

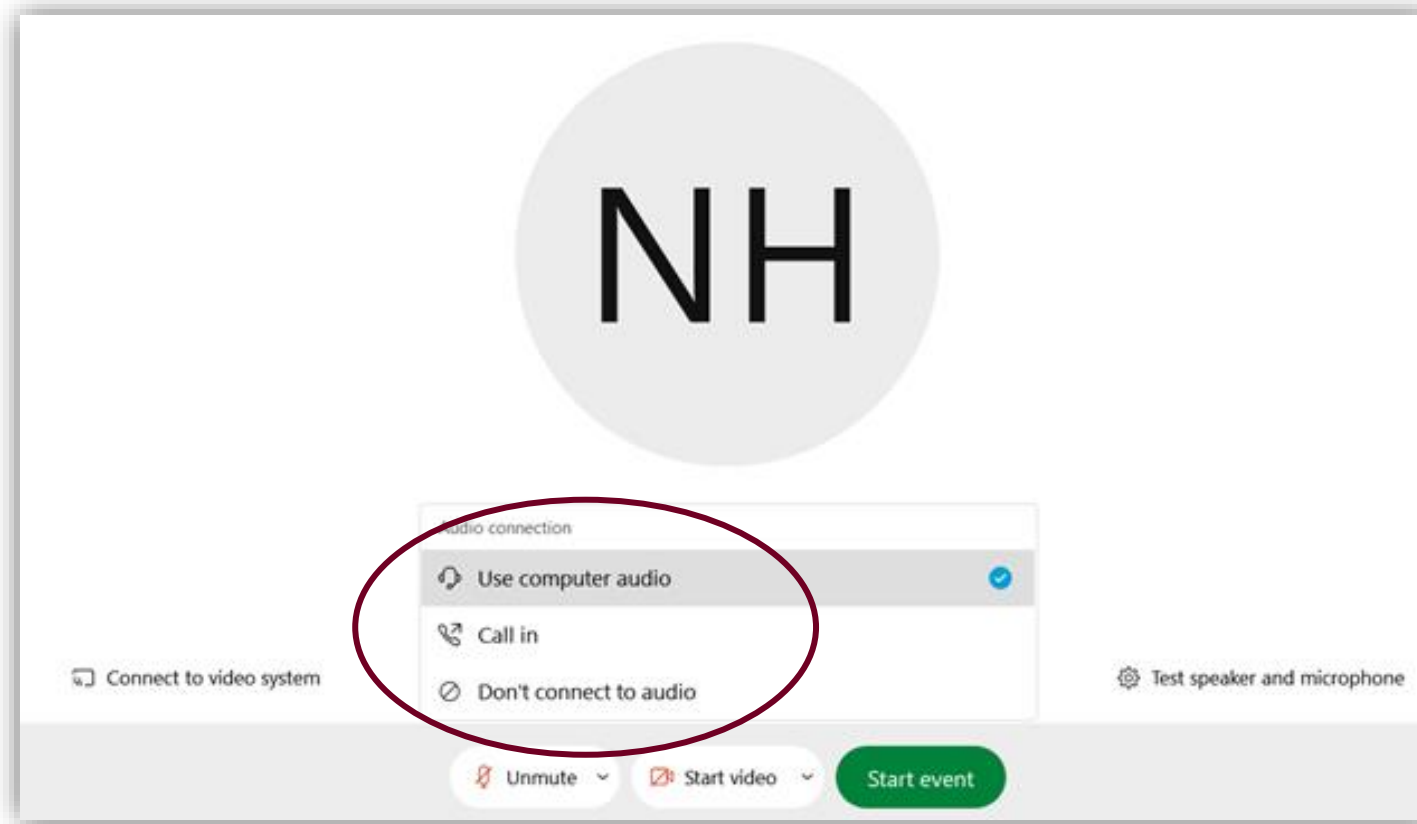
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Quarter 4 Million Hearts® Self-Measured Blood Pressure Monitoring (SMBP) Forum

December 9, 2021
1:00-2:00 PM EST



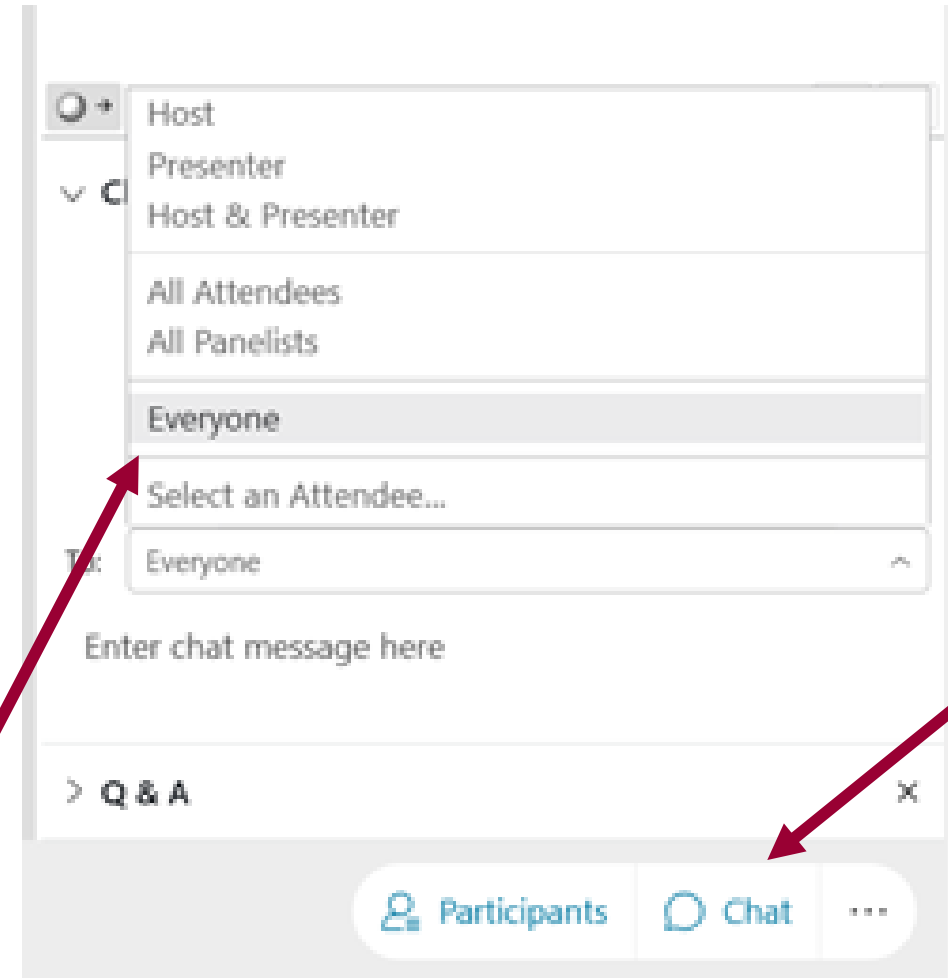
How to Chat

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?

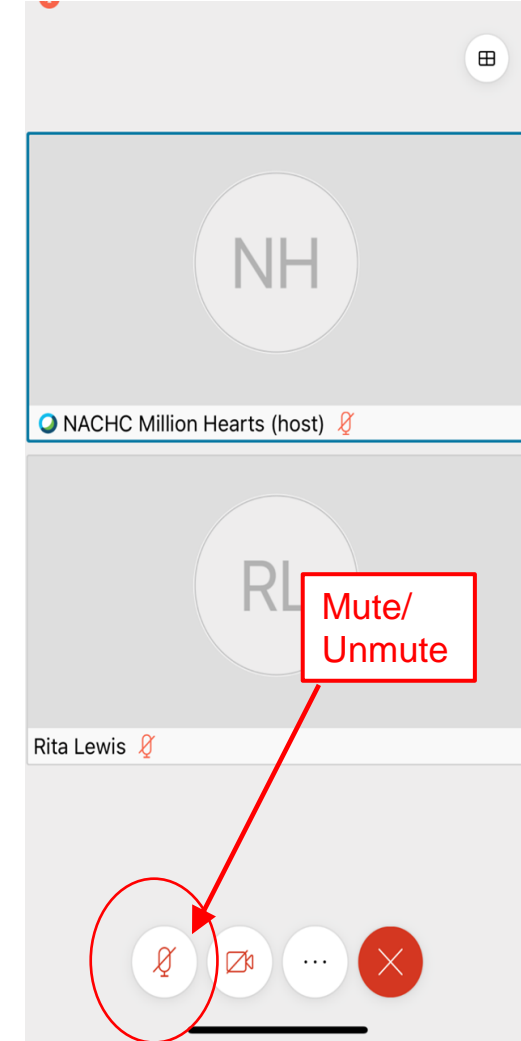
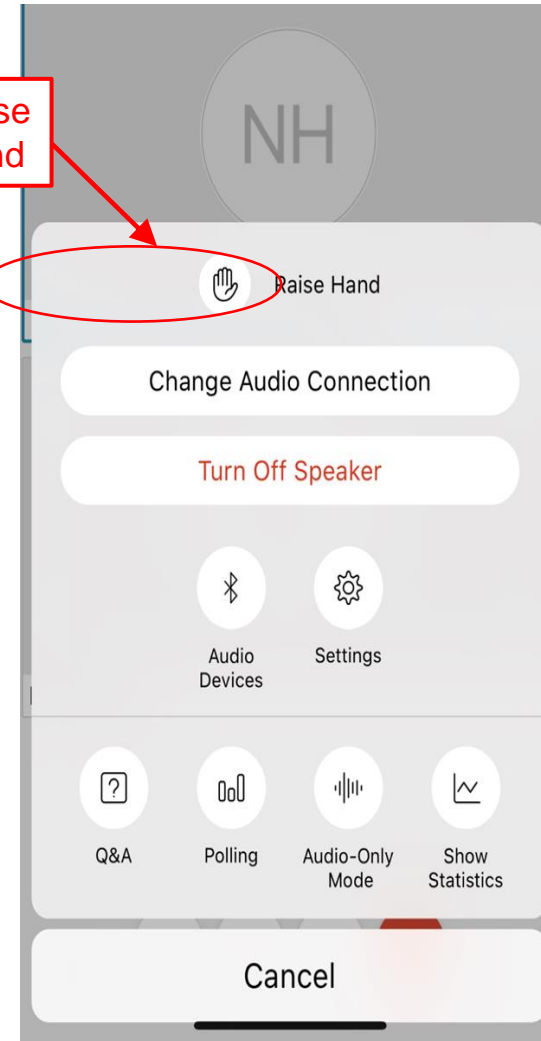
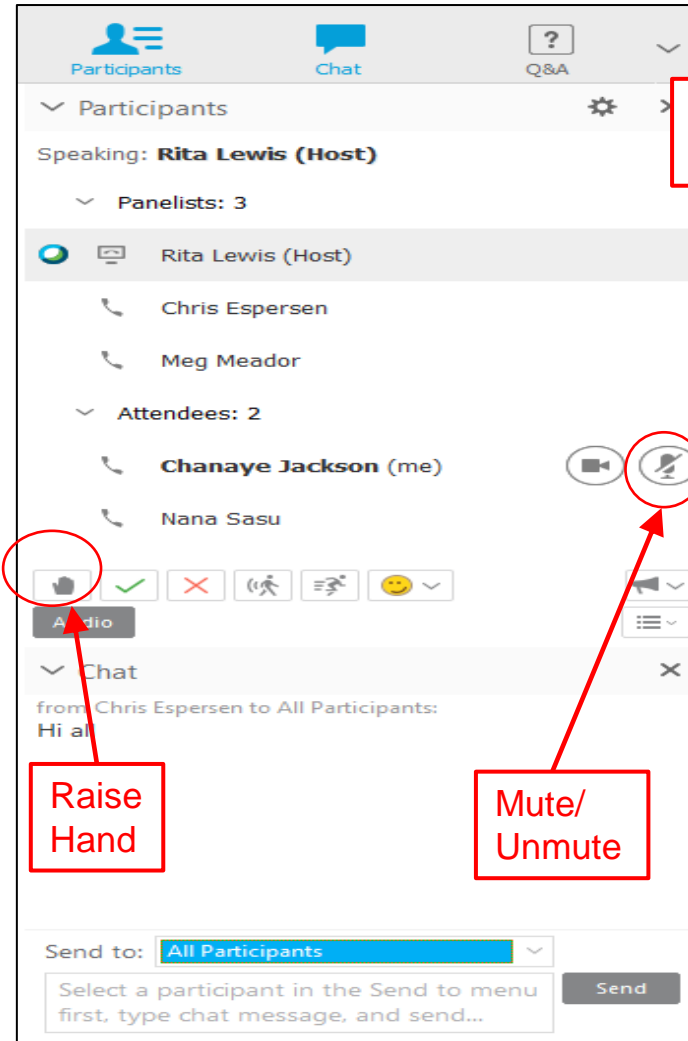


