



Implementation of Multifaceted Patient-Centered Treatment Strategies for Intensive Blood Pressure Control (IMPACTS)

Standardized Blood Pressure Measurement: Approach, Importance and Clinical Relevance

***Presented by Tulane University Department of Epidemiology,
Department of Medicine and Center for Continuing Education***

Release Date: November 1, 2018

Expiration Date: March 31, 2021

NOTES:

- *This session was recorded between May and October 2018.*
- *Approximate time to complete the activity: **25 minutes***
- *Reference Materials may be found selecting the buttons below the recording.*
- *Technical requirements may be found by clicking on the “Viewing Requirements” link below the recording.*
- *If you have other questions, please contact Tulane University CCE at cme@tulane.edu or 504-988-5466.*

OVERVIEW

Compared with previous hypertension guidelines, the new ACC/AHA hypertension guideline redefines and reclassifies hypertension as well as sets a new BP treatment target. The new guideline also details the optimal treatment strategies for specified subpopulation with diverse racial background and comorbidities. In addition, it emphasizes the necessity of standardization of BP measurement methods as well as out-of-office BP monitor in diagnosis and management of hypertension. The purpose of the proposed CME activities is to disseminate the new hypertension guideline and its key components of new BP management approaches; to elucidate standardized BP measurement methods; and to review evidence based treatment target and protocol based treatment strategies. The educational goal is to enhance the understanding and utilization of new hypertension guideline and intensified BP management protocols as well as standardized BP measurement methods among the health providers.

TARGET AUDIENCE

Physicians of all specialties, allied health, nurses, and public health professionals.

LEARNER OBJECTIVES

At the conclusion of this educational activity, the participants should be better able to effectively:

- Recognize the importance of standardized blood pressure measurement.
- Identify the benefits of automated versus manual blood pressure measurement.
- Apply the steps for standardized blood pressure measurement.
- Demonstrate proper use of standardized blood pressure methods.

PREDICTED OUTCOMES

Predicted *changes in practice* as a result of participating in this activity may include the improved ability to:

- Measure BP accurately (office and home).
- Counsel patients on non-pharmacological treatment for hypertension.
- Utilize pharmacologic treatment for hypertension and treatment targets.
- Accurately diagnose hypertension (white coat, sustained, masked).
- Improve blood pressure control rates (PQRS 236).
- Increase use of out-of-office BP monitoring.

ACCREDITATION

Tulane University Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

DESIGNATION

CME

Tulane University Health Sciences Center designates this enduring material for a maximum of 0.50 *AMA PRA Category 1 Credit*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

CEUs (general)

Tulane University, Center for Continuing Education has been accredited as an Authorized Provider by the International Association for Continuing Education and Training (IACET). Tulane University, Center for Continuing Education is authorized by IACET to offer .1 CEUs for this program.

DISCLAIMER

Tulane University Health Sciences Center and the American Medical Association present this live activity for educational purposes only and do not endorse any product, content of presentation or exhibit. Participants are expected to utilize their own expertise and judgment while engaged in the practice of medicine. The content of the presentations is provided solely by presenters who have been selected because of their recognized expertise.

CONTENT VALIDATION STATEMENTS

Definition of CME Content — Continuing medical education consists of educational activities which serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession. The content of CME is that body of knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine, and the provision of health care to the public.

CME Clinical Content Validation #1 – All the recommendations involving clinical medicine in a CME activity must be based on evidence that is accepted within the profession of medicine as adequate justification for their indications and contraindications in the care of patients.

CME Clinical Content Validation #2 – All scientific research referred to, reported or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection and analysis.

In accordance with the IACET Standard for Continuing Education and Training (3.1, 6.2); the course content has been developed, reviewed, and adheres to high levels of quality, currency, effectiveness, and applicability.

COMPETENCIES

This activity may address elements of physician competencies identified by the American Board of Medical Specialties, the Institute of Medicine, and the Interprofessional Education Collaborative.

American Board of Medical Specialties

Patient Care

Medical Knowledge

Practice-based Learning and Improvement

Institute of Medicine

Provide patient-centered care

Work in interdisciplinary teams

Employ evidence-based practice

DISCLOSURE POLICY

It is the policy of the Center for Continuing Education at Tulane University Health Sciences Center to plan and implement all of its educational activities in accordance with the ACCME® and IACET accreditation requirements to ensure balance, independence, objectivity and scientific rigor. In accordance with the ACCME® and IACET Standards for Commercial Support, everyone who is in a position to control the content of an educational activity certified for *AMA PRA Category 1 Credit*[™] and CEUs is required to disclose all financial relationships with any commercial interests within the past 12 months that create a real or apparent conflict of interest.

Individuals who do not disclose are disqualified from participating in a CME activity. Individuals with potential for influence or control of CME content include planners and planning committee members, authors, teachers, educational activity directors, educational partners, and others who participate, e.g. facilitators and moderators. This disclosure pertains to relationships with pharmaceutical companies, biomedical device manufacturers or other corporations whose products or services are related to the subject matter of the presentation topic. Any real or

apparent conflicts of interest related to the content of the presentations must be resolved prior to the educational activity. Disclosure of off-label, experimental or investigational use of drugs or devices must also be made known to the audience.

