SMBP:
A Wisconsin Heart Health Priority

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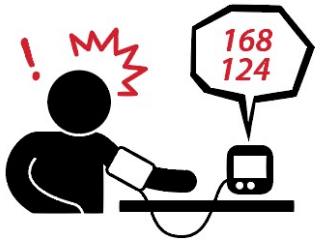
WISCONSIN
HEART HEALTH FACTS



Approximately 1.3 million adults in WI have hypertension and less than half of them are in control.

Coronary heart disease is the no. 1 killer of women age 45 and over in WI.

Of those who are uncontrolled, 40% are unaware that they even have hypertension.

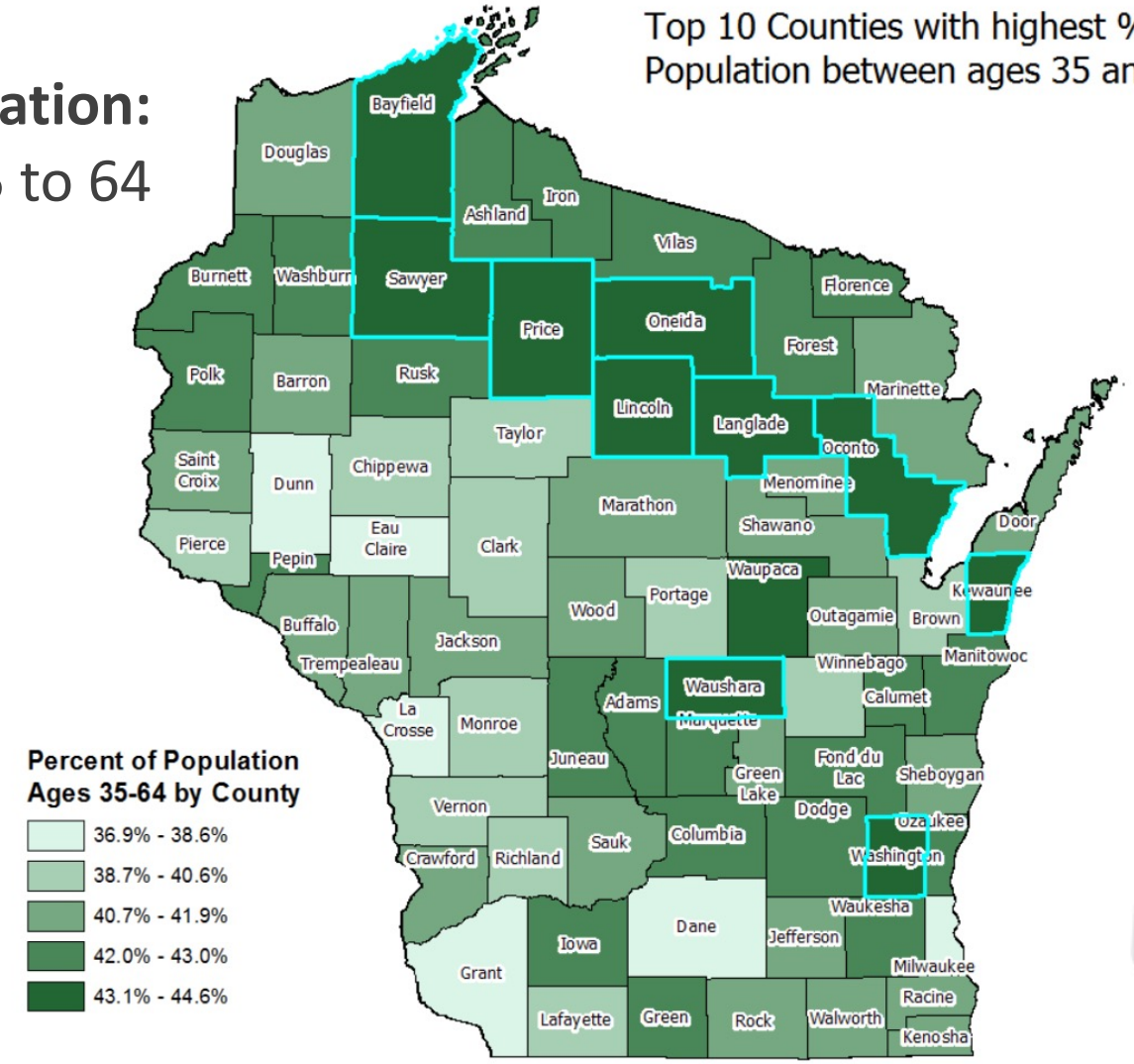
CVD is the leading cause of death and disability in Wisconsin.

