



# Home Blood Pressure Monitoring

Alameda Health System

Eric Mahone, PharmD, BCACP

Natalie Curtis, MD

Holly Garcia, RD, MPH

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# Our Desired Future for SMBP at AHS

- *Every* primary care patient with a diagnosis of hypertension has equal access and training for home blood pressure monitoring if desired.
- AHS will promote the health of our patients with diabetes by maintaining the percentage of those with controlled blood pressure.
  - Pre-COVID (3/2020) baseline = 69.2%
  - Current (1/2021) maintenance target = 56.2%

# Why It's Not Possible Now

- Roughly half of primary care visits remain telehealth today
- Patients, providers, and payers do not appreciate the power of SMBG:
  - Some payers lack adequate access or coverage for blood pressure cuffs
- Patients do not have access to high quality training on how to use and report home blood pressures

# Learning that Informed Our Desired Future

## Bright Spots/Accomplishments

- Home BP monitoring dramatically improves blood pressure control
- With basic teaching,  $\frac{3}{4}$  of patients can report BP values through telehealth
- Reinforces patient-centered team-based care

## Activities We will Keep Doing

- Purchase cuffs for select patients with DM + HTN
- Empower RN/LVN/MA visit SMBP teaching

# What Else is Possible for SMBP?

- SMBP supports telehealth access:
  - Improve uptake and efficiency of video visits for providers
  - Opens the door for additional remote monitoring possibilities (CHF, DM)
- Maximize patient engagement with hypertension management
  - Self-monitoring alone has shown improvements in blood pressure
  - Remote group visit opportunities as well

# Benefits of Achieving Desired Future

- Reduce overall cardiovascular mortality for AHS patients
- Ability to meet patients where they are at with health care needs:
  - Overcome access issues (transportation, availability during clinic hours)
- Meet QIP/P4P metric goals for hypertension

# Challenges if We Don't Move Forward

- Dependence on in-person visits for BP management will continue
- An unknown portion of our patients will prefer telehealth after the pandemic:
  - Without SMBP option available, patients may choose to have their care elsewhere



# What We Need to Make it Happen

- Financial support to provide cuffs for those that cannot obtain them through payer
  - \$32.50/cuff for assigned patients with DM and HTN
- Telehealth visit access for all members of care team
  - IT upgrades - web cams, CPU capable of supporting software necessary
  - 40+ RN, PharmD, LVN, MA without access
- Clinic and nursing leadership reinforce and spread SMBP model:
  - Clinical champion at all primary care sites
  - 1 hour of meeting time for training – MA, RN, clinical champion





# Thank you for your time!

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