



Screening, Measurement, and Self-Management of Blood Pressure

March 2022

Improving the Health of Americans Through Prevention and Management of Diabetes, Heart Disease, and Stroke Program



This publication was supported by the Cooperative Agreement Number NU58DP2018006563 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-HD-031522

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Purpose of Module

This module contains a high-level overview of evidence-based information related to cardiovascular health and blood pressure (BP) management. It is designed to promote and supplement your current quality improvement efforts.

Sections are highlighted by the “3 As” – **Awareness, Assessment and Action** – and include many tools and resources that may also be located on the [Quality Insights website](#).

Please Note: Guidelines and recommendations referenced in this module are to be used along with physician/clinician judgment, treatment, and based on individual patient’s unique needs and circumstances.



The Pressure is Off: Partner with Quality Insights

[Quality Insights](#) is dedicated to assisting your health care team in achieving optimal BP management. Through our partnership with the Delaware Division of Public Health, we offer a wide variety of services designed to help you improve and reach your quality improvement goals focused on hypertension, cholesterol, diabetes, and prediabetes management.

A few key services Quality Insights is ready to offer include:

- 1) **Technical Assistance:** Quality Insights’ Practice Transformation Specialists are available to support your clinical quality improvement goals and improve value-based care in your practice setting.
- 2) **Get Recognized for Your Achievements:** Are you making great progress in BP control in your practice with NQF# 0018 reporting above 70 percent and/or 80 percent? If so, allow Quality Insights to help you apply for national recognition through the [Target:BP™](#) and [Million Hearts® Hypertension Control Champion](#) program(s).
- 3) **Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) Program:** Provided by the Delaware Division of Public Health, this program connects patients with a health coach who is trained to provide evidence-based support for managing BP at home and achieving health goals. **View page 19 to learn more about this program.**

Quality Improvement Solutions for You and Your Patients

The services above represent just a small sample of ways Quality Insights can support your practice. Discover all the ways the team at Quality Insights can help you and your patients make BP control the goal by reviewing this [Self-Management of Blood Pressure Workflow Modification Guide](#) or by contacting [Ashley Biscardi](#) at **1.800.642.8686, ext. 137** to learn more.





Awareness: Blood Pressure Matters

High BP is a contributing factor to major health conditions including heart attack, heart failure, stroke, kidney failure, and many others.

The following [figure](#) highlights the number of adults aged 18 years and older in the United States who have hypertension. This figure applies criteria from the [2017 American College of Cardiology \(ACC\)/American Heart Association \(AHA\) guideline](#) to [National Health and Nutrition Examination Survey \(NHANES\)](#) 2013 to 2016 data.

The figure also shows the number of:

- People with hypertension who are recommended to use either lifestyle modifications only or lifestyle modifications with prescription medication to manage their BP.
- People with hypertension who do not have their BP controlled below 130/80 mm Hg.
- People who are recommended to use prescription medication but are either untreated or are treated but whose hypertension is not under control.



Million Hearts® 2027

Check out the updated Million Hearts® webpage with details about the [Million Hearts® 2027 framework](#), strategies, and populations of focus to build

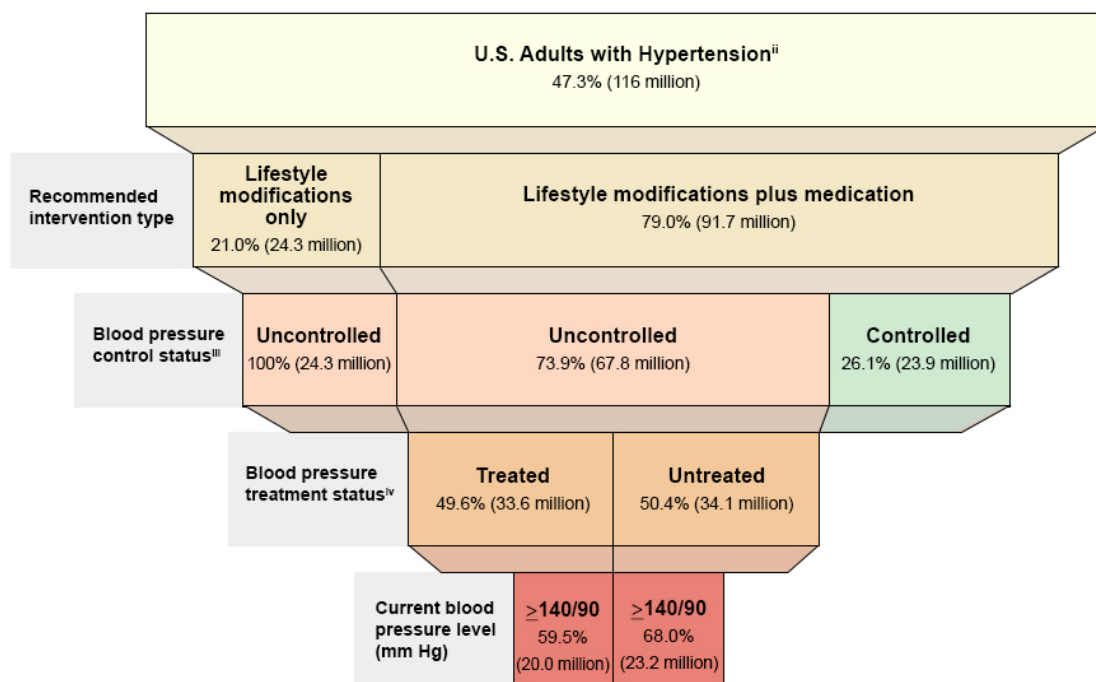
In 2019, [36.4%](#) of Delaware adults reported being told by a health professional that they have high BP. Hypertension is a major preventable risk factor for heart disease and stroke, which are the first and fifth leading causes of death in the U.S., respectively.



