

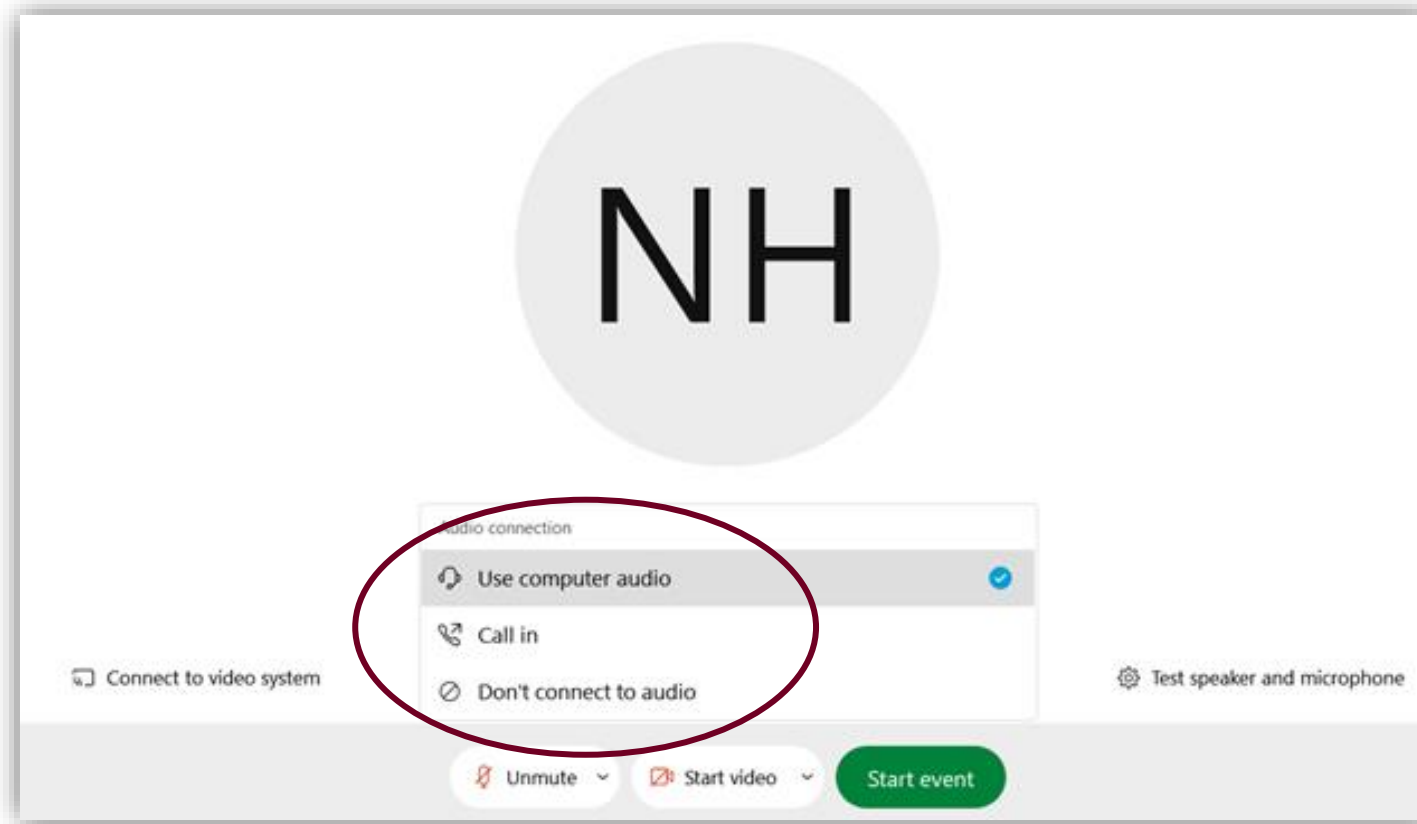
# Ensure you've connected to audio!

## Option 1: "Call In"

Follow the process to dial in from a phone

## Option 2: "Use Computer Audio"

You must have computer speakers and microphone



After connecting, if you don't see a phone/headset icon next to your name, please attempt to connect your audio again!

# Quarter 1 Million Hearts® Self-Measured Blood Pressure Monitoring (SMBP) Forum

March 10, 2022  
1:00-2:00 PM EST



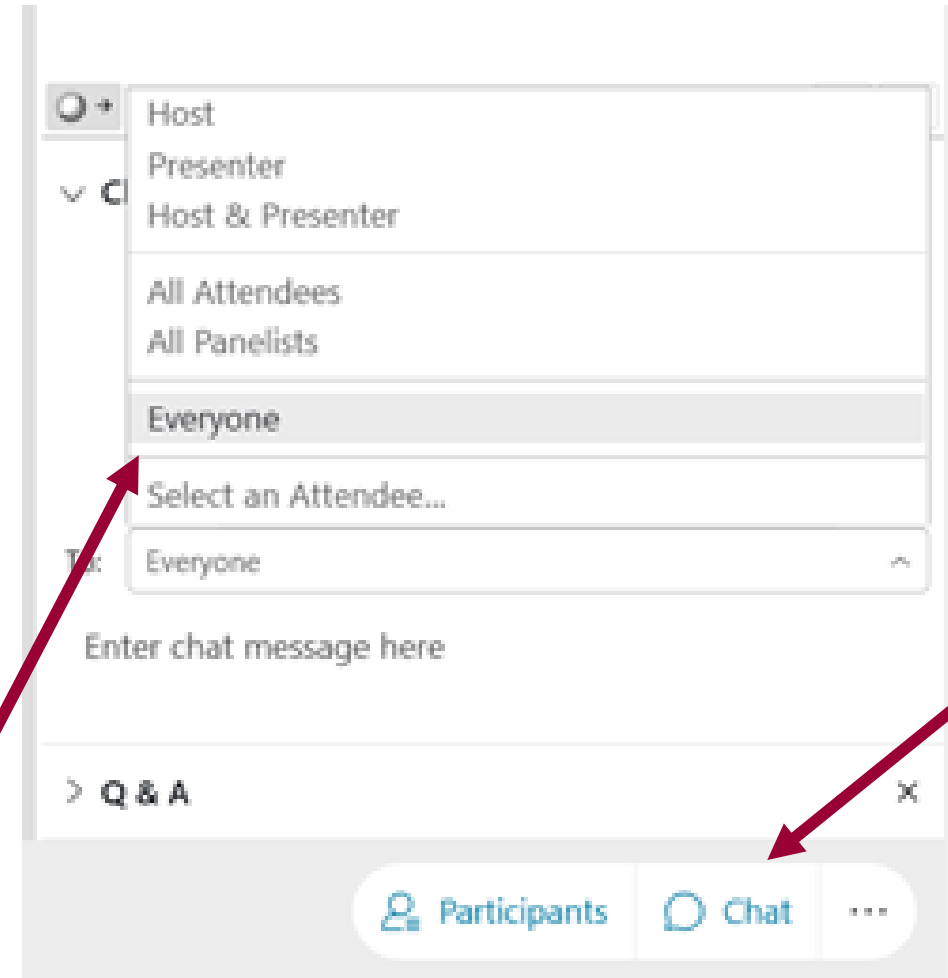
# How to Chat

The chat feature is available to pose questions to the group or make comments anytime throughout today's webinar.

Submit to "**Everyone**" and click the send button.

Introduce yourself!

Where are you joining us from?

