart Disease, and Stroke Program*



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Purpose of Module

This module contains a high-level overview of evidence-based information related to cardiovascular health and blood pressure management. It is designed to promote and supplement your current quality improvement efforts.

Sections are highlighted by the “3 As” – **Awareness, Assessment and Action** – and include many tools and resources that may also be located on the [Quality Insights website](#).

Please Note: Guidelines and recommendations referenced in this module are to be used along with physician/clinician judgment, treatment and based on individual patient’s unique needs and circumstances.



The Pressure is Off: Partner with Quality Insights

[Recent evidence](#) shows that people with uncontrolled or untreated high blood pressure may be at risk of getting severely ill with COVID-19. It’s also important to note that people with untreated high blood pressure seem to be more at risk of complications from COVID-19 than those whose high blood pressure is managed with medication.

Partner With Us

Let the team at Quality Insights help your patients make blood pressure control the goal.



Email [Robina Montague](#) or call **1.800.642.8686, ext. 7814** to learn more.

Creating a treatment plan that includes a combination of lifestyle changes, self-management of blood pressure and medication offer a powerful combination for preventing or reducing the health issues high blood pressure can cause.

Quality Insights is dedicated to assisting your healthcare team in achieving optimal blood pressure management during these challenging times. Through our [partnership with the Delaware Division of Public Health](#), we offer services designed to help you improve and reach your quality improvement goals focused on hypertension, cholesterol, diabetes, and prediabetes management.

A few key services Quality Insights is ready to offer include:

- 1) Technical Assistance:** Quality Insights’ Practice Transformation Specialists are available to partner with you to achieve your clinical quality improvement goals and focus on improving value-based care.
- 2) Get Recognized for Your Achievements:** Are you making great progress in blood pressure control in your practice with NQF# 0018 reporting above 70%? If so, allow Quality Insights to help you apply for national recognition through the [Target:BP™](#) program.

Awareness: Why Blood Pressure Matters

High blood pressure is a contributing factor to major health conditions including heart attack, heart failure, stroke, kidney failure, and many others.

- Nearly [86 million adults](#) (about 1 in 3) in the United States have high blood pressure.
- Nearly half of those 86 million people don't have their blood pressure controlled.
- That means roughly 39 million Americans are at risk for serious health issues due to uncontrolled high blood pressure.
- In 2019, [36.4%](#) of Delaware adults reported being told by a health professional that they have high blood pressure. Hypertension is a major preventable risk factor for heart disease and stroke, which are the first and fifth leading causes of death in the United States, respectively.

