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# **Exploring Best Practices Related to the ABCSs of Heart Health: A Structured Collaborative Session 1**

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# Introductions

- Name
- Title
- Clinic/Organization, location
- State why you are interested in participating in the collaborative

# What is a Structured Collaborative?

- A structure is in place to help guide the discussions and outcomes.
- Meetings/sessions are scheduled over a specific period of time.
- The goal is to work with the same set of participants each week and for participants to attend all scheduled meetings/sessions.

# Session(s) Format

- Welcome
- Polling question
- Round robin
- Didactic presentation
- Discussion and Q&A

# Collaborative Schedule

## 1 – 2 p.m. ET / Noon – 1 p.m. CT

- March 5: Self-Measured Blood Pressure (SMBP) – Part Two
- April 2: Aspirin Use and Cholesterol Management
- May 7: Tobacco Cessation
- June 4: Cardiac Rehabilitation

# Objectives

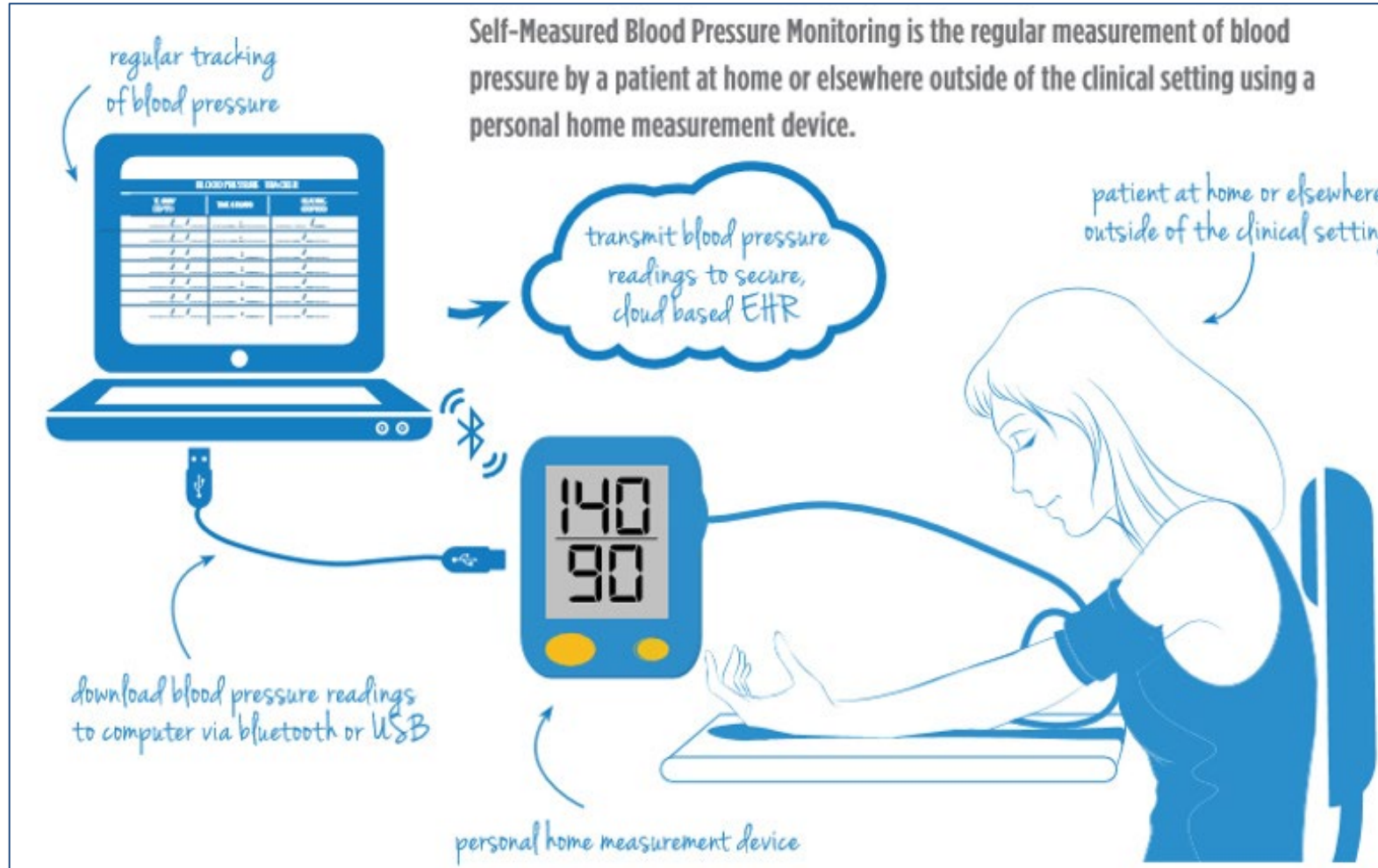
- Define Self-Measured Blood Pressure (SMBP).
- Identify the benefits and uses of SMBP.
- Review eligible patients for SMBP.

