

# PQS PHARMACY BLOOD PRESSURE READING COLLECTION CONVERSATIONS



PQS is working with pharmacies and insurers to collect blood pressure (BP) readings in an effort to better support patients with hypertension.

Hypertension (HTN), or high blood pressure (HBP) is one of the main contributors to serious chronic health conditions that affect your patients. Pharmacy staff play an important role in supporting patients with HBP. They see patients more frequently and are more immediately accessible than physicians and office staff. Pharmacists are a trusted source of reliable information. We want patients to see their pharmacy as a convenient resource for regular blood pressure readings as well as a source for information and guidance.

In order to highlight the pharmacy's position as a partner in managing blood pressure, **our goal is to give you a framework for having conversations about blood pressure readings with your patients.**

## OVERVIEW OF PATIENT EXPERIENCE

Interactions with patients do not have to take a lot of time to be meaningful. There are simple steps that can be followed to facilitate short, purposeful interactions around BP readings.

1. Open the dialog by issuing an invitation to get their blood pressure taken. Some patients will say no, but we have prepared replies to common objections.
2. Take the patient's blood pressure reading, deliver feedback, and document the encounter.
3. Briefly discuss next steps.

Examples can be found in the material below.

It might sound like a lot, but we'll go over some suggestions that will make these steps manageable for the pharmacy environment.

## INVITATION TO MONITORING

How you open the conversation about getting a blood pressure reading can determine whether or not the patient is likely to agree with your request.

**WHY:** Giving them a quick background of why you're asking and connecting it to their health concerns sets the stage for your interaction. For instance, letting the patient know that their insurance company is looking out for their health and taking a proactive approach to monitoring blood pressure to prevent future health issues. **Find some conversation openers to try on the next page:**

### CONSEQUENCES OF HIGH BLOOD PRESSURE



VISION LOSS



HEART FAILURE



SEXUAL DYSFUNCTION



STROKE



HEART ATTACK



KIDNEY DISEASE OR FAILURE

**You can also feel free to combine the patient outreach with other services your pharmacy offers, such as immunization, MTM, and Medicare Part D plan evaluations.**

## CONVERSATION STARTERS



*Hello, I'm calling from your pharmacy. My name is Susan. We're helping your insurance support their members with high blood pressure to prevent future problems such as stroke and heart attack. We don't have a recent blood pressure reading on file this year. Can you take a minute when you come in to pick up your prescription to let us take your blood pressure?*

*Here is your prescription, Mr. Thomas. And if you have just a second, regular blood pressure readings are one of the best ways to prevent stroke and heart attacks. It looks like you haven't had a recent blood pressure reading. Can we get one from you now?*

### TIP

Your invitation should be just that, an invitation – not a directive such as “We need your blood pressure reading, when can you come in?” or “You don't have a blood pressure reading in our files, you need to come in and have your blood pressure taken.”

## RESPONDING TO “NO”

Inevitably you will have some patients who don't want to have their BP taken. Here are some common objections and ways to counter them:

### “I don't have time right now.”

*Let's make an appointment for a time that would work for you – it will only take a minute. Your refill for X is due next week, can we set up an appointment for when you come in to pick it up? What time would work best for you – I can put an appointment into our system so that you can get in and out quickly.*

### “I monitor my own blood pressure at home.”

*It's great that you're monitoring your blood pressure regularly. We like to make sure that our customers who use their own equipment still have a reading done by healthcare staff at least once a year to make sure we have up-to-date information on your health. We want to make sure your medications are at the right dose and are working to prevent other issues caused by high blood pressure.*

### “My doctor takes my BP.”

*It's good that you get in to see your doctor regularly, that's really important. It looks like you haven't seen the doctor recently. Can we get a BP reading today? Having your BP taken more frequently can give you a better picture of your health and the things you can do to prevent issues like kidney failure and heart failure.*

### “My blood pressure is going to be high. I keep forgetting to take my medication in the morning.”

*It sounds like you're worried about your reading being high because you've forgotten your medication. That's okay, this is just a reading and if you like we can talk about ways to help you remember to take your meds.*

### “Why should I get my BP taken at the pharmacy?”

*Readings help the pharmacist make recommendations about your blood pressure medications. More regular monitoring of your blood pressure can help you and your doctor learn what changes are working for you. You can get your blood pressure taken for free at the pharmacy any time.*

## OPEN-ENDED QUESTIONS TO DETERMINE PATIENT NEEDS

To get to the reasons for the patient's reluctance or objection ask an open-ended question. These are questions that cannot be answered with a “yes” or “no” and prompt the user to give you information to help you understand and work around their reluctance. Closed ended questions make it easy for the patient to say “No” and end the conversation.

Open-ended questions begin with “How” and “What.” For example:

If the patient says “No, thank you” respond with the following:  
*How can we make getting a blood pressure reading convenient for you?*

*What is keeping you from setting up a time to come in to get your blood pressure taken?*

*What are your concerns about getting a blood pressure reading here at the pharmacy?*

## SHARING FEEDBACK ON BP READING

Feedback about blood pressure readings should be direct and delivered without judgement or accusation. Accusatory or judgmental feedback might sound something like “Wow, that’s really high. I can tell you haven’t been taking your meds.”

Instead, use concise language that delivers the results and relates them to blood pressure control guidelines.

For instance, “Your blood pressure is 135 over 86 which is higher than we would like to see it and can put you at higher risk for complications. However, your blood pressure is always changing which is why it is important to monitor it regularly. If your blood pressure is consistently high, your doctor may need to adjust your medications.”

Blood Pressure Category	Systolic mm Hg (Upper Number)		Diastolic mm Hg (Lower Number)
Normal		and	Less Than 80
Elevated	120-129	and	Less Than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or Higher	or	90 or Higher
Hypertensive Crisis (consult your doctor immediately)	Higher Than 180	and/or	Higher than 120

[www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings](http://www.heart.org/en/health-topics/high-blood-pressure/understanding-blood-pressure-readings)

**TIP**

Be careful starting questions with “why.” Although they are open-ended they often come across as accusatory.

## DISCUSSING CHANGE PLANS

Once you’ve taken a blood pressure reading and given feedback, you’re in a position to discuss change plans with the client if they are open to having that discussion. You could build off your feedback as in these examples:

*Your blood pressure is 135 over 86, which is high. I see that you haven’t filled your valsartan for the past 2 months. Would it be okay if we talked about how you’re taking it?*

*Your blood pressure is 140 over 80 which is considered high. You’ve been filling your prescription for amlodipine regularly which is good, can we talk about the other ways you’re managing your high blood pressure?*

End the interaction with a quick overview of your conversation with emphasis on next steps. For instance: “Okay, so your reading today was a little high, and you were concerned that it was because your salt intake has been too high lately. So, we talked about working with your doctor to set up a conversation with the dietician to help you identify some other ways to reduce the salt in your diet.”

## LIFESTYLE INTERVENTIONS TO LOWER BLOOD PRESSURE

- STOP SMOKING
- REGULAR EXERCISE
- LOSE WEIGHT
- LOWER STRESS
- SALT REDUCTION
- HEALTHY DIET AND DRINKS
- LOWER ALCOHOL INTAKE
- REDUCE EXPOSURE TO AIR POLLUTION

[www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=High%20blood%20pressure%20and%20hypertensive,test%20your%20blood%20pressure%20again.](http://www.heart.org/en/health-topics/high-blood-pressure/health-threats-from-high-blood-pressure#:~:text=High%20blood%20pressure%20and%20hypertensive,test%20your%20blood%20pressure%20again.)

[www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.120.15026](http://www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.120.15026)