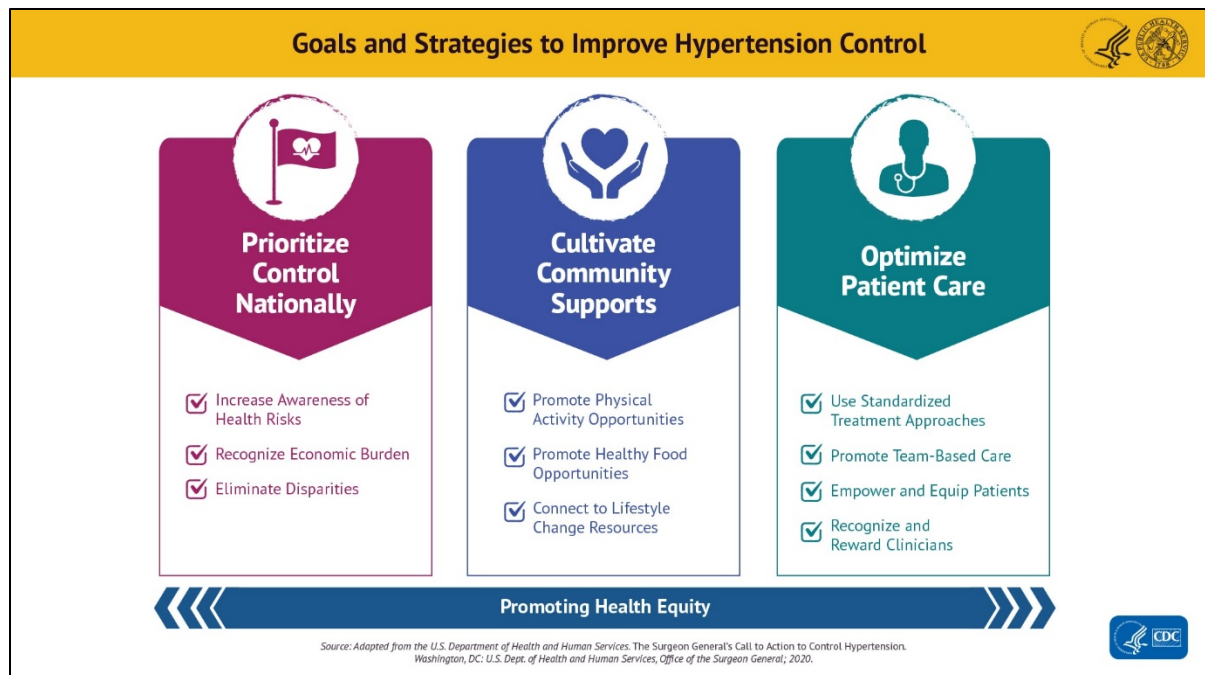


[*The Surgeon General's Call to Action to Control Hypertension \(Call to Action\)*](#), released October 2020, seeks to avert the negative health effects of hypertension by identifying evidence-based interventions that can be implemented, adapted and expanded in diverse settings across the United States.

With the support of partners, health professionals, and people like you, the Division for Heart Disease and Stroke Prevention (DHDSP) is better able to spread the word about the importance of hypertension (high blood pressure) control.



The *Call to Action* outlines three goals to improve hypertension control across the United States, and each goal is supported by strategies to achieve success.



Source: [*The Surgeon General's Call to Action to Control Hypertension \(Call to Action\)*](#)

Learn more about the *Call to Action* by accessing:

- [CDC Prevent and Manage High Blood Pressure website](#)
- [CDC Call to Action Partner Toolkit](#)
- [U.S. Department of Health and Human Services Office of the Surgeon General website](#)

VIDEO: Finding Undiagnosed Hypertensive Patients

One of the best first actions to take is beginning the search for patients who may have uncontrolled hypertension.



Watch the Million Hearts® video, [Finding Undiagnosed Hypertensive Patients](#).

YOU CAN HELP!

Download these strategy guides to get started:

- [The Surgeon General's Call to Action to Control Hypertension: Healthcare Professionals Strategy](#)
- [The Surgeon General's Call to Action to Control Hypertension: Health Care Practices, Health Centers and Health Systems Strategy](#)

A Solution: Self-Measured Blood Pressure Monitoring

Given the toll that hypertension plays in our nation and the impact COVID-19 has had on the decreased frequency of in-person check-ups, there is a compelling role for increased support for the use of home monitoring.

[Out-of-office BP measurements are recommended to confirm the diagnosis of hypertension](#). Recent research estimates that up to 30% of patients with non-hypertensive in-office blood pressure readings have elevated blood pressures when measured outside of the office (Masked Hypertension). In addition, up to 35% of people with elevated office blood pressures may have normal blood pressures when measured outside of the office (white coat hypertension). **SMBP plus additional clinical support** (i.e., educational classes, one-on-one counseling and telephonic/web-based support) helps prevent these misclassifications and helps ensure patients are diagnosed more accurately, while improving access and quality of care for individuals with hypertension.



[Self-Measured Blood Pressure Monitoring \(SMBP\)](#) is defined as the regular measurement of blood pressure by a patient at home or elsewhere outside the clinic setting using a personal home measurement device.

Evidence in SMBP

Strong scientific evidence over many years supports the benefits of SMBP. New documentation was released over the course of 2020, including:

- In-office screening for hypertension in adults with confirmation outside of the clinical setting was tentatively given a [grade A recommendation](#) by the U.S. Preventive Services Task Force.
- A [Joint Policy Statement](#) from the American Heart Association (AHA) and American Medical Association (AMA) emphasizes the established clinical benefits and potential cost-effectiveness of SMBP over office BP. Read the [AMA's 6 Key Takeaways for physicians and health professionals](#).
- The [Journal of Community Health](#) published a paper reviewing a 2016-2018 CDC-funded project of the National Association of Community Health Centers (NACHC), the YMCA of the USA and Association of State and Territorial Health Officials (ASTHO) to increase the use of SMBP through coordinated action of health department leaders, community organizations and clinical providers. Nine health centers in Kentucky, Missouri and New York developed and implemented collaborative SMBP approaches that led to 1,421 patients with uncontrolled hypertension receiving a recommendation or referral to SMBP. [Associated SMBP implementation methods, toolkits and resources can be accessed here](#).

