- Framgångsfaktorer
  - Strategier för bättre blodtryckskontroll

Review Paper

Implementing Effective Hypertension Quality Improvement Strategies: Barriers and Potential Solutions

Judith M. E. Walsh, MD, MPH;[1] Vandana Sundaram, MPH;[2,3] Kathryn McDonald, MM;[2] Douglas K. Owens, MD, MS;[3,2] Mary Kane Goldstein, MD, MS[4,3,2]

"biggest effect on blood pressure outcomes were
- team change,
- patient education
- facilitated relay of clinical information,
- promotion of selfmanagement"

Table II. Effect of QI Strategies on Blood Pressure Control

Type of QI	Median Reduction in SBP, mm Hg	Median Reduction in DBP, mm Hg	Median Absolute Increase in Proportion of Patients in Whom SBP in a Certain Range Was Achieved	Median Absolute Increase in Proportion of Patients in Whom DBP in a Certain Range Was Achieved
Provider-Focused				
Provider reminders	1.2 [1.0, 1.9] n=6	0.3 [–0.2, 1.7] n=6	NA n=0	4.5 [2.0, 7.0] n=2
Facilitated relay of clinical data	8.0 [2.5, 12.3] n=16	1.8 [–0.1, 4.5] n=18	25.1 [17.0, 34.2] n=4	2.0 [1.6, 5.0] n=5
Audit and feedback	1.5 [1.2, 1.7] n=3	0.6 [0.4, 1.0] n=4	–3.5 [–5.7, –1.4] n=2	2.0 [1.7, 4.3] n=6
Provider education	3.3 [1.2, 5.4] n=11	0.6 [–0.7, 3.4] n=16	10.9 [1.4, 13.1] n=6	3.5 [1.7, 11.3] n=6
Patient-Focused				
Patient education	8.1 [3.3, 11.8] n=18	3.8 [0.6, 6.7] n=21	19.2 [11.4, 33.2] n=8	17.0 [11.4, 24.5] n=7
Promotion of self-management	3.3 [2.6, 10.1] n=9	2.8 [0.4, 6.7] n=13	13.4 n=1	9.4 [5.3, 11.4] n=3
Patient reminders	3.3 [2.3, 4.5] n=5	0.4 [–2.4, 5.0] n=9	NA n=0	2.0 [1.1, 9.4] n=5
System-Focused				
Team change	9.7[a] [4.2, 14.0] n=20	4.2[a] [0.2, 6.8] n=24	21.8 [9.0, 33.8] n=12	17.0 [5.7, 24.5] n=7
Financial incentives	–13.3 n=1	0.0 [–2.0, 2.5] n=3	NA n=0	4.2 [–1.1, 9.4] n=2
All comparisons	4.5 [1.5, 11.0] n=33	2.1 [–0.2, 5.0] n=43	16.2 [10.3, 32.2] n=14	6.0 [1.5, 17.5] n=16

