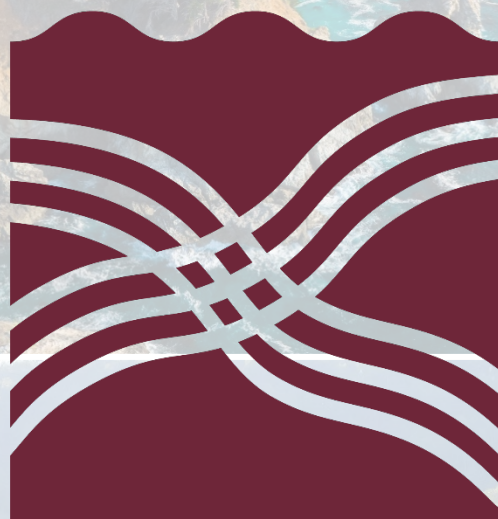


Benefits of Home Blood Pressure Monitoring

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



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Webinar Instructions

To avoid echoes and feedback, we request that you use the telephone audio instead of your computer audio for listening and speaking during the webinar.

Figure 1

You can switch your audio connection by clicking on the three dot ellipsis icon found at the bottom of your screen.

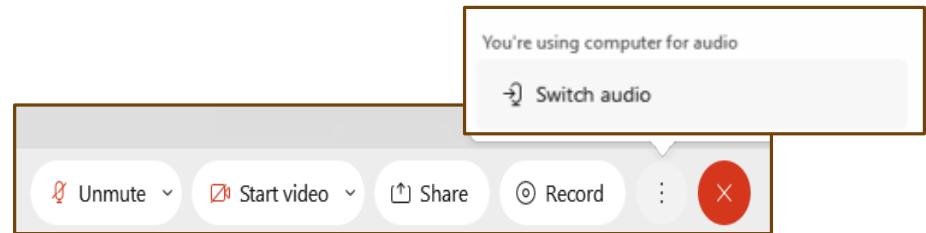
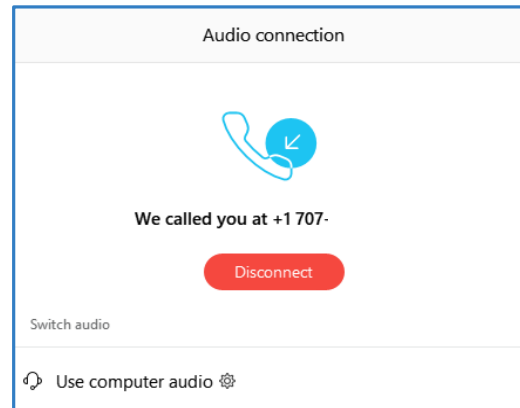


