

Answers to Audience Questions from “Ask the Experts of ACMQ + AMA: Blood Pressure Quality Improvement Initiatives,” Jan. 17, 2018

1. Do you feel that pharmacists could be doing more with hypertension therapy to aid in adherence?
Yes – structured interventions – such as low cost single pill combinations, blister packs, and reminders seem to be more effective (based on the evidence) than assessing patients for risk of non adherence in the office or doing only one of these things. Pharmacists are well positioned to do many of these things. – Rakotz
2. In a large, geographically dispersed organization where direct observation is challenging, what suggestions do you have for ongoing QA of BP measurement?
Out-of-office measurement. There is an entire program for how to implement one on targetbp.org (Patient Measured BP). However getting a pharmacist or RN or PA or NP involved with using a treatment algorithm to help a primary care provider manage patients is also an effective component of using Self-measured bp (home bp). – Rakotz
3. Why did the committee stop at 130 rather than the 120 mm Hg mentioned in the SPRINT study? Did you split the difference between 140 and 120?
Several reasons. 1- the method of BP measurement in the clinic is on average 9 mm Hg systolic lower than routine office BP (Meyers et al). Also – based on network meta analysis released in 2017 – there is a more favorable balance between benefit and adverse events at this level. It is the “sweet spot”. – Rakotz
4. How can we be sure the patient’s home monitoring device is valid and reliable?
Great question. Make sure the device is an upper arm device. Clinically validated with an accepted international protocol – AND is tested for accuracy in the office of whoever is managing the person’s high BP. We have guidance on this on the Target BP website. And the AMA is working with AHA to create a list of devices for US adults that meet the new Guideline recommendation of having results of clinical validation testing published in a journal. That will take us six months. Hypertension Canada just posted a list this week with similar criteria and using US models for devices. I suggest you start there. – Rakotz
5. Can you please comment on hypertensive urgency or malignant hypertension criteria?
This is covered extensively in Section 11.2 pages 137-143 of new guidelines. – Casey