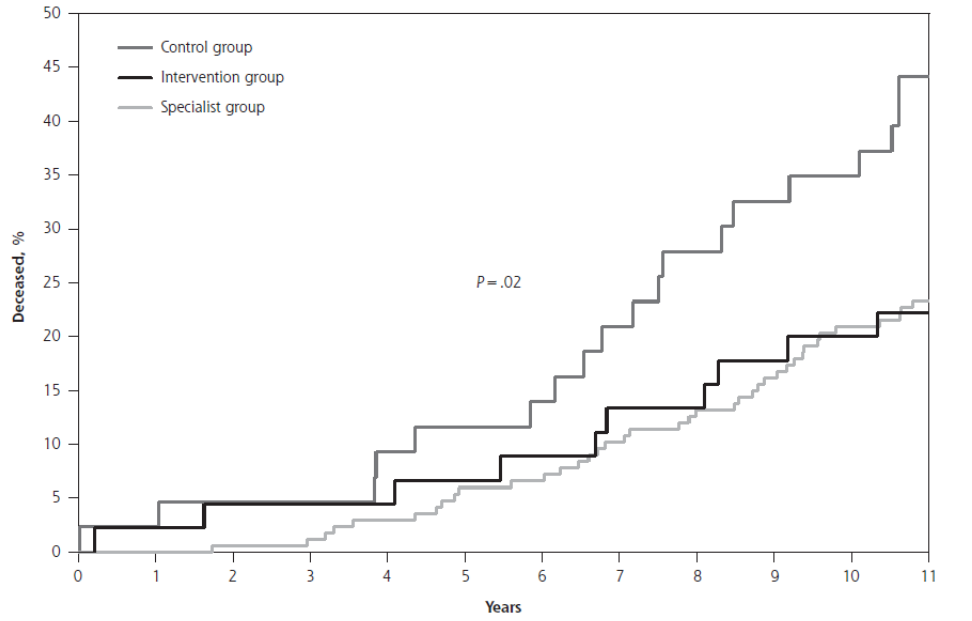
Abbreviations: DBP, diastolic blood pressure; QI, quality improvement; SBP, systolic blood pressure; Values in brackets are interquartile range[b] and n = number of comparisons. [a]$P<.05$ for Mann Whitney analyses of reductions in SBP and DBP comparing studies with the QI strategy to those without it. No comparable statistical analyses were feasible for proportion of patients in whom a certain SBP or DBP range was achieved. [b]When n=2, brackets show the actual results of each study rather than interpolated interquartile range. Reprinted with permission from Walsh et al.[1]

Case-Based Training of Evidence-Based Clinical Practice in Primary Care and Decreased Mortality in Patients With Coronary Heart Disease

Anna Kiessling, MD, PbD[1]
Moira Lewitt, MD, PbD[2]
Peter Henriksson, MD, PbD[1]

- Randomisering av allmänläkare till ”case-based training”
- Överlevnad av kranskärlssjuka patienter

Figure 2. Cumulative proportion of deceased patients in the intervention and control groups treated by general practitioners, and in the group treated by specialists.



Note: *P* value is for comparison of intervention and control groups.

2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults

A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines

12. Strategies to Improve Hypertension Treatment and Control

12. Strategies to Improve Hypertension Treatment and Control

12.3.1. EHR and Patient Registries

Recommendations for EHR and Patient Registries References that support recommendations are summarized in Online Data Supplement 63.		
COR	LOE	Recommendations
I	B-NR	1. Use of the EHR and patient registries is beneficial for identification of patients with undiagnosed or undertreated hypertension (1-3).
I	B-NR	2. Use of the EHR and patient registries is beneficial for guiding quality improvement efforts designed to improve hypertension control (1-3).

12.2. Structured, Team-Based Care Interventions for Hypertension Control

Recommendation for Structured, Team-Based Care Interventions for Hypertension Control References that support the recommendation are summarized in Online Data Supplement 62.		
COR	LOE	Recommendations
I	A	1. A team-based care approach is recommended for adults with hypertension (1-7).

Recommendation for the Plan of Care for Hypertension		
COR	LOE	Recommendation
I	C-EO	1. Every adult with hypertension should have a clear, detailed, and current evidence-based plan of care that ensures the achievement of treatment and self-management goals, encourages effective management of comorbid conditions, prompts timely follow-up with the healthcare team, and adheres to CVD GDMT (Table 22).

12.1.1. Antihypertensive Medication Adherence Strategies

Recommendations for Antihypertensive Medication Adherence Strategies References that support recommendations are summarized in Online Data Supplements 59 and 60.		
COR	LOE	Recommendations
I	B-R	1. In adults with hypertension, dosing of antihypertensive medication once daily rather than multiple times daily is beneficial to improve adherence (1-3).
IIa	B-NR	2. Use of combination pills rather than free individual components can be useful to improve adherence to antihypertensive therapy (4-7).