# Polling Questions

Have you implemented an SMBP Program?

Do you have an SMBP Champion?

# What is SMBP?



Source: <https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/>



# SMBP is...

- Patient measurement of their own blood pressure (BP) outside of the clinical setting.
- Patients receive training from their clinical team on how to properly self-measure.
- Patients share their BP readings with their health care providers.
- SMBP readings are used for diagnosis/management of hypertension (HTN).
- Feedback and clinical support.

Source: <https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/>

# What are the Benefits of SMBP?

- Produces a more timely and precise initial diagnosis of HTN.
- Provides reliable estimate of effectiveness of antihypertensive medication treatments and allows for accurate titration of medication when needed.
- Confirms elevated office readings  
(*2017 ACC/AHA Guideline recommendation*).
- Differentiates between white coat and sustained HTN.
- Detects patients with masked HTN.

# What are the Benefits of SMBP?

- Better understanding of the patient's medication need (use, dose, etc.).
- Assess control of BP at different times across a 24-hour period.
- Decrease in resistance to treatment – empowers patient to be more involved in their care and self-manage.
- Improves access for those with barriers related to receiving health care.
- Improvements in systolic (SBP), diastolic (DBP) and mean blood pressure.

In a 527-patient trial, home BP monitoring plus self-titration and telemonitoring cut average SBP by 12.9 mm Hg.

# Scope of Practice for SMBP Support

- Must be done by licensed clinician
  - Diagnose hypertension.
  - Prescribe medication(s).
  - Provide SMBP measurement protocol.
  - Interpret patient-generated SMBP readings.
  - Provide medication titration.
  - Provide lifestyle modification recommendations.
- Must be done by patient
  - Take SMBP measurements.
  - Take medications as prescribed.
  - Make recommended lifestyle modifications.
  - Convey SMBP measurements to care team.
  - Convey side effects to care team.

# Scope of Practice for SMBP Support – continued

- Can be done by SMBP supporter
  - Provide guidance on home blood pressure (BP) monitor selection.
  - If needed, provide home BP monitor (free or loaned).
  - Provide training on using a home BP monitor.
  - Validate home BP monitor against a more robust machine.
  - Provide training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log).
  - Reinforce clinician-directed SMBP measurement protocol.
- Provide outreach support to patients using SMBP.
- Share medication adherence strategies.
- Provide healthy lifestyle education.
- Optional supporter tasks
  - Reinforce training on using a home BP monitor
  - Reinforce training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)
  - Reinforce knowledge of behaviors that can trigger high blood pressure

# Scope of Practice for SMBP Support

- Medical assistants (MAs)
  - Measure and record BP.
  - Provide patients with information and instructions as authorized by physician.
  - Non-triage communication.
- Community health workers (CHWs)
  - Empower and coach patients.
    - Social support, goal setting, barrier identification.
  - Serve as liaison with patient, clinical care team and community partners (care coordination).
  - Engage patients in preventive care, chronic disease management and self-management.