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To do so, click the **hand symbol icon**. Once clicked, a gray hand will appear beside your name in the participant list.

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[®], CDC
- **SMBP Implementation – Starting SMBP**
- **SMBP Implementation – Growing SMBP**
 - Meg Meador, MPH, C-PHI, CPHQ
 - Deb McGrath, MSN, FNP, Health Federation of Philadelphia
 - Greg Wozniak, PhD, AMA
 - Alison Smith, MPH, BSN, RN, AHA-AMA
 - Hilary Wall, MPH, Million Hearts[®], CDC
 - Cheryl Modica, PhD, MPH, BSN, NACHC
 - Haley Stolp, MPH, ASRT Inc., Million Hearts[®], CDC
- **Additional Resources, Updates, and Closing**



Today's Objectives

- Help SMBP implementers identify the tools that may be of greatest use
- Gather insights and information to improve upon existing tools and/or develop new tools to drive use of SMBP
- Answer the most common questions around implementing SMBP
 - How do we get started with SMBP?
 - What are the best practices to expand SMBP implementation?
 - Which tools and resources may be of greatest value?



Mentimeter!

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OR

Go to: www.menti.com

Enter the code: 2185 5513

OR

Use the QR Code →



Attendee Poll #1: SMBP Tools and Resources – Getting Started

Which tools or resources have you used to implement SMBP? (Check all that apply)

- NACHC/Million Hearts® SMBP Implementation Toolkit
- Choosing A Home Blood Pressure Monitor For Your Practice: At-A-Glance Comparison
- AMA 7-Step SMBP Quick Guide
- AMA US Blood Pressure Validated Device Listing
- AMA/AHA Target:BP™: Implement SMBP website
- CDC Million Hearts® Hypertension Control Change Package: Tools to Establish a SMBP Monitoring Program
- Other? (please specify in the chat)
- None of the above (please specify what type of tools would be helpful)



SMBP Implementation – Starting SMBP

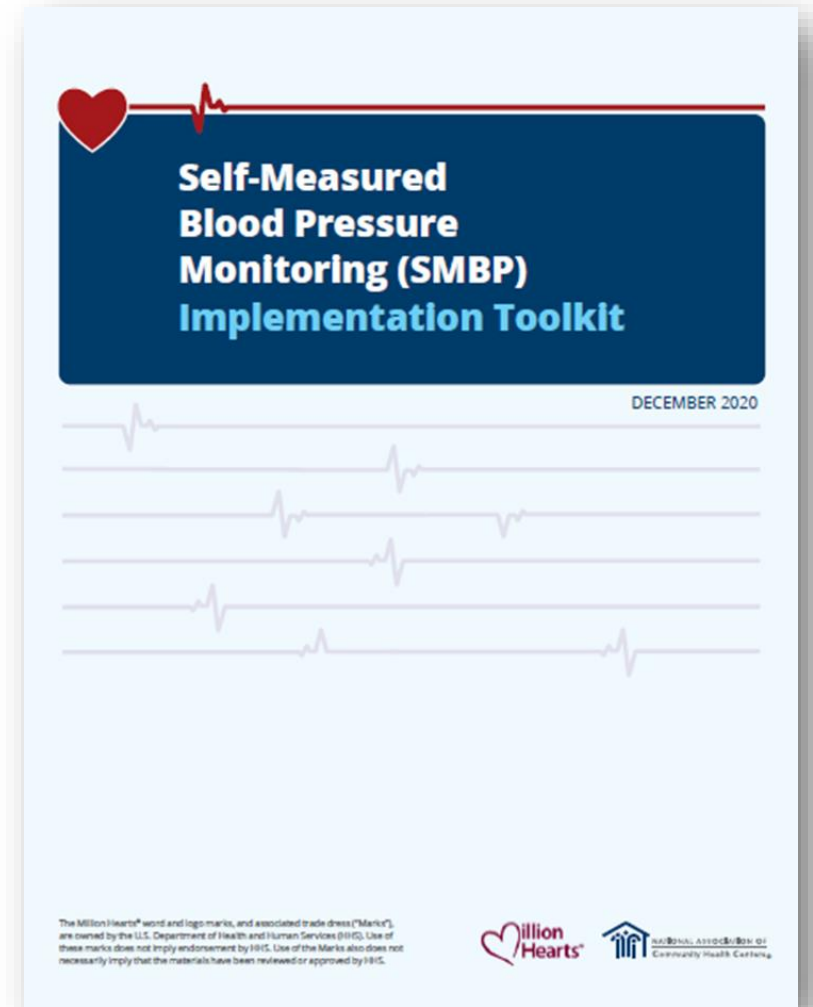


Self Measured Blood Pressure Monitoring Implementation Toolkit

INSTRUCTIONS:

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

https://www.nachc.org/wp-content/uploads/2020/12/SMBP-Toolkit_FINAL.pdf





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
<p>Align SMBP with Existing Chronic Disease Efforts or Programs For example, perhaps your organization has an initiative 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</p>	<p>Use SMBP to enhance services for existing chronic disease programs/populations</p>
<p>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.</p>	<p>Use SMBP to enhance services for existing chronic disease programs/populations</p>
<p>Patients with Uncontrolled Hypertension Consider further risk stratification using factors like whether the most recent office BP was Stage 2: ≥ 140 or ≥ 90 mm Hg and/or patients have multiple co-morbidities, such as diabetes or hypercholesterolemia</p>	<p>Use SMBP to help the highest risk patients achieve BP control</p>
<p>Patients with Newly Diagnosed Hypertension Focus on patients who received a hypertension diagnosis in the last 6 months</p>	<p>Use SMBP to engage and help titrate medications for newly diagnosed hypertension patients</p>
<p>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)?</p>	<p>Use SMBP to improve timely and accurate hypertension diagnosis, including ruling out white coat effect</p>
<p>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</p>	<p>Use SMBP to engage and help titrate medications for patients with hypertension who have medication adherence barriers</p>
<p>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)</p>	<p>Use SMBP to engage hypertension patients who are better served out of the clinic</p>



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:

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.

SMBP SCOPE

<input type="checkbox"/> Determine organizational goals for using SMBP	SMBP Goals:
<input type="checkbox"/> Determine priority population(s)*	Priority Population(s):

*See SMBP Model Design: [Determining your Goals and Target Population](#)

HOME BP MONITORS

<input type="checkbox"/> 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:
<input type="checkbox"/> Determine how patients will obtain home BP monitors	<input type="checkbox"/> Loaned <input type="checkbox"/> Purchased by health center (for <input type="checkbox"/> Purchased by patient <input type="checkbox"/> Purchased by supporting organ <input type="checkbox"/> Purchased through insurer
<input type="checkbox"/> Determine how patients will physically receive their home BP monitor, if loaned or purchased by other than the patient	<input type="checkbox"/> Full face-to-face visit <input type="checkbox"/> Mailed to patient <input type="checkbox"/> Quick stop by health center <input type="checkbox"/> Staff delivers to patient
<input type="checkbox"/> Determine number of home BP monitors to purchase (if loaned, plan on 3 devices per care team)	Number of home BP monitors to purchase: _____ <input type="checkbox"/> Patient Keeps: _____ <input type="checkbox"/> To Loan: _____
<input type="checkbox"/> 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.	<input type="checkbox"/> Number of Standard/Large Cuffs (fits arm sizes 8.75" - 16.5"): _____ <input type="checkbox"/> Patient Keeps: _____ <input type="checkbox"/> To Loan: _____ <input type="checkbox"/> Number of Extra-Large Cuffs (fits arm sizes 15.75" - 21.25"): _____ <input type="checkbox"/> Patient Keeps: _____ <input type="checkbox"/> To Loan: _____

