Learning/Sharing Call Agenda

- SMBP Program Foundations
- Chapa-De Experience
- Discussion: Q/A, Learning, Needs
- Next COP Steps
SMBP Program Foundations
SMBP Context and Value

Steps to Identify and Control Hypertension

Goals & Target Population

### Diagram 2: SMBP Model Design Checklist and Key Questions

<table>
<thead>
<tr>
<th>SMBP Scope</th>
<th>Key SMBP Staff</th>
<th>SMBP Patient Identification/Support Activities</th>
<th>SMBP Data Management</th>
<th>Community Linkages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is your target population? (see previous diagram)</td>
<td>SMBP Coordinator</td>
<td>Patient Identification</td>
<td>How will SMBP Data be Recorded, Transmitted, and Managed?</td>
<td>What role could community partners play to support or optimize the efficiency/capacity of your SMBP efforts?</td>
</tr>
<tr>
<td>Home BP Monitors</td>
<td>Does she/he have the authority, time, and skills to coordinate all aspects of the program? If not, how will you address?</td>
<td>How will patients be identified? Registry queries and outreach calls? And/or at the point of care based on selection criteria?</td>
<td>How will patients record/share data back with the care team? Do providers want SMBP averages only or individual BP readings as well? Who is responsible for preparing and managing SMBP data?</td>
<td>Supply funds to purchase home BP monitors? Provide SMBP trainers? Conduct outreach calls? Supply SMBP support programs? Supply lifestyle management educators/programs? Coordinate or supply transportation resources? Coordinate or supply food security resources?</td>
</tr>
<tr>
<td></td>
<td>SMBP trainers</td>
<td>How will you know if appropriate patients are being identified and offered SMBP?</td>
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<tr>
<td></td>
<td>SMBP Clinical Champion</td>
<td>Patient Communication</td>
<td></td>
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<tr>
<td></td>
<td>Do you have a champion for every implementation site?</td>
<td>Who on the care team recommends SMBP? Who will provide outreach support for SMBP patients?</td>
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<td></td>
<td>Do they have the time to invest to facilitate program success?</td>
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<td></td>
<td>Is he/she open to change and new ideas?</td>
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<tr>
<td></td>
<td>Is he/she a key influencer to others?</td>
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<tr>
<td></td>
<td>SMBP Training and Follow-up</td>
<td>SMBP Data Management</td>
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<tr>
<td></td>
<td>Who trains the patient on SMBP?</td>
<td>How will the patient connect with the SMBP trainer (e.g., warm hand-off, follow-up visit)?</td>
<td></td>
<td></td>
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<td></td>
<td>Is the initial follow-up appointment a telephone encounter or a face-to-face visit?</td>
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</table>

Patient Training

Diagram 3: Designing SMBP Patient Training/Orientation Approach

Factors to Consider

- Transportation is a barrier in my community
- Daily staff coverage for SMBP training is a challenge in my organization
- SMBP orientation will be integrated into lifestyle education classes, group visits, etc.
- SMBP patients are engaged and identified through outreach

Applicable?

- YES

SMBP Training Process

- Offer same-day SMBP training/orientation ("warm hand-off" approach)
- Offer follow-up appointments for SMBP training/orientation

Analysis

Pros
- Limits number of visits a patient needs to begin SMBP
- Allows SMBP to occur at set times with select staff
- Allows pairing SMBP training with education classes, group visits, etc.

Cons
- Requires daily staff coverage and flexibility
- Does not allow pairing SMBP training with education classes, group visits, etc.
- Requires a second visit for patients to begin SMBP
- Patients may not return for SMBP training

