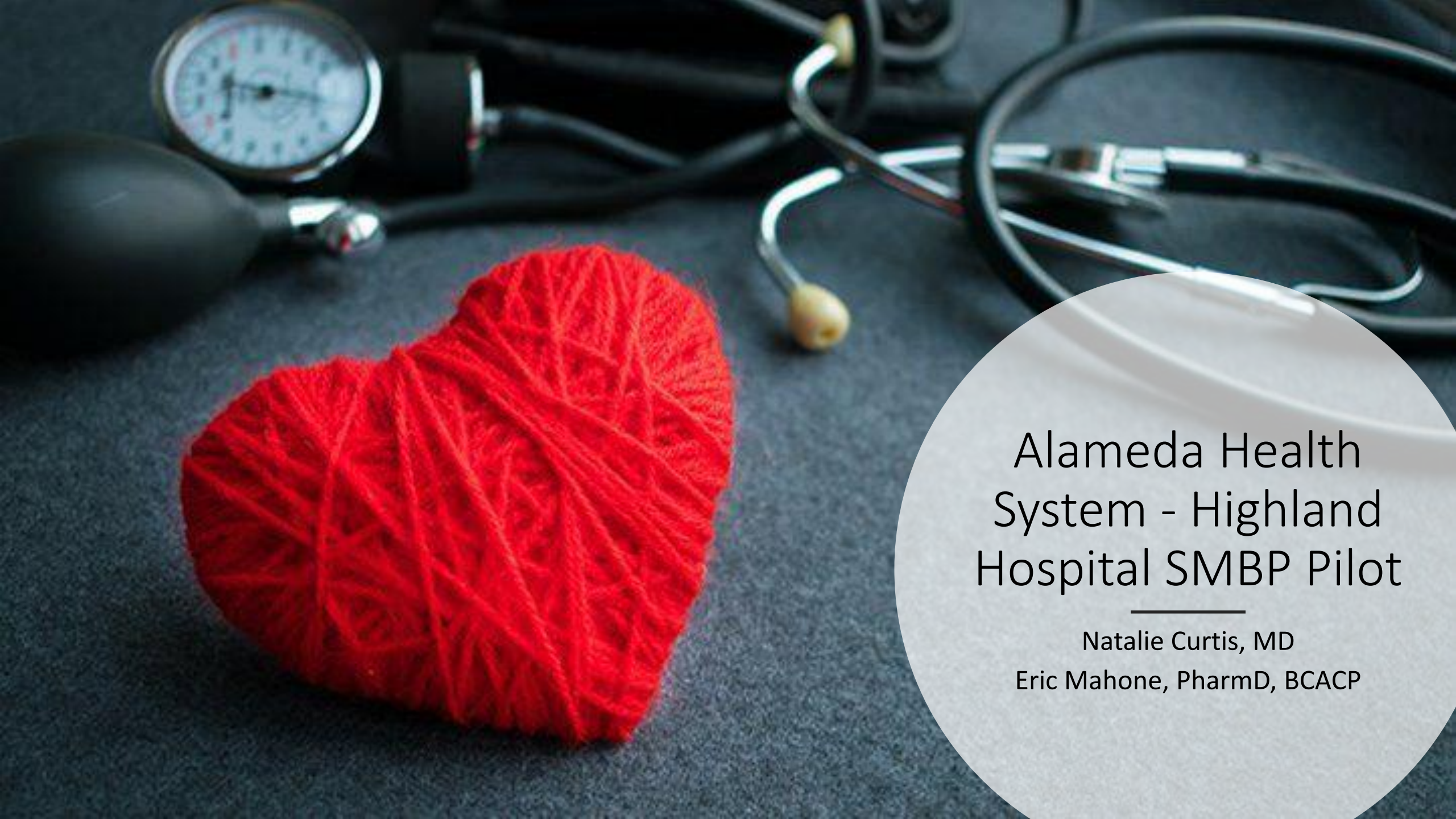

Alameda Health System - Highland Hospital SMBP Pilot

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Pre-Pandemic SMBP in Primary Care at AHS

