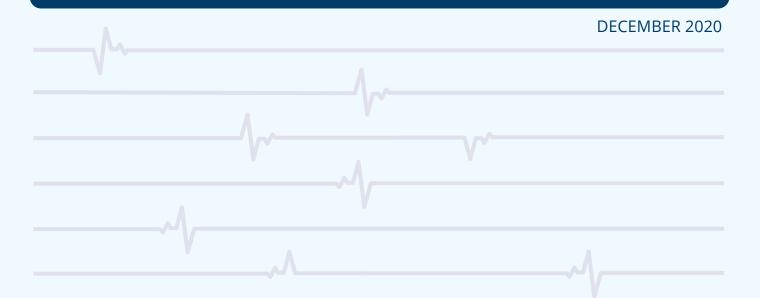
Self-Measured Blood Pressure Monitoring (SMBP) Implementation Toolkit







SMBP refers to blood pressure measurements taken outside of the clinical setting, usually at home. SMBP helps with both diagnosis and management of hypertension and increases patient participation in their own care. SMBP, when combined with other clinical supports, improves hypertension control.

A complete cycle of SMBP = 2 measurements, 1 minute apart, in the morning and evening for a 7-day period. At least 3 days (12 measurements) are the minimum needed for SMBP. Average all SMBP measurements from the 7-day period into one systolic BP average and one diastolic BP average. Use the SMBP average for treatment decisions.

SMBP IMPLEMENTATION TOOLKIT

PURPOSE:

This toolkit is designed to help organizations implement self-measured blood pressure monitoring (SMBP) successfully into their care processes and workflows.

ORGANIZATION:

It is comprised of four parts that will help organizations determine their goals and priority populations, align their SMBP patient training approach to their practice environment, consider SMBP tasks by role—and particularly how many can be accomplished by a non-clinician, and ultimately develop a protocol that will help organizations implement SMBP using a comprehensive, practical, step-by-step approach based on the experiences and lessons learned of other implementing organizations and in accordance with the June 2020 <u>Self-measured Blood Pressure Monitoring at Home: A Joint Policy Statement from the American Heart Association and American Medical Association</u>.

INSTRUCTIONS:

- 1 Complete <u>Determining Your SMBP Goals and Priority Populations</u>
- 2 Work through the SMBP Protocol Design Checklist
- 3 Use the <u>SMBP Tasks by Role</u> and <u>Aligning your SMBP Patient Training Approach</u> to your <u>Practice Environment</u> diagrams to adapt your SMBP care model to your patients' preferences, staffing capacity, other clinical initiatives or priorities, and local environment.



PLANNING FOR SMBP—DETERMINING YOUR GOALS AND PRIORITY POPULATION

How big do you go? Ideally and ultimately, everybody with hypertension should have their own home blood pressure monitor, but in a resource-constrained healthcare environment, that may not always be feasible...at least in the near-term. How do you best align your self-measured blood pressure monitoring (SMBP) goals with your current environment and where it will do the most good? The following diagram is designed to assist with this first important step in planning for SMBP. The ideas below do not represent an exhaustive list of possible SMBP goals and priority populations, but rather are intended to serve as a launchpad to help you think about ways to get the most out of SMBP in your practice. There may be overlap in the populations and you may choose to focus on multiple populations/goals.

POSSIBLE PRIORITY POPULATION

POSSIBLE GOALS

Align SMBP with Existing Chronic Disease Efforts or Programs

For example, perhaps your organization has an iniative for diabetics, many of whom have hypertension OR a program in place to assist patients with adopting healthy lifestyle behaviors that could serve as a natural pilot group to implement SMBP on a smaller scale

Use SMBP to enhance services for existing chronic disease programs/populations

Leverage SMBP to Accelerate Use of Digital Patient-Generated Data

Focus on hypertension patients who would be good candidates for testing Bluetooth monitors with apps or other electronic modes of patient data transmission.