Figure 2

Enter telephone number

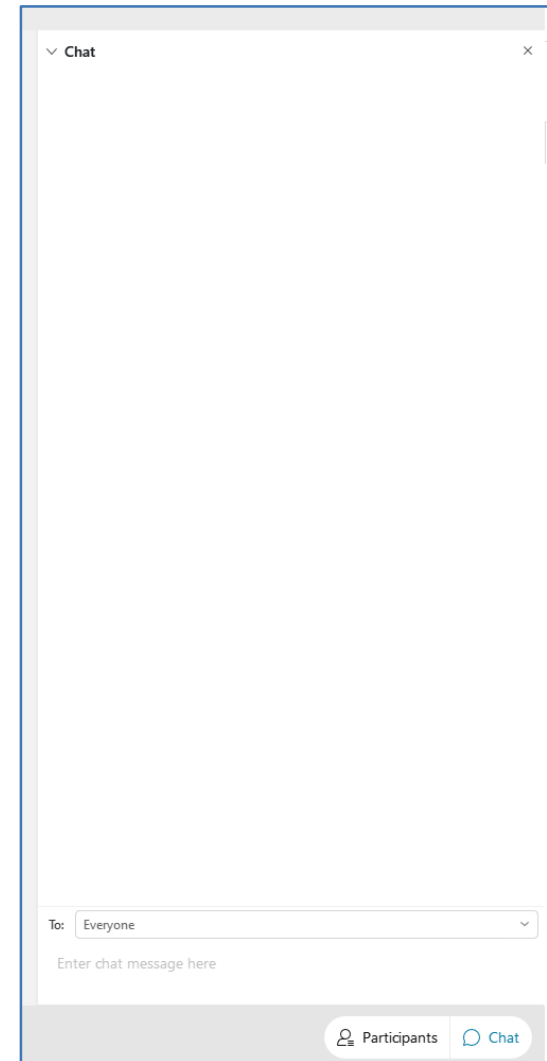


Webinar Instructions

- All attendees have been muted to eliminate any possible noise/interference/distracton.
- Please take a moment and open your chat box by clicking the chat icon found at the bottom right-hand corner of your screen and as shown in **Figure 1**.
- If you have any questions, please type your questions into the chat box, and they will be answered throughout the presentation.
- Be sure to select “**Everyone**” when sending a message.



Figure 1



Conflict of Interest and CME Credit

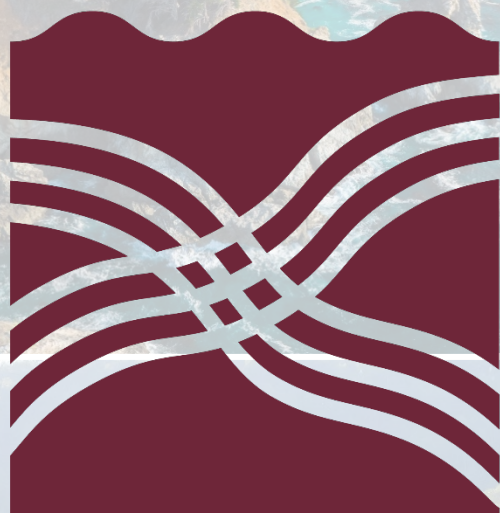
All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

*The AAFP has reviewed The Benefits of Home Blood Pressure Monitoring and deemed it acceptable for up to 1.00 In-Person, Live (could include online) AAFP Prescribed credit. Term of Approval is from 06/28/2021 to 06/28/2021. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Provider approved by the California Board of Registered Nursing, Provider #CEP16728 for 1.00 hours.

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Objectives

1

Understand clinical diagnosis of Hypertension

2

Understand the importance of controlling high blood pressure

3

Review the treatment options for achieving blood pressure control

4

Review PHC benefits to support blood pressure control

5

Review the benefits of patient's self-monitoring at home and how to best incorporate self-monitoring with patient care

Blood Pressure

- **What is blood pressure?**

- Force of blood pushing against the walls of arteries
- Normal range blood pressure (120/80 mm Hg) efficiently delivers oxygenated blood to organs and tissues
- Normal BP increases in response to stress and exercise

- **What do blood pressure numbers mean?**

- First Number - *systolic blood pressure*, measures the pressure in your arteries when the heart beats
- Second number - *diastolic blood pressure*, measures the pressure in arteries when the heart rests between beats
- Normal blood pressure 120/80

Example: 120 systolic and 80 diastolic, 120 over 80 or 120/80

Hypertension Overview

- **Epidemiology**

- Affects ~ 50 million people in the U.S.
- The most common reason for office visits in the U.S.
- About 50% of people with hypertension are not at adequate control of their blood pressure

- **Types**

1. Primary

- Most chronic high blood pressure without a source or associated with any other disease
- Common form of hypertension

2. Secondary

- Elevation of blood pressure associated with another disease such as kidney disease

Hypertension Sustained High Blood Pressure

- The force from high blood pressure causes the heart to work harder to pump blood to the body
- When the force of blood flow stays high, the tissue around the arteries stretch
- Stretching weakens the blood vessels making them prone to rupture
- High pressure damages blood vessels and allows fat and cholesterol to build up, causing plaques
- Plaques break off and cause heart attacks and strokes

What is High Blood Pressure (Hypertension)

