Understanding how clinical inertia and limited patient engagement contribute to uncontrolled hypertension

Did you know?

In most cases, uncontrolled hypertension is due to one of the following:

- Inadequate care team prescribing or follow up (known as clinical inertia, which occurs in 60–75 percent of cases)
- Poor patient adherence to lifestyle changes and treatment recommendations (which accounts for 15–25 percent of cases)

Why is it important?

Physicians and care teams can take steps to address both clinical inertia and non-adherence by recommending treatment before the visit ends, ensuring close follow-up and working collaboratively with patients to improve adherence.

How can your care team overcome clinical inertia and non-adherence?

You can apply the M.A.P. framework (Measure accurately, Act rapidly, Partner with patients, families and communities) to identify and address gaps in patient care. The table below lists questions to ask as you work to understand your patients' blood pressure (BP) control rates.

	Questions for identifying issues	Tips for addressing issues
Measure accurately Use **Measure accurately** to monitor patients with high blood pressure	Although *diagnosing* hypertension requires measuring BP on multiple days (either with out-of-office BP measurements or after three or more office visits) monitoring blood pressure control does not. During follow-up office visits, are you sure patients with BP ≥ 140/90 mm Hg are uncontrolled? • Do you use proper equipment, patient preparation and positioning? • When patients screen high, do you confirm the BP reading before the visits ends?	• Use AOBP* to confirm high BP before the visit ends. AOBP produces a more accurate blood pressure measurement by automatically initiating a rest period when indicated and obtaining at least three measurements. • If hypertension control remains in doubt, consider using out-of-office techniques, such as ABPM* or SMBP*, to confirm the diagnosis.
Act rapidly Use **Act rapidly** to overcome clinical inertia	Are you treating patients with confirmed BP ≥ 140/90 mm Hg quickly and appropriately? • Are you prescribing treatment for patients with high BP measurements or, when applicable, are you prescribing an increase in the dose of medication before the visit ends? • Does your care team follow up with patients every 2–4 weeks until BP is controlled? • Are you prescribing patients appropriate medications?	• Using a protocol helps you address patients quickly and effectively. Protocols also ensure that everyone on the care team is working from the same "playbook." This makes it possible for all staff to help patients *as a team*. • Regular follow up verifies BP control and supports adherence to treatment. • Single-pill combination therapy can help patients achieve control faster than other prescriptions.

Always make sure patients know what to do should they have a blood pressure measurement that is outside the pre-determined acceptable range or if they experience any symptoms with a high or low blood pressure measurement, including seeking emergency treatment if appropriate. This guidance to the patient should be individualized by the clinician and reinforced by clinical staff at the initiation of any SMBP monitoring program.

	Questions for identifying issues	Tips for addressing issues
Partner with patients, families and communities Use **Partner with patients** to support treatment and overcome non-adherence	Are patients with confirmed BP ≥ 140/90 mm Hg adhering to lifestyle changes and treatment? • Are patients getting information on evidence-based lifestyle improvements? • Are patients adhering to evidence-based diet and physical activity recommendations? • Are patients adhering to taking medications as prescribed? • Does your care team have a good understanding of what issues keep patients from adhering to lifestyle improvements or medications? • How does your care team help patients overcome these barriers? • Are patients taking medications or substances that can raise their BP?	• Using evidence-based communication skills can help you understand why a patient's BP is high or uncontrolled. Communicating collaboratively also helps patients become more engaged in taking care of their health. • The DASH* diet is the most highly recommended to lower BP. • Even moderate physical activity can lower BP. • SMBP can help, but only if the practice supports patients in-between visits.

Note: Although sub-optimal BP control usually results from clinical inertia, poor adherence or both, a minority of patients with uncontrolled BP (less than 10 percent) have a secondary cause of hypertension. Secondary causes include obstructive sleep apnea, kidney disease, renal artery disease, hyperaldosteronism, Cushing syndrome, thyroid disease and use of substances that can raise blood pressure (oral contraceptives, NSAIDS*, steroids, excessive alcohol, cocaine, etc.). In cases where you suspect secondary causes, consider referring patients to a hypertension specialist.

For more information on improving blood pressure control, contact ihobp.surveys@ama-assn.org.

* Definition of terms: "AOBP," automated office blood pressure measurement; "ABPM," ambulatory blood pressure monitoring; "SMBP," self-measured blood pressure monitoring; "DASH," dietary approaches to stop hypertension; and "NSAIDs," non-steroidal anti-inflammatory medications.

Always make sure patients know what to do should they have a blood pressure measurement that is outside the pre-determined acceptable range or if they experience any symptoms with a high or low blood pressure measurement, including seeking emergency treatment if appropriate. This guidance to the patient should be individualized by the clinician and reinforced by clinical staff at the initiation of any SMBP monitoring program.

16-0005:1/16:JT