



# HYPERTENSION

American Heart Association & International Society for Hypertension



## Important Points to Remember

Approximately 116 million adults in the United States are affected by hypertension. As a result, cardiovascular disease (CVD) continues to be a leading cause of death in the United States. Globally, elevated blood pressure (BP) results in 10.4 million deaths annually.

Category	Systolic (mm Hg)		Diastolic (mm Hg)
Normal BP	<130	and	<85
High-normal BP	130-139	and/or	85-89
Grade 1 Hypertension	140-159	and/or	90-99
Grade 2 Hypertension	>160	and/or	>100

Uncontrolled hypertension is one of the leading single greatest modifiable risk factors for CVD and stroke. To address this, CareSource wants to partner with you to reduce risk and improve health outcomes for our members.

CareSource continuously works to educate our members on the consequences of high BP and the importance of controlling it, even though the member may be asymptomatic. We also reinforce the importance of working with you, their provider, to promote member BP self-management skills.

## Awareness is Key. Conversation is Vital.

### Goal for Therapy: Controlling Hypertension

The American Heart Association and the International Society for Hypertension guideline indicates High-Normal BP is intended to identify individuals who could benefit from lifestyle interventions and who may receive pharmacological treatment if compelling indications are present. Lifestyle modification is the first line of antihypertensive treatment. A healthy lifestyle can prevent or delay the onset of hypertension and enhance the effects of treatment. Lifestyle modifications include:

- Dietary changes: salt reduction, promoting the DASH-Dietary Approaches to Stop Hypertension diet, moderate consumption of coffee, green and black tea and alcohol
- Weight reduction
- Smoking cessation
- Regular physical activity
- Stress reduction

BP also exhibits seasonal variation with lower levels at higher temperatures and high levels at lower temperatures. BP changes are larger in treated hypertensives and should be considered when symptoms suggesting over-treatment appear with temperature rise, or BP is increased during cold weather. Individuals identified with confirmed hypertension (grade 1 and grade 2) should receive appropriate pharmacological treatment.

### Grade 1 Hypertension-BP 140-159/90-99 mmHG

- High-risk patients or those with CVD, Chronic Kidney Disease (CKD), Diabetes (DM) or Hypertension Mediated Organ Damage (HMOD) should begin immediate treatment.
- If BP is not in control in low to moderate risk patients without CVD, CKD, DM or HMOD after 3-6 months of lifestyle intervention, begin drug treatment.

### Grade 2 Hypertension-BP $\geq$ 160/100 mmHg

- Begin immediate drug treatment in all patients.

Data from over 100 countries suggests that on average, less than 50% of adults with hypertension receive BP-lowering medication, even though a difference in BP of 20/10 mm Hg is associated with a 50% difference in cardiovascular risk. Adherence to antihypertensive treatment is important and a key driver of suboptimal BP control and indicator of poor outcomes.

Strategies to improve medication adherence include:

- Reducing polypharmacy-use of single pill combinations
- Once-daily dosing over multiple times per day
- Linking adherence behavior with daily habits
- Providing adherence feedback to patients
- Home BP monitoring
- Reminder packaging medications
- Empowerment-based counseling for self-management
- Electronic adherence aids, such as mobile phones
- Multi-disciplinary healthcare team approach (i.e., pharmacists) to improve monitoring for adherence

The guideline stresses the basic processes for accurately measuring BP, including some simple yet critical actions before and during measurements.

### Patient Care: Blood Pressure Assessment Tips

- Have patient empty bladder.
- Ensure quiet room with comfortable temperature.
- Advise patient to avoid caffeine, exercise and smoking for at least 30 minutes prior to visit.
- Allow patient to relax for three to five minutes before taking reading and to remain still during reading; neither patient nor staff should talk before, during and between measurements.
- Ensure patient is sitting with arm resting on table, mid-arm at heart level, back supported on chair, legs uncrossed and feet flat on floor.
- Ensure no clothing is covering area where cuff will be placed and use correct size cuff.
- If first reading is <130/85 mmHg, no further measurement is required. If first reading is >130/85, take three measurements with one minute between them. Calculate the average of the last two measurements.
- Blood pressure of two to three office visits  $\geq$ 104/90 mm Hg indicates hypertension.

## Save Time. Save Money. Decrease Chart Requests.

The National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) Controlling High Blood Pressure measure now allows for easier data collection. Submitting the CPT II codes listed below ensure compliance with the Controlling High Blood Pressure measure. Utilizing the CPT II codes reduces the number of charts requested for HEDIS® data collection.

### Target Blood Pressure

<140/90 mm Hg for all adults 18-85 with hypertension

### HEDIS® Compliant Codes

In an outpatient, non-acute inpatient or remote BP-monitoring setting

**Blood Pressure CPT II:** 3074F, 3075F, 3077F, 3078F, 3079F, 3080F

## CareSource Programs

### Care Management

CareSource offers a Care Management program specific to hypertension that helps members manage their condition through outreach and education. We work with your patients to help them understand what hypertension is and to provide lifestyle recommendations, online educational tools, a focused curriculum and health coaching. We also connect your patient with additional community resources to help improve overall health and livelihood.

### For More Information

For more information about CareSource programs, please contact your Health Partners Engagement Specialist. If you have a patient with asthma, diabetes or hypertension who you believe would benefit from this program, please call **1-844-438-9498**.

### Source:

The American Heart Association 2020 International Society of Hypertension Global Hypertension Practice Guidelines. <https://www.ahajournals.org/doi/10.1161/HYPERTENSIONAHA.120.15026>.