

SMBP Clinic Champions

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Objectives

- Introduce the Accelerating SMBP Across Missouri project
- Review action planning document
- Describe the role of the clinic champion
- Highlight SMBP champions and their best practices

Who is MPRO?

QUALITY IMPROVEMENT



Evidence based,
data-driven quality
improvement insights

REVIEW SERVICES



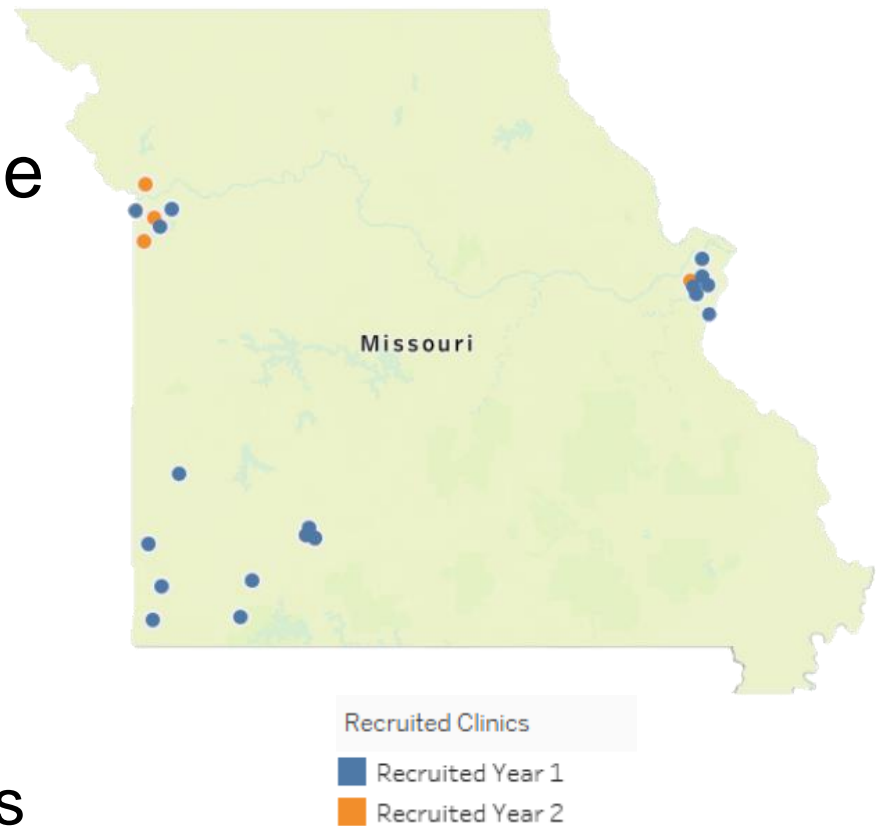
Thoughtful, impartial
utilization review and dispute
resolution services

We provide innovative problem-solving solutions and technical assistance.

“HELPING HEALTHCARE GET BETTER”

Partnership with Missouri Department of Health and Senior Services (MDHSS)

- MPRO and MDHSS partnership goal to increase use of SMBP monitoring in clinical settings
- Clinics receive free
 - one-on-one assistance with implementing an SMBP program
 - Digital BP monitors and cuffs



SMBP Initiative

Purpose

To support clinics in metro areas of St. Louis, Kansas City, and Springfield with implementing and sustaining SMBP monitoring programs for at least 100 patients

Patient Impact

Improve outcomes for patients with hypertension, improve patient knowledge, improve clinic processes, enhance medication adherence, and enhance the quality and accessibility of care for people with high blood pressure

Action Planning

SMBP ACTION PLAN

This plan is a guide you can use through the Self-Measured Blood Pressure (SMBP) training. It will help you actualize what you learn. Each week you will have a “homework” assignment to complete and report on during the next session. By the end of the six-week training, you will be ready to start your SMBP program.

WEEK 1

This week you learned about SMBP, who benefits from SMBP, and who is eligible to self-measure their blood pressure. The following questions are the first step to success in your SMBP program.

- 1) Who are your clinic champions? _____

Your clinic champions are the staff members who will provide the main support for your SMBP program. They will answer questions and disseminate new information about SMBP to other staff members. They will also meet with the MPRO team to discuss successes and barriers within the program. We suggest designating two people as SMBP clinic champions in case of staff turnover.

- 2) Who are you targeting for SMBP? Check the patients you plan to target.