- People who have a BP at or above 140/90 mm Hg, also known as stage two hypertension, and are particularly in need of lowering their BP.

Estimated Hypertension Prevalence, Treatment, and Control Among U.S. Adultsⁱ

Applying the Criteria From the American College of Cardiology and American Heart Association's (ACC/AHA) 2017 Hypertension Clinical Practice Guideline—NHANES 2015–2018



Data Source: National Center for Health Statistics, Centers for Disease Control and Prevention. National Health and Nutrition Examination Survey (NHANES), 2015–2018. Definitions: ACC/AHA criteria adapted from Ritchey MD, Gillespie C, Wozniak G, et al. Potential need for expanded pharmacologic treatment and lifestyle modification services under the 2017 ACC/AHA Hypertension Guideline. *J Clin Hypertens*. 2018;20:1377–1391. <https://doi.org/10.1111/jch.13364>

ⁱ Among adults aged 18 years and older; estimates may not equal 100% due to rounding.

ⁱⁱ Blood pressure \geq 130/80 mm Hg or currently using prescription medication to lower blood pressure.

ⁱⁱⁱ Controlled is defined as having a blood pressure $<$ 130/80 mm Hg.

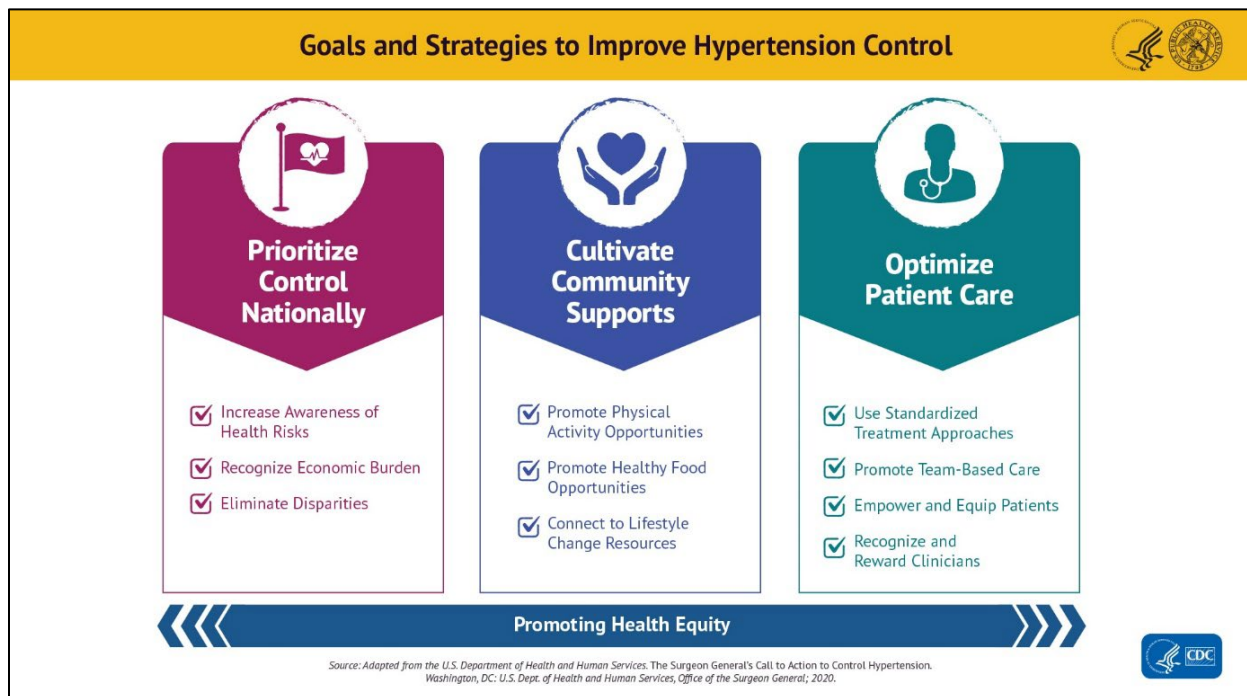
^{iv} Treatment status refers to current use of prescription medication to lower blood pressure.

Source: Centers for Disease Control and Prevention (CDC). *Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among U.S. Adults Aged 18 Years and Older Applying the Criteria From the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2015–2018*. Atlanta, GA: US Department of Health and Human Services; 2021.

The Surgeon General's Call to Action to Control Hypertension (Call to Action)

[*The Surgeon General's Call to Action to Control Hypertension \(Call to Action\)*](#), released October 2020, seeks to avert the negative health effects of hypertension by identifying evidence-based interventions that can be implemented, adapted, and expanded in diverse settings across the United States.

The *Call to Action* outlines three goals to improve hypertension control across the United States, and each goal is supported by strategies to achieve success.

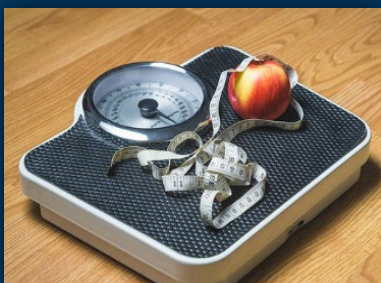


Source: [*The Surgeon General's Call to Action to Control Hypertension \(Call to Action\)*](#)

Learn more about the *Call to Action* by accessing:

- [CDC Prevent and Manage High Blood Pressure website](#)
- [CDC Call to Action Partner Toolkit](#)
- [U.S. Department of Health and Human Services Office of the Surgeon General website](#)
- [The Surgeon General's Call to Action to Control Hypertension: Healthcare Professionals Strategy](#)
- [The Surgeon General's Call to Action to Control Hypertension: Health Care Practices, Health Centers and Health Systems Strategy](#)

NEW RELEASE: Preventing and Treating High Blood Pressure is about More than Just Numbers



A February 17, 2022 *Health and Well-Being* feature from Paul Reed, MD, Director, Office of Disease Prevention and Health Promotion, emphasizes that preventing, identifying, and treating hypertension should be about much more than just measuring blood pressure and prescribing medicine. Instead, addressing high blood pressure should be an exemplar of comprehensive, person-centered care — promoting greater overall health, well-being, and personal resilience. [Read more at health.gov.](#)

2022: Growing National Campaigns Support Blood Pressure Control

In addition to the Million Hearts® campaign and Target:BP™, a growing number of national campaigns are collectively raising awareness around the importance of blood pressure control. Below are a sample of initiatives offering valuable tools and resources for health care providers and patients.

