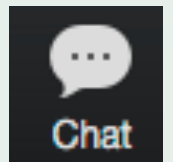
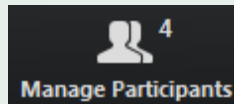


# Reminders

- Please rename yourself with your name and practice location in the “Manage Participants” box.
- Please enter your name and practice location into the “Chat” to record your attendance.
- Use the “Chat” feature to ask questions and receive survey links.
- Please remember to “Mute” your microphone unless speaking.
- Call our Tech Team at 440-796-2221 if you have audio or visual problems.
- If you can’t connect to audio via computer, or you lose computer audio at anytime, you can call in to the clinic at: 646-876-9923; meeting ID: 850 112 117.



# Structure of ECHO Clinics

Duration	Item
5 minutes	Introductions, roll call, announcements
25 minutes	Didactic presentation, followed by Q&A
25 minutes	Case Study presentation and discussion
5 minutes	Wrap-up/Post-Clinic Survey completion



**CARDI•OH**

Ohio Cardiovascular Health Collaborative



*In partnership with:*



# Cardi-OH ECHO Reducing the Burden of Hypertension

Thursday, April 2, 2020

# Disclosure Statements



The following planners, speakers, moderators, and/or panelists of the CME activity have financial relationships with commercial interests to disclose:

- Adam T. Perzynski, PhD reports being co-founder of Global Health Metrics LLC, a Cleveland-based software company and royalty agreements for forthcoming books with Springer publishing and Taylor Francis publishing.
- Brian Bachelder, MD received funds for his role as Physician Advisor at VaxCare.
- Siran M. Koroukian, PhD received grant funds for her role as a subcontractor on a study funded by Celgene.
- Christopher A. Taylor, PhD, RDN, LD, FAND reports grant funding and travel support for his role as a consultant, researcher, and presenter for Abbott Nutrition, and is also a member of the Scientific Advisory Council of Viocare, Inc.
- Jackson T. Wright, Jr., MD, PhD reports research support from the NIH and Ohio Department of Medicaid and consulting with NIH, AHA, and ACC.
- These financial relationships are outside the presented work.

All other planners, speakers, moderators, and/or panelists of the CME activity have no financial relationships with commercial interests to disclose.

# Series Wrap-Up



## Goutham Rao, MD, FAHA

Chief Clinician Experience and Well-Being Officer, University Hospitals Health System

Jack H. Medalie Endowed Professor and Chairman

Department of Family Medicine and Community Health

Division Chief, Family Medicine, Rainbow Babies and Children's Hospital

Case Western Reserve University School of Medicine & University Hospitals Cleveland Medical Center

## Jackson T. Wright, Jr., MD, PhD, FACP, FAHA

Emeritus Professor of Medicine

Director, Clinical Hypertension Program

Division of Nephrology and Hypertension

University Hospitals Cleveland Medical Center

Case Western Reserve University

## Jim Werner, PhD

Associate Professor

Department of Family Medicine and Community Health

Department of Psychiatry  
Case Western Reserve University School of Medicine

University Hospitals Cleveland Medical Center

# Objectives



After attending this brief didactic session, you should be able to accomplish the following:

- 1) List a minimum of two recommendations for management of hypertensive urgencies or emergencies.
- 2) Identify a minimum of one source for review of validated BP measurement equipment.
- 3) Describe a brief approach to beginning a conversation about hypertension control using motivational interviewing

# An Evidence-Based Review of Elevated Blood Pressure for the Inpatient



Bryan Stanistreet, MD,<sup>a</sup> Joseph A. Nicholas, MD, MPH,<sup>a</sup> John D. Bisognano, MD, PhD<sup>b</sup>

*<sup>a</sup>Department of Internal Medicine, Division of Geriatrics, University of Rochester Medical Center, Rochester, NY; <sup>b</sup>Department of Internal Medicine, Division of Cardiology, University of Rochester Medical Center, Rochester, NY.*

Was the blood pressure measured properly and accurately?

Is there evidence of acute end-organ damage?

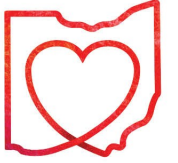
What potential factors are contributing to the patient's elevated blood pressure?

How much of a change is the current blood pressure from the patient's baseline?

How quickly has the blood pressure changed and why has the blood pressure changed so quickly?

What is the patient's goal blood pressure in the hospital and why?