- Uncontrolled hypertensives
- Newly diagnosed hypertensives
- Diagnosing white coat or masked hypertension
- Patients experiencing barriers to healthcare access
- Other _____

We suggest speaking with your clinicians about which patients to target for SMBP. The ultimate goal of SMBP is to track what is happening with a patient’s blood pressure at home over a longer period of time rather than the moment in time they are in the office.

- 3) If possible, compile a list of patients ready for implementation.

This list will help you identify eligible patients for your SMBP program. You will use this list at the end of the training to enroll patients to self-measure their blood pressure, but you can introduce what SMBP is to these patients now.

CLINIC CHAMPION ROLE

Champion Roles & Responsibilities

- Provides leadership for SMBP program
- Effectively communicates the purpose and scope of work for SMBP
- Promotes SMBP within the clinic and related practice improvements
- Brings key personnel together
- Mobilizes resources for SMBP education for both staff and patients
- Staying informed on latest SMBP information and disseminates information to appropriate individual/team
- Shares progress towards goals with the care team
- Develops policy/protocol for SMBP

Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3535479/>



Promoting SMBP in Your Clinic

Communication resources to spread awareness of SMBP:

- What is SMBP?

- https://targetbp.org/tools_downloads/what-is-smbp/

- SMBP Infographic

- https://targetbp.org/tools_downloads/how-to-accurately-measure-blood-pressure-2/

- SMBP Video

- https://targetbp.org/tools_downloads/self-measured-blood-pressure-video/

TARGET:BP |  | 

What is self-measured blood pressure?

Self-measured blood pressure (SMBP) is when you measure your blood pressure outside of the doctor's office or other health care settings.



Why do I need to measure my blood pressure if my blood pressure was already measured at the doctor's office?

SMBP allows you to measure at different times throughout the day and over a longer period of time, helping your doctor get a more complete picture of your blood pressure.

How does SMBP help me with my health?

By using SMBP you and your care team can come up with a treatment plan to better control your blood pressure, which can prevent more serious health problems.

The consequences of hypertension can be costly ... and deadly.

46% of Americans with high blood pressure are not controlled

SMBP Model Checklist & Key Questions

SMBP Scope	Key SMBP Staff	SMBP Patient Identification/ Support Activities	SMBP Data Management	Community Linkages
<p>Who is your target population? (see previous diagram)</p> <p>Home BP Monitors</p> <ul style="list-style-type: none"> <input type="checkbox"/> Will monitors be loaned or provided to keep? OR, will patients be asked to purchase them? <input type="checkbox"/> How many monitors are needed? <input type="checkbox"/> Where will funding for monitors and additional staff time come from? <input type="checkbox"/> Do local insurers cover monitors? <input type="checkbox"/> If loaned, how long may patients keep monitors? <input type="checkbox"/> What controls are in place if patients do not return monitors? <input type="checkbox"/> How are monitors inventoried and managed and where are they physically stored? 	<p>SMBP Coordinator</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does she/he have the authority, time, and skills to coordinate all aspects of the program? If not, how will you address? <p>SMBP trainers</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have enough trainers to be available daily? <p>SMBP Clinical Champion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do you have a champion for every implementation site? <input type="checkbox"/> Do they have the time to invest to facilitate program success? <input type="checkbox"/> Is he/she open to change and new ideas? <input type="checkbox"/> Is he/she a key influencer to others? 	<p>Patient Identification</p> <ul style="list-style-type: none"> <input type="checkbox"/> How will patients be identified? Registry queries and outreach calls? And/or at the point of care based on selection criteria? <input type="checkbox"/> How will you know if appropriate patients are being identified and offered SMBP? <p>Patient Communication</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who on the care team recommends SMBP? <input type="checkbox"/> Who will provide outreach support for SMBP patients? <p>SMBP Training and Follow-up</p> <ul style="list-style-type: none"> <input type="checkbox"/> Who trains the patient on SMBP? <input type="checkbox"/> How will the patient connect with the SMBP trainer (e.g., warm hand-off, follow-up visit)? <input type="checkbox"/> Is the initial follow-up appointment a telephone encounter or a face-to-face visit? 	<p>How will SMBP Data be Recorded, Transmitted, and Managed?</p> <ul style="list-style-type: none"> <input type="checkbox"/> How will patients record/share data back with the care team? <input type="checkbox"/> Do providers want SMBP averages only or individual BP readings as well? <input type="checkbox"/> Who is responsible for preparing and managing SMBP data? <input type="checkbox"/> Where will staff document SMBP data? EHR? Population health management system? Spreadsheet? 	<p>What role could community partners play to support or optimize the efficiency/capacity of your SMBP efforts?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Supply funds to purchase home BP monitors? <input type="checkbox"/> Provide SMBP trainers? <input type="checkbox"/> Conduct outreach calls? <input type="checkbox"/> Supply SMBP support programs? <input type="checkbox"/> Supply Lifestyle management educators/ programs? <input type="checkbox"/> Coordinate or supply transportation resources? <input type="checkbox"/> Coordinate or supply food security resources?