## Roles and Tasks

### Diagram 4: SMBP Essential and Optional tasks by Role

<table>
<thead>
<tr>
<th>Must Be Done by a Licensed Clinician</th>
<th>Can Be Done by a Non-licensed Person</th>
<th>Must Be Done by Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnose hypertension</td>
<td>1. Provide guidance on home blood pressure (BP) monitor selection</td>
<td>1. Take SMBP measurements</td>
</tr>
<tr>
<td>2. Prescribe medication(s)</td>
<td>2. If needed, provide home BP monitor (free or loaned)</td>
<td>2. Take medications as prescribed</td>
</tr>
<tr>
<td>3. Provide SMBP measurement protocol</td>
<td>3. Provide training on using a home BP monitor</td>
<td>3. Make recommended lifestyle modifications</td>
</tr>
<tr>
<td>4. Interpret patient-generated SMBP readings</td>
<td>4. Validate home BP monitor against a more robust machine</td>
<td>4. Convey SMBP measurements to care team</td>
</tr>
<tr>
<td>5. Provide medication titration advice</td>
<td>5. Provide training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)</td>
<td>5. Convey side effects to care team</td>
</tr>
<tr>
<td>6. Provide lifestyle modification recommendations</td>
<td>6. Reinforce clinician-directed SMBP measurement protocol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7. Provide outreach support to patients using SMBP</td>
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</tr>
<tr>
<td></td>
<td>8. Share medication adherence strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9. Provide lifestyle modification education</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional Tasks – Can be Done by a Non-licensed Person</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reinforce training on using a home BP monitor</td>
<td></td>
</tr>
<tr>
<td>2. Reinforce training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)</td>
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Foundational Activities
Steps to Take Before Offering SMBP to Patients

Steps to Identify, Engage, Prepare, and Support Patients to Use SMBP

Diagram 6: Key Individual Patient Support Activities

- Recommend patient for SMBP
- Patient agrees to do SMBP (shared decision-making)
- Refer patient to SMBP program
- Enroll/train patient in SMBP
- Provide/loan/validate BP monitor
- Patient uses home BP monitor in their usual environment
- Pre-visit planning – flag patients identified as SMBP users
- Provide outreach support to patient using SMBP
- Leverage SMBP data for care decisions
- Optional Activities Based on Model Design:
  - Conduct inventory, cleaning, and validation of home BP monitors (for loaner program)
  - Refer SMBP patient per protocol to internal/community/public health resources for lifestyle/self-management support

Identify, Prioritize, Track, and Manage SMBP Candidates

**SMBP Overview Diagram 3: Key Population Health Management Activities**

**Use Registries to Identify, Track, and Manage Patients for SMBP**
- Implement a registry report to identify candidates for SMBP
- Implement a registry report to track patients who are currently using or have previously used SMBP

**Use Data to Drive Improvement**
- Use metrics (e.g., track recommendations for and use of SMBP) to guide QI efforts
- Regularly provide care teams and leadership with a dashboard with SMBP goals, metrics, and performance

Self-Measured BP Pilot
SMBP Loaner Pilot: Goals & Target Population

Leverage existing organizational structure/goals
- Align SMBP with Existing Efforts:
  - Hypertension control a current clinic-wide focus because of PHASE
  - Took it to the Pod level for development

Initial target population:
- Patients with undiagnosed hypertension who have an elevated reading in office
- Initial target population chosen by Pod for the pilot, but quickly expanded
to include any patients with hypertension

Goals:
- Use SMBP to enhance services for existing chronic disease population
- Use SMBP to improve patient engagement
- Use SMBP to improve timely and accurate HTN diagnosis
SMBP Loaner Pilot: Model Design

**SMBP Scope:**
- Planned for cuffs to be loaned out for 1-2 weeks

**SMBP Training and Follow up:**
- MA to train the patient on SMBP
- Training done as a warm handoff after visit with provider

**SMBP Data Management:**
- Patients to record BP values on handout (cuff also logs)
- Patient scheduled for a return visit with RN to go over data
- Average BP put in chart note (eCW template), but all values kept and scanned in as patient document

Step 1: First got approval from management for the purchase of 6 cuffs that could be used to loan to patients!
SMBP Loaner Pilot:
Patient Training/Roles & Tasks

Patient teaching:
- Offered as a same-day service (unless we were out of cuffs)

Roles and tasks:
- Initial patient training to be done by MA/float, follow up visit for return cuff done by RN
- Developed a checklist for MA/nursing staff to use during teaching session (see handout)
- All MA/nursing staff “trained” to teach/checkout BP cuff (ie. Primary, float, RN)
- MA/nursing staff logged time spent in teaching session (to track impact)
SMBP Loaner Pilot

Tracking of BP monitors:
- Accuracy of all cuffs was validated (see handout 1)
- Inventory sheet and checkout board
- Return/sanitizing checkoff

Patient handouts/forms:
- Patients given handout on appropriate technique (see handout 3)
- Patients given 7-day recording log (see handout 4)
- Sign loaner agreement (see handout 5)

