Hypertension Tool Kit

MOLINA® HEALTHCARE

MHTQIDEPT04092014-0 46327FL1114

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Guides

Staff Training

Hypertension (High Blood Pressure)

Overview

What is High Blood Pressure?

Blood pressure is the measurement of the pressure or force of blood pushing against blood vessel walls. The heart pumps blood into the arteries (blood vessels), which carry the blood throughout the body. High blood pressure, also called hypertension, means the pressure in your arteries is above the normal range. Blood pressure is determined by the amount of blood the heart pumps and the amount of resistance to blood flow in the arteries. The more blood the heart pumps and the narrower the arteries the higher the blood pressure. In most cases, no one knows what causes high blood pressure.

How is Blood Pressure Recorded?

Blood pressure is written as two numbers, such as 118/72. The first number is the systolic pressure. This is the pressure in the arteries when the heart beats and fills them with blood. The second number is the diastolic pressure. This is the pressure in the arteries when the heart rests between beats.

What is a normal blood pressure reading?

Type of blood pressure reading	Normal blood pressure
Systolic	Less than 140 mmHg
Diastolic	Less than 90 mmHg
mm = millimeters of mercury – the unit of measure for blood pressure	

Source: JNC 8 New Guidelines

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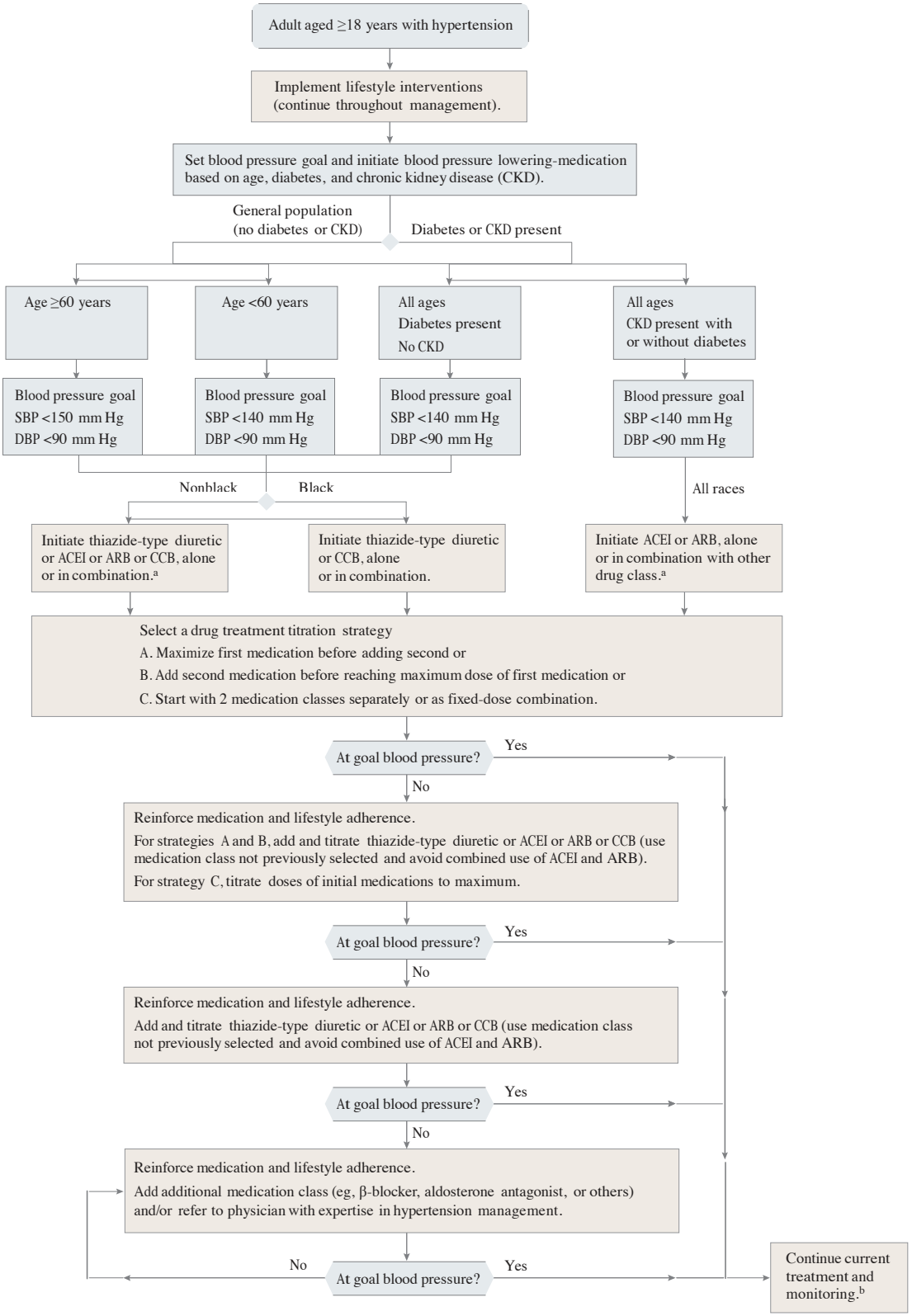
Figure. 2014 Hypertension Guideline Management Algorithm



