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COMMUNITY MENTAL HEALTH

MCCMH Preventive Care Guidelines to Promote Awareness and the Early Detection of Hypertension

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I. Purpose:

- a) To provide all, in and out of network providers, with recommendations that can assist them to educate their persons served and their guardians in creating awareness about the importance of early detection of hypertension.
- b) To guide the providers in becoming critical advocates in creating awareness about the important role they must play in assisting our persons served and their guardians in following appropriate preventive care guidelines. It is via the provision of guidelines that MCCMH wants to empower the providers to create their own processes to help the community to achieve awareness.
- c) To mitigate the risk of occurrence or recurrence of certain medical conditions by assisting their persons served and their guardians in the need to remain proactive with preventive care practices.

II. Overview:

Hypertension affects over 80 million adults (34% of the population) in the United States annually and this number is projected to increase by 8% by 2030.¹ Per the CDC, Only about half (54%) of people with high blood pressure have their condition under control.² Hypertension is a contributing factor to heart disease and it is considered a leading cause of death in the United States.

Early detection of borderline hypertension facilitates early action with treatment increasing the chances of successful treatment outcomes. Alterations in diet can be initial an affective interventions to reduce the risk of Hypertension. About 1 in 3 American adults has prehypertension—blood pressure numbers that are higher than normal—but not yet in the high blood pressure range.²

High blood pressure has no warning signs or symptoms, and many people do not know they have it. The only way to know if someone has it is to measure the blood pressure. Blood pressure is normal if it's below 120/80 mm Hg.³



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Hypertension and Screening Recommendations:

The United States Preventive Services Task Force (USPSTF) recommends screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining blood pressure measurements outside of the clinical setting for diagnostic confirmation before starting treatment (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>)

The American College of Cardiologist and American Heart Association define elevated blood pressure as follows: (<https://www.acc.org/latest-in-cardiology/ten-points-to-remember/2017/11/09/11/41/2017-guideline-for-high-blood-pressure-in-adults>)

The American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017 Guideline) ¹	
Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
Elevated	systolic: 120–129 mm Hg diastolic: less than 80 mm Hg
High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

CDC found that more than 1 in 7 U.S. youth ages 12 to 19 had high blood pressure or elevated blood pressure during 2013 to 2016.⁵ Per Mayo Clinic, in children and adults the readings are the same but for a diagnosis of high blood pressure, a blood pressure must be higher than normal when measured during at least three visits to the doctor.⁶ Refer to <https://pediatrics.aappublications.org/content/140/3/e20171904> for the most up to date guidelines in children published by the American Academy of Pediatrics.

Although in many instances elevated blood pressure can result with no warning. Some signs of continued elevated blood pressure include:

- Headaches
- Seizures
- Vomiting
- Chest pains
- Fast, pounding or fluttering heart beat (palpitations) and/or shortness of breath.

High blood pressure in younger children is often related to other health conditions such as heart defects, kidney disease, genetic conditions or hormonal disorders. Older children especially those who are overweight are more likely to have primary hypertension.⁶

The USPSTF suggests annual screening for hypertension in adults 40 years or older and for adults at increased risk for hypertension (such as black persons, persons with high-normal blood pressure, or persons who are overweight or obese). Screening less frequently (ie, every 3 to 5 years) is appropriate for adults aged 18 to 39 years not at increased risk for hypertension and with a prior normal blood pressure reading.⁴

***It is important we assist our persons served and their guardians in knowing about these recommendations and the factors that deemed them or their loved one at high-risk vs. average risk so that, with the help of their health care provider, appropriate steps follow to get proper care.

Risk Factors:

High blood pressure usually develops over time. It can happen because of unhealthy lifestyle choices, such as not getting enough regular physical activity, smoking or drinking. Certain health conditions, such as diabetes and obesity, can also increase the risk for developing high blood pressure. Family history of hypertension or other cardiac illnesses. High blood pressure can also happen during pregnancy.

Per the CDC, other aspects to consider are: (https://www.cdc.gov/bloodpressure/risk_factors.htm)

- Age- the risk for high blood pressure increases with age.
- Sex -women are as likely as men to develop high blood pressure at some point during their lives.
- Race or ethnicity- African Americans tend to develop high blood pressure more often than Caucasian, Hispanics, Asians, Pacific Islanders, American Indians, or Alaska Natives do. It is also noted that African American can develop it earlier in their lives than Caucasians.

In children and adults, many medications can raise blood pressure, among them are oral contraceptives, central nervous system stimulants and corticosteroids, as can some over-the counter nasal decongestants and cold medicines, herbal and nutritional supplements, dietary products and recreational drugs. In addition, environmental exposure to lead, cadmium, mercury or phthalates may raise blood pressure.⁸

How to Decrease Risk for Hypertension:

- Keep up with physical exams as recommended by your Primary Care doctor.
- Improve diet habits by reducing salt intake and fried foods. Add a variety of foods rich in potassium, fiber, and protein and avoid saturated fat.
- Add exercise as part of a weekly routine, at least 150 minutes of physical activity each week has been recommended by the experts (about 30 minutes a day, 5 days a week).
- Keep a healthy weight
- Comply with medication when it has been recommended by a physician.
- Stop Smoking
- Limit amount of alcohol intake
- Get restful sleep and;
- Manage stress

Complications from Hypertension:

- High blood pressure can damage your arteries by making them less elastic, which decreases the flow of blood and oxygen to your heart and leads to heart disease. Arteriosclerosis occurs when the blood vessels from your heart become thick and stiff, reducing effectiveness of moving blood to other parts of the body.¹⁰

- The damage to these vessels over time can result into Coronary Artery Disease, heart failure, aneurysm, stroke, and even a heart attack. Heart disease is the leading cause of death for men and women in the United States, killing 1 in every 4 males and 1 in every 5 women.¹¹
- Continued exposure to high blood pressure also damages kidney vasculature, memory impairment and could be the precipitant for dementia.