- Million Hearts® released a second edition of its [Hypertension Control Change Package](#), which highlights tested tools and resources that have enabled Hypertension Control Champions to reach high levels of blood pressure control with patients. SMBP-focused content is included as an important aspect of hypertension control.

Assessment: Targets, Tools and Your Care Team

Monitoring Blood Pressure in Adults

The following chart displays normal, at-risk and high BP levels. A BP less than 120/80 mm Hg (millimeters of mercury) is considered normal. A BP of 140/90 mm Hg or more is too high. People with levels from 120/80 mm Hg to 139/89 mm Hg have a condition called prehypertension, which means they are at risk for high BP.

Blood Pressure Category*	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)
Normal	Less than 120	AND	Less than 80
At Risk (Prehypertension)	120 - 139	AND	80 - 89
High Blood Pressure (Hypertension)	140 or higher	OR	90 or higher

*Note: Blood pressure measures outlined above are aligned with the [2003 Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure](#), which currently (2021) remains consistent with CDC recommendations and CMS quality measures. [Click here](#) to review the American College of Cardiology (ACC) and American Heart Association (AHA) 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults.

New Resource

Unify your team around high blood pressure and cardiovascular disease prevention by reviewing Quality Insights [Care Team Interventions to Implement American Heart Association CVD Primary Prevention Guidelines](#).



Utilizing Your Care Team

Team-based care is an approach to achieving blood pressure control where care is provided by a team of health professionals, including primary care providers, pharmacists, nurses, dietitians, or other health workers, rather than by a single doctor. Team members work together to help patients manage their medication, increase healthy behaviors and follow their blood pressure control plan.

The Community Preventive Services Task Force recommends [team-based care](#) for uncontrolled high blood pressure based on evidence

from 80 studies showing that these approaches can increase the number of patients with controlled blood pressure.

For more information on ways you can strengthen your care team to provide optimal quality of patient care, visit the CDC's [Promoting Team-Based Care to Improve High Blood Pressure Control](#) website.

Making a Difference through Accurate Measurement

Accurate measurement of BP is essential both to estimating CVD risk and guiding management of high BP. Avoiding common errors can lead to correct diagnoses and speed time to treatment, improving BP control rates. The following sample of resources from the [Target:BP™ M.A.P. BP Improvement Program](#) outline practical approaches to improving BP control for your patients through accurate measurement.



- [BP Positioning Challenge](#): Can you identify common positioning errors? Encourage your staff to take the challenge as a quick means to brush up on proper blood pressure measurement technique.
- [Measure Accurately Pre-Assessment](#): Use this resource to help your health care organization identify areas of opportunity to more accurately measure BP in the clinical setting.
- [Steps to Accurately Measure Blood Pressure](#): Provides clinicians with information on how to correctly take an in-office blood pressure measurement.
- [Technique Quick Check](#): Resource for determining if clinicians take blood pressure measurements the right way and the same way every time.
- [CME Course: Measuring Blood Pressure Accurately](#)

For Providers & Patients: Measuring Accurately at Home

SMBP: Patient Videos

Want to help your patients learn how to get their blood pressure under control? [Share this Quality Insights video series](#) providing three short, easy-to-understand videos that will assist them in their SMBP journey.



As important as it is to ensure accurate blood pressure readings in the clinical setting, the same is true for patients who are collecting measurements at home. The following resources from Target:BP™, Million Hearts® and Quality Insights provide important educational resources to guide your patients participating in SMBP.

- [7-Step SMBP Quick Guide](#): This AMA quick guide is a reference for physicians and care teams to help train patients to perform SMBP monitoring.
- [What is SMBP?](#): Overview for patients to understand what SMBP is and why it is important.
- [SMBP Training Video](#): Educational video help train care teams and patients on how to properly self-measure blood pressure.