SBP indicates systolic blood pressure; DBP, diastolic blood pressure; ACEI, angiotensin-converting enzyme; ARB, angiotensin receptor blocker; and CCB, calcium channel blocker.

[a] ACEIs and ARBs should not be used in combination.

[b] If blood pressure fails to be maintained at goal, reenter the algorithm where appropriate based on the current individual therapeutic plan.

General HEDIS® Tips to Improve Scores

Hypertension

- **Work with Molina Healthcare**
  We are your partners in care and would like to assist you in improving your HEDIS® scores.
- **Use HEDIS® specific billing codes when appropriate.**
  We have tip reference guides on what codes are needed for HEDIS®.
- **Use HEDIS® Needed Services Lists that Molina Healthcare provides you to identify patients who have gaps in care.**
  If a patient calls for a sick visit, see if there are other needed services (e.g., well care visits, preventive care services). Keep the needed services list by the receptionist's phone so the appropriate amount of time can be scheduled for all needed services when patients call for a sick visit.
- **Avoid missed opportunities.**
  Many patients may not return to the office for preventive care so make every visit count. Schedule follow-up visits before patients leave.
- **Improve office management processes and flow.**
  Review and evaluate appointment hours, access, and scheduling processes, billing and office/patient flow. We can help to streamline processes.
  - Review the next day's schedule at the end of each day
  - Identify appointments where test results equipment, or specific employees are available for the visit to be productive.
  - Call patients 48 hours before their appointments to remind them about their appointment and anything they will need to bring. Ask them to make a commitment that they will be there. This will reduce no-show rates.
  - Use non-physicians for items that can be delegated. Also have them prepare the room for items needed.
  - Consider using an agenda setting tool to elicit patient's key concerns by asking them to prioritize their goals and questions.
  - Use the prescription for wellness document to ensure patients understand what they need to do. This improves the patient's perception that there is good communication with their provider.
- **Take advantage of your electronic medical record (EMR).**
  If you have an EMR, try to build care gap "alerts" within the system.

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HEDIS® Tips:
Controlling High Blood Pressure

HOW TO IMPROVE HEDIS® SCORES

- Calibrate the sphygmomanometer annually.
- Upgrade to an automated blood pressure machine.
- Select appropriately sized BP cuff.
- If the BP is high at the office visit (140/90 or greater), take it again (HEDIS® allows us to use the lowest systolic and lowest diastolic readings in the same day) and oftentimes the second reading is lower.
- Do not round BP values up. If using an automated machine, record exact values.
- If first BP value is high retake blood pressure again later during visit.
- Review hypertensive medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in 3 months.
- Current guidelines recommend two BP drugs started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.
- Molina has pharmacists available to address medication issues.

MEASURE DESCRIPTION

- Patients 18 – 59 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and diabetes and whose BP was adequately controlled (<140/90) during the measurement year.
- Patients 60-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<150/90) during the measurement year.

Note: Patients are included in the measure if prior to June 30 of the measurement year there was a claim/encounter with a diagnosis of hypertension.

The most recent BP during the measurement year is used.