Source: <https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf>



Developing a Policy/Procedure for SMBP

- Why is developing a protocol/procedure important?
 - Standardized
 - A tool to refer to for any clarification or questions
 - Role changes, the information doesn't leave with the person leaving
- **Resource:** MH Hypertension Protocol
 - <https://millionhearts.hhs.gov/files/Hypertension-Protocol.pdf>

Sample Policy/Protocol for SMBP

Appendix C: Protocol: SMBP Program

Source: White House Clinics



Protocol: Self-Measured Blood Pressure Monitoring Program

Application: All Health Help, Inc. Clinics

Effective Date: /2017

Date of Last Revision: /2017

Purpose:

The purpose of this protocol is to outline guidelines for enrollment and management in White House Clinic's self-measured blood pressure monitoring (SMBP) program. The SMBP program will be used to help in the diagnosing and management of hypertension in the adult patient population across White House Clinics.

This protocol is not meant to be an exhaustive process for management of patients with hypertension or to replace the organization's agreed upon clinical guidelines. Additionally, as referenced on the National Guideline Clearinghouse, the following guidelines are not intended to supersede clinical judgment of the provider for specific patients.

Protocol:

Referral:

- Referral into the SMBP program will be at the discretion of the care team, using the following guidelines:
 - The patient has a measured blood pressure > 140/90 mmHg on the first and subsequent readings during an office visit.
 - The patient has elevated readings persisting for two or more subsequent office visits.
 - The patient has a diagnosis of hypertension, is being ruled out for a diagnosis of hypertension, or has white coat hypertension.
 - The practice's device has a cuff size appropriate for the patient.

Arm circumference	Cuff size
22 to 26 cm	12 x 22 cm (small adult)
27 to 34 cm	16 x 30 cm (adult)
35 to 44 cm	16 x 36 cm (large adult)
 - The patient has the aptitude to take an accurate measurement and willingness to take blood pressure readings consistently. The patient must also be capable of documenting the readings if the loaner device does not have memory storage capability.
 - The patient meets the above criteria and has expressed a desire to take blood pressure readings at home, but is unable to purchase a home blood pressure device AND/OR the clinician feels home measurement will only be needed for a short period of time and patient purchase would be unnecessary. Additionally, the patient agrees to return the blood pressure monitoring device.
- The provider or other designated staff member will discuss with the patient the loaner program and expectations on actively participating in self-measured blood pressure at home.
- The provider will refer patients to Enabling Services for enrollment into the SMBP program.

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- Order a Follow-Up appointment with Enabling Services



- Check the follow up box. Order the follow up with "Services * Enabling", and type "SMBP" for the reason. Enter the timeframe requested, and submit the order.