1 out of every 3 adults in WI dies from a heart attack or a stroke.

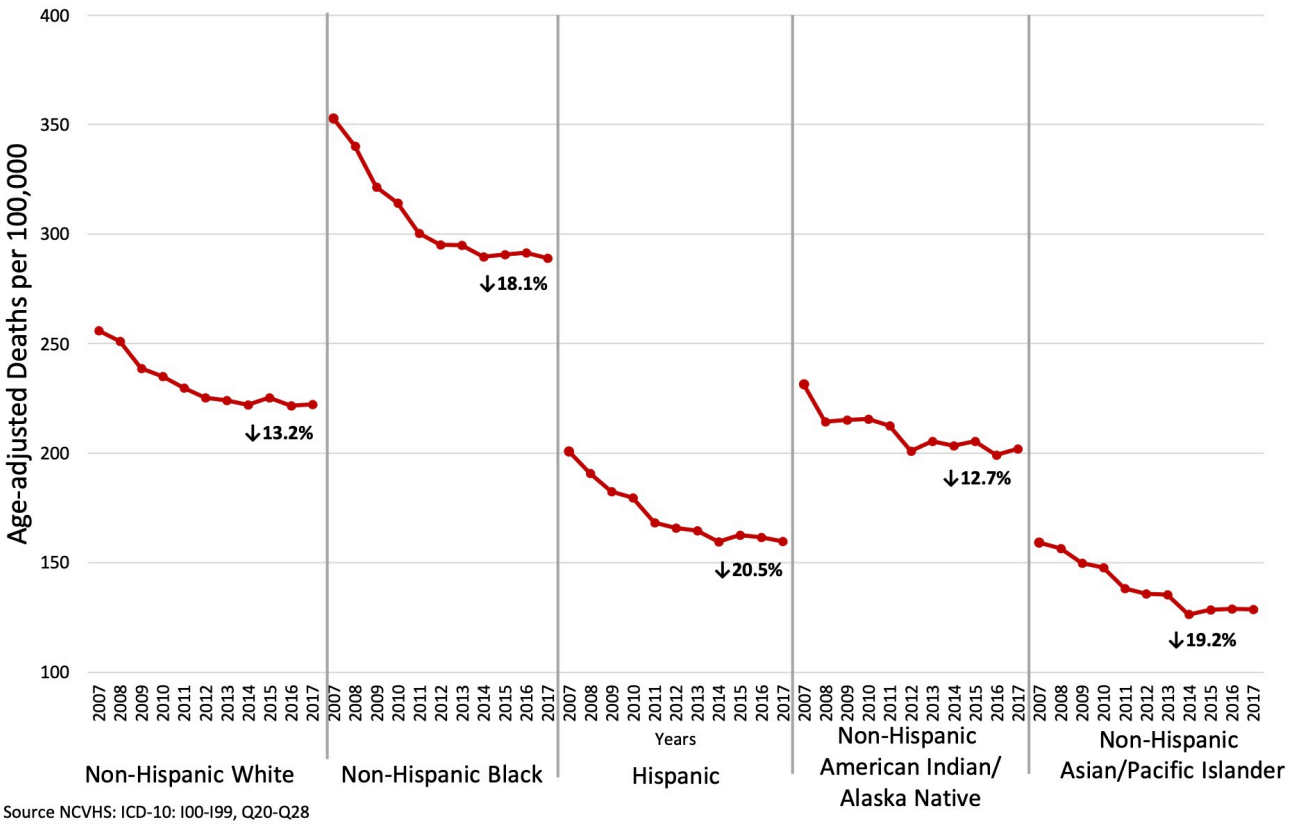
If over 45 years of age, 36% of men and 47% of women will die within 5 years after their first heart attack.