USING CORRECT BILLING CODES

Codes to Identify Hypertension

Description	ICD-9 Code	ICD-10 Code
Hypertension	401.xx	I10

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Molina Healthcare of Florida

Medicaid Pharmacy Information

Pharmacy Department

Contact #: (800) 472-4585

Pharmacy Website:

http://www.molinahealthcare.com/providers/fl/medicaid/drug/Pages/formulary.aspx

Pharmacy Locator

Website:
http://www2.caremark.com/micro/asset/molina_fl_pharmloc.htm

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MOLINA MARKETPLACE

Molina Healthcare of Florida

Marketplace Pharmacy Information

Pharmacy Department

Contact #: (800) 472-4585

Pharmacy website:

http://www.molinahealthcare.com/providers/fl/marketplace/Pages/home.aspx

Pharmacy Locator

Website:
http://www2.caremark.com/micro/asset/molina_fl_pharmloc.htm

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Medication Prescribed for Hypertension

American Heart Association: Classes of Blood Pressure Medication

Molina Healthcare Medicare Covers the Following Medications

Those Highlighted in Yellow Require Prior Authorization.

See official formulary for more details: http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx.

Prior Authorization Request Procedure

Medications not on the 2014 Molina Healthcare Medicare Formulary require prior authorization and will be reviewed on a case by case basis. The physician may fax a completed "Medication Prior Authorization Request" form to Molina. The forms may be obtained by accessing Molina Healthcare Medicare website at http://www.molinahealthcare.com/providers/common/medicare/Pages/medicare.aspx or by calling the Molina Pharmacy Prior Authorization Department at (888) 665-1328.

Diuretics

Diuretics help the body get rid of excess sodium (salt) and water and help control blood pressure. They are often used in combination with additional prescription therapies.

Generic name	Common brand names
chlorthalidone	Thalitone
chlorothiazide	Diuril
ethacrynic acid	Edecrin
hydrochlorothiazide	Esidrix, Hydrodiuril, Microzide
indapamide	Lozol
metolazone	Mykrox, Zaroxolyn
Potassium-sparing diuretics	
amiloride hydrochloride	Midamar
spironolactone	Aldactone
triamterene	Dyrenium

Loop diuretic	
bumetanide	Bumex
furosemide	Lasix
Combination diuretics	
amiloride hydrochloride + hydrochlorothiazide	Moduretic
spironolactone + hydrochlorothiazide	Aldactazide
triamterene + hydrochlorothiazide	Dyazide, Maxzide

Some noted possible side effects from diuretics:

- Some of these drugs may decrease your body's supply of potassium. Symptoms such as weakness, leg cramps or being tired may result. Eating foods containing potassium may help prevent significant potassium loss. If your doctor recommends it, you could prevent potassium loss by taking a liquid or tablet that has potassium along with the diuretic.
- The potassium-sparing diuretics don't cause the body to lose potassium. They might be prescribed alone, but are usually used with another diuretic (see Combination diuretics above).
- People with diabetes may find that diuretic drugs increase their blood sugar level. A change in medication, diet, insulin or oral anti-diabetic dosage corrects this in most cases.

Beta-Blockers

Beta-blockers reduce the heart rate, the heart's workload and the heart's output of blood, which lowers blood pressure.

Generic name	Common brand names
acebutolol	Sectral
atenolol	Tenormin
bisoprolol fumarate	Zebeta
metoprolol tartrate	Lopressor
metoprolol succinate	Toprol-XL
nadolol	Corgard
nebivolol	Bystolic
penbutolol sulfate	Levatol
pindolol	Visken
propranolol hydrochloride	Inderal
timolol maleate	Blocadren
Combination beta-blocker/ diuretic	
atenolol+chlorthalidone	Tenoretic
bisoprolol+hydrochlorothiazide	Ziac
metoprolol+hydrochlorothiazide	Lopressor HCT
propranolol+hydrochlorothiazide	Inderide

Some noted possible side effects of beta-blockers:

- Insomnia
- Cold hands and feet
- Tiredness or depression
- Slow heartbeat
- Symptoms of asthma
- If you have diabetes and you are taking insulin, you should monitor your blood sugar carefully. You may not feel the usual effects of low blood sugar as strongly because you are taking a beta-blocker.
- If you have been prescribed beta-blockers, consult your healthcare provider prior to conception if you are considering pregnancy or if there is a chance you could become pregnant. If you discover that you are pregnant consult your healthcare provider as soon as possible to determine the safest medication for you at this time.

