

**Manual M-2, Clinical Programs. Part IV, Medical Service**

**Chapter 10, Hypertension Screening and Treatment Program  
(Paragraphs 10.01 through 10.06)**

This document includes:

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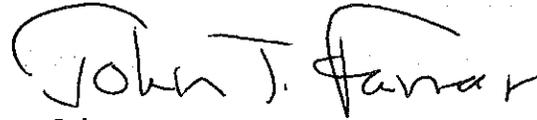
# **Clinical Programs**

## **Medical Service**

April 29, 1994

Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420

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John T. Farrar, M.D.  
Acting Under Secretary for Health

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## f. All Station Letters and Other Communications

Letter and DateSubject

November 20, 1950

Cortisone and ACTH

December 4, 1950

Reporting of Cases of Syphilis to Health Authorities

March 15, 1951

Cortisone and ACTH

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December 28, 1951

Letter refers to availability and use of cortisone and ACTH

August 26, 1953

Use of Antihypertensive Drugs Subsequent to Hospitalization

August 28, 1953

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February 5, 1954

Physical Examination for Residuals of Hepatitis (Viral)

August 5, 1954

Procurement of Allergenic Material From the VA Central Laboratory at Aspinwall

August 9, 1954

Special Boards for the Control of Therapeutic Management of Cases

August 9, 1954

ACTH and Cortisone Therapy

August 13, 1954

Prerequisite for Medical Therapy (Malaria)

August 13, 1954

Self-Administration of Hyposensitization Therapy

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**CHAPTER 10. HYPERTENSION SCREENING AND TREATMENT PROGRAM****10.01 BACKGROUND**

By 1970, a VA (Department of Veterans Affairs) Cooperative Study had demonstrated that antihypertensive treatment could decrease morbidity and mortality in patients with severe and moderate hypertension. Subsequent studies suggested that the benefit extended to patients with milder hypertension. Recognizing that these observations meant that a large number of untreated veterans could benefit from antihypertensive therapy, in the early 1970's, the VA established a HSTP (Hypertension Screening and Treatment Program) to provide treatment for this group of veterans. The HSTP pioneered in having physician-supervised clinical care providers such as nurses and physician assistants provide care for veterans with relatively uncomplicated or stable hypertension, using a set of general algorithms.

**10.02 PURPOSE**

The purpose of the HSTP is to:

- a. Identify veterans with significant hypertension including those with uncomplicated mild or moderate hypertension and provide effective antihypertensive treatment to them at reasonable cost. When resources are limited, care should be provided preferentially to those considered to be at highest risk of developing cardiovascular complications.
- b. Diminish or delay the complications of hypertension and the progression of atherosclerosis by controlling blood pressure at normal or near normal levels with the least possible adverse effect on quality of life.
- c. Reduce other cardiovascular "risk factors" associated with complications of hypertension and progression of atherosclerosis.
- d. Monitor the efficacy of therapy (defined as blood pressure control with minimum adverse effects) for an entire clinic and identify individual patients with particular problems, using the clinical information collected by the HSTP computer program when it becomes available.
- e. Provide a register of possible volunteers for research studies which might offer new therapeutic modalities before they are generally available.

**10.03 POLICY**

It is VHA (Veterans Health Administration) policy to provide antihypertensive treatment to veteran patients with moderate and severe hypertension and to veterans with milder hypertension who are at high risk for cardiovascular complications.

**10.04 STAFFING**

- a. Two clinical care providers and a clerk/receptionist plus adequate physician supervision is considered appropriate staffing for the long-term care of 1000 veterans with mild or moderate hypertension. Such care involves not only adequate control of blood pressure and reduction of other cardiovascular risk factors, but also treatment of stable chronic diseases, such as diabetes or arthritis.

b. The primary duties of the HSTP staff are as follows:

(1) The physician-coordinator is ultimately responsible for:

- (a) Care and treatment of the individual veteran.
- (b) Quality of care provided to the entire population of HSTP clinic patients.
- (c) Supervision of the HSTP clinic and its personnel.

(2) Nurses or physician assistants are responsible, with physician supervision, for providing the day-to-day care of patients and for the day-to-day running of the clinic. These primary care providers must be able to:

- (a) Grade the severity of hypertension, and recognize and treat its complications, such as congestive heart failure and angina pectoris;
- (b) Take histories;
- (c) Perform physical examinations;
- (d) Order appropriate laboratory procedures;
- (e) Evolve acceptable therapeutic plans for patients;
- (f) Be especially knowledgeable regarding the normal cardiovascular system and its pathology; and
- (g) Be knowledgeable regarding the HSTP computer program when it becomes available in their clinic.