- [SMBP Infographic](#): Steps to perform SMBP monitoring correctly which includes separation, positioning and measurement. This document is available to download in English, Spanish and Vietnamese.
- [Self-Measured Blood Pressure Cuff Selection](#): Identify steps to determine the appropriate upper arm cuff size.
- [Tips for Taking Your Own Blood Pressure Readings](#): Printable, one-page guide to help patients ensure they are getting the most accurate reading at home.
- [Blood Pressure Tracking Log](#): Printable tracking sheet that includes brief instructions for patient use.
- [Hypertension Smartphone Apps](#): Provides a sample listing of apps available to help patients track their blood pressure readings. Review this [Quality Insights recording](#) for more information.
- [High Blood Pressure: How to Make Control Your Goal](#): Million Hearts® patient education sheet detailing manageable steps to help them manage their blood pressure.

Improving Medication Adherence

A 2019 *Circulation Research* article, [Adherence in Hypertension](#), reports hypertension as the leading cause of noncommunicable disease deaths worldwide. Highlighting the importance of medication adherence in hypertension treatment, the healthcare team is identified as playing a critical role in improving overall adherence to therapy.

Improving medication adherence is an important way to increase quality and reduce cost. As a medical provider, you no doubt realize the challenges surrounding medication adherence; however, improving this area is an important way to increase quality and reduce cost. One evidence-based way to address this barrier is collaborating with pharmacists as extended members of your team to provide medication therapy management (MTM).

Quality Insights has released the following resources to assist you in improving medication adherence in your practice setting:

- [Medication Therapy Management EDISCO™ Course](#): Learn more about the many benefits of MTM by enrolling in a no-cost educational course that will assist you in learning how to refer your patients to MTM through the Delaware Pharmacist Society (DPS).
- [Medication Adherence Practice Module](#) and [Workflow Modification Guide](#): Released January 2021, these materials are loaded with relevant information for navigating adherence barriers during these challenging times. We invite you to share this tool with all of your providers and clinical staff.



Action: Implementing SMBP & Improving Overall Health

How to Determine Goals and Design Protocol for Your Practice

How big do you go? Ideally and ultimately, everybody with hypertension should have their own home blood pressure monitor, but in a resource-constrained healthcare environment, that may not always be feasible... at least in the near-term. How do you best align your self-measured blood pressure monitoring (SMBP) goals with your current environment? Where it will do the most good?

TAKE ACTION:

The following resources provide excellent, evidence-based guidance for healthcare sites who are considering launching an SMBP program or expanding their current process:

- [SMBP Implementation Toolkit](#): Released by NACHC and Million Hearts® in December 2020, this toolkit is comprised of worksheets that will help you determine your goals and priority populations, design a protocol, assign tasks, and align your patient training approach to your practice environment.
- [Target:BP™: Implement SMBP](#): Provides useful recommendations to help you prepare for a successful SMBP program.
- [Validated Device Listing](#): Validatebp.org provides a catalog of blood pressure devices that have been validated for clinical accuracy through an independent review process.
- [SMBP CPT® Coding](#): This AMA document outlines useful coding information, including information related to the Public Health Emergency (PHE).
- [Top Five New Telehealth Policies](#): This *Health Care Law Today* article highlights the most recent updates in Medicare 2021 in Physician Fee Schedule.
- [Self-Measured Blood Pressure Monitoring Interactive Infographic for Clinicians](#): Learn about SMBP, the burden of high blood pressure, and the medical and financial advantages of an SMBP monitoring program from the Office of the National Coordinator for Health Information Technology.



Lifestyle Change Strategies

Living a healthy lifestyle, comprised of eating a nutrient-dense diet and the inclusion of regular physical activity, is a focal point of the American College of Cardiology (ACC) and American Heart Association (AHA) 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults. Lifestyle changes that have been shown to be effective include weight loss, healthy diet, reduced intake of dietary sodium, enhanced intake of dietary potassium, physical activity, and moderation in alcohol intake.



NEW PROGRAM: Introducing the Healthy Heart Ambassador Blood Pressure Self-Monitoring Program (HHA-BPSM)

Help your patients improve their hypertension with a new, evidence-based program that empowers them to manage their high blood pressure while learning ways to eat healthier and be more physically active.

In this exciting CDC-recommended program from the Delaware Division of Public Health, in partnership with the University of Delaware and Quality Insights, specially trained health coaches teach simple yet proven ways for patients to better manage and understand their blood pressure, increase physical activity, adopt healthier eating habits, and more.

**Healthy Heart Ambassador
BLOOD PRESSURE
Self-Monitoring Program**

Help your patients improve their hypertension with a **new evidence-based program** that empowers them to manage their high blood pressure (BP) while learning ways to eat healthier and be more physically active.