Use SMBP to enhance services for existing chronic disease programs/populations

Patients with Uncontrolled Hypertension

Consider further risk stratification using factors like whether the most recent office BP was Stage $2: \ge 140$ or ≥ 90 mm Hg and/or patients have multiple co-morbidities, such as diabetes or hypercholesterolemia

Use SMBP to help the highest risk patients achieve BP control

Patients with Newly Diagnosed Hypertension

Focus on patients who received a hypertension diagnosis in the last 6 months

Use SMBP to engage and help titrate medications for newly diagnosed hypertension patients

Patients with Potential Undiagnosed Hypertension

Focus on patients who have multiple elevated BP readings in the past 12 months without a diagnosis of hypertension AND/OR patients coded with elevated BP without a diagnosis of hypertension (ICD-9 786.3 or ICD-10 R03.0)?

Use SMBP to improve timely and accurate hypertension diagnosis, including ruling out white coat effect

Patients with Medication Adherence Challenges

Use a tool like the Morisky scale¹ to assess medication adherence among patients with diagnosed hypertension or work with pharmacists/payers to obtain prescription fill data that can help with calculating measures like the medication possession ratio or proportion of days covered²

Use SMBP to engage and help titrate medications for patients with hypertension who have medication adherence barriers

Patients who Have Office Visit Barriers

Certain patients with hypertension may benefit from less frequent in-office visits (i.e., have restricted numbers of visits from their payer, have work conflicts, transportation barriers, OR prefer a virtual visit due to COVID-19)

Use SMBP to engage hypertension patients who are better served out of the clinic

^{1.} Morisky DE, Ang A, Krousel-Wood M, Ward HJ. Predictive Validity of A Medication Adherence Measure in an Outpatient Setting. *Journal of clinical hypertension (Greenwich, Conn)*. 2008;10(5):348-354.

^{2.} Crowe M. Do you know the difference between these measures? Pharmacy Times, July 5, 2015. https://www.pharmacytimes.com/contributor/ michael-crowe-pharmd-mba-csp-fmpa/2015/07/do-you-know-the-difference-between-these-adherence-measures. Accessed June 28, 2018.



SMBP PROTOCOL DESIGN CHECKLIST

PURPOSE:

After determining your organizational goals for implementing SMBP and your priority population(s), you are ready to develop a SMBP protocol. This protocol will help care teams operationalize SMBP successfully into care processes and workflows. The SMBP Protocol Design Checklist is based on the experiences and lessons learned of 10 health centers that implemented SMBP in a diversity of environments with a variety of staffing models and patient mixes.

INSTRUCTIONS:

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Read the items in the left column and add your own notes/decisions in the right column. In some cases, the right side is pre-populated with options to check off as they apply.

☐ Determine organizational goals for using SMBP	SMBP Goals:				
☐ Determine priority population(s)*	Priority Population(s):				
*See SMBP Model Design: <u>Determining your Goals and Target Population</u>					
HOME BP MONITORS					
☐ Determine which home BP monitors to use. Choose a validated upper arm device. Consider: whether it comes with an XL cuff, Bluetooth capability, memory storage capacity, multiple users, ease of use, insurance coverage, cost	Selected Home BP Monitor:				
☐ Determine how patients will obtain home BP monitors	 □ Loaned □ Purchased by health center (for patient to keep) □ Purchased by patient □ Purchased by supporting organization (for patient to keep) □ Purchased through insurer 				
☐ Determine how patients will physically receive their home BP monitor, if loaned or purchased by other than the patient	 □ Full face-to-face visit □ Mailed to patient □ Quick stop by health center □ Staff delivers to patient 				
☐ Determine number of home BP monitors to purchase (if loaned, plan on 3 devices per care team)	□ Number of home BP monitors to purchase: □ Patient Keeps: □ To Loan:				
■ Determine number of cuff sizes to purchase Note: 50% of health center patients required XL cuff sizes among the 10 health centers that participated in the NACHC Accelerating SMBP Project.	 □ Number of Standard/Large Cuffs (fits arm sizes 8.75" - 16.5"): □ Patient Keeps: □ To Loan: □ Number of Extra-Large Cuffs (fits arm sizes 15.75" - 21.25"): □ Patient Keeps: □ To Loan: 				