Blood Pressure Levels

The Eighth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (2014 Guideline)²

Normal	Systolic less than 120 mm Hg diastolic: less than 80 mm Hg
At risk (prehypertension)	Systolic 120 - 139
High Blood Pressure (hypertension)	<u>< 60 yrs of age:</u> systolic: 140 mm Hg or higher diastolic: 90 mm Hg or higher <u>60+ yrs of age:</u> systolic: 150 mm Hg or higher diastolic: 90 mm Hg or higher

The American College of Cardiology/American Heart Association Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults (2017 Guideline)¹

Normal	Systolic less than 120 mm Hg diastolic: less than 80 mm Hg
Elevated	systolic: 120–129 mm Hg diastolic: greater than 80 mm Hg
High blood pressure (hypertension)	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

Factors That Contribute to Hypertension

Age

- Hypertension is more common with advancing age

Race ~ Black Populations

- Hypertension is more common, more severe and occurs at younger age
- More impact overall and more end organ disease

Family History

- Individuals with one or two parents with Hypertension carry twice the risk

Environmental or Behavioral Factors

Less Common Factors

- Kidney anatomy
- Genetic conditions

Medications

- **Common medications that can increase blood pressure:**
 - Corticosteroids
 - NSAIDs
 - Combined oral contraceptive pills
 - Select antidepressant medications (TCAs, SNRIs)
 - Decongestants (pseudoephedrine)
 - Stimulants (ADHD, weight loss medications)

Hypertension – A Silent Killer

Hypertension can cause:

Brain

- Stroke
- Dementia

Arteries

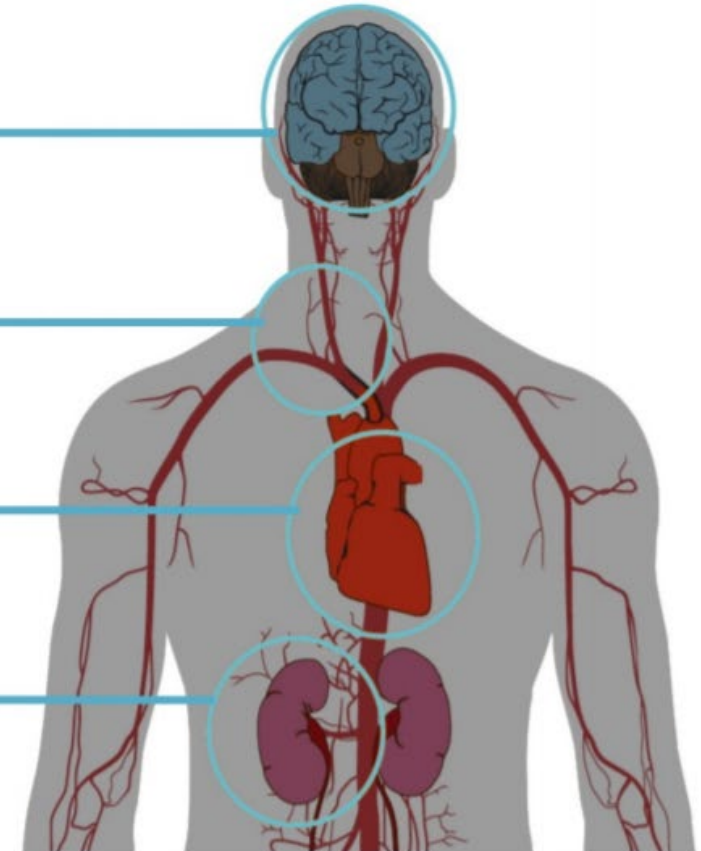
- Artery damage and narrowing
- Aneurysm
- Leg amputation

Heart

- Coronary artery disease
- Heart attack
- Congestive heart failure

Kidneys

- Kidney failure
- Kidney artery aneurysm



cdc.gov/globalhealth/healthprotection

Hypertension Treatment: More than Medications

- Lifestyle Changes for Prevention and Treatment
 - Diet changes
 - Regular physical activity and exercise
 - Primary care provider (PCP) consults to address modifiable risk factors, early detection, and initiation of treatment
- Home Self-Monitoring
 - Self-monitoring empowers patients for self-management
- Medication Management
 - See chart for recommendations

