

BP Self-Management in the waiting room and at home

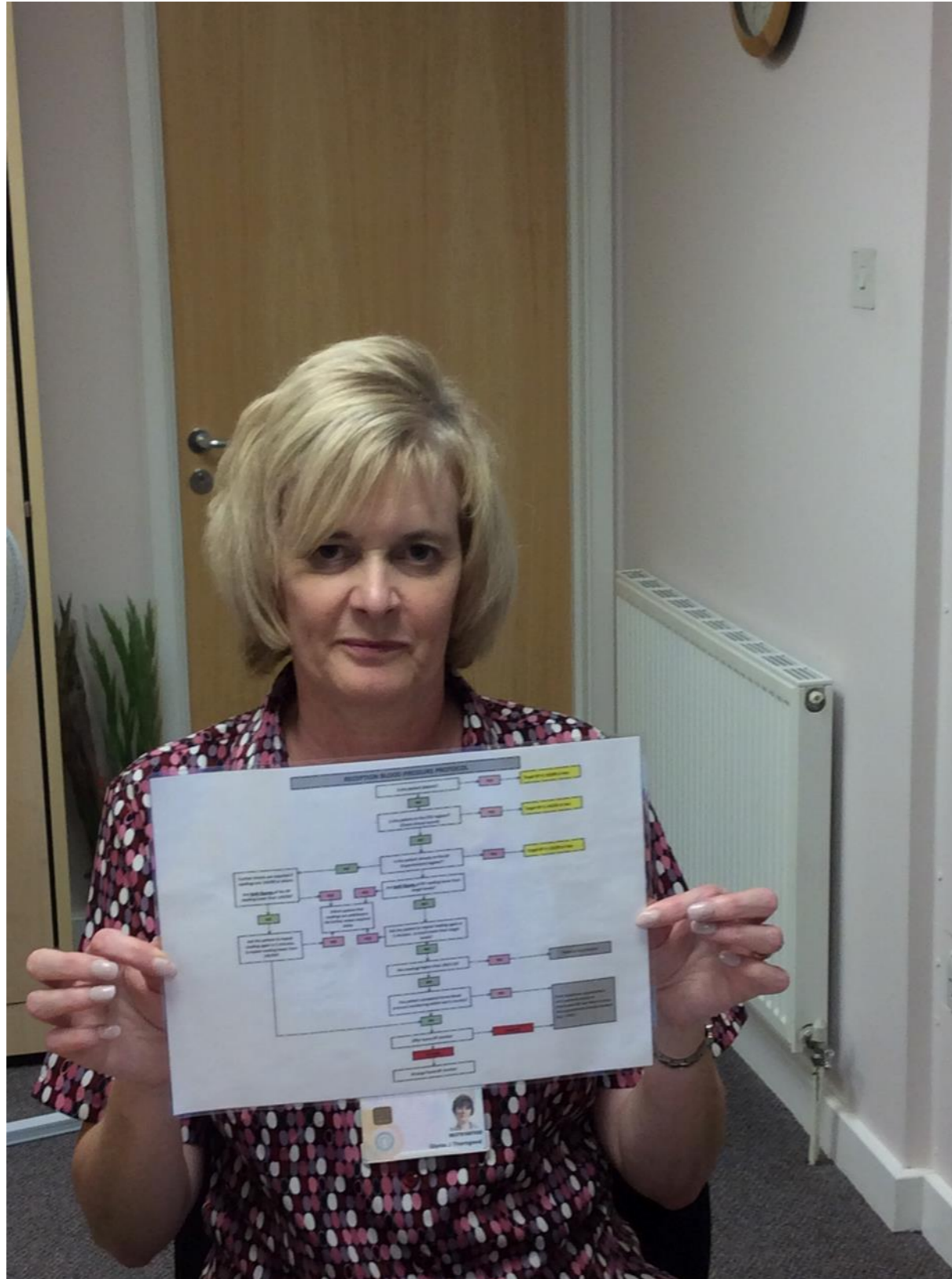
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Aims

- An approach to waiting room BP measurement
- Home blood pressure measurement
- Is NICE right?