Blood Pressure Control Initiatives
Delaware Hypertension Control Network: The state of Delaware has the 4th largest rate of mortality from stroke in the entire U.S. The American Heart Association has gathered a group of advocates, hospital and private practice representatives, like-minded nonprofit organizations, physicians, and nurses to form the Delaware Hypertension Control Network. The group's priority is to achieve more than 70 percent or greater hypertension control across Delaware by 2024. Learn more about the network and how your practice can participate by contacting Ashley Biscardi at abiscardi@qualityinsights.org .
NEW (2022): Live to the Beat - Led by the CDC Foundation and the Million Hearts® initiative, this brand new campaign aims to promote smart and heart healthy steps to improve the cardiovascular health of Black and African Americans.
NEW (2022): Know Your Numbers - This new campaign, launched by the National Forum of Heart Disease and Stroke Prevention, provides multiple videos and social media resources emphasizing the importance of patients knowing their blood pressure, blood sugar, and cholesterol values to help in the prevention and treatment of heart disease.
NEW (2021): Heart Healthy Steps - Led by the CDC Foundation and the Million Hearts® initiative, this website is designed to support a heart healthy lifestyle for adults 55 and over.
HHS Office on Women's Health Self-Measured Blood Pressure Partnership Program - Quality Insights is proud to announce a new partnership with the HHS Office on Women's Health Self-Measured Blood Pressure Partnership program. Being part of this national network of 29 other public and private organizations amplifies and increases knowledge about hypertension and cardiovascular disease, help us expand access to SMBP resources, and more. Access SMBP resources here .
National Institute of Health: The Heart Truth® - Focuses on making sure women know about their risk for heart disease. Find high blood pressure education resources here.
Release the Pressure Campaign - This coalition of national health care professional organizations and heart health experts share a goal of partnering with Black women to support their heart health. Visit their patient-facing website for blood pressure resources .
ManageYour BP.org or BajeSuPresion.org - This high BP control campaign is led by the American Medical Association (AMA), AHA, and the Ad Council. A toolkit is available with PSAs, social media content, and other patient-facing resources for promoting BP control.

A Practical Solution: Self-Measured Blood Pressure (SMBP) Monitoring

Given the toll that hypertension plays in our nation and the impact COVID-19 has had on the decreased frequency of in-person check-ups, there is a compelling role for increased support for the use of home monitoring.

A [2020 article](#) featured in *Hypertension* highlights that **many BP guideline groups around the globe have recommended out-of-office BP measurements to confirm a diagnosis of hypertension.**



SMBP plus additional [clinical support](#) (i.e., educational classes, one-on-one counseling and telephonic/web-based support) helps prevent these misclassifications and helps ensure patients are diagnosed more accurately, while improving access and quality of care for individuals with hypertension.

[Self-Measured Blood Pressure Monitoring \(SMBP\)](#) is defined as the regular measurement of blood pressure by a patient at home or elsewhere outside the clinic setting using a personal home measurement device.

Evidence in SMBP

Strong scientific evidence over many years supports the benefits of SMBP. New evidence has been released over recent years, including:

- A [Grade A Final Recommendation Statement](#) was issued by the U.S. Preventive Services Task Force (USPSTF) on April 27, 2021, recommending screening for hypertension in adults 18 years or older with office blood pressure measurement (OBPM). The USPSTF recommends obtaining BP measurements outside of the clinical setting for diagnostic confirmation before starting treatment.
- In 2021, the Public Health Informatics Institute (PHII) and CDC conducted a national assessment of health information technology supporting self-measured blood pressure (SMBP) monitoring. The report, [Self-Measured Blood Pressure Monitoring: Key Findings from a National Health Information Technology Landscape Analysis](#), identifies gaps and barriers for widespread adoption of SMBP and makes recommendations for reducing them.
- A 2020 [Joint Policy Statement](#) from the American Heart Association (AHA) and American Medical Association (AMA) emphasizes the established clinical benefits and potential cost-effectiveness of SMBP over office BP. Read the [AMA's 6 Key Takeaways for physicians and health professionals](#).
- A 2020 [Journal of Community Health](#) paper reviewing a 2016-2018 CDC-funded project of the National Association of Community Health Centers (NACHC), the YMCA of the USA and Association of State and Territorial Health Officials (ASTHO) to increase the use of SMBP through coordinated action of health department leaders, community organizations and clinical providers. Nine health centers in Kentucky, Missouri and New York developed and implemented

collaborative SMBP approaches that led to 1,421 patients with uncontrolled hypertension receiving a recommendation or referral to SMBP. [Associated SMBP implementation methods, toolkits, and resources can be accessed here.](#)

- Million Hearts® released a second edition of its [Hypertension Control Change Package](#) in 2020, featuring tested tools and resources that have enabled Hypertension Control Champions to reach high levels of BP control with patients. SMBP-focused content is included as an important aspect of hypertension control.