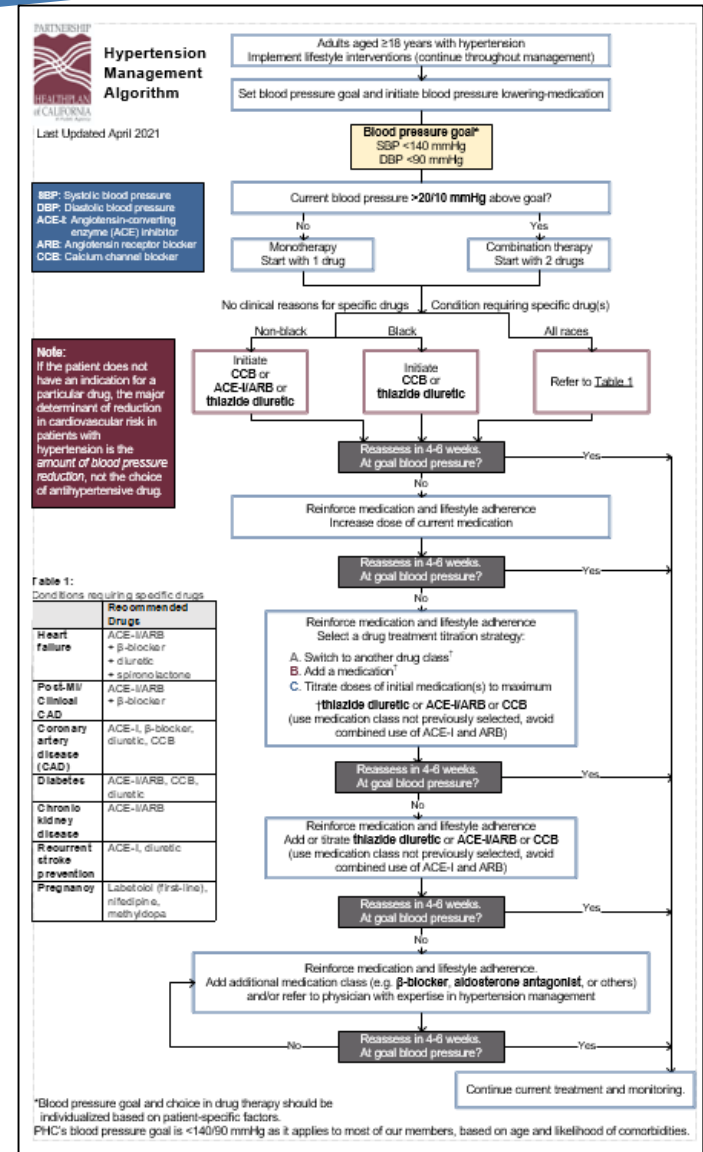


Rx and Workflow Resources

- Hypertension Management Algorithm

- Formulary Hypertension Rx

<http://www.partnershiphp.org/Providers/Pharmacy/Documents/Pharmacy%202021%20documents/PHC%20Hypertension%20Management%20Algorithm%20and%20Formulary%20Rx%20Options.pdf>



Nutrition Education and Counseling

- Provided by Registered Dietician or Certified Diabetes Educator
 - Offers dietary recommendations to control BP and limits impact of hypertension by controlling other potential risk factors
- Individual or Group Visits
 - PHC benefit No RAF required
- Covered PHC Benefit for Adult and Pediatric Patients with Diagnosis of:
 - Hypertension, hyperlipidemia
 - Cardiovascular disease or risk CVD risk
 - Diabetes, prediabetes
 - Chronic renal disease
 - Eating disorders, undernutrition or risk of dietary deficiency
 - Overweight and obesity by BMI

How to Refer to Registered Dietitians

Interactive:

- Your own organization
- Your local hospital RD (if they do outpatient counseling)
- Center for Well-Being: Virtual
- Telemed2u (if you are contracted with them)

Videos:

- YouTube



Why Monitor Blood Pressure from Home?

