Self-Measured Blood Pressure Monitoring:
Workflow Modifications Your Practice Can Implement to Help Patients Improve Hypertension Management

Providers and practices who are actively engaged in the Pennsylvania Department of Health's Improving the Health of Americans Through Prevention and Management of Diabetes and Heart Disease and Stroke program have the benefit of scheduling a no-cost Workflow Assessment (WFA) with a local Quality Insights Practice Transformation Specialist (PTS). WFAs are completed annually and designed to initiate a future state of processes that will move the needle on clinical quality improvement activities.

The following list includes workflow adjustments that can be implemented to help your patients better manage their hypertension (HTN) by utilizing self-measurement of blood pressure (SMBP). We encourage you to partner with your Quality Insights PTS to discuss scheduling a WFA and implementing at least ONE of the recommendations listed below. If you are not currently working with a PTS and would like assistance, email Ashley Biscardi or call **1.800.642.8686, Ext. 137**.

Electronic Health Record (EHR) Actions

	Create and execute an electronic health record (EHR) report of patients with Stage 1 Hypertension (BP 130-139/80-89 mm Hg) and add a reminder to the EHR to address during next visit.
	Create and execute an EHR report of patients with BP readings of ≥ 140/90, but with no diagnosis of hypertension. Perform outreach via phone calls, text messaging, and/or patient portal to schedule follow-up appointment for a BP check. Consider Quality Insights' Home BP Monitor Loaner Program.
	Report quarterly and annually the National Quality Forum (NQF) 0018 measure. Utilize NQF 0018 denominator to determine the number of patients with HTN.
	Partner with Quality Insights to review ability to report NQF 0018 at race and ethnicity level and utilize the CMS Disparities Impact Statement to address disparities.
	Review dashboards within your EHR to identify opportunities for hypertension and high cholesterol management in subsets of patients. Determine EHR capabilities for identification and reporting on priority populations (underserved) and disparities.
	Partner with Quality Insights to identify patient lifestyle change program referrals by querying relevant EHR fields and community-based programs and resources. Educate all members of the care team on referral programs including the providers who are key in patients accepting the recommendations. Explore EHR capabilities to add clinical decision support (CDS) alerts or prompts for eligible patients.
	Review and implement the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) tool EHR template. If already utilizing PRAPARE, document current workflow and utilization of information gathered in the tool.

Quality Insights

	Evaluate and report use of social determinants of health (SDOH) ICD-10 codes.
	Partner with Quality Insights to mitigate barriers related to use of SDOH identification tools & ICD-10 coding.
	Implement process for documenting all referrals (including BP and lifestyle change programs) in structured data fields or via non-EHR tracking method for monitoring of feedback and participation.

Protocol & Workflow Actions

	Review practice protocols with focus on disparate populations for sharing and discussing BP control and cholesterol management among clinicians and providers.
	Review/develop a hypertension office protocol, including evaluation of patients with HTN and elevated low-density lipoprotein cholesterol (LDL-C) >100mg/dL, that promotes current guidelines, SMBP, medication adherence, healthy diet, physical activity, and community lifestyle change programs.
	Implement annual staff training to review appropriate procedures for obtaining an accurate blood pressure (see the SMBP Practice Module).

Practice & Clinical Solutions

Using the 2023 Screening, Measurement, and Self-Management of Blood Pressure Practice Module as a guide:

	Partner with Quality Insights to submit an application for Target: BP™ (NQF 0018 ≥ 70%*) and/or Million Hearts® Hypertension Control Champion (NQF ≥ 80%*) recognition programs.
	Implement a home BP monitor loaner program or participate in Quality Insights' Home BP Monitor Program. Identify 1) a staff member who can act as a program champion, and 2) roles for other members of the team. See the Quality Insights SMBP Module for implementation resources.
	If participating in the Quality Insights' Home BP Monitor Loaner Program, identify specific dates/times for follow-up and obtaining both patient and provider assessments.
	Utilize apps, Bluetooth, and patient portals to improve SMBP results reporting by patients to clinicians.
	Review capability and use of telehealth for the management of HTN and high cholesterol.
	Identify and refer eligible patients to CDC-approved lifestyle change programs, including, but not limited to: Weight Watchers (WW), Supplemental Nutrition Assistance Program Education (SNAP-Ed) programs, Expanded Food and Nutrition Education Programs (EFNEP), TOPS, YMCA, and Curves.
	Establish a closed-loop referral process with CDC-approved lifestyle change programs. Partner with Quality Insights in a referral letter, portal message, or text campaign for referrals to TOPS, Curves, YMCAs, or other PA DOH/CDC-approved programs.
	Participate in an in-person or virtual presentation to learn more about WW, TOPS, and/or YMCA lifestyle change programs.

** Represents BP control rates at or above 70 percent or 80 percent within the populations served.*

Patient Education Actions

	Utilize and share SMBP instructional videos with patients through the practice's preferred method (e.g., waiting room, patient portal, email, telehealth wait times, and text messaging).
	Share community resources with patients promoting CDC-approved programs (i.e., WW, SNAP-Ed, EFNEP, TOPS, YMCA, and Curves).
	Implement use of the Adherence Estimator® and included Interpretation Guide to enhance medication adherence. Access the Quality Insights 2022 Medication Adherence Practice Module for more information.
	Explore and promote the use of HTN apps to improve SMBP. See Keep Hypertension Under Control with these Smartphone Apps to get started.
	Provide patient education on how to take their own BP.
	Offer free annual validation of home BP machines with the medical office BP machine.

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