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Hypertension: Fulfilling Quality Metrics

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Your Life Your Health

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How do you know whether or not you are receiving the care you need for high blood pressure? The following is how SETMA demonstrates that your care for hypertension is optimal. SETMA monitors both the process of your care and the outcome of your care. Process defines the steps your provider takes to give you excellent care; outcome defines the effectiveness of that process. Obviously, outcome is the most important, i.e., is your blood pressure treated to goal, but if a proper process is consistently following, the outcome is more probably going to be good.

The Process

When you have a diagnosis of hypertension, your blood pressure should be evaluated every time you come to the clinic, no matter the reason for the visit. A part of this element of the process is that if your not treated to goal, your healthcare provider should contact you to schedule an appointment if you miss an appointment or if you fail to make an appointment. Included in your visit should be the activation of the **Hypertension Disease Management Tool**, which your healthcare provider can do by clicking the button outline in red below.

The screenshot shows a medical software interface for Southeast Texas Medical Associates, L.L.P. It includes a patient information form with fields for Chart, QTest, Sex (M), Age, Patient's Code Status, Home Phone, Work Phone, Cell Phone, and Date of Birth. A red alert message states "Patient has one or more alerts!" with a link to "Click Here to View Alerts". Below the form are several menu categories: STARS Program Measures, Pre-Vist/Preventive Screening, Bridges to Excellence View, and a central Disease Management section. The Disease Management section lists various conditions with "I" icons, and the "Hypertension" entry is highlighted with a red box. Other categories include Preventive Care, Template Suites, Hospital Care, Exercise, Last Updated, and Special Functions.

The following steps should be taken with all patients who have a diagnosis of “hypertension” and the steps should be taken every time the patient is seen, no matter the reason for the visit:

1. Measure the blood pressure on all patients.

2. If the initial blood pressure measurement is elevated (>140/90 mmHg) **repeat the blood pressure.**
3. If the patient has already been diagnosed with hypertension, or if the blood pressure is elevated, assess the:
 - a. Class of hypertension
 - b. Recommended follow-up by evidence-based medicine
 - c. Risk group of hypertension which tells you how important it is that the blood pressure is controlled.
 - d. Recommended treatment for the patient's hypertension.

At SETMA, these steps are completed by opening the Hypertension Disease Management Tool, and by clicking on the “**Calculate Assessment**” button shown in red below.

The screenshot shows the 'Hypertension Management Guidelines' tool interface. At the top, there are fields for 'Patient', 'Chart', 'QTest', 'Age', and 'Sex'. Below this, there are sections for 'Beginning Blood Pressure' and 'Highest Blood Pressure', both showing values of 160/95. The 'Vital Signs' section includes 'Blood Pressure' (Trial 1: 145/95, Trial 2: 140/90, Trial 3:), 'Pulse Pressure' (50), 'Pulse' (65), 'Height' (72 inches), 'Weight' (220 pounds), 'BMI' (29.83), 'Body Fat' (25.4%), 'Waist' (38 inches), 'Hips' (48 inches), and 'Ratio' (0.85). The 'Major Risk Factors' section includes checkboxes for 'Tobacco Use', 'Dyslipidemia', 'Diabetes Mellitus', 'Family Hx of CV Disease', 'Male < 55', and 'Female < 65'. The 'Additional Risk Factors' section includes checkboxes for 'CHF', 'CAD', 'TIA', 'Stroke', 'Peripheral Vascular Disease', 'Renal Insufficiency', and 'Retinopathy'. The 'Calculate Assessment' button is highlighted with a red rectangle. Other buttons include 'Blood Pressure Classification', 'Recommended Follow-Up', 'Risk Group', 'Treatment Based on Risk Assessment', 'Lab Results', and 'Labs Over Time'. The right sidebar contains a 'Navigation' menu with options like 'Home', 'Dippers and White Coat', 'HPT and Diabetes', 'HPT and Depression', 'HPT and the Elderly', 'HPT, Insulin Resistance', 'Isolated Systolic HPT', 'HPT and Kidney Disease', 'Evaluation', 'Lifestyle Changes', 'Treatment', 'HPT Plan', 'Physician Role', 'Patient Information', 'Click for Documents', 'Physician Information', 'Classification', and 'Risk Stratification'.