	Determine how long patients will keep (if loaned) (e.g., 2 weeks, 1 month, etc.)	monitors	Our protocol:		
	☐ Determine how patients will return monitors		Our protocol:		
	☐ Determine what controls to put in place if patients do not return home BP monitors (e.g., # of phone calls, # letters, etc.)		Our protocol:		
	☐ Determine where home BP monitors will be physically stored (consider separate locations for "clean" vs. "dirty")		Our protocol:		
	Determine how home BP monitors are inventoried, cleaned, and managed	tracked,	Our protocol:		
K	EY SMBP STAFF				
	SMBP Coordinator (has authority, time, and skills to coordinate all aspects SMBP implementation)	SMBP Coordinator:			
	SMBP Trainers (at least one per site; educates patient on how to use the	Site		SMBP Trainer	Available Daily for Warm Handoff
	home BP monitor, how to get home BP readings back to the care team, how often to do measurements, and proper technique)				☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
	SMBP Device Manager (tracks,	Site		SMBP Device Manager	·
	inventories, cleans, calibrates, stores home BP monitors)				
	•				
	SMBP Clinical Champion (has time to facilitate implementation success,	Site		SMBP Clinical Champion	
	key influencer)				
	SMBP Outreach Coordinator (coordinates contacting patients to recommend SMBP and after they initiate SMBP to ensure understanding	Site		SMBP Outreach Coordinator	
	of proper measurement technique, etc.)				
	SMBP Data Manager (receives, possibly enters, prepares, and manages SMBP data)				

SMBP PATIENT IDENTIFICATION					
☐ Determine any selection criteria beyond eligibility for population of focus (e.g. consider availability of interpreters, physical or mental capacity to use a home blood pressure monitor, safe place to store a home blood pressure monitor, no show history, patient interest, etc.)	Our protocol:				
☐ Determine patient identification methods	 □ At the point of care: □ Clinical decision support in EHR □ Clinician recommends □ Patient screening/preference survey □ Pre-visit planning □ Patient requests to do SMBP □ Registry queries and targeted outreach 				
☐ Determine how to assess if appropriate patients are being identified and offered SMBP	Our protocol:				
SMBP RECOMMENDATION					
☐ Determine who recommends SMBP to the patient at the point of care	□ Clinician □ MA □ Nurse □ Pharmacist □ Other				
☐ (If applicable) determine who conducts outreach calls to recommend SMBP to the patient	☐ Clinician ☐ MA ☐ Nurse ☐ Pharmacist ☐ Other				
SMBP TRAINING					
☐ Determine who trains the patient on SMBP See <u>SMBP Task by Role</u>	□ Clinician □ MA □ Nurse □ Pharmacist □ Other				
☐ Determine how the patient will connect with the SMBP Trainer (e.g., warm hand-off, follow-up visit, etc.)	Our protocol:				
□ Determine SMBP training curriculum/resources (e.g., What is SMBP?; protocol (2 measurements AM and PM for 7 days, how to use the device; how to take BP at home properly (technique); how to communicate measurements to care team; what to do for an out-of-range BP; loaner agreement).	Our protocol:				

SMBP OUTREACH SUPPORT AND FOLLOW-UP						
☐ Determine how outreach support will be provided to patients	 Electronic patient communication (text or email programs) Home visit Scheduled telehealth check-in Unscheduled telephone call 					
☐ Determine encounter type for initial follow-up appointment	□ Face-to-face visit with: □ Nurse □ Pharmacist □ Physician/PA/NP □ Telehealth visit with: □ Nurse □ Pharmacist □ Physician/PA/NP □ Other					
☐ Develop any collaborative practice agreements needed	□ Nurse visits□ Pharmacists:□ Medication titration□ Refill authorization					
SMBP DATA MANAGEMENT						
 Determine how patients will record/share data with the care team 	Our protocol:					
☐ Determine what types of SMBP measurements clinicians want to see	 □ 7-day SMBP averages □ All individual home BP readings □ Outlier BP readings (very high or very low) 					
☐ Determine what additional SMBP-related data elements are important to capture (e.g., flagging patients for SMBP, date started/completed SMBP, number of measurements/days, reason for SMBP, treatment decisions, etc.)	Our protocol:					
☐ Determine where SMBP data will be documented (may require custom HIT configuration)	 □ Direct to EHR from Home BP Monitor □ Manually document in EHR □ Population Health Management system □ Spreadsheet □ Vendor Portal □ Other 					
☐ Determine when and at what frequency clinicians want to review SMBP data (i.e., where and in what format does it fit in the workflow)	Our protocol:					
Determine if SMBP is having desired effect (i.e., how will you know it's working?)	Our protocol:					
COMMUNITY LINKAGES						
☐ Determine what role community partners	☐ Conduct outreach					
could play to support or optimize the efficiency/capacity of your SMBP efforts	 Provide lifestyle support programs/education Provide SMBP trainers Supply funds to purchase home blood pressure 					
See <u>SMBP Tasks by Role</u>	monitors Other					