SMBP PATIENT IDENTIFICATION

<input type="checkbox"/> 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:
<input type="checkbox"/> Determine patient identification methods	<input type="checkbox"/> At the point of care: <input type="checkbox"/> Clinical decision s <input type="checkbox"/> Clinician recomm <input type="checkbox"/> Patient screening <input type="checkbox"/> Pre-visit planning <input type="checkbox"/> Patient requests to c <input type="checkbox"/> Registry queries anc

SMBP RECOMMENDATION

<input type="checkbox"/> Determine who recommends SMBP to the patient at the point of care	<input type="checkbox"/> Clinician <input type="checkbox"/> MA <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other
<input type="checkbox"/> (If applicable) determine who conducts outreach calls to recommend SMBP to the patient	<input type="checkbox"/> Clinician <input type="checkbox"/> MA <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other

SMBP TRAINING

<input type="checkbox"/> Determine who trains the patient on SMBP	<input type="checkbox"/> Clinician <input type="checkbox"/> MA <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other
<input type="checkbox"/> Determine how the patient will connect with the SMBP Trainer (e.g., warm hand-off, follow-up visit, etc.)	Our protocol:

See [SMBP Task by Role](#)

SMBP DATA MANAGEMENT

<input type="checkbox"/> Determine how patients will record/share data with the care team	Our protocol:
<input type="checkbox"/> Determine what types of SMBP measurements clinicians want to see	<input type="checkbox"/> 7-day SMBP average <input type="checkbox"/> All individual home <input type="checkbox"/> Outlier BP reading
<input type="checkbox"/> 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:
<input type="checkbox"/> Determine where SMBP data will be documented (may require custom HIT configuration)	<input type="checkbox"/> Direct to EHR from <input type="checkbox"/> Manually document <input type="checkbox"/> Population Health <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Vendor Portal <input type="checkbox"/> Other
<input type="checkbox"/> 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:
<input type="checkbox"/> Determine if SMBP is having desired effect (i.e., how will you know it's working?)	Our protocol:



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
- ⑦ Provide outreach support to patients using SMBP
- ⑧ Share medication adherence strategies
- ⑨ Provide healthy lifestyle education

OPTIONAL SMBP SUPPORTER TASKS

- ① Reinforce training on using a home BP monitor
- ② 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



How the SMBP Implementation Toolkit was adapted by the Health Federation of Philadelphia

Debra McGrath, MSN, FNP

Director of Health Information Technology

Health Federation of Philadelphia



Choosing A Home Blood Pressure Monitor For Your Practice: At-A-Glance Comparison

CHOOSING A HOME BLOOD PRESSURE MONITOR FOR YOUR PRACTICE At-a-Glance Comparison



LEGEND: **YES** **NO**

DEVICE MANUFACTURER	DEVICE NAME	ON U.S. VALIDATED DEVICE LISTING	UPPER ARM DEVICE	XL CUFF AVAILABLE	BLUETOOTH-ENABLED SELF REPORTING	AC ADAPTER AVAILABLE	MEMORY STORAGE CAPACITY (measurements per user)	NUMBER OF USERS	AVERAGING CAPABILITY (Device takes 2-3 measurements automatically and calculates the average)	MONITORING DASHBOARD	DEVICE INTEGRATION CAPABILITY (Device works with broader remote patient management/care management platforms)	DATA INTEGRATION CAPABILITY (Patient data sent from a Bluetooth device can be integrated into a EHR, population health management system, clinical portal and/or device-agnostic management app.)	LIST PRICE (Per Device)
A&D Medical	UA-651 Essential	*					30	1					\$35
A&D Medical	UA-651BLE Wireless	*					30	1					\$61
A&D Medical	UA-767F Premium	*					60	4					\$62
A&D Medical	UA-1030T Talking						90	1					\$83
A&D Medical	Ultraconnect Wireless						100	5					\$90
A&D Medical	UA-789AC Extra Large	**					60	1					\$151
Hillrom-Welch Allyn	Welch Allyn Home Blood Pressure Monitor 1700 Series						99	1					\$100
Omron	Bronze Upper Arm						14	1					\$39
Omron	3 Series Upper Arm						14	1					\$50
Omron	Silver Wireless						80	1					\$51
Omron	5 Series - Upper Arm						60	2					\$65
Omron	5 Series Upper Arm Wireless						60	1					\$70
Omron	Gold Upper Arm						60	2					\$70
Omron	Platinum Upper Arm						100	2					\$75



https://www.nachc.org/wp-content/uploads/2021/05/Choosing-a-Home-BP-Monitor_At-a-Glance-Comparison.pdf

AMA 7-Step SMBP Quick Guide



7-step SMBP quick guide



www.ama-assn.org/smbp-guide

7 steps for SMBP



1 Identify patients for SMBP

- Patients with an existing diagnosis of hypertension
- Patients with high blood pressure without a diagnosis of hypertension
- Patients suspected of having hypertension (labile or masked hypertension)

2 Confirm device validation and cuff size

- Make sure patients have automated, validated devices with appropriately sized upper arm cuffs

Tool: Use the [US Blood Pressure Validated Device Listing™](#) and [Self-measured blood pressure cuff selection](#)

3 Train patients

- Educate patients on how to perform SMBP using an evidence-based measurement protocol
- Education should include proper preparation and positioning before taking measurements, as well as resting one minute between measurements
- Verify patients' understanding and share educational resources

Tool: Use the [SMBP training video](#) (see also: [Spanish version](#)) and the [SMBP infographic](#) (see also: [Spanish version](#))

4 Have patients perform SMBP

- Conduct SMBP monitoring whenever BP assessment is desired (e.g., to confirm a diagnosis, to assess every 2-4 weeks if BP is uncontrolled or at physician discretion)
- Provide instructions on the duration of monitoring and the number of measurements to take each day
 - 7 days of monitoring recommended; 3 days (i.e., 12 readings) minimum
 - Measurements should be taken twice daily (morning and evening) with at least two measurements taken each time
- Determine when and how patients will share results back to care team
 - Examples include phone, portal or secure messaging

Tool: Use the [SMBP recording log](#)

5 Average results

- Average all SMBP measurements received from patients for monitoring period
- Document average systolic and average diastolic blood pressure in medical record
 - Use the average systolic and average diastolic blood pressure for clinical decision making
 - 3 days of measurements (i.e., 12 readings) are recommended as a minimum for clinical decision-making

Tool: Use the [SMBP averaging tool](#)

6 Interpret results

- Make diagnosis and/or assess control
- Initiate, intensify or continue treatment as needed

Tool: Use the [SMBP interpretation tables](#)

7 Document plans and communicate to patients

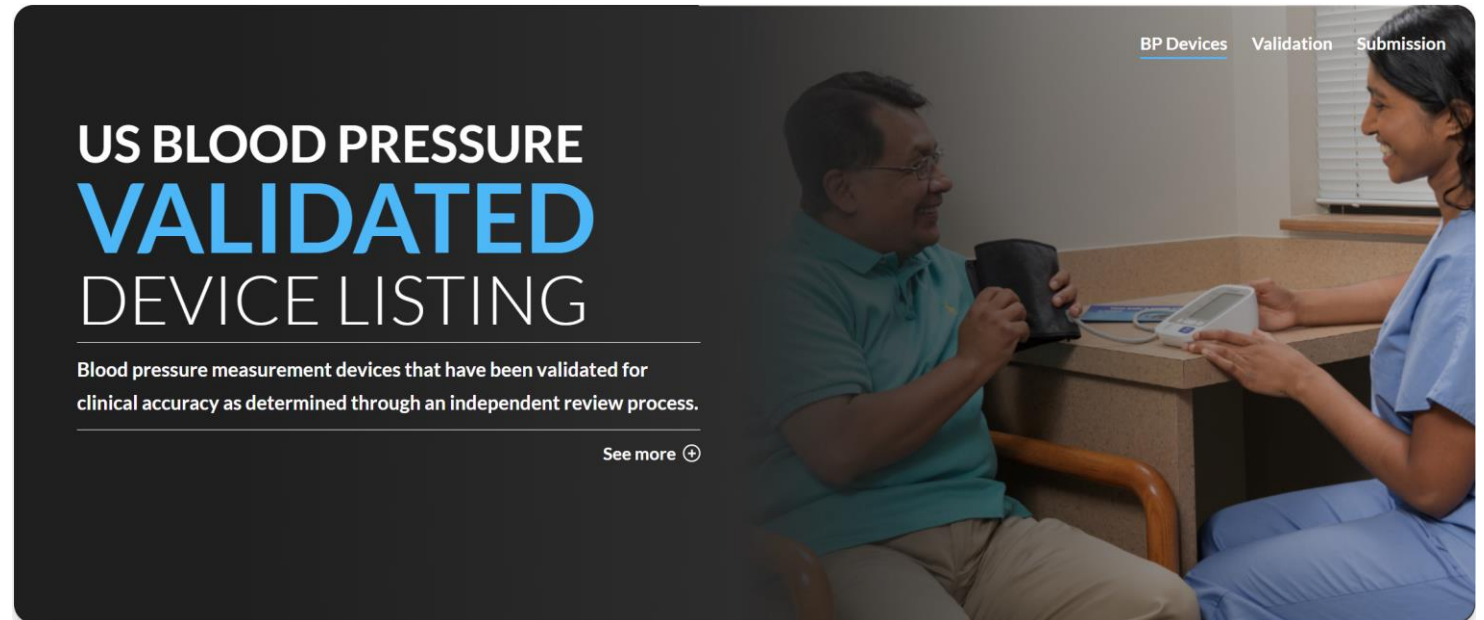
- Document treatment and follow-up plans and communicate to patients
- Confirm patients' agreement and understanding

CPT® codes for SMBP are available and can be submitted for services related to patient training on SMBP, interpretation of SMBP measurements and management based on results.

US Blood Pressure Validated Device Listing

US BP Validated Device Listing

Validation = device has passed internationally accepted BP validation protocol performed by independent skilled measurement experts



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

SMBP Quick Start Guide

TARGET:BP™



AMA

Self-measured blood pressure

Quick start guide

Self-measured blood pressure (SMBP) monitoring refers to the regular measurement of blood pressure (BP) by a patient in their home or elsewhere outside the clinical setting. SMBP enables health care providers to better diagnose and manage hypertension and helps patients take an active role in the process.

