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CENTERS FOR MEDICARE & MEDICAID SERVICES

HQIN
Health Quality Innovation Network

Team-Based Care for Hypertension Control

Team-based care is a collaborative health care approach that includes an entire practice. Evidence shows patients receive better care when multidisciplinary skills and inputs are combined. The personnel of a care team can collaborate to help improve the heart health of your practice's population and ensure that heart health is actively managed. The personnel of a care team will differ based on a practice's resources, as well as the needs of patients. However, clear roles should be defined to help your practice operate with maximum efficiency.

Sample Clinician Office Roles & Actions to Help Control Hypertension in Your Patient Population

Clinician

- Implement evidence-based hypertension guidelines
- Diagnose/update problem list
- Create and share care plan
- Provide prescriptions
- Assist in patient education

Referral Coordinator

- Manage referrals as needed
- Schedule referrals on behalf of patients
- (e.g., referrals to PCP if uncontrolled hypertension)
- Serve as a point of contact on referral updates

Practice Manager

- Implement key workflows to support practice-selected hypertension guidelines
- Use clinical data to assess and improve hypertension control

Patient

- Monitor blood pressure at home
- Share blood pressure readings, medication side effects and adherence barriers with the care team
- Ask for help from family or a trusted caregiver

Nurse Navigator

- Call in prescriptions
- Verify compliance with care plan/prescribed treatment
- Address chronic concerns

Clinical Assistant

- Measure blood pressure
- Alert healthcare clinician if a patient's blood pressure is elevated
- Provide patient education and medication reconciliation
- Verify vaccinations are current

Receptionist

- Provide patients with intake forms
- Register patients
- Verify insurance
- Collect co-pays, triage calls
- Schedule and confirm visits

Team-Based Care for Hypertension Control

Specialists and Other Team Members Outside the Practice

- Cardiologist
- Registered Dietitian
- Pharmacist
- Home Health Worker
- Nephrologist
- Mental Health Professional
- Exercise Specialist
- Community Health Worker

Best Practice Processes

Assign roles for the team. Ensure that necessary tools and resources are in place for the team to operate effectively. Choose an improvement model (PDSA, Lean Six Sigma), set performance goals (national benchmarks) and take steps to achieve goals, tracking performance over time.

Print patient list for each clinician each morning. Check registration and insurance status. Participate in huddles by bringing patient lists and helping the clinic assistant identify complicated patients and schedule gaps.

Track lab and radiology tests until available. Provide information for the consultant or specialist. Track referrals until the consultant's or specialist's report is available. Create partnerships and track referrals to community services. Communicate with insurance companies to coordinate appointment authorizations.

Focus on accurate measurement of blood pressure. Reference HQIs Simple Tips to Get an Accurate Blood Pressure Reading. Is the patient's feet flat on the floor, legs uncrossed, and cuff at heart level? Does the patient have elevated blood pressure? Recheck blood pressure at the end of the visit on the opposite arm.

Teams Work Together to Help Patients

Get appropriate medical tests and examinations

Make healthy behavior and lifestyle choices

Use medications to manage and control risk factors

Improve their quality of life

Prevent hypertension related complications

Self manage their health care and adhere to treatment

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