SMBP Best-Practices Video

Watch the three-minute video, [Collaborative Care Models for Improving Hypertension Control through SMBP Monitoring](#), to learn about best practices used in nine health centers to improve use of SMBP.

Assessment: Targets, Tools and Your Care Team

Monitoring Blood Pressure in Adults

The [Centers for Disease Control and Prevention \(CDC\)](#) acknowledges guidelines used to diagnose high BP may differ from health care professional to health care professional:

- According to the [2003 Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure](#), some health care professionals diagnose patients with high BP if their BP is consistently 140/90 mm Hg or higher.
- According to the [ACC/AHA 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](#), other health care professionals diagnose patients with high BP if their BP is consistently 130/80 mm Hg or higher.



Blood Pressure Levels			
The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2003 Guideline) ²		The American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017 Guideline) ¹	
Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg	Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
At Risk (prehypertension)	systolic: 120–139 mm Hg diastolic: 80–89 mm Hg	Elevated	systolic: 120–129 mm Hg diastolic: less than 80 mm Hg
High Blood Pressure (hypertension)	systolic: 140 mm Hg or higher diastolic: 90 mm Hg or higher	High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

Source: <https://www.cdc.gov/bloodpressure/about.htm>

Making a Difference through Accurate Measurement



Accurate measurement of BP is essential both to estimating cardiovascular disease (CVD) risk and guiding management of high BP. Avoiding common errors can lead to correct diagnoses and speed time to treatment, improving BP control rates. The following sample of resources from the [Target:BP™ M.A.P. BP Improvement Program](#) outline practical approaches to improving BP control for your patients through accurate measurement.

- [BP Positioning Challenge](#): Can you identify common positioning errors? Encourage your staff to take the challenge as a quick means to brush up on proper BP measurement technique.
- [Measure Accurately Pre-Assessment](#): Use this resource to help your health care organization identify areas of opportunity to more accurately measure BP in the clinical setting.
- [Steps to Accurately Measure Blood Pressure](#): Provides clinicians with information on how to correctly take an in-office BP measurement.
- [Technique Quick Check](#): Resource for determining if clinicians take BP measurements the right way and the same way every time.
- [CME Course: Measuring Blood Pressure Accurately](#)

For Providers and Patients: Accurate BP Measurement Education Resources

As important as it is to ensure accurate BP readings in the clinical setting, the same is true for patients who are collecting measurements at home. Click the links below to access important educational resources to guide your patients participating in SMBP:

Organization	SMBP Patient Resource	Summary
American Medical Association	7-Step SMBP Quick Guide	This guide is a reference for physicians and care teams to help train patients to perform SMBP monitoring. Training videos, SMBP CPT® coding information, infographics, and a SMBP recording log are included.
	Self-Measured Blood Pressure Cuff Selection	Identify steps to determine the appropriate upper arm cuff size.
Quality Insights	Tips for Taking Your Own Blood Pressure Readings	Printable, one-page guide to help patients ensure they are getting the most accurate reading at home.
	Blood Pressure Tracking Log	Printable tracking sheet that includes brief instructions for patient use.
	Hypertension Smartphone Apps	Provides a sample listing of apps available to help patients track their BP readings.
Target:BP™	What is SMBP?	Overview for patients to understand what SMBP is and why it is important.
	SMBP Training Video	Available in English and Spanish, this educational video help train care teams and patients on how to properly self-measure BP.
	SMBP Infographic: How to Measure Your Blood Pressure at Home	Steps to perform SMBP monitoring correctly which includes separation, positioning and measurement. This document is available to download in English, Spanish and Vietnamese.
	Using a Wrist Cuff to Measure Blood Pressure	Describes correct and incorrect forearm position for wrist blood pressure measurement.

Empower Your Patients: Three-Part SMBP Video Series Provides Tools for Success

Want to help your patients learn how to get their BP under control? [Share this Quality Insights video series](#) (available in English and Spanish). Each video takes less than five minutes to watch and provides easy-to-understand instruction that will assist patients in their SMBP journey.



Team-Based Care for Improved Blood Pressure Outcomes

New Resource

Unify your team around high blood pressure and cardiovascular disease prevention by reviewing [Quality Insights Care Team Interventions to Implement American Heart Association CVD Primary Prevention Guidelines](#).



Team-based care is an approach to achieving BP control where care is provided by a team of health professionals, including primary care providers, pharmacists, nurses, dietitians, or other health workers, rather than by a single doctor. Team members work together to help patients manage their medication, increase healthy behaviors, and follow their BP control plan.

The Community Preventive Services Task Force (CPSTF) recommends [team-based care to improve patients' blood pressure](#). A systematic review of evidence shows team-based care increases the proportion of patients with controlled blood pressure and reduces systolic and diastolic blood pressure. A separate review of economic evidence indicates team-based care is also cost-effective. These findings (2020) update and replace the 2012 CPSTF recommendation for team-based care.

For more information on ways you can strengthen your care team to provide optimal quality of patient care for BP management, review:

- CDC's [Promoting Team-Based Care to Improve High Blood Pressure Control](#) website
- [Quality Insights 2021 Care Team Practice Module and Workflow Modification Guide](#)
- [Quality Insights 2021 White Paper: Team Up for Quality Care: The Role of Primary Care Teams in Prevention of Cardiovascular Disease](#)
- [Success Story: 2020 Million Hearts® Hypertension Control Champions: Delaware Primary Care, LLC](#)

Pharmacy Support Services

Pharmacists play a crucial role in reducing the risk for heart disease and stroke in the United States. Pharmacists and care teams alike can use these resources and tools to help improve patient care.