(3) The clerk/receptionist should set the tone for the relationship between the veteran and the staff. Responsibilities include:

- (a) Scheduling the appointments.
- (b) Answering the telephone.
- (c) Contacting patients who did not keep their appointments.
- (d) Making accurate blood pressure measurements, using accepted procedures.
- (e) Using the HSTP computer program, when it becomes available, to enter the information collected.

#### 10.05 PATIENT SELECTION

Any hypertensive veteran who is eligible for VA care is a potential patient for the HSTP. Although it may be necessary to have their care provided by a physician until their condition has been stabilized, the following types of patients should be treated in the HSTP if possible.

a. "High risk" patients, included in this group are:

(1) Veterans with diastolic blood pressures greater than 110 mm Hg and/or systolic blood pressures greater than 180 mm Hg.

(2) Young hypertensive black men, including those with milder hypertension, because of their susceptibility to progressive hypertension and to hypertensive complications, particularly endstage renal disease.

(3) Hypertensive veterans including those with milder hypertension, who have additional risk factors, such as:

- (a) Positive family history of cardiovascular complications before age 50.
- (b) Left ventricular hypertrophy.
- (c) Diabetes mellitus.
- (d) Hypercholesterolemia.
- (e) Cigarette addiction.

b. Patients at significant but lower risk including those with diastolic blood pressures of 95 to 110 mm Hg and/or systolic blood pressures of 160 to 180 mm Hg.

#### 10.06 ADMINISTRATION

a. The policies of the HSTP will be formulated by an Advisory Group, chaired by the Director, HSTP, VA Central Office, which will meet as necessary (at least biennially). The advisory group should include, but not be limited to, representation by:

- (1) The Director, HSTP.
- (2) HSTP clinic physicians.
- (3) HSTP clinic nurses or physician assistants.

*NOTE: The HSTP, VA Central Office has been decentralized. The correct address for the Director is:*

*Director, HSTP  
(111D-JC)  
VA Medical Center  
915 North Grand Boulevard  
St. Louis, MO 63106*

b. Quarterly HSTP hotline conference calls will be scheduled, as needed, by the Director, HSTP, to discuss problems at the clinics, answer questions, and report progress.

c. Training provided HSTP staff should include:

(1) Intensive initial training in hypertension, its treatment, and related topics, including other chronic stable disease conditions of HSTP patients.

(2) Periodic educational updates involving the general subject of hypertension in order to keep skills current.

(3) Training in the HSTP Computer Program for nurses or physician assistants and for clerk/receptionists whenever a clinic begins to computerize patient data. Training can be provided by video tape or regional educational meeting.

d. The HSTP guidelines should be kept current and the general treatment algorithms should be updated periodically.

e. Scientifically significant results obtained from the entire program or from individual clinics should be reported to the Director, HSTP.

f. An attempt should be made to monitor the costs of treatment and to examine ways to reduce costs without reducing the efficacy of care.

g. As necessary, the Director, HSTP, or designee should visit new HSTP clinics or established clinics which have problems in order to assist the clinic, particularly:

- (1) At the time of start-up,
- (2) During initiation of computerized data collection, and
- (3) Whenever serious problems arise.

**NOTE:** *The visit should include meetings with the clinic personnel and the medical center administration, including the VA medical center Director or designee.*

h. Any VA medical center which already devotes or plans to devote a significant effort to the treatment of hypertensive veterans can establish an HSTP clinic. To obtain the procedure for establishing such a clinic and the minimum requirements, call or write to Sharon Carmody or H. Mitchell Perry, Jr., M.D., at the VA Medical Center (111 D-JC), 915 North Grand Blvd., St. Louis, MO 63106, FTS 8-700-278-6364.

October 21, 1992

1. Transmitted is a new chapter to the Department of Veterans Affairs, Veterans Health Administration Manual M-2, "Clinical Programs," Part IV, "Medical Service," Chapter 10, "Hypertension Screening and Treatment Program."
2. The principal reasons for adding chapter 10 is to:
  - a. Define the policy for conducting the Hypertension Screening and Treatment Program.
  - b. Establish guidelines for the Hypertension Screening and Treatment Program.
3. Filing Instructions

Remove pages

iii through iv

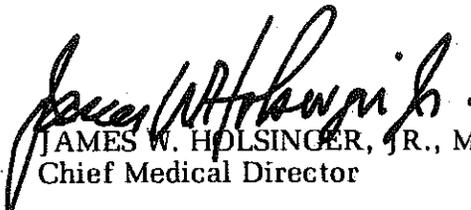
Insert Pages

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10-1 through 10-4

4. RESCISSIONS: VHA Circulars 10-73-122, 10-74-019, 10-75-178, 10-75-230, 10-76-163, 10-77-067, 10-79-006, 10-81-095, 10-82-225, TB 10-059, and TB 10-101.

  
JAMES W. HOLSINGER, JR., M.D.  
Chief Medical Director

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