Decision Support Algorithm Potential New Diagnosis

- 1st reading >140 +/-or >90
- Repeat reading in 5 minutes
- 2nd reading >140 +/-or >90
- Ask patient to complete home BP monitoring
- Decide follow-up in light of home BP results

Decision Support Algorithm Established Diagnoses

- Identify target BP
- 1st reading above target
- Repeat reading in 5 minutes
- 2nd reading above target - update home BP monitoring or arrange clinical contact
- Reading very high - arrange urgent review
- Reading below target - reassure & record

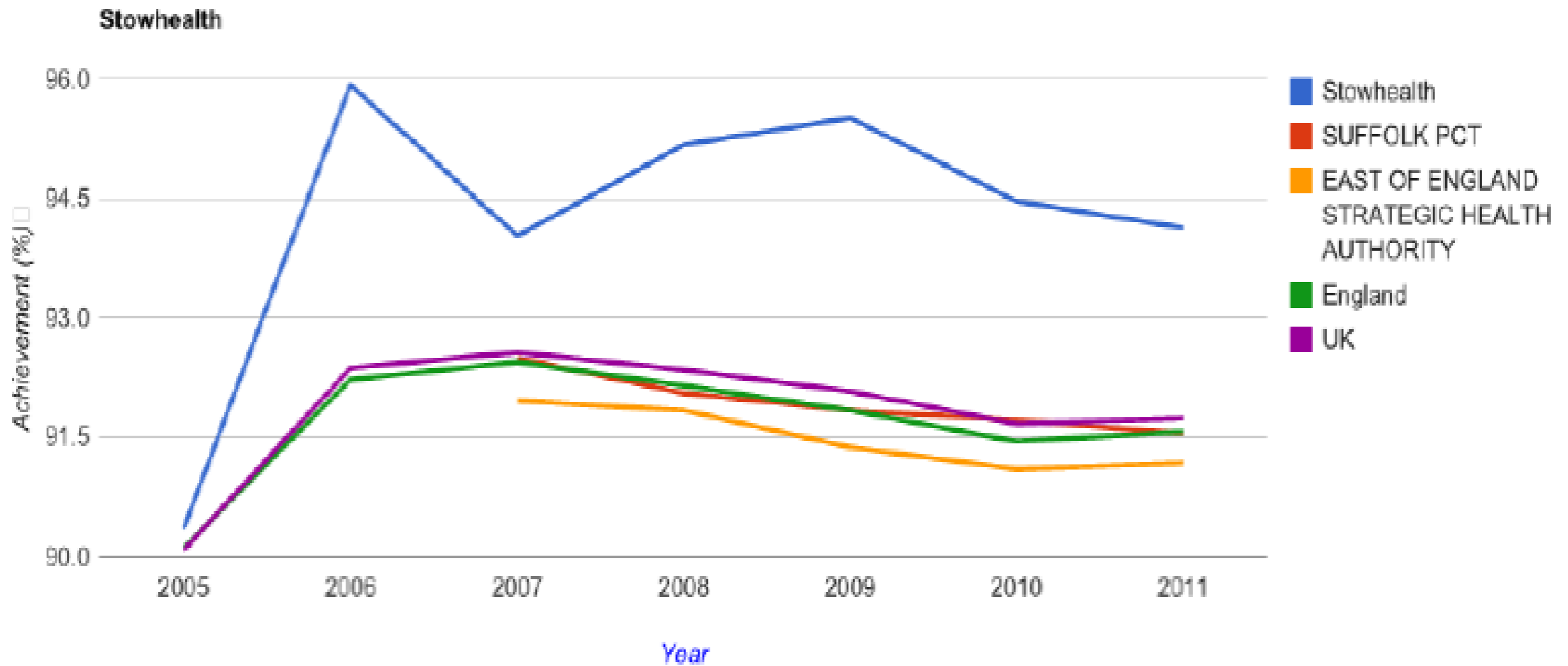
Findings

- Audit of waiting room BP machine use in May & June 2012
- List 16900
- Used – 292 times
- 17% (49) – undiagnosed - "worried well" - pill checks etc
- 23% (68) – required further follow-up
- 60% (175) – "treated to target"
- Potentially 175 face-to-face replaced appointments in 2 months
- Could equate to nearly 15 hours of saved clinician time per month (based on 10 minute appointments)

