HEALTH IMPACT STATEMENT

1422 2.4 Increase Use of Self-Measured Blood Pressure Monitoring Tied with Clinical Support

I. Problem

Approximately 25 percent of Utah adults have been diagnosed with high blood pressure (often referred to as hypertension). The negative effects of this condition when left untreated and uncontrolled, have been well documented and include increased risk of heart attacks and strokes. Accurate blood pressure measurement is essential for proper diagnosis and treatment; however, measurements taken in a clinic may not be sufficient. Nationally recognized protocols maintain that patients with high blood pressure should monitor their levels at home and then work with their providers to administer the most appropriate treatment. The use of patient self-monitoring tied with clinical support has been shown to improve high blood pressure diagnosis and control and is a better predictor of future cardiovascular events than office-only blood pressure measurement. Despite the benefits of home blood pressure monitoring, a 2015 Utah Department of Health survey found that only 25 percent of Utah clinics had a policy or procedure in place to educate patients on monitoring their own blood pressure.

II. Intervention

The Utah Department of Health Healthy Living Through Environment, Policy, and Improved Clinical Care Program (EPICC) led efforts with the Utah Million Hearts Coalition to improve the accuracy of blood pressure measurement in primary care clinics throughout the state. The mission of the coalition is to reduce the number of heart attacks and strokes in Utah through improved diagnosis and treatment of high blood pressure. The coalition includes EPICC, the Association for Utah Community Health (AUCH), Intermountain Healthcare, HealthInsight, University of Utah Health, the Utah Academy of Family Physicians, and other organizations.

The coalition launched the Excellence in Blood Pressure Recognition Program in 2016 in an effort to recognize outstanding clinics and incentivize clinics to improve quality of patient care related to high blood pressure. The award application includes 20 questions broken into two main sections: clinic policies and procedures and staff training. The clinic policies and procedures section includes questions related to policies and procedures in place to educate patients on self-monitoring of blood pressure. The application also requires the clinic to report a hypertension control rate. Clinics may apply for the award each year between February and April. Based on their application scores, clinics receive one of four awards, ranging from Bronze, Silver, Gold, and Platinum. Award recipients receive a stipend, media recognition, and...
Local health department staff and other coalition members encourage clinics of all sizes and in all health districts to participate each year. Staff and coalition members provide technical assistance to clinics during the application process, including help with calculating hypertension control rates. Additional technical assistance is provided to clinics each year, based on gaps in policies and procedures identified in award applications. Technical assistance is provided through regular phone calls, face-to-face meetings, and presentations to clinic leadership to highlight opportunities for adopting best practices and protocols related to blood pressure measurement in and out of the office.

III. Health Impact

Since the introduction of this award in February 2016, clinics have been partnering with public health organizations to improve measurement and outcomes. The coalition received recognition from the American Medical Association and American Heart Association for its commitment to blood pressure management across the state.

The number of clinics that have applied for the award has grown each year from 13 in 2016 to 52 in 2017, to 91 in 2018. The reach of the program is statewide with clinics from 11 of 13 local health districts represented in 2018. All types of health systems are engaged in this effort, with about one-third of clinic applications coming from Federally Qualified Health Centers, one-third from large health systems, and one-third from independent and free clinics. Almost all clinics that have reapplied for the award have either maintained or improved their award level. In 2018, more clinics were able to collect control rates through their electronic health records than in previous years. Seventy-three percent of clinics that reapplied for the award improved their control rate.

Notably, more than 61 percent of award recipients report providing self-measured blood pressure monitors to patients to monitor their blood pressure at home. This is far above previous estimates, and highlights the value of the technical assistance provided by local health department staff and coalition members. Furthermore, 87 percent of clinics provide education to patients about using home blood pressure monitors, 84 percent of clinics provide a log to patients to help them keep track of their blood pressure readings, and 76 percent of clinics provide recommendations to patients based on the results of their home blood pressure monitoring program.

The average hypertension control rate for participating clinics has improved each year since its inception, demonstrating that clinics across Utah are adopting policies and procedures that positively influence high blood pressure-related outcomes, including proper blood pressure measurement. Program success is reflected in the improved control rates. In 2016, the overall hypertension control rate was 60.8 percent among all participating clinics. This percentage increased to 63.8 percent in 2017 and to 70 percent in 2018.

The director of a free clinic in Utah enthusiastically commented on the impact the award and technical assistance has had on her clinic, “The Million Hearts award has had a real impact on our clinic and on our patients. It gave us a step by step approach to improve our practices, so we could make a real difference in the lives of our patients.”