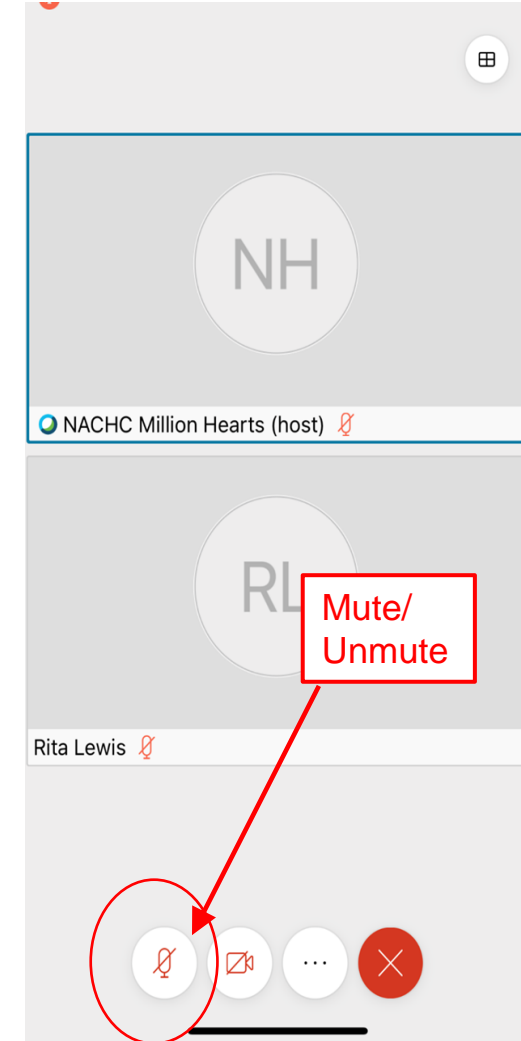
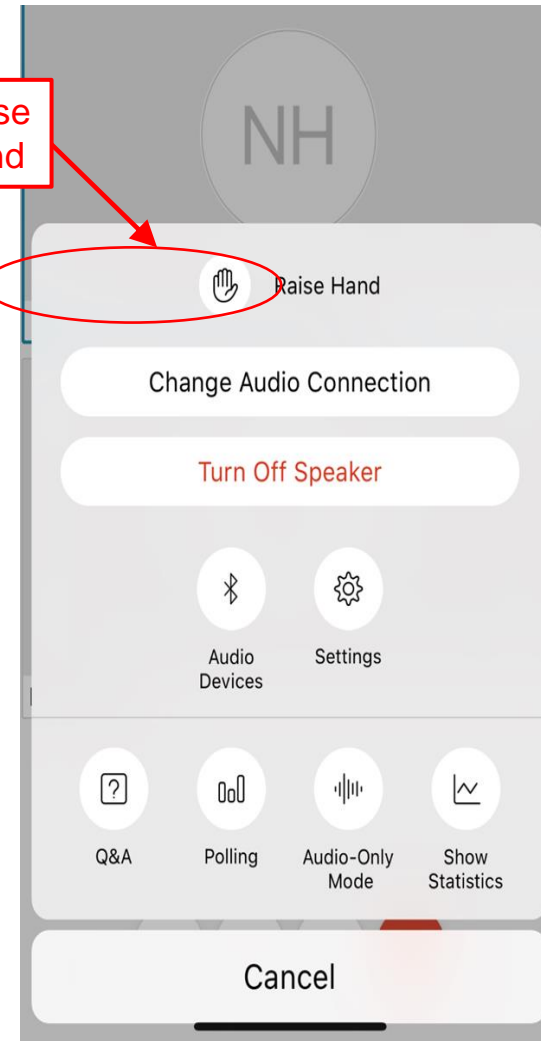
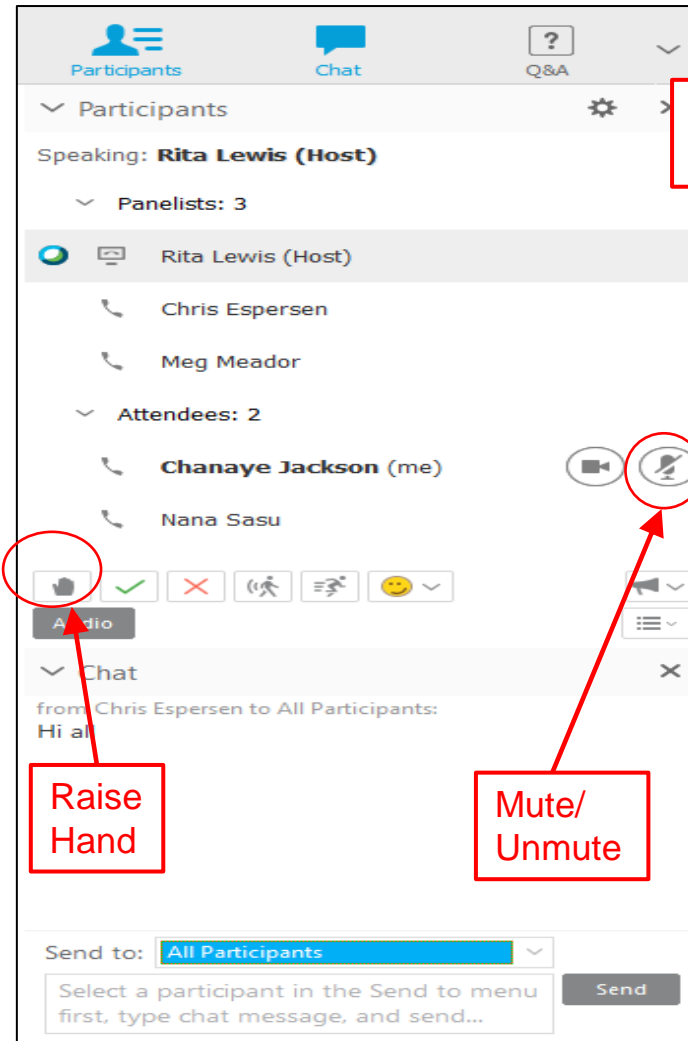


# How to Speak and Participate (Computer and Mobile)

Please “**raise your hand**” to indicate to the host that you would like to speak to the Forum.

To do so, click the **hand symbol icon**. Once clicked, a gray hand will appear beside your name in the participant list.

After you have been called or spoken, click the hand symbol icon again to lower your hand.



# Disclaimer

The opinions expressed by authors contributing to this project do not necessarily reflect the opinions of the US Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named below.



# Agenda

- **Welcome, Introductions, and Agenda Overview**
  - Rita Lewis, MPH, CPHQ, NACHC
  - Judy Hannan, RN, MPH, Million Hearts<sup>®</sup>, CDC
- **Highlighted SMBP Strategies and Resources**
  - Milibeth Castro, MPH, Zufall Health Center
  - Matthew Cirillo, Zufall Health Center
  - Valerie Holloway, Preeclampsia Foundation
  - Raul Marrero, MAEd, Tennessee Primary Care Association
- **Million Hearts<sup>®</sup> 2027**
  - Judy Hannan, RN, MPH, Million Hearts<sup>®</sup>, CDC
- **Additional Resources, Updates, and Closing**



# Today's Objectives

- Understand the resource and capacity gaps for SMBP implementation
- Highlight resources and strategies to expand the care team's capacity to implement SMBP
- Exchange information and insights on how to address SMBP resource and capacity needs, especially for patients with limited access to accessible, acceptable, and affordable SMBP devices and services



# SMBP Tasks By Role

Must Be Done by a Licensed Clinician	Can Be Done by a Non-licensed Person (e.g. medical assistant, local department of health, community health organization, community health workers)	Must Be Done by Patient
<ol style="list-style-type: none"> <li>1. Diagnose hypertension</li> <li>2. Prescribe medication(s)</li> <li>3. Provide SMBP measurement protocol</li> <li>4. Interpret patient-generated SMBP readings</li> <li>5. Provide resultant medication titration advice</li> <li>6. Provide resultant lifestyle modification recommendations</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide guidance on validated SMBP monitor selection</li> <li>2. If needed, provide a validated SMBP monitor (free or loaned)</li> <li>3. Train patients to use a validated SMBP monitor</li> <li>4. Validate home BP monitor against a more robust machine</li> <li>5. Train patients to capture and relay SMBP values to the care team, ideally through remote means</li> <li>6. Provide technical assistance to patients on connecting their SMBP device to their home internet, downloading and using necessary apps, and transmitting their SMBP readings to the care team</li> <li>7. Reinforce clinician-directed SMBP measurement protocol</li> <li>8. Share medication adherence strategies</li> <li>9. Provide lifestyle modification education</li> </ol>	<ol style="list-style-type: none"> <li>1. Take SMBP readings</li> <li>2. Take medications as prescribed</li> <li>3. Make recommended lifestyle modifications</li> <li>4. Convey SMBP readings to care team</li> <li>5. Convey side effects, challenges with lifestyle modifications to care team</li> </ol>



# Mentimeter!

Join Directly:

<https://www.menti.com/nby2e6vqs1>

OR

Go to: [www.menti.com](http://www.menti.com)

Enter the code: 3499 3452

OR

Use the QR Code →



# Attendee Poll #1: Understanding SMBP Challenges

**What is your leading limiting factor in providing SMBP?  
(pick 1)**

- A.** Access to automatic BP measurement devices
- B.** Staffing
- C.** Health IT solutions
- D.** Engaging patients in SMBP
- E.** Other: Type into chat



# Featured Strategies and Resources to Support Patients with SMBP



# Preeclampsia Foundation

Valerie Holloway, Managing  
Director



# What is Preeclampsia?

Preeclampsia (pre-e-CLAMP-si-a) is persistent high blood pressure that develops during pregnancy or the postpartum period. It is often associated with high levels of protein in the urine or the new development of decreased blood platelets, trouble with the kidneys or liver, fluid in the lungs, or signs of brain trouble such as seizures and/or visual disturbances. It is diagnosed by the elevation of the expectant mother's blood pressure usually after the 20th week of pregnancy and is unique to human pregnancy. High blood pressure



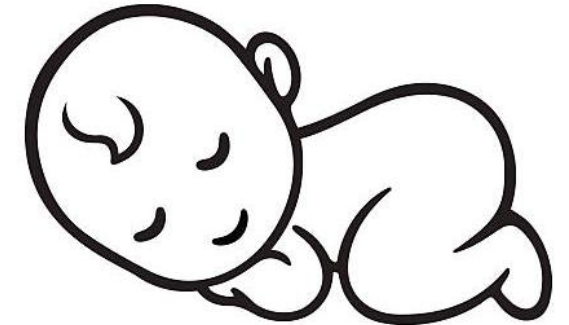
For mom

## Organ dysfunction

- **Blood Vessels**
- **Kidneys**
- **Liver**
- **Lungs**
- **Brain**
- **Death**

For infants

- **Growth Restriction**
- **Pre-term Birth**
- **Death**



# Signs & Symptoms

- Headache that won't go away
- Visual disturbances (seeing spots or auras)
- Epigastric pain (upper right quadrant)
- Nausea/vomiting (2<sup>nd</sup> half of pregnancy)
- Sudden weight gain (5+ lbs per week)
- Breathlessness (difficulty breathing)
- Swelling of the face or hands
- “just not feeling right”; unexplained “anxiety”



## Signs of Preeclampsia Síntomas de la preeclampsia



Stomach pain  
Dolor de estómago



Headaches  
Dolores de cabeza



Feeling nauseous;  
throwing up  
Náuseas, vómitos



Seeing spots  
Ver manchas



Gaining more  
than 5 pounds  
(2.3 kg) in a week  
Subir más de 5 libras  
(2,3 kg) de peso en  
una semana



Swelling in your  
hands and face  
Hinchazón en las  
manos y en la cara



[www.preeclampsia.org](http://www.preeclampsia.org)

[www.preeclampsia.org/signs-and-symptoms](http://www.preeclampsia.org/signs-and-symptoms)

# Signs & Symptoms Education

2,553,402

patient education materials distributed increasing knowledge of signs, symptoms and treatments



## Ask Your Doctor or Midwife

# Preeclampsia

### What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman during the second half of her pregnancy, or up to 6 weeks after delivery.

