

Partner with patients, families and communities assessment tool

Problem statement: Though proven treatments to manage high blood pressure are available, many patients in the United States with hypertension do not have their blood pressure under control. Engaging patients in self-management, through shared decision-making, regular self-blood pressure monitoring, lifestyle modifications and improved adherence to medications, is a key element of effective hypertension care. Practices and health centers that partner with patients to promote self-management of high blood pressure can improve health outcomes and achieve optimal hypertension control rates.

Purpose of this tool: The “Partner with patients, families and communities assessment” tool is designed to help clinical staff use evidence-based communication skills to improve communication with patients. By using this tool patients are more likely to communicate concerns they have about their treatment, and clinicians are able to have a better understanding of patient medication adherence and retention of information discussed during the visit.

How to use this tool:

STEP 1

- The staff member who is putting the patient in the exam room should circle whether or not the patient’s blood pressure is controlled at goal.

STEP 2

- The staff member then asks questions 1–3, which will reconcile the patient’s current medication list, assess medication adherence, and determine what the patient’s top priority is for the visit.

STEP 3

- When the clinician is in the room they will use the tool as a reminder to ask about concerns with the treatment plan.
- Two sample phrases are provided as non-judgemental supportive statements to encourage a shared care plan.

STEP 4

- Use teach back to make sure the patient understands what was covered during the visit.

IHO: BP Improving Health Outcomes: Blood Pressure



On today's visit patient's blood pressure is: *(Circle one)* **Elevated** **Controlled**

1. (MA/RN) What medicines are you currently taking? (Use EMR if available)

2. (MA/RN) I know that taking medicine is hard. What problems are you having?

3. (MA/RN) What health issue matters to you the most that is to be addressed this visit?

4. (MD) Do you have any concerns about your treatment plan?

I think we can come up with a plan that will be good for you if we work on it together.
I'll keep working with you until we get your blood pressure under control.
Is there anything I can do to help you understand what we talked about today?

5. (MD) (Teach back)
We talked about making some changes today. To be sure that I have explained the new plan clearly, can you tell me what we agreed you will do over the next few weeks?

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