Findings

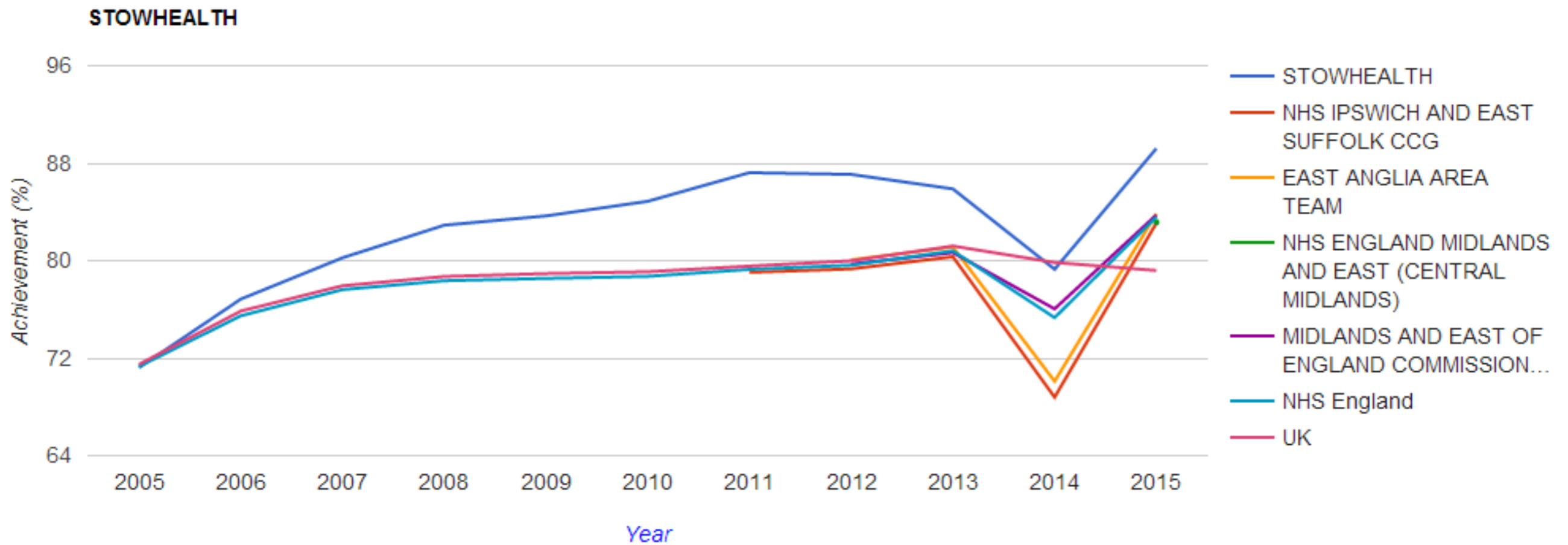
- Acceptable to patients
- Patients more involved in their care
- Popular with staff
- Can't massage the figures!
- Saved appointments
- Reduced visits/waiting for patients
- Increased number of patients receiving regular BP checks
- Increased number of patients treated to target

BP04 - The percentage of patients with hypertension in whom there is a record of the blood pressure in the preceding 9 months