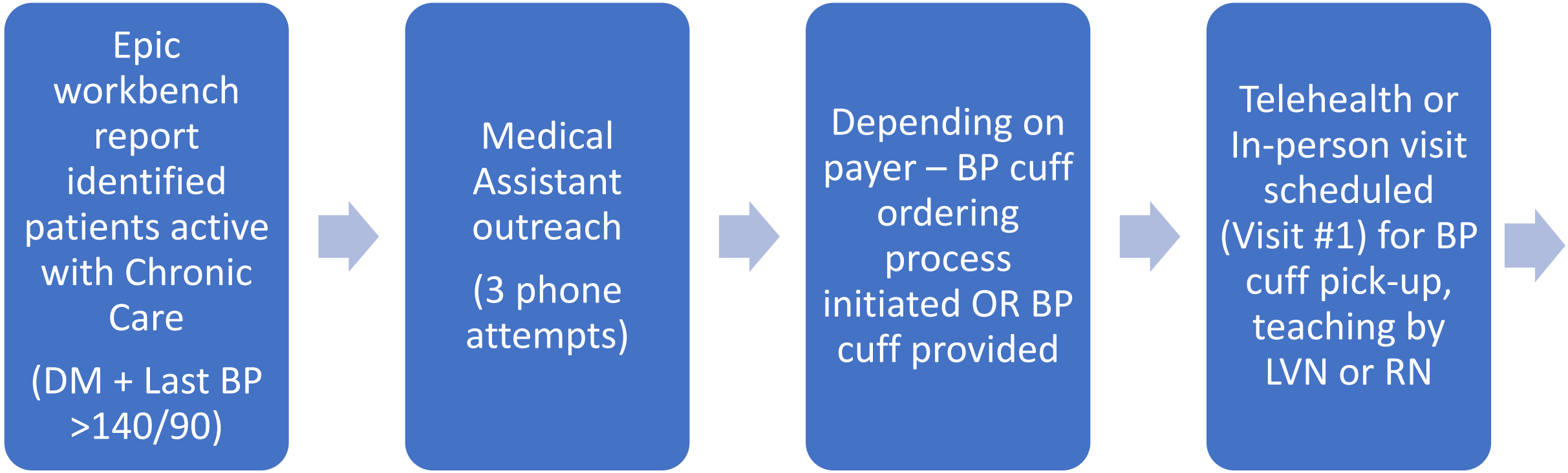
- Low usage (<10%) of SMBP
- No standardization:
  - Who? How? When?
- Provider dependent
- Inconsistent payer coverage of upper arm blood pressure monitoring devices

Alameda Health System's 2020 Opportunity

- 90% In-person → 80-90% Telehealth
- Current climate: **Financial, clinical, and ethical incentive for SMBP expansion**

- Chronic Care Clinic
  - Multidisciplinary team embedded in Primary Care
    - Clinical Pharmacist
    - Registered Nurse
    - Medical Assistant
- Chronic Care provides DM and HTN medication management, education, and care coordination
- Well-positioned to impact vulnerable patients and test standardized process for SMBP

Process Map (High Level)