Priority Populations

Priority Population:
Ages 35 to 64



National CVD Mortality Rates
By Race and Ethnicity



Impact of Pandemic on **Heart Disease**

Morbidity and Mortality Weekly Report (MMRW)

MMRW, June 15

Hospitalizations were 6 Times Higher – Death 12 times higher with chronic underlying condition including heart disease

MMRW, June 22

Effects on Use of Emergency Department – Heart attack visits declined by 23%

MMRW, September 11

Delay or Avoidance of Medical Care – Estimated 41% U.S. residents delaying medical care

Source: https://www.cdc.gov/mmwr/index.html

Million Hearts® 2022 *Priorities*

Keeping People Healthy
Reduce Sodium Intake
Decrease Tobacco Use
Increase Physical Activity

Optimizing Care
Improve ABCS*
Increase Use of Cardiac Rehab
Engage Patients in Heart-Healthy Behaviors

Improving Outcomes for Priority Populations
Blacks/African Americans with hypertension
35- to 64-year-olds
People who have had a heart attack or stroke
People with mental and/or substance use disorders

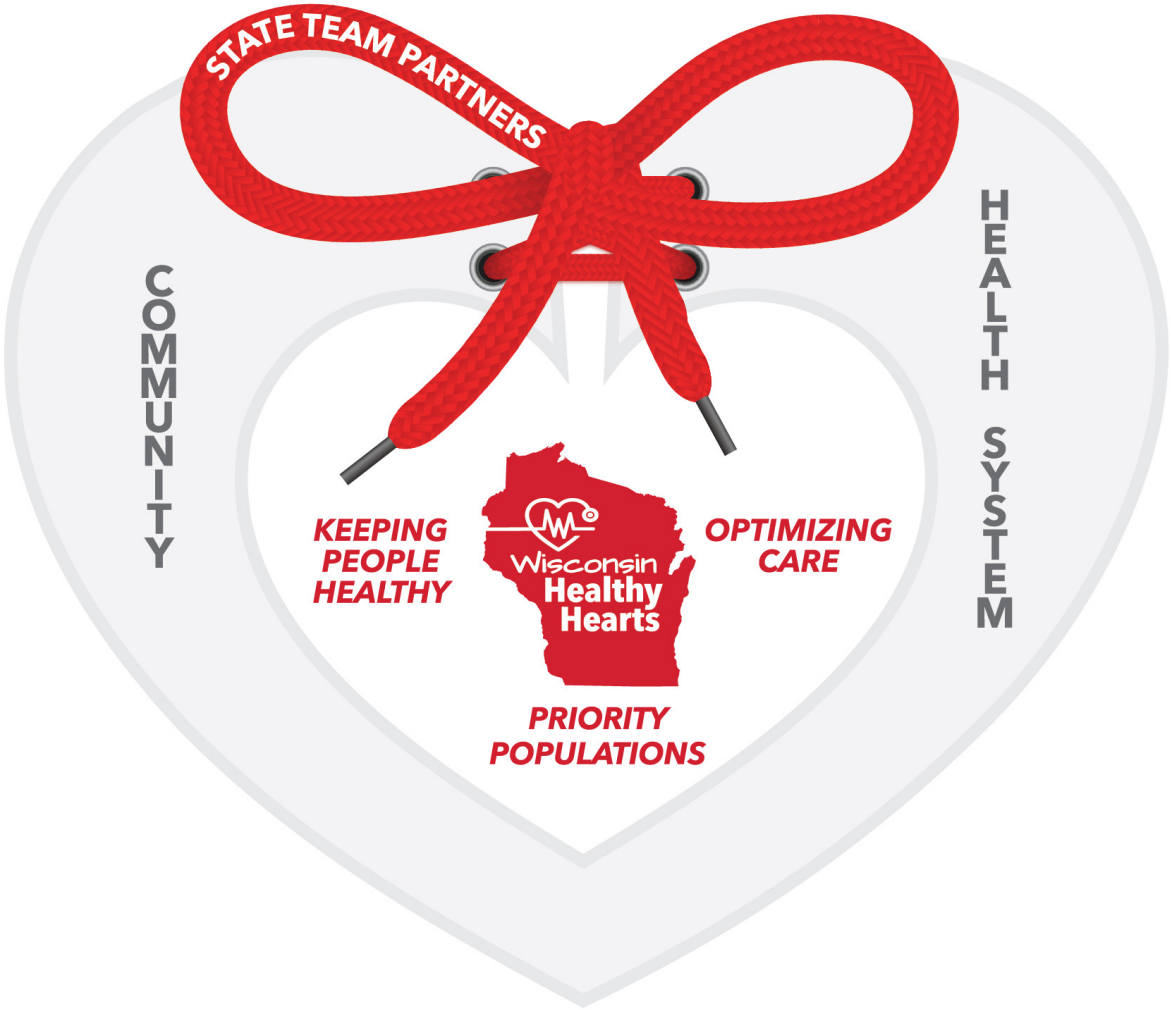
*Aspirin use when appropriate, Blood pressure control, Cholesterol management, Smoking cessation