### Risks to You

- Seizures
- Stroke
- Organ damage
- Death

### Risks to Your Baby

- Premature birth
- Death

### Signs of Preeclampsia



Stomach pain



Headaches



Feeling nauseous; throwing up



Seeing spots



Swelling in your hands and face



Gaining more than 5 pounds (2,3 kg) in a week

### What Should You Do?

Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.



For more information go to [www.preeclampsia.org](http://www.preeclampsia.org)

Copyright © 2010, 2014, 2020. Preeclampsia Foundation. All Rights Reserved.



Video available in English and Spanish on YouTube™ or for adding to your website

¡AÚN CORRE RIESGO después de que el bebé nazca!

# Preeclampsia Postparto

### ¿Qué es?

La preeclampsia posparto es una afección grave relacionada con la presión arterial alta. Le puede suceder a cualquier mujer que acaba de tener un bebé hasta la semana 6 después de que el bebé nazca.

### Riesgos para usted

- Convulsiones
- Daño a órganos
- Accidente cerebrovascular
- Muerte

### Signos de Advertencia



Dolor de Estomago



Dolores de cabeza graves



Sentir nauseas o vomitar



Ver manchas (u otros cambios en la visión)



Hinchazón en las manos o en la cara



Dificultad para respirar

### ¿Qué puede hacer?

- Consulte si debería hacer un seguimiento con su médico a la semana del alta.
- Continúe con todas las consultas de seguimiento.

- Esté atenta a los signos de advertencia. Si nota alguno, llame a sus médicos. (Si no puede contactarse con su médico, llame al 911 o vaya a la sala de emergencias e informe que ha estado recientemente embarazada)
- Confíe en sus instintos.

Para más información, visite [www.stillatrisk.org](http://www.stillatrisk.org)



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[www.preeclampsia.org/signs-and-symptoms](http://www.preeclampsia.org/signs-and-symptoms)

# Diagnosis & Management



1. Recognize symptoms & diagnosis quickly
  - Providers – listen to patient and take accurate BP & do bloodwork (labs)
  - Patients – know what to recognize and report
2. Control severe range blood pressure within 1 hour
  - With antihypertensive medications
3. Prevent seizures
  - With magnesium sulfate
4. Delivery vs. Expectant Management vs. Outpatient Monitoring
  - Appropriate timing depending on gestational age and maternal and fetal conditions
5. Postpartum surveillance and BP follow up



# The Cuff Kit

brought to you by  
**PREECLAMPSIA**<sup>™</sup>  
FOUNDATION  
www.preeclampsia.org

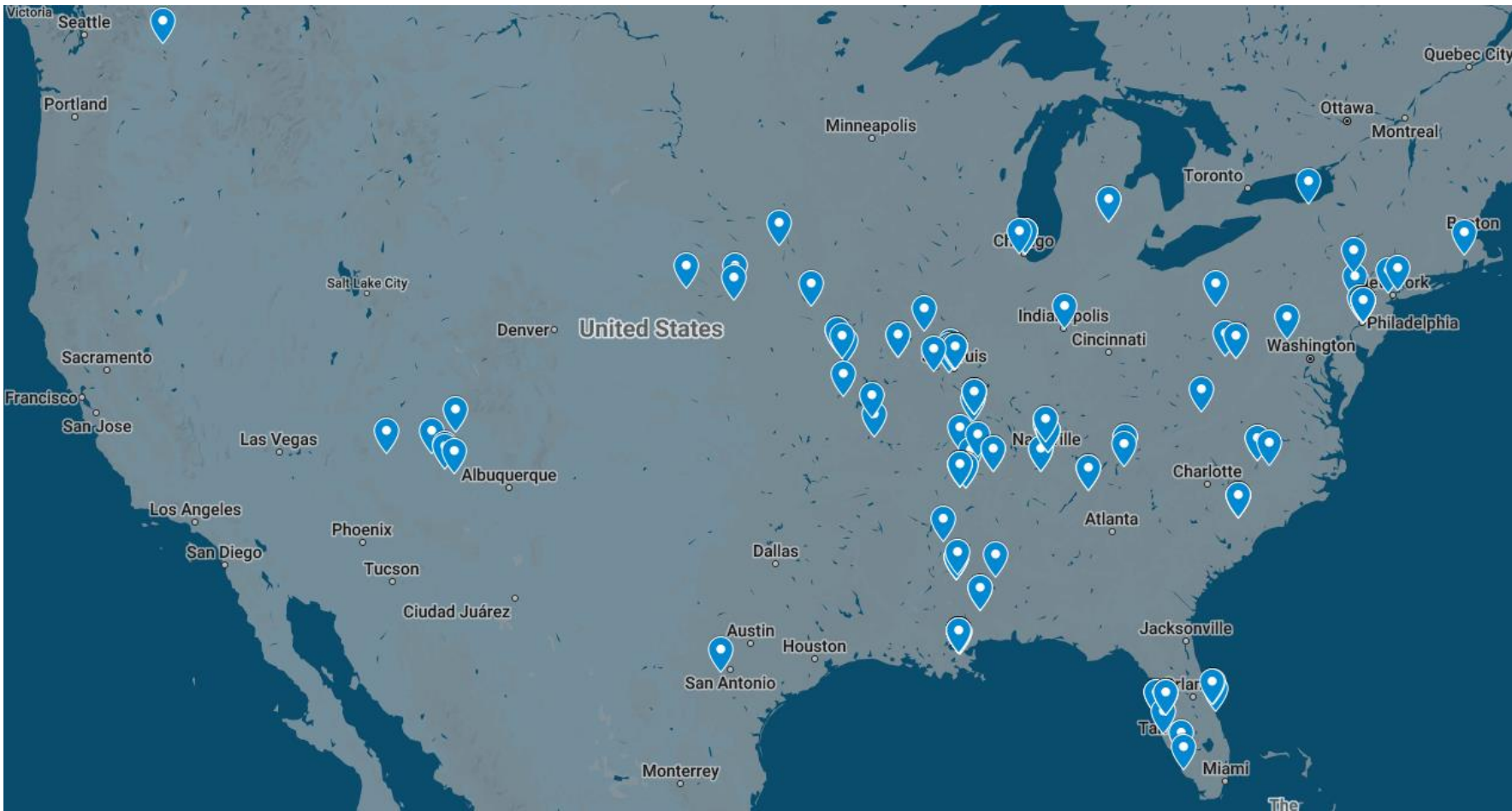
- BP Monitor & Batteries
- Instructions including link to online video and website
- Tracking Log
- Signs and symptoms education
- Postpartum preeclampsia information
- “Still at Risk” rubber bracelet
- Patient feedback postcard



[www.preeclampsia.org/the-cuff-project](http://www.preeclampsia.org/the-cuff-project)

© 2020 Preeclampsia Foundation





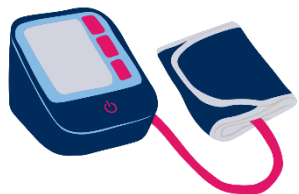
## Distribution to Highest Risk Patients:

- ✓ Chronic HTN
- ✓ Previous history of PE
- ✓ Obesity (BMI 30+)
- ✓ Age (35+)
- ✓ Autoimmune disorders
- ✓ Black/African-American
- ✓ Native American/Alaska Native

Total cuffs shipped: **11,779**  
 Providers distributed to: **119**  
 States distributed to: **20**

