Management of High Blood Pressure in Clinical Practice: Perceptible Qualitative Differences in Approaches Utilized by Clinicians

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Background

• Numerous trial have demonstrated that treatment of hypertension (HT) significantly reduces stroke, CHD, and all-cause mortality.

• Recommended management largely based on these trials

However -

• 65 million people in the US with HT

• HT control rates significantly below Healthy People 2010 goal (36% vs 50%)

• Contributes to burden of CVD
Specific Questions

• Why have efforts of NHBPEP to disseminate treatment guidelines only been partially effective?
• Are clinicians still not cognizant of the treatment guidelines?
• Why are some clinicians more aggressive than others in treating HT to targets?
• What are the impediments to treating to HT goal?
• Do patients have adequate knowledge about HT and consequences?
• Do patients and providers engage in shared decision-making?
Focus Groups

- Qualitative research method
- Obtain information about opinions, preferences, and reported behaviors
- Allow for in-depth discussion
- Fosters generation of specific research questions and formulation of hypotheses → quantitative research methods
- Focus groups of physicians with “successful” (high control rates) and “less successful” (lower control rates)
Study Population

- 8 focus groups
  - More and less successful HT control
    • Success = 50+% with BP <140/90 mm Hg
- ALLHAT
  - 623 clinical settings in US, Canada, and Caribbean
  - Academic medical centers, community health centers, managed care settings, group/private practices, VA/military
Eligibility

• Randomized 1st patient prior to 3/1/1997
• 20+ ALLHAT participants with 2+ visits since 2/1998
• Areas with 3+ ALLHAT sites within reasonable distance of each other
• 205 clinical sites eligible
  – 11 cities
  – Grouped as NE, MW, S, W
  – Letter from Director, NHLBI
## Location & Size of Focus Groups

<table>
<thead>
<tr>
<th>City</th>
<th>More Successful</th>
<th>Less Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>New York</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Atlanta</td>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Chicago</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Los Angeles</td>
<td>5</td>
<td>3</td>
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</table>
Description of Focus Groups

- 4 – 8 providers per group
- Evening sessions
- ~90 minutes
- Prepared discussion guide
- Professional facilitator specializing in health care
- Observer outside session room
- Discussions taped & transcribed
Questions Addressed

• General HT management approaches
• Approach with new HT patients
• Attitude toward uncomplicated isolated systolic HT
• Utility of educational materials for physicians and patients
• Perception of measure of progress
• Preferences for choice of anti-HT agents
• Patient adherence & approaches to deal with side effects
• Facilitators and barriers to successful treatment
• Patient & provider responsibilities
• Reasons for poor BP control
Data Analysis / Interpretations

• Strategy based on:
  – # of groups that address the issue
  – # of people in each group who address the issue
  – Level and importance that the participants assign to the issue

Therefore -

• Difference between pairs of groups means:
  – Difference occurred in several pairs of groups
  – Represented view of several participants in each group
  – These participants felt that the issue was important
Specific Data Analysis Procedures

• Hierarchically structured codebook developed
  – Single trained coder used Ethnograph software to attach relevant codes
  – 2nd independent coding of 25% sample
• Comparisons between different groups
  – Topics mentioned more frequently by one group vs another
• Transcript segments examined for topics discussed with unusually high or low frequency & at multiple locations
## Differences Between More and Less Successful Providers

<table>
<thead>
<tr>
<th>More Successful</th>
<th>Less Successful</th>
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<tbody>
<tr>
<td><strong>Encouragement through education:</strong></td>
<td><strong>Less emphasis on patient involvement / encouragement.</strong></td>
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<tr>
<td>Home monitoring</td>
<td></td>
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<tr>
<td>Patient-recorded BP data</td>
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<tr>
<td>Attendant risks (cardiac, stroke)</td>
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<tr>
<td><strong>Greater awareness of access issues:</strong></td>
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<tr>
<td>Flexible scheduling</td>
<td></td>
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<tr>
<td>Walk-in BP check-up and health advisory</td>
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# Differences Between More and Less Successful Providers

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<tr>
<td>Involved patients in decision-making.</td>
<td>Referenced technical aspects of drug benefits.</td>
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<tr>
<td>Used med changes to educate / engage.</td>
<td>Less information sharing – “only if asked”.</td>
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<td>Patient-maintained record card to monitor compliance.</td>
<td>Felt time constraint did not permit discussing adverse effects of meds.</td>
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<tr>
<td>Progressively introduce effective dose and number of meds.</td>
<td>Felt knowledge of side effects would hinder compliance.</td>
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<td>Awareness of patient ability to afford / role of formulary (e.g., VA)</td>
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<td>Least expensive appropriate med when possible.</td>
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<td>Greater attention to gender, comorbidities, age when prescribing.</td>
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Shared Traits of More and Less Successful Providers

- Several BP readings to confirm HT, multiple visits.
  - Unless BP very high or comorbidities present.
- High awareness of national BP guidelines.
- Concurrence on HT treatment goals, especially for comorbidities, e.g., diabetes, etc.
- Likely to begin HT treatment with 2-3 months of lifestyle management.
  - Not sufficient to attain desired BP
- Difficulty / reluctance in treating older patients to JNC standards.
  - Questioned value of aggressively treating older (80+ years) patients with other severe problems
- Would look at any BP reduction as partial success
Limitations & Strengths

• Limitations
  – Qualitative study, hypothesis generating
  – Small samples
  – Selected samples - drawn during active intervention phase of ALLHAT – providers may differ from full range of doctors who treat patients with hypertension

• Strengths
  – Systematic reliance on procedures that can be examined by other researchers
  – Illustrates real-world complexity of the issues