CLASS (STRENGTH) OF RECOMMENDATION

CLASS I (STRONG) — Benefit >>> Risk

Suggested phrases for writing recommendations:
- Is recommended
- Is indicated/useful/effective/beneficial
- Should be performed/administered/other
- Comparative-Effectiveness Phrases†:
  - Treatment/strategy A is recommended/indicated in preference to treatment B
  - Treatment A should be chosen over treatment B

CLASS IIa (MODERATE) — Benefit >> Risk

Suggested phrases for writing recommendations:
- Is reasonable
- Can be useful/effective/beneficial
- Comparative-Effectiveness Phrases†:
  - Treatment/strategy A is probably recommended/indicated in preference to treatment B
  - It is reasonable to choose treatment A over treatment B

12. Strategies to Improve Hypertension Treatment and Control

12.4.2. Quality Improvement Strategies

Recommendation for Quality Improvement Strategies References that support the recommendation are summarized in Online Data Supplements 66 and 67.		
COR	**LOE**	**Recommendations**
IIa	B-R	1. Use of quality improvement strategies at the health system, provider, and patient levels to improve identification and control of hypertension can be effective (1-8).

Recommendation for Performance Measures References that support the recommendation are summarized in Online Data Supplement 65.		
COR	**LOE**	**Recommendations**
IIa	B-NR	1. Use of performance measures in combination with other quality improvement strategies at patient-, provider-, and system-based levels is reasonable to facilitate optimal hypertension control (1-3).

Recommendations for Financial Incentives References that support recommendations are summarized in Online Data Supplement 68.		
COR	**LOE**	**Recommendations**
IIa	B-R	1. Financial incentives paid to providers can be useful in achieving improvements in treatment and management of patient populations with hypertension (1-3).
IIa	B-NR	2. Health system financing strategies (e.g., insurance coverage and copayment benefit design) can be useful in facilitating improved medication adherence and BP control in patients with hypertension (4).

12.4.2. Quality Improvement Strategies

Recommendation for Quality Improvement Strategies References that support the recommendation are summarized in Online Data Supplements 66 and 67.		
COR	**LOE**	**Recommendations**
IIa	**B-R**	**1. Use of quality improvement strategies at the health system, provider, and patient levels to improve identification and control of hypertension can be effective (1-8).**

Data Supplement E. Examples of Hypertension Quality Improvement Strategies

Quality Improvement Strategy	Examples
Audit and feedback on performance	• Feedback of performance to individual providers • Benchmarking – provision of outcomes data from top performers for comparison with provider's own data • Performance measures, quality indicators and reports • Use of registries to track BP control status at system and provider levels
Provider education	• In person, online, or other education to improve BP measurement and management skills • Training to improve communication, cultural competency, and ability to inspire and support lifestyle modification
Patient education	• Intensive education strategies promoting hypertension self-management • Cultural and linguistic tailoring of materials to increase acceptability
Promotion of self-management	• Reduce barriers for patients to receive and adhere to medications and to implement lifestyle modification
Patient reminder systems (for follow-up appointments, BP checks, and self-management)	• Postcards, calls, texts, or emails to patients • Telehealth-delivered reminders
System change	• Standardization of BP measurement using an automated device and standardized protocol • Screening to identify all patients eligible for hypertension management • Systematic follow-up of patients for the initiation and intensification of antihypertensive therapy • Decision support to providers to guide protocol-based treatment decisions • Physician or other clinical champion designated to lead hypertension care improvement initiatives • Hypertension specialist available for consult • Partner with community resources to support BP management

BP indicates blood pressure

A multicomponent quality improvement intervention to improve blood pressure and reduce racial disparities in rural primary care practices

J Clin Hypertens 2017;19:351–360

Intervention

- Klinik
  - Behandlingsalgoritmer
  - Besöksplanering
  - diskussionsmöten
- Patient
  - Hemmätning
- mm