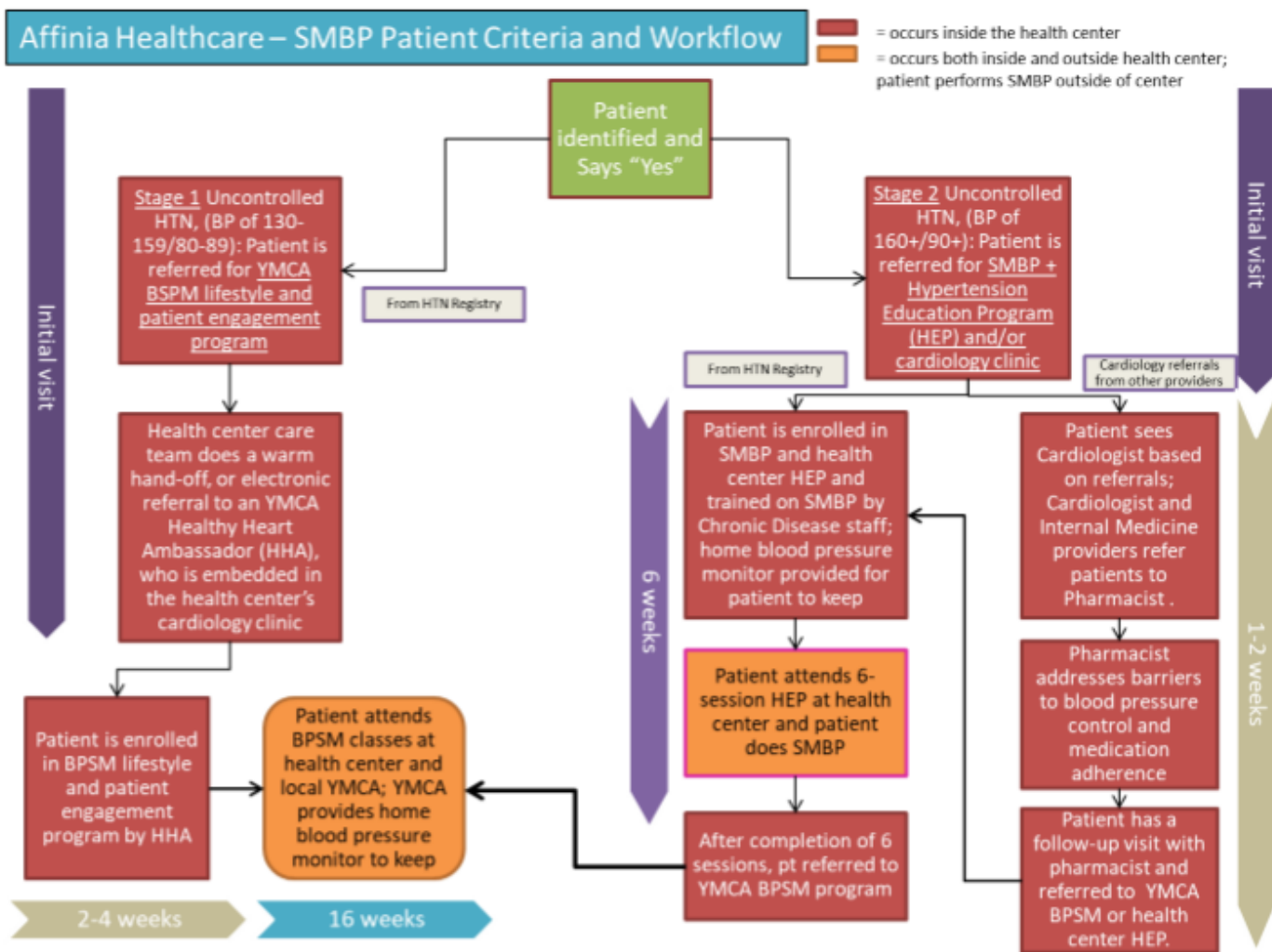
- The Health Educator will educate the patient on proper use of the blood pressure monitor.
 - Choose the appropriate monitor
 - Measure the patient's arm to ensure correct cuff size
 - Determine patient's desire to use Bluetooth-linked device or memory-storage device
 - If Bluetooth-linked device is chosen, download the free Welch Allyn Home app from the Google Play Store or the App Store, following instructions included with the device: "Pair your smartphone with the blood pressure (BP) monitor"
 - If memory-storage device is chosen, educate patient on the importance of writing down readings or not allowing others to take readings on the device due to its single-user memory storage.
 - Complete SMBP Monitor Loan Log
 - How to measure blood pressure accurately
 - Functionality and use of the blood pressure monitor
 - How to read and understand the digital display
- The Health Educator will orient the patient to the SMBP program:
 - Educate the patient on high blood pressure. Visit details will be documented in an Enabling Services encounter.
 - Complete the SMBP Agreement (attachment 1) and have the patient initial and sign the agreement. The patient will take a copy of the signed agreement with them.
 - Keep the duplicate of the agreement to be scanned into the patient's medical record.
 - The Health Educator will provide the following handouts and review with the patient:
 - Enabling Services Blood Pressure Flyer
 - **Self-Measured Blood Pressure at home: Patient Information**
 - **Self-Measured Blood Pressure Technique**
 - **BP log wallet card**
- The Health Educator will order a follow-up for Enabling Services, to be completed approximately one week prior to the patient's follow-up with the provider.
 - The Health Educator will remind the patient of their enrollment in the SMBP program. The Health Educator will remind the patient to bring their paper log and loaned BP monitor with them to their follow-up appointment with the provider.