In this exciting **no cost** program from the Delaware Division of Public Health, specially trained health coaches teach simple yet proven ways for patients to:

- Manage and understand BP.
- Measure and track their BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.

Learn More

Quality Insights invites you to explore more information about this new opportunity by reviewing the links below and the attached flyer ([Appendix A](#), [Appendix B](#), and [Appendix C](#)):

- For [Providers](#): Learn about the HHA BPSM program, participant requirements and program referral details.
- For [Patients](#) and [Delaware State Employees](#): Explains program features, requirements and includes contact information for participation.

The AHA promotes the following resources as options for patients who are ready to engage in lifestyle improvement activities:

- [DASH Eating Plan](#)
- [Sodium Reduction Education Sheet](#) & [Sodium Tracker Worksheet](#)
- [AHA Life's Simple 7](#): Easy-to-follow instructions on how to manage blood pressure, control cholesterol, reduce blood sugar, get active, eat better, lose weight, and stop smoking.
- [Smoking Cessation Program](#): Listing of national quit lines, online resources and medicines to help patients quit smoking.
- [Blood Pressure Fact Sheets](#)

The CDC recommends the following evidence-based lifestyle change programs as appropriate choices for referral of adults with high blood pressure:

- [Expanded Food and Nutrition Education Program \(EFNEP\)](#): Facilitated by the University of Delaware, interactive nutrition education is provided online and in-person (as available) through free lesson series to those who are eligible. Anyone with limited resources and young children (0 to 18 years old) living at home are qualified. If a patient is eligible for SNAP (food stamps), WIC, Head Start or free and reduced cost school meals, they are automatically eligible for EFNEP.
- [Taking Off Pounds Sensibly \(TOPS\)](#): [Locate a meeting](#) or review [virtual meeting](#) options.
- [Weight Watchers \(WW®\)](#): Search for nearby locations [here](#).
- [MyCurves on Demand](#): At-home memberships are now available.



SMBP in Action: Delaware Primary Care, LLC



The family practice of Delaware Primary Care, LLC in Dover, Delaware, was recently recognized as a 2020 Million Hearts® Hypertension Control Champion. As the first clinic in the state of Delaware to achieve this designation, the practice achieved successful outcomes by updating procedures to accommodate a care team approach and began offering hypertension education provided by Quality Insights. They also increased SMBP utilization in their practice by loaning blood pressure

monitors to patients who were unable to purchase their own, thereby providing patients with an opportunity to better manage their blood pressure readings from home.

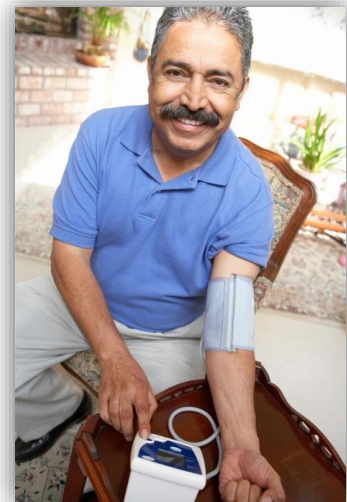
Read more about this practice's journey to improved hypertension management in this [November 2020 Quality Insights e-bulletin](#). Additional field examples of successful implementation of SMBP can be found by visiting the CDC's [Self-Measured Blood Pressure Monitoring with Clinical Support](#) website.

Quality Insights' Home Blood Pressure Monitor Program

Interested in implementing an SMBP program, but concerned about having adequate resources and assistance? Quality Insights offers a **FREE** Home Blood Pressure Monitor Loaner Program and training.

Benefits include:

- Participating practices are supplied with up to five automated home BP monitors that can be loaned to patients to monitor their BP at home.
- Loaner monitors are ideal for patients that do not currently own a BP monitor or for those lacking the resources to immediately purchase a device. It may also be useful when a patient is newly diagnosed with hypertension or when a patient experiences a change in BP medication.
- Patients and providers are able to track and monitor pre-hypertensive patients, patients with uncontrolled hypertension, hypertensive drugs and patients with recent or past histories of hypertensive crises.
- Training for your staff on how-to educate patients for SMBP and the loaner program



Some program materials include a [Home Blood Pressure Monitor Loaner Program Procedure, Instructions for Practices](#) and a [Patient Agreement template](#) for patients to sign.

