



ATLANTA
HYPERTENSION
INITIATIVE

EXECUTIVE CLINICAL ROUNDTABLE

*Accelerating Hypertension Control:
Clinical Leaders United for Impact*

THE ATLANTA HYPERTENSION INITIATIVE (AHI)



- A **collaborative group** (government, health care, community organizations, and professional associations)
- To **harness the power of collaboration**
- For one shared vision:
Healthier Atlantans through equitable hypertension control

Backbone Organizations

- CDC Foundation
- Atlanta Regional Collaborative for Health Improvement (ARCHI)
- American Medical Association (AMA)
- Atlanta-area American Heart Association (AHA)
- Centers for Disease Control and Prevention (CDC)*



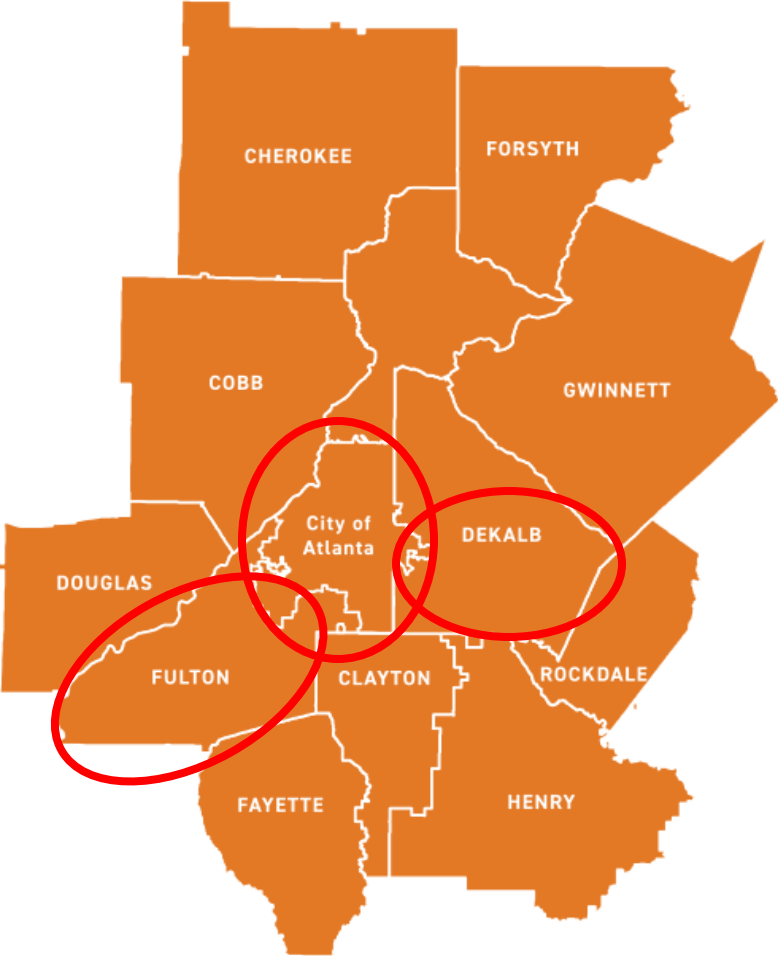
90+
Metro Atlanta
Organizations
To-Date

**Founding Organization; Technical Advising Only*

AHI NORTH STAR (5+ YEARS)

Through the collective action of organizations in health care and community settings, the AHI will reduce heart attacks and strokes* in metro Atlanta by improving HTN control among more than half a million adults in our region.

AHI KEY STRATEGIES



Community Capacity-Building	Community Outreach & Campaigns	Clinical Quality Improvement (QI) Support
<i>Organization-Focused</i>	<i>Population-Focused</i>	<i>Clinician-Focused</i>
Entire 12-County Region		
• Host Capacity-Building Convening Events • Secure & Track Individual & Organizational Commitments • Manage HTN Control-Focused Communications & Community		
Enhanced 3-County Intervention (City of Atlanta, South Fulton & South Dekalb)		
• Implement Self-Measured Blood Pressure (SMBP) Technical Assistance (Cuffs) • Implement Community Health Worker Training & Outreach		

AMA MAP HYPERTENSION: SMBP RESOURCES

AMA MAP™ Hypertension

7-step SMBP quick guide: 7 key steps to implement SMBP

SMBP cuff selection guide

SMBP CPT Coding: CPT coding, reimbursement, and coverage for SMBP

SMBP Medicaid coverage landscape in Georgia tool- provider reimbursement and DME fee schedule

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7-step
SMBP quick guide

Helping patients achieve and
maintain blood pressure goals

The recent COVID-19 pandemic has led to a rapid increase in the use of telemedicine by many health care organizations, physicians and care teams. Using telemedicine modalities with self-measured blood pressure (SMBP) can help patients with hypertension achieve and maintain blood pressure goals.¹

There are over 115 million adults in the United States with hypertension, many of whom have uncontrolled hypertension.² These patients are at higher risk for heart attacks, strokes, heart failure, kidney disease and peripheral vascular disease, and would benefit from continued monitoring and treatment of their hypertension, regardless of whether the care is provided virtually or in-person.³

This guide highlights seven key steps physicians and care teams can take to use SMBP with patients 18 years and older with high blood pressure, and includes links to useful supporting resources.

Defining self-measured blood pressure

Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained outside of a physician's practice or clinical setting, usually at home. When combined with clinical support (e.g., one-on-one counseling, web-based or telephonic support tools, education), SMBP can help enhance the quality and accessibility of care for people with high blood pressure and improve blood pressure control.⁴

SMBP can be used to assess BP control and aid in diagnosing of hypertension. SMBP allows patients to actively participate in the management of their BP and has been shown to improve adherence to antihypertensive medications.⁵ It is recommended to be used in conjunction with telehealth counseling or clinical interventions for the titration of BP-lowering medication.⁶

AMA

7-step
SMBP quick guide

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Self-measured blood
pressure cuff selection

Blood pressure (BP) measurement devices with upper arm cuffs provide the most accurate measurements.¹ Wrist cuffs are not recommended for clinical use unless patients cannot use upper arm cuffs due to arm size or other medical reasons.² Finger devices are also not recommended for clinical use because these are less accurate than upper arm BP measurement devices.³

Below are steps to determine the appropriate upper arm cuff size. If possible, it may be easier for patients to have another person assist with the process.

Ask patients to gather the following items

- Tape measure
- BP measurement device, cuff and manual if device is already purchased

Locate mid-upper arm

- Measure the length of the arm between the acromion process (bony protuberance on shoulder) and the olecranon process (bony protuberance at elbow).
- Divide the distance in half to locate the mid-upper arm.

Determine arm circumference

- Wrap a tape measure around the mid-upper arm to determine arm circumference (typically measured in centimeters).

Determine cuff size

- Based on arm circumference, determine the cuff size that is appropriate. Use this information to help with device selection. Many BP measurement devices have circumference ranges printed directly on the cuffs. This information can also often be found in the device manual or on the device box.

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SMBP CPT® coding

Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained outside of a physician's practice, usually at home. When combined with clinical support (e.g., one-on-one counseling, web-based or telephonic support tools, education), SMBP can enhance the quality and accessibility of care for people with high blood pressure and improve blood pressure control.¹ SMBP can be used to assess BP control and to make a diagnosis of hypertension. SMBP allows patients to actively participate in the management of their BP and has been shown to improve adherence to antihypertensive medications.²

SMBP codes and descriptions

As of January 1, 2020, physicians can submit claims for SMBP services using Current Procedural Terminology (CPT®) codes **99473** and **99474**.

CPT code	Description
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings); collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

The codes address both initial and ongoing SMBP clinical services.

CPT code 99473 can be used when a patient receives education and training (facilitated by clinical staff) on the set-up and use of a SMBP measurement device validated for clinical accuracy, including device calibration.

99473 can only be reported once per device. It would most commonly be used prior to initiating SMBP in patients suspected of having hypertension or for those patients with an existing diagnosis of hypertension who have a new BP measurement device or are receiving training for the first time.

CPT code 99474 can be used for SMBP data collection and interpretation when patients use a BP measurement device validated for clinical accuracy to measure their BP twice daily (two measurements, one minute apart) in the morning and evening, with a minimum of 12 readings required each billing period.

The SMBP measurements must be communicated back to the practice and can be manually recorded (e.g., phone, fax or in-person) or electronically captured and transmitted (e.g., secure e-mail, patient portal, or directly from device).

The physician or other qualified health care professional must then create or modify the treatment plan based on the documented average of these readings. The treatment plan must be documented in the medical record and communicated back to the patient, either directly or through clinical staff.

Coding limitations

- **99474** can be submitted once per calendar month; it cannot be used in the same calendar month as codes for ambulatory blood pressure monitoring (**93784, 93786, 93788, 93790**), remote physiologic monitoring (**99453-8, 99091**) or chronic care management (**99407, 99409-91**).
- **99473** can be submitted once per device. **99473** and **99474** should not be reported if performed as part of an E/M service. A separately reportable E/M service should be provided with Modifier 25.