There is generally poor quality evidence that lowering blood pressure in cases of hypertensive emergency reduces morbidity or mortality. However, in cases of cerebrovascular accident and abdominal aortic dissection, patients benefit from acutely lowering the blood pressure.<sup>26-29</sup> There are poor recommendations to guide which medications should be used and how abruptly the blood pressure should be low-

# The challenge of measurement



- Rao (PI) Home Blood Pressure Monitoring for Diagnosis of Pediatric Hypertension  
(1 R01 HS027429-01A1)
- Dabl educational trust:
  - <http://www.dableducational.org/>

# Omron Upper Arm Blood Pressure Monitor, 3 Series

by Omron



★★★★☆ | 96 ratings | 19 answered questions

List Price: ~~\$49.99~~

Price: **\$32.84** & **FREE Shipping**. [Details](#)

You Save: **\$17.15 (34%)**

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- With advanced accuracy, an exclusive Omron technology, this monitor measures 5 times more data points for consistent, precise readings; Easy one touch operation also detects irregular heartbeats; Stores up to 14 readings for one user
- Soft, Wide Range D Ring cuff is designed to comfortably fit standard and large adult arms from 9" to 17" in circumference
- Omron is the #1 recommended home blood pressure monitor brand by doctors and pharmacists for clinically accurate home monitoring, and the #1 selling manufacturer of home blood pressure monitors for over 40 years
- Package includes one blood pressure monitor, one wide range cuff, quick start guide, and instruction manual
- Note: Blood pressure varies constantly due to many factors including stress, time of day, and how you wrap the cuff, may affect your blood pressure

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**#1 DOCTOR RECOMMENDED BRAND**



Omron Gold Blood Pressure Monitor, Portable Wireless Wrist Monitor, Digital Bluetooth Blood Pressure Machine, Stores Up to 200...

★★★★☆ 13,220 | \$65.00 **prime**

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Accurate | Easy-to-Use | Reliable

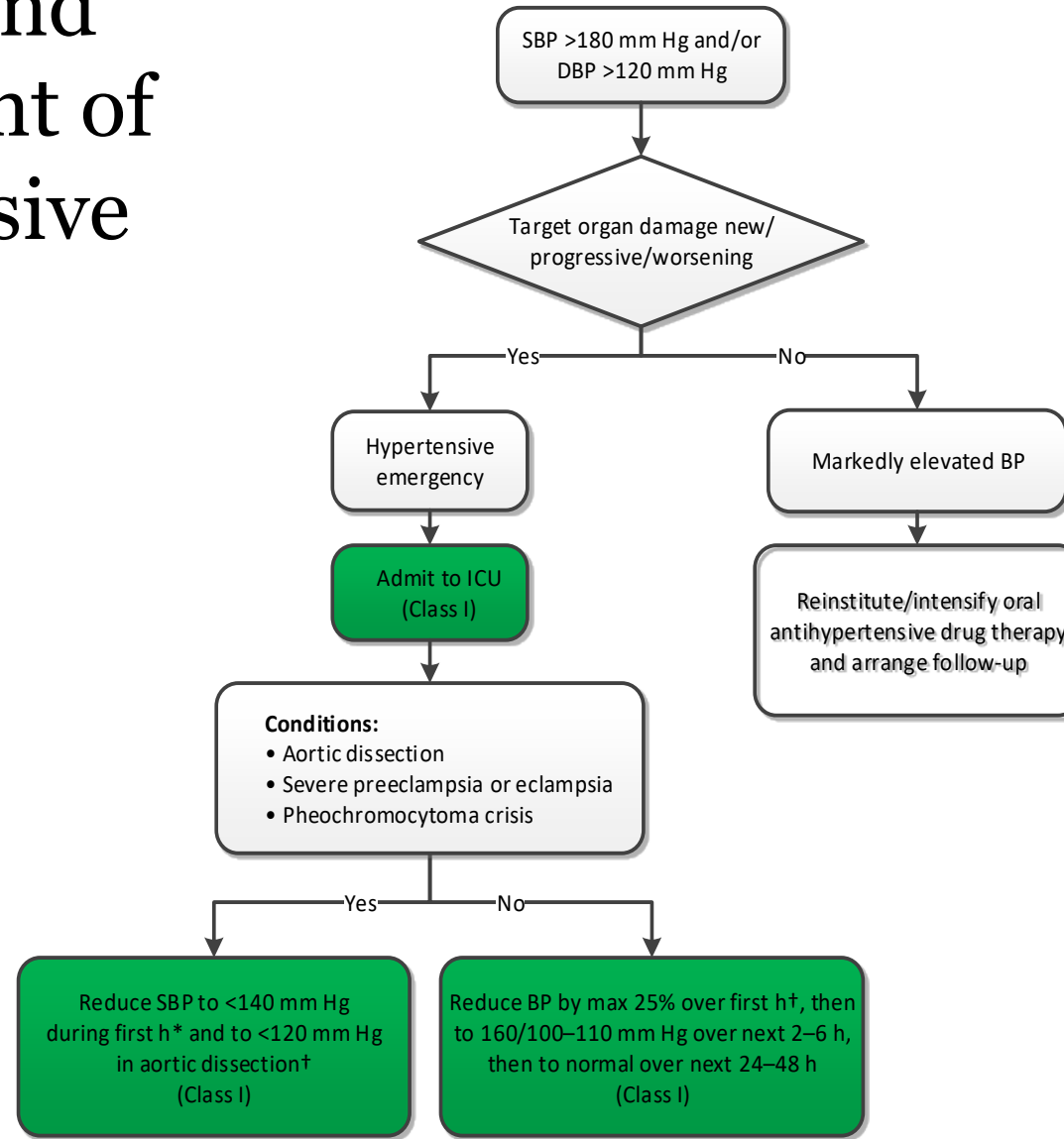
[Ad feedback](#)

