

Using Team-Based Care to Increase the Use of Home Blood Pressure Monitoring (HBPM)

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How can clinical teams increase the use of home blood pressure (BP) monitoring?

The benefits of home blood pressure monitoring are **well-established**, including improved BP control, diagnosis of white coat hypertension, and enhanced prediction of cardiovascular risk. Home blood pressure monitoring (HBPM) is less costly than 24-hour ambulatory BP monitoring (ABPM) and is generally well-received by patients when accompanied by a prescription and counseling from their physician.^{1,2}

All of **Ohio’s Medicaid managed care organizations** (MCOs) cover the cost of home BP monitors for their members.

However, HBPM prescription and education is often under-utilized, due in part to time constraints on physician visits and emerging access challenges amid Covid-19. Clinical team members such as nurses and medical assistants can collaborate to increase the use of HBPM.

Tips to leverage team-based care in improving the use of HBPM:

Face-to-Face	BEFORE VISIT	DURING OR AFTER VISIT
	<ul style="list-style-type: none"> Rooming staff identify and flag hypertensive patients as candidates for HBPM during screening. Clinic staff ‘pend’ initial prescriptions for HBPM for the prescribing clinician to review and sign, if appropriate. 	<ul style="list-style-type: none"> Physicians/clinicians include a customized “smart phrase” (or standardized language) in patients’ home-going instructions to educate on correct HBPM use for accurate readings. Staff trained in HBPM measurement should review with patients HBPM instructions and assess their ability to complete the task. Support staff routinely schedule 2-4 week follow-up for all hypertensive patients who are not yet at BP goal.
Telehealth		
	<ul style="list-style-type: none"> Clinic staff flag scheduled hypertensive patients as candidates for HBPM in advance of each clinic day or week. Clinic staff ‘pend’ initial prescriptions for HBPM for the prescribing clinician to review and sign, if appropriate. 	<ul style="list-style-type: none"> Physicians or clinic staff provide these instructions via secure patient email portals, or clinic staff print and send them by mail, if available at the clinic site. Staff trained in HBPM measurement should review with patients HBPM instructions and assess their ability to complete the task. Support staff routinely schedule 2-4 week follow-up for all hypertensive patients who are not yet at BP goal.

Blood Pressure Measurement Devices

The **US Blood Pressure Validated Device Listing (VDL)** became available online in 2020. These BP measurement devices are preferred because they have been validated for accuracy. Additional automated devices are added as they are submitted for evaluation. Consider providing a **validated device list** to clinical teams, particularly while in-person device checks are less readily available.

Additional information on home BP monitoring is available at cardi-oh.org/best-practices/hypertension-management. Follow [@cardi_OH](https://twitter.com/cardioh) on Twitter for additional cardiovascular health content.

CITATIONS

- George J, MacDonald T. Home Blood Pressure Monitoring. *European Cardiology Review*. 2015;10(2):95.
- Carter E, Moise N, Alcántara C, Sullivan A, Kronish I. Patient Barriers and Facilitators to Ambulatory and Home Blood Pressure Monitoring: A Qualitative Study. *American Journal of Hypertension*. 2018;31(8):919-927.

The Ohio Cardiovascular and Diabetes 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 document are solely those of the authors and do not represent the views of the state of Ohio or federal Medicaid programs.