**Data collected thru 12/31/2021**

**11,779**



**119**



**20**



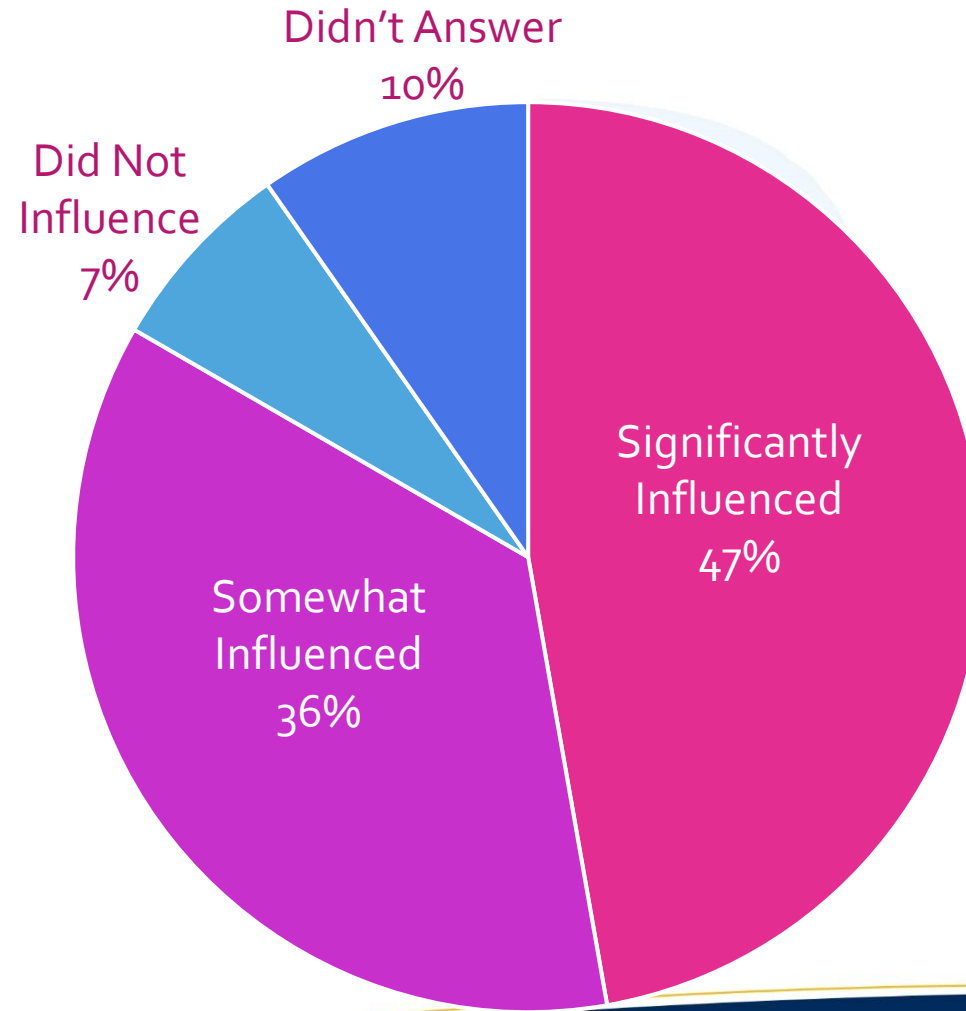
The Cuff Kit

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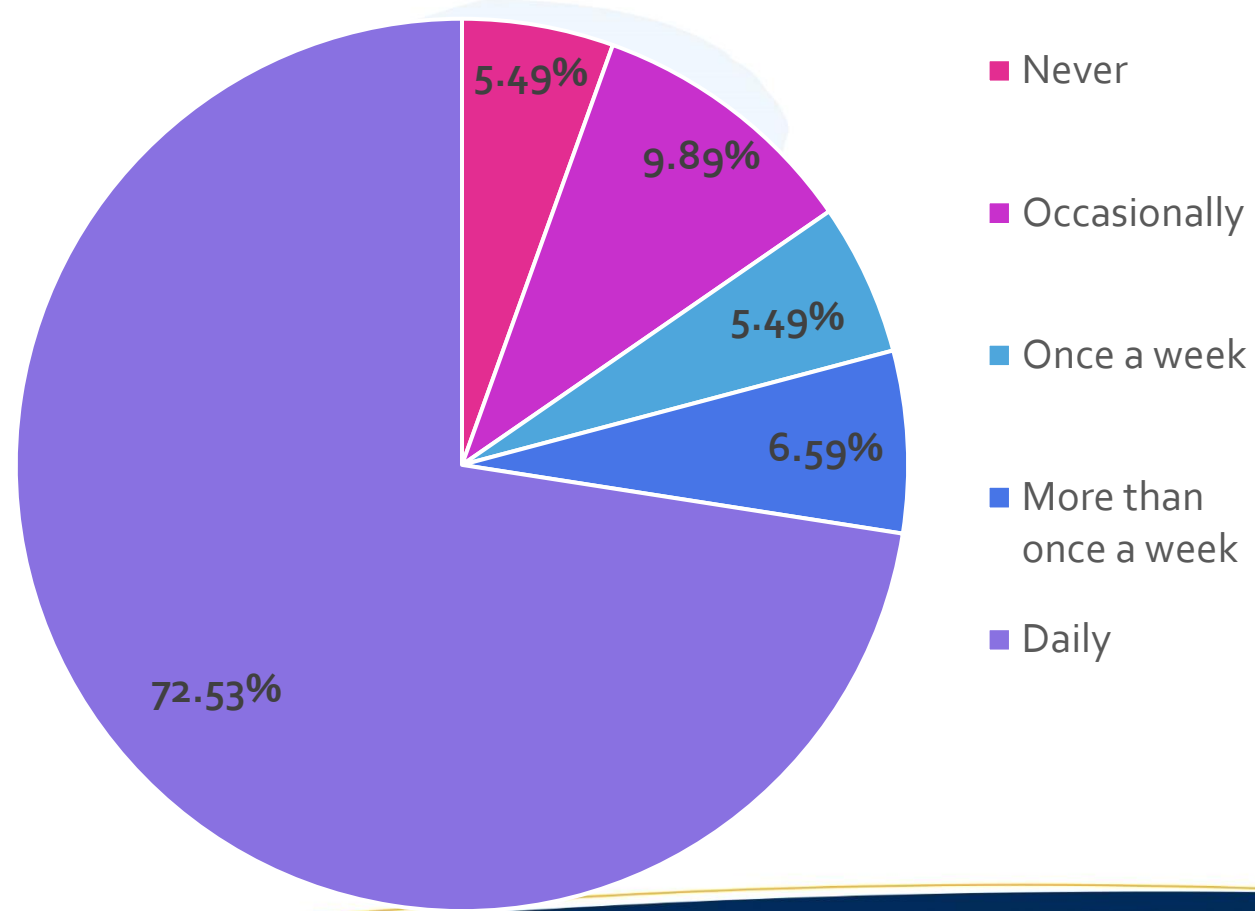
www.preeclampsia.org