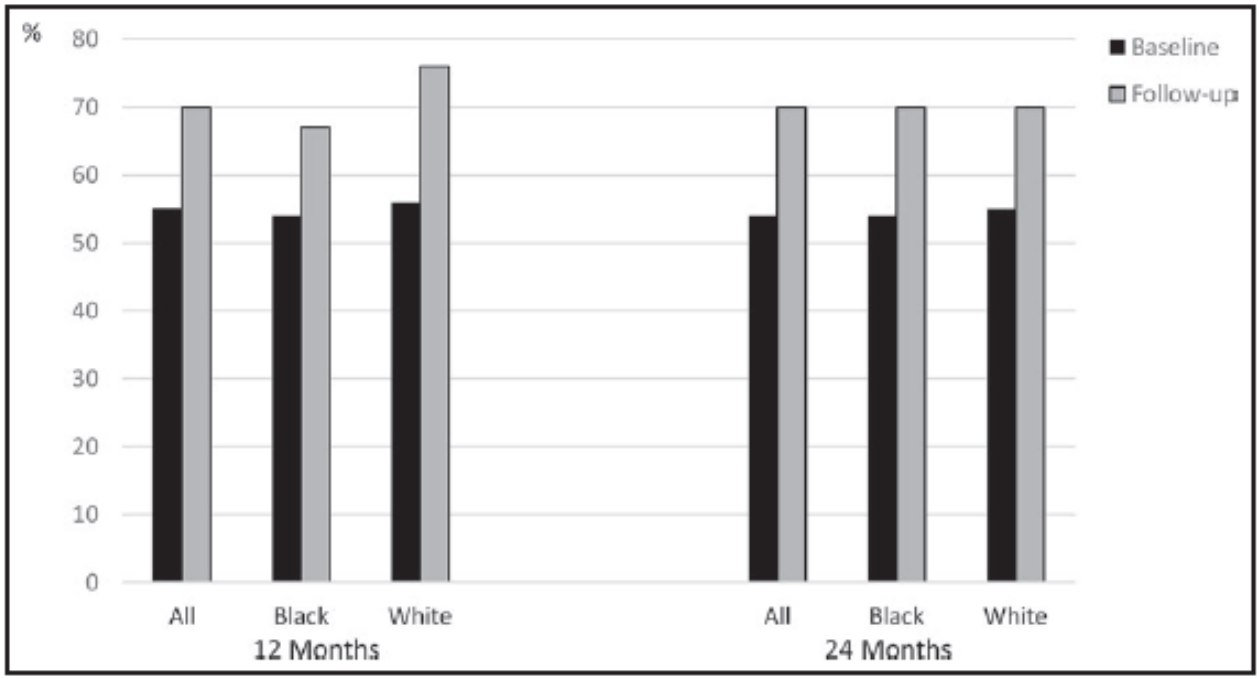


FIGURE 2 Percentage of patients with controlled blood pressure (<140/90 mm Hg), overall and by race, at baseline and at 12- and 24-month follow-up

Återkommande term i litteraturen:

”Physicians inertia” = Doktorns tröghet

Google:
”Physicians inertia” 649 000 träffar
”Physician inertia hypertension”, 342 000 träffar

Factors associated with therapeutic inertia in hypertension: validation of a predictive model

Josep Redón[a], Antonio Coca[b], Pablo Lázaro[c], M[a] Dolores Aguilar[c], Mercedes Cabañas[c], Natividad Gil[d], Miguel Ángel Sánchez-Zamorano[d] and Pedro Aranda[e]

Physicians inertia = Doktorns tröghet

Doktorns tröghet vid:

- Vid 75% av hypertonibesök (2 595/13 792) lämnades höga tryck utan åtgärd

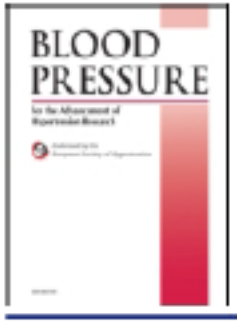
- Enkät till läkare
- Riskfaktorer

Factors associated with therapeutic inertia in hypertension: validation of a predictive model