- The U.S. Surgeon General has issued a “Call to Action” because of declining national HTN control numbers
- Data has shown that the cost savings of home blood pressure monitors is more cost effective in comparison to treatment of more acute conditions related to hypertension (Million Hearts Campaign, 2020)
- Home monitoring of blood pressure, education, and motivation led to better control of hypertension among the participants (AMA, 2019)

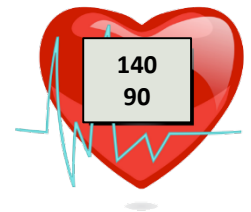


Initiative Goal

- Increase home blood pressure monitoring for hypertensive members.
- PHC is working toward having 80% of PHC members with hypertension to maintain a reading that is < 140/90.

What is PHC Doing to Achieve Goal?

- A provider outreach and education campaign
- Developed member education materials to assist with understanding how to correctly take a blood pressure and how to interpret results



Patient Story





Preferred Workflow

- Unconnected device vs. connected device
- Patient uses home blood pressure monitor
- Patient records results in log
- Patient shows device reading at appointment
- Member materials in development
 - VIVE instructions
 - Visual on how to take BP correctly - CDC
 - Chart on how to respond to results
 - Log sheet

What To Do With Your Blood Pressure Results?

We recommend checking your blood pressure weekly, **repeat the check three times, 1-3 minutes apart**, use the lowest blood pressure to guide your next step in this chart **or as directed by your health care provider**. Record the results in your Blood Pressure Log.

Systolic (upper number)		Diastolic (lower number)	Take Action	Follow-up	My Blood Pressure Plan
Lower than 90	or	Lower than 60	Do not take your blood pressure (BP) medicine.	Call your PCP today.	
90-139	and	60-89	Take your medicines as directed.	Continue checking your BP weekly.	
140-179	or	90-110	If you have not taken your BP medicines, take them now. Wait 1 hour and recheck your BP.	Recheck BP later today Check your BP daily	
180-199	and/or	Higher than 110	If you have not taken your BP medicines, take now. Wait 1 hour and recheck your BP.	If your BP is high 1 hour after taking BP medicine, call the advice nurse or your PCP.	
200	and/or	Higher than 120	Call advice nurse or your PCP.		

If you feel dizzy, weak, have vision changes, or do not feel well, call the advice nurse or your PCP right away. You can call the Advice Nurse line 7 days a week, 24 hours a day at **(866) 778-8873**.

To learn more about managing your blood pressure, visit the Member Portal at member.partnershiphp.org



What To Do With Your Blood Pressure Results?

Take your BP based on your plan from your PCP. Each time you take your BP, take it 3 times, 1 to 3 minutes apart. Use the lowest blood pressure to guide your next step in the above chart **or use the advice from your PCP.**

Bring the “Keeping Track of Your Blood Pressure Readings” chart and this log to your medical appointments.

Date	Take BP 3 times (3 minutes apart)	Time	Systolic (Top Number)	Diastolic (Bottom Number)	Pulse	How am I feeling?
	BP 1					
	BP 2					
	BP 3					
	BP 1					
	BP 2					
	BP 3					
	BP 1					
	BP 2					
	BP 3					
	BP 1					
	BP 2					
	BP 3					
	BP 1					
	BP 2					
	BP 3					

Documenting Home Blood Pressure Results

- Member-reported digital BP readings are acceptable only if the information is collected from the member or by appropriately trained staff (i.e., MA, LVN, and RN), a primary care practitioner (i.e., physician, PA, NP) or a specialist. If collected by a specialist, the specialist must be providing a primary care services related to the condition being assessed. Member provided BP readings must be recorded, dated and maintained in the member's legal health record.
- Controlling High Blood Pressure is a QIP measure.
 - The percentage of assigned members 18 - 85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Medical Distribution Program Overview

PHC's Medical Equipment Distribution Services program was developed in response to COVID-19 and became effective July 1, 2020. It started as a pilot to offer providers access to medical devices that could be used to treat and care for patients while they remained at home.