# Provider's perception of how the Cuff Kit has influenced patient's care



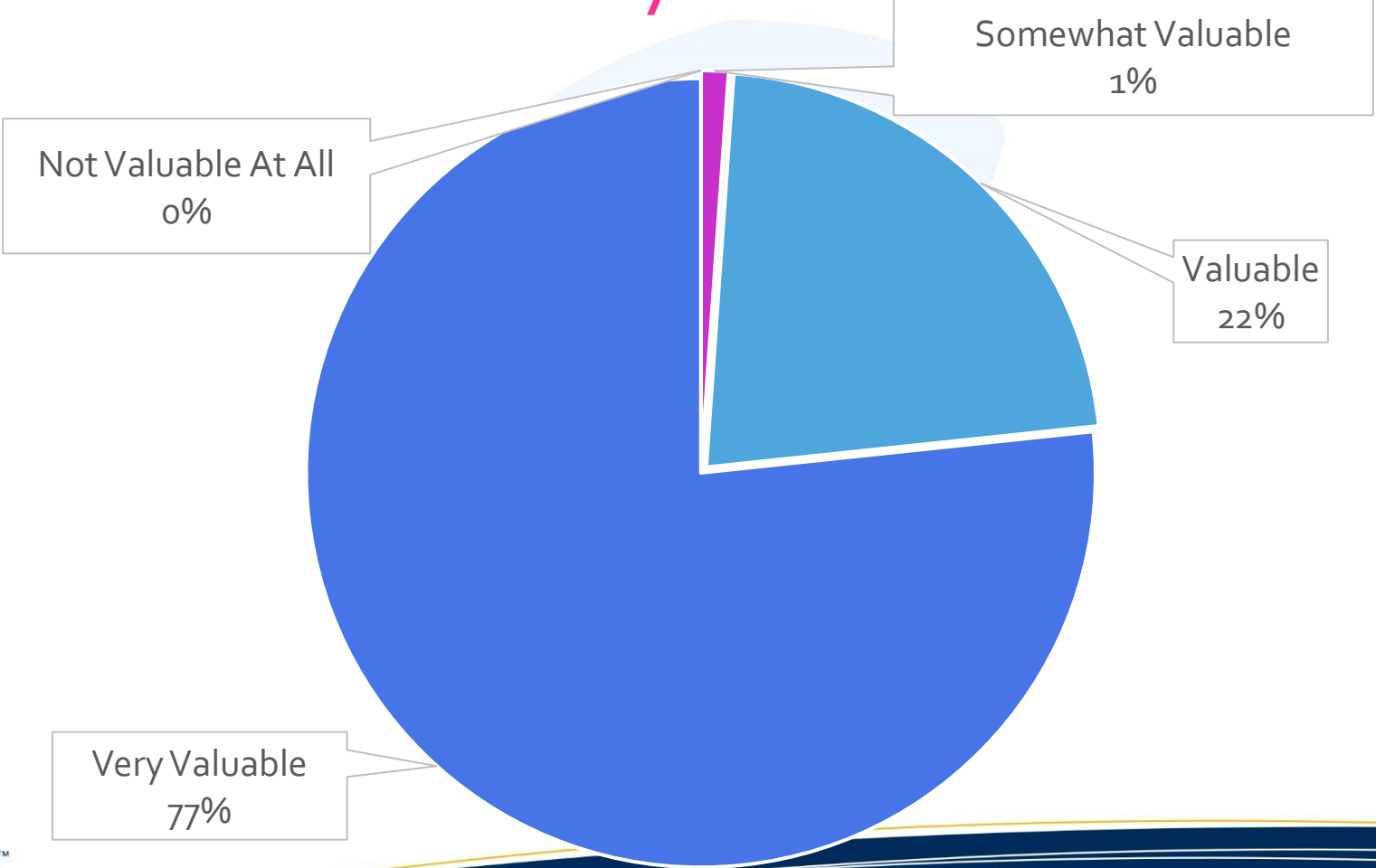
N=72 sites

# How often did you take BP readings during your pregnancy and 6-week postpartum period?



N=102

# How valuable was being able to take your BP at home to you?



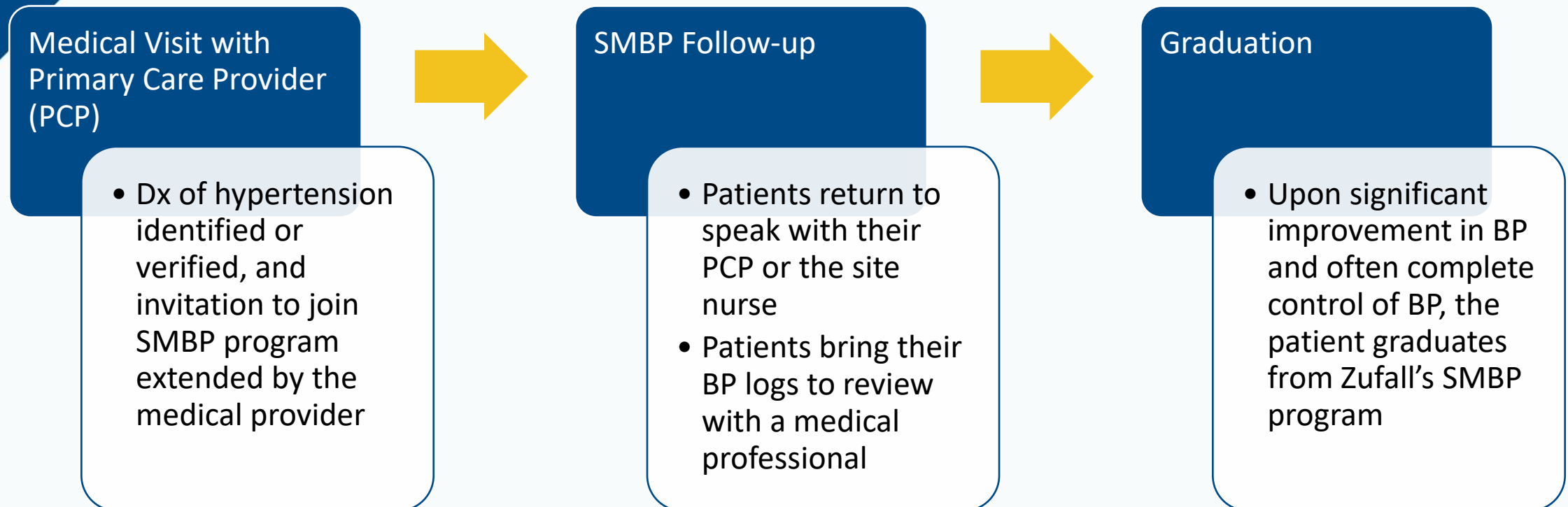
N=102

# **SMBP Program Implementation and the Role of the Project Implementation Assistant (PIA)**

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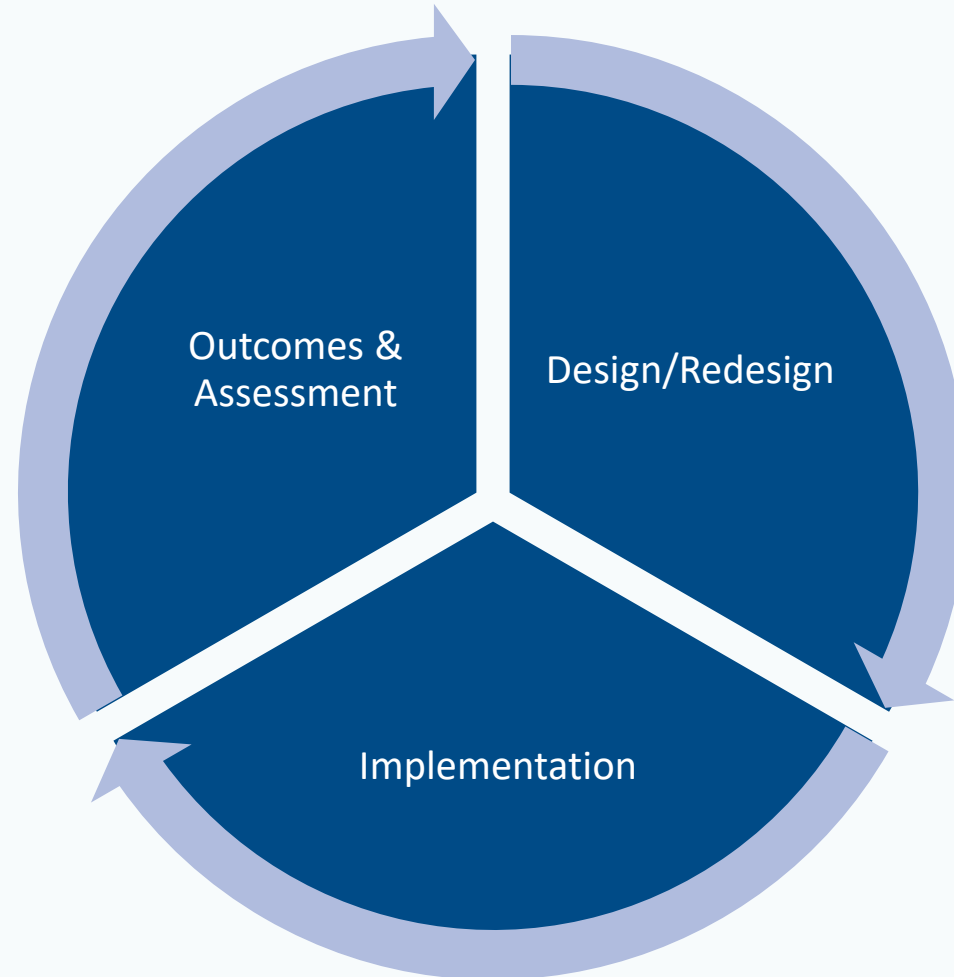
Milibeth Castro, MPH  
QA/PI Program Manager  
March 10, 2022

# SMBP Program Overview



# SMBP Process

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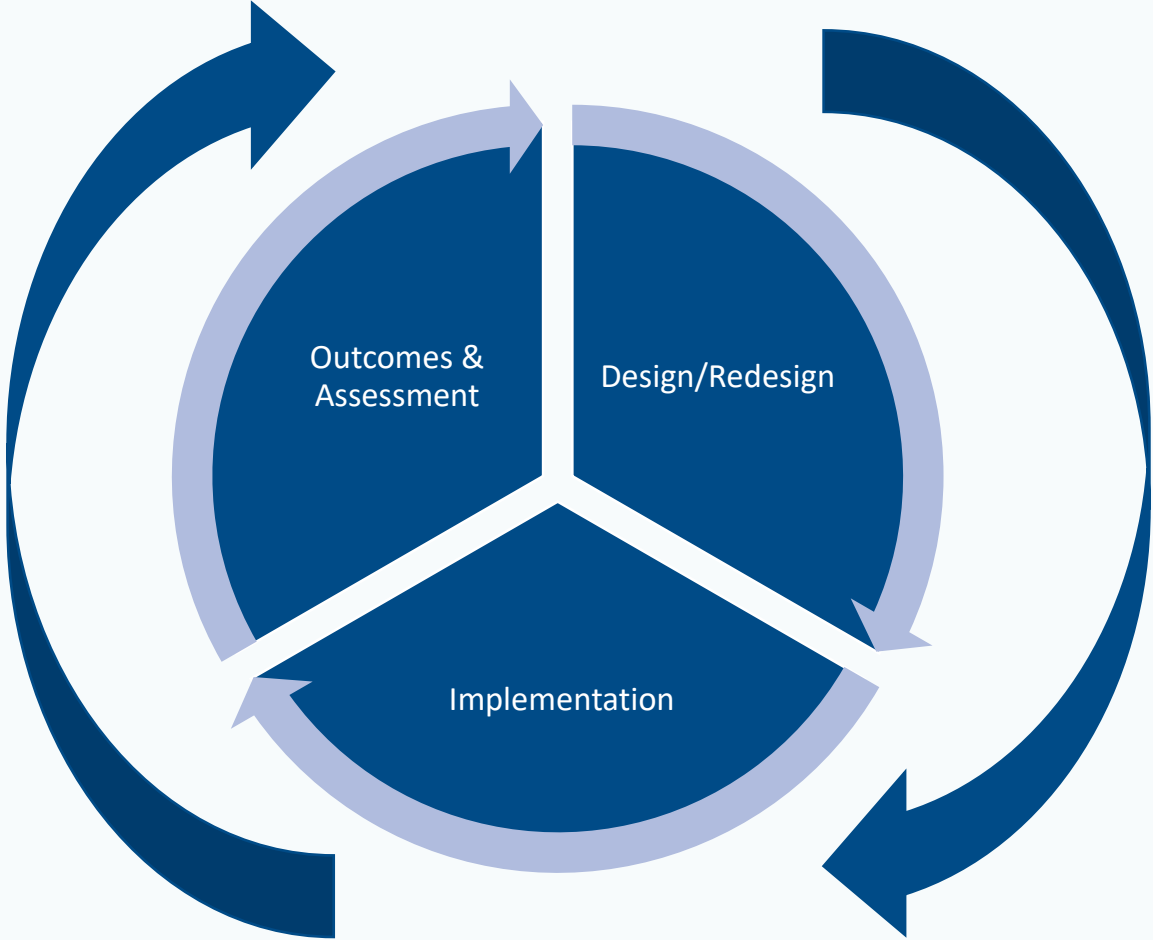


# Challenges

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- Zufall received funding to expand the SMBP program across multiple sites in the summer of 2020
- Program design, implementation and assessment cycle required additional personnel and management
- COVID-19 Pandemic
  - Exacerbated this need as clinical leadership shifted priorities to addressing community spread of the virus
  - Implementation phase of the project slowed as all clinical teams were focused on providing COVID related testing and treatment