The information displayed will give your provider an indication of how imperative it is to aggressively treat your blood pressure. This information will also appear on your plan of care and will also give your provider assistance in engaging the you in their own care.

Next, your SETMA provider will open the “**Lifestyle Changes**” pop-up by clicking on the button outlined in red below

Hypertension Management
Guidelines

Patient Chart QTest
Age Sex M

Beginning Blood Pressure: 05/19/2009 160 / 95
Highest Blood Pressure: 05/19/2009 160 / 95

Vital Signs
Blood Pressure: Trial 1 145 / 95 50, Trial 2 140 / 90 50, Trial 3 /
Pulse: 65.00
Height: 72.00 inches
Weight: 220.00 pounds
BMI: 29.83
Body Fat: 25.4 %
Waist: 36.00 inches
Hips: 38.00 inches
Ratio: 0.95

Major Risk Factors
 Tobacco Use
 Dyslipidemia
 Diabetes Mellitus
Family Hx of CV Disease
 Male < 55
 Female < 65
Sex: Male, Postmenopausal Female

Additional Risk Factors
 CHF
 CAD
 TIA
 Stroke
 Peripheral Vascular Disease
 Renal Insufficiency
 Retinopathy

Calculate Assessment

Blood Pressure Classification: Hypertension - Stage 1
Recommended Follow-Up: Recheck in 2 months
Risk Group: Group B - Moderate Risk
Treatment Based on Risk Assessment: Lifestyle Changes (max 6 months). Proceed to drug therapy if no response.

Navigation: HPT, General
Home, Dippers and White Coat, HPT and Diabetes, HPT and Depression, HPT and the Elderly, HPT, Insulin Resistance, Isolated Systolic HPT, HPT and Kidney Disease, Evaluation, Diagnosis and Screening, **Lifestyle Changes**, Treatment, HPT Plan, Physician Role, Patient Information, Click for Documents, Physician Information, Classification, Risk Stratification

Framingham Risk Scores: 10-Year General Risk %, 10-Year Stroke Risk %, Global Cardio Score -2 pts
Metabolic Syndrome: - 0 +
Vitals Over Time

When this template is opened (see below) all of the information will already be activated which means it will appear on your plan of care and treatment plan. (The check marks in the radial button on each element lets you know that the measures have been activated.) It gives your provider and you information on the lifestyle changes needed for the treatment of hypertension and it gives the expected improvement in the systolic pressure for each intervention. As can be seen, many of the lifestyle changes provide more benefit to the patient than most medications.

Lifestyle Changes

Recommended Actions
The numbers in parenthesis indicate the approximate reduction in Systolic Blood Pressure for each lifestyle change.

Eliminate or reduce alcohol consumption to 2 drinks per day (2-4 mmHg)
 Eliminate or reduce caffeine intake
 Take measures to reduce and control stress
 If you are overweight, [lose weight](#) (5-20 mmHg/20 lb wt. loss)
BMI 29.83
BMR calories/day
 [Exercise](#) (4-9 mmHg)
 [Smoking Cessation](#) Email

Change dietary habits
 Increase potassium intake
 Increase calcium intake
 Maintain adequate magnesium intake
 Increase fish oils
 Reduce salt intake to no more than 2.4 grams/day (2-8 mmHg) [What Is A Low Sodium Diet?](#)
 [DASH Diet](#) (8-14 mmHg)
 Monitor your blood pressure and keep a record
 Be sure to keep all of your appointments
 Be sure to take your medications as indicated

Return

Information
[Alcohol, Coffee, Cigarettes](#)

Your provider should follow through by discussing these changes with you. This will include the discussion of:

- Exercise,

- Weight loss,
- Sodium intake reduction
- Smoking cessation
- Alcohol moderation

On the hypertension plan template, your healthcare provider will complete the routine and acute follow-up fields so that you know when to return to the clinic. These are also the same fields that are on the main plan template. If they are completed in one place, they automatically show up in the other.