The program originally offered:

- Blood pressure monitors
- Oximeters
- Thermometers

Program Expansion

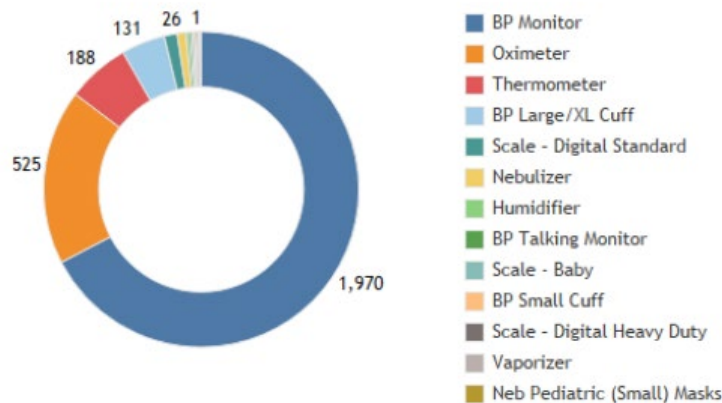
In March 2021, the program expanded due to its popularity and success, to provide additional access to more devices and services:

- Nebulizers
- Humidifiers
- Scales
- Vaporizers
- Additional BP cuff sizes and nebulizer replacement parts
- Equipment for low vision members such as talking scales and talking BP monitors
- Simplified and translated user instructions
- Direct shipping to provider offices, urgent delivery as needed, and much more!

Please Note: The state will continue to cover non-carved out devices such as Standard Blood Glucose Monitors (many models covered), Peak Flow Meters, Spacers for Metered Dose Inhalers, etc. Prescribers can continue to order these devices from their patients' pharmacy.

PMEDS Utilization

Monthly total of each type of equipment shipped, All, All



Total Utilization YTD: 3,158

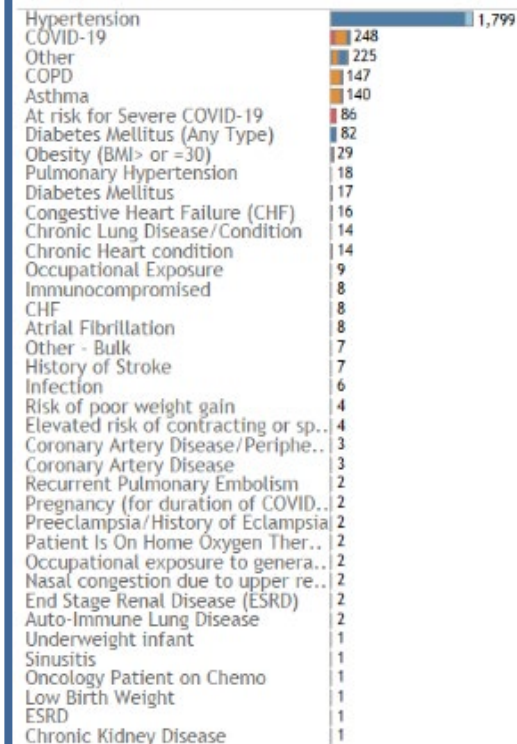
- 2,115 BP Monitors
- 9 Humidifiers
- 28 Nebulizers
- 6 Vaporizers
- 525 Oximeters
- 53 Scales
- 171 Thermometers

Participating Healthcare Organizations:

53

- Top 3 Utilizers: Petaluma Health Center
- Ole Health
- Marin Community Clinic

Reason for Request, All



Provider Testimonials

Dignity Health

“The program has been great! The online form is very easy to use so I sent it to our cardiology team as well. I hope we can really get the program out to folks, great job all around!”

- Dr. Christopher Swales

Anderson Valley Health Center

“This program is really great, especially during a pandemic. Members were very happy to receive their home BP monitors.”

- Marcelle Scramaglia

Mendocino Community Health Clinic

“DME request form was very easy to fill out and fax. Patients reported receiving DME equipment quickly.”

- Araceli Zamora

OLE Health

“It was nice that we were able to get inventory on-site to distribute.”

- Jennifer Durst

Redwood Community Health Center

“Patients found it very helpful, and it also made it easier for us to treat patients.”

- Nickoale Byers

Resolution Care

“This is a great program. I hope you keep it going. It really benefits our patients.”

