

Primary Provider Hypertension Management

Survey

Iowa City VA Medical Center and Community Based
Outpatient Clinics

Appendix to:

Kaboli, P.J., Shivapour, D.M., Henderson, M.S., Barnett, M.J., Ishani, A., Carter, B.L. Patient and Provider Perceptions of Hypertension Treatment: Do They Agree? *Journal of Clinical Hypertension*, Vol. 9, No. 6, June 2007

The first section is a brief knowledge assessment. All questions should be answered based upon your understanding of published guidelines for managing hypertension and the scientific evidence. After you have answered the questions, you will be provided with what we believe to be the best answer.

1. An obese, 38-year-old African American male has hypertension but no signs of target organ damage. His BP is 168/96 mm Hg. Assuming lifestyle modifications have been implemented, what is the most appropriate management of this patient?
 - A. initiate hydrochlorothiazide
 - B. initiate amlodipine
 - C. initiate amlodipine and enalapril
 - D. initiate hydrochlorothiazide and enalapril

Questions 2-4 pertain to the following case:

2. A 40-year-old African American female with Type II diabetes has a blood pressure (BP) of 144/88. This patient has?

- A. normal BP
- B. pre-hypertension
- C. stage 1 Hypertension
- D. stage 2 Hypertension

3. The most appropriate goal BP for this patient would be:

- A. <120/70 mm Hg
- B. <130/80 mm Hg
- C. <135/85 mm Hg
- D. <140/90 mm Hg

4. Which of the following is the most appropriate initial therapy for this patient?

- A. no intervention is needed
- B. lifestyle modifications
- C. hydrochlorothiazide
- D. enalapril

Questions 5-7 pertain to the following case.

A 72 year-old white female who presents for a physical and health maintenance exam. She has not been to a doctor in many years. Her blood pressure is 200/74, pulse 92. She is afebrile. She is asymptomatic and reports feeling well. The physical examination is unremarkable except for AV nicking on the ophthalmologic examination. Her ECG and urinalysis are unremarkable and blood for laboratory analysis is drawn today.

5. Which of the following is the most appropriate action?

- A. give her nifedipine 10 mg (bite and swallow) now
- B. transport to the hospital for IV antihypertensives
- C. have her rest for 15 minutes and repeat the BP
- D. order 24 hour BP monitoring

6. Following her initial presentation, all labs came back normal and it is determined that TW will require chronic therapy for her hypertension. Which of the following would be the most appropriate initial therapy?
- A. enalapril
 - B. hydrochlorothiazide
 - C. nifedipine long-acting
 - D. propranolol immediate release
7. She is started on an antihypertensive agent and her BP has averaged 144/70 mm Hg after three visits. She has no symptoms or side effects. Which of the following is true?
- A. The diastolic BP is too low and the medication dosages should be reduced.
 - B. The systolic BP is too high and additional therapy is needed.
 - C. The systolic BP is too high but dosages cannot be increased due to a low diastolic BP.
 - D. Her BP is adequately controlled.

Questions 8-10 pertain to the following case.

A 43-year-old white male with uncomplicated hypertension has a baseline BP of 152/98. He is started on atenolol 50 mg once daily.

8. When should the patient return for an evaluation of his BP?
- A. two days
 - B. one week
 - C. four weeks
 - D. three months
9. He returns at the specified time and his BP is now 144/92, and his pulse is 78. He has no problems or side effects and it appears he has not missed any doses of atenolol. Which of the following is the most appropriate action at this time?
- A. increase the dose of atenolol to 100 mg
 - B. add enalapril
 - C. add verapamil
 - D. continue current therapy and reevaluate at next follow up visit

Questions 10-12 pertain to the following case.

A 48-year-old African American male who recently suffered a myocardial infarction and has newly discovered hypertension presents to clinic. He has no other medical problems. He has good systolic function and no angina. His BP is 158/106 mm Hg.

10. Which of the following is most appropriate as initial therapy?
- A. atenolol
 - B. amlodipine
 - C. doxazosin
 - D. losartan

11. The dose of the initial drug for the patient is titrated to an acceptable dose. However, his BP shows little response and it is now 154/102 mm Hg. He appears to be very adherent to the regimen. Which of the following would be most appropriate?

- A. switch to diltiazem
- B. switch to enalapril
- C. add clonidine
- D. add hydrochlorothiazide

12. What should be the goal BP for this patient?

- A. < 140/90 mm Hg
- B. < 130/85 mm Hg
- C. < 130/80 mm Hg
- D. < 125/75 mm Hg

Questions 13-15 refer to the following case.