AMA

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SMBP Coverage Insights: Medicaid																		
May 2023 (based on data available 2/15/2023)																		
AMA																		
Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the US Blood Pressure Validated Device Listing (VLDL™) for a list of validated devices.																		
The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure devices and monitors used. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.																		
CPT® and HCPCS Code Description																		
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration																	
99474	separate self-measurements; collection of daily reports by the patient or caregiver to the healthcare provider; communication of BP readings and treatment plans																	
A4670	Automated blood pressure device																	
A4662	Blood pressure cuff only																	
SMBP Service Codes																		
BP Device Codes																		
Dualable Medical Equipment (DME) Fee Schedule																		
Source																		
Alabama	99473	Amount Covered	99474	Amount Covered	Score	A4670	Amount Covered	A4662	Amount Covered									
Alaska	99473	Amount Covered	99474	Amount Covered	Score	A4670	Amount Covered	A4662	Amount Covered									
Arizona	99473	Amount Covered	99474	Amount Covered	Score	A4670	Amount Covered	A4662	Amount Covered									
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D.C.	99473	Amount Covered	99474	Amount Covered	Score	A4670	Amount Covered	A4662	Amount Covered									
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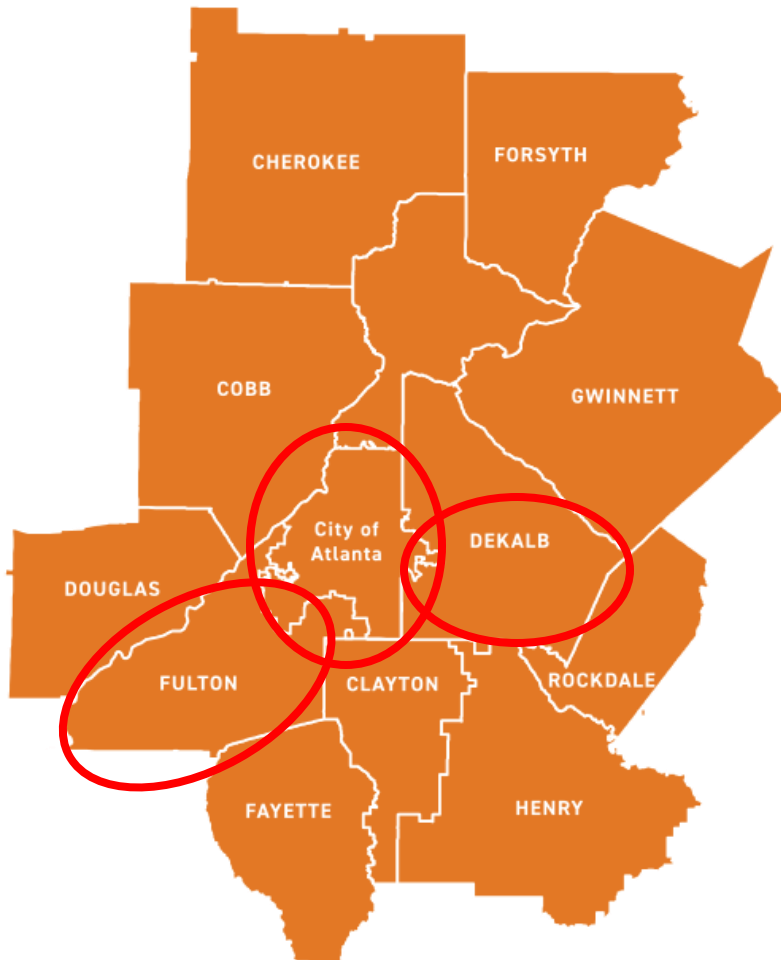
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1 of 4

AHI KEY STRATEGIES



Community Capacity-Building	Community Outreach & Campaigns	Clinical Quality Improvement (QI) Support
<i>Organization-Focused</i>	<i>Population-Focused</i>	<i>Clinician-Focused</i>
Entire 12-County Region		
• Host Capacity-Building Convening Events • Secure & Track Individual & Organizational Commitments • Manage HTN Control-Focused Communications & Community	• Implement HTN Control Local Media Campaign • Develop Local HTN Control Patient Education Website • Implement HTN Control Community Outreach Ambassador Trainings • Disseminate HTN Control Messaging Toolkits	
Enhanced 3-County Intervention (City of Atlanta, South Fulton & South DeKalb)		
• Implement Self-Measured Blood Pressure (SMBP) Technical Assistance (Cuffs) • Implement Community Health Worker Training & Outreach	• Disseminate Patient Education Materials • Implement Community Screenings • Implement Population Survey	

LIVE TO THE BEAT ATL: HTN CONTROL-FOCUSED CAMPAIGN

Live to the Beat - Atlanta
Sponsored · 📍

Uncontrolled high blood pressure takes a toll on more than your heart — it can affect your sex life, your vision, and even your memory! 🧠💔 And it's more common than you might think. Protect what matters most to you by asking a health care professional about high #BloodPressure at every visit. #LiveToTheBeat #Atlanta



Uncontrolled high blood pressure doesn't just hurt you. It hurts us.

 **LIVE TO THE BEAT**

Live to the Beat - Atlanta
Sponsored · 📍

Getting to a healthy #BloodPressure takes a team: you (the MVP!) and health care professionals, like a doctor, a nurse, and a pharmacist. ❤️ Their job is to help you reach your blood pressure goal. It might take a few tries to get there, but when you make a plan to control your blood pressure together, it's possible. And it's the best way to lower your risk of many life-changing health problems, like stroke and memory loss or dementia. Book an appointment to talk about blood pressure today. #LiveToTheBeat #Atlanta



Blood pressure control is a team effort — reach your goal together.

 **LIVE TO THE BEAT**

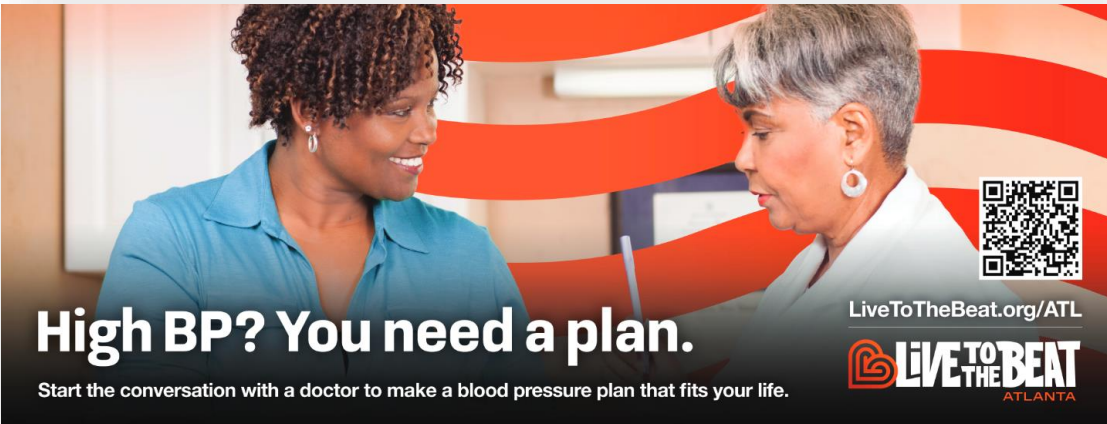
Control your BP now.
Thank yourself later.



Make a plan with a doctor to stop stroke, heart attack, and dementia — before they happen.

LiveToTheBeat.org/ATL

 **LIVE TO THE BEAT**
ATLANTA

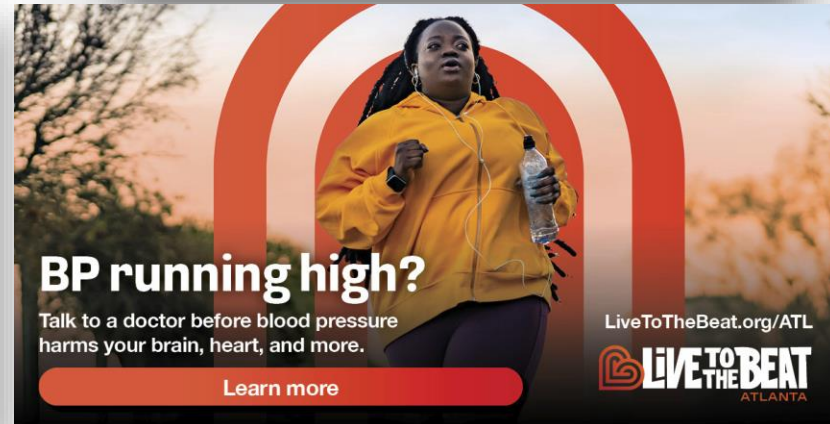


High BP? You need a plan.

Start the conversation with a doctor to make a blood pressure plan that fits your life.

LiveToTheBeat.org/ATL

 **LIVE TO THE BEAT**
ATLANTA



BP running high?

