

Hypertension Care Policy

A. Enhancement Objectives

A hypertension care policy monitors patient blood pressure and ensures the appropriate patients have their blood pressure checked during a physician visit. The policy is documented so all practice members know how to proceed.

B. Tool or Enhancement Description

A hypertension care policy is a documented procedure used by a practice site to monitor patients' blood pressure levels.

Please see the end of this chapter for an example of a hypertension care policy.

C. Medication Management Improvements

A hypertension care policy can **remind** physicians to check blood pressure, **identify** patients with uncontrolled blood pressure who require anti-hypertensive medications, **facilitate** the monitoring of blood pressure medications patients are taking, and **indicate** changes needed in dosing. Each of these actions improves medication management.

A hypertension care policy gives pharmacists the information they need to provide **patient care**. It allows physicians and pharmacists to monitor **treatment efficacy**, which benefits patients.

The practice may see more patients reach their targets for hypertension or screen more patients for hypertension. In addition, it can improve the care of patients on a practice level.

Patients also benefit through increased opportunities to discuss their blood pressure results with their health care team. If the patients know their target blood pressure, their actual blood pressure and why it is important to meet their target, the patients' **compliance** may improve. Patients may want to know how to improve their condition and why medications may need to be changed, instead of just following instructions or ignoring them completely.

Enhancement Author: Shelly House
 Acknowledgement: Caroline Medical Group,
 Burlington, ON

Patients can achieve other health benefits through the policy. For example, if the blood pressures of the patients in the practice site are known, their **risk** of heart disease can be determined using the 10-year Framingham risk equation.

In addition, if a physician is hesitant to reach blood pressure targets aggressively using medications, the physician can use a borderline high blood pressure level as a reason to encourage **lifestyle** modifications in the patient, such as losing weight.

A hypertension care policy has the potential to benefit a large proportion of the patients at a practice site, because all patients older than 40 will be affected (the age at which practice sites commonly begin monitoring patient blood pressure).

In-service **training** may be required for practice site personnel who help with blood pressure monitoring.

More information on a patient's blood pressure levels also helps **community pharmacists** if they receive it from the practice site or the patient directly. For instance, a community pharmacist can determine if targets are being reached, patients are compliant with their medications, or if patients have uncontrolled hypertension. They can then relay information back to the practice site and the patient.

D. Development Process

Although many practice sites have policies regarding monitoring patients' blood pressures, they may not be formally documented or may have less frequent monitoring than recommended by current guidelines. If a policy is not formally documented, it may be difficult for a pharmacist joining a practice to be aware of the exact details of the practice's current policy.

Hypertension Care Policy

Organize a meeting with the practice site staff to discuss the current policy. Through discussion, the physicians can determine if the policy and the roles of the practice site personnel will be changed. Document the policy, likely with only one draft, and begin the process of implementing it.

References and resources

Review clinical practice guidelines, such as the Canadian Hypertension Education Program (CHEP) guidelines, to determine what to use in a hypertension care policy. Modify guidelines to reflect the practice site's needs (e.g., frequency of monitoring).

E. Implementation Process

Contact the clinic/office manager to discuss the new policy and to gain insight into the best way to implement it. Hold a meeting with practice site personnel to inform them of any changes in policy, particularly those whose responsibilities will change as a result.

F. Overcoming Challenges

When a pharmacist first joins a practice, it may be challenging to determine what the blood pressure policy is, if it is not documented. Asking the practice site physicians what their blood pressure monitoring policy is, if indeed they have one, overcomes this challenge.

Practice site personnel may benefit from assistance or education about the names of all anti-hypertensive medications (particularly those with other indications) in order to consistently monitor blood pressure in appropriate patients. The pharmacist can offer to train these team members to help them recognize blood pressure medications when implementing the new policy.

Another potential problem arises if blood pressure is monitored but the value is not recorded in the chart. For example, the personnel at the practice may place the patient on the blood pressure monitoring machine and then leave the patient while the measurements occur.

The next individual to enter the room is the physician. The physician may not document the blood pressure value in the chart, particularly if it is at target.

If this is an issue at a practice site, the personnel responsible for placing the patients on the blood pressure monitoring machine can place an abbreviation for blood pressure in the chart with a space beside it. This serves as a prompt for the physicians to document the blood pressure value in the chart.