If your practice is interested in participating in the program, e-mail [Robina Montague](#) or call **1.877.987.4687, ext. 7814**. We also invite you to review this [recorded overview](#) describing program features.

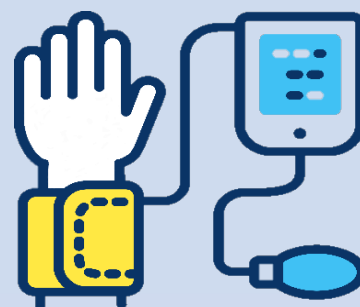
Healthy Heart Ambassador BLOOD PRESSURE Self-Monitoring Program



Help your patients improve their hypertension with a **new evidence-based program** that empowers them to manage their high blood pressure (BP) while learning ways to eat healthier and be more physically active.

In this exciting **no cost** program from the Delaware Division of Public Health, specially trained health coaches teach simple yet proven ways for patients to:

- Manage and understand BP.
- Measure and track their BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.



Your patients will receive: (at NO COST)

- A **BP monitor** (if needed) and training on how to measure and track BP at home.
- **Virtual one-on-one support** from specially trained facilitators and virtual learning sessions over a four month period.
- **Cooking demonstrations and nutritional education** that will build confidence to buy, prepare and cook affordable, delicious heart-healthy meals.
- Support to help your patients **make real changes** for heart health.



Participation Requirements:



- ✓ Over 18 years old
- ✓ High BP diagnosis or prescribed a medication for high BP
- ✓ No cardiac events in the previous six months
- ✓ Don't have atrial fibrillation or other arrhythmias
- ✓ Do not have or at-risk for lymphedema

Program Referrals:

You can refer patients to this program via a direct referral by calling **302-208-9097**, patient portal/text messaging, or a referral letter. Email DHSS_DPH_HHA@delaware.gov or contact Robina Montague at **1-800-642-8686, ext. 7814** for more details.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Diabetes and Heart Disease Prevention and Control Program



Quality
Insights

Healthy Heart Ambassador BLOOD PRESSURE Self-Monitoring Program

- Do you have **high blood Pressure (BP)** or take medication to control your BP?
- Do you struggle to keep your **BP under control**?
- Do you worry about the **health risks** of having high BP?



If you answered YES to the above questions, take advantage of a new **no cost** program that will teach simple yet effective skills to:

- Manage and understand BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.

Participants in this program will receive: (at NO COST)

- A BP monitor (if needed) and training on how to measure and track your blood pressure at home.
- Virtual one-on-one support from specially trained facilitators and virtual learning sessions over a four month period.
- Cooking demonstrations and nutritional education that will build your confidence to buy, prepare and cook affordable, delicious heart-healthy meals.
- Long-term support to help you make real changes to stay heart healthy.
- Classes will be held virtually (for now).

Participation Requirements:

- ✓ Delaware resident
- ✓ Over 18 years old
- ✓ High BP diagnosis
- ✓ No cardiac events in the previous one year (ex. heart attack or stroke)
- ✓ Don't have atrial fibrillation or other arrhythmias
- ✓ Do not have or at-risk for lymphedema



Contact Us:

Please call **302-208-9097** or email DHSS_DPH_HHA@delaware.gov to enroll or for more information.



Healthy Heart Ambassador BLOOD PRESSURE Self-Monitoring Program

- Are you a Delaware State Employee/Pensioner and have **high blood pressure (BP)** or take medication to control your BP?



- Do you worry about the **health risks** of having high BP?



Delaware State Employees/Pensioners can take advantage of an exciting new ***no cost*** pilot program that will teach simple yet effective skills to:

- Manage and understand BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.

Participants in this program will receive: *(at NO COST)*

- A BP monitor (if needed) and training on how to measure and track your blood pressure at home.
- Virtual one-on-one support from specially trained facilitators and virtual learning sessions over a four month period.
- Cooking demonstrations and nutritional education that will build your confidence to buy, prepare and cook affordable, delicious heart-healthy meals.
- Long-term support to help you make real changes to stay heart healthy.
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- ✓ Do not have or at-risk for lymphedema



Contact Us:



Please call **302-208-9097** or email DHSS_DPH_HHA@delaware.gov to enroll or for more information.