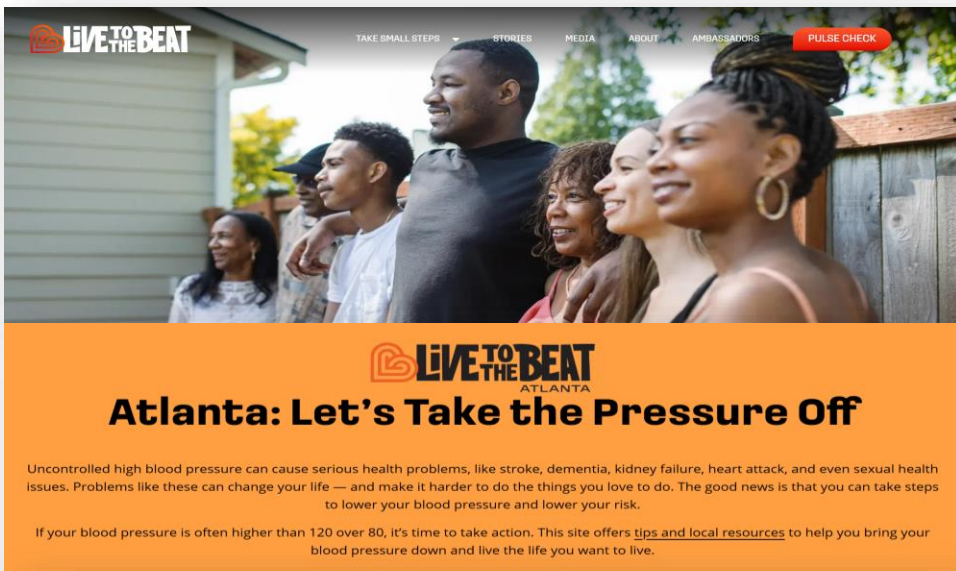
Talk to a doctor before blood pressure harms your brain, heart, and more.

Learn more

LiveToTheBeat.org/ATL

 **LIVE TO THE BEAT**
ATLANTA

LIVETO THEBEAT.ORG/ATL



The screenshot shows the top portion of the website. At the top is a navigation bar with links: TAKE SMALL STEPS, STORIES, MEDIA, ABOUT, AMBASSADORS, and a PULSE CHECK button. Below the navigation is a hero image of a diverse group of people smiling. Underneath the image is the 'LIVE TO THE BEAT ATLANTA' logo. The main headline reads 'Atlanta: Let's Take the Pressure Off'. Below this, a paragraph explains that uncontrolled high blood pressure can cause serious health problems and that the site offers tips and local resources to help manage it. A sub-headline states: 'If your blood pressure is often higher than 120 over 80, it's time to take action. This site offers tips and local resources to help you bring your blood pressure down and live the life you want to live.'

Atlanta: Let's Take the Pressure Off

Uncontrolled high blood pressure can cause serious health problems, like stroke, dementia, kidney failure, heart attack, and even sexual health issues. Problems like these can change your life — and make it harder to do the things you love to do. The good news is that you can take steps to lower your blood pressure and lower your risk.

If your blood pressure is often higher than 120 over 80, it's time to take action. This site offers [tips](#) and [local resources](#) to help you bring your blood pressure down and live the life you want to live.

Work with a Health Care Professional

Controlling blood pressure is a team effort. That means working with a health care professional, like a doctor, pharmacist or nurse, to:

- Understand what your blood pressure numbers are and what they mean for your health
- Identify lifestyle changes — like new [healthy recipes](#) or ways to [get active](#)
- Decide if medicine is the right option to get your blood pressure into a healthy range
- Track your blood pressure over time to see what works for you — and what doesn't
- Adjust your treatment plan to fit your life and your blood pressure goal

Controlling high blood pressure is not a one-time thing. It's a journey toward your healthiest self. Whether you're new to managing your blood pressure or you've been working toward a goal for a while, there's a next step that's right for you.

Get an appointment



Know your numbers



Ask about medicine



Take it one step at a time



Tools and Resources

You don't have to go on the blood pressure journey alone. Help is available. There are resources online and in Atlanta that can help you navigate finding a doctor, covering costs, and more — so you can do what you need to do to [get your blood pressure in a healthy range](#).

Find ways to access to care

- **[Find Health Care Coverage](#)**: Use this tool to find and compare health insurance plans that may help cover the cost of blood pressure care.
- **[Find a Local Health Center](#)**: Use this tool to find Atlanta health centers near you that offer free or low-cost care, even without insurance.
- **[Search for Affordable Services](#)**: Use your ZIP code to find free or reduced-cost services that can help you control your blood pressure, like health care, food, and more.
- **[Access Medication Assistance Programs](#)**: Find a list of programs and resources for free or discounted medications to help control your blood pressure.
- **[Tips for Choosing a Doctor](#)**: Get quick tips for finding a primary care doctor who meets your needs.

Get tips and tools to help you follow your treatment plan

- **[Find Blood Pressure Monitors](#)**: Use this tool to find blood pressure monitors that have been tested and proven to give accurate results, so you can feel confident tracking your blood pressure at home.
- **[Tips for Reducing Sodium](#)**: Follow these tips to help lower your sodium (salt) intake.
- **[DASH Eating Plan](#)**: Learn how to make healthier food choices and get tips to lower salt in your meals.
- **[Sodium Can Be Sneaky](#)**: Discover how salt can hide in everyday foods — and explore lower-sodium swaps.
- **[Cut Down on Sodium](#)**: Learn how to cut down on sodium — and still enjoy the foods you love.
- **[Tips for Eating Healthy on a Budget](#)**: Get tips for saving money while making healthier choices.
- **[Understanding Food Nutrition Labels](#)**: Learn how to read what's on a nutrition label, so you can make healthier food choices.
- **[Using the Nutrition Facts Label](#)**: Get familiar with the main terms on a nutrition label and what they mean.

Learn more about blood pressure basics

- **[High Blood Pressure Facts](#)**: Get the facts about high blood pressure and who it affects the most.
- **[Controlling Your Blood Pressure](#)**: Learn how small changes can make a difference in controlling your blood pressure.
- **[Effects of Uncontrolled Blood Pressure](#)**: Learn more about uncontrolled high blood pressure and its effects on the body.
- **[High Blood Pressure and Your Brain](#)**: Check out resources from the Mind Your Risks® campaign to learn about the

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Talk Pressure: A Guide to Hypertension Communication



Close Knowledge Gaps



Use these messages to boost a person's knowledge about:

- Blood pressure basics and screening options
- The threat of uncontrolled high blood pressure
- The benefits of blood pressure control
- The importance of time

Affirm Productive Beliefs



Use these messages to help show empathy and provide affirmation to assure people:

- They're not alone
- They can find a plan that works for them
- They can achieve control 1 step at a time

Reframe Barriers



Use these messages to help address barriers and limiting beliefs by advising people that:

- High blood pressure control is a journey — and they can get there in time
- High blood pressure control is a team effort
- Medicine is an important tool for successful high blood pressure control

Encourage Next Steps



These messages help give people clear next steps that people with hypertension can take along their journey toward blood pressure control. To keep your communication focused and effective, it's best to focus on 1 step at a time. You can choose the step to focus on based on both your communication goal and where your audience is at.

AMA MAP HYPERTENSION: PATIENT EDUCATION RESOURCES

AMA MAP™ Hypertension

High blood pressure? Medicine can help you take control.

When your blood pressure is too high, it can hurt your body — including your heart, brain, kidneys, eyes, and nerves. But you have the power to protect your health.

Taking medicine is taking action.

Here's why. Blood pressure medicine is . . .



Effective.

It's one of the best ways to lower blood pressure.



Safe.

Blood pressure medicines are well-tested and widely used. And most people don't feel side effects at lower doses.



Simple.

A single pill that contains 1 to 3 medicines is usually all you'll need.



A healthy choice.

And one that works together with other healthy choices, like eating well and staying active.



Low cost.

It's often covered by insurance or through discount programs. Most people can find an option that works with their budget.

Talk to your doctor or care team today about what a healthy blood pressure is for you, and using medicine as part of your plan.

AMA MAP™
Hypertension

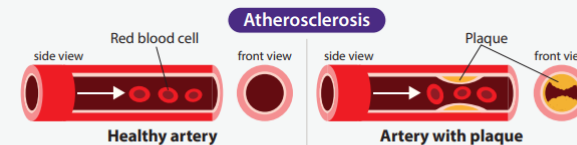
This resource is part of AMA MAP™ Hypertension Quality Improvement Program. Using a single or subset tool or resource does not constitute implementing the program. This content is provided only for informational purposes and should not be used in place of an actual doctor's visit.

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Statins and Your Health: Lowering Your Risk for ASCVD

What is ASCVD?

Atherosclerotic cardiovascular disease (ASCVD) is a group of conditions caused by limited blood flow to different parts of your body due to plaques. Plaques form when your cholesterol is high, and it builds up and hardens in your blood vessels. Plaques can cause damage by limiting your blood flow, creating clots, or breaking off and traveling to different organs in your body. This can lead to different health problems, like heart attacks and strokes.