# Scope of Practice for SMBP Support – continued

## Registered nurses (RNs)

- Measure and record BP.
- Teach patients and families about care and prevention of illness.
- Administer medications and treatments as prescribed by a person licensed by state regulatory board.
- Coordinate and help deliver a plan of care with all members of a health team.

## Billing team

- Know and understand the SMBP billing CPT codes so your clinic can get reimbursed.

# Scope of Practice for SMBP Support – Pharmacists

## Pharmacists

- Administer medications consistent with medical prescription order.
- Patient education as authorized by state law.
- Medication review with patients.
- Consultation with other health care professionals.
- Medication therapy management.
  - Medication therapy services – “designing, initiating, implementing, or monitoring of a plan to monitor the medication therapy or device usage of a specific patient” – Code of State Regulations.
  - “. . . selecting a new, different, or additional medication or device, discontinuing a current medication or device” – Code of State Regulations.



# Before You Start Your SMBP Program

- Identify at least one provider and one care team member to serve as champions; these individuals will learn about SMBP and train others.
- Allocate appropriate time for:
  - Training patients on SMBP (5–6 minutes per patient).
  - Ensuring device accuracy, if the patient is using his/her own device (5 minutes).
  - Averaging and documenting patient's SMBP readings (5 minutes).
  - Preparing the device for the next patient, if implementing a loaner program (5 minutes).

# Before You Start Your SMBP Program

Design processes to answer the following:

- How will patients be identified as candidates for SMBP?
- Who will train the patients on self-measurement?
- How will you get the readings (and the device, if using a loaner program) back from the patient? Is an appointment required? With whom?
- Who will be responsible for averaging, documenting and notifying the physician of the SMBP average?
- How will follow-up occur?

# Before You Start Your SMBP Program

If you will have a loaner program:

- Who will track the distribution and return of the devices?
- Who will be responsible for disinfecting the returned loaner devices?
- Where will the loaner devices be stored?

# Identifying Eligible Patients for SMBP

- Patients with a confirmed HTN diagnosis.
  - Encourage these patients to get their own validated SMBP device.
  - Patients who cannot afford their own device should be offered a loaner if available.
- Patients without a confirmed diagnosis but at risk should also perform SMBP.
  - Masked hypertension.
  - White coat hypertension.

\*\*Patients must be willing and able to self-measure their BP at home.

# Methods for Obtaining Patient Readings

- Telephone.
- Secure fax.
- Online through secure patient portal or telemedicine website.
- Follow-up office visit.
  - Written tracker cards, review of device measurements or download if measurement history is available.

Average all readings taken by the patient into a single SBP/DBP.

# Tracking Resources

- BP tracker cards.
- Patient portal.
- Apps may be available for some devices.

# SMBP Workflow

- Identify patients who would benefit from performing SMBP to:
  - Diagnose hypertension
  - Rule out white coat or masked hypertension
  - Improve patient adherence to treatment
  - Increase patient self-management
- Train staff on correct use of SMBP techniques (competency).
- Train patients on how to correctly self-measure their blood pressure.
  - Correct positioning
  - Correct cuff size selection for arm size
  - Use of clinically validated devices for upper arm
  - How to record SMBP measurements
- Recommend automated upper-arm SMBP devices.
- Receive SMBP data from patients
- Average and interpret SMBP results.
- Act upon SMBP results when indicated.
- Loan clinically validated SMBP devices to patients who need them.
- Test accuracy of (calibrate) patient's SMBP device.
- Ensure patient's SMBP device fits properly.

