Capturing a Better Blood Pressure Reading

Standardization can be tough. According to the Advisory Board, 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.

- **86%** 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.
- **16%** Percentage of the population affected by measurement of high BP errors.
- **9.8%** Percentage of population affected by a difference of 5 mmHg, either causing them to be placed on medication or have a missed diagnosis of hypertension.
- **$46 Billion** Annual costs to treat high BP in the U.S.
- Nearly 1 of every 2 U.S. adults have high BP.

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

- **1,900** Typical number of patients for one physician.
- **$135,000** Average annual cost of hypertension per practicing physician.
- **$733** Annual cost of over treatment for hypertension per patient.

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 Midmark 626 Barrier-Free® examination chair is the industry’s only exam chair to help facilitate a better BP measurement.

For more information, visit midmark.com/betterBP

Sources:

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: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/ and Census.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: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/ and Census.gov
7. Panel size sourced from Journal of the American Board of Family Medicine, 2016
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.” Includes cost of Ambulatory visit (payer is either the patient, insurance company or ACO). Includes cost of prescription (payer is either the patient, insurance company or ACO).
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 company or ACO). Includes cost of prescription (payer is either the patient, insurance company or ACO). 2) Typical patient panel size is 1,900 per physician. Panel size sourced from Journal of the American Board of Family Medicine, 2016

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