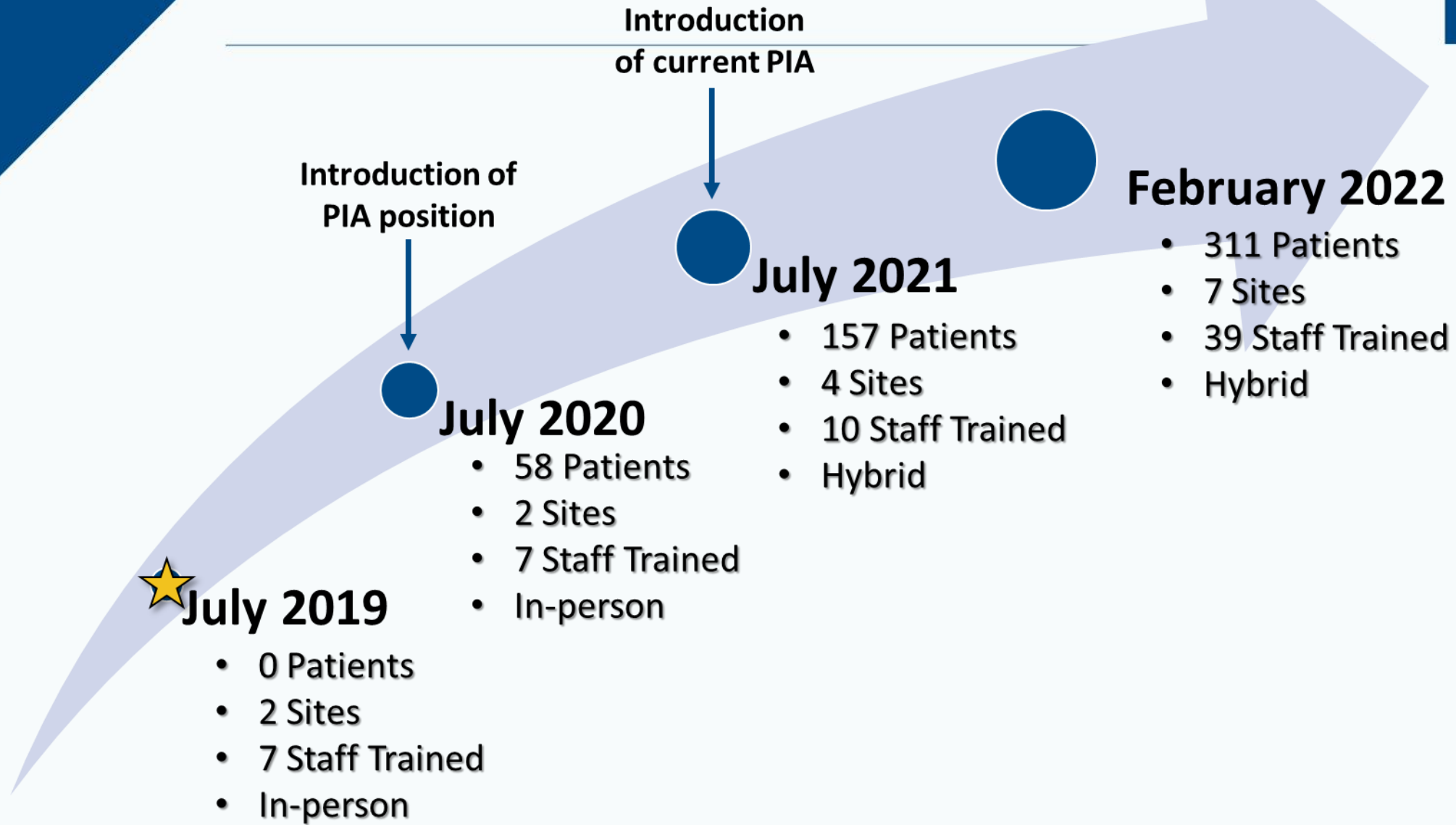
# The Role of the PIA



# The Role of the PIA

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- Team-based Approach
  - PIA serves as the boots on the ground and directly communicates with both the SMBP clinical teams and Zufall leadership
- Contributions
  - **Design** – creation of site-specific workflows that address staffing challenges, supply, and patient care
  - **Implementation** – staff orientation and training of program, procedures, EMR and patient care; monitor calibration; patient communication; resource and supply inventorying
  - **Outcomes/Assessment** – receives staff feedback and communicates with leadership; completes grant reports and communicates with funders
  - **Redesign** – revises program delivery using dashboard reports, patient biometrics, and additional objectives created by leadership





# Thank You!

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Milibeth Castro  
[mcastro@zufallhealth.org](mailto:mcastro@zufallhealth.org)

# Tennessee Primary Care Association

Raul Marrero, MAEd, HIT  
Manager



# Closing the Technology Gap



[www.sanoconnect.com](http://www.sanoconnect.com)



[www.assurancewireless.com](http://www.assurancewireless.com)

- FCC Affordable Connectivity Program (Formerly EBB)
- High-quality smartphone or tablet (Android)
- Phone (Assurance) is **free** and tablet (Sano) requires a one-time \$10 fee
- **Free unlimited** wireless service - data, voice, and texting
- Applicants qualify through government aid programs (ex: Medicaid, SNAP, EBT, SSI) or income. One per household
- Consistent phone number and email for patients
- Customizable apps – RPM, EHR, email, HC webpage, Patient Portal
- RPM Vendor Comparison Toolkit

# Workflow

## Signing up Patients



- Health Center Representatives assist with application process (Patient Navigators, Outreach Team, etc.)
- Sano assigns Rep. IDs to HC staff through [lifelinead.org](http://lifelinead.org). Assurance Wireless does not




## Device Distribution




- Health centers are encouraged to have devices shipped to HC first to then distribute to subscribers
- Devices are then distributed to subscribers
- Patients assume all responsibility for device



# Marketing and Engagement


**Get a smartphone and wireless service completely FREE\***



Phone shown for illustrative purposes and may change.


**Talk to our Outreach Team to learn more!**

\*Only Erlanger Community Health Center patients may apply, and patients must meet program requirements to qualify.





**Get a smartphone and wireless service completely FREE\***

Want to learn more?  
Talk to our Outreach Team!



Phone shown for illustrative purposes and may change.

\*Only Erlanger Community Health Center patients may apply, and patients must meet program requirements to qualify.

# Open Discussion

- Where can you find care extenders to help patients with SMBP?
- Which partners may be helpful to get automatic blood pressure devices into the hands of patients?
- What type of community partnerships have helped to expand your capacity to provide SMBP?



# Attendee Feedback – Understanding SMBP Forum Needs

## Question #1

**Are you using any of the tools that you have discovered as a result of your participation in the SMBP Forum?**

If yes, please type in the chat the tools that you've found most helpful.

## Question #2

**What SMBP topics would you like to be addressed in a future SMBP Forum meeting?**

Please type in the chat any topics you would like covered by the SMBP Forum



# Preventing 1 Million Heart Attacks and Strokes by 2027

**Judy Hannan RN, MPH**

Million Hearts<sup>®</sup> Senior Advisor

Division for Heart Disease and Stroke Prevention

Centers for Disease Control and Prevention

SMBP Forum

March 10, 2022



# Million Hearts® 2027 Has Launched!

Go to

[www.millionhearts.hhs.gov](http://www.millionhearts.hhs.gov)

and click the “About” tab.

- Information about Million Hearts® 2027
- New topic-specific webpages
- Resources to promote Million Hearts® 2027

A screenshot of the Million Hearts website. The header is maroon with the logo and a search bar. The navigation menu includes Home, About, Tools & Protocols, Data & Reports, Partners & Progress, and Learn & Prevent. The main content area is titled "About Million Hearts® 2027" and contains sections for "The Challenge", "Our Vision", "Who We Are", and "What We Do". A sidebar on the left lists various topics like "Building Healthy Communities" and "Optimizing Care".

Search the site

Home About Tools & Protocols Data & Reports Partners & Progress Learn & Prevent

Home

About Million Hearts® 2027

Building Healthy Communities +

Optimizing Care +

Focusing on Health Equity

Tools & Protocols +

Data & Reports +

Partners & Progress +

Learn & Prevent +

News & Media +

## About Million Hearts® 2027

### The Challenge

Every 36 seconds in the United States, an adult dies from cardiovascular disease (CVD). These are mothers, fathers, sisters, brothers, and friends—all gone because of a disease that is largely preventable.

Million Hearts® exists for the sole purpose of saving more of the lives taken and protecting more of the lives impacted by heart disease and stroke in the United States.

### Our Vision

We believe in the real possibility of averting one million preventable CVD events in the next five years (January 2022–December 2026).

We believe in a future where all people—from health care and public health professionals to the populations and patients they serve—embrace this possibility as attainable, and where they collaborate and respond accordingly.

### Who We Are

Million Hearts® is a national initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS).

CDC's Division for Heart Disease and Stroke Prevention provides leadership and support for the Million Hearts® Initiative, which began in 2012.

### What We Do

Million Hearts® exists to

- Convene health care and public health champions
- Facilitate impactful collaboration and resource sharing
- Promote implementation of evidence-based strategies to prevent cardiovascular disease
- Address health inequity through specific policies, processes, and practices

### Million Hearts® 2027 Overview and Priorities

To optimize the possibility of preventing one million preventable CVD events in the next five years, Million Hearts® prioritized strategies for building healthy communities and optimizing care through a committed focus on specific populations experiencing inequities. A 20% improvement in key indicators would translate to one million fewer events over a five year period.

On This Page

Who We Are

Million Hearts® 2027 Overview and Priorities

Take Action to Prevent Heart Attacks and Strokes

# Million Hearts<sup>®</sup> 2027

**Aim:** Prevent 1 million—or more—heart attacks and strokes in the next 5 years by:

- Promoting evidence-based strategies for cardiovascular disease prevention
- Convening health care and public health champions
- Facilitating meaningful collaboration and resource sharing
- Addressing health equity through specific policies, processes, and practices



# Million Hearts<sup>®</sup> 2027 Priorities

## Building Healthy Communities

Decrease **Tobacco Use**

Decrease **Physical Inactivity**

Decrease **Particle Pollution Exposure**

## Optimizing Care

Improve Appropriate **A**spirin or **A**nticoagulant Use

Improve **B**lood Pressure Control

Improve **C**holesterol Management

Improve **S**moking Cessation

Increase Use of **Cardiac Rehabilitation**

## Focusing On Health Equity

Pregnant and Postpartum Women with Hypertension

People from Racial/Ethnic Minority Groups

People with Behavioral Health Issues Who Use Tobacco

People with Lower Incomes

People Who Live in Rural Areas or Other 'Access Deserts'

# Improving Hypertension Control and Cardiovascular Health: An Urgent Call to Action for Nursing

## Registered Nurses (RNs):

- Teaching patients to accurately use and calibrate their home blood pressure monitors.
- Use motivational interviewing in serving as a health coach.

## Schools of Nursing:

- Teaching RNs and Advanced-Practice Registered Nurses to incorporate SMBP monitoring and healthy lifestyle prescriptions into patient care and management.