- [Quality Insights Hypertension Workflow for On-Site Pharmacist](#)

- [Pharmacists' Patient Care Process Approach Guide](#): This CDC implementation guide (2021) is for public health practitioners and health care professionals to help engage pharmacists in hypertension management through the Pharmacists' Patient Care Process. The guide includes key examples from the Michigan Medicine Hypertension Pharmacists' Program that health care teams can replicate in their own programs.
- [Best Practices Guide for Cardiovascular Disease Prevention](#): This CDC guide (2017) describes and summarizes scientific evidence behind eight effective strategies for lowering high blood pressure and cholesterol levels, including collaborative practice agreements between pharmacists and health care providers and medication therapy management.

Bringing it All Together: Hypertension Diagnosis and Management Webinar Series

In a comprehensive four-part webinar hosted by the Utah Million Hearts® Coalition in 2021, Dr. Barry Stults, from the University of Utah Health, provides a clinically-focused training on the burden of hypertension and goes into detail on proper BP measurement and management, including office and home monitoring, team-based care, and pharmacy interventions. The presentation incorporates evidence-based best practices and is based on recent peer-reviewed hypertension literature. [Watch the Utah Million Hearts® webinar series today.](#)



Improving Medication Adherence

Improving medication adherence is an important way to increase quality and reduce cost. As a medical provider, you no doubt realize the challenges surrounding medication adherence; however, improving this area is an important way to increase quality and reduce cost. One evidence-based way to address this barrier is collaborating with pharmacists as extended members of your team to provide medication therapy management (MTM).

Quality Insights released the following resources to assist you in improving medication adherence in your practice setting:

- Provide your patients with an [informational brochure](#) from the Delaware Pharmacists Society to help them understand the benefits of MTM and get connected. A [MTM referral fax form is also available here](#).
- [Medication Therapy Management EDISCO™ Course](#): Learn more about the many benefits of MTM by enrolling in a no-cost educational course that will assist you in learning how to refer your patients to MTM through the Delaware Pharmacist Society (DPS).
- [Medication Adherence Practice Module](#) and [Workflow Modification Guide](#): Released in February 2022, these materials are loaded with relevant information for navigating adherence barriers. We invite you to share this tool with all of your providers and clinical staff.
- [Free Apps to Help You Better Manage Your Medicines](#): Download a selection of useful apps your patients can download as a resource to help them track and monitor their medications.



Action: Implement Blood Pressure Control Programs at Your Practice

Evidence-Based Lifestyle Change Strategies and Programs

Living a healthy lifestyle, comprised of eating a nutrient-dense diet and the inclusion of regular physical activity, is a focal point of the [American College of Cardiology \(ACC\) and American Heart Association \(AHA\) 2017 Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults](#). Lifestyle changes that have been shown to be effective include weight loss, healthy diet, reduced intake of dietary sodium, enhanced intake of dietary potassium, physical activity, and moderation in alcohol intake.

The AHA recommends the following resources as options for patients who are ready to engage in lifestyle improvement activities:

- The [DASH Eating Plan](#) (Dietary Approaches to Stop Hypertension) is a flexible and balanced eating plan that helps create a heart-healthy eating style for life. Visit the National Heart, Lung, and Blood Institute (NHLBI) website for additional [heart-healthy cooking resources](#) for a wide range of ages and ethnicities.

Sodium Reduction

When salt intake is reduced, blood pressure begins falling within weeks, on average.

Find out more about sodium reduction benefits, challenges, and strategies in the CDC's (2021) [Key Messages on Sodium and Sodium Reduction](#).



- Sodium reduction clinician and patient resources from AHA, AMA, and the Office of Disease Prevention and Health Promotion:
 - [Why Should I Limit Sodium?](#)
 - [How too Much Sodium Affects Heart Health](#)
 - [Cut Down on Sodium](#)
- [AHA Life's Simple 7](#): Easy-to-follow instructions on how to manage BP, control cholesterol, reduce blood sugar, get active, eat better, lose weight, and stop smoking.
- [Smoking Cessation Program](#): Listing of national quit lines, online resources and medicines to help patients quit smoking.
- [“Answers by Heart” Blood Pressure Fact Sheets and Multilingual Resources](#), including:
 - [African Americans and High Blood Pressure](#)
 - [High Blood Pressure and Stroke](#)
 - [How Can I Reduce High Blood Pressure?](#) (available in [Spanish](#))
 - [Consequences of HBP Infographic](#) (available in [Spanish](#) and [Traditional Chinese](#))
 - [Lifestyle Chart: What Can I Do to Improve My Blood Pressure?](#) (available in [Spanish](#) and [Traditional Chinese](#))

The CDC recommends the following evidence-based lifestyle change programs as appropriate choices for referral of adults with high BP:

- [Taking Off Pounds Sensibly \(TOPS\)](#): [Locate a meeting or review virtual meeting options.](#)
- [Weight Watchers \(WW®\)](#)
- [MyCurves on Demand](#): At-home memberships are now available.
- [Expanded Food and Nutrition Education Program \(EFNEP\)](#): Facilitated by the University of Delaware, interactive nutrition education is provided online and in-person (as available) through free lesson series to those who are eligible. Anyone with limited resources and young children (0 to 18 years old) living at home are qualified. If a patient is eligible for SNAP (food stamps), WIC, Head Start or free and reduced cost school meals, they are automatically eligible for EFNEP.



Take Control of Hypertension with TOPS® and WW®

Quality Insights developed an at-a-glance guide to highlight benefits of TOPS® and WW® programs. [Download this useful resource here.](#)

SMBP Implementation: Interactive Resource Library

The following evidence-based resources provide guidance for health care sites who are considering launching an SMBP program or expanding their current processes. We invite you to visit the organization website for a complete listing of their available tools and resources.

