



# SMBP

Chapa-De Indian Health

Meagan Mulligan, Phillip Nguyen, Brandon Bettencourt

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# [Our Desired Future for PHASE/TC3]

- By September 30, 2021:
  - all providers will be using the SMBP program for patients in their panel
  - The SMBP program will be clearly defined and consist of specific steps and actions that are known to all members of the care team.
  - Self-measured blood pressure readings will be documented in eCW whenever appropriate.
- SMBP will continue to be one of the tools that helps reduce the disparity in BP control between our American Indian and Non-American Indian populations. By 12/31/2022 there will be no disparity between the two populations.
- Our progress on this aim will be reflected in the data from the HEDIS dashboard in eCW. By 12/31/2021 blood pressure control at Chapa-De will be at 70%. It will return to our pre-pandemic performance (77%) by 12/31/2022.

# [Why It's Not Possible Now]

- Inconsistent SMBP visit practices
- Inconsistent documentation of BP from home devices
- Unclear future for telehealth at Chapa-De – work remains to find the correct balance between in-person and virtual visits

# [Learnings that Will Inform Our Desired Future]

## [Bright Spots/Accomplishments]

- Patients have told us how much they like the program
- Patients in the SMBP program have better BP control than those not in the program
- Our focus on American Indian patients has helped narrow the disparity in BP control that exists at Chapa-De

## [Activities We will Keep Doing Based on Learnings]

- Clinical Pharmacy will continue to help patients get BP cuffs and instruct on their use
- Clinical Pharmacy will continue to schedule follow-up appointments for all patients that receive cuffs
- We will continue to enter self-measured BPs into eCW

# [What Else is Possible?]

- More patients could be helped by our SMBP program if it was offered to them
- More BPs should be entered into our EHR. This will lead to better performance in Quality Improvement incentive programs and better ability to identify patients in need of follow-up at a population level.
- Using SMBP as a tool for HTN management could become standard work at Chapa-De and no longer a "special program".

# [Benefits of Achieving Desired Future]

- SMBP works for our patients. Our patients will have better BP control if we maintain the SMBP program.
- SMBP works for our AI/AN patients. Closing the gap in BP control that exists between our AI/AN and our general populations is a key component of our mission as an Indian health care provider.
- Providing convenient and self-empowering care options is good for our patients and can lead to them taking control of their health.

# [Challenges if We Don't Move Forward with this Solution]

- If we don't document self measured blood pressures in eCW we will lose Quality incentive dollars.
- We will also lose the ability to use our population health tools to target patients who have out of control HTN or who are overdue for follow-up
- Our patients are now accustomed to the convenience of telehealth for HTN management. Taking that away could harm our relationship to our patients. It could also harm the progress they have made towards disease self-management which is key to desirable health outcomes.

# [What We Need from Our Leaders to Make it Happen]

- SMBP visits must be allowed to continue post pandemic, even if they are not all billable.
- Space in provider and care team schedules needs to be available for providing this type of care.
  - Video visits for SMBP should continue to be booked on provider schedules post pandemic
  - SMBP Phone visits should be allowed on nursing schedules
- Care Teams must be supported and held accountable for correct documentation of self-measured blood pressures.
  - Correctly documented blood pressures will increase providers' performance on HEDIS measures
  - They will also allow for accurate and efficient targeted outreach to patients who's HTN is out of control
  - One pod meeting each quarter should be dedicated to review of SMBP workflows and proper self measured blood pressure documentation





# Thank you for your time!

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[Bbettencourt@chapa-de.org](mailto:Bbettencourt@chapa-de.org) | 530.887.2846