Angiotensin-Converting Enzyme (ACE) Inhibitors

These drugs block the effects of angiotensin, a chemical that causes the arteries to become narrow. Angiotensin needs to fit into a receptor (a chemical "slot") in order to constrict the blood vessel. ARBs block these receptors so the angiotensin cannot narrow the blood vessel. This means that blood vessels stay open and blood pressure is reduced.

Generic name	Common brand names
benazepril hydrochloride	Lotensin
captopril	Capoten
enalapril maleate	Vasotec
fosinopril sodium	Monopril
lisinopril	Prinivil, Zestril
moexipril	Univasc
perindopril	Aceon
quinapril hydrochloride	Accupril
ramipril	Altace
trandolapril	Mavik
Combination ACE inhibitor/ diuretic	
benazepril+hydrochlorothiazide	Lotensin HCT
captopril+hydrochlorothiazide	Capozide
enalapril maleate+hydrochlorothiazide	Vaseretic
fosinopril sodium+hydrochlorothiazide	Monopril-HCT
lisinopril+hydrochlorothiazide	Prinzide
moexipril+hydrochlorothiazide	Uniretic
quinapril+hydrochlorthiazide	Accuretic, Quinaretic

Some noted possible side effects of ACE inhibitors:

- Skin rash
- Loss of taste
- Chronic dry, hacking cough
- In rare instances, kidney damage can occur
- ACE inhibitors should not be used during pregnancy. Medications that act directly on the renin-angiotensin system can cause injury or even death to a developing fetus. When pregnancy is detected, consult your healthcare professional as soon as possible.

Angiotensin II Receptor Blockers (ARB)

These drugs block the effects of angiotensin, a chemical that causes the arteries to become narrow. Angiotensin needs to fit into a receptor (a chemical "slot") in order to constrict the blood vessel. ARBs block these receptors so the angiotensin cannot narrow the blood vessel. This means that blood vessels stay open and blood pressure is reduced.

Generic name	Common brand names
azilsartan	Edarbi
candesartan	Atacand
eprosartan mesylate	Teveten
irbesartan	Avapro
losartan potassium	Cozaar
olmesartan	Benicar
telmisartan	Micardis
valsartan	Diovan
Combination ARB/diuretic	
azilsartan+chlorthalidone	Edarbyclor
candesartan+hydrochlorothiazide	Atacand HCT
eprosartan mesylate+hydrochlorothiazide	Teveten HCT
irbesartan+hydrochlorothiazide	Avalide
losartan potassium+hydrochlorothiazide	Hyzaar
olmesartan+hydrochlorothiazide	Benicar HCT
telmisartan+hydrochlorothiazide	Micardis HCT
valsartan+hydrochlorothiazide	Diovan HCT

Some noted possible side effects of Angiotensin II receptor blockers:

- May cause occasional dizziness
- ARBs should not be used during pregnancy. Medications that act directly on the renin-angiotensin system can cause injury or even death to a developing fetus. When pregnancy is detected, consult your healthcare professional as soon as possible.

Direct Renin Inhibitors

These drugs block the production of angiotensin, a chemical that causes the arteries to become narrow. These drugs work differently than ACE inhibitor and ARBs to block the effects of angiotensin on the blood vessels and organ systems.	
Generic name	**Common brand names**
aliskiren	Tekturna
Combination Direct Renin Inhibitor/diuretic	
aliskiren+hydrochlorothiazide	Tekturna HCT

Some noted possible side effects of Direct Renin Inhibitors:

- May cause headache dizziness and fatigue.
- Direct renin inhibitors should not be used during pregnancy. Medications that act directly on the renin-angiotensin system can cause injury or even death to a developing fetus. When pregnancy is detected, consult your healthcare professional as soon as possible.

Calcium Channel Blockers (CCBs)