How to know if you have or are at high risk for ASCVD

Your doctor and care team can calculate your risk for ASCVD based on these factors:



High blood pressure or diabetes



A family history of high cholesterol or diabetes



Obesity



High cholesterol (either now or in the past) — especially your LDL



Smoking



A previous heart attack or stroke

What is LDL? LDL stands for low-density lipoprotein. It's sometimes called the "bad" cholesterol because it's the type that can lead to plaques.



Taking a statin can help.

Statins are a type of medicine that can help lower your risk for ASCVD, heart attack, and stroke.

This resource is part of AMA MAP™ Cholesterol Quality Improvement Program. Using a single or subset tool or resource does not constitute implementing the program. This content is provided only for informational purposes and should not be used in place of an actual doctor's visit.

AMA MAP™
Cholesterol

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How to measure your blood pressure at home

Follow these steps to get an accurate blood pressure measurement:

1. Prepare

- Avoid these things for 30 minutes:
 - Eating
 - Smoking
 - Exercise
 - Caffeine, such as coffee and some teas and sodas
- Measure before taking your blood pressure medicine
- Use the bathroom to empty your bladder, if needed
- Find a quiet space to sit with no distractions

2. Position

- Sit in a chair that supports your back
- Sit next to a flat surface, like a desk or table
- Put the cuff above your elbow on your upper arm, on your skin and not over clothing
- Rest your arm on the flat surface at mid-chest or heart level with your palm up
- Keep both feet flat on the floor with your legs uncrossed



3. Measure

- Rest quietly for 5 minutes in your seated position
- Keep your arm and body relaxed
- Sit quietly without:
 - Talking or conversations
 - TV, phone, or other electronic devices
- Take 2 measurements, waiting 1 minute in between. Do this twice a day, once in the morning and once at night, for 7 days
- Write down each of your measurements as instructed by your doctor or care team
- Share your measurements with your doctor or care team as instructed

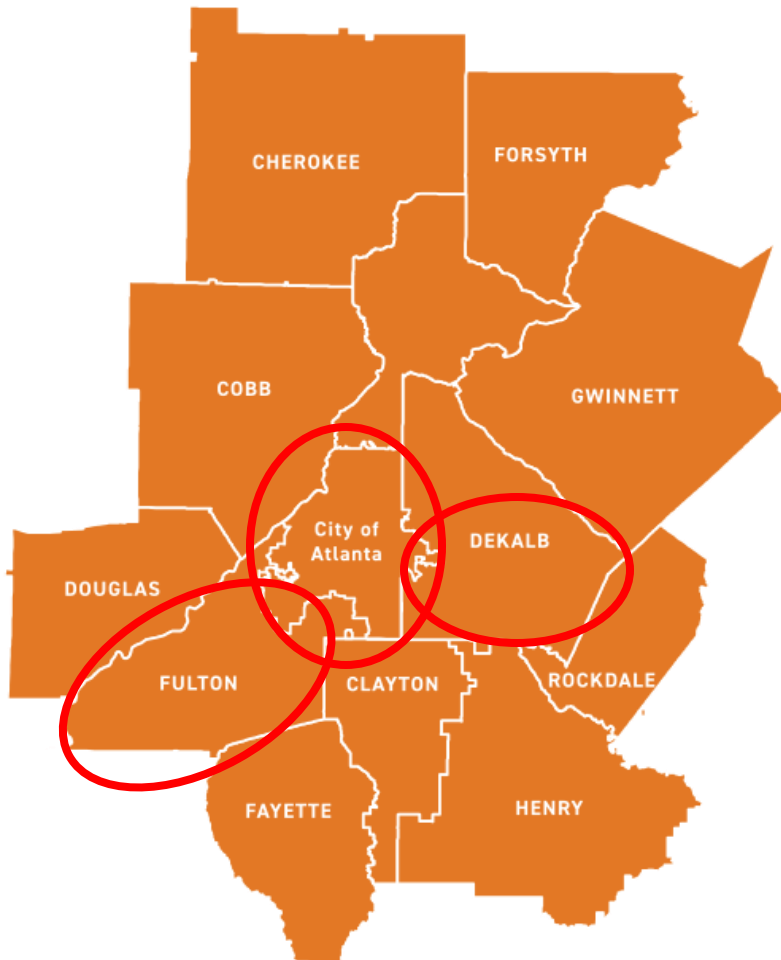
Note: If you are using a wrist cuff, talk to your doctor or care team about how to position your arm.

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AMA MAP™
Hypertension

AHI KEY STRATEGIES

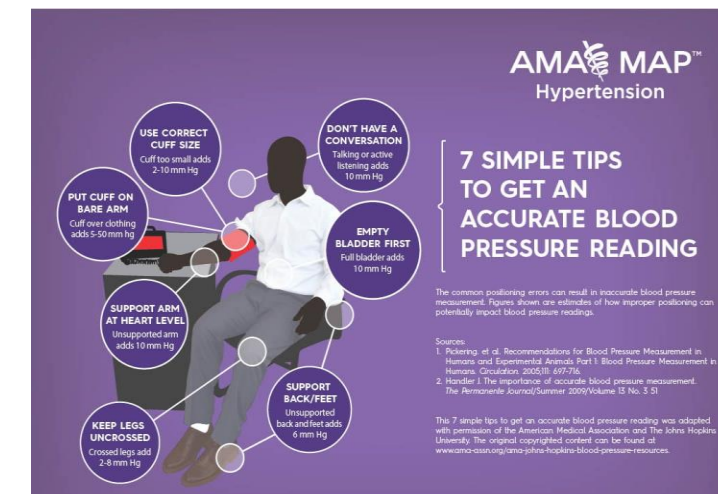
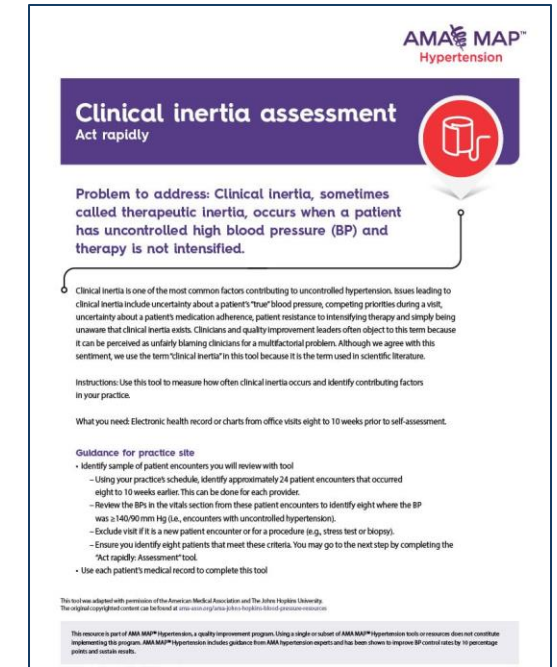
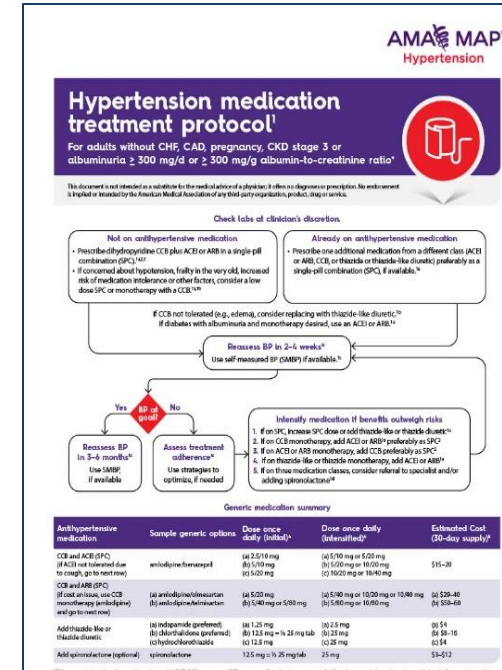


Community Capacity-Building	Community Outreach & Campaigns	Clinical Quality Improvement (QI) Support
<i>Organization-Focused</i>	<i>Population-Focused</i>	<i>Clinician-Focused</i>
Entire 12-County Region		
• Host Capacity-Building Convening Events • Secure & Track Individual & Organizational Commitments • Manage HTN Control-Focused Communications & Community	• Implement HTN Control Local Media Campaign • Develop Local HTN Control Patient Education Website • Implement HTN Control Community Outreach Ambassador Trainings • Disseminate HTN Control Messaging Toolkits	• Host Clinical & QI Executive Events • Secure & Track Health Care Organization Commitments • Host Quarterly Training Webinars • Implement In-Person Health System & Clinic Trainings
Enhanced 3-County Intervention (City of Atlanta, South Fulton & South DeKalb)		
• Implement Self-Measured Blood Pressure (SMBP) Technical Assistance (Cuffs) • Implement Community Health Worker Training & Outreach	• Disseminate Patient Education Materials • Implement Community Screenings • Implement Population Survey	• Implement 1:1 Clinical QI Consulting & Training