Compared to routine office BPs, SMBP more accurately represents a patient's BP and can better predict future cardiovascular events. Additionally, there is **strong evidence** that using SMBP in conjunction with clinical support and co-interventions is more effective than usual care in lowering BP and improving control among patients with hypertension.

1 Assess how your health care organization currently uses SMBP.

It is important to understand how you and your health care organization currently use SMBP in order to identify ways to improve.



Use the **SMBP Pre-assessment tool** to help establish a baseline.

2 Build your health care organization's knowledge in SMBP.



Review the **Patient-Measured BP** section of the Target: BP website.



Watch these webinars from our library to gain insights & best practices from experts and receive CME/CE credit:

- **Using SMBP to Diagnose & Manage HBP**
- **Scientific Statement on BP Measurement**
- **Improving BP Control Through Policy**



Review this **CPT code one-pager** to learn about new CPT codes to cover SMBP.

3 Consider developing an SMBP loaner device program. (optional)



SMBP Loaner Device Agreement*



Device Inventory Management

4 Provide care teams with resources to confirm SMBP device validation and check device accuracy for patients, train patients on proper SMBP techniques and average SMBP measurements for provider interpretation.



Device Accuracy Test



Patient Training Checklist



Patient Training Checklist for Loaner Devices (optional)



SMBP Average Calculator

5 Set your patients up for success with resources to educate them on how to properly perform SMBP monitoring and record SMBP measurements.



What is SMBP?



SMBP Training Video*



SMBP Infographic*



SMBP Recording Log

SMBP Staff Resources: Patient Training Checklist

Self-measured blood pressure Patient training checklist

Instructions: To ensure all necessary steps and components are covered, use this checklist when training your patient's on how to perform self-measured blood pressure (SMBP).

Gather supplies

- Tape measure
- [What is SMBP?](#) (PDF)
- [SMBP infographic](#) (PDF in English or Spanish)
- [SMBP recording log](#) (PDF)
- [SMBP device accuracy test](#) (PDF)

Provide background information on SMBP to the patient (if not explained by provider)

- Explain how SMBP allows the provider to get a more accurate and complete picture of the patient's blood pressure outside of the office (more readings, over a longer period of time, in the patient's normal environment)

Tip: Hand out the "What is SMBP?" document.

Determine SMBP cuff size

- Use tape measure to measure the circumference of the patient's mid-upper arm in centimeters (see image for more detail)

Tip: Ideally, this is done before the patient purchases a device so you can ensure the device and cuff purchased are appropriate for the patient.



Locate mid-upper arm

Using a measuring tape, place one end on the bony prominence at the shoulder (acromion process) and measure the length of the arm to the bony protuberance at the elbow (olecranon process). Divide this distance in half and that is the mid-upper arm where you should measure the arm circumference for determining cuff size.

Source: https://www.cdc.gov/nchs/data/infarcs/2017-2018/manuals/2017_Arthropometry_Procedures_Manual.pdf

Check patient's SMBP device for accuracy

Tip: Use the SMBP device accuracy test.

Determine the patient's blood pressure arm (if not currently identified)

- Measure the patient's blood pressure in each arm and use the arm with the higher reading for all future readings

Teach patient how to properly prepare for self-measurement

- Avoid caffeine, tobacco and exercise for at least 30 minutes before measurement
- Empty bladder if full
- Take BP measurements before blood pressure medications

Tip: Show [SMBP training video](#) and hand out the SMBP infographic.

Teach patient the proper positioning for self-measurement

- Back supported
- Feet flat on the floor or a firm surface
- Legs uncrossed
- Cuff placed on bare upper arm
- Arm supported with middle of the cuff at heart level

Tip: Refer to the SMBP video and/or infographic.

Teach patient how to use device* (if applicable)

- How to turn on device
- How to start measurement
- How to troubleshoot

** Refer to device manual as needed.*

Teach patient how to properly self-measure

- Rest quietly for five minutes
- Take two measurements, one minute apart
- Avoid conversations and electronic devices during measurement
- Perform this process once in the a.m. and once in the p.m. for seven consecutive days

Tip: Provide patient with [link to SMBP training video](#) to reference later (also available in [Spanish](#)).

Teach patient how to use SMBP recording log

- Reminder: Complete the "For Office Use" section
- How to document systolic and diastolic blood pressure
- What to do if blood pressure is too high or too low
- What to do with log when week of measurements is complete

Use teach back or return demonstration methods to ensure patient understands how to properly self-measure

Ensure all necessary office paperwork is complete

SMBP Patient Resources



English

- Demonstration
- 3 minutes and 45 seconds
- English and Spanish
- Leverage staff time
- Patient can watch again at home

https://targetbp.org/tools_downloads/self-measured-blood-pressure-video/

CÓMO MEDIR SU PRESIÓN ARTERIAL EN EL HOGAR TARGET:BP | AMA

Siga estos pasos para una medición precisa de la presión arterial

How to measure your blood pressure at home TARGET:BP | AMA

Follow these steps for an accurate blood pressure measurement

1. PREPARE
Avoid caffeine, smoking and exercise for 30 minutes before measuring your blood pressure.
Wait at least 30 minutes after a meal.
If you're on blood pressure medication, measure your BP before you take your medication.
Empty your bladder beforehand.
Find a quiet space where you can sit comfortably without distraction.

2. POSITION
POSITION ARM SO CUFF IS AT HEART LEVEL
REST ON BARE ARM, PULSE CANNOT BE TAKEN AT MID ARM
KEEP ARM SUPPORTED PALM UP WITH RELATED RELATED
IF BOTTLES INVOLVED
KEEP FEET FLAT ON THE FLOOR
KEEP YOUR BACK SUPPORTED

3. MEASURE
Rest for five minutes while in position before starting.
Take two or three measurements, one minute apart, twice daily for seven days.
Keep your body relaxed and in position during measurements.
Sit quietly with no distractions during measurements—avoid conversations, TV, phones and other devices.
Record your measurements when finished.

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The original copyright owner can be found at <https://www.ama-assn.org/practice-policy/health-care/clinical-practice>

- Visual reminder
- English and Spanish
- Patient refer to at home

https://targetbp.org/tools_downloads/how-to-accurately-measure-blood-pressure-2/

Self-measured blood pressure: Seven-day recording log TARGET:BP | AMA

Instructions: Complete the information below each time you take a measurement. It is best to take two measurements in the morning and two measurements in the evening for a week. If you miss any blood pressure measurements, leave that section blank and continue for the next time.

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Blood pressure arm: Left or Right (check one)

Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Morning ●	Morning ●	Morning ●	Morning ●	Morning ●	Morning ●	Morning ●
1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE
2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE
Notes	Notes	Notes	Notes	Notes	Notes	Notes
Evening ☾	Evening ☾	Evening ☾	Evening ☾	Evening ☾	Evening ☾	Evening ☾
1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE	1 SYS DIA PULSE
2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE	2 SYS DIA PULSE
Notes	Notes	Notes	Notes	Notes	Notes	Notes

For office use
Patient name: _____
Patient ID: _____
PCP: _____
SMBP average: _____ SYS / _____ DIA

Report back results by:
 Appointment
 Phone
 Email
 Patient Portal
 Other _____

Important information
Please call your doctor's office if:
• Your blood pressure is above _____ SYS or _____ DIA
• Your blood pressure is below _____ SYS or _____ DIA
• You have symptoms that concern you or have a question about your blood pressure.

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AMA MAPBP

- Recording log
 - 2 x in morning
 - 2x in evening
 - Consecutive days
 - Goals / notifications

https://targetbp.org/tools_downloads/7-day-recording-log-2-timesday/

Hypertension Control Change Package (HCCP) 2nd Edition, 2020

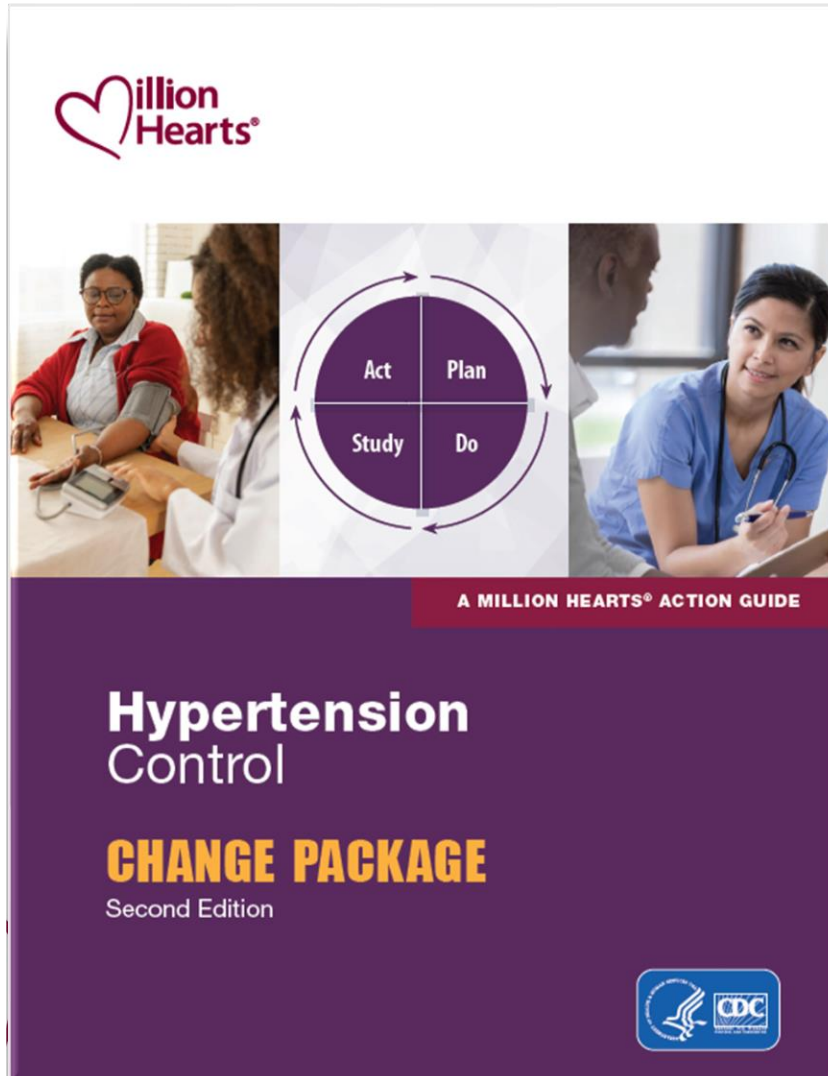


Table 1. Key Foundations (continued)