The screenshot shows the 'Hypertension Plan' form. The 'Follow Up' section is highlighted with a red box. It contains two rows: 'Acute' and 'Routine'. Each row has a date field and a text field. Below the 'Acute' row, there are two buttons: 'Call Your Doctor If...' and 'Take Care of Yourself'. Below the 'Routine' row, there is a button labeled 'OTC Medications'. The 'Return' section on the right contains buttons for 'Return', 'Comments', 'Follow-Up Doc', and 'Document'.

Your SETMA provider will then generate the hypertension follow-up document in order to give it to you.

The screenshot shows the 'Hypertension Plan' form. The 'Follow-Up Doc' button in the 'Return' section is highlighted with a red box. The 'Follow Up' section is also visible, showing 'Acute' and 'Routine' rows with date and text fields. The 'Return' section contains buttons for 'Return', 'Comments', 'Follow-Up Doc', and 'Document'. The 'Information (Auto-Print)' section contains buttons for 'HPT Medications', 'Antihistamines', 'Cautions About OTC Meds', and 'OTC Meds and Hypertension'.

This document should be given to you if your blood pressure is not well controlled and/or annually if your blood pressure is well-controlled..

Once the above has been completed, your SETMA healthcare provider can review the summary of his/her performance by clicking on the “Physician Role” button outlined in red below.

Hypertension Management
[Guidelines](#)

Patient: Chart [] QTest []
Age [] Sex: M

Beginning Blood Pressure: 05/19/2009 160 / 95
Highest Blood Pressure: 05/19/2009 160 / 95

Vital Signs
Blood Pressure: Trial 1 145 / 95, Trial 2 140 / 90, Trial 3 [] / []
Pulse Pressure: 50
Pulse: 65.00
Height: 72.00 inches
Weight: 220.00 pounds
BMI: 29.83
Body Fat: 25.4 %
Waist: 36.00 inches
Hips: 38.00 inches
Ratio: 0.95

Major Risk Factors
 Tobacco Use
 Dyslipidemia
 Diabetes Mellitus
Family Hx of CV Disease
 Male < 55
 Female < 65
Sex: Male, Postmenopausal Female

Additional Risk Factors
 CHF
 CAD
 TIA
 Stroke
 Peripheral Vascular Disease
 Renal Insufficiency
 Retinopathy

Calculate Assessment
Blood Pressure Classification: Hypertension - Stage 1
Recommended Follow-Up: Recheck in 2 months
Risk Group: Group B - Moderate Risk
Treatment Based on Risk Assessment: Lifestyle Changes (max 6 months). Proceed to drug therapy if no response.

Lab Results
Labs Over Time

Navigation
HPT General
Home
Dippers and White Coat
HPT and Diabetes
HPT and Depression
HPT and the Elderly
HPT, Insulin Resistance
Isolated Systolic HPT
HPT and Kidney Disease
Evaluation
Diagnosis and Screening
Lifestyle Changes
Treatment
HPT Plan
Physician Role
Patient Information
Click for Documents
Physician Information
Classification
Risk Stratification

When that button is clicked the following pop-up appears.