Organization	SMBP Implementation Resource	Summary
American Medical Association	U.S. Blood Pressure Validated Device Listing (VDL™)	Website offers a listing of BP measurement devices that have been validated for clinical accuracy as determined through an independent review process.
	SMBP CPT® Coding	Outlines useful coding information, including information related to the Public Health Emergency (PHE).
Colorado Department of Public Health & Environment	Making an Economic Case for SMBP Tool	This two-page guide developed overviews SMBP program implementation and reimbursement for health care professionals.
Million Hearts®	Self-Measured Blood Pressure Monitoring: Action Steps for Clinicians	The purpose of this guide is to facilitate the implementation of SMBP plus clinical support in four key areas: Preparing care teams to support SMBP, selecting and incorporating clinical support systems, empowering patients, and encouraging health insurance coverage for SMBP plus additional clinical support.
	Hypertension Control Change Package (HCCP), 2nd Edition	The HCCP presents a listing of process improvements that outpatient clinical settings can implement as they seek optimal HTN control. It is composed of change concepts, change ideas, and evidence- or practice based-tools and resources.

Organization	SMBP Implementation Resource	Summary
National Association of Community Health Centers (NACHC) and Million Hearts®	SMBP Implementation Toolkit	Released by NACHC and Million Hearts® in 2020, this toolkit is comprised of worksheets that will help you determine your goals and priority populations, design a protocol, assign tasks, and align your patient training approach to your practice environment.
	Choosing a Home Blood Pressure Monitor for Your Practice: At-A-Glance Comparison	Chart provides an overview of how various blood pressure monitors compare in terms of features and data/technology.
	Improving Blood Pressure Control for African Americans Roadmap: Quality Improvement Tool	Focuses on the most impactful, evidence-based interventions to improve hypertension outcomes and reduce disparities.
Quality Insights	CME Webinar: Improving Patient Outcomes with Self-Measured Blood Pressure Monitoring (SMBP)	Focuses on the most impactful, evidence-based interventions to improve hypertension outcomes and reduce disparities.
	Steps for Launching a SMBP Program in Your Practice	This 60-minute, CME-eligible webinar provides an evidence-based review of SMBP, including an interview with a practice who has successfully implemented a SMBP program.
Target:BP™	Implement SMBP	Ready to launch a SMBP in your practice? Find step-by-step guidance and recommendations to help you launch a successful program.

Remote Patient Monitoring

The Community Preventive Services Task Force (CPSTF) recommends several [telehealth interventions](#) for reducing chronic disease risk factors in patients and managing chronic disease conditions, including mHealth and [Remote Patient Monitoring \(RPM\)](#). These conditions include:

- Recently diagnosed cardiovascular disease
- High BP
- Cardiovascular disease, diabetes, HIV infection, end-stage renal disease, asthma, or obesity

The CPSTF found that the use of telehealth interventions can improve:

- **Medication adherence** (i.e. as outpatient follow-up and self-management goals)
- **Clinical outcomes** (i.e. blood pressure control)
- **Dietary outcomes** (i.e. eating more fruits and vegetables and reducing sodium intake)

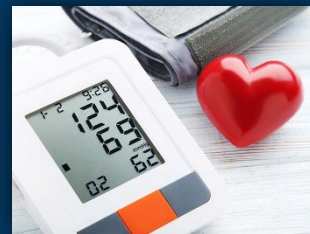
A January 2022 Healthcare Information and Management Systems Society (HIMSS) article, [Digital Connected Care: Self-Measured Blood Pressure to Manage Hypertension](#), agrees that opportunities exist to link SMBP, RPM, and well-designed analytics software to the specific needs of the patient and the primary care team using SMBP to manage hypertension. Implementation of RPM that is clinically focused and easy to use is a key component in the transition from reliance on office blood pressure measurements to managing hypertension with SMBP.

Many nationally recognized health care organizations have developed toolkits and resources for practices who are implementing RPM. A few of these tools include:

- [AMA Remote Patient Monitoring Implementation Playbook](#): Step through the processes of planning and implementing RPM at your practice with this interactive guide.
- [Mid-Atlantic Telehealth Resource Center: Remote Patient Monitoring Toolkit](#): Designed to help many different audiences quickly understand RPM and define the responsibilities of each role. Offers a variety of engaging videos to explain processes for each role.
- [Federally Qualified Health Center: Remote Patient Monitoring Toolkit](#): This document is designed to help FQHCs determine which RPM processes will work best for their individual setting. It provides guidance on key areas for consideration when preparing for implementation.
- [NACHC Value Transformation Framework: Community Health Center Requirements for Remote Physiologic Monitoring \(RPM\) & Self-Measured Blood Pressure \(SMBP\)](#): This guide outlines

Remote Patient Monitoring (RPM):

[RPM](#) is the use of electronic devices to record a patient's health data for a provider to receive and evaluate. For example, a patient can use RPM to measure their BP regularly and send this information to their provider.



important requirements and coding information for use of RPM in Community Health Center settings.

- [2022 CMS Reimbursement Updates for RPM Healthcare Solutions](#): This Clear Arch Health white paper outlines five Current Procedural Terminology (CPT®) codes specific to reimbursement standards for remote patient monitoring from the 2022 CMS Physician Fee Schedule (PFS).

The Healthy Heart Ambassador - Blood Pressure Self-Monitoring Program (HHA-BPSM)

“This program was a great addition to the lifestyle changes I’ve made in the past two years that resulted in my losing 62 pounds and making physical activity part of my daily life. After just three weeks in the program, I took my daily blood pressure readings to my doctor who told me to stop my blood pressure medications. Now, three months later, my blood pressure is still in the normal range every single day.”