There are 2 categories of CCBs: Dihydropyridine and Non-Dihydropyridine *Dihydropyridine CCBs treat high blood pressure by dilating peripheral blood vessels.* *Non-Dihydropyridine CCBs treat high blood pressure by dilating coronary blood vessels and controlling heart rate.*	
Generic name	**Common brand names**
Dihydropyradine CCBs	
amlodipine	Norvasc
felodipine	Plendil
isradipine	Dynacirc
isradipine (extended-release)	Dynacirc CR
nicardipine	Cardene
nifedipine (immediate-release)	Adalat , Procardia
nifedipine (extended-release, once-daily)	Adalat CC, Afeditab CR, Nifedical XL, Procardia XL
Non-Dihydropyridine CCBs	
diltiazem (immediate-release)	Cardizem
diltiazem (twice-daily extended-release)	Cardizem SR
diltiazem (once-daily extended-release)	Cardizem CD (Dilt-CD, Cartia XT), Cardizem LA (Matzim LA), Dilacor XR (Dilt-XR, Diltia XT) and Tiazac (Diltzac, Taztia XT)
verapamil (immediate-release)	Calan
verapamil (extended-release, 12 hour)	Calan SR, Isoptin SR
verapamil (extended-release 24 hour)	Verelan, Verelan PM
verapamil (extended-release, controlled onset)	Covera-HS

Some noted possible side effects of CCBs:

Dihydropyridine:

- Swelling of the legs (edema), dizziness, fatigue, nausea and abdominal pain.
- Heart palpitations at higher doses

Non-Dihydropyridine:

- Constipation, dizziness, nausea, edema, hypotension, headache, and fatigue.

Alpha Blockers

These drugs reduce the arteries' resistance, relaxing the muscle tone of the vascular walls.	
Generic name	**Common brand names**
doxazosin mesylate	Cardura
prazosin hydrochloride	Minipress
terazosin hydrochloride	Hytrin

Some noted possible side effects of alpha blockers:

- Fast heart rate
- Dizziness
- A drop in blood pressure when you stand up

Combined Alpha and Beta-Blockers

These drugs may be prescribed for patients at risk for heart failure.	
Generic name	**Common brand names**
carvedilol	Coreg
carvedilol (extended-release)	Coreg CR
labetalol hydrochloride	Normodyne, Trandate

A noted possible side effect of combined alpha and beta-blockers:

- May cause a drop in blood pressure when you stand up

Central Alpha Agonists

Central alpha agonists also help decrease the blood vessels' ability to tense up or contract. The central agonists follow a different nerve pathway than the alpha and beta-blockers, but accomplish the same goal of blood pressure reduction.	
Generic name	**Common brand names**
clonidine hydrochloride	Catapres
guanabenz acetate	Wytensin

guanfacine hydrochloride	Tenex
methyldopa	Aldomet, Methyldopate

Some noted possible side effects of central agonists:

- May cause a drop in blood pressure when you stand up
- Dizziness
- Dry mouth, constipation or drowsiness.
- If you're taking any of these drugs, do not stop taking it suddenly because this can cause your blood pressure to rise quickly to dangerously high levels.

Vasodilators (blood vessel dilators)

Blood vessel dilators, or vasodilators, can cause the muscle in the walls of the blood vessels (especially the arterioles) to relax, allowing the vessel to dilate (widen). This allows blood to flow through better.

Generic name	Common brand names
hydralazine hydrocholoride	Apresoline
minoxidil	Loniten

Some noted possible side effects of vasodilators:

- Hydralzine (Apresoline) may cause headaches, swelling around the eyes, heart palpitations or aches and pains in the joints. Usually these symptoms are not severe and most will go away after a few weeks of treatment. This drug is not usually used by itself.
- Minoxidil (Loniten) is a potent drug that's usually used only in resistant cases of severe high blood pressure. It may cause fluid retention (marked weight gain) or excessive hair growth.

Smoking Cessation Agents

Generic name	Common brand names
bupropion SR	Zyban
nicotine inhaler	NICOTROL Inhaler
nicotine nasal spray	NICOTROL Nasal Spray
varenicline	Chantix

Competency: Blood Pressure Measurement

☐ Initial Training ☐ Annual Training

Name: _____ **Department:** _____

Critical Elements	Met	Not Met
1. Places patient in a comfortable position. Place entire arm at patient's heart level. (If the arm is above the level of the heart, a falsely low reading may be obtained.)		
2. Wraps the cuff smoothly and evenly around the arm 1-2 inches above the antecubital space. (Do not place cuff over clothing.)		
3. Palpates the brachial artery on the ulnar side of the antecubital space with the second and third finger tips of one hand. With the same hand holds the diaphragm of the stethoscope. Closes the control valve clockwise with the other hand and inflates the compression bag (cuff) as rapidly as possible by pumping the inflation bulb. Continues until the pulse you are palpating can no longer be felt.		
4. Inflate the cuff for an additional 30 mmHg.		
5. Positions the diaphragm of the stethoscope over the brachial artery.		
6. Releases the valve turning it counterclockwise. (Do not deflate too slowly or you will obtain a falsely elevated pressure due to venous congestion. Do not deflate too quickly or you will get an erroneous reading.)		
7. Reads the manometer at eye level		
8. Documents findings on appropriate form or in the electronic medical record (eMAR).		

