

# Small Workflow Modifications Can Lead to Big Improvements in Hypertension Management



As an active participant in our Hypertension, Diabetes and Cholesterol project, Quality Insights is requesting your participation in **implementing at least ONE workflow improvement related to hypertension management.**

Quality Insights is available to support your workflow modification efforts – **at no cost to your practice** – so please email [Ashley Biscardi](mailto:Ashley.Biscardi@qualityinsights.com) as soon as possible if any of the below workflow modifications and/or training opportunities are of interest to your practice.

## Workflow Modifications

- **Initiate a standing order for all patients with hypertension - “Durable Medical Equipment (DME) – Blood Pressure (BP) Home Monitor”**
  - Create a protocol allowing non-physicians to order the DME – Home BP Monitor
  - The DME order will allow for monitoring the percentage of patients encouraged to self-manage their blood pressure
- **Engage in our FREE Home Blood Pressure Monitor Loaner Program**
  - Quality Insights has a [procedure](#) and [patient agreement](#) for your use
  - Your office is eligible to receive up to five home BP monitors to loan to your patients.
- **Provide patient BP checks without appointment or copay**
- **Promote the free BP check locations in your county to your patients.** There are numerous Delaware community locations offering free BP checks. Quality Insights has compiled a list of these locations by county. Share these resources with your patients:
  - [New Castle County](#)
  - [Kent County](#)
  - [Sussex County](#)

- Provide patient [education](#) on how to take their own BP
- Offer free annual calibration of home BP machines with the medical office BP machine
- Conduct a “Lunch & Learn” session - training staff on proper technique of taking a BP
- Assure patients have a means to communicate their home BP readings to the practice
  - Fax
  - Telephone
  - Patient portal
- **Hiding in Plain Sight – Execute a Patient List**
  - Generate a list of patients with BP readings >140/90 but with no diagnosis of hypertension. Review the list of patients/visits and determine if patient should have diagnosis of hypertension moving forward.
  - Establish a process to “call back” the patient for BP measurement rechecks (reminders, text messages, phone calls, etc.).