-- HHA-BPSM Program Participant

The success story above is a result of an exciting, CDC-recommended program from the Delaware Division of Public Health (in partnership with the University of Delaware and Quality Insights) that leverages **specialty trained health coaches to teach simple yet proven ways for patients to better manage and understand their BP, increase physical activity, adopt healthier eating habits, and more.**

Now Available: A Low Pressure Approach to Controlling High Blood Pressure

Learn more about the HHA-BPSM Program and earn no-cost CNE/CME credit at the same time (1.0 contact hour).

[Get started by clicking here.](#)



Participants who enroll in the HHA-BPSM program receive:

- A BP monitor (if needed) and training on how to measure & track BP at home
- Virtual support from specially trained facilitators & virtual learning sessions
- Cooking demos & nutrition education
- Support to help people with hypertension make real changes for heart health

Learn More

Quality Insights invites you to explore more information and refer patients to the HHA-BPSM program by reviewing the links below and the attached flyer (Appendix A and B):

- [For Providers](#): Learn about the HHA BPSM program, participant requirements and program referral details.
- [For Patients and Delaware State Employees](#): Explains program features, requirements and includes contact information for participation.

- [HHA-BPSM Program Provider Enrollment Fax Form](#): Practices can complete this form to refer patients by fax. A phone number, 302-208-9097, is also included on the form as additional option for making a referral.
- [HHA-BPSM Provider “Script Pad” Referral Flyer](#): This document can be given to patients to encourage them to learn more about the program and enroll.

Get Involved: Become a HHA-BPSM Volunteer Program Facilitator



If you, or someone you know, has a desire to help people living with high blood pressure achieve better control through a supportive, evidence-based, holistic approach, Quality Insights and Delaware DPH is now offering a great opportunity to get involved! [Download this HHA-BPSM Volunteer Program Facilitator flyer to learn more about the program and related qualifications](#). Clinical background is not required. **Apply to become a Volunteer Program Facilitator by calling (302) 208-9097.**

Quality Insights’ Home Blood Pressure Monitor Program

Interested in implementing an SMBP program, but concerned about having adequate resources and assistance? Quality Insights offers a **FREE** Home BP Monitor Loaner Program and training.

Benefits include:

- Participating practices are supplied with up to five automated home BP monitors that can be loaned to patients to monitor their BP at home.
- Loaner monitors are ideal for patients that do not currently own a BP monitor or for those lacking the resources to immediately purchase a device. It may also be useful when a patient is newly diagnosed with hypertension or when a patient experiences a change in BP medication.
- Patients and providers are able to track and monitor pre-hypertensive patients, patients with uncontrolled hypertension, hypertensive drugs and patients with recent or past histories of hypertensive crises.
- Training for your staff on how-to educate patients for SMBP and the loaner program



Some program materials include a [Home Blood Pressure Monitor Loaner Program Procedure, Instructions for Practices](#) and a [Patient Agreement template](#) for patients to sign.

If your practice is interested in participating in the program, e-mail [Ashley Biscardi](#) or call 1.877.987.4687, ext. 137. A [recorded overview](#) describing this program is also available.

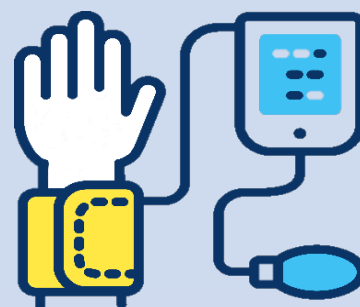
Healthy Heart Ambassador BLOOD PRESSURE Self-Monitoring Program



Help your patients improve their hypertension with a **new evidence-based program** that empowers them to manage their high blood pressure (BP) while learning ways to eat healthier and be more physically active.

In this exciting **no cost** program from the Delaware Division of Public Health, specially trained health coaches teach simple yet proven ways for patients to:

- Manage and understand BP.
- Measure and track their BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.



Your patients will receive: (at NO COST)

- A **BP monitor** (if needed) and training on how to measure and track BP at home.
- **Virtual one-on-one support** from specially trained facilitators and virtual learning sessions over a four month period.
- **Cooking demonstrations and nutritional education** that will build confidence to buy, prepare, and cook affordable, delicious heart-healthy meals.
- Support to help your patients **make real changes** for heart health.



Participation Requirements:



- ✓ Over 18 years old
- ✓ High BP diagnosis or prescribed a medication for high BP
- ✓ No cardiac events in the last one year
- ✓ Don't have atrial fibrillation or other arrhythmias
- ✓ Do not have or at-risk for lymphedema

Program Referrals:

You can refer patients to this program via a direct referral by calling **302-208-9097**, patient portal/text messaging, or a referral letter. Email DHSS_DPH_HHA@delaware.gov or contact Ashley Biscardi at **1-800-642-8686, ext. 137** for more details.



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



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Healthy Heart Ambassador BLOOD PRESSURE Self-Monitoring Program

- Do you have **high blood Pressure (BP)** or take medication to control your BP?
- Do you struggle to keep your **BP under control**?
- Do you worry about the **health risks** of having high BP?



If you answered YES to the above questions, take advantage of a new **no cost** program that will teach simple yet effective skills to:

- Manage and understand BP.
- Set and achieve health goals.
- Identify and control triggers that can raise BP.
- Adopt healthier eating habits.
- Increase physical activity.

Participants in this program will receive: (at NO COST)

- A BP monitor (if needed) and training on how to measure and track your blood pressure at home.
- Virtual one-on-one support from specially trained facilitators and virtual learning sessions over a four month period.
- Cooking demonstrations and nutritional education that will build your confidence to buy, prepare and cook affordable, delicious heart-healthy meals.
- Long-term support to help you make real changes to stay heart healthy.
- Classes will be held virtually (for now).