Passed Reviewed only Needs to repeat

Validated by: _____ Date: _____

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Employee Competency Training Evaluation

Part II

1. High blood pressure may lead to:
- **a.** Heart Attacks
- **b.** Stroke
- **c.** Kidney Damage
- **d.** All of the above

2. Accurate measurement of blood pressure is important because:
- **a.** You are likely to see several hypertensive patients throughout the day
- **b.** Blood pressure is used to diagnose and guide therapy
- **c.** Inaccurate blood pressure may lead to organ damage
- **d.** All of the above

3. Which of the following is true?
- **a.** The diastolic blood pressure is always greater than the systolic blood pressure
- **b.** The systolic blood pressure is the first sound heard
- **c.** Blood pressure is measured in mmH20
- **d.** The vast majority of patients have a normal blood pressure

4. Blood pressure is measured using:
- **a.** The brachial artery
- **b.** The radial artery
- **c.** The main vein
- **d.** A pulse oximeter

5. Which of the following is true?
- **a.** It is ok to ask the patient a question while you are measuring the blood pressure
- **b.** The patient should cross their legs, right over left, before the blood pressure is taken
- **c.** A pulse is only necessary if the blood pressure is very low
- **d.** The marketing on the blood pressure cuff should be placed over the brachial artery

6. In taking the blood pressure:
- **a.** You should not use the arm on the same side that was affected by a stroke
- **b.** The cuff should be deflated at a rate of 2-3 mmHg per minute
- **c.** The blood pressure should never be taken in a standing position
- **d.** A and B only

7. In taking the blood pressure:
- **a.** The cuff should never be placed on the bare arm
- **b.** The arm should always be below the level of the heart
- **c.** If the sounds never disappear, the point at which the sound muffle is used for the diastolic pressure
- **d.** None of the above

8. In taking the pulse:
- **a.** You should only note whether it is regular or irregular if the blood pressure is taken while standing
- **b.** You should only note the pulse if the blood pressure is abnormal
- **c.** If the pulse is regular you can measure the number of beats in 15 seconds and multiply by 10 to get the pulse rate in B/min
- **d.** The pulse indicates how many times the heart beats in one minute

9. If sounds are heard immediately when deflating the blood pressure cuff:
- **a.** The cuff pressure was too high
- **b.** You need to deflate the cuff and start over at a higher pressure target
- **c.** The diastolic blood pressure is too high
- **d.** All of the above

10. In checking a patient for orthostatic pressure:
- **a.** You should check sitting then standing
- **b.** The highest blood pressure should be recorded
- **c.** You should check standing then sitting
- **d.** A and B only

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Answer Key: 1. D; 2. D; 3. B; 4. A; 5. D; 6. D; 7. C; 8. D; 9. B; 10. A;

High Blood Pressure Fact Sheet

High Blood Pressure may lead to:

- Heart Attack
- Enlarged Heart
- Stroke
- Heart Failure
- Kidney Damage
- Peripheral Vascular Disease

Tips When Taking Blood Pressure

- Make sure cuff size is appropriate for the patient.
- Place the lower edge of the cuff 2.5cm above the antecubital fossa.
- When the pulse is no longer palpable, deflate the cuff.
- The cuff should be deflated at a rate of 2 mmHg per second while listening for repetitive sounds.

The Importance of an Accurate Measurement

- You may see several hypertensive patients throughout the day.
- Can help diagnose and guide therapy.
- Inaccurate blood pressure may lead to organ damage.

NEVER!

Use the arm on the same side:

- affected by a stroke.
- that has a dialysis shunt placed.
- as a mastectomy.

American Medical Group Association. (2006, 2007). Best Practices in Managing Hypertension Compendium: The Hypertension Improvement Project. Cleveland Clinic Medicine Institute, Independence, OH.