Process Map (High Level) Continued

* If BP >180/100 mmHg then in-person visit scheduled

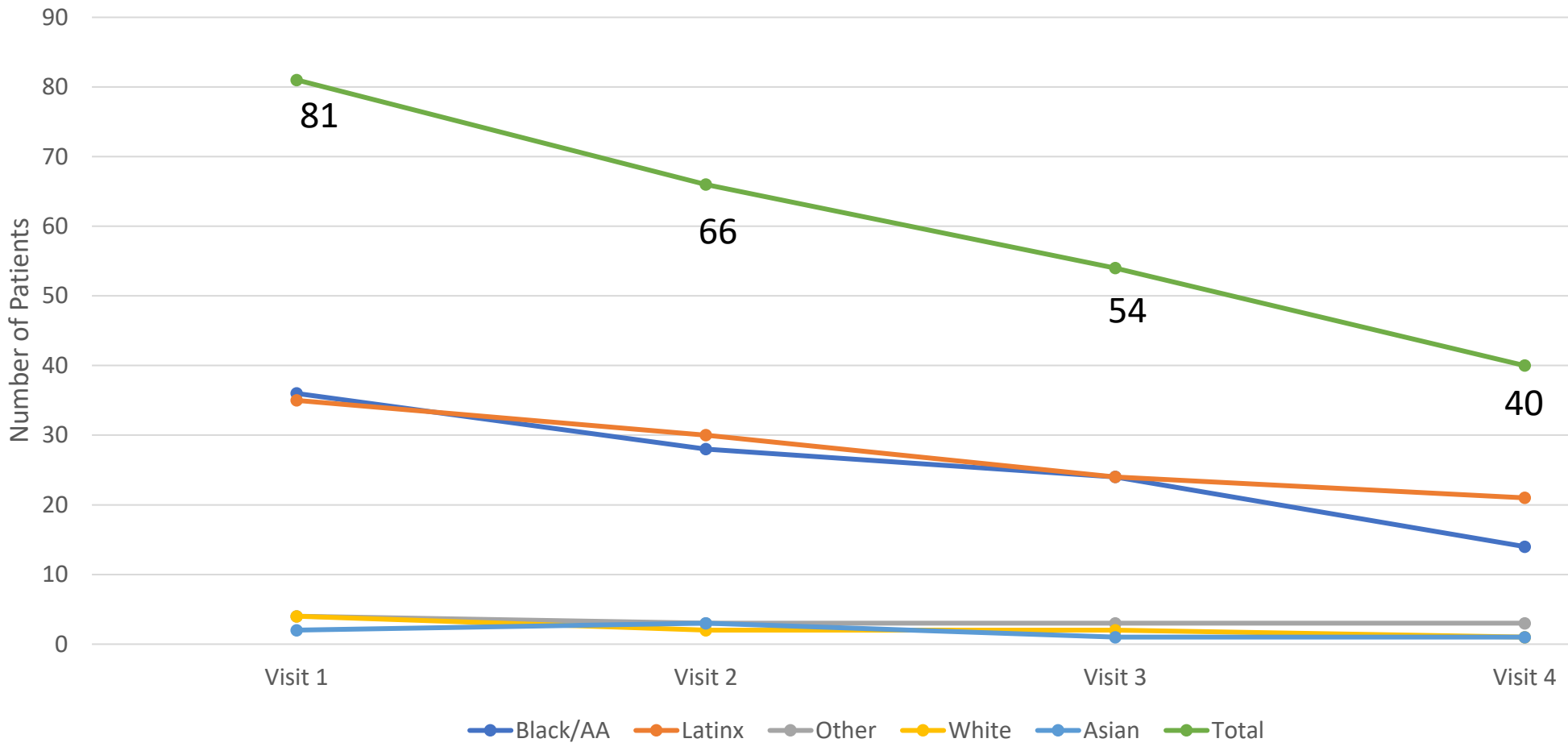
Patient and Staff Education

1) Patient materials
   - ‘Measure Your Blood Pressure’ – 1 page physical and electronic document
     - Link to AMA instructional video
     - SmartText created to embed content in visit notes
2) Standard Work Document for MA
   - Orientation/Tip sheet for Epic report
   - Scripting for outreach
   - Epic SmartPhrase for PCP notification
   - Instructions for scheduling
3) Standard Work Document for RN/PharmD
   - Overview of expected content for each visit
   - Reference Standardized Procedure for RN and Collaborative Practice Agreement for PharmD for HTN management

Highland Hospital SMBP Pilot Summary

- Pilot period: 5/1/20-10/31/20
- Report generated 91 patients:
  - Active Chronic Care Status + DM diagnosis + Last BP >140/90
- Highland Chronic Care team heavily involved with planning
  - Synergy with DM visits already occurring
  - Each part of the team owned a piece
- Reliance on in-person visits for initiating SMBP has the potential to widen disparities already present in HTN care at AHS
  - Race subgroup analysis for BP control and process metrics

