

Adult Hypertension Care Path (≥ 18 years old)

Screening and Diagnosis	
<p>All patients have blood pressure checked at each visit.</p> <ul style="list-style-type: none"> ➤ Record side effects and medication compliance, and ask about lifestyle change <p>Hypertension diagnosis can be confirmed through two office visits total, with two blood pressure checks in a visit.</p> <p>Assess for identifiable causes of high blood pressure: primary aldosteronism, obstructive sleep apnea, drug induced/related, chronic kidney disease, renovascular disease, Cushing’s syndrome or steroid therapy, pheochromocytoma, coarctation of aorta, thyroid/parathyroid disease.</p>	
Treatment	
<i>Patient with BP in Control</i>	<i>Patient with BP Out of Control</i>
<p>Definition:</p> <ul style="list-style-type: none"> ➤ Blood pressure < 140/90 mmHg or < 150/90 mmHg if ≥ 60 years of age <p>Exams:</p> <ul style="list-style-type: none"> ➤ Annual chronic disease management visit <ul style="list-style-type: none"> • Adjust medications based on results and/or side effects <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Fasting lipids annually ➤ CMP annually and PRN ➤ BP annually ➤ Urinalysis to check for protein 	<p>Definition:</p> <ul style="list-style-type: none"> ➤ Blood pressure ≥ 140/90 mmHg or ≥ 150/90 mmHg if ≥ 60 years of age <p>Exams:</p> <ul style="list-style-type: none"> ➤ Blood pressure check and medication review every two weeks with follow-up appointment to be determined by physician ➤ Annual chronic disease management visit <p>Labs and Imaging:</p> <ul style="list-style-type: none"> ➤ Fasting Lipids annually ➤ BMP every 3 months or as directed by physician if patient has chronic kidney disease

Please note: The Via Christi Health Alliance in Accountable Care, Inc. (the “ACO”) in consultation with its affiliated ACO providers developed these care pathways and guidelines based on the most recent evidenced based medicine data. The ACO is continually researching and updating its care pathways and guidelines to reflect the most recent evidence based standards. This information is intended to provide health professionals with information to improve the quality of care and ultimately lower the cost of such care to the patients they serve. By providing this evidence based information, it is not the intention of the ACO to provide specific medical advice for particular patients. Rather we urge each provider to review this material when consulting and evaluating the treatment options suitable for their patients. The ACO affiliated providers are solely responsible for confirming the accuracy, timeliness, completeness, appropriateness and helpfulness of this material and making all medical, diagnostic or prescription decisions.

Evaluations to Consider:

- N/A

Patient Engagement:

- Offer hypertension education annually
- Offer lifestyle changes - weight loss advice or referral if BMI >30, smoking cessation, exercise plan, alcohol reduction
- Offer reconciled medication list and after visit summary at the conclusion of each visit
- Consider Medication Therapy Management if >3 meds

Evaluations to Consider:

- Urine Protein/Creatinine Ratio or Urine Albumin/Creatinine Ratio
- Renal panel, Lipid Panel, Uric Acid, Renin and Aldosterone levels
- Sono Kidneys with renal artery Doppler
- 24 hour Ambulatory Blood Pressure Monitoring
- EKG and 2-D Echocardiogram

Patient Engagement:

- Consider medication therapy management pharmacist consultation for patients who have resistant HTN (> 3 drugs) or complex regimen.