SMBP MONITORING TASKS BY ROLE

From: Accelerating Use of Self-measured Blood Pressure Monitoring (SMBP) Through Clinical-Community Care Models

MUST BE DONE BY LICENSED CLINICIAN

- 1 Diagnose hypertension
- ② Prescribe medication(s)
- 3 Provide SMBP measurement protocol
- 4 Interpret patient-generated SMBP Readings
- **(5)** Provide medication titration
- 6 Provide lifestyle modification recommendations

MUST BE DONE BY PATIENT

- 1 Take SMBP measurements
- 2 Take medications as prescribed
- 3 Make recommended lifestyle modifications
- 4 Convey SMBP measurements to care team
- **(5)** Convey side effects to care team

CAN BE DONE BY SMBP SUPPORTER^a

- ① Provide guidance on home blood pressure (BP) monitor selection
- ② If needed, provide home BP monitor (free or loaned)
- 3 Provide training on using a home BP monitor
- 4 Validate home BP monitor against a more robust machine
- (5) Provide training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)
- 6 Reinforce clinician-directed SMBP measurement protocol
- Provide outreach support to patients using SMBP
- 8 Share medication adherence strategies
- Provide healthy lifestyle education

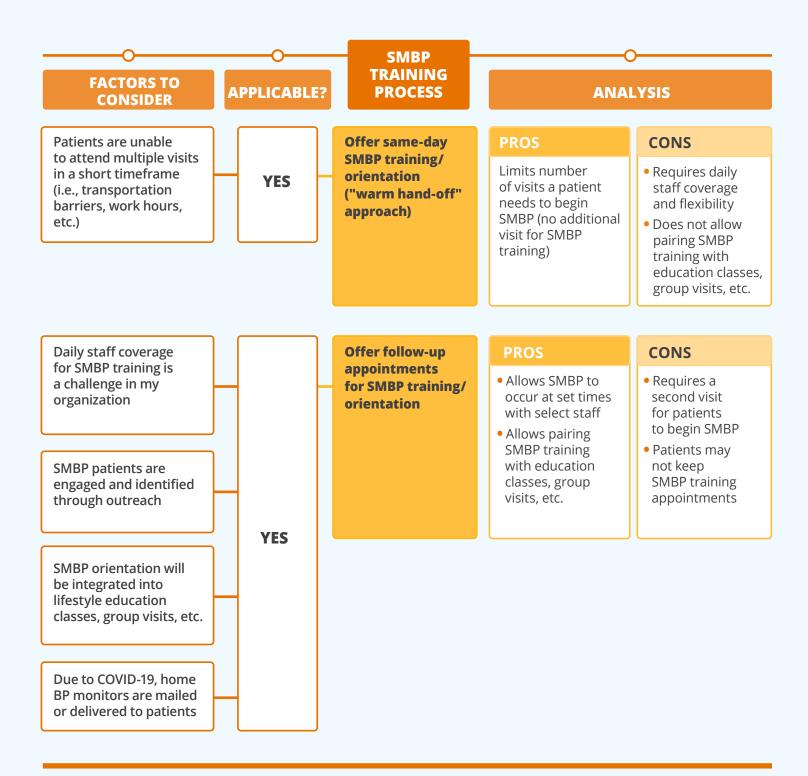
OPTIONAL SMBP SUPPORTER TASKS

- 1 Reinforce training on using a home BP monitor
- Reinforce training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)
- 3 Reinforce knowledge of behaviors that can trigger high blood pressure

^aMedical assistant, community health worker, local public health department/community organization representative, etc.



ALIGNING YOUR SMBP PATIENT TRAINING APPROACH TO YOUR PRACTICE ENVIRONMENT



https://www.nachc.org/clinical-matters/nachc-million-hearts-initiative/https://millionhearts.hhs.gov/tools-protocols/smbp.html

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