# Motivational Interview: Starting the Conversation



- General tips

# Diagnosis and Management of a Hypertensive Crisis



Colors correspond to Class of Recommendation in Table 1.

\*Use drug(s) specified in Table 19.

†If other comorbidities are present, select a drug specified in Table 20.

BP indicates blood pressure; DBP, diastolic blood pressure; ICU, intensive care unit; and SBP, systolic blood pressure.

# Management of Hypertensive Urgencies



- Defined by severe BP elevations (usually >180/120 mmHg) in otherwise stable hypertensive pts without acute or impending change in target organ damage or dysfunction. (2017 ACC/AHA HTN Guideline)
- Usually occurs in patients with chronic hypertension who are either withdrawn or non-adherent with medication
- On evaluation, there is no clinical or laboratory evidence of “acute” target organ damage
- Documented by history, physical examination, renal function
- No indication for hospitalization or immediate reduction in BP in ER
- Restart or intensify medications as indicated and RV within week for repeat BP

Thank you!

Questions/Discussion

# Watch Previous ECHO Clinics



Register with Cardi-OH and watch all ECHO Reducing the Burden of Hypertension clinics

<https://www.cardi-oh.org/user/register>

<https://www.cardi-oh.org/echo/hypertension-spring-2020>

Cardi-OH ECHO Weight Manag X +

https://www.cardi-oh.org/weight-management-echo 67%

renewal.

**WATCH NOW**

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Ohio Cardiovascular Health Collaborative

**Additional core principles**

- Empathy
- Shared experience
- Collaborative
- Structure
- Time
- Recognition of successes
- Medicalization
- Reflection on recommendations

**Communication: Core Principals**

September 26, 2019  
Goutham Rao, MD  
Case Western Reserve University

**Obesity - Why it Falls in the Primary Care Domain**

September 19, 2019  
Goutham Rao, MD  
Case Western Reserve University





# Reminders



- A Post-Clinic Survey has been emailed to you. Please complete this survey as soon as possible.
- *The MetroHealth System is accredited by the Ohio State Medical Association to provide continuing medical education for physicians.*
- *The MetroHealth System designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.*



# Final ECHO Evaluations



- You have been emailed two surveys:
  1. Week 12 Post-Clinic Survey (please complete by Friday, 04/03/20 at 5:00 PM)
  2. Exit Survey (please complete this series evaluation by Friday, 05/08/20 at 5:00 PM)
- To those who wish to claim CME credits:
  - You will receive a survey from the CME office through MyEvaluations.com on Tuesday, 04/07/20. **You will need to register with MyEvaluations.com to begin this process.** Please complete these evaluations by Friday, 05/08/20.



# Registration Opens in July!



Fall 2020 teleECHO Clinic:  
**Tackling Type 2 Diabetes:**  
**A Culturally-Competent, Patient-Centered Approach**

Thursdays, 8-9 AM, September 17-December 10, 2020

<https://www.cardi-oh.org/echo/>