Dm Hpt Check

Physician Role in Hypertension Management

- Blood pressure measured at least once this visit
- Blood pressure measurement repeated if elevated
- Blood pressure classification determined
- Weight reduction discussed/recommended
- Sodium intake discussed/changes recommended
- Alcohol intake discussed/changes recommended
- Exercise discussed/recommended
- Appropriate follow-up scheduled

Generate a follow-up document for the patient at least yearly

Date Last Generated: / /

OK Cancel

It automatically displays and summarizes your provider's performance on hypertension quality measures. If your provider wants to review the entire Tutorial for SETMA's Hypertension Disease Management Tool, he or she can do so by:

1. Clicking the "T" which appears beside the Hypertension on the AAA Home
2. Going to SETMA's Intranet and going to Clinical and accessing the Hypertension tutorial
3. Or you can review the tutorial from the web at: <http://jameslhollymd.com/EPM-Tools/tutorial-hypertension-prevention>

Quality Analytics

Daily, SETMA reports to your healthcare provider, their performance on the quality metrics which apply to high blood pressure treatment. The following is the audit for January 7, 2013. All measures in "black" are good and all measures in "red" need improvement.



Physician Role in Hypertension Management

E & M Codes: Clinic Only
 Encounter Date(s): Jan 7, 2013 through Jan 7, 2013

Report Criteria: Patients 18 And Older With a Chronic Diagnosis of Hypertension
 Specialists Excluded

Location	Provider	Blood Pressure Measured	Repeat BP (Elevated)	Class Assessed	Weight Reduction Discussed	Sodium Intake Discussed	Alcohol Intake Discussed	Exercise Discussed	Follow-up Scheduled
SETMA 1	Aziz	100.0%	--	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Deiparine	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	83.3%
	Duncan	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	90.0%
	Henderson	100.0%	100.0%	56.2%	93.8%	62.5%	62.5%	81.2%	93.8%
	Holly	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Murphy	100.0%	75.0%	20.0%	80.0%	20.0%	20.0%	66.7%	100.0%
	Palang	100.0%	100.0%	28.6%	28.6%	28.6%	14.3%	14.3%	100.0%
SETMA 1 Totals:		100.0%	77.3%	52.1%	72.6%	53.4%	50.7%	64.4%	95.9%
SETMA 2	Anthony	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Anwar	100.0%	0.0%	90.9%	90.9%	77.3%	72.7%	100.0%	0.0%
	Aziz	100.0%	--	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Cash	100.0%	100.0%	85.7%	100.0%	92.9%	85.7%	50.0%	100.0%
	Leifeste	100.0%	0.0%	83.3%	100.0%	75.0%	75.0%	91.7%	0.0%
	Wheeler	100.0%	25.0%	78.6%	100.0%	85.7%	85.7%	100.0%	100.0%
SETMA 2 Totals:		100.0%	33.3%	86.6%	97.5%	86.1%	83.5%	89.9%	57.0%
SETMA Mid County	Castro	100.0%	57.1%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	Shepherd	100.0%	40.0%	69.2%	76.9%	69.2%	69.2%	23.1%	100.0%
	Thomas	100.0%	100.0%	69.2%	69.2%	76.9%	69.2%	53.8%	92.3%
SETMA Mid County Totals:		100.0%	53.8%	81.0%	83.3%	83.3%	81.0%	61.9%	97.6%
SETMA West	Darden	100.0%	0.0%	50.0%	66.7%	16.7%	0.0%	100.0%	100.0%
	Deiparine	100.0%	33.3%	83.3%	100.0%	0.0%	0.0%	100.0%	100.0%
	Halbert	100.0%	50.0%	50.0%	60.0%	20.0%	10.0%	80.0%	100.0%
	Horn	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%
	Qureshi	100.0%	0.0%	100.0%	100.0%	72.7%	36.4%	72.7%	100.0%
SETMA West Totals:		100.0%	33.3%	76.5%	84.3%	47.1%	33.3%	90.2%	76.5%

Monthly, all SETMA healthcare providers meet together for three hours in order to review their performance and to discuss how their care can be improved. Quarterly, these results are posted at www.jamesholly.com so that the entire community can know how SETMA is performing in treating hypertension.

By continually measuring, monitoring and meeting to discuss excellence in care, you can have increased confidence that you are receiving excellent care.