BP > 130/80 (Average) * (Consider using AOBP in office**)

*BP goal for most patients is at least <130/80, keeping <120 in mind for high risk patients

PCP/Team Follow Up

HOW: Usual follow up workflow with timeframe using .checkout

WHAT: Follow up with you or your team to focus on HTN or perhaps HTN + one other issue

Considerations:

1. MD visits are longer than RN
2. Better for patients who need more complex decision making or have comorbidites or results review that would influence BP management
3. Appropriate for a patient who prefers to keep their care within team as opposed to HTN clinic visit or when HTN availability does not align with needed time frame

IMA Hypertension Clinic

HOW: AMB REF TO IMA HYPERTENSION (also in preference list!)

WHAT: Dedicated Hypertension visit for education, medication managment, adherence counseling, intiation or continuation of secondary work up, lab follow up

Considerations:

1. Visits currently staffed by NPs
2. Open to all insurances accepted by IMA
3. Very complex cases or those that should consider procedural management may be referred out
4. Typically has visits available within 4 weeks, appropriate to use team follow up if not
5. Pharmacy contact is Neha (Kumar) Shah, PharmD

Remote Patient Monitoring (Condition Management)

HOW: AMB REF TO CONDITION MANAGEMENT, Select Hypertension, add BP goal (usually <130/80), select cuff size.

WHAT: Supported home BP monitoring by external RNs and Sinai Pharm D. BPs are automatically transimitted and monitored by RN, alerts are escalated to PharmD for visits, PCP looped in for medication planning but not required to be availble in real-time. Alerts do not come to PCP.

Considerations:

1. Requires patient engagement, ability to measure BP at home (okay for caregivers to support)
2. Insurance covers for: Medicaid, Medicare/ Medicaid dual coverage, Medicare without dual coverage may have co-pay but still covered. Commerical plans often not covered

Hypertension Clinic (Nephrology/Cardiology)

HOW: AMB REF TO HYPERTENSION CLINC (CARDIOLOGY)

WHAT: Referral to Dr. Omar Al-Dhaybi, a nephrologist and hypertension speciaiist employed by DIvision of Cardiology. Hypertension focused visits for complex cases or diagnositc work up for possible procedural management (renal artery denervation or renal artery stenting)

Considerations:

1. Insurance acceptance should be similar to IMA, though could change
2. Easier access to 24 hour ambulatory monitoring
3. Ideal for most complex cases that have failed multiple medical regimens
4. Visits are scheduled outside IMA via Cardiology (212-427-1540)
5. Dr. Al-Dhaybi is typically responsive in Epic for clinical questions between referral and appointment

Technical Tips & Resources

Hardware/AOBP

IMA BP Machines are programmed to take 3 consecutive BPs and average the readings if the function is selected

1. Apply correct cuff/position patient as usual
2. Instead of 'Start' push the clock icon, then 'start intervals'
3. MAs may do this for you and leave a free text note that BP is averaged

Dot Phrases: All start with '.imahtn...'

.imahtnaldoguide
.imahtnbuyhomebpmonitor
.imahtnsmbpenglish
.imahtnsmbpspanish
.imahtnwristcuffenglish
.imahtnwristcuffspanish

Smart Set: Search 'Hypertension'

Select: '2025 MSHS Primary Care Hypertension'

What's There? --> patient education hand outs, preferred drugs (also in IMA preference list), BP logs to print with AVS

Home Monitors

Home BP Monitor for patients not eligible/not interested in RPM:

Chat Adapt Health with your preceptor and request BP Monitor
SPECIFYING CUFF SIZE
Cuffs covered by medicaid, rarely medicare and commerical
If not covered, AdaptHealth will inform patient of out of pocket cost

You may direct patient to other options using IMAHTNBUYHOMEBPMONITOR phrase in MyChart Message