## Professional Nursing Organizations:

- Championing and encouraging insurers to consider covering services:
  - Coverage of validated SMBP devices,
  - Reimbursement for patient education regarding SMBP monitoring training for technique.





# Improving Hypertension Control and Cardiovascular Health: An Urgent Call to Action for Nursing

## Quality Improvement/ Population Health Nurses:

- Using practice data to quantify gaps in care and establish baseline performance for indicators.
- Establishing and monitoring performance goals: Process quality measures, including SMBP.
- Dissemination of SMBP monitoring protocols.

## Nurse Researchers:

- Priority topics should include SMBP monitoring to reduce hypertension disparities.

## Resource Examples:

- [The 7-step self-measured blood pressure \(SMBP\) quick guide](#) - American Medical Association (AMA)
- [Self-Measured Blood Pressure Monitoring \(SMBP\) Implementation Toolkit](#) - Million Hearts®/ NACHC
- [SMBP QUICK START GUIDE](#) – American Heart Association/ AMA Target: BP™





## **LIVE TO THE BEAT**

*Empowering the Black community with a steady beat of healthy habits, tips, & routines to reduce the risk of heart attack & stroke.*

<https://www.livetothebeat.org/>

# “Live to the Beat” Campaign Toolkit



[www.millionhearts.hhs.gov](http://www.millionhearts.hhs.gov)

- Digital Communications Copy: For E-Newsletters, Websites, Blogs, Intranets, etc.
- Video PSAs (:60, :30 and :15 versions)
- Radio PSAs
- Social Media Graphics & Post Copy
- Print Materials: Poster & Flyer (including QR code linking to campaign website)
- Digital Out of Home Ads
- E=Signature & Web Button (demonstrating support of LTTB Campaign)



<https://millionhearts.hhs.gov/partners-progress/partners/live-beat-campaign-toolkit.html>

# Updates



## COMPENDIUM

# How Do We Jump-Start Self-measured Blood Pressure Monitoring in the United States? Addressing Barriers Beyond the Published Literature

Hilary K. Wall,<sup>1,•</sup> Janet S. Wright,<sup>1</sup> Sandra L. Jackson,<sup>1</sup> Lura Daussat,<sup>2</sup> Nar Ramkissoon,<sup>3</sup> Linda J. Schieb,<sup>1</sup> Haley Stolp,<sup>1,4</sup> Xin Tong,<sup>1</sup> and Fleetwood Loustalot<sup>1</sup>

Hypertension is highly prevalent in the United States, and many persons with hypertension do not have controlled blood pressure. Self-measured blood pressure monitoring (SMBP), when combined with clinical support, is an evidence-based strategy for lowering blood pressure and improving control in persons with hypertension. For years, there has been support for widespread implementation of SMBP by national organizations and the federal government, and SMBP was highlighted as a primary intervention in the 2020 *Surgeon General's Call to Action to Control Hypertension*, yet optimal SMBP use remains low. There are well-known patient and clinician barriers to optimal SMBP documented in the literature. We explore additional high-level barriers that have been encountered, as broad policy and

systems-level changes have been attempted, and offer potential solutions. Collective efforts could modernize data transfer and processing, improve broadband access, expand device coverage and increase affordability, integrate SMBP into routine care and reimbursement practices, and strengthen patient engagement, trust, and access.

*Keywords:* barriers; blood pressure; cardiovascular disease; health information technology; hypertension; prevention; self-measured blood pressure monitoring

<https://doi.org/10.1093/ajh/hpab170>



Hilary K Wall, Janet S Wright, Sandra L Jackson, Lura Daussat, Nar Ramkissoon, Linda J Schieb, Haley Stolp, Xin Tong, Fleetwood Loustalot, How Do We Jump-Start Self-measured Blood Pressure Monitoring in the United States? Addressing Barriers Beyond the Published Literature, *American Journal of Hypertension*, Volume 35, Issue 3, March 2022, Pages 244–255, <https://doi.org/10.1093/ajh/hpab170>

# CHOOSING A HOME BLOOD PRESSURE MONITOR FOR YOUR PRACTICE AT-A-GLANCE COMPARISON



**LEGEND:** **Y** = YES **N** = NO

## DEVICE FEATURES

## DATA/TECHNOLOGY FEATURES

DEVICE MANUFACTURER	DEVICE NAME	RETAIL PRICE (Per Device)	ON U.S. VALIDATED DEVICE LISTING	UPPER ARM DEVICE	LARGE CUFF SIZE	XL CUFF SIZE	AC ADAPTER AVAILABLE	NUMBER OF USERS	MEMORY STORAGE CAPACITY (measurements per user)	AVERAGING CAPABILITY	BLUETOOTH-ENABLED SELF-REPORTING	INTEGRATES WITH VENDOR-NEUTRAL SMARTPHONE APP	CELLULAR DATA TRANSMISSION OPTION
					(arm circumference range in inches)								
A & D Medical	Essential Blood Pressure Monitor (UA - 611)	\$30	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	15	N	N	N	N
A & D Medical	Essential Blood Pressure Monitor (UA-651)	\$35	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	N	N	N	N
A & D Medical	Manual Inflate Blood Pressure Monitor (UA-705V, UA-705VL)	\$53	Y	Y	9.4 - 14.2 and 14.2 - 17.7	N	N	1	30	N	N	N	N
A & D Medical	Wireless Blood Pressure Monitor (UA-651BLE)	\$61	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	Y	Y	Y	N
A & D Medical	Premium Blood Pressure Monitor (UA-767F)	\$62	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	4	60	N	N	N	N
A & D Medical	Talking Blood Pressure Monitor (UA-1030T)	\$83	Y	Y	9 - 14.6 and 12.2 - 17.7	N	Y	1	90	Y	N	N	N
A & D Medical	Ultraconnect Wireless Blood Pressure Monitor (UA-1200BLE)	\$90	Y	Y	8.6 - 16.5	N	Y	5	100	Y	Y	N	N
BodyTrace	Cellular Blood Pressure Monitor (BT105)	\$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y	Y
CareSimple	BT105	\$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y	Y
Hillrom-Welch Allyn	Welch Allyn Home Blood Pressure Monitor 1700 Series	\$100	Y	Y	8.75 - 16.5	15.7 - 21.2	Y	1	99	N	Y	Y	N
Microlife	WatchBP Home	\$138	Y	Y	12.6 - 16.5	12.6 - 20.5	Y	1	250	N	N	N	N
Microlife	WatchBP Home A BT (with Atrial Fibrillation detection)	\$150	Y	Y	12.6 - 16.5	N	Y	1	250	Y	Y	N	N
Microlife	WatchBP Home A (with Atrial Fibrillation detection)	\$173	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N	N
Microlife	WatchBP Home N (AF detection with nocturnal mode)	\$207	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N	N
Omron	Bronze Upper Arm	\$39	Y	Y	9 - 17	N	Y	1	14	N	N	N	N
Omron	3 Series Upper Arm	\$50	Y	Y	9 - 17	N	Y	1	14	N	N	N	N
Omron	Silver Wireless	\$51	Y	Y	9 - 17	N	Y	1	80	Y	Y	Y	N
Omron	5 Series - Upper Arm	\$65	Y	Y	9 - 17	N	Y	2	60	Y	N	Y	N
Omron	5 Series Upper Arm - Wireless	\$70	Y	Y	9 - 17	N	N	1	60	Y	Y	Y	N
Omron	Gold Upper Arm	\$70	Y	Y	9 - 17	N	Y	2	60	Y	Y	Y	N
Omron	Platinum Upper Arm	\$75	Y	Y	9 - 17	N	Y	2	100	Y	Y	Y	N
Omron	7 Series Upper Arm - Wireless	\$90	Y	Y	9 - 17	N	Y	2	60	Y	Y	Y	N
Omron	10 Series Upper Arm - Wireless	\$100	Y	Y	9 - 17	N	Y	2	100	Y	Y	Y	N
Omron	Evolv® Wireless Upper Arm Blood Pressure Monitor	\$100	Y	Y	9 - 17	N	Y	1	100	N	Y	Y	N
Omron	HEM - 9200T	\$100	Y	Y	9 - 17	N	Y	1	100	N	Y	N	N

## NOTES ON DEVICE FEATURES:

- **Retail Price:** Retail price is the cost for a single device and does not reflect discounts that may be available through bulk purchasing. Quality devices, especially those with Bluetooth capability, can be expensive and a financial barrier for some patients. Consider how cost may impact the type or number of devices purchased for a loaner program vs. desired features.
- **On the US VDL:** [The US Blood Pressure Validated Device Listing \(www.validatebp.org\)](http://www.validatebp.org) is a website maintained by the American Medical Association listing blood pressure measurement devices that have been validated for clinical accuracy through an independent review process.
- **Upper Arm Device:** Upper arm devices provide more accurate measurements than wrist devices, which are known to be less accurate due to user technique related errors. National organizations only recommend using wrist cuffs with patients who cannot use an upper arm cuff due to arm circumference or disability.
- **Cuff size:** Using a blood pressure cuff that is too large or too small can result in inaccurate blood pressure readings. Standard/Large cuffs fit arm sizes between 8.75" – 16.5" in circumference. Extra-large (XL) cuffs fit arm sizes >16". Some XL cuffs have an upper limit of 20", others 21.25", and others close to 24". These differences may be important depending on one's patient population; 50% of health center patients required XL cuff sizes among the 10 health centers that participated in the NACHC Accelerating SMBP project. Choosing a home blood pressure device with a XL cuff option may support more patients benefiting from its use.
- **AC Adaptor:** An AC adapter allows the device to be charged and/or operated by plugging in to an electrical outlet vs. solely on batteries. Batteries can be expensive, require periodic replacement, and could expire when a patient has the device loaned out.
- **Number of Users:** The option to track additional users may be helpful for households with multiple patients using a home blood pressure device. It reduces the need to purchase or loan multiple devices to one household for the patients to measure their blood pressure.
- **Memory Storage Capacity:** This feature is most important for devices without Bluetooth or cellular data transmission capabilities. Blood pressure measurements that are not transmitted electronically may need to be saved in the device's memory storage to share with the care team at the next visit. Memory storage is also a benefit in devices that electronically transmit data in case of a transmission failure (provides a record of recorded BP measurements). SMBP protocols for clinical decision-making require two measurements, AM and PM for up to seven days (28 readings); thus, if using a non-Bluetooth/cellular device as part of an SMBP protocol, consider a storage capacity of at least 30 measurements. Most Bluetooth-enabled devices allow for an unlimited number of measurements to be stored in the app on the user's smartphone.
- **Averaging Capability:** Averaging means that the device takes multiple blood pressure measurements, usually two or three, during a single session and averages these measurements into one value. Blood pressure measurements can fluctuate for various reasons related to technique, a patient feeling anxious, or physiologic variability. Averaging capability helps to balance potential outlier readings for a better assessment of the patient's blood pressure levels. Mobile apps may also allow for averaging over the last 7 or 30 days. An app that allows for the averaging of multiple days of measurements eliminates the need for manual calculations by the care team.