AMA MAP HYPERTENSION: CLINICAL QI RESOURCES



- AMA offers a set of robust free, publicly available resources on hypertension, cholesterol, prediabetes, oriented around the MAP framework:
 - **Measure Accurately**
 - **Act Rapidly**
 - **Partner with Patients**
- MAP eCQMs metrics to embed in EHRs available upon request
- AMA-MAP | Homepage: 58 AMA MAP™ tools and resources
 - Many available in 18 languages
 - Resource request form available to order free printed resources shipped directly to your clinic



TARGET:BP CLINICAL QI RESOURCES



Engage with Target: BP™ for a self-guided approach using on-demand, web-based resources:

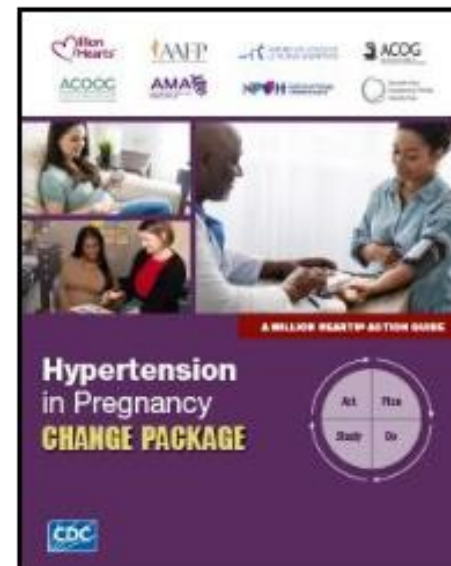
- Practice assessment
- Professional education
- Tools and resources
- Award Achievement



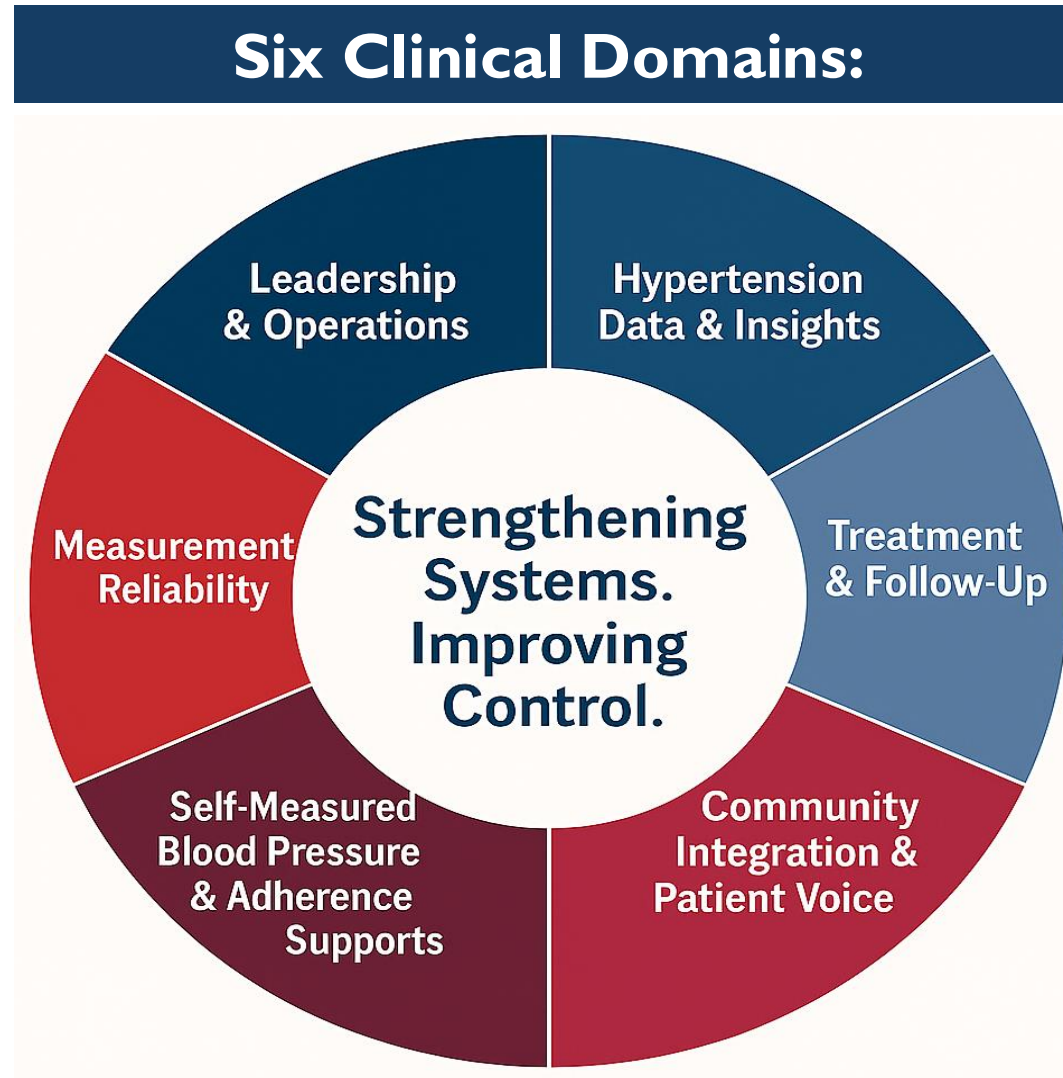
National Recognition: The Target: BP initiative celebrates physician practices and health systems, who treat patients with hypertension, for achieving blood pressure control rates at or above 70 percent within the populations they serve and for their commitment to evidence-based blood pressure activities.

AHI CLINICAL QI RESOURCE GUIDE

What if there was one, high-level guide for navigating these existing validated hypertension control clinical QI resources?

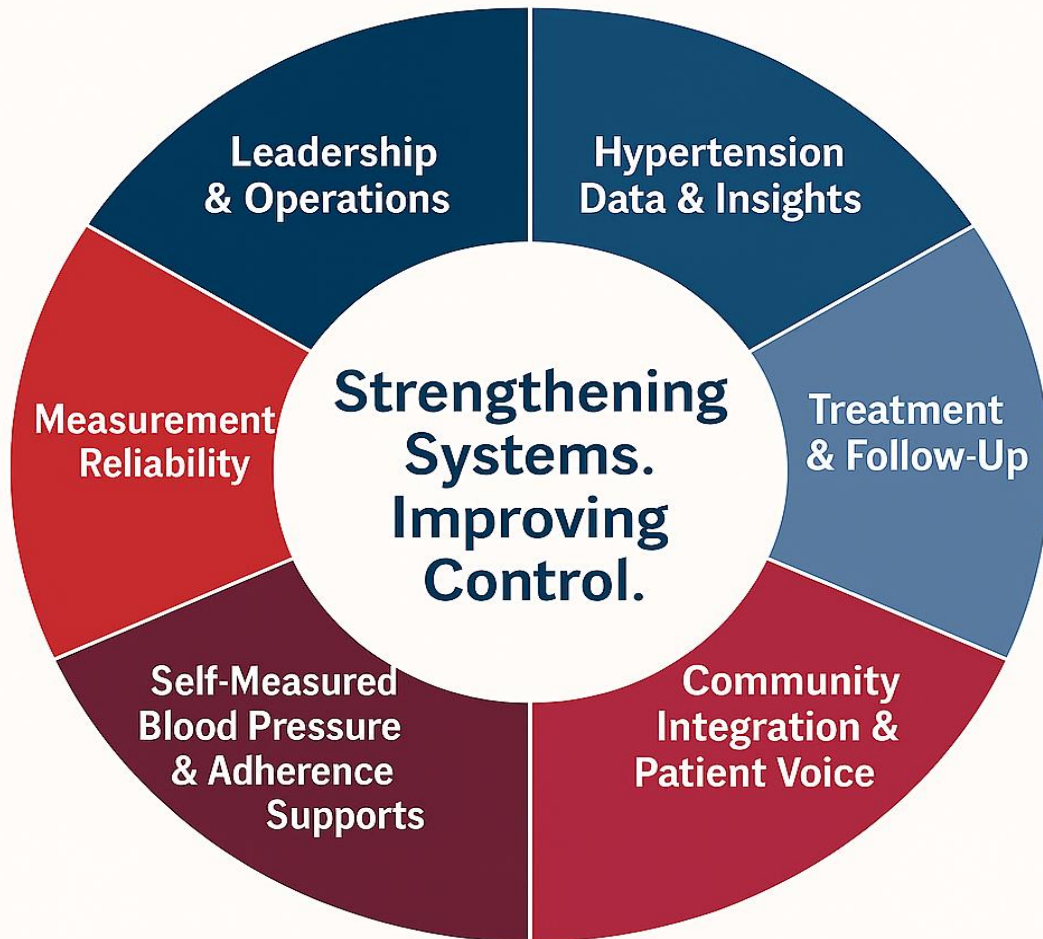


AHI CLINICAL QI RESOURCE GUIDE



AHI CLINICAL QI RESOURCE GUIDE

Six Clinical Domains:

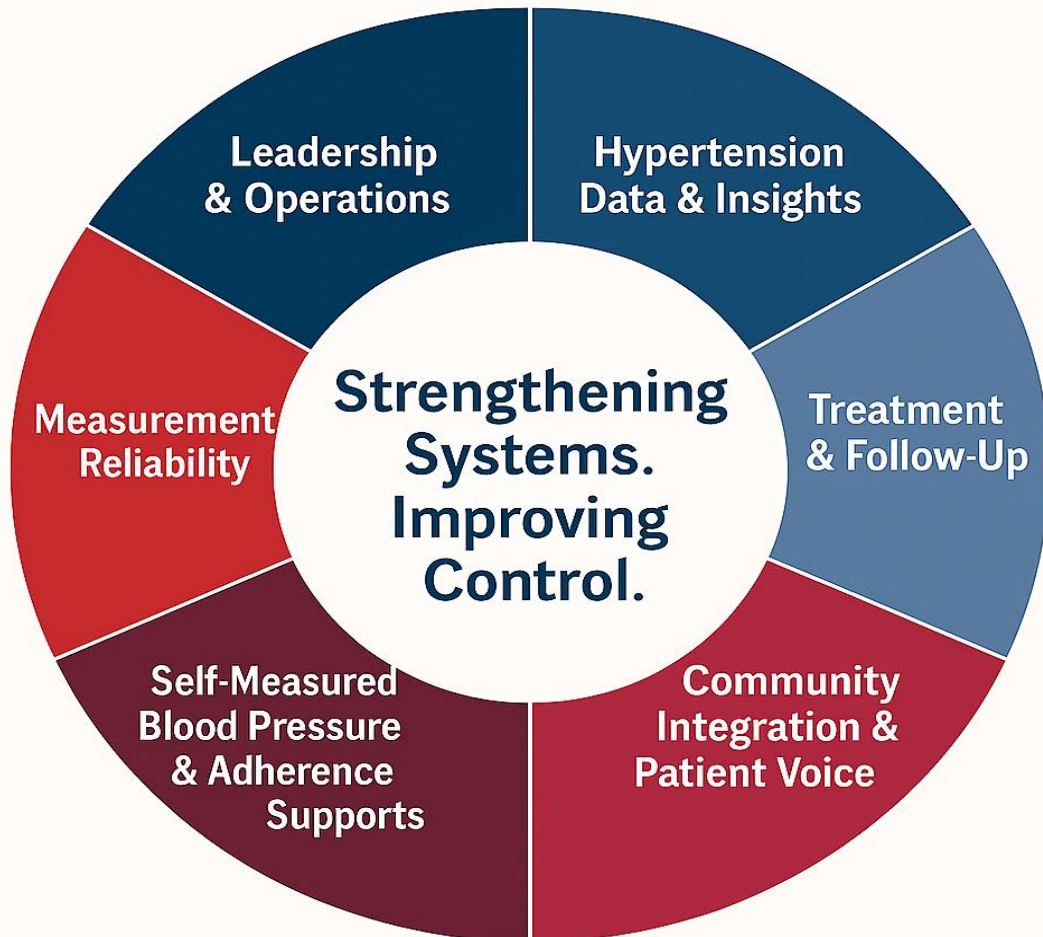


Each Domain Offers

- **Key Success Components:** what effective systems are doing in this area
- **Readiness Checklist:** to assess your organization's current state
- **Opportunities for Action:** practical next steps for improvement based on your current situation
- **Implementation Resources:** direct referral to evidence-based tools from AMA, AHA, CDC, and other partners

AHI CLINICAL QI RESOURCE GUIDE

Six Clinical Domains:



Each Domain Offers

- **Key Success Components:** what effective systems are doing in this area
- **Readiness Checklist:** to assess your organization's current state
- **Opportunities for Action:** practical next steps for improvement based on your current situation
- **Implementation Resources:** direct referral to evidence-based tools from AMA, AHA, CDC, and other partners

Added Support

- **1:1 Clinical QI Consultation & Support**
- **Connections to AMA & AHA Experts / Peers**
 - **Technical Assistance Stipends**



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FIRESIDE CHAT:

The Hypertension Control Imperative

Dr. Jayne Morgan & Dr. Tom Frieden



American
Heart
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2025 AHA/ACC HIGH BLOOD PRESSURE GUIDELINE: KEY HIGHLIGHTS

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AMERICAN
COLLEGE of
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2025 AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC/ NMA/PCNA/SGIM GUIDELINE FOR THE PREVENTION, DETECTION, EVALUATION, AND MANAGEMENT OF HIGH BLOOD PRESSURE IN ADULTS

A Report of the American Heart Association/American College of Cardiology Joint Committee
on Clinical Practice Guidelines

Developed in Collaboration With and Endorsed by American Academy of Physician Associates; American Association of Nurse Practitioners; American College of Clinical Pharmacy; American College of Preventive Medicine; American Geriatrics Society; American Medical Association; American Society of Preventive Cardiology; Association of Black Cardiologists; National Medical Association; Preventive Cardiovascular Nurses Association; and the Society of General Internal Medicine.

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What's New?

HTN and Brain Health

	2017 Recommendation	2025 Recommendation
Mild Cognitive Impairment and Dementia	In adults with hypertension, BP lowering is reasonable to prevent cognitive decline and dementia [COR 2a].	In adults with hypertension, a goal of <130 mm Hg SBP is recommended to prevent mild cognitive impairment and dementia. [COR I]

**Intensive lowering of BP Reduces Risk by
15%**

Lifestyle and Psychosocial Approaches

	2017 Recommendation	2025 Recommendation
Lifestyle and Psychosocial Approaches	N/A	In adults with or without hypertension, potassium-based salt substitutes can be useful to prevent or treat elevated BP and hypertension, particularly for patients in whom salt intake is related mostly to food preparation or flavoring at home, except in the presence of CKD or use of drugs that reduce potassium excretion, where additional monitoring is probably indicated [COR 2a]

Hypertension and Pregnancy

	2017 Recommendation	2025 Recommendation
Hypertension a F  icy	N/A	Pregnant individuals with SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg confirmed on repeat measurement within 15 minutes should receive antihypertensive medication to lower BP to $<160/<110$ mm Hg within 30 to 60 minutes to prevent adverse events [COR I] .
	N/A	Pregnant individuals with chronic hypertension (defined as prepregnancy hypertension or SBP 140 to 159 mm Hg and/or DBP 90 to 109 mm Hg prior to 20 weeks of gestation) should receive antihypertensive therapy to achieve BP $<140/90$ mm Hg to prevent maternal and perinatal morbidity and mortality [COR I].
		Individuals with hypertension who are planning a pregnancy or who become pregnant should be counseled about the benefits of low-dose aspirin to reduce the risk of preeclampsia and its sequelae [COR I].

Secondary Hypertension

	2017 Recommendation	2025 Recommendation
Secondary Forms of Hypertension	N/A	In adults with resistant hypertension , screening for primary aldosteronism is recommended regardless of whether hypokalemia is present to increase rates of detection, diagnosis, and specific targeted therapy [COR I].
Primary Aldosteronism	N/A	In adults with an indication for screening for primary aldosteronism , it is recommended to continue most antihypertensive medications (other than MRA) prior to initial screening to minimize barriers to or delays in screening [COR II].

Risk-Based Treatment Decisions

	2017 Recommendation	2025 Recommendation
Use of Risk-Based Thresholds for Initiation of BP Treatment in Adults (utilizing <u>PREVENT</u> instead of PCE)	Use of BP-lowering medications is recommended for secondary prevention of recurrent CVD events in patients with clinical CVD and an average of SBP ≥ 130 mm Hg or an average DBP ≥ 80 mm Hg and for primary prevention in adults with an estimated 10-year ASCVD risk of $\geq 10\%$ and an average SBP ≥ 130 mm Hg or an average DBP ≥ 80 mm Hg	In adults with hypertension without clinical CVD but with diabetes or CKD or at increased 10-year CVD risk (i.e., $\geq 7.5\%$ based on PREVENT), initiation of medications to lower BP is recommended when the average SBP is ≥ 130 mm Hg and the average DBP is ≥ 80 mm Hg to reduce the risk of CVD events and total mortality[COR1].

Risk-Based Treatment Decisions

	2017 Recommendation	2025 Recommendation
Use of Risk-Based Thresholds for Initiation of BP Treatment in Adults (utilizing <u>PREVENT</u> instead of PCE)	Use of BP-lowering medication is recommended for primary prevention of CVD in adults with no history of CVD and with an estimated 10-year ASCVD risk <10% and an SBP ≥140 mm Hg or a DBP ≥90 mm Hg [COR I].	In adults with hypertension without clinical CVD and with an estimated 10-year CVD risk <7.5% based on PREVENT , initiation of medications to lower BP is recommended if average SBP remains ≥130 mm Hg or average DBP remains ≥80 mm Hg after a 3- to 6-month trial of lifestyle intervention to prevent target organ damage and mitigate further increases in BP. [COR I].

