PLANK 3

BP Addressed for Every Hypertension Patient at Every Primary Care or Cardiology Visit

This will occur without exception, and processes are in place to monitor adherence. Although patients with hypertension may visit a primary care physician or cardiologist for non-hypertension chief complaint, standardized processes are created to assure that hypertension is evaluated and/or treated at every visit.

Physician office visits are a key opportunity to evaluate and treat hypertension, yet studies have indicated that physicians often fail to address hypertension in poor control during an office visit. Why?

Nearly one-third of all American adults have high blood pressure, and more than half of them do not have it under control. Many patients with uncontrolled high blood pressure do not even know they have it. Achieving blood pressure control can be challenging because it is "silent"—there are no symptoms that alert the patient or physician that BP is not in control. There are many missed opportunities during primary care and cardiology office visits to address high blood pressure readings by talking with patients about taking prescribed medicines, adjusting current medicines, and/or encouraging lifestyle changes. This lack of aggressive treatment despite poor blood pressure is called clinical inertia.

What Is Clinical, or Therapeutic, Inertia?

Clinical inertia is lack of treatment intensification, within a defined period of time, in a patient who has not achieved major evidence-based goals for care. Three factors typically underlie clinical inertia: clinician overestimation of care provided; use of "soft" reasons to avoid intensification of therapy; and lack of education, training, and practice organization aimed at achieving therapeutic goals.

Tips to Overcome Clinical Inertia

- Clinical goals of care must be adopted and accepted by the entire practice (see Plank 2). Clarity about goals and creating a culture where goal achievement is the norm is the first step toward changing clinical inertia.
- Address physician and practitioner issues:
    - Physicians and other practitioners may make "soft excuses" to avoid intensifying care. These include blaming patients, citing lack of time at office visits, or suggesting that the clinician can tell (without asking or trying) that the patient will resist any suggestion to intensify therapy.
    - Physicians and other practitioners typically overrate the quality of the care they already deliver and substantially underestimate the number of patients in need of intensified pharmacotherapy.
    - Physicians and other practitioners may lack the relevant knowledge, tools, training, and care systems to support active care of those with chronic diseases.
    - Adopt and systemize specific treatment and medication titration protocols.

- Create office systems
    - Create point-of-care triggers that remind both patient and provider if hypertension is not under control (e.g., alerts in the EHR or the patient portal).
    - Embed clinical decision support into practice workflow, and create standardized processes that assure blood pressure is addressed at every visit for a patient with high blood pressure.
    - Monitor adherence to blood pressure being addressed at every visit by electronic or manual audits.
    - Provide frequent performance feedback on adherence to process at the group, office (or site), and provider levels.

Supporting Literature and Resources

1. Faria C et al. "A narrative review of clinical inertia: focus on hypertension." *J Amer Soc Hypertension*. 2009; 3(4): 267–76.

2. O'Connor PJ. "Overcome clinical inertia to control systolic blood pressure." *Arch Intern Med.* 2003 Dec 8;163(22):2677–78.

Suggested AMGA Case Study

PriMed Physicians: Hypertension Best Practices
www.amga.org/Research/Research/Hypertension/Symposium/priMed.pdf