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How To Correctly Take Blood Pressure:

Step by Step Process

All measurements must be performed by individuals experienced in: assessment techniques of blood pressure and standardized equipment. The observer must view the manometer at eye level.

1. Have the patient sit on a chair that has back support. Ensure that their feet are flat on the floor.

2. Their bare upper arm needs to be exposed and supported on a table or at the patient heart level. A small pillow can be used to support the arm. This position will ensure the most accurate reading.

3. Evaluate the patient's bare upper arm for the appropriate size cuff (see Table #1). No tight or constrictive clothing should be present. Please use the same arm each time the blood pressure is taken.

4. Place the cuff on the patient's bare upper arm, with the lower edge of the cuff 2.5 cm above the antecubital fossa. The midline of the bladder of the cuff should lie over the path of the artery.

5. Rapidly inflate cuff to 70 mmHg and steadily inflated by 10-mmHg increments while the examiner simultaneously palpates the patient's brachial or radial artery pulsation. Once the pulse is no longer palpable, deflate cuff. Note the pressure at which the pulse is obliterated on insufflation and reappears on desufflation. This determines how high to inflate the cuff on subsequent readings.

6. Wait 15 to 30 seconds, and place the bell head of the stethoscope over the brachial artery. Inflate the cuff to a pressure 30 mm Hg above the pressure noted in step 5.

7. Allow the cuff to slowly deflate at a rate of 2 mmHg per second while listening for repetitive sounds.

8. Record the pressure at which the first of at least two repetitive sounds is heard. This is the systolic pressure (phase 1 sounds). Adjust the valve such that the cuff deflates at a rate of 2 mm Hg per beat.

9. Record the pressure at which the last regular sound is heard. This is the diastolic pressure (phase 5 sounds). Continue listening during full deflation to confirm disappearance of the heart sounds. Record the pressures.

10. Repeat process if the recording is high, later during the visit.

Recommended Cuff Sizes	
Arm Circumference	**Adult Cuff Size**
22 cm to 26 cm	Small Adult (12 x 22 cm)
27 cm to 34 cm	Adult (16 x 30 cm)
35 cm to 44 cm	Large Adult (16 x 36 cm)
45 cm to 52 cm	Adult Thigh (16 x 42 cm)

Source: American Heart Association Guidelines

American Medical Group Association. (2006, 2007). Best Practices in Managing Hypertension Compendium: The Hypertension Improvement Project. Cleveland Clinic Medicine Institute, Independence, OH

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Tips for Taking Accurate Blood Pressure

1. 

Make sure it has been **30 minutes** if the patient has smoked or ingested caffeine.

2. 

Arm supported at the level of the heart. Seated patients may have their arm rest on a table.

3. 

Make sure the patient has both feet flat on the floor. **Legs should NOT be crossed.**

4. 

Patient should **NOT be talking** when blood pressure is being taken.

5. 

Select the appropriate sized blood pressure cuff. **One size does NOT fit all.**

6. 

Avoid rolling up sleeve to expose the arm. **No tight clothing on limb.**

7. 

DO NOT Round Up the blood pressure reading values when documenting.

8. 

If the first reading is high. . .**retake again** later during the visit.

Recommended Cuff Sizes	
Arm Circumference	**Adult Cuff Size**
22 cm to 26 cm	Small Adult (12 x 22 cm)
27 cm to 34 cm	Adult (16 x 30 cm)
35 cm to 44 cm	Large Adult (16 x 36 cm)
45 cm to 52 cm	Adult Thigh (16 x 42 cm)

Source: American Heart Association Guidelines

GOAL:

Age	Diagnosis	Goal Blood Pressure
18-59	Hypertension	<140/90
60-85	Hypertension & Diabetes	<140/90
60-85	Hypertension	<150/90

Source: JNC 8 New Guidelines

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Achievement Award

This award is presented to

for outstanding achievement in

Taking and Documenting Accurate Blood Pressure

MOLINA® HEALTHCARE

Signature

Date

MHT QI DEPT 04092014-12
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Dear Patient,

In order to address your health care concerns today, please complete the questions below:

What is the one main concern you would like your provider to focus on today?

_____

What other concerns do you have today?

_____

_____

_____

Do you need any prescriptions refilled today?

☐ Yes (please list): _____

☐ No

Please list any specialists you have seen and tests you have had outside of our provider group since your last visit.

_____

_____

_____

Thank you!

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