A 55 year-old Caucasian male presents to you with BP of 170/105. He has no other medical problems, is on no medications and has completed a 1-year trial of diet and exercise to control his hypertension, but his BP remains elevated.

	13. <i>In your experience</i> , what percent of the time will each of the following drugs (as monotherapy) achieve a normal blood pressure in patients like this?	14. <i>In your experience</i> , what percent of the time do patients like this have to discontinue each of the following drugs due to side-effects?
ACE inhibitor	_____ %	_____ %
Beta blocker	_____ %	_____ %
Calcium blocker	_____ %	_____ %
Diuretic	_____ %	_____ %

(Each answer is independent of the others and does not need to add up to 100%.)

15. What medication or class of medications would you prescribe for this patient as initial monotherapy? You do not need to limit your choice to the above classes, but limit to one answer. _____

16. How important are the following factors in influencing **your choice** of antihypertensive medications in patients with no other medical problems?

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
The cost of the medication to the patient	<input type="radio"/>				
The cost of the medication to the VA	<input type="radio"/>				
Number of doses per day	<input type="radio"/>				
The likelihood of achieving normal blood pressure with just one medication	<input type="radio"/>				
Side effects	<input type="radio"/>				
Preventing strokes or heart attacks	<input type="radio"/>				
National guidelines based on research recommending the medication	<input type="radio"/>				

	ACE inhibitor	Beta blocker	Calcium blocker	Diuretic
17. Which of the following classes of drugs have been proven to reduce the risk of stroke in hypertensive patients? Please check all applicable drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Which of the following classes of drugs have been proven to reduce mortality in hypertensive patients? Please check all applicable drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Which statement best describes your familiarity with the 7th Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC-7) issued by the National Institutes of Health, National Heart, Lung, Blood Institute?

- I have not heard of it before today
- I have heard of it, but am not really familiar with the content
- I have read the actual report containing the guidelines
- I have read articles or attended lectures where the guidelines were discussed

20. The JNC-7 guidelines suggest that thiazide-type diuretics should be prescribed for **most** patients with uncomplicated hypertension, either alone or in combination with drugs from other classes. How strongly do you agree with this recommendation?

Strongly disagree (1)	Moderately disagree (2)	Disagree a little (3)	Agree a little (4)	Moderately agree (5)	Strongly agree (6)
-----------------------	-------------------------	-----------------------	--------------------	----------------------	--------------------

21. Overall, what percent of **your** hypertensive patients would you estimate are taking medications that are recommended in the JNC-7 guidelines for their hypertension?

0-20% 21-40% 41-60% 61-80% 81-100%

22. Overall, what percent of **your** hypertensive patients had a blood pressure <140/90 on their last clinic visit?

0-20% 21-40% 41-60% 61-80% 81-100%

23. In a **national sample**, what percent of hypertensive patients had a blood pressure <140/90 on their last clinic visit?

0-20% 21-40% 41-60% 61-80% 81-100%

You are half way finished. The next section asks questions about your attitudes and beliefs about patient education and possible strategies to improve the care of hypertension.

24. Patients may prefer to get educational information about medications for their hypertension from various sources. Please rate how useful you believe the following sources of information are **to your patients**.

	Not at all useful (1)	Slightly useful (2)	Moderately useful (3)	Very useful (4)	Extremely useful (5)
Their doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Their pharmacist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advertising such as TV or magazines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational brochures from the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational brochures from another source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. There are many factors that determine which medications are prescribed for patients with hypertension. Please rate how important you believe the following factors are **to your patients**.

	Not at all important (1)	Slightly important (2)	Moderately important (3)	Very important (4)	Extremely important (5)
The cost of the medication to the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of the medication to the VA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Number of doses they take per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The likelihood of achieving normal blood pressure with just one medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Side effects of the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventing strokes or heart attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
National guidelines based on research recommending the medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. If the VA were to send your hypertensive patients a letter with information about the treatment of high blood pressure, how helpful do you think this would be **to your patient**?

1. Not helpful at all	2. Slightly helpful	3. Moderately helpful	4. Very helpful	5. Extremely helpful
-----------------------	---------------------	-----------------------	-----------------	----------------------

27. If the VA were to send your hypertensive patients a letter giving them a **reduced co-pay or cash rebate** on their blood pressure medications to switch to a different medication, do you think this would influence them to talk to you about possibly switching their medication?

