



CARDI•OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Disclaimer for sharing or use of any of this presentation

If you share or use this presentation, any parts of it, or any of the info in it is used, please ensure you always credit the Ohio Cardiovascular Health Collaborative (Cardi-OH) AND you provide a link to www.cardi-oh.org

Please also send the link to where it is being used to Cardi-OH using the contact email: info@cardi-oh.org



CARDI·OH
Ohio Cardiovascular Health Collaborative

Reconciling Conflicting Recommendations for Older Adults with Hypertension

Larry Lawhorne, MD
Professor, Department of Geriatrics
Wright State University
Boonshoft School of Medicine

Disclosure-None

Larry Lawhorne, MD has no financial relationships with commercial interests to disclose.



CARDI·OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Background



- Older adults with hypertension encountered frequently in the primary care setting.
- Because of multimorbidity, may also be attended by one or more specialists including cardiologists, nephrologists, and endocrinologists.
- As a consequence, the older patient and family may receive conflicting recommendations regarding evaluation, management, and goals of care...

a potential source of concern or apprehension.

Purpose



To compare the effectiveness of various approaches to elicit responses from specialists when their recommendations to a patient differ from those of the primary care clinician.

Setting / Inclusion Criteria



- A 2-month QIP study in an ambulatory geriatrics clinic in which 85% of the patients have a diagnosis of hypertension.
- Multimorbidity, frailty, falls, and neurocognitive disorders are frequently encountered.
- Patients included if record contained explicit primary care recommendations about optimal blood pressure target, medications, or diet and if it also contained a consult from a specialist with recommendations that differed from the primary care clinician.

Subjects / Interventions



- 21 patients (Mean age 85; 15 women, 6 men) included. 8 had recurrent falls, 6 had dementia, and 2 met criteria for frailty.
- Recommendations proposed by a specialist that differed from the primary care clinician addressed target blood pressure (9 records), drug regimen (9 records), and dietary modification (3 records).
- Interventions to reconcile differences included telephone calls, letters, faxes, and SBAR.



CARDI•OH
Ohio Cardiovascular Health Collaborative

Results

Specialists were less likely to respond to a telephone call or a letter (2/13) and more likely to respond to a faxed SBAR document (6/8).

SBAR Example



- **Situation:** I saw our mutual patient, John Smith (1/1/1942), on 5/3/2019. Your last note indicates that his BP was 158/86 and you recommended the goal of <140/80.
- **Background:** I have been his PCP for the past 6 years, following him for Alzheimer's disease and coordinating treatment for hypertension and CKD with you and diabetes with endocrine.
- **Assessment:** His wife is his sole caregiver. He is now more oppositional and resistive to medication supervision d/t his Alzheimer's disease. He will not always take his meds as prescribed. When he doesn't and BP is above the goal, she feels that she is an inadequate caregiver.
- **Recommendation:** Given his dementia and her stress as caregiver, I recommend that we simplify his medication regimen as indicated on the next page and set BP goal at < 160/90.

Conclusion



- Limited by small numbers, but this QIP study suggests that a brief SBAR document may
 - Improve communication between specialists and primary care clinicians.
 - Help reconcile discordant recommendations.
- Larger studies in more traditional primary care practices are warranted to replicate these findings and to determine if reconciliation alleviates patient / family apprehension.