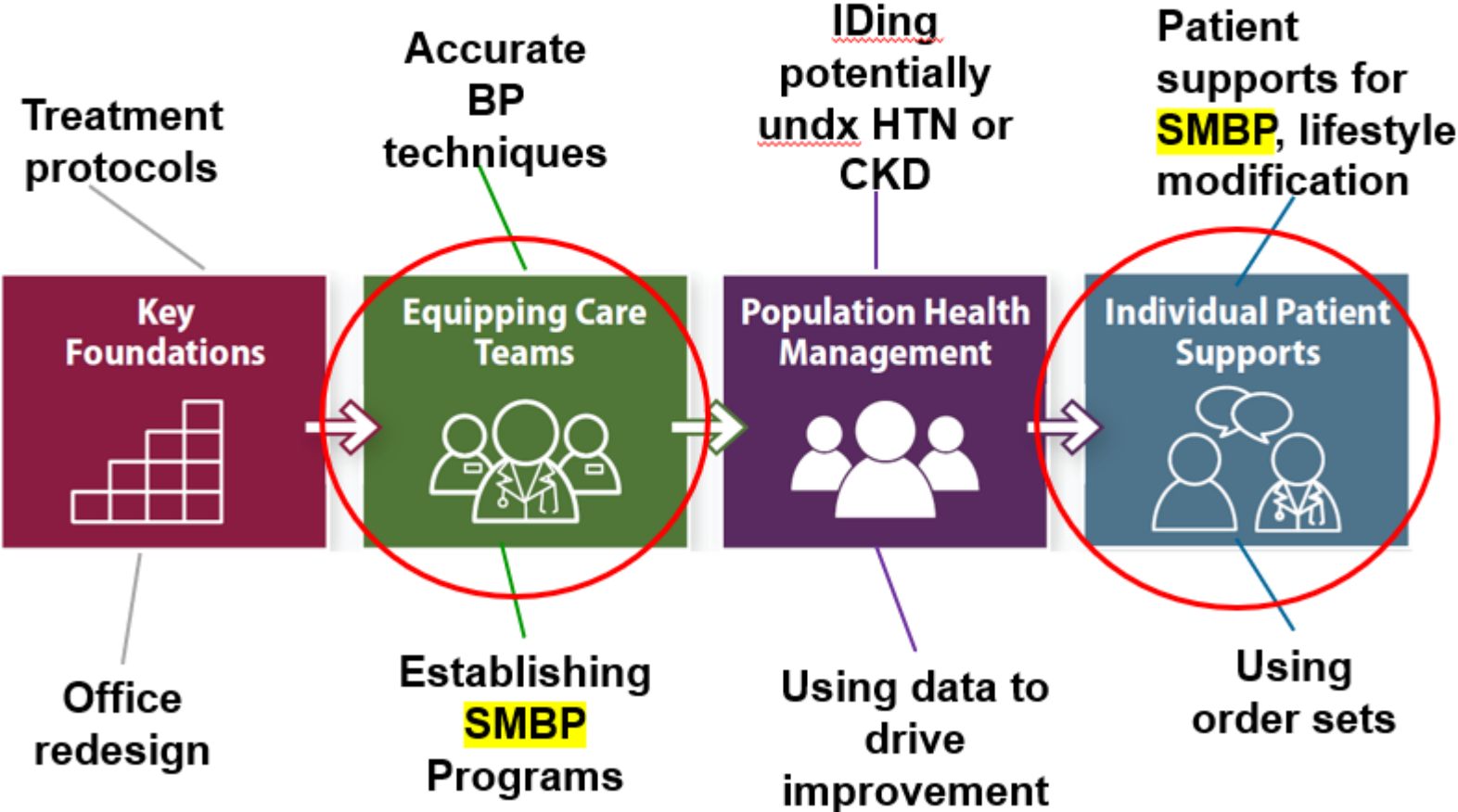
Change Concept	Change Idea	Tools and Resources
Implement a Policy or Process to Address BP for Every Patient with HTN at Every Visit	Manage resi	<ul style="list-style-type: none"> • NYC Health & Hospitals — Adult Hypertension Clinical Practice Guidelines: Treatment of Resistant Hypertension • Zufall Health — Guidelines for Screening, Diagnosis and Management of Hypertension (pp. 12–13) • Resistant Hypertension: Detection, Evaluation, and Management: A
	Evaluate all with HTN for diagnose an if appropriat	

Table 2. Equipping Care Teams

Change Concept	Change Idea	Tools and Resources
Train and Evaluate Direct Care Staff on Accurate BP Measurement and Documenting	Adopt a clinician/staff training policy to train and retrain staff	<ul style="list-style-type: none"> • AMGF — Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control: Plank 1, Tool 9: Blood Pressure Champion and CDS Education and Auditing Process for New Staff, HealthPartners
	Provide guidance on measuring BP accurately	<ul style="list-style-type: none"> • Cheshire Medical Center/Dartmouth-Hitchcock — Obtaining Accurate Blood Pressure Measurements in the Ambulatory Setting: How Do You Size a Blood Pressure Cuff? (pp. 14–19) • Target: BP — Blood Pressure Measurement: Measure Accurately • Target: BP — 7 Simple Tips to Get an Accurate Blood Pressure Reading • AHA — The Importance of Measuring Blood Pressure Accurately Webinar [video] (CE credits) • AMGF — Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control: Plank 1, Tool 11: Blood Pressure Accuracy and Variability Quick Reference, HealthPartners • AMGF — Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control: Plank 1: Tool 7: How to Take Blood Pressure Properly [video] <ul style="list-style-type: none"> – How to Take Blood Pressure Properly: The Wrong Way, Cornerstone Health Care (now Wake Forest Baptist Health) [video] – How to Take Blood Pressure Properly: The Right Way, Cornerstone Health Care (now Wake Forest Baptist Health) [video] • AMGF — Measure Up Pressure Down Provider Toolkit to Improve Hypertension Control: Plank 1: Tool 14: Accurate Blood Pressure Measurement, Premier Medical Associates [video] • Table 8. Checklist for Accurate Measurement of BP. 2017 ACC/AHA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/

Access the Change Package at: [Link to Hypertension Control Change Package](#)

Focus Areas



**Change
Concept**

Establish a Self-Measured Blood Pressure Monitoring Program



**Change
Concept**

Establish a Self-Measured Blood Pressure Monitoring Program

**Change
Ideas**

Assign care team roles for an SMBP monitoring program and adapt the workflow accordingly

Provide patients guidance on selecting a home BP monitor

Develop a home BP monitor loaner program

Train patients on home BP monitor use and proper preparation and positioning

Develop a process for handling patient-generated BP readings

Open Discussion

What other information or tools have you found helpful to get started with SMBP?

What other resources would be helpful?



Mentimeter!

Join Directly:

<https://www.menti.com/q6iuest4mu>

OR

Go to: www.menti.com

Enter the code: 2185 5513

OR

Use the QR Code →



Attendee Poll #2: SMBP Tools and Resources – Growing SMBP Programs

Which tools have you used to expand, improve, and/or sustain your SMBP program?

- AMA SMBP CPT® Coding
- AMA/AHA Target:BP™: Implement SMBP
- NACHC Reimbursement Tips: Community Health Center Requirements for Remote Physiological Monitoring (RPM) & SMBP
- CDC/AMA Summary of Medicaid coverage for SMBP devices and services
- State-based SMBP reimbursement tools (please specify in the chat)
- Other? (please specify in the chat)
- None of the above (please specify what type of tools would be helpful)



SMBP Implementation – Growing SMBP



SMBP CPT® Coding

SMBP codes and descriptions

As of January 1, 2020, physicians can submit claims for SMBP services using Current Procedural Terminology (CPT®) codes **99473** and **99474**.

CPT code	Description
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

AMA SMBP CPT® Coding: <https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf>



SMBP CPT® coding



Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained outside of a physician's practice, usually at home. When combined with clinical support (e.g., one-on-one counseling, web-based or telephonic support tools, education), SMBP can enhance the quality and accessibility of care for people with high blood pressure and improve blood pressure control.¹ SMBP can be used to assess BP control and to make a diagnosis of hypertension. SMBP allows patients to actively participate in the management of their BP and has been shown to improve adherence to antihypertensive medications.²

SMBP codes and descriptions

As of January 1, 2020, physicians can submit claims for SMBP services using Current Procedural Terminology (CPT®) codes **99473** and **99474**.

CPT code	Description
99473	SMBP using a device validated for clinical accuracy; patient education/training and device calibration
99474	separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

The codes address both initial and ongoing SMBP clinical services:

CPT code 99473 can be used when a patient receives education and training (facilitated by clinical staff) on the set-up and use of a SMBP measurement device validated for clinical accuracy, including device calibration.

99473 can only be reported once per device. It would most commonly be used prior to initiating SMBP in patients suspected of having hypertension or for those patients with an existing diagnosis of hypertension who have a new BP measurement device or are receiving training for the first time.

CPT code 99474 can be used for SMBP data collection and interpretation when patients use a BP measurement device validated for clinical accuracy to measure their BP twice daily (two measurements, one minute apart in the morning and evening), with a minimum of 12 readings required each billing period.

The SMBP measurements must be communicated back to the practice and can be manually recorded (e.g. phone, fax or in-person) or electronically captured and transmitted (e.g. secure e-mail, patient portal, or directly from device).

The physician or other qualified health care professional must then create or modify the treatment plan based on the documented average of these readings. The treatment plan must be documented in the medical record and communicated back to the patient, either directly or through clinical staff.

Coding limitations

- **99474** can be submitted once per calendar month; it cannot be used in the same calendar month as codes for ambulatory blood pressure monitoring (**93784, 93786, 93788, 93790**), remote physiologic monitoring (**99453-8, 99091**) or chronic care management (**99487, 99489-91**).

- **99473** can be submitted once per device. **99473** and **99474** should not be reported if performed as part of an E/M service. A separately reportable E/M service should be provided with Modifier 25.