Million Hearts®

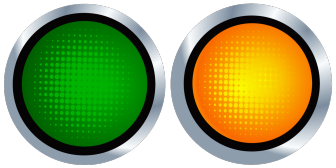
https://millionhearts.hhs.gov/files/MH-Framework.pdf

Million Hearts® Wisconsin Framework

Building Community Clinical Linkage Systems and Healthy Hearts

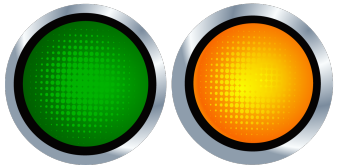


Optimizing Care



Health Systems' and Commercial Health Plans' Goal
Hypertension Control — 80% blood pressure control (blood pressure reading <140 mmHg/<90 mmHg) among their hypertensive population aged 18–85 years (CDC Million Hearts® Challenge Target)

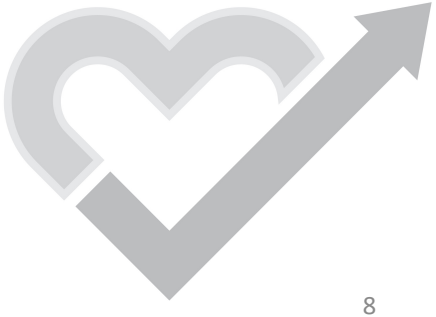
Cholesterol Control — Growth in the proportion of people diagnosed with dyslipidema (high cholesterol) to be prescribed statin therapy



Evidence-Based Hypertension Improvement Strategies — Growth in Health System Implementation

Usage and expansion of electronic medical records for health improvement

- Engagement of Non-Physician Team Members – Team-Based Care
- Medication Therapy Management
- Self-Measured Blood Pressure
- Community Health Workers
- Cardiac Rehab



HYPERTENSION CONTROL GOALS 2021

KEEP IT IN THE 80s

Why SMBP? Why Now?

- SMBP critical tool for controlling hypertension, especially during a pandemic
- Must begin with a Heart Health Plan, diagnosis and medical provider/patient relationship – could also be coordinated through telehealth counseling
- Monitoring alone is not effective, but **monitoring + education + support = yields positive returns on health**

Wisconsin Vision for SMBP

Increase the number of clinics with programs or policies and practices that support SMBP with clinical support for patients with hypertension in a clinical setting

Wisconsin Medicaid Billing Details

- Monitoring blood pressure is key to understanding risks for heart disease and maintaining a healthy lifestyle. Self-measurement of blood pressure can be done at home or in the community.
- In recognition of American Heart Month, ForwardHealth and the Wisconsin Chronic Disease Prevention Program remind providers that blood pressure cuffs, blood pressure monitors, or sphygmomanometers (blood pressure apparatus with cuff and stethoscope) are covered for members enrolled in Wisconsin Medicaid, BadgerCarePlus, HMOs, or managed care organizations (MCOs). Prior authorization is not required. The member's primary care provider must document at least daily monitoring of blood pressure as medically necessary and prescribe the equipment. The equipment may be reimbursed when supplied by a durable medical equipment (DME) vendor, home health agency, or pharmacy.
- For more information on coverage of blood pressure cuffs and monitors, refer to the Durable Medical Equipment Index on the ForwardHealthPortal or the Blood Pressure Monitor topic (#1842) in the ForwardHealthOnline Handbook. For questions about billing, including the correct claim form to use, contact Provider Services at 800-947-9627.

