

## Blood Pressure Screening

### Goals of this focus area:

- Increase healthcare professional accuracy in blood pressure screening and diagnosis for adults given based on published clinical practice guidelines (AHA/ACA)
- Eliminate disparities in blood pressure screening rates in people above the age of 18 based on race, ethnicity, primary language, disability status, socioeconomic status, education level, and geographic location.
- Increase number of people in Washington state above the age of 18 who have had their blood pressure screened in the past year

### Healthcare Professionals

- When screening for blood pressure, ensure accuracy of reading by following standardized protocol (TargetBP):
  - Before coming to clinic, instruct patients to avoid caffeine, smoking and exercise for 30 minutes. Wait at least 30 minutes after a meal. Empty bladder beforehand.
  - Ask patient to rest 3-5 minutes without talking
  - Sit in a quiet space without distraction.
  - Put cuff on bare arm above elbow, at midarm. Position the cuff so it is at heart level. Keep the arm supported, palm up with muscles relaxed. Sit with legs uncrossed and keep feet flat on the floor. Keep your back supported by the chair.
  - Obtain the BP reading. If elevated or too low, recheck after 1-2 minutes of rest:
    - SBP  $\geq$  130mmHg and/or DBP  $\geq$  80mmHg
    - SBP  $<$  90mmHg and/or DBP  $<$  60mmHg
- For diagnosing hypertension, follow most updated American Heart Association guidelines around measurement of blood pressure, including taking out-of-office measurements to confirm diagnosis. See Measurement of BP [here](#).
- Teach patients and support system when appropriate how to accurately take a blood pressure at home.

### Healthcare Delivery Systems

- Integrate education for accurate blood pressure readings into

- Develop partnerships with trusted community health organizations and build shared goals for improving community health.
- Consider developing mobile units to reach underserved areas of the community, with ability to make close follow up appointments for patients identified with elevated blood pressure.

#### Health Plans

- Provide culturally and linguistically appropriate information to members at least annually on primary care benefits and risks/benefits for screening for BP control.

#### Employers

- Set performance guarantees with contracted vendors and/or insurance providers that specifically require improvement in controlling blood pressure using HEDIS quality measure, stratified to incent high quality care for all employees
- Consider providing blood pressure screenings onsite at work by contracting with vendors trained in protocol for blood pressure screening and with a protocol for connection to follow-up care

#### State Agencies: HCA

- ACHs to establish blood pressure screening programs and connection to care pathway for people screened for high blood pressure.

#### State Agencies: DOH

- Establish a central database to record blood pressure screenings accessible to delivery systems, health plans and community based organizations (similar to vaccine registry)