Disclaimer: Information provided by the AMA contained within this Guide is for medical coding guidance purposes only. It does not (i) supersede or replace the AMA's Current Procedural Terminology® manual ("CPT Manual") or other coding authority, (ii) constitute clinical advice, (iii) address or dictate payer coverage or reimbursement policy, and (iv) substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

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Advocacy

Seeking alignment between the hypertension guidelines, health ecosystem, and communities

- Patient coverage
- Provider reimbursement
- Device accuracy
- Healthy environment
 - Diet
 - Physical activity

https://targetbp.org/tools_downloads/new-cpt-codes-to-cover-self-measured-blood-pressure-smbp/

New CPT Codes to Cover Self-Measured Blood Pressure (SMBP)

Self-measured blood pressure (SMBP) is the regular measurement of blood pressure (BP) by a patient outside the clinical setting, usually at home.

Benefit to patients and providers

- SMBP helps providers diagnose and manage hypertension more effectively using an average of up to seven days of BP readings that are more representative of a patient's daily mean BP compared to clinic readings.
- SMBP helps engage patients in self-management of high BP.

New coverage and codes

As of January 1, 2020, physicians that offer SMBP related clinical services to their patients are able to submit claims using two CPT codes for these services. The use of SMBP expands the reach of reliable BP readings to individuals who may not have access to ABPM or where ABPM is less viable or not preferred by patients.

The two new codes address both initial and ongoing SMBP clinical services:

- The first code covers SMBP device calibration and training on set-up and use. It can be used once per device prior to initiating SMBP in patients with high BP suspected of having hypertension or in those with diagnosed hypertension to assess BP control. (Can be facilitated by staff and submitted by the provider).
- The subsequent code is used when patients use a SMBP device validated for clinical accuracy to self-measure their BP twice daily (two readings, one minute apart) every 30 days (min. of 12 readings) and communicate these BP readings back to the practice, either manually or electronically. This allows the provider to make ongoing treatment decisions based on the average of their readings, and communicate a treatment plan back to the patient.

CPT codes and descriptions:

99473--: Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration

- Device validated for clinical accuracy
 - [Hypertension Canada](#)
 - [Stride BP](#)
- Patient education/training and device calibration
 - [SMBP patient training tips](#)
 - [Device accuracy test](#)

...ctitioner to closely monitor blood system connected to the clinical daytime, nighttime, and 24-hour used to diagnose patients with

...diagnosed hypertension in patients ns. The new National Coverage under range of BP measurements,

...is an average office BP of systolic BP mmHg on two separate clinic/office with at least two BP measurements

...an average office BP between 120 mmHg for diastolic BP on two separate n visit and with at least two BP

...urs with daytime and nighttime

...e physician's office must be

...r.

AHA POLICY STATEMENT

Self-Measured Blood Pressure Monitoring at Home

A Joint Policy Statement From the American Heart Association and American Medical Association

ABSTRACT: The diagnosis and management of hypertension, a common cardiovascular risk factor among the general population, have been based primarily on the measurement of blood pressure (BP) in the office. BP may differ considerably when measured in the office and when measured outside of the office setting, and higher out-of-office BP is associated with increased cardiovascular risk independent of office BP. Self-measured BP monitoring, the measurement of BP by an individual outside of the office at home, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse self-measured BP monitoring. Indications include the diagnosis of white-coat hypertension and masked hypertension and the identification of white-coat effect and masked uncontrolled hypertension. Other indications include confirming the diagnosis of resistant hypertension and detecting morning hypertension. Validated self-measured BP monitoring devices that use the oscillometric method are preferred, and a standardized BP measurement and monitoring protocol should be followed. Evidence from meta-analyses of randomized trials indicates that self-measured BP monitoring is associated with a reduction in BP and improved BP control, and the benefits of self-measured BP monitoring are greatest when done along with interventions. The addition of self-measured BP monitoring to office BP monitoring is cost-effective compared with office BP monitoring alone or usual care among individuals with high office BP. The use of self-measured BP monitoring is commonly reported by both individuals and providers. Therefore, self-measured BP monitoring has high potential for improving the diagnosis and management of hypertension in the United States. Randomized controlled trials examining the impact of self-measured BP monitoring on cardiovascular outcomes are needed. To adequately address barriers to the implementation of self-measured BP monitoring, financial investment is needed in the following areas: improving education and training of individuals and providers, building health information technology capacity, incorporating self-measured BP readings into clinical performance measures, supporting interventions, and enhancing reimbursement.

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Nancy T. Artinian, PhD,
RN, FAHA
Jan N. Basile, MD, FAHA
Lawrence R. Krakoff, MD,
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FAHA
Gregory Wozniak, PhD
On behalf of the American
Heart Association and
the American Medical
Association

Key Words: AHA Scientific Statement
■ blood pressure ■ cardiovascular
disease ■ hypertension
■ prevention and control

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Association, Inc. and the American
Medical Association.

<https://www.ahajournals.org/journal/circ>

Investing in infrastructure

- Education & Training
- Enhanced health information technology capacity
- Incorporating readings into clinical performance measures
- Developing co-interventions
- Enhancing coverage and reimbursement

<https://www.ahajournals.org/doi/full/10.1161/CIR.0000000000000803>

Target:BP™ Webinar: Evolving SMBP Programs: Technology, Operations, & Sustainability

Participants will be able to:

- Define key decisions when planning and implementing an SMBP program including clinical roles, operation workflow, and device management
- List key considerations when evaluating devices, apps, and data platforms to relay SMBP measurements from patients to providers
- Appreciate BP device coverage and provider reimbursement payor landscape, including a comparison of RPM and SMBP coding and billing



Download PDF (7.86MB)


https://targetbp.org/tools_downloads/evolving-smbp-programs-technology-operations-sustainability/

Reimbursement Tips: Community Health Center Requirements for Remote Physiological Monitoring (RPM) & SMBP

More information to come of eligible billing codes in 2022

https://www.nachc.org/wp-content/uploads/2021/09/Payment-Reimb.Tips_RPM-SMBP_FINAL-September-2021.pdf



 NATIONAL ASSOCIATION OF Community Health Centers

PAYMENT

Reimbursement Tips: Community Health Center Requirements for Remote Physiologic Monitoring (RPM) & Self-Measured Blood Pressure (SMBP)

Remote Physiologic Monitoring (RPM), including self-measured blood pressure (SMBP), involves a patient's use of devices to assess and record physiologic data outside of the clinical setting, usually in the home. RPM may require additional treatment management services which may be furnished by a qualified provider. CMS currently does not reimburse RPM services separately from the FQHC PPS payment.

During the Public Health Emergency (PHE):
CPT code 99473 "self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration" is included on the CMS list of temporary telehealth services that may be provided during the PHE. In order to be reimbursed for this service, FQHCs would bill for it using the telehealth G2025 code and receive \$99.45. There is no reimbursement separate from the PPS payment if CPT 99473 services are provided in a face-to-face visit during the PHE.

Program Requirements

Remote Physiologic Monitoring (RPM) refers to the use of device(s) for remote monitoring of physiologic parameters (e.g., weight, blood pressure, pulse oximetry, respiratory flow rate). The medical devices used must be defined by the FDA, and the service must be ordered by a physician or qualified health professional (QHP).

Self-measured blood pressure (SMBP) refers to blood pressure measurement that takes place outside the clinical setting, often at home. SMBP can assist with both diagnosis and management of hypertension and increases patient participation in their own care. Devices used for SMBP must be validated for clinical accuracy. Two new

Patient consent for RPM is required and must be documented. If blood pressure or other measurement devices are offered by health centers, consent can be included as part of the agreement to provide the device.

Timeframe & Services

Remote Physiologic Monitoring (RPM)

Can be used with patients to:

- Develop and manage a treatment plan for acute or chronic illnesses.
- Monitor physiologic parameters (e.g., pulse oximetry, blood pressure, weight).
- Collect and interpret physiologic data (e.g., blood pressure, blood glucose, heart rate, EEG).
- Provide RPM TMS to manage patients involved in existing treatment plans.

CPT CODE	Services	Billable Outside of PPS
CPT 99091	The collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted	No

SMBP Monitoring-Related Medicaid Coverage and Reimbursement

Coverage Aspect	States that Provide Coverage
Automatic BP Device <u>and</u> SMBP Services, n=13	Delaware, Hawaii, Idaho, Indiana, Michigan, North Carolina\$, North Dakota, Ohio, Oregon\$, Texas, Virginia, Wisconsin, Wyoming
Automatic BP Device Only (HCPCS A4670), n=21	Alaska, Arkansas, California, Colorado, Connecticut, D.C., Illinois, Iowa, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, Nevada, New Hampshire, New York, Utah, Vermont, Washington
SMBP Services Only (CPT 99473, 99474), n=8	Arizona, Florida\$, Georgia, Kansas, Kentucky, Montana, New Jersey, New Mexico
SMBP Cuff (HCPCS A4663), n=26	Alaska, California, Colorado, Delaware, D.C., Illinois, Indiana, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New York, North Dakota, Ohio, Texas, Utah, Virginia, Washington, Wisconsin, Wyoming
No SMBP-related coverage or reimbursement, n=8 [€]	Alabama, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, West Virginia

* Results based on the most recent publicly available fee schedule data

\$ Likely linked to the Public Health Emergency

€ Mississippi only provides coverage for separate SMBP cuffs but does not cover automatic devices or related services

HCPCS = Healthcare Common Procedure Coding System; CPT = Current Procedural Terminology

State-Based SMBP Reimbursement Tools



New York City Department of Health and Mental Hygiene Patient Self-Monitoring of Blood Pressure: A Provider's Guide

Patient Self-Monitoring of Blood Pressure: A Provider's Guide

Patient self-monitoring of blood pressure is a valuable addition to the management of hypertension, supported by the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure (JNC-7), the American Heart Association and the American Society of Hypertension.

- Self-monitoring is especially useful for patients with poorly controlled hypertension.
- It can be used to titrate medications, improve control, and screen for white-coat hypertension.
- Home readings may be an equal or better predictor of cardiovascular risk and of target organ damage than office readings.
- Self-monitoring can enable and motivate patient participation in managing a condition that is often asymptomatic.

While self-monitoring can be done by most patients, it may be contraindicated for those with certain conditions: cardiac arrhythmias, and certain physical and mental disabilities. Because home monitors are not covered by most insurance plans, cost may be a barrier.