Follow up:
- Patients scheduled for 1-2 week f/u appointment with the Pod RN (on a day provider was also in clinic)
  - Pod RN does the following and records in eCW template:
    1) Rechecks BP in office
    2) Enters BP values into excel sheet to get home BP average or uses cuff memory
    3) Calculates 10 year risk (if no recent lipid, does POC lipid)
    4) If Stage 2 hypertension OR if Stage 1 hypertension + 10 year risk >10% (in other words, medication start is indicated), patient is worked into provider’s schedule
- Pod RN cleans BP cuff and logs inventory (see handout 6 and photo)
- Patient fills out feedback form/survey (see handout 7)
SMBP Loaner Pilot – Data Tracking

- eCW template
- Patient feedback survey

Subjective:

Chief Complaint(s):
- Hypertension - SMBP check

HPI: Hypertension

SMBP Return Check

Average blood pressure over recording period: Free text here
BP threshold: .
ASCVD Risk .
Did patient need to be seen by provider? .
Gave DASH diet handout .
Follow up: .

Patient Feedback: Self Measured BP Loaner

1) My provider explained the importance of checking my blood pressure

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Somewhat agree</th>
<th>Neither agree/disagree</th>
<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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</table>

2) I felt adequately prepared to check my blood pressures at home (teaching session with MA/nurse)

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3) The printed blood pressure education materials were helpful

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<th>Somewhat agree</th>
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<th>Somewhat disagree</th>
<th>Strongly disagree</th>
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</table>

4) Did you find the BP cuff loaner program to be helpful? If so, how? If not, why?

5) Did you experience any challenges with measuring and recording your home blood pressures?

- MA/nurse time spent in teaching session
SMBP Loaner Pilot - Results

**Hypertension Stage**

- Normal: 8
- Elevated: 12
- Stage 1: 10
- Stage 2: 4

**Seen by Provider?**

- Yes: 5
- No: 20

**Time teaching session took with MA/nurse:**

- Ranged from 5 min to 25 min (Outlier was Spanish speaking).
- Average: 8 min.
SMBP Pilot – Patient Feedback

Question 1: My provider explained the importance of checking my blood pressure

Question 2: I felt adequately prepared to check my blood pressures at home (teaching session with MA/nurse)

Question 3: The printed blood pressure education materials were helpful
1) Did you find the BP cuff loaner program to be helpful? If so, how? If not, why?
- Somewhat – although I was already monitoring so not sure what the point was
- Yes – able to see correlations between my BP and different activities throughout the day **
- Yes – it was helpful to do it at my own convenience/track at home **
- Yes – I was made aware of the changes in my BP ***
- Yes – it was easy to use **
- Yes – it showed that I have high BP more often than I thought
- Yes – got me to check my blood pressure daily
- I’m not sure it was working properly, it seem to read higher than BPs taken in other places
- I found it to be very helpful. It showed me what the numbers meant and where I was on the chart.

2) Did you experience any challenges with measuring and recording your home blood pressures?
- No ********
- Remembering to do it *****
- Remembering not to have caffeine
- When I tried the cuffs, I started to adjust my food. I also think about buying my own cuffs.

*multiple people with same or similar responses
Our Observations...

- Time:
  - For MA/nursing staff: they report it’s not too burdensome (unless translation needed)
  - For Pod RN: visits average 10 min, range 5-20 min. Typically 2 visits/week
  - For Provider: Less than 1/5 of the time is a provider visit needed. If so, more of a “flip-visit”. Patient can then be scheduled for a 2 week MA BP check + lab visit.

  *Bottom line: Hypertension can be diagnosed, treated, and to goal in less than 1 month!*

- Patient selection:
  - Initially we planned to limit to “elevated BP in office without diagnosis of hypertension”
  - Naturally expanded to other scenarios
  - Remember that PROVIDER is self-selecting the patient (though nursing encouraged to feel out patient interest)

- Challenges:
  - Language barriers
  - Running out of cuffs!
  - Getting cuffs back
Questions?
Discussion

• Questions for Chapa De?
• Regarding foundational work
  ▪ Roadblocks, resources, tips encountered?
  ▪ Support needed?
• Other questions/needs/insights emerging?
Next Steps for COP

• Next COP meeting
  ▪ What (sharing, expert/external implementer, Guide deep dive)?
  ▪ When?

• Additional next steps
  ▪ Develop shared ‘Action Plan’?
  ▪ Other?