SMBP Resources – Planning and Patient Education

SMBP HEALTH & PUBLIC HEALTH SYSTEM PLANNING TOOLS

Tasks by Role
https://bit.ly/3tyhuXp

Operational Measures
https://bit.ly/2MYLjzo

Monitoring Implementation Toolkit
https://bit.ly/3aFIX0n

Monitoring Implementation Guide
https://bit.ly/3tuzLVm

AMA Quick Guide
https://bit.ly/39UvdA1

E-Learning Module for Health & Public Health Advisors https://bit.ly/36M7YWK

COMMUNITY HEALTH & PATIENT EDUCATION

D-Angelo's Story
https://bit.ly/2O2sH1W

How to Use your SMBP Monitor (En)
https://bit.ly/3tuAVAc

Como Usar Su Monitor de Presión Arterial
https://bit.ly/3ruvCyK

How to Measure Your Blood Pressure at Home
https://bit.ly/39RQJoK

SMBP Training Log
https://bit.ly/3pUMHSn

AHA Target BP
https://bit.ly/3rx3hIt

SMBP Resources – Devices and Implementation

Validated Device Listing

https://www.validatebp.org

SMBP Health and Public Health System Program Design Concepts

Million Hearts – Tools for physicians and public health professionals

http://bit.ly/3jlMzc1

SMBP Program Implementation Ideas – Videos

https://bit.ly/36OSH7s

https://bit.ly/3rrgMJz

SMBP – Getting Started
Find a Champion

- **Physician**
- **Nurse**
- **Pharmacist**
- **Medical Assistant**
- **Community Health Worker**

Many opportunities for heart health leadership and engagement

SMBP Roles
Team Opportunities

Must Be Done by a Licensed Clinician	Can Be Done by a Non-licensed Person (e.g., medical assistant, local public health department, community health organization, community health workers)	Must Be Done by Patient
1. Diagnose hypertension 2. Prescribe medication(s) 3. Provide SMBP measurement protocol 4. Interpret patient-generated SMBP readings 5. Provide medication titration advice 6. Provide lifestyle modification recommendations	1. Provide guidance on home blood pressure (BP) monitor selection 2. If needed, provide home BP monitor (free or loaned) 3. Provide training on using a home BP monitor 4. Validate home BP monitor against a more robust machine 5. Provide training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log) 6. Reinforce clinician-directed SMBP measurement protocol 7. Provide outreach support to patients using SMBP 8. Share medication adherence strategies 9. Provide lifestyle modification education	1. Take SMBP measurements 2. Take medications as prescribed 3. Make recommended lifestyle modifications 4. Convey SMBP measurements to care team 5. Convey side effects to care team

Optional Tasks – Can be Done by a Non-licensed Person

1. Reinforce training on using a home BP monitor
2. Reinforce training on capturing and relaying home BP values to care team (e.g., via device memory, patient portal, app, log)
3. Reinforce knowledge of behaviors that can trigger high blood pressure