INTRODUCING SELF-MONITORING TO YOUR PATIENT

- 1. Explain the value of the home monitor in controlling high blood pressure. Encourage patients to "know their numbers," and describe what the numbers mean.**
- 2. Provide guidance on selecting a monitor.** Recommend:
 - A validated monitor only. For a list, see: http://www.dableducational.org/sphygmomanometers/devices_2_sbpm.html#UpperArm
 - A brachial cuff model. Wrist and finger models are often used incorrectly.
 - A monitor with a fully automated – rather than a manual – inflation cuff.
 - An appropriate sized cuff. (Standard adult cuffs are too small for about a third of patients.)
 - Models equipped with printers or memory may improve reliability in record keeping, though they are also more expensive.
- 3. Validate the monitor.**

Ask your patient to bring it in so you can check it against your office equipment. After that, check for accuracy about every 6 months (or per monitor instructions) and/or if faulty readings are suspected.
- 4. Teach patients proper techniques.**
 - Rest 5 minutes before taking your blood pressure.
 - Don't smoke or drink caffeinated beverages for at least 30 minutes before.
 - Take your blood pressure before (not after) you eat.
 - Sit comfortably with your back supported and both feet on the floor (don't cross your legs).
 - Elevate your arm to heart level on a table or a desk.
 - Use the proper sized cuff. It should fit smoothly and snugly around your bare upper arm. There should be enough room to slip a fingertip under the cuff. The bottom edge of the cuff should be 1 inch above the crease of the elbow.
 - Ideally, take 3 measurements at one sitting and record the average.
- 5. Provide self-blood pressure monitoring tools for patients to easily keep track of their numbers at home.**

See reverse for more information
The New York City Department of Health and Mental Hygiene

PRESCRIBE SELF-MONITORING FREQUENCY

Initially, blood pressure measurements should be taken in the morning and evening for 3-4 consecutive days. Disregard the first day when averaging outpatient readings. Home blood pressures are generally lower than office pressures (mean 8/6 mmHg lower).

RECOMMENDED PROTOCOL

CIRCUMSTANCE	MONITORING FREQUENCY/DURATION
Titration Medication	<ul style="list-style-type: none"> • Titrate medication until mean out-of-office blood pressure levels are below 135/85. • To assess peaks and troughs, compare morning and evening readings to those obtained 3-4 hours after medication is taken.
Self-Management Tool to Enhance Medication Adherence and to Improve and Maintain Control of High Blood Pressure	<ul style="list-style-type: none"> • Emphasize patient education. • Adjust frequency of monitoring to complement patient self-management goals (could vary from once a day to once a week). • Encourage the recording of lifestyle changes and their observed impact on pressure (e.g., increased or decreased salt intake).
Screen for White-Coat Hypertension	<ul style="list-style-type: none"> • Measurements should be taken in the morning and evening until next visit (2-4 weeks). • If no evidence of target organ damage and mean is below 130/80, medication may not be necessary. • Some guidelines recommend confirmation with ambulatory blood pressure monitoring.

- **Make sure your patients know how to respond to an emergency.**
 - Ensure that patients know to call 911 immediately if they have signs or symptoms of a heart attack or stroke.
 - Advise patients what to do in case of an exceptionally high or low reading.
- **Create office systems to easily integrate home blood pressure monitoring into your practice.**
 - Identify a support staff member who can teach patients how to use monitors, validate devices, and review action plans and blood pressure logs.
 - Develop a protocol to address frequency of office visits, handle inquiries from patients about home monitor concerns, etc.
 - Consider organizing hypertension support groups for your patients or using peer educators to teach patients how to measure blood pressure at home.

TOOLS FOR PATIENT SELF-MONITORING OF BLOOD PRESSURE

- **Keep Your Heart Healthy: Blood Pressure Tracking Card**
- **Health Bulletin #30: Healthy Heart - Blood Pressure**

To order these patient tools for your office, call 311.



<https://www1.nyc.gov/assets/doh/downloads/pdf/csi/hyperkit-hcp-bpselfmon-guide.pdf>

Colorado SMBP Implementation Toolkit



Self-Measured Blood Pressure (SMBP)



A brief introduction of SMBP Program Implementation and Reimbursement for healthcare professionals.

The Diabetes and Cardiovascular Disease Prevention and Management Unit at the Colorado Department of Public Health and Environment has [developed a tool for Self-Measured Blood Pressure \(SMBP\) programs](#). This tool provides an overview of implementation and reimbursement and is intended for use by healthcare professionals.

Presently, Medicare is the only insurance provider that has announced reimbursement for SBMP services. Not included in this tool are HCPCS codes for automatic home blood pressure monitors (A4670). Also, use of these codes requires the use of the monitor with documented BP recordings for a minimum of 16 out of 30 days for a billing cycle.

Important to Know - As of June 2020 self-measured blood pressure via telehealth is temporarily added as a [Medicare-billable telehealth service](#) for CPT code (99473).

Additional resources include:

- [American Medical Association's Validated Device Listing](#)
- [New CPT Codes to Cover SBMP Tool by Target BP](#)
- [Million Hearts partnered with the NACHC to guide patients in appropriate home BP monitoring techniques.](#)
- [Million Hearts SMBP Action Guide for Clinicians](#)
 - Page 15 features CDC's preferred characteristics to inform home blood pressure monitor selection
 - Page 28 features a proposed guideline for BP monitor calibration



Questions?

Contact cdphe_chronicdiseaserfa@state.co.us



Self-Measured Blood Pressure (SMBP)



A brief introduction of SMBP Program Implementation and Reimbursement for healthcare professionals.

Process¹

- 1 Infrastructure Building**
 - Designate project champion and define roles and responsibilities
 - Develop program workflow
 - Acquire necessary equipment: ie. blood pressure cuffs for loaner program and patient educational materials
 - Train providers and care team how to engage and manage patients in SMBP
 - Ensure care team has regular training of accurate blood pressure measurement
- 2 Identify and Refer Patients**
 - Patients with suspected hypertension: white coat or masked hypertension
 - Patients with diagnosed hypertension
 - Check EHR to confirm accuracy and documentation of diagnosis codes
 - Refer and enroll patient in SMBP program
 - Document referral in EHR
- 3 Educate Patient on SMBP Process**
 - Educate patients about the importance of blood pressure control and how SMBP monitoring works
 - Advise patients how to get a validated blood pressure cuff (see step 4)
 - Train patients to accurately use blood pressure monitors
 - Train patients how to document their blood pressure readings
- 4 Provide Clinical Supports**
 - **Assist patients in getting a blood pressure monitor:**
 - Enroll patient in clinic loaner program or encourage individual purchase with insurance coverage or out of pocket payment
 - Calibrate home blood pressure monitors
 - **Provide outreach support:**
 - Clinic-Based or Telemedicine
 - Share medication adherence strategies
 - Provide lifestyle modification counseling and education
- 5 Closed Loop Provider Feedback**
 - Develop mechanism for patients to submit blood pressure readings back to clinic care team
 - Provider interprets results
 - Provider shares results with the patient: Details care plan with treatment and self-management goals
 - Develop and document follow up plan
- 6 Documentation and Follow Up**
 - Use the EHR to document patient diagnoses, care plans, and treatment outcomes
 - Regularly provide care teams and leadership staff with a dashboard to review SMBP goals, metrics and performance
 - Review workflows to ensure efficiency
 - Ensure care team has up-to-date workflows



<https://drive.google.com/file/d/1I7YDkdc0r0LYWlci9ZMThT7n-1if55sx/view?usp=sharing>

Quality Insights Insurance Coverage Options for Blood Pressure Monitors



Pennsylvania: Insurance Coverage Options for Blood Pressure Monitors

A patient's blood pressure (BP) is not always accurately captured in an office setting. The following insurance companies provide coverage for home BP monitors or offer a program that provides patients one for use.

Aetna - Covered

Aetna considers home blood pressure monitors medically necessary to confirm the diagnosis of hypertension in persons age 18 and older who have elevated blood pressure readings in the office (greater than 140 systolic or 90 diastolic) and the following criteria are met:

- The blood pressure cuff is prescribed by a physician
- Upper arm devices only (no wrist devices)
- Correct cuff size assessed and provided by the vendor
- Only one blood pressure cuff considered medically necessary per 5 years



In addition, Aetna considers blood pressure monitors medically necessary for members receiving hemodialysis or peritoneal dialysis in the home.

Source: http://www.aetna.com/cpb/medical/data/500_599/0548.html

Cigna - Covered

Home blood pressure monitors require a prescription and must be ordered through CareCentrix, Cigna's national durable medical equipment vendor to be eligible for preventive coverage.

Source: <https://www.cigna.com/static/www.cigna.com/docs/health-care- Page 6>

Keystone First PA - Covered

Blood pressure monitors less than \$60 are covered by Keystone First with a prescription. Coverage is currently limited to one unit per 365 days. Requests that exceed these limits should be referred to prior authorization department for medical necessity review. Orders can be placed via Stellar Rx.

Source: <http://www.keystonefirstpa.com/pdf/provider/resources/manual-forms/manual/02.pdf> (Page 49)



Delaware: Insurance Coverage Options for Blood Pressure Monitors

A patient's blood pressure (BP) is not always accurately captured in an office setting. The following insurance companies provide coverage for home BP monitors or offer a program that provides patients one for use.

Aetna - Covered

Aetna considers home BP monitors medically necessary to confirm the diagnosis of hypertension in persons age 18 and older who have elevated BP readings in the office (greater than 140 systolic or 90 diastolic) and the following criteria are met:

- The blood pressure cuff is prescribed by a physician
- Upper arm devices only (no wrist devices)
- Correct cuff size assessed and provided by the vendor
- Only one BP cuff considered medically necessary per five years



In addition, Aetna considers BP monitors medically necessary for members receiving hemodialysis or peritoneal dialysis in the home.

Source: [Cardiovascular Monitoring Equipment for Home Use: Twice Blood Pressure, Telemonitors, and Pacemaker Monitors Policy](#)

Cigna - Covered

Home BP monitors require a prescription and must be ordered through eviCore, Cigna's national durable medical equipment vendor to be eligible for preventive coverage.

