

PLANK 4

All Patients Not at Goal or with New Hypertension Rx Seen within 30 Days

When patients are not at goal or have had a new prescription or a change in prescribed therapy, they should be scheduled for a return visit within 30 days. In some cases, these visits may be handled by someone on the healthcare team other than a physician or may occur through e-visits or by phone. Visit reminders may be useful in ensuring that patients keep their appointments.

Current national guidelines (JNC 7) recommend that patients with elevated blood pressures be followed within one month. In a large, retrospective study of hypertension patients, blood pressure control was demonstrated to be faster and achieved sooner in patients with shorter encounter intervals. In fact, the greatest benefit was observed at visit intervals less than two weeks. “I want to see you in two weeks” (or, a specific person on the care team will call you in two weeks) sends an unspoken message that this is important: you should fill this prescription and start taking this medication now; you can’t put it off.

Higher frequency of encounters may provide more opportunities for:

- treatment intensification
- treatment adherence
- patient education and engagement in self-management

Tips to Improve Visit Frequency

1. Return visits may not need to be face-to-face with a physician. Consider group visits, scheduled nurse visits, e-messaging, or telephonic follow-up visits.
2. Openly discuss access issues with your primary care physicians and consider creative ways to increase capacity. For example, nurse practitioners or pharmacists, using titration protocols, could manage many follow-up hypertension visits.
3. Create a reminder system via EHR, patient portal, or a simple calendar program to track patients who need follow-up.
4. Consider home blood pressure monitoring and patient report via e-messaging or telephone.

Supporting Literature and Resources

1. Turchin A, et al. Encounter Frequency and Blood Pressure in Hypertensive Patients with Diabetes Mellitus. *Hypertension*. 2010; 56: 68-74. <http://hyper.ahajournals.org/content/56/1/68.full>.
2. Guthman R, et al. Visit Frequency and Hypertension. *J Clin Hypertens*. 2005;7:327–332.<http://onlinelibrary.wiley.com/doi/10.1111/j.1524-6175.2005.04371.x/pdf>
3. Jones DW, Hall JE. Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure. *Hypertension*. 2004;43:1–3. www.nhlbi.nih.gov/guidelines/hypertension/jnc7full.pdf

Suggested AMGA Case Study

The Vanderbilt Medical Group: My Health Team at Vanderbilt
www.amga.org/Research/Research/Hypertension/Symposium/vanderbilt.pdf