## NOTES ON DATA/TECHNOLOGY FEATURES:

- **Bluetooth-enabled Self-reporting:** Bluetooth allows for short-range data transfer between devices. A device with Bluetooth-enabled self-reporting transmits blood pressures measurements electronically directly from the device over Bluetooth to a mobile app, which transmits the measurements using cellular data or Wi-Fi (Internet connection) to a monitoring dashboard, and/or clinical portal. Pros are that practices can monitor patterns of patient blood pressure data and patients cannot manipulate their blood pressure measurements. Cons are that Bluetooth devices require an app to send data via Wi-Fi or cellular networks; some may need broadband or high-speed internet access to connect or stay connected with the user's smartphone, which may not be available in rural areas or affordable for all patients. Devices that directly transmit data could inadvertently transmit measurements that do not belong to the patient (e.g., if a family member uses and forgets to switch the user).
- **Apps:** Most Bluetooth-enabled home blood pressure monitors connect via Bluetooth to a smartphone app. These apps allow the user to see charts of their own blood pressure measurements and also may transmit the data to a monitoring dashboard/clinical portal at a practice. Most vendors sell devices with a proprietary app that must be used with their product. However, some devices also have an application programming interface (API) that allows for data to flow into a vendor-neutral or non-branded general app, e.g., Sphygmo. This may be important if a practice chooses multiple brands of devices and wants all of their patient data to be consolidated into one app and one monitoring dashboard/clinical portal. In this case, consider a device that will also work with a vendor-neutral app.
- **Monitoring Dashboards/Clinical Portals:** Most Bluetooth-enabled home blood pressure monitors connect wirelessly to a mobile app, which, in turn, transmits data to a monitoring dashboard/clinical portal via a cellular data or a Wi-Fi network. These dashboards/portals allow care teams access to patient home blood pressure measurements between visits. Practices can reach out quickly to patients to follow up if data are not being received as expected, to titrate medications telephonically, or to monitor values that are very high or low. A vendor-specific dashboard/portal will only receive data from their brand of devices. Some dashboards can be exported into different file types, e.g., .pdf, .xls, .xlsx, and .csv, and some can be configured to integrate data directly into a population health management or EHR system.
- **LTE/cellular network connected:** Cellular service can be beneficial for users in areas without broadband Wi-Fi or areas with satellite Wi-Fi service that is not always reliable. Pros are that cellular service is already programmed and does not require additional setup, syncing, or apps that may pose a challenge to the user. Cons are that cellular home blood pressure devices may require the purchase of a remote patient management hub or a subscription to a cellular data plan by the practice/patient/insurer.

# Upcoming Hypertension-Related Events

Date/Time	Title	Host	Live Audience	URL
March 10, 2022 1:00-2:00pm ET	<b>Million Hearts® SMBP Forum: Strategies and Resources to Support Patients</b>	CDC/NACHC	All partners	<a href="#">Registration Link</a>
March 15, 2022 12:00pm-12:45pm CT 1:00pm-1:45pm ET	<b>TargetBP: March Office Hours – 2022 Recognition Data Submission</b>	AHA/AMA	All partners	<a href="#">Registration Link</a>
March 16, 2022 3:00-3:45pm ET	<b>Million Hearts Learning Lab: Optimizing Care for High-Risk Patients with LDL <math>\geq</math>190 mg/dL: Messaging and Management</b>	CDC/NACHC	All partners	<a href="#">Registration Link</a>
March 29, 2022 12:00pm-1:30pm CT 1:00pm-2:30pm ET	<b>AHA National Hypertension Control Initiative (NHCI) Core Curriculum Calendar of Events: SMBP Journey Forum</b>	AHA	NHCI award recipients	<a href="#">NHCI Community Health Center Hub</a>
March 31, 2022 9:00am-10:00am CT 10:00am-11:00am ET	<b>AMA Innovation Academy’s Telehealth Immersion Program: Current Telehealth Trends &amp; Implications for the Future</b>	AMA	All partners	<a href="#">Registration Link</a>

= Events that are not specific to hypertension, but may be of interest to SMBP Forum members



# Tonya's Story

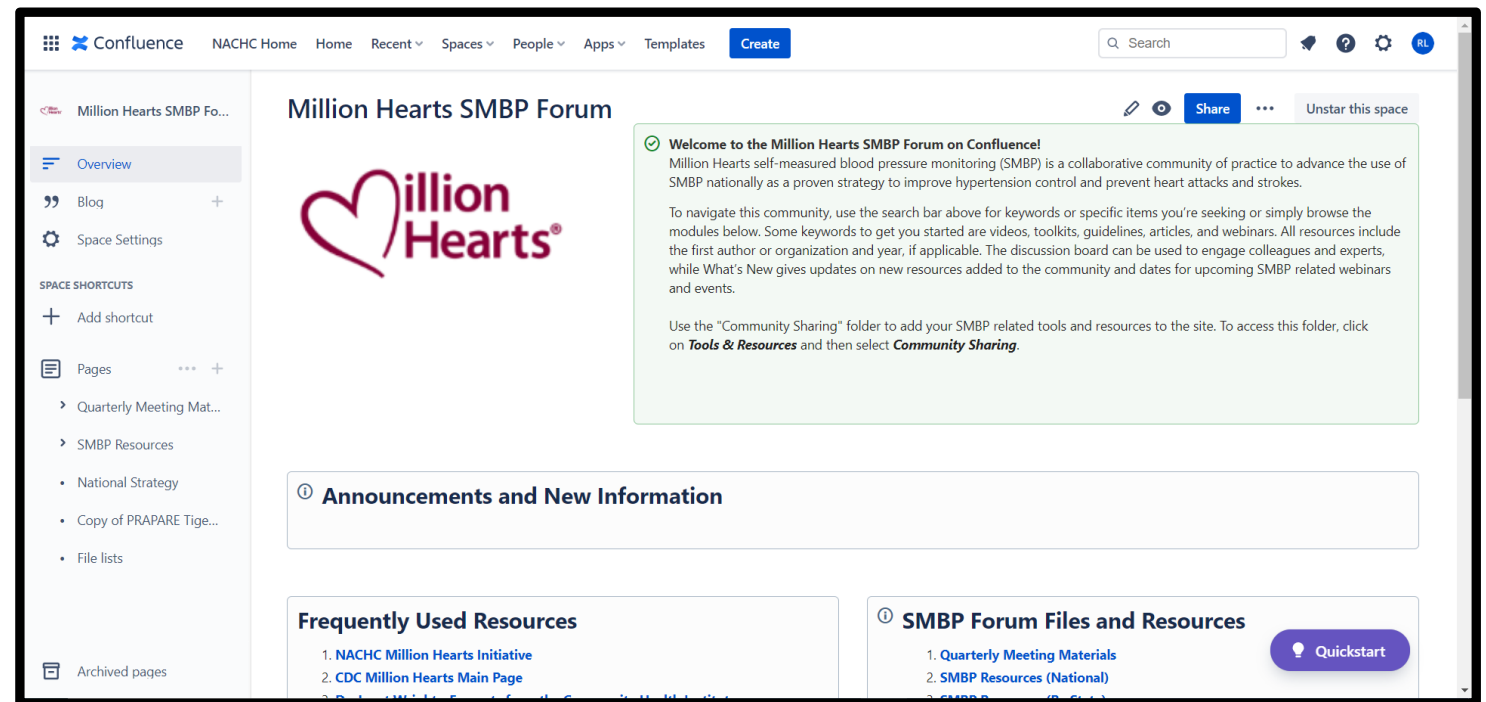


# Upgraded SMBP Forum Online Portal!

## Confluence Features

- One-time login required for one click access.
- Easy access to folders
- Calendar of events
- Upload resources to share
- Access past SMBP Forum recordings/materials

## Confluence Portal Snapshot



**Web link:**

<https://nachc.atlassian.net/wiki/external/1961787668/YzY5ZjU1YjQ0ODU1NGQzNWlwNGFiOGE4YTRhM2Y5NzI>

# We Want to Hear From You!

Do you have resources or updates to share with the Million Hearts<sup>®</sup> SMBP Forum?

Please send information to [MillionHeartsSMBP@nachc.org](mailto:MillionHeartsSMBP@nachc.org)



# Thank You!

The next SMBP Forum will be held June 9, 2022.

Register at [http://bit.ly/SMBP\\_Registration](http://bit.ly/SMBP_Registration)

Please complete the post call survey:

[https://nachc.co1.qualtrics.com/jfe/form/SV\\_envzo6sHqPesCge](https://nachc.co1.qualtrics.com/jfe/form/SV_envzo6sHqPesCge)

Send questions or comments to [MillionHeartsSMBP@nachc.org](mailto:MillionHeartsSMBP@nachc.org).