1. Not influential at all	2. Slightly influential	3. Moderately influential	4. Very influential	5. Extremely influential
---------------------------	-------------------------	---------------------------	---------------------	--------------------------

28. How supportive would you be of a policy that would allow Veterans to have a **reduced co-pay or cash rebate** for specific medications, such as thiazide diuretics for treatment of hypertension?

1. Not supportive at all	2. Slightly supportive	3. Moderately supportive	4. Very supportive	5. Extremely supportive
--------------------------	------------------------	--------------------------	--------------------	-------------------------

29. How comfortable would you be if your patients asked you about the possibility of adding or changing one of their blood pressure medications?

1. Not comfortable at all	2. Slightly comfortable	3. Moderately comfortable	4. Very comfortable	5. Extremely comfortable
---------------------------	-------------------------	---------------------------	---------------------	--------------------------

30. The pharmaceutical industry has successfully developed advertising strategies to market their products to consumers. How supportive would you be of a VA initiative to “advertise” to your patients about ways to improve the overall management of their hypertension?

1. Not supportive at all	2. Slightly supportive	3. Moderately supportive	4. Very supportive	5. Extremely supportive
--------------------------	------------------------	--------------------------	--------------------	-------------------------

31. How often have you had patients show you information from advertisements or other sources to request specific medications?

1. Never	2. Rarely	3. Sometimes	4. Often
----------	-----------	--------------	----------

IF NEVER, skip to Q33

32. For patients who have shown you information from advertisements or other sources requesting specific medications, how often have you made the switch to or added the requested medication?

1. Never	2. Rarely	3. Sometimes	4. Often
----------	-----------	--------------	----------

“The following questions are from a previously validated Patient-Provider Orientation Scale and ask about your opinions about patient-physician interactions. Please indicate the degree to which you agree/disagree with these opinions using the 1 to 6 scale shown here, with 1 being ‘strongly disagree’ and 6 being ‘strongly agree’.”

DISAGREE

AGREE

Strongly disagree (1)	Moderately disagree (2)	Disagree a little (3)	Agree a little (4)	Moderately agree (5)	Strongly agree (6)
-----------------------	-------------------------	-----------------------	--------------------	----------------------	--------------------

- 33. *“Most patients want to get in and out of the doctor’s office as quickly as possible.”*
1 2 3 4 5 6
- 34. *“The doctor is the one who should decide what gets talked about during a visit.”*
1 2 3 4 5 6
- 35. *“It is often best for patients if they do not have a full explanation of their medical condition.”*
1 2 3 4 5 6
- 36. *“When patients disagree with their doctor, this is a sign that the doctor does not have the patient’s respect and trust.”*
1 2 3 4 5 6
- 37. *“Patients should rely on their doctors’ knowledge, and not try to find out about their conditions on their own.”*
1 2 3 4 5 6
- 38. *“Many patients continue asking questions even though they are not learning anything new.”*
1 2 3 4 5 6
- 39. *“Patients should be treated as if they were partners with the doctor, equal in power and status.”*
1 2 3 4 5 6
- 40. *“The patient must always be aware that the doctor is in charge.”*
1 2 3 4 5 6
- 41. *“When patients look up medical information on their own, this usually confuses more than it helps.”*
1 2 3 4 5 6

42. What percent of your patients make co-pays for their hypertension medications?

0-20% 21-40% 41-60% 61-80% 81-100%

43. What percent of your patients have not filled prescriptions in the past due to the cost of the medication?

0-20% 21-40% 41-60% 61-80% 81-100%

44. What percent of your patients would say that the only or main reason they come to the VA is the VA drug benefit?

0-20% 21-40% 41-60% 61-80% 81-100%

45. What percent of your patients are “co-managed” by yourself and a non-VA provider? (ie. they have a local primary care provider and/or specialist who co-manages their medical problems)

0-20% 21-40% 41-60% 61-80% 81-100%

46. Which statement do you most agree with regarding “co-managed” patients?

- Co-management makes patient care more complicated
- Co-management makes patient care easier
- Co-management has no impact on patient care

47. Please check the category that reflects your current level of training.

- R1
- R2
- R3
- R4+ or Fellow
- Staff Physician
- PA
- NP
- Other _____

48. How many years have passed since you finished your last year of clinical training? (If you answered R1-R4, skip this question.)

49. How many years have you worked in the VA Healthcare system?

50. Can you give us any other suggestions on what we could do to ensure your patients were on the best medications for their hypertension?

Thank you for your participation. Please click the finished button below and it will give you the “correct” answers for the knowledge assessment.