Getting Started – SMBP

SMBP Model Design Checklist with Key Questions

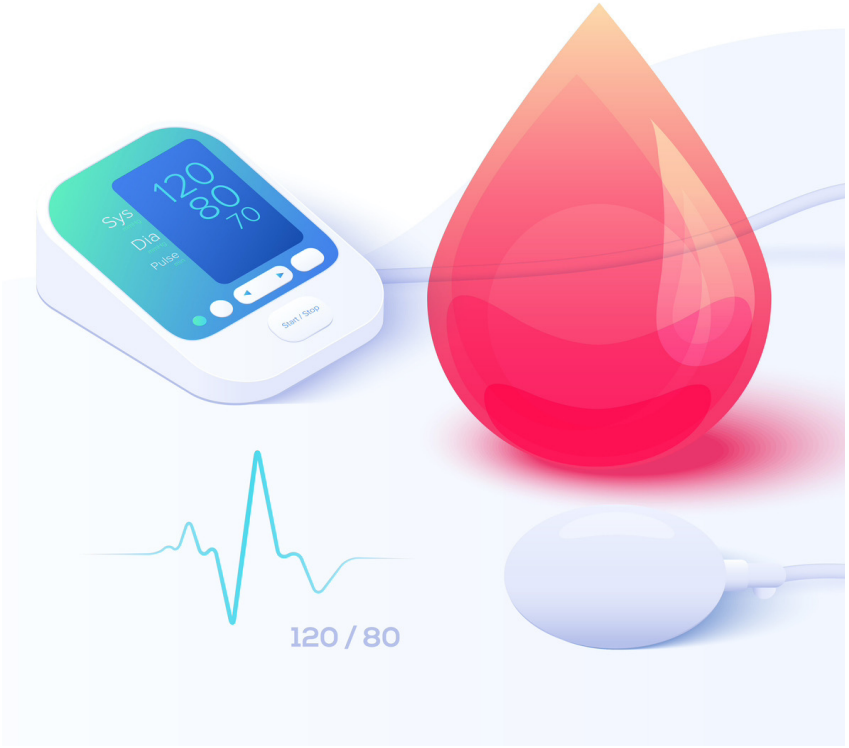
SMBP Scope	Key SMBP Staff	SMBP Patient Identification/ Support Activities	SMBP Data Management	Community Linkages
Who is your target population? **Home BP Monitors** ❑ Will monitors be loaned or provided to keep? OR, will patients be asked to purchase them? ❑ How many monitors are needed? ❑ Where will funding for monitors and additional staff time come from? ❑ Do local insurers cover monitors? ❑ If loaned, how long may patients keep monitors? ❑ What controls are in place if patients do not return monitors? ❑ How are monitors inventoried and managed and where are they physically stored?	**SMBP Coordinator** ❑ Does she/he have the authority, time, and skills to coordinate all aspects of the program? If not, how will you address? **SMBP trainers** ❑ Do you have enough trainers to be available daily? **SMBP Clinical Champion** ❑ Do you have a champion for every implementation site? ❑ Do they have the time to invest to facilitate program success? ❑ Is she/he open to change and new ideas? ❑ Is she/he a key influencer to others?	**Patient Identification** ❑ How will patients be identified? Registry queries and outreach calls? And/or at the point of care based on selection criteria? ❑ How will you know if appropriate patients are being identified and offered SMBP? **Patient Communication** ❑ Who on the care team recommends SMBP? ❑ Who will provide outreach support for SMBP patients? **SMBP Training and Follow-up** ❑ Who trains the patient on SMBP? ❑ How will the patient connect with the SMBP trainer (e.g., warm hand-off, follow-up visit)? ❑ Is the initial follow-up appointment a telehealth encounter or a face-to-face visit?	**How will SMBP Data be Recorded, Transmitted, and Managed?** ❑ How will patients record/share data back with the care team? ❑ Do providers want SMBP averages only or individual BP readings as well? ❑ Who is responsible for preparing and managing SMBP data? ❑ Where will staff document SMBP data? EHR? Population health management system? Spreadsheet?	**What role could community partners play to support or optimize the efficiency/capacity of your SMBP efforts?** ❑ Supply funds to purchase home BP monitors? ❑ Provide SMBP trainers? ❑ Conduct outreach calls? ❑ Supply SMBP support programs? ❑ Supply Lifestyle management educators/ programs? ❑ Coordinate or supply transportation resources? ❑ Coordinate or supply food security resources?

Source: https://link.springer.com/article/10.1007/s10900-020-00858-0/figures/1

Validated Device List

US Blood Pressure Validated Device Listing by Setting (Office, Kiosk, Home, Medical) – AMA

https://www.validatebp.org/



DHS can assist with connections to vendors for ordering

SMBP Incentive Opportunities

- **Wisconsin Medicaid Covered Benefit**
- **Commercial Insurance Coverage** - a variety of incentives are available for cuffs as well as education – please check with each respective Wisconsin insurance carrier
- **SMBP CPT Coding** - Updated as of January, 2020

  https://www.ama-assn.org/system/files/2020-06/smbp-cpt-coding.pdf
- **HEDIS** – Quality Measurement Tool – Now accepts SMBP and will count towards HEDIS Quality Improvement Reports in Hypertension as well as financial rewards associated with higher HEDIS scores

Wisconsin Heart Health Support

- **Wisconsin Heart Health Alliance – Collaborative Partner Meetings** Email List Invitations and Announcements – https://public.govdelivery.com/accounts/WIDHS/subscriber/new?topic_id=WIDHS_544
  Subscriber Preferences> DPH-Heart Health Alliance

- **Wisconsin Heart Health Community of Practice**
  https://wisconsin-heart-health-cop.mn.co/feed

- **SMBP and TBC Learning Collaboratives**
  anne.garganoahmed@dhs.wisconsin.gov

- **Million Hearts Hospitals & Health Systems Recognition Program**
  https://millionhearts.hhs.gov/partners-progress/hospitals-health-systems/index.html

WISCONSIN COMMUNITY HEALTH FUND

An Opportunity for Health, An Opportunity for Life Leading a New Legacy And Promise for Healthy Communities!

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