Hypertension Workflow for On-Site Pharmacist

1. Patient arrives for scheduled provider encounter/visit.
2. During encounter/visit, the provider determines the patient could benefit from a consult with pharmacist.
 - a. New medication prescribed during provider encounter/visit
 - b. Patient has concerns/questions regarding current medications or regimen, such as side effect management, alternative medications/treatments
 - c. Patient having difficulty with current medications, including injectables, proper dosing when measuring required, etc.
 - d. Patient has history of nonadherence with medications/treatments
 - e. Patient in need of preventative therapy, such as prehypertension or prediabetes
 - f. Patient is frequently readmitted to the hospital or has recently been discharged from the hospital
3. Provider refers the patient to the on-site pharmacist for immediate consult while the patient is still in the office for their initial encounter. Provider starts flow sheet and indicates reason for referral on it. Flow sheet accompanies patient to pharmacist consult.
4. Office staff will print out current medication list to attach to flow sheet for pharmacist's review during consult.
5. Pharmacist completes assessment flow sheet during consult and provides education regarding concerns/topics that led them to pharmacist. The education presented could focus on the following topics:
 - a. Newly prescribed medication(s)
 - b. Side effects and management of medications
 - c. Alternative medications/treatments for given conditions
 - d. Instruction and/or demonstration of proper injection process
 - e. Proper measuring of medication
 - f. List of medication adherence apps/tools for better compliance
 - g. Other factors that impact disease management (weight, nutrition, or other areas identified by provider in referral)
 - h. Patient lifestyle assessment to aid in determining reason for readmissions
 - i. Review of recent hospitalization activities/discharge instructions

** If pharmacist has access to computer and printer, they could give printed handouts to patient regarding topics discussed. The pharmacist/office could also have preprinted handouts for common, disease-specific topics.

6. Pharmacist provides completed flow sheet to designated office staff after consult with patient.





Want to Learn How to Get Your Blood Pressure Under Control?

Watch this NEW Video Series for Hypertension Management Tips & Techniques to Make Control Your Goal

A NEW video series from Quality Insights features three short, easy-to-understand videos that will show you how to better manage your hypertension.

- **Small Steps to Big Improvements:** Walks you through small steps you can take to make a meaningful change in their blood pressure (<https://youtu.be/F1o72zlixQo>)
- **Ready, Set, Go: A Roadtrip Through Hypertension:** Discusses blood pressure readings and their meaning in an engaging stoplight format (https://youtu.be/RNWVkiB3_r8)
- **Take High Blood Pressure Into Your Own Hands:** Describes proper technique for Self-Management of Blood Pressure (<https://youtu.be/hzVvUD0fnHg>)



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Care Team Interventions to Implement American Heart Association CVD Primary Prevention Guidelines*

The American Heart Association's 2019 Cardiovascular Disease (CVD) Primary Prevention Guidelines provides a list of the Ten Top Things to Know. All members of the primary care team can play a valuable role in helping patients to avoid cardiovascular disease.

AHA Guideline	Intervention	Care Team Member(s)	Resources
Prevent atherosclerotic vascular disease, heart failure, and atrial fibrillation by promoting healthy lifestyles throughout life.	Provide all patients with information about heart healthy programs.	All clinical staff, such as MAs during patient rooming.	<ul style="list-style-type: none"> • CDC 6 Strategies to Live a Heart Healthy Lifestyle • AHA's Be Healthy for Good with Life's Simple 7
<p>Use a team-based approach to prevent CVD.</p> <p>Evaluate the social determinants of health (SDOH) that affect individuals to inform treatment decisions.</p>	<p>Collect race/ethnicity from all patients.</p> <p>Implement validated SDOH screening tool.</p>	<p>Front desk staff.</p> <p>Depending on workflow preferred: front desk staff distribute paper screener; clinical staff verbally interview patients.</p> <p>Providers review responses and promote dietary changes and make referrals as needed.</p>	<ul style="list-style-type: none"> • Quality Insights practice module: Social Determinants of Health and Workflow Modifications • PRAPARE Tool Kit
Adults 40-75 years being evaluated for CVD prevention should undergo 10-year risk estimation and should have clinician-patient risk discussion before starting on pharmacological therapy, such as antihypertensive or statin.	<p>Screen for risk factors and apply race- and sex-specific modifiers for asymptomatic adults.</p> <p>Manage hypertension and blood cholesterol, use clinical guidelines.</p> <p>Where appropriate, assess risk using coronary artery calcium scanning.</p>	Provider	<ul style="list-style-type: none"> • American College of Cardiology ASCVD Risk Estimator tool