- Emily Johnson

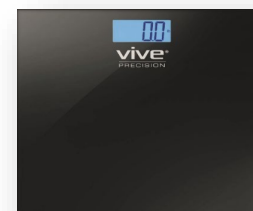
Why This Initiative Is Innovative

It allows PHC to provide much needed medical equipment and services directly to members in a fast, easy and secure way without the need of a TAR, pharmacy fulfillment or any cost to the member.

- No Prescriptions or TARs
- Direct shipping and delivery methods to members or their provider offices for homeless members
- Bulk equipment requests option available to providers
- Simplified or translated user instructions in the members preferred language

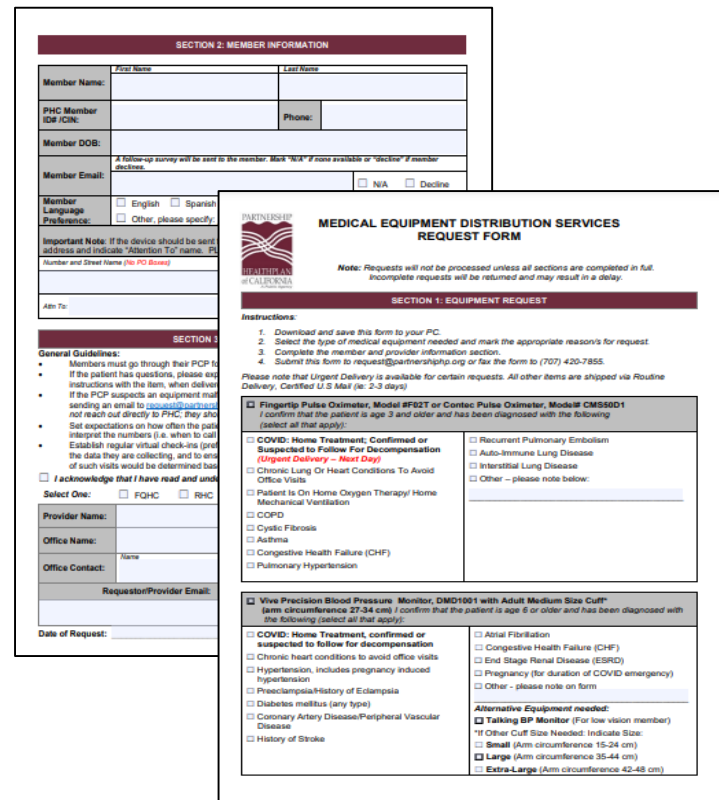
Current Devices Available

1. Blood Pressure Monitors and Additional Cuff Sizes
2. Talking Blood Pressure Monitor (for low vision members)
3. Pulse Oximeter
4. Digital Thermometer
5. Cool Mist Humidifier
6. Warm Steam Vaporizer
7. Compressor Nebulizers and Replacement Parts (tubing, masks, chambers, baffles and filters)
8. Digital Scales (up to 330 lbs)
9. Digital Heavy Duty Scales (up to 555 lbs)
10. Talking Scales (for low vision members)
11. Baby Scale (infants and toddlers under 40 lbs and under 2 years)



How to Submit Requests

- Providers can submit requests to PHC:
 - Via secure email to: request@partnershiphp.org
 - By secure fax to: (707) 420-7855
- The request form and guidelines are available through:
 - PHC's Provider Resources page on our website
 - <http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx>
- Contact request@partnershiphp.org for any questions



SECTION 2: MEMBER INFORMATION

Member Name:	First Name	Last Name
PHC Member ID# (ICN):		Phone:
Member DOB:		
Member Email:	A follow-up survey will be sent to the member. Mark "N/A" if none available or "decline" if member declines.	
Member Language Preference:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other, please specify:	
Important Note: If the device should be sent address and indicate "Attention To" name, PO Number and Street Name (No PO Boxes)		
Attn To:		

SECTION 1: EQUIPMENT REQUEST

Instructions:

- Download and save this form to your PC.
- Select the type of medical equipment needed and mark the appropriate reason for request.
- Complete the member and provider information section.
- Submit this form to request@partnershiphp.org or fax the form to (707) 420-7855.

