ABSTRACT FOR POSTER PRESENTATION

P4
BLINKERS, BORDERS AND BARRIERS IN HYPERTENSION MANAGEMENT
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Background
Multidisciplinary team approach is essential for the care of patients with hypertension especially in the primary care setting. Team-based care has been shown to improve blood pressure (BP) control.

Objectives
To explore the views on the care of patients with hypertension from the perspectives of different stakeholders.

Materials & Methods
This study used a qualitative approach with purposive sampling. Seven in depth interviews and six focus group discussions were conducted with seven policy makers, 19 primary care doctors and nine allied health professionals (pharmacists and nurses) at a university-based teaching hospital in Kuala Lumpur, Malaysia in 2013. A semi-structured interview guide was used. All interviews were audio-recorded, transcribed verbatim and checked. Thematic approach was used for data analysis.

Results
There was lack of communication and collaboration among the stakeholders. The care of hypertension delivered by the stakeholders was segmented and focused on their area of expertise. Each of the stakeholders viewed hypertension control differently. This hinders effective team management. Both nurses and pharmacist felt doctors were managing hypertension well. Pharmacists had this opinion based on the medications prescribed by the doctors, which were following the recommendations by hypertension guidelines. Nurses viewed that they have minimal involvement in hypertension management. Policy makers perceived hypertension control to be good without much objective data to support that opinion. Doctors felt they have managed hypertension adequately. They perceived poor blood pressure control to be mainly due to patient or nurses factors.

Conclusions
There is a need for the stakeholders to assess hypertension care more objectively and remove the blinkers that keep them thinking that their management of hypertension is good. The borders between team members need to be addressed so that segmented care does not become a barrier to effective teamwork in hypertension care. Creating a one-stop centre manned by multidisciplinary team members to deliver hypertensive care could be a solution.