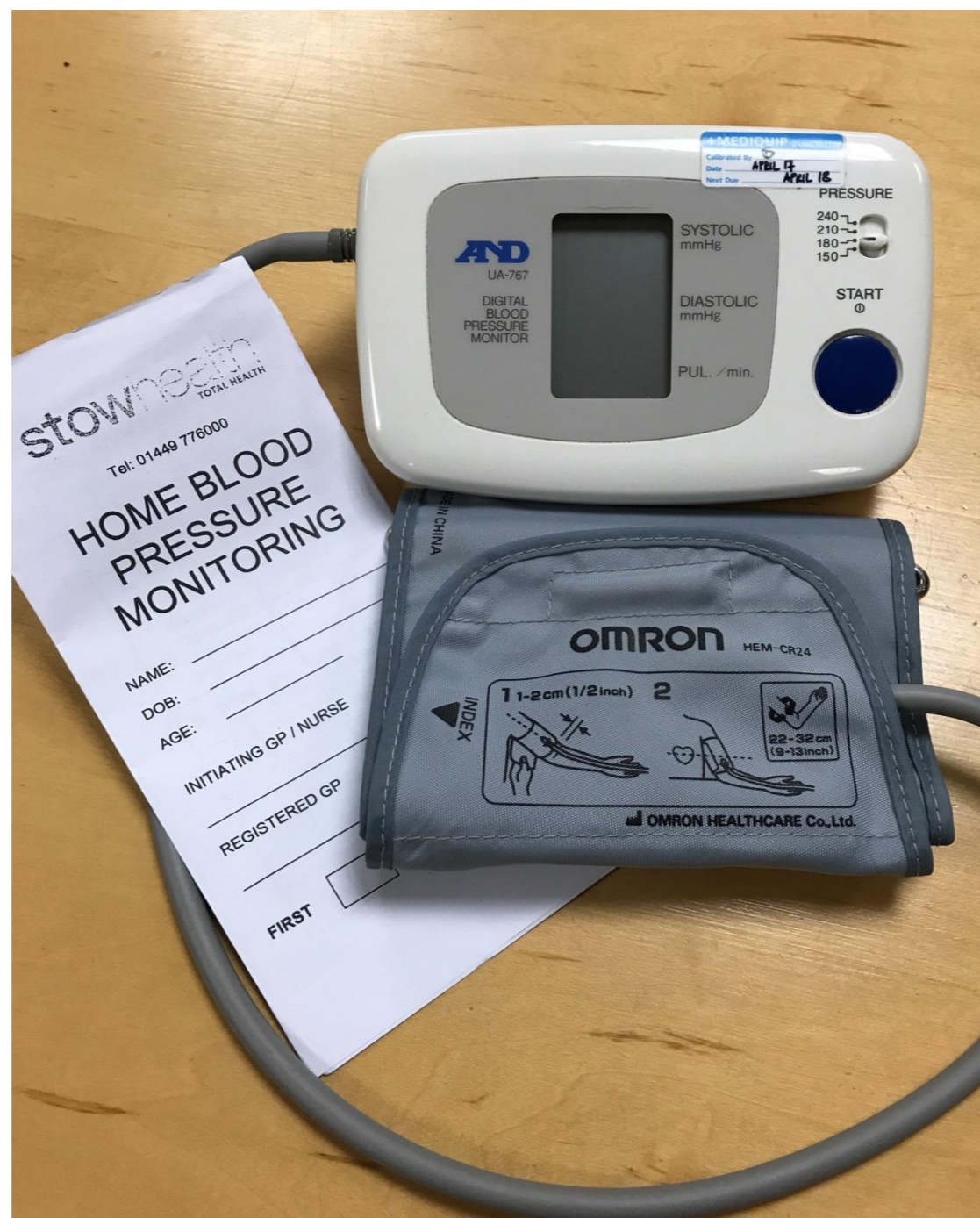


Commenced 6th June 2005

QOF DATABASE HYP006 - The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less.



Home Blood Pressure Monitors



NICE – and a alternative

- 12 months to 1 April 2016 Stowhealth - 6,852 blood pressure readings from its list of 18,907 patients.
- NICE - twice daily blood pressure readings, for at least four days, and ideally seven days
- Assess whether performing twenty resting blood pressure measurements over a two-day period would provide a reliable, stable representation of patients' resting systolic and diastolic blood pressure

Audit of home BP

- 1045 patients (mean age 66 ± 13 years, 531 females and 514 males) completed 2-day protocol
- Within-patient coefficient of variation for the entire participant cohort was 8% for systolic blood pressure (cohort mean 141 ± 11 mmHg), and 8% for diastolic blood pressure (cohort mean 79 ± 6 mmHg).
- There were no significant differences between the first and second day, for either systolic (142 ± 1 vs. 141 ± 1 mmHg respectively, $P > 0.05$) or diastolic blood pressures (79 ± 1 vs. 78 ± 1 mmHg respectively, $P > 0.05$ in both cases).
- **The overall duration of home blood pressure monitoring may be able to be reduced to just 48 hours. This method would offer meaningful time saving for patients, and financial and time benefits for doctors and their surgery administration.**

Conclusions

- An approach to waiting room BP measurement
- Home blood pressure measurement
- Is NICE right?

Next steps

- Automate the algorithm
- Integrate AF screening
- Import the BP results & advice given direct to the GP clinical record
- Take the machine with algorithm out of the GP surgery



Thank you for listening

Any questions?

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