DISCLOSURES

Listed below is information disclosed by presenters and others involved in the planning of this activity. Any real or apparent conflicts of interest have been resolved.

Last Name	First Name	Role in the Activity	Disclosure
Bouyelas	Lindsey	Committee Member	Nothing to disclose
Brooks	Kenya	Facilitator	Nothing to disclose
Chen	Jing	Co-activity Director	Nothing to disclose
Epperson	Melinda	Director, Tulane CCE; Planning Committee	Nothing to disclose
He	Jiang	Department Chair Epidemiology	Nothing to disclose
Kleinpeter	Myra	Chair, Tulane CCE Advisory Committee	Grant: Amgen, Glaxo Smith Kline, Astra Zeneca; Speakers Bureau: Gilead Sciences, Fresenius Medical Care, OPKO; Stock: BD, Abbvie, P&G; Board Member: Orleans Parish Medical Society, New Orleans East Hospital
Krane	N. Kevin	Vice Dean of Academic Affairs, Tulane University School of Medicine	Nothing to disclose
Krousel-Wood	Tonette	Activity Director, Speaker	Nothing to disclose
Lambuth	Kailin	Committee Member	Nothing to disclose
Lind	Caroline	Educational Evaluation & Research Specialist, Tulane CCE	Nothing to disclose
Peacock	Erin	Committee Member	Nothing to disclose
Refvem	Sarah	Program Coordinator - Education & Evaluation, Tulane CCE	Nothing to disclose
Schmidt	Pamala	Assistant Director, Tulane CCE	Nothing to disclose
Sliwinski	Roblynn	Department Administrator, Tulane CCE	Nothing to disclose
Whelton	Paul	Speaker	Chair, Writing committee, ACC/AHA Task Force on Clinical Practice Guidelines; Chair, SPRINT, ALLHAT, TOHP, and TONE trials

OFF LABEL USE/PRESENTERS

The presenters have disclosed that their presentations will not involve comments or discussion concerning unapproved or off-label uses of a medical device or pharmaceuticals.

EVALUATION & CLAIMING CREDIT INSTRUCTIONS

Please click on the link at the conclusion each session to evaluate the content, complete the post-test, and claim credit. Each enduring material requires successful completion of a post-test prior to claiming credit with a minimum performance level of 75% (6 of 8 questions).

Your feedback is important! Please complete the evaluation regardless of your desire to claim *AMA PRA Category 1 Credit™* or CEUs. Evaluations are downloaded as aggregate data to maintain anonymity of your responses.

Questions?

Please contact

Tulane University Center for Continuing Education

504-988-5466

cme@tulane.edu



REFERENCES

1. Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, Cushman M, de Ferranti S, Després JP, Fullerton HJ, Howard VJ, Huffman MD, Judd SE, Kissela BM, Lackland DT, Lichtman JH, Lisabeth LD, Liu S, Mackey RH, Matchar DB, McGuire DK, Mohler ER, Moy CS, Muntner P, Mussolino ME, Nasir K, Neumar RW, Nichol G, Palaniappan L, Pandey DK, Reeves MJ, Rodriguez CJ, Sorlie PD, Stein J, Towfighi A, Turan TN, Virani SS, Willey JZ, Woo D, Yeh RW, Turner MB; American Heart Association Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics--2015 update: a report from the American Heart Association. *Circulation*. 2015; 131:e29-322.
2. Gu Q, Burt VL, Dillon CF, Yoon S. Trends in antihypertensive medication use and blood pressure control among United States adults with hypertension: The national health and nutrition examination survey, 2001 to 2010. *Circulation*. 2012; 126:2105-14.
3. Centers for Disease Control and Prevention, National Center for Health Statistics. Compressed mortality file 1999-2010. series 20 no. 2P. CDC WONDER Online Database [database online]. Released January 2013. <http://wonder.cdc.gov/cmfi-icd10.html>.
4. CDC Behavioral Risk Factor Surveillance System. Prevalence and trends data, hypertension awareness - 2013. <http://apps.nccd.cdc.gov/brfss/>.
5. Ezzati M, Oza S, Danaei G, Murray CJ. Trends and cardiovascular mortality effects of state-level blood pressure and uncontrolled hypertension in the United States. *Circulation*. 2008; 117:905-14.
6. Chen W, Srinivasan SR, Ruan L, Mei H, Berenson GS. Adult hypertension is associated with blood pressure variability in childhood in blacks and whites: The bogalusa heart study. *Am J Hypertens*. 2011; 24(1): 77-82.
7. Zhang, Y, Li W, Wang Y, Chen L, Horswell R, Xiao K, Besse J, Johnson J, Ryan DH, Hu G. Increasing prevalence of hypertension in low income residents within Louisiana State University Health Care Services Division Hospital System. *Eur J Intern Med*. 2012; 23(8): e179-84.