SMBP is Worth It

Increasing hypertension self-management to accelerate blood pressure control
What is SMBP?

SMBP is defined as the regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere.

BACKGROUND

About 1 in 3 adults in the United States has high blood pressure, which can increase the risk for heart disease and stroke.

At the time of the state pilot projects, only 54 percent of those with high blood pressure had it under control. Self-measured blood pressure monitoring (SMBP) is defined as the regular measurement of blood pressure by the patient outside the clinical setting, either at home or elsewhere.

SMBP ensures that patients with hypo- or hypertension can monitor their blood pressure frequently. The patients who utilize SMBP are trained to use personal blood pressure measurement devices to record their blood pressure and share their readings with their primary care physicians, so they can monitor progress and adjust medications. The American Heart Association (AHA) recommends SMBP for those with hypertension but emphasizes that it is not a replacement for regular visits to the doctor; it is a complement. Additionally, experts recommend using SMBP as a type of monitoring intervention combined with other methods such as medication counseling, health behavior counseling, educational information regarding blood pressure self-management, and electronic access to web-based tools.

WHY SMBP?

Self-measured blood pressure (SMBP) has been used in the treatment of hypertension with three major aims:

- **Avoid undertreatment of hypertension.**
- **Enhance self-participation and adherence in disease management.**
- **Avoid overtreatment in those with lower BP out of the clinic compared with in the clinic.**
A REASON TO INVEST IN SMBP

To accelerate self-management blood pressure control among those with hypertension through the coordinated action of insurers, clinical providers, community organizations, and state and local health agencies.

PARTNERS ENGAGED

ASTHO | CDC | YMCA OF USA | NACHC

Organized by CDC, the three organizations developed a national strategy to improve uptake and coverage of SMBP with clinical feedback. Based on their assessment and planning, they supported pilot projects in three states:

NEW YORK
MISSOURI
KENTUCKY

ORGANIZATIONAL INFRASTRUCTURE AND EXPERTISE

ASTHO: Statewide public health leadership perspective; and expertise in health systems change models.

YMCA: Expanding Blood Pressure Self-Monitoring (BPSM); and expertise in fielding sustainable health programs in diverse communities.

National Association of Community Health Centers (NACHC): Ongoing collaboration with health center-controlled networks; NACHC helps curate best practices, including workflows and information flows for implementing SMBP in health centers.

STATE PILOT PROJECT OBJECTIVES

• Work with insurers.
• Program planning and implementation.
• Program evaluation.
• Disseminate outcomes – both in scientific formats and summary case studies.
• Connect diverse partners to enhance impact.
• Reach disproportionately burdened populations.
State Data

Role of Public Health

The following data is from state data reports submitted in December 2017 and May 2018. The data is cumulative for all three states (MO, NY, and KY):

State Successes

Partnerships

Number of MOUs as a Result of SMBP

29 cumulative number of MOUs

14 newly developed

Partnership Capacity in SMBP

26 new partnerships

25 re-engaged partnerships

Partner engagement was found to be an imperative component of the SMBP implementation process. As shown in the graph above, one of public health’s most prominent roles was to convene and engage partners; memoranda of agreements (MOUs) are products of partnerships and collaboration efforts between stakeholders. The graphs represent the number of partnerships across all three states (MO, NY, KY).
STATE SUCCESSES

COMMUNITY ENGAGEMENT ACTIVITIES

During the 2-year project period, Kentucky, Missouri and New York organized many community engagement activities to increase the adoption of SMBP strategies. The following graph describes the different types of activities hosted by participating states.

![Graph showing community engagement activities]

- Community Engagement
- Public Information Sessions: 13
- Messaging Campaigns: 33
- Other Engagement Activities: 23
- Total Activities: 83

Number of Activities

STATE SUCCESSES

SPREAD AND SUSTAINABILITY

States tracked the number of successfully implemented SMBP protocols that were integrated into new systems of care (spread) and monitored the evaluation of these new protocols (sustain).

When asked about their spread and sustainability efforts, Missouri, Kentucky, and New York reported the following:

- **14** newly implemented policies/protocols.
- **30** mechanisms to sustain partnerships.
- **22** state-based trainings.
- **10** data collection systems.

OPPORTUNITIES FOR SPREAD AND SUSTAINABILITY

- **Messaging:** Reaching multiple target audiences; aligning with national initiatives; raising awareness for patients and physicians.
- **Research:** Implementing SMBP initiatives within comprehensive, coordinated systems of care.
- **Policy:** Establishing protocols for reimbursement; standardizing and simplifying the process to distribute blood pressure supplies (i.e., cuffs).
- **Payer Engagement:** Utilizing cost-effectiveness analysis of SMBP as a strategy to support insurance reimbursement.
KEY LESSONS LEARNED

**BEHAVIOR CHANGE**
Without being entirely dependent upon an in-office visit, creating new habits and managing health outcomes is challenging.

**DEFINING PARTNER ROLES**
Establish shared goals to leverage project outcomes through clearly defined partner roles.

**CULTURALLY APPROPRIATE FOOD DEMONSTRATIONS**
Partner with local nutritionists and chefs to revise culturally familiar dishes with healthier alternatives.

**LEADERSHIP BUY-IN**
It is important to identify key stakeholders across the systems of care early and investigate opportunities to adjust protocols collaboratively.

**USE OF ELECTRONIC HEALTH RECORDS (EHRs) AND REFERRAL SYSTEMS**
Establish sharing agreements with clinical agencies to make information accessible at all levels of care.

**HEALTHY EATING/ACTIVE LIVING**
Encourage community-clinical coordination efforts that address the social determinants of health by increasing access to healthy foods and physical activity resources.