About PREVENT Calculator

About the PREVENT Equations Online Calculator

Recalculate or Pick another Calculator

CVD ASCVD Heart Failure

Sex Male Female

Current Smoking Any cigarette use within the last 30 days No Yes

Lipid-lowering medication Current use of statin medication to lower cholesterol No Yes

Age (years) 30-79

HDL Cholesterol (mg/dL) 20-100

BMI (kg/m²) 18.5-39.9

Total Cholesterol (mg/dL) 130-320

SBP (mmHg) 90-200

eGFR (mL/min/1.73m²) 15-140

Diabetes Any history of diabetes. No Yes

Anti-hypertensive medication Current use of any medication for hypertension No Yes

The following three predictors are optional for further personalization of risk assessment. When they are clinically indicated or available,

If available or indicated, select "Yes" and enter the value.

UACR (mg/g) UACR is clinically indicated for individuals with chronic kidney disease, diabetes, or hypertension No Yes

HbA1c HbA1c is clinically indicated for individuals with diabetes, prediabetes, overweight, or obesity, or those with history of gestational diabetes No Yes

Zip Code valid 5-digit zip code is needed to estimate social deprivation index [SDI] No Yes

Calculate Reset

Use of Risk-Based Thresholds for Initiation of BP Treatment in Adults

BP Level-Only

Does the patient have an average BP $\geq 140/90$ mm Hg?

YES

Initiate antihypertensive medications to lower BP and reduce CVD risk for primary or secondary prevention of CVD

1

NO

Risk-Based Thresholds for Initiation of BP Treatment for Adults*

Does the patient have existing clinical CVD (CHD, stroke, HF)?

YES

Initiate antihypertensive medications to lower BP and reduce CVD risk if average SBP ≥ 130 mm Hg or DBP ≥ 80 mm Hg for secondary prevention of CVD

1

NO

Does the patient have diabetes or CKD, or is the patient at increased short-term risk of CVD (10-year PREVENT-CVD risk $\geq 7.5\%$ †)?

YES

Initiate antihypertensive medications to lower BP and reduce CVD risk if average SBP ≥ 130 mm Hg or DBP ≥ 80 mm Hg for primary prevention of CVD

1

NO

Initiate antihypertensive medications to lower BP if average SBP ≥ 130 mm Hg or DBP ≥ 80 mm Hg after 3-6 months of lifestyle intervention

1

LEGEND

■	COR 1
■	COR 2a
■	COR 2b
■	COR 3-No Benefit
■	COR 3-Harm
(Class of Recommendation)	



2025 High Blood Pressure

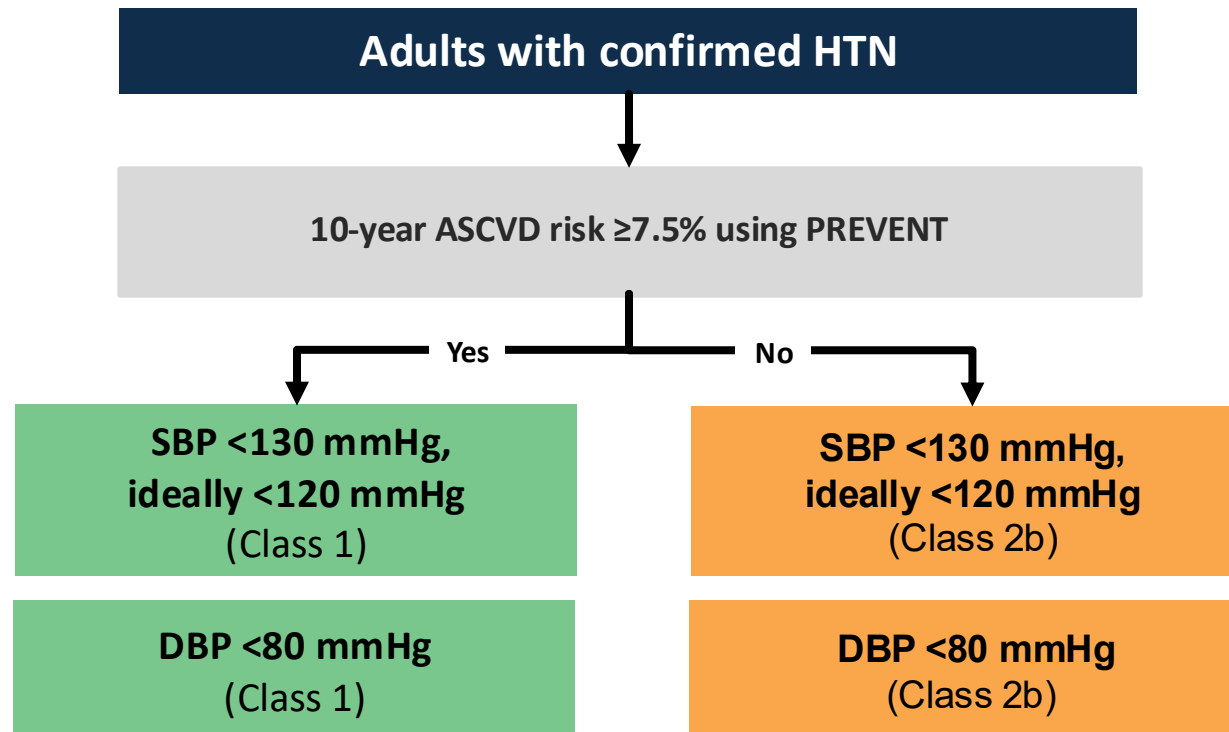
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RISK-BASED TREATMENT DECISIONS

BP indicates blood pressure; CHD, coronary heart disease; CKD, chronic kidney disease; CVD, cardiovascular disease; DBP, diastolic blood pressure; HF, heart failure; PREVENT, Predicting Risk of cardiovascular EVENTS; and SBP, systolic blood pressure.

*In older adults who may be frail or have a limited life expectancy, a clinician-patient assessment of potential benefits and harms of BP lowering should be pursued to align care with patient goals.

†Increased short-term or 10-year risk is defined as a 10-year predicted risk for CVD events of $\geq 7.5\%$ using PREVENT.



Abbreviations: ASCVD indicates atherosclerotic cardiovascular disease; BP, blood pressure; DBP, diastolic blood pressure; HTN, hypertension; PREVENT, Predicting Risk of CVD EVENTS; and SBP, systolic blood pressure.

Top Take-Home Messages

Take-Home Message #1

High blood pressure is the most prevalent and modifiable risk factor for the development of cardiovascular diseases, including coronary artery disease, heart failure, atrial fibrillation, stroke, **dementia**, chronic kidney disease, and all-cause mortality.

- The overarching blood pressure treatment goal is <130/80 mm Hg for all adults, with additional considerations for those who require institutional care, have a limited predicted lifespan, or are pregnant.

Take-Home Message #2

Clinicians should **collaborate** with community leaders, health systems, and practices to implement screening of all adults in their communities and implement guideline-based recommendations regarding prevention and management of high blood pressure to improve rates of blood pressure control.

Take-Home Message #3

Multidisciplinary team-based care is effective in assessing and addressing patient access to medications and other structural barriers to support individual patient needs and thereby reduce barriers to achieving hypertension control.

- Team members may include physicians, pharmacists, nurse practitioners, nurses, physician assistants/associates, dietitians, community health workers, and other health care professionals.

Top Take-Home Message #4

CATEGORIES OF BLOOD PRESSURE IN ADULTS*

BP Category	SBP		DBP
Normal	<120 mm Hg	and	<80 mm Hg
Elevated	120 to 129 mm Hg	and	<80 mm Hg
Hypertension			
Stage 1	130 to 139 mm Hg	or	80 to 89 mm Hg
Stage 2	≥140 mm Hg	or	≥90 mm Hg