AHA Guideline	Intervention	Care Team Member(s)	Resources
<p>All adults should consume a healthy diet.</p> <p>For adults with overweight/obesity, comprehensive lifestyle interventions, including counseling and caloric restrictions, are recommended for achieving and maintaining weight loss.</p>	<p>Provide all patients with nutrition information.</p> <p>For patients with hypertension, provide DASH diet information and promote self-monitoring of blood pressure.</p> <p>For patients with overweight/ obesity, administer prediabetes risk tests and offer information weight management.</p> <p>For patients with prediabetes, refer to National Diabetes Prevention Program (National DPP).</p>	<p>Clinical staff who weighs patients and document BMI data; clinical staff who take blood pressure.</p> <p>Providers review and promote dietary changes and refer to lifestyle change programming.</p>	<ul style="list-style-type: none"> • AHA's Life Simple 7 – Eat Better • AHA's Life's Simple 7 – Manage Weight • DASH Your Way to Lower Blood Pressure • Tips for Taking Your Own Blood Pressure Readings • CDC Prediabetes Risk Test • National Diabetes Prevention Program Referral Checklist • CDC Recognized Lifestyle Change Programs
<p>Adults should engage in at least 150 minutes per week of accumulated moderate-intensity physical activity or 75 minutes per week of vigorous-intensity physical activity.</p>	<p>Counsel all patients about physical activity recommendations. Provide educational materials.</p>	<p>Providers and clinical staff, such as MAs during rooming process.</p>	<ul style="list-style-type: none"> • AHA's Life's Simple 7 –Move More
<p>For adults with type 2 diabetes mellitus, lifestyle changes, such as improving dietary habits and achieving exercise recommendations, are crucial.</p>	<p>Refer patients to Diabetes Self-Management Education and Support (DSMES).</p>	<p>Clinical staff performing medication reconciliation.</p> <p>Providers review responses and promote dietary changes and refer to lifestyle change programming.</p>	<ul style="list-style-type: none"> • DSMES Referral Checklist for Primary Care Practices • Find a DSMES Program in PA
<p>All adults should be assessed at every healthcare visit for tobacco use, and those who use tobacco should be assisted and strongly advised to quit.</p>	<p>Ask every patient about tobacco use.</p> <p>Provide smoking cessation assistance.</p>	<p>Clinical staff, such as MAs during rooming process.</p> <p>Providers review responses and promote cessation and referrals to tobacco cessation program.</p>	<ul style="list-style-type: none"> • AHA's Life's Simple 7 – How to Quit Tobacco • PA Free Quitline

AHA Guideline	Intervention	Care Team Member(s)	Resources
Aspirin should be used infrequently in routine primary prevention of ASCVD because of lack of net benefit.	Evaluate use of aspirin therapy based on patient age and risk-enhancing factors such as family history, ability to achieve lipid, BP, or glucose targets.	Provider	<ul style="list-style-type: none"> • 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease
Statin therapy is first-line treatment for primary prevention of ASCVD in patients with elevated LDL-C, those with diabetes who are age 40-75, and those at sufficient ASCVD risk after clinician-patient risk discussion.	Assess LDL-C and related risk factors. Initiate risk/benefit discussion.	Provider	<ul style="list-style-type: none"> • 2018 Guideline on the Management of Blood Cholesterol • Statin Choice Decision Aid
Nonpharmacological interventions are recommended for all adults with elevated BP or HTN. For those requiring pharmacological therapy, target BP should generally be <130/80 mm Hg.	Assess BP for all patients and recommend evidence-based lifestyle programs where appropriate.	Clinical staff with provider reinforcement	<ul style="list-style-type: none"> • Million Hearts® Hypertension Control Change Package

*Arnett DK, Blumenthal RS, Albert MA, Buroker AB, Goldberger ZD, Hahn EJ, Himmelfarb CD, Khera A, Lloyd-Jones D, McEvoy JW, Michos ED, Miedema MD, Muñoz D, Smith SC Jr, Virani SS, Williams KA Sr, Yeboah J, Ziaeian B. [2019 ACC/AHA guideline on the primary prevention of cardiovascular disease: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines](#) [published online ahead of print March 17, 2019]. *Circulation*. 2019; DOI: 10.1161/CIR.0000000000000678.

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