



CARDI·OH

Ohio Cardiovascular Health Collaborative



In partnership with:



Hypertension Management: Tips for Telehealth

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June 2020

The Ohio Cardiovascular Health Collaborative is funded by the Ohio Department of Medicaid and administered by the Ohio Colleges of Medicine Government Resource Center. The views expressed in this presentation are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.

1 Ensure the Patient Has a Home BP Monitor

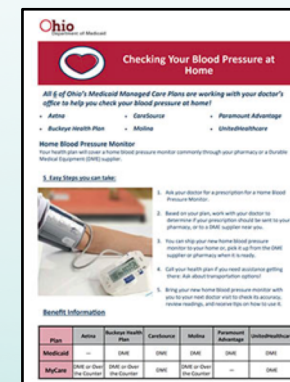
EXAMPLE DME ORDER:

- Validated [Enter Manufacturer Name] home blood pressure monitor with arm cuff and memory. *Dispense: 1. Code: A4670.*
- Using a manufacturer with multiple validated models makes it easier to write a script without having to include a model number.
- The Medicaid Managed Care Plans (MCPs) have created one pager to make it easier to order home BP monitors for patients.

HELPFUL RESOURCES



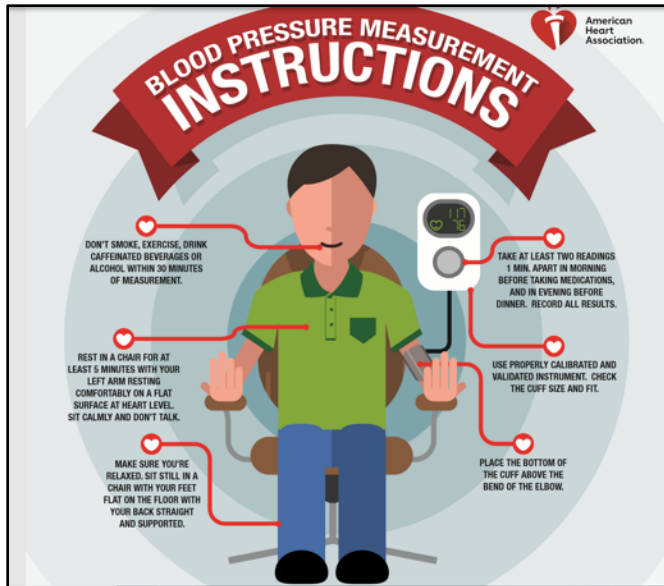
Implementing Home Blood Pressure Monitoring
<https://www.cardi-oh.org/best-practices/implementing-home-blood-pressure-monitoring>



Ohio Department of Medicaid:
Checking Your Blood Pressure at Home
<https://www.cardi-oh.org/best-practices/checking-your-blood-pressure-at-home>

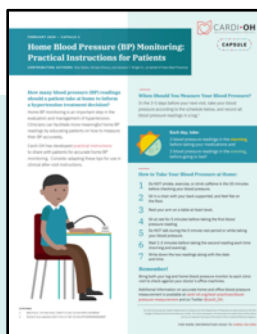
2

Ask the Patient How He/She Measures Their BP and Educate if Needed



Graphic available at: <http://bit.ly/2vXdV1C>

- Ensure at least 5 minutes of quiet rest before measuring BP
- Avoid smoking, caffeinated beverages, or exercise for 30 minutes before measuring BP
- Sit with back straight and supported (e.g., a straight-backed chair)
- Keep feet flat on the floor with legs uncrossed
- Support arm on a flat surface (e.g., a table) with the upper arm at heart level
- Place middle of the cuff directly above the bend of the elbow
- Take 2 BP measurements in the morning before taking medications and 2 BP measurements in the evening before going to bed, waiting 1 minute between each measurement, every day for 3-5 days prior to the telehealth visit



HELPFUL RESOURCE

Home Blood Pressure (BP) Monitoring: Practical Instructions for Patients

<https://www.cardi-oh.org/capsule/home-bp-monitoring-practical-instructions-for-patients>

3 Home BP Readings are Lower Than Office Readings



Corresponding Values of SBP/DBP for Clinic, HBPM, Daytime, Nighttime and 24-Hour ABPM Measurements

Clinic	HBPM	Daytime ABPM	Nighttime ABPM	24-Hour ABPM
120/80	120/80	120/80	100/65	115/75
130/80	130/80	130/80	110/65	125/75
140/90	135/85*	135/80	120/70	130/80
160/100	145/90	145/90	140/85	145/90
<i>ABPM = ambulatory blood pressure monitoring</i>		<i>BP = blood pressure</i>		<i>DBP = diastolic blood pressure</i>
<i>SBP = systolic blood pressure</i>		<i>HBPM = home blood pressure monitoring</i>		

