HYPERTENSION MANAGEMENT PROGRAM
Program Planning
Helpful Tips & Suggestions

DECIDING TO IMPLEMENT A HYPERTENSION MANAGEMENT PROGRAM Discuss program and obtain physician / clinic / organizational buy-in / approval	
Questions / Process	**Tips / Suggestions**
Hypertension Management Program and your organization – should you do it?	• Meet with physicians, clinic / health centre administrative leaders and the allied health team. All should be involved in the decision to implement the program in order to best assure commitment, support for resources needed, as well as understanding potential benefits to patients and the organization • Meeting materials: Consider using best practices, patient materials and/or other hypertension support tools available to demonstrate the concepts behind the program • Gain approval / buy-in to implement your hypertension program
Identifying program team and clinical lead / champions	
Questions / Process	**Tips / Suggestions**
Who will be the program & clinical champion / lead?	• Identify 2 members of the clinical team to lead the program. When deciding, pick those who are well-organized, have experience & influence among colleagues, are interested in or involved with chronic disease management and teaching and who will have time to commit to sustaining the program within the organization. 2 Champions mean there is a back-up, coverage for vacations, illness etc. • The program champion / leads are important for securing and maintaining team motivation, program fidelity – ensuring that there is regular team discussion, assessment and planning of the program. They can also support ensuring there is capacity to maintain the program, e.g. succession planning

Questions / Process	Tips / Suggestions
Who in your healthcare team will be involved in the program?	• Identify multi-disciplinary team members for the program, who can assist with various patient visit aspects and with counselling on specific lifestyle changes • Review all program tasks to determine what needs to be done, so you can consider who is best suited to do each step. Allied healthcare personnel, including dietitians, social workers and pharmacists, are important resources for patient counselling to promote effective lifestyle changes and support patient self-management • Consider involving administrative staff, volunteers and healthcare students (medical and nursing) for certain tasks, to free up regular healthcare staff for other tasks • Optimum team size and composition will depend upon your estimate of the number of patients you will have in your Hypertension Management Program (it can and will evolve over time, e.g., as capacity / needs change)

Development of a Program Action Plan

Questions / Process	Tips /Suggestions

What is a Program Action Plan?	• A Program Action Plan is a plan identifying initial and ongoing goals for your program outcomes, including who will be responsible for which steps, resources that may be needed, potential barriers and strategies to mitigate barriers to succeed in identified timelines. Ideally you and identified team will draft an Action Plan following the self-assessment, and continue to add and refine items after engaging the whole team
	• In the early stages of running the program, a Program Action Plan covers the program implementation. A program visit flow diagram can be a useful tool in these early stages for determining how to break out the visit and integrate roles & responsibilities; some guiding questions include:
	  • Who handles the booking process, who takes the BP measurement, who explains BP results, hypertension diagnosis, treatment plan & self-management options?
	  • How to triage / stratify / prioritize prospective patient visits according to the degree of control of hypertension, based on best-practice guidelines
	  • Who counsels the patient on the importance of lifestyle change and choosing a goal?

	• Where will patients will be seen in the clinic & best set-up options to effectively and efficiently handle planned number of visits • What will data reporting, review and discussion look like at your organization? • Be flexible with your Program Action Plan and give yourselves permission to change and adapt as needed along the way • Once the program has been implemented and patient enrollment is going smoothly, the team should regroup to develop the Program Action Plan further such as: how to organize patient follow-up visits, continued lifestyle change counselling, set Program QI goals for your site, expanding enrollment activities to include general screening for elevated BP, setting practice target numbers for controlled BP, etc.
Identifying potential patients to engage, then contact them and book visits	
Questions / Process	**Tips / Suggestions**
What is the best way to identify suitable patients for the program?	• Review health records to select potential adult patients based on their diagnosis of hypertension or elevated blood pressure history and referring to current Hypertension Canada Guidelines; clinicians could also identify patients from their roster who have 'uncontrolled' hypertension, for immediate enrollment • Add routine BP screening to all appropriate adult patient visits to detect un-diagnosed hypertension • Many patients with diabetes also have hypertension; review your diabetes patient roster • For very large rosters, you may want to begin referring to the program as patients are seen for routine appointments, easing into the goal of best practice management
How do you best connect with & engage identified patients to plan an initial hypertension-focused visit?	• You know your patients best – some may respond best to phone calls where the program can be explained briefly and a visit booked. Others might prefer a letter sent with the basic details and a number to call to discuss it with you before they book a visit. Still others you might plan to speak to when they are next in the clinic • If you choose to mail or email an invitation to patients, keep track of who responds and who doesn't. Sending out a follow-up to those who do not respond within 4 – 5 weeks of sending the first letter can be a good way to engage patients.

	• Keep messaging simple – outline the program and potential benefits; the rest can be explained during the initial encounter • The first program visits should be booked to start soon after the team training / orientation has been held for the team and all materials & tools are on hand • Schedule the first visit as a ½ hour appointment so that there is enough time to ensure patient has a reasonable understanding of hypertension, applicable risk factors & you can begin a conversation about lifestyle goal planning
Team Orientation & training	
Questions / Process	**Tips /Suggestions**

What training / orientation needs to be done?	• Before implementation begins, it is important to gather the whole team together and conduct an orientation and training session
	• Items to cover include:
	  • program overview and tools description for your practice
	  • proper BP measurement, targets, equipment in use
	  • Best practices for hypertension management and control
	  • Basic behaviour change techniques & skills
	  • Development of a Program Action Plan by, and for, your team
	• It is very important that your whole team be involved in the training/orientation so all team members are:
	  ○ Aware there is a program in place
	  ○ Aware who to ask questions (e.g. Champion)
	  ○ Referral, patient engagement, clinical process flows/steps
	  ○ What data is being tracked, when it will be shared, what goals are being targeted, when will new goals be set

Planning awareness activities to identify additional target patients	
Questions / Process	**Tips / Suggestions**

How can you raise awareness among patients about your program?	• Continually raising awareness of the program and its benefits among your patient population means that patients may direct themselves to you, and refer others, assisting you in broad recruitment into the program. If you have active patient engagement, consider group sessions where patients learn about a topic and have an opportunity to share their successes and challenges…allowing them to bring a friend/family member can also help improve their motivation to succeed, along with potentially adding more patients to your program (success breeds success).
	• If you started with a potential patient list; continue to follow up on the list you developed. Encourage those patients to come in for a visit to hear more about the program
	• Sample ideas to consider
	  • Put an ad or article in your practices' newsletter, if applicable
	  • Put up a poster in your waiting room areas that invites patients to ask about the program and to 'know their numbers'
	  • Add information to your phone system (e.g. "on hold" messaging)
	  • Use your computer screen backgrounds or screen savers in the exam areas to prompt patients to ask about the program
	  • Keep an open mind as new opportunities come up that are suitable for raising awareness