Self Measured Blood Pressure (SMBP) Pilot Program
Experience and Learnings
AGENDA

1. Staging Process – Planning & Pilot
2. Project Goal
3. Target Population & Selection Criteria
4. Implementation Details
5. Results
6. Tools / Key Learnings
7. Next Steps
### Planning Stage

- Multidisciplinary Collaboration
- Leadership Buy-in
- Project Team Meetings
- Project Monitoring Check-Ins
- Utilized Funder Resources
- Data Analysis to Identify Target Population, Pilot Site & Providers
- Prepared Program Materials
- Trained Staff
- Educated Providers
- Purchased Cuffs
- Created Scheduling Template
- Wrote Telephone Call Script
Pilot Stage

- Called & Scheduled Patients
- Implement 5-Visit Schedule
  - Initial Visit
  - One Week Follow Up
  - One Month Follow Up
  - Two Month Follow Up
  - Six Month Follow Up
- Managing BP Cuffs
- Downloaded BP Readings
- Scanned BP Readings to EHR
- Briefed Providers
- Engaged Patients in Ongoing Self Management
Program Goal

- To improve Blood Pressure Control for High Risk Patients
  - 40-64y with Hypertension and last BP reading of ≥160 systolic AND ≥ 90 diastolic within last 12 months

- To reduce Harm and High Risk for Heart Attack and/or Stroke
  - Lowering BP, not necessarily to a normal range

- To improve Patient Activation
  - Engaging them with their health and self care for the long run

- To utilize Team Based Care Approach
  - Involving the Patient, Provider, Medical Assistant, Nurse and trained Health Coaches along with support staff from Operations & QI
## Data Findings

<table>
<thead>
<tr>
<th>Item</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Patients Eligible at Target Site</td>
<td>35</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Patients Called</td>
<td>35</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Patients Successfully Scheduled</td>
<td>9</td>
<td>26%</td>
</tr>
<tr>
<td>Number of Patients Kept Appointments</td>
<td>9/9</td>
<td>100%</td>
</tr>
<tr>
<td>Number of Patients with Improved Medication List after Reconciliation</td>
<td>4/9</td>
<td>45%</td>
</tr>
<tr>
<td>Number of Patients with BP Readings Improved after SMBP</td>
<td>8/9</td>
<td>89%</td>
</tr>
<tr>
<td>Number of Patients with BP Readings at or below control (140/90mmHg)</td>
<td>2/9</td>
<td>22%</td>
</tr>
</tbody>
</table>
Key Learnings

- Multi-disciplinary approaches require frequent communication.
- Significant risk reduction can be achieved in a concerted population by actively pursuing individual cases.
- SMBP is a useful tool for Patient Engagement and Patient Activation.
- A half hour is not enough time.
- SMBP encounters bring value and quality to patient care by adding supplemental services like Health Coaching and Medication Reconciliation.
- Once patients are enrolled, they are engaged and actively involved (e.g. keeping scheduled appointments with RN).
Next Steps

- Design a patient feedback item (e.g. satisfaction survey, pre/post survey, etc.)
- See through the 5 Visit Schedule (i.e. the first 6 month visits will occur in May) and gauge their overall progress
- Expansion of SMBP Project to an additional site by April 2019
- Share out data with Providers by Summer 2019 to gradually expand services to all sites over the course of the year
- Train more Nurses to carry out SMBP encounters and to complete Medication Reconciliation Process
Questions?
This page has been left blank intentionally