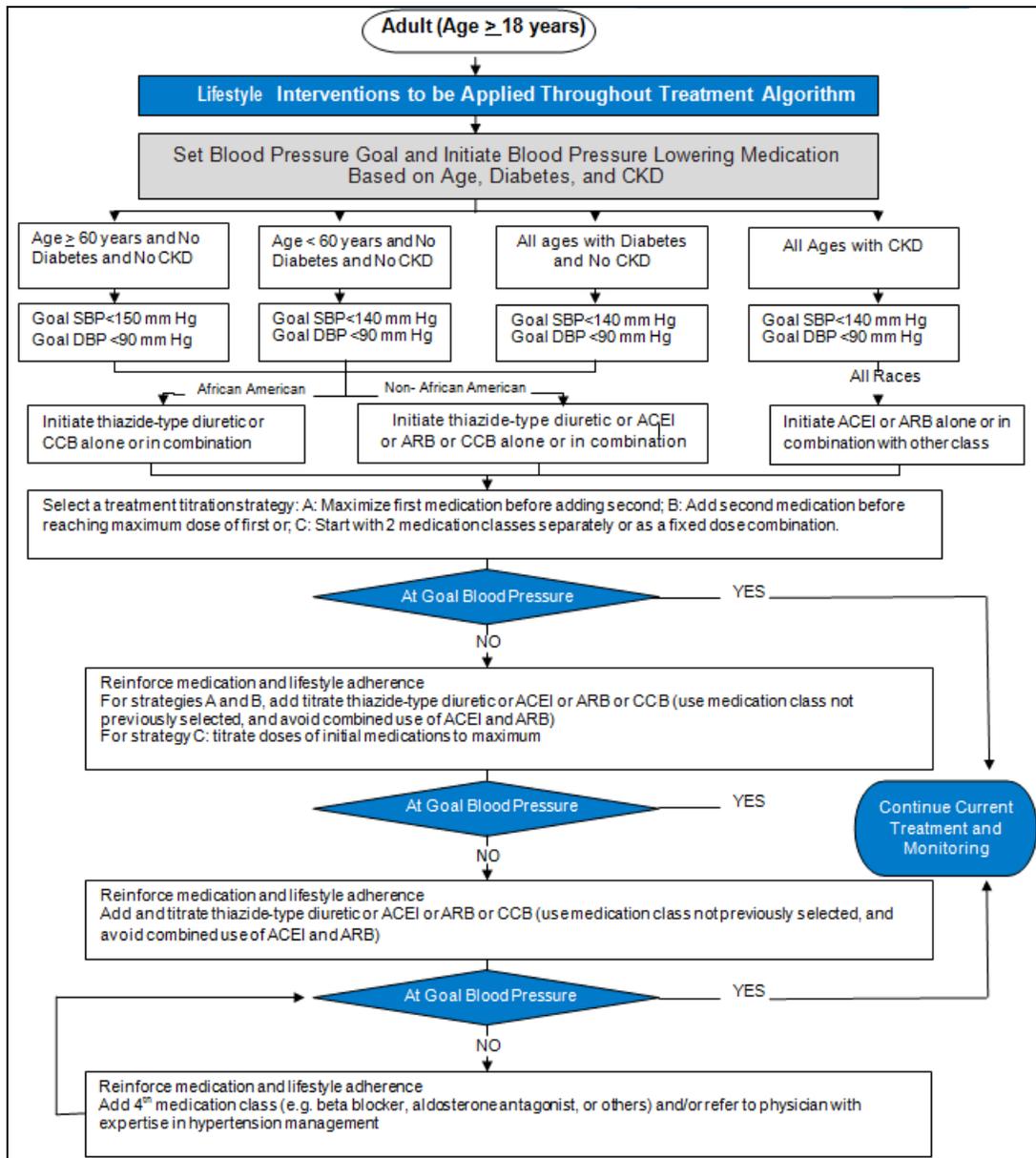
Specialist Consult

When to Refer:

- Resistant HTN (>3meds, including diuretic)
- HTN with electrolyte issues (Hypokalemia, Alkalosis, Hypercalcemia) any Proteinuria with GFR < 45
- Severe HTN (SBP > 180)
- HTN in young patients (<20-25 years old)
- HTN with any amount of proteinuria
- Sudden worsening of HTN in otherwise health patient
- Strong family history of HTN in young patient (< 40 years old)
- Uncontrolled HTN with target organ damage (renal disease, heart disease, encephalopathy)

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JNC 8 Hypertension Management Algorithm



References:

1. intermountainphysician.org/ClinicalPrograms or intermountain.net/ClinicalPrograms.2014. (Document referred.) Date accessed 9/02/2014.
2. James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC *). *JAMA*.2013 Dec 18.

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