Please note that Urgent Delivery is available for certain requests. All other items are shipped via Routine Delivery. Certified U.S. Mail (in 2-3 days)

☐ **Fingertip Pulse Oximeter, Model SF82T or Contact Pulse Oximeter, Model CMS50D1**
 (I confirm that the patient is age 3 and older and has been diagnosed with the following (select all that apply):

<input type="checkbox"/> COVID: Home Treatment; Confirmed or Suspected to Follow Flu Decompensation (Urgent Delivery - Next Day) <input type="checkbox"/> Chronic Lung Or Heart Conditions To Avoid Office Visits <input type="checkbox"/> Patient Is On Home Oxygen Therapy/ Home Mechanical Ventilation <input type="checkbox"/> COPD <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Asthma <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Pulmonary Hypertension	<input type="checkbox"/> Recurrent Pulmonary Embolism <input type="checkbox"/> Auto-Immune Lung Disease <input type="checkbox"/> Interstitial Lung Disease <input type="checkbox"/> Other - please note below:
---	---

☐ **Vital Precision Blood Pressure Monitor, DMD1051 with Adult Medium Size Cuff**
 (arm circumference 27-34 cm) / confirm that the patient is age 6 or older and has been diagnosed with the following (select all that apply):

<input type="checkbox"/> COVID: Home Treatment, confirmed or suspected to follow for decompensation <input type="checkbox"/> Chronic heart conditions to avoid office visits <input type="checkbox"/> Hypertension, includes pregnancy induced hypertension <input type="checkbox"/> Pre-eclampsia/History of Eclampsia <input type="checkbox"/> Diabetes mellitus (any type) <input type="checkbox"/> Coronary Artery Disease/Peripheral Vascular Disease <input type="checkbox"/> History of Stroke	<input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> End Stage Renal Disease (ESRD) <input type="checkbox"/> Pregnancy (for duration of COVID emergency) <input type="checkbox"/> Other - please note on form
---	--

Alternative Equipment needed:

☐ Talking BP Monitor (for low vision member)

*If Other Cuff Size Needed, Indicate Size:

☐ Small (Arm circumference 15-24 cm)

☐ Large (Arm circumference 35-44 cm)

☐ Extra-Large (Arm circumference 42-48 cm)

Best and Promising Practices

- Measure BP at **EACH** visit and repeat if out of the normal range
- Perform a manual BP Measurement if elevated after repeat measure
- Assign and train a designated medical assistant to perform manual BP checks
- Schedule BP short term follow-up appointment in real time to reassess after treatment changes
- Consider home BP monitor
- Reassess BP every three months after target is achieved
- Incorporate care team members using standing orders for Nursing, pharmacists, registered dieticians
- Refer/enroll with Chronic Case Management

Best and Promising Practices

- Provide education on the importance of BP control and the role of self monitoring
 - Review steps and goals of BP management
- Establish standard processes in your practice site
 - Use of multidisciplinary teams
 - Treatment algorithms and standing orders
- Member outreach for routine follow up (phone call, text, email, member portal, post card/letter)
- Contact patients who miss appointments -- request home monitor readings (MA/ RN/RD/Pharm D or Medical Provider) after now show

Questions



Home Blood Pressure Monitoring Resources

- Million Hearts Campaign, <https://millionhearts.hhs.gov/>
- California Primary Care Association, www.CPCA.org
- Center for Care Innovations, <https://www.careinnovations.org/wp-content/uploads/Sample-Remote-Visit-Workflow.pdf>
- Target BP by the American Heart Association, <https://targetbp.org/>

PHC Resources

- **Quality Improvement Program:** QIP@partnershiphp.org
- **2021 PCP QIP Webpage:**
<http://www.partnershiphp.org/Providers/Quality/Pages/PCP-QIP-2021.aspx>
- **QI Monthly Newsletters:**
<http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx>
- **Measure Highlights:**
<http://www.partnershiphp.org/Providers/Quality/Pages/Quality-Measure-Highlights.aspx>
- **eReports:** <https://qip.partnershiphp.org/>

Evaluation

Please complete your evaluation.
Your feedback is important to us!



The End

Thank you for joining us today!