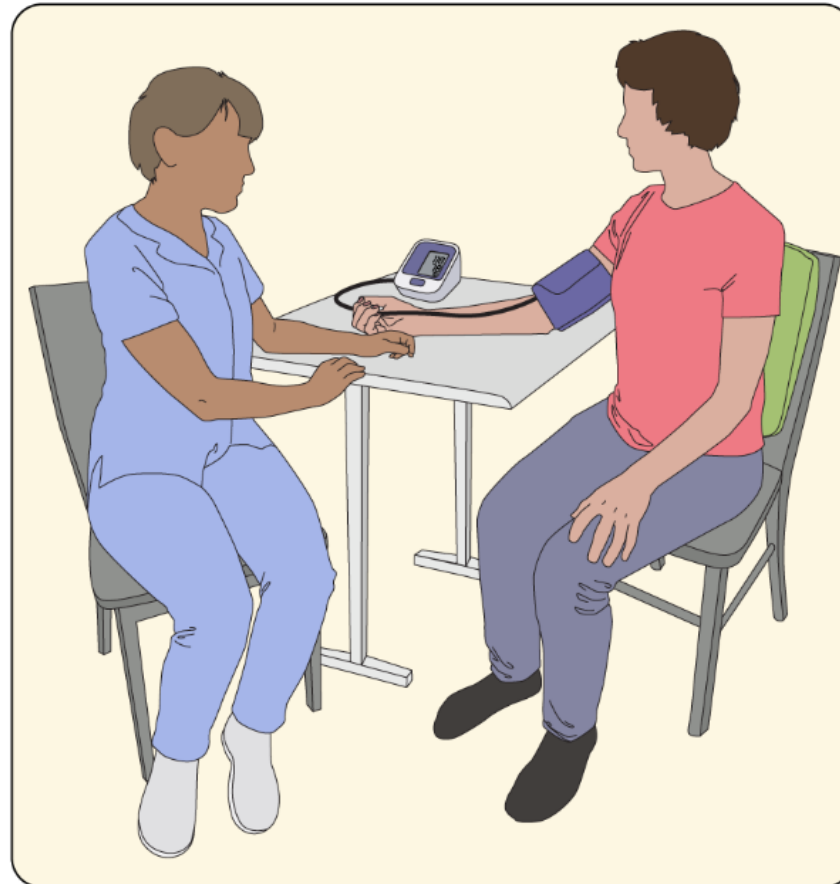
Adopted from Table 4. Categories of Blood Pressure in Adults in the 2025 AHA/ACC HBP Guideline

*Adults with SBP and DBP in 2 categories should be designated to the higher BP category. This table excludes individuals who are pregnant (see Section 5.5, “Hypertension and Pregnancy”).

BP indicates blood pressure (based on an average of ≥2 careful readings obtained on ≥2 occasions, as detailed in Section 3 (“Evaluation and Diagnosis”)); DBP, diastolic blood pressure; and SBP, systolic blood pressure. Adapted with permission from Whelton et al. Copyright 2018 American College of Cardiology Foundation and American Heart Association, Inc.

Checklist for Accurate Office Blood Pressure Measurement

BP indicates blood pressure; DBP, diastolic blood pressure; and SBP, systolic blood pressure.



Office Blood Pressure Measurement

1. The patient should avoid caffeine, exercise, and smoking for at least 30 minutes before measurement. Ensure the patient has emptied their bladder.
2. Use a blood pressure device that has been validated for accuracy (validatebp.org).
3. Use the correct cuff size on a bare arm.
4. The patient's arm should be supported at heart level.
5. Have the patient relax, sitting in a chair (feet on floor, legs uncrossed, and back supported) for more than 5 minutes of rest.
6. Neither the patient nor the clinician should talk during the rest period or during the measurement. The patient should not be using their phone.
7. Blood pressure measurement should be taken in a temperature-controlled room.
8. Take 2 or more blood pressure measurements at least 1 minute apart. Average the readings, and provide the patient their blood pressure readings both verbally and in writing.

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Top Take-Home Message #5

For all adults, **lifestyle changes**, including maintaining or achieving a healthy weight, following a heart-healthy eating pattern (such as DASH), reducing sodium intake, increasing dietary potassium intake, adopting a moderate physical activity program, managing stress, and reducing or eliminating alcohol intake, are strongly recommended to prevent or treat elevated blood pressure and hypertension.

BP MANAGEMENT: LIFESTYLE AND PSYCHOSOCIAL APPROACHES

In adults who have overweight or obesity, weight loss is recommended with a goal of at least 5% of body weight reduction.
(COR 1)

In adults with or without hypertension, a heart-healthy eating pattern, such as the DASH eating plan, is recommended.
(COR 1)

In adults with or without hypertension, reduction of dietary sodium intake is recommended to $<2,300$ mg/d, moving toward an ideal limit of $<1,500$ mg/d.
(COR 1)

Adults with or without hypertension who consume alcohol should be advised to pursue a recommended goal of abstinence, or at least to reduce alcohol intake to ≤ 1 drink/d for women and ≤ 2 drinks/d for men.
(COR 1)

In adults with or without hypertension, increasing physical activity, through a structured exercise program that includes aerobic exercise and/or resistance training, is recommended.
(COR 1)

See 2025 AHA/ACC HBP Guideline Section 5.1 for recommendations and supportive text.

TOP TAKE-HOME MESSAGE #6 AND #7

#6 Initiation of medication therapy to lower blood pressure in addition to lifestyle interventions is recommended for all adults with average blood pressure $\geq 140/90$ mm Hg and/or for selected adults with average blood pressure $\geq 130/80$ mm Hg who have clinical cardiovascular disease, previous stroke, diabetes, chronic kidney disease, or increased 10-year predicted cardiovascular risk of $\geq 7.5\%$ defined by PREVENT™.

#7 In adults with average blood pressure $\geq 130/80$ mm Hg and at lower 10-year cardiovascular disease risk defined by PREVENT of $<7.5\%$, initiation of medication therapy to lower blood pressure is recommended if average blood pressure remains $\geq 130/80$ mm Hg after an initial 3- to 6-month trial of lifestyle modification

CENTRAL ILLUSTRATION 2025 High Blood Pressure Guideline-at-a-Glance

Lifestyle Before Medication For Patients at Low Risk With Stage 1 High Blood Pressure

Low 10-year CVD risk
defined by PREVENT* <7.5%

&

Average BP
130-139/80-89 mm Hg



**After 3 to 6 months of lifestyle intervention,
initiate medication to lower BP if not at goal**

*PREVENT estimates total CVD risk (MI, stroke, HF) based on population data, and integrates SGLT and kidney function

Chris Mendez

Gulati M, et al. JACC. 2025;10.1016/j.jacc.2025.07.010

Top Take-Home Message #9

Home blood pressure monitoring combined with frequent interactions with **multidisciplinary team members** using **standardized measurement and treatment protocols** is an important integrated tool to improve rates of blood pressure control.

- Reliance on cuffless devices, including smartwatches, for accurate blood pressure measurements should be avoided until these devices demonstrate greater precision and reliability.

Figure 4. Home Blood Pressure Monitoring.



See Table 7 for HBPM targets.
BP indicates blood pressure; and
HBPM, home blood pressure
monitoring.

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Whelton et al. Copyright 2019
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Home Blood Pressure Monitoring

Device and blood pressure cuff

Use a blood pressure device that has been validated for accuracy. Check with your clinician or other members of your care team, and the following website for devices: www.validatebp.org.

Use the correct cuff size matched to the size of your arm.

Patient preparation

Avoid smoking, caffeinated beverages, or exercise within 30 minutes before blood pressure measurements.

Positioning of patient and cuff

Place the cuff on a bare arm, and your arm should be supported at heart level.

The bottom of the cuff should be placed directly above the bend of the elbow.

You should relax, and sit in a chair (feet on floor, legs uncrossed, and back supported) for at least 5 minutes.

Blood pressure measurement

While relaxing and measuring your blood pressure, please do not talk, use your phone, or watch TV.

You should take 2 readings 1 min apart twice a day (for a total of 4 readings): 2 readings in the morning after emptying your bladder (urinating) and before taking your medication and eating; and 2 readings at bedtime before sleep.

Check blood pressure for 3 days (minimum) to 7 days (preferred) before your appointment or interaction with your clinician.

Document your daily blood pressure measurements in writing or electronically.

Share your readings with the clinician taking care of you.

*Thank
you*





ATLANTA
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EXECUTIVE CLINICAL ROUNDTABLE

*Accelerating Hypertension Control:
Clinical Leaders United for Impact*

LEADERSHIP & ORGANIZATIONAL READINESS

- **In your organization, what would it take to make hypertension control a recognized system priority, or what have you done to make it a priority already?**
- **What barriers make it difficult to dedicate time or resources to quality improvement — and how could AHI help you overcome them?**

HTN DATA & INSIGHTS READINESS

- **How might we use data collectively in Atlanta to drive progress?**
- **Do you currently know your hypertension prevalence or control rates? If not, what's standing in the way of getting that information?**

TREATMENT, FOLLOW-UP & TEAM-BASED CARE

- **Are there simple ways your team could standardize how blood pressure is measured, documented, or followed up?**
- **What processes or protocols—formal or informal—does your team currently use to guide hypertension diagnosis, treatment and management?**
- **What would it take to develop or update a written hypertension protocol or standing orders that work for your setting?**
- **Who on your care team—nurses, pharmacists, medical assistants—could play a stronger role in follow-up or medication titration if given the tools or authority?**

SMBP, ADHERENCE & COMMUNITY INTEGRATION

- **Are your patients using home blood pressure monitors, and if not, what barriers do they face in getting or using them?**
- **What simple adherence supports — like 90-day refills or refill reminders — could your system adopt without major changes? Are there any examples of systems that have done this successfully?**

NEXT STEPS

- ✓ **Keep the Momentum Going (2026):** Continue to advance progress together through shared insights and best practices
- ✓ **Sign Up as an AHI Champion:** Join the metro-wide effort and make an effort to improve hypertension control.
- ✓ **Get Connected to QI Support:** Indicate your areas of interest and attend an upcoming AHI Clinical QI Information Session to explore tools, resources, and next steps tailored to your organization.



THANK YOU