Source: [Preventive Care Services Administrative Policy - Page 6](#)

AmeriHealth Caritas - Covered

The use of home monitoring of BP and body weight is clinically proven and, therefore, medically necessary for members who meet all of the following criteria:

- A definitive diagnosis of heart failure and/or uncontrolled hypertension has been established
- At least two documented, separate BP measurements > 130/80 mm Hg have been taken in the hospital and/or in the physician's office
- Member is at risk for admission or readmission for heart failure and/or hypertension

[Delaware: Insurance Coverage Options for Blood Pressure Monitors \(qualityinsights.org\)](http://qualityinsights.org)

[Pennsylvania: Insurance Coverage Options for Blood Pressure Monitors \(qualityinsights.org\)](http://qualityinsights.org)



Open Discussion

What other tools have you used? Please share links in the chat.

What other types of tools or information do you need to optimize SMBP delivery?



Recap of SMBP Resources and Tools

- **NACHC**

- SMBP Implementation Toolkit: https://www.nachc.org/wp-content/uploads/2020/12/SMBP-Toolkit_FINAL.pdf

- **CDC**

- Million Hearts[®] SMBP Webpage: <https://millionhearts.hhs.gov/tools-protocols/smbp.html>
Available for partner use at: <https://tools.cdc.gov/medialibrary/index.aspx#/media/id/280741>
- CDC Million Hearts[®] Hypertension Control Change Package: Tools to Establish a Self-Measured BP (SMBP) Monitoring Program:
https://millionhearts.hhs.gov/files/HTN_Change_Package.pdf#page=16

- **AMA**

- 7-Step SMBP Quick Guide: <https://www.ama-assn.org/delivering-care/hypertension/7-step-self-measured-blood-pressure-smbp-quick-guide>
- US Blood Pressure Validated Device Listing: <https://www.validatebp.org/>

SMBP Resources on the Target:BP™ Website

SMBP Tools

- [SMBP Quick Start Guide](#)
- [SMBP Pre-Assessment](#)
- [SMBP pod cast](#)
- [Using SMBP to Diagnose and Manage HBP webinar](#)
- [SMBP CPT billing codes](#)
- [SMBP Loaner device agreement](#)
- [Loaner device inventory management tool](#)
- [Device accuracy test](#)
- [Patient education checklist](#)
- [SMBP average calculator](#)
- [SMBP website pages](#)
- [What is SMBP?](#)
- [SMBP training video](#)*
- [SMBP infographic](#)*

*also in Spanish



[Evolving SMBP Programs: Technology, Operations, & Sustainability | Target:BP \(targetbp.org\)](#)

Updates



A Year in Review and 2022 Dates

Most Attended Meeting: September 2021 (380+ attendees!!)

March 2021	June 2021	Sept 2021	Dec 2021
174	353	386	? (644 Registered)

2022 Dates

- March 10th at 1-2pm ET
- June 9th at 1-2pm ET
- September 8th at 1-2pm ET
- December 8th at 1-2pm ET



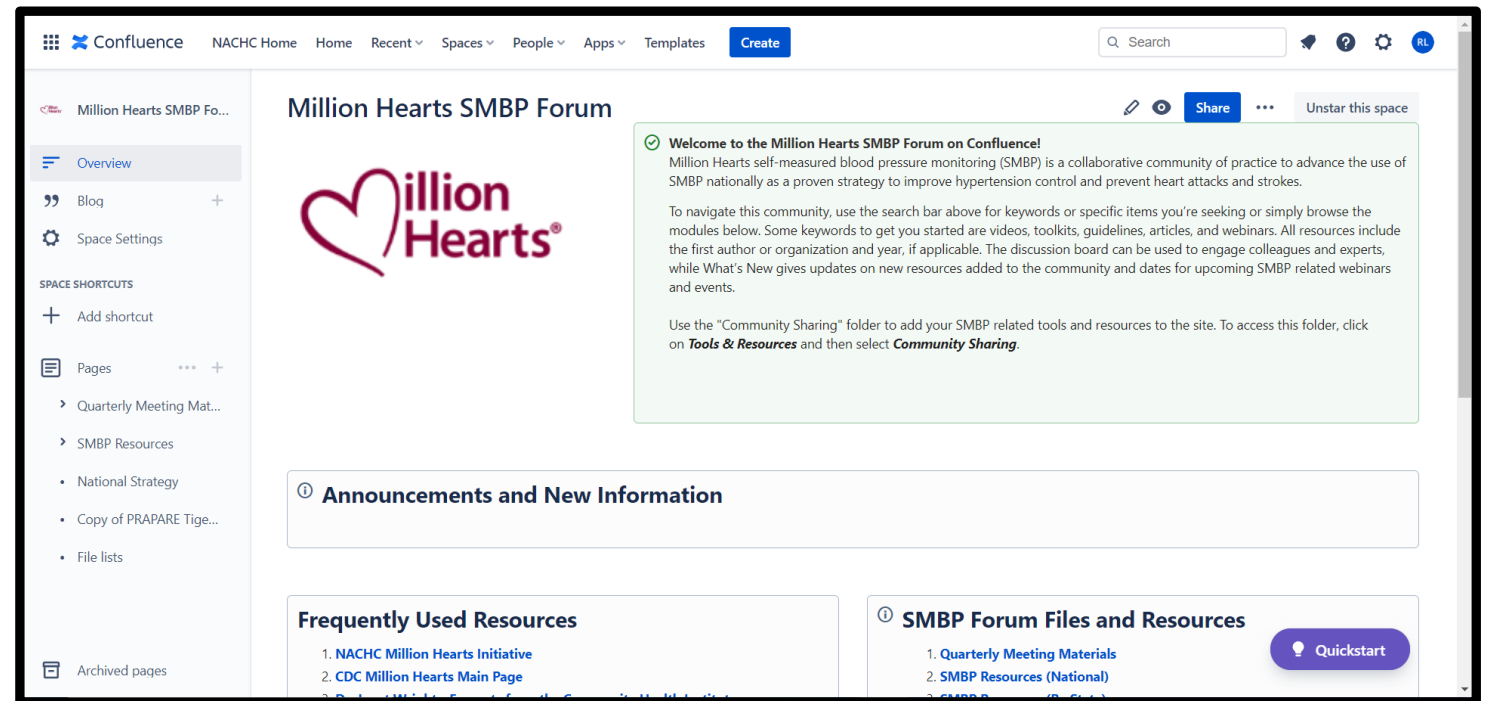
SMBP Forum Registration Page: http://bit.ly/SMBP_Registration

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>

Upcoming Hypertension Related Events

Date/Time	Title	Host	Live Audience	URL
December 9, 2021 1:00-2:00pm ET	Quarter 4 SMBP Forum: Meeting You Where You Are At: Tools for All SMBP Implementers	CDC/ NACHC	All partners	Registration Link
December 13, 2021 3:00-4:00pm ET	HRSA Heart Health Office Hours: Preventing Heart Attacks and Strokes: Prevention, Treatment, and Resources Surrounding Carotid Artery Stenosis	HRSA	All partners	Registration Link
December 14, 2021 11:30am-12:30pm ET	Million Hearts Partner Call: A Glimpse Into Million Hearts 2027	CDC	All partners	Email MillionHearts@cdc.gov
January 19, 2022 3:00-3:45pm ET	Million Hearts Learning Lab: Ensuring Health Equity in Preventing Cardiovascular Disease	CDC/ NACHC	All partners	Registration Link
January 25, 2022 11:00-12:00pm CST	Target: BP: Data Submission for 2022 Recognition Programs including Target: BP, Check. Change. Control. Cholesterol, and Target: Type 2 Diabetes	AHA/AMA	All partners	Save the Date

2021 Million Hearts Hypertension Control Exemplars

Clinical Practices

- California Right Meds Collaborative (Los Angeles, CA)^{1,2}
- Community Health & Wellness Partners (West Liberty, OH)³
- Jessie Trice Community Health Center (Miami, FL)^{3,4}
- [Philadelphia FIGHT](#) (Philadelphia, PA)^{3,4}

Supportive Organizations

- [Aledade](#) (Bethesda, MD)^{2,5}
- [Missouri Hospital Association](#) (Jefferson City, MO)^{1,3}
- [Quality Insights](#) (Charleston, WV)^{1,2}
- YMCA of Central New York (Syracuse, NY)¹

Key of connection:

1 = Health department

2 = CMS

3 = HRSA

4 = Million Hearts/NACHC

5 = AMA




Qualities of the 2021 Million Hearts Hypertension Control Exemplars

- Maintained focus on improving hypertension and/or chronic disease management
- Implemented unique and creative approaches for patient outreach
- Optimized use of telemedicine and virtual visits
- **Engaged patients in SMBP monitoring**
- Adapted existing or implemented new medication management services
- Activated existing partnerships to respond to patient needs or expand services






Celebrate the Achievements of the Million Hearts Hypertension Control Exemplars

- The stories of the Hypertension Control Exemplars can be found on the [Million Hearts® LinkedIn page](#) and on the [Million Hearts® website](#).
- Join us in spreading the word about the Exemplars and celebrating their achievements through your personal or professional communication channels.




“Health care inequities in under-resourced communities are driven in large part by limited access. The California Right Meds Collaborative brings together health plans, physicians, and highly trained pharmacists to **optimize medication therapy in their local communities.**”

—Steven Chen, PharmD, Associate Dean for Clinical Affairs, University of Southern California School of Pharmacy, Founder and Director, California Right Meds Collaborative






Million Hearts® 2021 Hypertension Control Exemplar



“Patients were empowered, used the blood pressure Cuff Kit™ for home monitoring, and were able to **identify when to return to the birthing unit or their provider for ongoing management of high BP**—a leading cause of pregnancy-related mortality in Missouri and the U.S.”

—Alison Williams, MBA-HCM, RN, BSN, CPHQ, LSSGB, Vice President of Clinical Quality Improvement, Missouri Hospital Association



Million Hearts® 2021 Hypertension Control Exemplar

We get it

to help

#fightflu

**National Influenza
Vaccination Week: December 5 - 11**

Get your flu shot today. There's still time.

#FIGHT FLU



<https://www.cdc.gov/flu/resource-center/nivw/index.htm>

We Want to Hear From You!

Do you have updates to share with the Million Hearts® SMBP Forum?

Please send information to MillionHeartsSMBP@nachc.org



Thank You!

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

Register at http://bit.ly/SMBP_Registration

Please complete the post call survey:

https://nachc.co1.qualtrics.com/jfe/form/SV_doGNQweo7Agsrye

Send questions or comments to MillionHeartsSMBP@nachc.org.