Resources:

1. Brown, Valerie M. MSN, RN, PHN. (2017) Managing patients with hypertension in nurse-led clinics. Nursing2019. April 2017 - Volume 47 - Issue 4 - p 16–19 doi: 10.1097/01.NURSE.0000513619.81056.60
2. Kenneth D. Kochanek, M.A., Sherry L. Murphy, B.S., Jiaquan Xu, M.D., and Elizabeth Arias, Ph.D., (June 24 2019) Center for Disease Control and Prevention: National Vital Statistics and Reports. vol 68 no 9. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_09-508.pdf
3. <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/diagnosis-treatment/drc-20373417>
4. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening>
5. <https://www.cdc.gov/bloodpressure/youth.htm>
6. <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/symptoms-causes/syc-20373410>
7. https://www.cdc.gov/bloodpressure/risk_factors.htm
8. <https://www.chop.edu/conditions-diseases/hypertension>
9. <https://www.cdc.gov/bloodpressure/prevent.htm>
10. <https://www.mayoclinic.org/diseases-conditions/arteriosclerosis-atherosclerosis/symptoms-causes/syc-20350569>
11. https://www.cdc.gov/heartdisease/coronary_ad.htm

MCCMH Preventive Care Guidelines and Provider Expectations:

Based on the information provided above and in accordance with the United States Preventive Service Task Force and the Centers of Disease Control as it pertains to the goal of promoting early detection hypertension among our persons served, it is the recommendation from the Chief Medical Office to all in-network and out-of-network providers that:

- A. Providers develop a process to educate their direct care staff on the most up-to-date guidelines and resources that assist our persons served in taking early proactive steps in the identification of Hypertension.
- B. It is to the discretion of the provider to develop a process that guarantees how persons served and their guardians are being provided education on this subject.
- C. Providers may opt to use the “MCCMH Preventive Care Guidelines to Promote Awareness and The Early Detection of Hypertension” here attached as handouts to their staff, persons served and their guardians as part of their efforts to create awareness on the subject. The use of the MCCMH educational handout disseminated along with these recommendations is purely optional; however, the expectation of the role they must play on providing this education is not. Providers may develop their own educational materials to achieve this awareness goal always abiding by the appropriate most up-to-date guidelines from well recognized national organizations and authorities in the field.
- D. It is the provider’s responsibility to update their educational materials following recognized professional organizations such as the United States Preventive Services Task Force, The American Heart Association or the CDC among others that may publish new revised guidelines.
- E. Providers should remain aware of the importance of these guidelines and encourage their persons served and their guardians to, at least yearly (following the recommended age of initiated screening) or during the persons served annual physical exam appointment, consult with their health care providers about what screening options based on their age, family history, and health history, they would need to be aware of and consider.
- F. Providers and direct care staff must know that only the medical health care provider of the person served is the ultimate and sole authority in determining when a given screening test type is deemed to be appropriate or contraindicated based on having a full understanding of the individual’s medical history and family history. It is of paramount importance that the persons served and their guardians also understand this and that they always follow and abide by their health care provider’s recommendations.
- G. As part of being integrated care advocates, it is important that providers yearly encourage our persons served to stay up to date with their yearly physicals or follow-ups as recommended by their PCP. Providers must have their staff (i.e. supports coordinator) work collaboratively with the individual’s medical provider to coordinate that, at minimum yearly (following the recommended age of initiated screening), a discussion about this occurs with the individual/guardian.
- H. Providers must develop a process for their direct care staff or supports coordinator to document in the record the instances in which education related to the issue was provided.
- I. Granted all the above occur, if a person/guardian were to exercise his/her right to decline the recommendation/education, the provider must develop a process for their staff or supports coordinator to not only thoroughly date and document the efforts made to educate and encourage the person’s served/their guardian on addressing the issue but also document the stated reason for the person’s/guardian’s decline.
 - a. Some appropriate documentation parameters to consider at minimum should include date, name and credentials of the staff providing the education/encouragement. And, when applicable, the

reason stated by the person served and/or their guardian in the event they choose to decline the education or recommendations from their health care provider.

b. In the event a medical contraindication/s is/are the reason for a person served to not be a good candidate for continued screening, the provider should make sure they implement a process for their staff or supports coordinator to document those. It is the expectation those instances are clearly documented in the record at the time they are due to revisit each year.

J. In cases of persons served whose cause of death are related to heart disease diagnosis or possible complications secondary to it, the documentation of such becomes especially important and necessary when submitting Death Reports or Root Cause Analysis for the review of Critical Risk Management Committee (CRMC).

K. In the event those are not initially submitted by the provider, the CRMC Committee reserves the right to request the provider for this information when conducting the review of a case in which this is deemed to be pertinent and/or critically relevant for the review

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