



# HYPERTENSION



## ACTION STEPS



### WHAT?

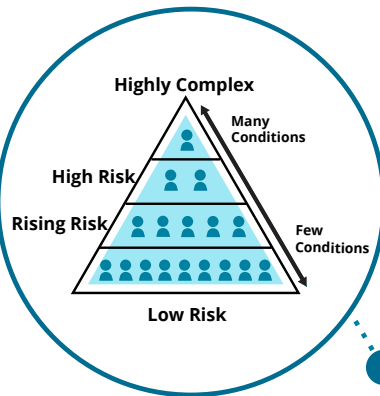
Nesting clinical care improvements within system improvements.

### WHY?

Performance on key clinical conditions can improve when evidence-based, condition-specific interventions are combined with evidence-based, systems-level interventions.



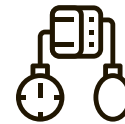
**1** Engage leadership to make hypertension a priority clinical condition for improvement



**2** Apply population health management strategies, including risk stratification and registries

**3** Design models of care that incorporate hypertension evidence-based interventions

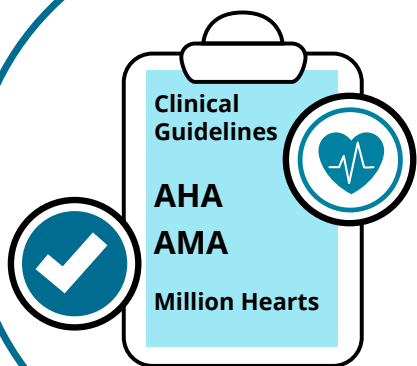
### CLASSIFY BLOOD PRESSURE



BP Category	SMBP		DBP
Normal	< 120 mm hg	and	< 80 mm hg
Elevated	120-129 mm hg	and	< 80 mm hg
Stage 1 Hypertension	130-139 mm hg	or	80-89 mm hg
Stage 2 Hypertension	>140 mm hg	or	>90 mm hg



**5** Redefine the roles of care team members to work in new innovative ways



**4** Create or update clinical policies and standing orders based on evidence-based practice guidelines

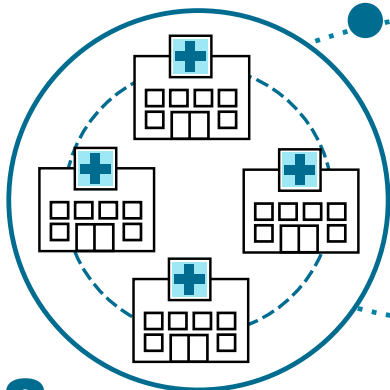


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**6** Create or update EHR templates to capture data on screening UDS and other measures

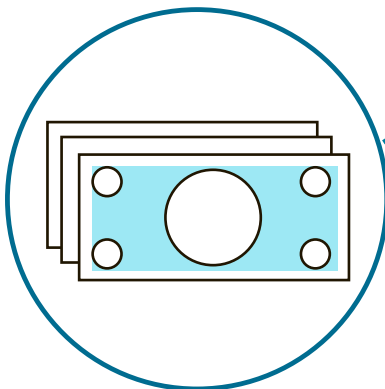
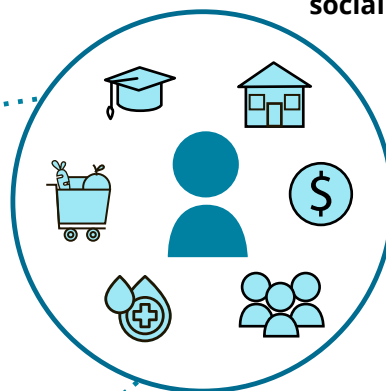


**7** Establish systems to use patient engagement tools and support patient self-management and shared decision-making



**8** Create a list of community partnerships and referral processes with them to support patient needs

**9** Tailor treatment for social context



**10** Collect reimbursement for all evidence-based care and services

● Infrastructure ● Care Delivery ● People