Participation Requirements:

- ✓ Delaware resident
- ✓ Over 18 years old
- ✓ High BP diagnosis
- ✓ No cardiac events in the previous one year
- ✓ Don't have atrial fibrillation or other arrhythmias
- ✓ Do not have or at-risk for lymphedema



Contact Us:

Please call **302-208-9097** or email DHSS_DPH_HHA@delaware.gov to enroll or for more information.





Want to Learn How to Get Your Blood Pressure Under Control?

Watch this NEW Video Series for Hypertension Management Tips and Techniques to Make Control Your Goal

A **new** video series from Quality Insights features three short, easy-to-understand videos that will show you how to better manage your hypertension.

- **Small Steps to Big Improvements:** Walks you through small steps you can take to make a meaningful change in their blood pressure (<https://youtu.be/F1o72zlixQo>)
- **Ready, Set, Go: A Roadtrip Through Hypertension:** Discusses blood pressure readings and their meaning in an engaging stoplight format (https://youtu.be/RNWVkiB3_r8)
- **Take High Blood Pressure Into Your Own Hands:** Describes proper technique for self-management of blood pressure (<https://youtu.be/hzVvUD0fnHg>)



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



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QUALITY INSIGHTS AND YOU:

Take Advantage of Evidence-Based Education on Hypertension

Quality Insights is continuing our initiatives to improve the health of Delawareans by promoting evidence-based care for hypertension. As part of our ongoing efforts, your practice can take advantage of academic detailing for hypertension at **NO COST** to you by signing up to participate in this project.

What is Academic Detailing?

- One-on-one outreach education for health care professionals provided by trained clinical educators
- Presents evidence-based, non-commercial aims of academic groups, research centers, and clinicians
- Effective and convenient way for providers to stay up-to-date on latest research findings
- Goal is to improve clinical care based on best available safety, efficacy, and cost-effective data



Topics Covered:

- Current national & state statistics
- Recommendations on screening, early detection, and treatment
- CPT-II coding for hypertension
- Evidence-based for nonpharmacological interventions
- Strategies to improve medication adherence
- Healthy Heart Ambassador Blood Pressure Self-Monitoring program – alignment with evidence-based recommendations
- Support for providers and practices



Please consider joining Quality Insights in this important initiative.

Your participation in this work creates a foundation for your practice's quality improvement efforts, as well as prepares your practice for future value-based payment models. For additional details, contact Ashley Biscardi at abiscardi@qualityinsights.org or call **800-642-8686, Ext. 137**.

This publication was supported by the Cooperative Agreement Number NU58DP006516 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention. Publication number DEDPH-HD-072821



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right hand corner

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Up tab to create account

Enter code:
DEPHS

DELAWARE PUBLIC HEALTH SERIES

Medication Therapy Management: Evidence-Based Collaboration to Improve Blood Pressure Control

Improving medication adherence is an important way to increase quality and reduce cost. As a medical provider, you no doubt realize the challenges of medication adherence. One evidence-based way to address this problem is collaborating with pharmacists as extended members of your care team to provide medication therapy management (MTM).

During this course, you will explore the methods, goals, and benefits of MTM, as well as evidence that supports its effectiveness. You'll also learn how to facilitate physician-pharmacist collaboration and how to refer certain Delaware patients for no-cost, pharmacist-provided MTM.

This course is part of Quality Insights' ongoing efforts to support Delaware medical practices through our partnership with the Delaware Division of Public Health's implementation of quality improvement initiatives.

Recommended Audience

The information in this course is appropriate for providers and clinical staff.

Questions?

Please contact your Quality Insights Practice Transformation Specialist for questions about course content. For technical assistance with the learning platform, please email EDISCO@qualityinsights.org.

Learning Objectives

- Define medication therapy management (MTM).
- Describe two evidence-based benefits of MTM for patients and providers/practices.
- Explain how to refer Delaware patients on hypertension or cholesterol medications for MTM through the Delaware Pharmacists Society (DPS).



Course Requirements

- Complete the readings, videos, and online activities included in the 60-minute e-learn
- Pass a knowledge check with a score of $\geq 80\%$
- Complete an evaluation



***PLUS:** Nursing Continuing Education/Continuing Medical Education (1.0 hour) is offered with this course at NO COST!



Quality
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Health Coaching Services Empower Your Patients

Partner to empower your patients with **NO-COST** 1:1 health coaching from Quality Insights for up to 150 Medicaid patients living with diabetes and/or hypertension. **1:1 Health Coaching Services** will arm patients with the knowledge, skills, tools, and confidence they need to become active participants in their care so that they can reach their self-identified health goals and improve health outcomes.

What is health coaching?

Our Quality Insights trained health coach will customize services to meet the needs of your practice and patients. Health coaching can include any of the following:

- Encourage routine self-monitoring
- Establish goal-setting and shared decision-making
- Address social determinants of health (SDoH)
- Discuss existing barriers to care such as medication adherence and appointment keeping
- Refer to support services and self-management programs
- Provide other non-clinical services as requested by your practice

1:1 Health Coach Services will be provided via telephone and/or a HIPAA-compliant virtual platform. Quality Insights will work with your practice to develop a health coaching workflow to best meet your practice and patient needs.

How does health coaching benefit providers/practices?

A growing body of [evidence](#) shows health coaches can:

- Motivate individuals to change the behaviors that create health risks
- Improve self-management of chronic health conditions
- Improve health outcomes by lowering risk for heart disease, stroke, and diabetes
- Encourage positive lifestyle modifications, such as blood pressure control, weight loss, increased physical activity, and improved physical & mental health status
- Support long-lasting behavior changes and reduces hospital readmissions and length of hospital stays
- Reduce admissions, better health outcomes and can positively impact pay for performance quality measures

To learn more about this free service, email **Ashley Biscardi** at abiscardi@qualityinsights.org or call **1.877.987.4687, ext. 137**.