Challenges that may be difficult to overcome

A challenge may arise when the pharmacist is attempting to organize a meeting time to implement the hypertension policy that is conducive to all relevant practice site personnel who must attend. This challenge might not be overcome, as it is unlikely that all the relevant personnel will be able to attend one meeting.

G. Facilitating Factors

Some factors may help a policy be adopted at a site. If the site already has other policies, another can be easily added and implemented. If certain practice staff are directly responsible for monitoring blood pressure, only a small group of people need to be informed of the new policy.

H. Evaluation Results

No strategy to evaluate this enhancement was undertaken.

Hypertension Care Policy

Hypertension Care Policy Example

- Check patient's blood pressure (BP) when the patient is in for a BP check and/or a medication review when the patient is on **antihypertensive medication**.
- Check the patient's blood pressure (BP) if it has not been checked within the past **year**.
- Check the patient's blood pressure (BP) if they are on **antihypertensive medications** and the patient has not had their BP checked within the past **three months**.


The IMPACT Program

*Pharmacists in Family Practice:
A Resource*

PRACTICE ENHANCEMENT GUIDE

Optimizing Medication Use in Family Practice: Medication-focused Practice Enhancements

Get the most out of your IMPACT Pharmacist



The IMPACT Program
*Pharmacists in Family Practice:
A Resource*

REFER IF YOUR PATIENT:

- Needs help with optimal control of a **chronic condition** (such as diabetes, blood pressure, cholesterol, pain, arthritis)
- Is taking **multiple medications** (to simplify, ensure appropriate dosing times, manage or prevent drug related problems)
- Might be having an **adverse drug event**.
- Has **recently been hospitalized** (for counselling on medication changes)

Most Common Inhaled Bronchodilators

Agent	Short-Acting B ₂ -Agonists		Long-Acting B ₂ -Agonists		Anticholinergics		Combination
	Salbutamol	Terbutaline	Salmeterol	Formoterol	Ipratropium	Tiotropium	Salbutamol/Ipratropium
Brand Name	Ventolin® Generics	Bricanyl®	Serevent®	Oxeze®	Atrovent®	Spiriva®	Combivent®
System	MDI Diskus® Inhalation	Turbuhaler®	MDI Diskus®	Turbuhaler®	MDI Inhalation	HandiHaler®	MDI Inhalation
Colour	Blue	Blue bottom					
Onset	5-15 min	5-15 min					
Duration	4-6 h	4-8 h					
Adult Dose	1-2 pfs TID-QID PRN	1-2 pfs TID-QID PRN					

Table 1: How Medication-focused Practice Enhancements Improve Medication Management

Medication Management Process	Problems in Family Practice	Example of Enhancement Developed
Provide group education regarding medications	Patients need additional information on their condition; physician unable to provide all that is needed	Cholesterol Clinic Day (Chapter 5) — provides information that would benefit the patients and physicians of the practice site, and that is often not
Completing Section 8 forms	Forms are neither available nor easily completed	
Reporting adverse drug reactions (ADR)	Rarely done; voluntary system; forms not readily available or easily completed	

DIABETES PATIENT CARE FLOWSHEET

Practice Site Letterhead

Name: _____ D.O.B.: _____ Chart # _____ Diagnosis Date: _____ Type of DM: _____

Risk factors: Obesity Fam Hx Smoker CVD BP Lipids Gest DM

Complications/Comorbidities: Retinopathy Nephropathy Neuropathy Foot Disorders Other

Past Medical/Surgical Health: _____

Medications	Date				
Diabetic medications: Oral Insulin					
BP medications: ACEI/ARB Diuretic Beta blocker CA++ channel blocker					

Chart Audit for Prevalence of Drug and Disease Indicators

Patient sex: M F

Patient age: _____ or DOB (yy.mm.dd): _____

Date of last visit (yy.mm.dd): _____

Physician name: _____

Chart #: _____

Site #: _____

Date: ____/____/____
D M Y

Excluded patients

Less than one visit to the family physician in the last 12 months Yes No Don't Know

More than 20 visits to the family physician in the last 12 months Yes No Don't Know

Awaiting placement to a nursing home or long-term care Yes No Don't Know

Alcoholism Yes No Don't Know

Palliative care patient Yes No Don't Know

Family physician only sees as a home visit (i.e., patient cannot come to the clinic) Yes No Don't Know

If you chose Yes for any of the above criteria, DO NOT collect any further information on this form.



