



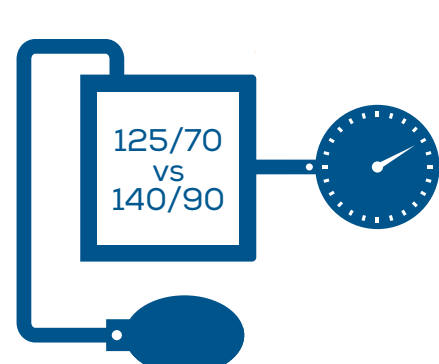
# Better BP<sup>®</sup> is Better Care

Did you know that nearly half of the adult population in the US has hypertension?<sup>1</sup> That leaves them at higher risk for heart disease. We know how important it is for you to help your patients live their healthiest, happiest lives. That's why capturing an accurate blood pressure (BP) measurement is so important—better BP is better care.

**Nearly 1 of every 2 adults in the US have high BP.<sup>1</sup>**



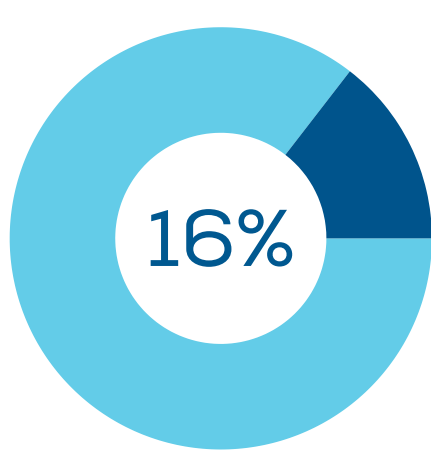
BP is captured in nearly every patient encounter and is an important factor in point of care diagnosis, patient risk stratification and medication dosing. **Slight variations in technique, measurement and documentation can have a big impact.**



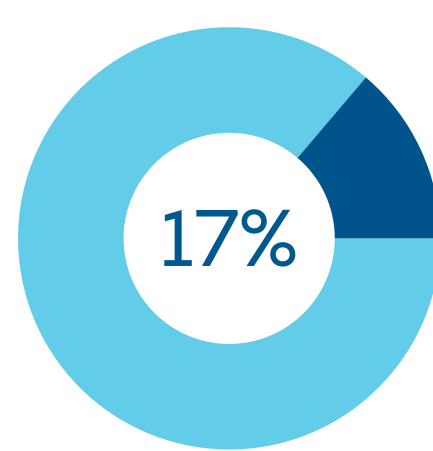
One patient's blood pressure readings manually captured within moments of one another.<sup>2</sup>



Americans affected by overestimating true blood pressure by 5 mmHg, leading to inappropriate treatment and unnecessary cost.<sup>3</sup>



Americans at risk for errors in BP measurement of +/-5 mmHg, leaving them vulnerable to the effects of missed diagnoses or misdiagnoses.<sup>4</sup>



Average rate of error in manual clinical documentation of vital signs data.<sup>5</sup>

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

Treatment for Hypertension

**\$733 per patient<sup>6</sup>**

Facility Panel Size

**1,900 patients<sup>7</sup> x 9.8%<sup>8</sup>**

Cost of Overtreatment  
**\$135,000**  
per each practicing physician<sup>8</sup>

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.

## There's a better way.



- 01** Seamless connectivity to the **EMR** saves time and eliminates manual transcription errors.
- 02** **IQvitals<sup>®</sup> Zone<sup>™</sup> Vital Signs Monitor** with the **SPRINT BP Protocol** automates vital signs acquisition, minimizing human variables for more accurate, consistent BP readings.
- 03** **Patient Support Rails+** accessory supports the patient's arm at heart height.<sup>9</sup>
- 04** **Midmark 626 Barrier-Free<sup>®</sup> Exam Chair** with low chair height allows most patients to place their feet flat on the floor.<sup>9</sup>
- 05** Powered movement of the chair back helps ensure the patient's back is supported.<sup>9</sup>

**Proper Patient Positioning**



**Accurate, Consistent BP Capture**



**EMR Connectivity**

# = Better BP

Learn more at: [midmark.com/BPEcosystem](http://midmark.com/BPEcosystem)

Sources:  
 1 <http://www.acep.org/latest-in-cardiology/articles/2017/11/08/11/47/mon-5pm-bp-guideline-aha-2017>  
 2 Experience of a Midmark customer  
 3 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2911816/>  
 4 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](https://www.census.gov)  
 5 Fieker, V. K., Jaglowski, T., & Richards, K. (2013). Eliminating errors in vital signs documentation. *Comput Inform Nurs*, 31(8), 422-427. doi:10.1097/01.NCN.0000432125.61526.27 PMID:24080751  
 6 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"  
 7 Panel size sourced from Journal of the American Board of Family Medicine July - August 2016; Vol. 29, No. 4  
 8 \$733 x (9.8% of 1,900) = ~\$135,000, where 1) \$733 = cost of overtreatment 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 and prescription (payer is either the patient, insurance company or ACO). 2) 9.8% = 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](https://www.census.gov), and 3) 1,900 = typical patient panel size per physician. Panel size sourced from Journal of the American Board of Family Medicine, July-August 2016; Vol. 29, No. 4  
 9 Proper patient positioning for BP capture based on American Medical Association guidelines: [https://targetbp.org/tools\\_downloads/mhp/](https://targetbp.org/tools_downloads/mhp/)