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Source: <https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf>



Sample SMBP Workflow



Source: <https://www.nachc.org/wp-content/uploads/2018/09/NACHC-Health-Care-Delivery-SMBP-Implementation-Guide-08222018.pdf>

Bringing Key Personnel Together

Creating a Team Charter

- Outline member names, roles and responsibilities
- Include all team members into development of the charter
- Define team goals – define measures and targets
- Timelines and any deliverables
- Reduce confusion

TEAM CHARTER
<p>Team Purpose</p> <p>This team will improve delivery time of finished goods. Ideally 75% of our current late orders will be completed on time in the future.</p>
<p>Duration and Time Commitment</p> <p>The team has been commissioned to work together for three months. The daily efforts will average 50% of the team members' time.</p>
<p>Scope</p> <p>Activities that happen within the factory are all in scope. Decisions and activities that are outside the physical factory that have an effect on late orders will be documented but not pursued at this time.</p>
<p>Members</p> <p>Connie Smith - Team Leader Dave Smith Susan Smith Roger Smith Debbie Carlos Eduard Smith – Team Sponsor</p>
<p>Desired End Result</p> <p>This team will identify, price, and prioritize activities that will change the current situation of late deliveries. The team will be expected to drop our late finished goods delivery rate by 75%. Over the last six months there have been 82 orders on hold due to a variety of reasons. The average per month is 14. A 75% improvement will be equivalent to only allowing three per month on average.</p>
<p>Supporting Resources</p> <p>The team will need access to: Production planning SME, historical records of production holds, downtime records for all feeder departments, change manager, VP of Ops, VP of Engineering, 3-5 Year Facility Strategic Plan, on-going use of the west boardroom for a permanent working space, travel budget for the whole team to see Winterville Plant.</p>
<p>Reporting Plan</p> <p>The team leader will provide a weekly report that outlines participation, past-due supporting documents, availability of supporting resources, progress of primary tasks, documenting any past due tasks. There will also be a monthly leadership review of progress and hurdles.</p>
<p>Deliverables</p> <p>The team will deliver a series of A3 documents outlining the current status of the different variables, desired changes, and projected benefits that will drive down late orders. The team will also quantify what percent of the total change each variable represents to make up the whole 75% improvement.</p>
<p>Links</p> <p>This team effort will link to the 6-Sigma project, the CORE Safety program, and the internal vendor alignment approach.</p>

Source: <https://www.lce.com/Team-Charters-What-are-they-1219.html>

CHAMPION BEST PRACTICES

Champion Resources

YOU ARE THE STAR OF THE SHOW!

**PLEASE COME BACK AND SEE US AT
ACCESS FAMILY CARE NEOSHO!**

1504 A. N. Business Hwy 49 Neosho, MO 64850 P: 417-451-4447 F: 417-451-4448

We Missed you by phone! ★ **Did you forget about us?** ★ **Give us a call!**

Hello _____!

We wanted to let you know we had a few failed attempts in reaching you! Did you change your address, email address or phone number by chance? If so, please call us and update us! We wanted to share some great news with you!

Our focus is taking care of you and helping you remain compliant in your care. We are asking that you keep the Blood Pressure cuff we loaned you, you do not need to return it back to us!

We do want you to know we would love to stay in contact with you, so we can make sure your blood pressure goals are reached. You are the STAR of your show, we want you to be as healthy as healthy can be!

Please reach back out to us!

Thank you!
Lindsay Orcutt

Champion Resources

Blood Pressure Monitor Loan Agreement



Patient's Name: _____ Date of Birth: ___/___/___

Monitor Serial Number: _____

I agree to participate in the blood pressure self-measurement program.

- I will take my blood pressure using the monitor provided to me and as directed by my health care provider or staff member.
- I will take my blood pressure twice daily, two measurements one minute apart every morning and two measurements one minute apart every night for _____ days.
- I will record my blood pressure readings on the log sheet provided.
- Blood pressures will be reported to _____ every _____ days by:
 - Telephone
 - Bringing machine/blood pressure log back to the office for review
- I will return the blood pressure monitor in good working condition on _____ at _____ am/pm.
- If I have any questions, I will call the clinic at _____

Your goal blood pressure level is less than: _____ Systole
Diastole

Your blood pressure is too high if it is more than:  $\frac{180}{120}$ Systole Diastole	Your blood pressure is too low if it is less than:  $\frac{90}{60}$ Systole Diastole
Recheck in 1 minute. If it remains in this range, call your doctor, especially if you feel dizzy, have a headache or do not feel well.	Recheck in 1 minute. If it remains in this range, call your doctor, especially if you feel dizzy, have a headache or do not feel well.

