Level of blood pressure above goal and clinical inertia in a Medicaid population

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Abstract

Failure to adjust hypertension therapy despite elevated blood pressure (BP) levels is an important contributor to lack of BP control. One possible explanation is that small elevations above goal BP are not concerning to clinicians. BP levels farther above goal, however, should be more likely to prompt clinical action. We reviewed 1 year’s worth of primary care records of 3742 North Carolina Medicaid recipients 21 years and older with hypertension (a total of 15,516 office visits) to examine variations in hypertension management stratified by level of BP above goal and the association of BP level above goal with documented antihypertensive medication change. Among the 53% of patients not at goal BP, 42% were within 10 mm Hg of goal; 11% had a BP of 40-20 mm Hg or higher above goal. Higher level of BP above goal was independently associated with antihypertensive medication change. Compared with visits at which BP was less than 10 mm Hg above goal, the adjusted odds of medication change were 7.9 (95% confidence interval 6.2–10.2) times greater at visits when patients’ BP was 40-20 mm Hg or higher above goal. However, even when BP was above goal at this level, treatment change occurred only 45% (95% confidence interval 40.2–51.8) of the time.

Keywords: Hypertension, blood pressure control, clinical inertia, Medicaid

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