*If HBPMs are >135/85, intensify treatment

4

Home BP Readings are More Accurate than Office Readings



USE AND ADVANTAGES

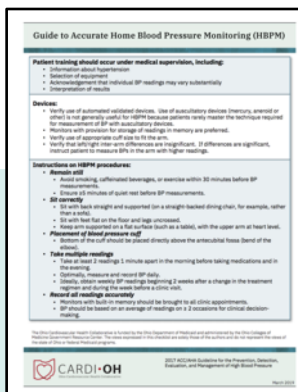
- Provides a better risk prediction than office-based monitoring
- Correlates better with the cardiac (left ventricular hypertrophy (LVH)), renal (albuminuria), and clinical outcomes than office readings
- Helps identify white coat hypertension (WCH) and masked hypertension
- Multiple readings throughout the day may reveal patterns in blood pressure and periods when control is inadequate
- Improves patient adherence
- Reduces costs

Therefore, it is appropriate to make medication changes based on these readings

5

Ask the Patient to Read His/Her BPs to You

- A patient may report that their BP has been “great” or “usually fine” without providing numbers
- Ask the patient to read aloud their BP measurements with dates
- If they are unable to do so or do not have 2 readings in the morning and 2 in the evening for a 3-5 day period before the visit:
 - Provide education on accurate home BP measurement;
 - Explain why the numbers are important for their care; and
 - Reschedule a phone visit to review BP readings in 1-2 weeks



HELPFUL RESOURCE

Guide to Accurate Home Blood Pressure Monitoring (HBPM)

<https://www.cardi-oh.org/best-practices/guide-to-accurate-home-blood-pressure-measurement>

6

Check Labs When Needed



- If making changes which require that labs be done, ask the patient to come in to the office
- Explain how you have created a safe environment for patients to come in quickly for labs while minimizing coronavirus (Covid-19) exposure risk
- Ask if the patient has any transportation or other barriers coming to the office to obtain labs

7 Be Prepared to Address Patient Concerns About ACEi or ARBs and Coronavirus Risk



- Covid-19 has been shown to enter cells by way of the ACE2 receptor.
- Angiotensin-Converting Enzyme inhibitors (ACEis) and some Angiotensin Receptor Blockers (ARBs) have been shown to increase the activity of this receptor.
- Thus, some have speculated the use of these agents may increase risk or worsen outcomes in those with or at risk for Covid-19.
- Multiple US and international cardiovascular societies have issued statements after recent review of the available data.
- Their consensus recommendation is not to stop ACEis or ARBs or hesitate to use them in patients where there is a specific indication for their use (e.g., left ventricular dysfunction, chronic kidney disease, secondary stroke prevention).
- In the absence of clinical data on risk/benefit, the selection of these agents over other available choices of antihypertensive agents must be left to clinical judgement.
- This is an area under active investigation; evidence to be continued.

8 Ask About Diet, Exercise, Medication Adherence, and Mood

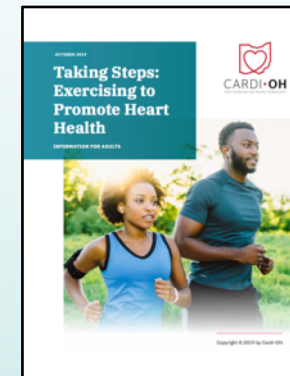
ENCOURAGE AND CONTINUE TO ASSESS

- Home preparation of meals to avoid sodium/salt
- Daily walks outside or indoor activity (Wii, video aerobics, dance)
- How patients take their medications and address any barriers
- Phone calls with friends to avoid social isolation which can impact mood
- Need for medications or phone counseling for anxiety/depression if needed

HELPFUL RESOURCES



Building a DASH Diet Plate
<https://www.cardi-oh.org/best-practices/building-a-dash-diet-plate>



Taking Steps: Exercising to Promote Heart Health
<https://www.cardi-oh.org/best-practices/exercising-to-promote-heart-health>

9 Schedule Follow-up Appointments until BPs are Controlled



- Schedule a follow-up phone call with patients with elevated blood pressures within 2-4 weeks
- Send phone encounter to front desk staff to schedule follow-up at end of phone visit

10 Schedule Follow-up Appointments until BPs are Controlled



- Use dot phrase to document the following: *This visit has been rescheduled as a phone visit to comply with patient safety concerns in accordance with CDC recommendations due to coronavirus.*
- Total time spent discussing with patient: ## minutes
- Phone visit codes based on visit time: 99441 (5-10 minutes); 99442 (11-20 min); 99443 (21-30 min)
- GT Modifier indicates telehealth
- CVT2F Modifier indicates visit converted due to coronavirus safety concerns

Hypertension Management: Tips for Telehealth



1. Ensure the patient has a home blood pressure (BP) monitor
2. Ask the patient how he/she measures their BP and educate if needed
3. Home BP readings are lower than office readings
4. Home BP readings are more accurate than office readings
5. Ask the patient to read his/her BPs to you
6. Check labs when needed
7. Be prepared to address patient concerns about ACEi or ARBs and coronavirus risk
8. Ask about diet, exercise, medication adherence, and mood
9. Schedule follow-up appointments until BPs are controlled
10. Code visit appropriately