Engagement Over Time - by race/ethnicity



Visit Guide

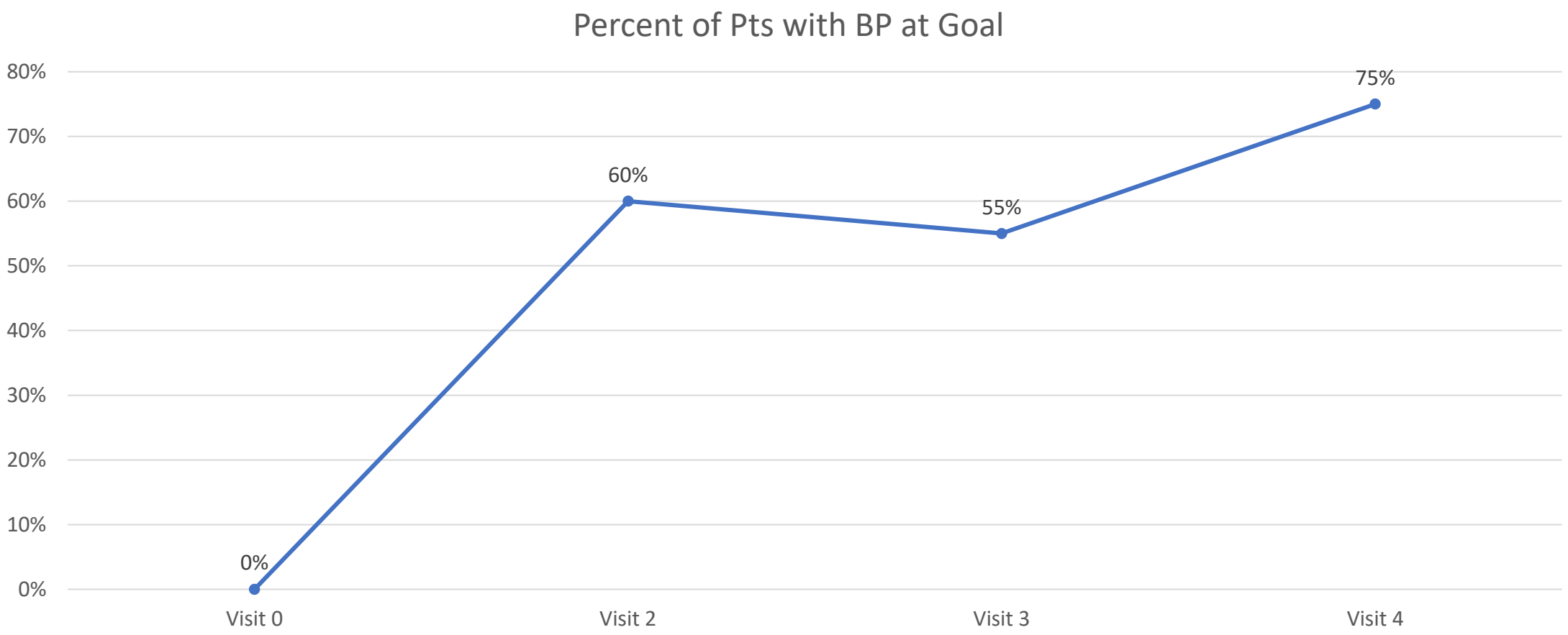
Visit #1 = Obtain cuff + education

Visit #2 = Telehealth BP readings + med titration

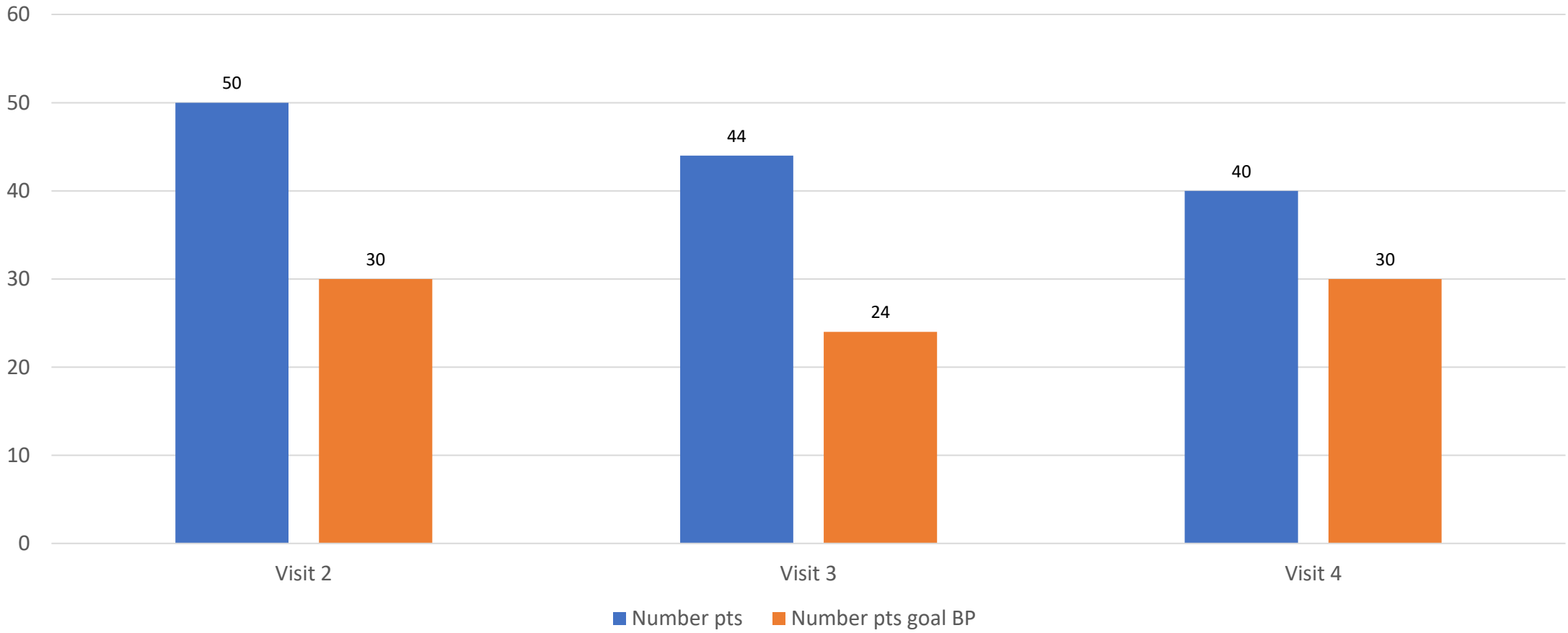
Visit #3 = Telehealth BP readings + med titration