Signature: _____ Date: ___/___/___

Champion Resources

SELF-MEASURED BLOOD PRESSURE INVENTORY MANAGEMENT: LOANER DEVICE TRACKING

DEVICE INFORMATION	PATIENT INFORMATION			LOAN INFORMATION					CLEANING & DISINFECTION			
DEVICE ID	FIRST NAME	LAST NAME	PHONE NUMBER	LOAN DATE/TIME	STAFF INITIALS	DUE DATE	RETURN DATE/TIME	PROTECTIVE BAG - INITIALS	DATE/TIME CLEANED	STAFF INITIALS	DATE/TIME CLEARED FOR DISTRIBUTION (96+ HOURS POST DISINFECTION)	STAFF INITIALS
EXAMPLE	ELISE	DEYOUNG	888-888-8888	1/1 @ 13:00	ES	15-Jan	1/18 @ 15:00	ES	1/21 @ 9:00	ES	1/25 @ 9:00	ES



Hypertension Innovation in Practice: CoxHealth

Brian Grace, PharmD
Aly Briggs, PharmD, BCPS
Stefanie Hawkins, PharmD

Participating CoxHealth Clinics

Internal Medicine

- Ferrell-Duncan

Family Medicine

- Medical Mile
- Chesterfield

Geriatrics

- Senior Health

STANDARDIZATION OF PROGRAM

Standardization of Program

Ambulatory Care Pharmacy Specialists



- Clinic champions
- Device inventory
- Evidenced-based educational material
- Note templates

Regular Standardization Meetings



- Internal pharmacy
- External MPRO

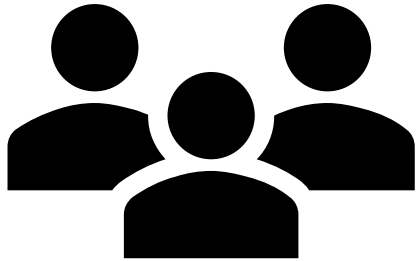
Network Folder



- Device agreement
- Device education resources
- Inventory management/calibration
- Documentation

INTERDISCIPLINARY APPROACH

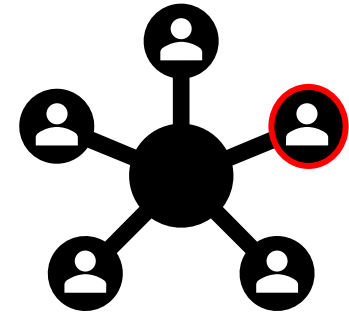
Patient Identification Process



Provider
Referrals



Pharmacist
Identification



Contract
Lists

Interdisciplinary Approach

Clinic Based



Providers
(MD, DO, NP, PA, etc.)



Medical Assistants

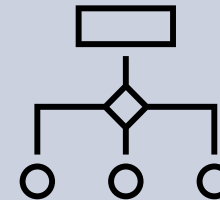


Pharmacists

Health System Based



Center for Health Improvement
(Dietician, education, etc.)



Population Health Team
(Nurse Care Managers, connection to community resources)

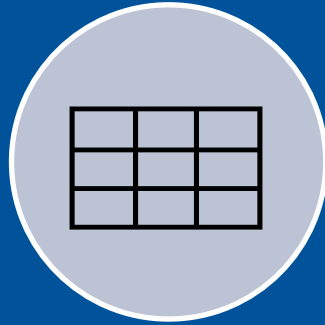
CLINIC WORKFLOW

Pre-Existing Workflow



Nurse visits for blood pressure (BP) check

- Validate home device
- Patient education



Documentation of patients' home readings

- Log sheet
- Electronic or phone messages



Office visit BP check and follow-up

- Technique
- Goals
- Frequency and level of care for follow-up



Referral to clinical pharmacist for hypertension management

- Clinic staff support of service



Improved Workflow



Involvement of all levels of clinic staff



Clinic Level Standardization

- Patient education
- Device validation
- BP log
- Documentation



Staff training

- Completed during pre-existing staff meetings



Processes Evaluation

- Billing staff auditing CPT code submission
- Pharmacist review of CMS quality metrics for HTN



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Any questions pertaining to this presentation please contact: Dr. Brian Grace,
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Questions?

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