The goal of the IMPACT program, as the acronym suggests, is to Integrate family Medicine and Pharmacy to Advance primary Care Therapeutics. A growing body of research supports our belief that having pharmacists working in family practice settings enhances patient care.¹ This guide is the product of more than 10 years of planning and collaboration between investigators, government and community leaders.

ACKNOWLEDGEMENTS AND KEY CONTACTS

IMPACT Principal Investigators:

Lisa Dolovich, BScPhm PharmD MSc
Kevin Pottie, MD MCISc CCFP

IMPACT Co-Principal Investigators:

Janusz Kaczorowski, PhD
Barbara Farrell, BScPhm PharmD

IMPACT Practice Enhancement Guide Editors:

Lisa Dolovich, BScPhm PharmD MSc
Connie Sellors, BScPhm

IMPACT Practice Enhancement Guide Staff:

Christine Rodriguez, IMPACT Research Assistant

Christine LeBlanc, Dossier Communications

Marilyn Birtwistle, CPhA Graphic Communications

Collaborating Universities:

McMaster University, University of Ottawa,
University of Toronto

Collaborating Institutions:

Centre for the Evaluation of Medicines,
St. Joseph's Healthcare, Hamilton, ON

Élisabeth Bruyère Research Institute,
a SCO Health Service and University
of Ottawa partnership, Ottawa, ON

IMPACT Co-investigators:

Zubin Austin, BScPhm PhD

Kelly Babcock, BSP

Robert Bernstein, MD PhD

Ron Goeree, MA

Bill Hogg, MD MCISc CCFP

Gary Hollingworth, MD

Michelle Howard, MSc

Natalie Kennie, BScPharm PharmD

Elaine Lau, PharmD

Lesley Lavack, BScPhm

Carmel Martin, MD PhD

Connie Sellors, BScPhm

John Sellors, MD MSc FCFP

Gary Viner, MD

Kirsten Woodend, PhD

Christel Woodward, PhD

Intersectorial Advisory Committee:

Mary Catherine Lindberg, Chair

Marsha Barnes, Ontario Ministry of Health
and Long-Term Care

Nick Busing, University of Ottawa

Wayne Hindmarsh, University of Toronto

Jean Jones, Consumers' Association of
Canada*

Cheryl Levitt, McMaster University

Stuart MacLeod, BC Research Institute for
Children's and Women's Health

Laura Offord, Ontario Ministry of Health
and Long-Term Care

Susan Paetkau, Ontario Ministry of Health
and Long-Term Care

Jeff Poston, Canadian Pharmacists
Association

Deanna Williams, Ontario College of
Pharmacists

** Jean Jones passed away in March 2005
after many years of contributing to the
Intersectorial Advisory Committee*

The IMPACT team would like to acknowledge all the work and effort placed into each practice enhancement by the pharmacists and their practice sites.

Beamsville Medical Centre, Beamsville, ON
Pharmacist: Nita Patel

Bruyère Family Health Network, Ottawa, ON
Pharmacist: Natalie Jonasson

Caroline Medical Group, Burlington, ON
Pharmacist: Shelly House

Claire Stewart Medical Centre, Mount Forest, ON
Pharmacist: Robin Brown

Fairview Family Health Network, Toronto, ON
Pharmacist: Lisa Kwok

Riverside Court Medical Clinic, Ottawa, ON
Pharmacist: Rashna Batliwalla

Stonechurch Family Health Centre, Hamilton, ON
Pharmacist: Lisa McCarthy

Stratford Family Health Network, Stratford, ON
Pharmacist: Margaret Jin/Joanne Polkiewicz

Contact Information:

IMPACT Demonstration Project Principal Investigator:
Lisa Dolovich, (905) 522-1155 ext. 3968,
ldolovic@mcmaster.ca

From previous page:

1. Sellors J et al., A Randomized Controlled Trial of a Pharmacist Consultation Program for Family Physicians and their Elderly Patients. *CMAJ* July 8, 2003;169(1):17-22.