Visit #4 = In-person BP recheck

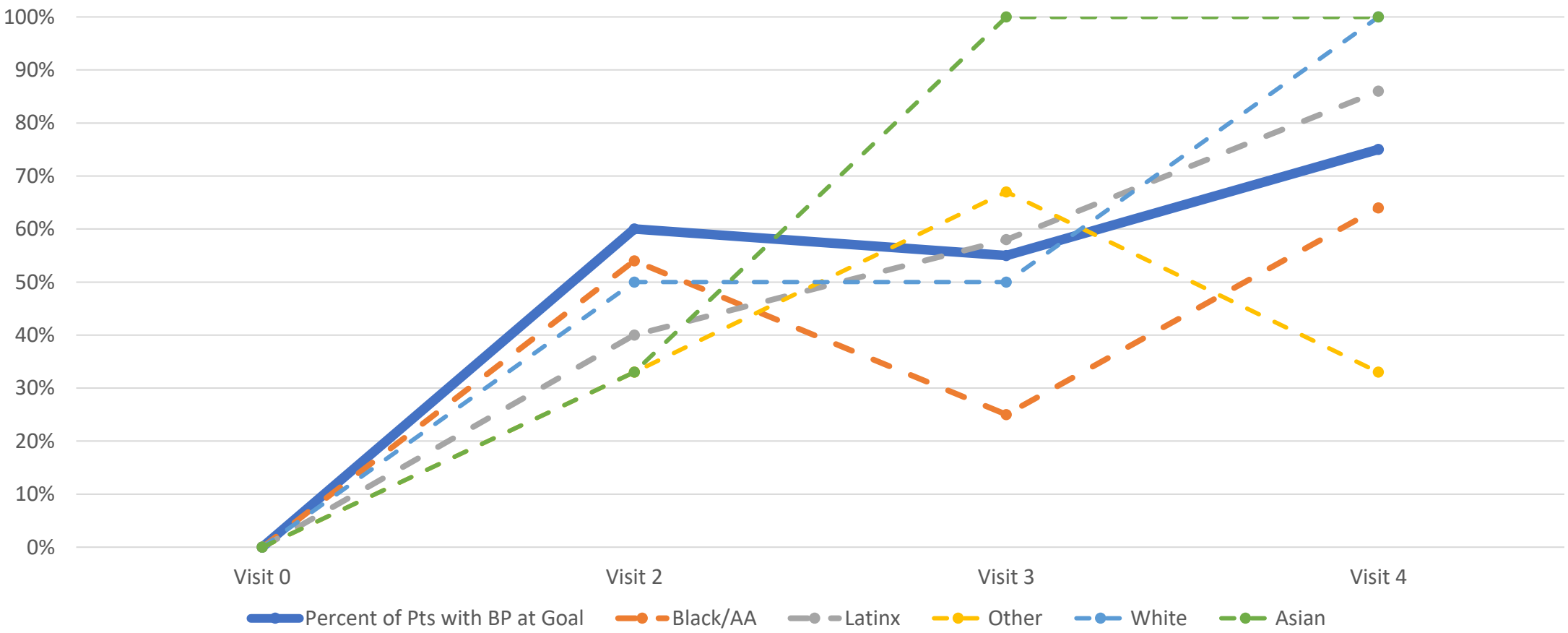
Blood Pressure Control Over Time



Patients with BP under Control



BP Control Over Time – Race/Ethnicity



Bright Spots

- Achieved a higher rate of BP control than expected
- Patients were grateful for receipt of BP Cuffs
- All members of the care team (MA, RN, PharmD, LVN) were responsible and successful in engaging the patient
- Re-emphasized the importance of BP review along with DM data by our chronic care staff
- Reinforced RN autonomy with BP medication titration

Challenges/Areas for Improvement

- Long delays getting blood pressure cuffs via insurance plans
- Patients often didn’t want to come in for an in-person appointment
- Differential effect on engagement and BP control by race/ethnicity
- DM management during appointment sometimes took precedence over SMBP education

- Work with Health Plans to stock BP cuffs in clinic
- Distribute BP cuffs to all patients presenting for an in-person RN BP check
- Narrow race/ethnicity effect gap noted during pilot
- Will provide education to all providers that reinforces patient use of self monitoring BP at home and in-between visits.