Josep Redón[a], Antonio Coca[b], Pablo Lázaro[c], M[a] Dolores Aguilar[c], Mercedes Cabañas[c], Natividad Gil[d], Miguel Ángel Sánchez-Zamorano[d] and Pedro Aranda[e]

Variables pertaining to physician and consultation setting		*N*	Results of block OR (95% CI)	Sig.
Level of care				
Primary vs. Specialist (hospital-based)		4278/773	1.9 (1.6–2.4)	0.000
Research projects in last 5 years				
<3		3034	1.2 (1.0–1.5)	0.107
≥3		723	1	
No response		1294	1.6 (1.2–2.1)	0.002
Item_a	There is reluctance to believe clinical practice guidelines.			
Disagree		1434	1	
Neutral		1644	0.8 (0.6–0.9)	0.010
Agree		1563	0.8 (0.7–1.0)	0.030
Item_d				
Disagree	Recommendations about diet and hygiene are usually limited to the provision of written information.	2088	1	
Neutral		1085	0.9 (0.7–1.1)	0.367
Agree		1455	0.8 (0.6–0.9)	0.007
Item_f				
Disagree		461	1	
Neutral	Nursing staff should have more responsibility for patients with hypertension.	1142	1.2 (0.9–1.6)	0.169
Agree		3042	1.4 (1.1–1.8)	0.008
Item_h				
Disagree	Blood pressure values measured at home should be less than 135/85 mmHg.	429	1	
Neutral		669	0.5 (0.4–0.8)	0.001
Agree		3563	0.6 (0.4–0.8)	0.000

Blood Pressure, 2015; 24: 1–6



ORIGINAL ARTICLE

Physician (investigator) inertia in apparent treatment-resistant hypertension – Insights from large randomized clinical trials.

Sverre E. Kjeldsen, Stevo Julius, Björn Dahlöf & Michael A. Weber

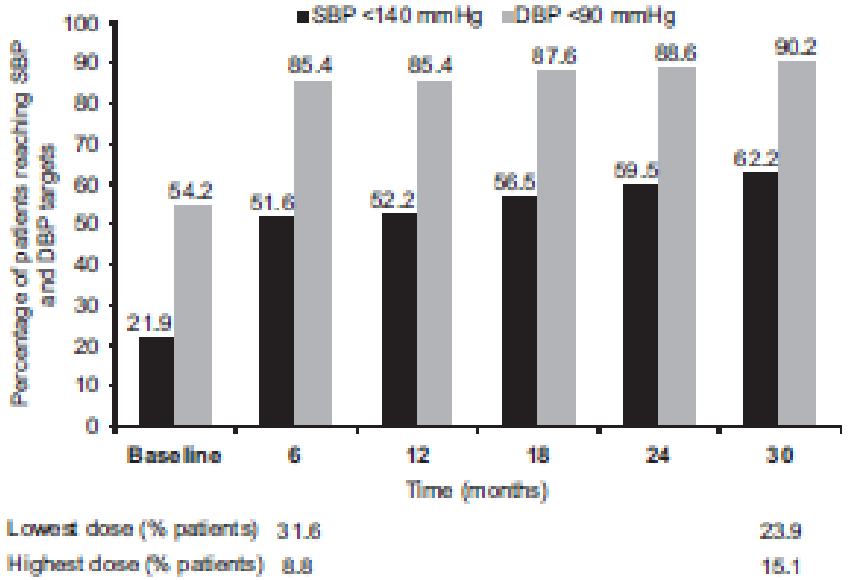
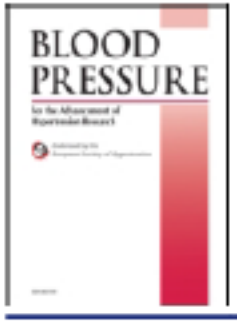


Figure 4. Percentage of patients reaching systolic and diastolic blood pressure (SBP and DBP) targets during the first 30 months of the VALUE trial, and percentages of patients receiving the lowest and highest doses of study drug after 6 and 30 months. VALUE, Valsartan Antihypertensive Long-term Use Evaluation.