# Interpreting Patient Readings

In-office BP Average	SMBP Average	Classification	Management
Less than 120/80	Less than 120/80	Normal BP	Recheck BP in office in 1 year
120–129/less than 80	120–129/less than 80	Elevated BP	Healthy lifestyle changes and recheck SMBP every 3–6 months
Less than 130/80	Greater than or equal to 130/80	Masked HTN	Manage as sustained HTN due to increased cardiovascular risk or consider 24-hour ambulatory BP monitoring
Greater than or equal to 130/80	Less than 130/80	White coat HTN	Recheck SMBP every 6 months
Greater than or equal to 130/80	120–129/less than 80	White coat HTN and elevated BP	Healthy lifestyle changes and recheck SMBP every 3–6 months
Greater than or equal to 130/80	Greater than or equal to 130/80	Sustained HTN	Manage per current HTN guidelines



# Providing Feedback

- SMBP is associated with better BP control with added clinical support.
  - Web-based feedback
  - Telephone feedback
  - Counseling in person or via telephone
  - Adherence-enhancing strategies
    - Use of nurse case managers
    - Electronic reminders
    - Behavioral management teams

Muntner P, Shimbo D, Carey RM, et al; on behalf of the American Heart Association Council on Hypertension; Council on Cardiovascular Disease in the Young; Council on Cardiovascular and Stroke Nursing; Council on Cardiovascular Radiology and Intervention; Council on Clinical Cardiology; and Council on Quality of Care and Outcomes Research. Measurement of blood pressure in humans: a scientific statement from the American Heart Association. *Hypertension*. 2019;71:e1-e32. DOI: 10.1161/HYP.000000000000087.

# Clinical Support Examples

# SMBP with Clinical Support Examples

- One-on-one counseling
  - Telephone calls from nurses or pharmacists to manage medications.
  - Counseling sessions in person with pharmacists.
  - CHWs who relay information to the clinical team.
- Patient Education
  - Nurses providing telephone-based education on lifestyle changes to lower BP.
  - Small group classes on SMBP and lifestyle changes in clinical OR community settings.

Centers for Disease Control and Prevention. Self-Measured Blood Pressure Monitoring: Actions Steps for Clinicians. Atlanta, GA:Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2014.

# SMBP with Clinical Support Examples

Web-based or telephone support based on patient-reported SMBP readings.

- Computer or telephone-based feedback system.
- Secure patient website training plus pharmacist care management via web communication.
- Access to web-based tools for med refill requests.
- Text and email reminders to measure BP or for appointments.
- Secure messaging with clinician or staff.

# Next Steps

- How will you get the self-measured blood pressure readings back from the patient?
- Who will be responsible for averaging, documenting and notifying the physician of the SMBP average?
- How will you provide feedback to the patient?

# If You Have (or Will Have) a Loaner Program:

- Who will track the distribution and return of the devices?
- How will you get the devices back?
- Who will be responsible for disinfecting the returned loaner devices?
- Where will the loaner devices be stored?

# Scope of Practice – Resources

- MA

- <https://www.rchc.net/wp-content/uploads/2017/08/MA-Scope-of-Practice.pdf>
- [Scope of Practice for Medical Assistants \(by State\) \(findmedicalassistantprograms.org\)](#)
- [The Legal Scope of Practice for Medical Assistants in Michigan - medhomeinfo.org](#)
- [Scope of Practice | Wisconsin Society of Medical Assistants \(wsma.net\)](#)

- CHW

- [Community Health Worker Scope of Practice \(Final\) – NACHW](#)

# Scope of Practice – Resources

- RN
  - [Michigan Legislature - Section 333.17221](#)
  - [Scope of Practice / Minnesota Board of Nursing \(mn.gov\)](#)
  - [https://docs.legis.wisconsin.gov/code/admin\\_code/n/6.pdf](#)
- Pharmacist
  - [Scope of Practice \(pharmacist.com\)](#)
  - [Provider Status FAQ.pdf \(pswi.org\)](#)



# Continue the Conversation in Superior Health Connect



Connect is a shared learning environment for Superior Health participants to come together to foster and promote an all-teach-all-learn climate that provides the framework to improve and sustain mutual health care quality improvement initiatives locally, regionally, and nationally.

<https://superiorqio.mn.co/spaces/9165488/feed>



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