

Chronic conditions are defined as conditions that last a year or more and require ongoing medical care. Diabetes and heart disease are two of the leading chronic diseases that cause death and disability in the United States. High blood pressure (hypertension) is a major risk factor for heart disease and even stroke. It is vital for patients to have routine health checks to prevent, detect and manage these types of chronic conditions. McLaren Health Plan (MHP) wants to support your efforts by providing you tips to make the most of your visits with these patients.

Hypertension

- Check the patient's blood pressure at every visit.
- If the blood pressure is high (140/90) at the beginning of the office visit, take it again prior to the end of the visit (often the second reading is lower).
- Review hypertension medication history and patient compliance, and consider modifying treatment plans for uncontrolled blood pressure, as needed. Have the patient return in three months.
- Current guidelines recommend two blood pressure medications started at first visit if initial reading is very high and is unlikely to respond to a single drug and lifestyle modification.

Diabetes

The following tests are recommended on an annual basis:

- Hemoglobin A1C test
- Blood pressure control (<140/90mm Hg)
- Dilated eye exam (retinal)
- Urine microalbumin test
- Physical examination, including a foot exam at least twice a year

A continued focus and a strong partnership with you will aid in provided these important services to all eligible members. Please help our members get these important tests. If we can assist your office by contacting these members, or if you would like a list of your patients who have not received these services, please email us at MHPOutreach@mclaren.org.

Remember to talk to your patients about tobacco cessation. MHP has a free tobacco cessation program for MHP Community and Medicaid members. Call 800-784-8669 for more information.

Thank you for the quality care you deliver!

PCP Feedback (Please print)

Comments, requests, questions, etc.: FAX to **810-600-7985**

PCP Name/Office Name: _____

Name: _____

Phone: _____

Email: _____