

Capturing a Better Blood Pressure Reading

Standardization can be tough. According to the Advisory Board¹, most health systems are challenged by the need for standardization across a network of sites.

**One of the biggest areas of opportunity?
Proper blood pressure (BP) measurement.**

BP measurement is captured in nearly every patient encounter and is an important factor in point of care diagnosis, patient risk stratification and medication dosing. Slight variations in technique and measurement have a big impact.



Increase in hospital ownership of physician practices from 2012-2015, creating opportunities for standardization of processes like BP acquisition.²



Nearly 1 of every 2 U.S. adults have high BP.³



\$46 Billion

Annual costs to treat high BP in the U.S.⁴



Percentage of population affected by overestimation of high BP errors.⁵



Percentage of patients affected by a difference of 5 mmHg, either causing them to be placed on medication or have a missed diagnosis of hypertension.⁶

Costs related to an improper BP measurement can add up quickly.

1,900

Typical number of patients for one physician.⁷

\$733

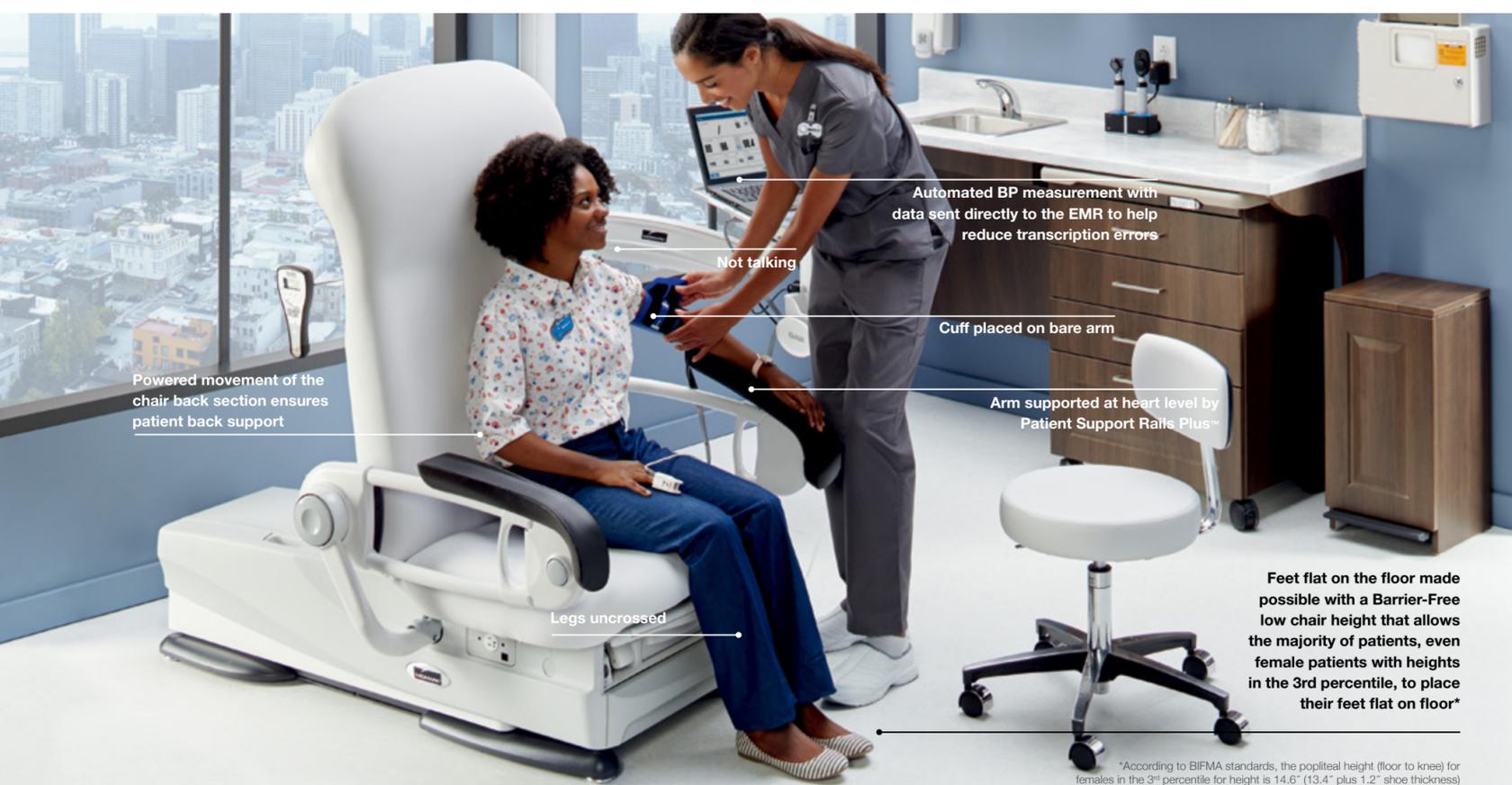
Annual cost of over treatment for hypertension per patient.⁸

\$135,000

Average annual cost of hypertension per practicing physician.⁹

An accurate BP reading sets the stage for fully understanding the clinical picture of a patient. It is a foundation on which many of the most critical disease management protocols are built—and to be effective, it needs to be accurate, precise and repeatable.

Better BP measurements are made possible by standardizing processes, using proper patient positioning and streamlining data entry. The new Midmark 626 Barrier-Free[®] examination chair is the industry's only exam chair to help facilitate a better BP measurement.



*According to BIFMA standards, the popliteal height (floor to knee) for females in the 3rd percentile for height is 14.6" (13.4" plus 1.2" shoe thickness)

For more information, visit midmark.com/betterBP

Sources:

¹ <https://www.advisory.com/research/health-care-advisory-board/white-papers/2016/the-system-blueprint-for-clinical-standardization>

² <http://www.modernhealthcare.com/article/20160907/NEWS/160909936>

³ <http://www.acc.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017>

⁴ <https://www.cdc.gov/bloodpressure/facts.htm>

⁵ 9.8% is percentage of population affected by overestimation of high blood pressure errors, calculated by 30,000,000 affected by overestimation / 307,000,000 the 2009 US population count**.

Data from: ¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/> and ²Census.gov

⁶ 16% is the percentage of American population that could be affected by blood pressure errors, calculated by 50,000,000 affected / 307,000,000 US 2009 population**.

Data from: ¹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/> and ²Census.gov

⁷ Panel size sourced from Journal of the American Board of Family Medicine July - August 2016; Vol. 29, No. 4

⁸ Cost data from Agency for Healthcare Research and Quality (AHRQ). Article: "Expenditures for Hypertension among adults age 18 and Older, 2010: Estimates for the U.S. Civilian Noninstitutionalized Population"

⁹ \$733 x (9.8% of 1,900 panel) = ~\$135K based on 1) Cost of overtreatment is \$733 per patient. Cost data from Agency for Healthcare Research and Quality (AHRQ). Article: "Expenditures for Hypertension among adults age 18 and Older, 2010: Estimates for the U.S. Civilian Noninstitutionalized Population". Includes cost of Ambulatory visit (payer is either the patient, insurance Co. or ACO). 2) Typical patient panel size is 1,900 per physician. Panel size sourced from Journal of the American Board of Family Medicine July - August 2016; Vol. 29, No. 4. 3) 9.8% is percentage of population affected by overestimation of high blood pressure errors, calculated by 30,000,000 affected by overestimation / 307,000,000 the 2009 US population count**.

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