Blood Pressure, 2015; 24: 1–6



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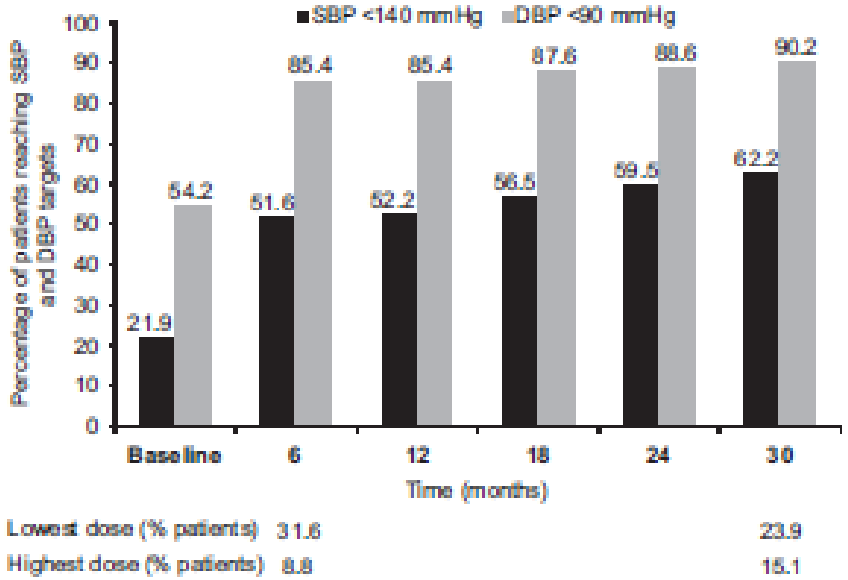

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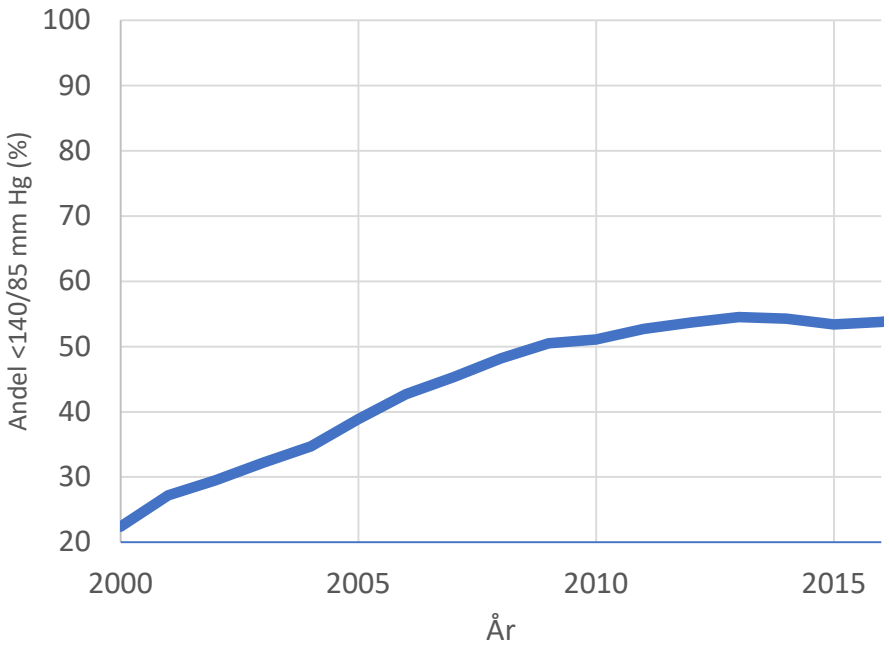
"these studies contained the majorities of patients in Scandinavian countries. Here, general practitioners known for their rather conservative approach towards drug treatment of hypertension were mostly responsible for patients ' treatment and study conduct"



Diabetes, primärvård, Sverige
(NDR.nu)

Antal blodtryckspreparat i förhållande till tryck