

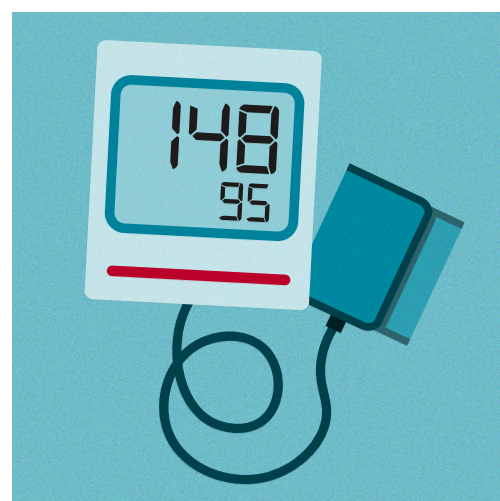
Implementing Home Blood Pressure Monitoring: Pearls for Clinicians

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Home blood pressure monitoring (HBPM) is recommended by most current national and international hypertension guidelines. HBPM in patients trained in their use is more accurate than office readings and has the potential to identify white coat and masked hypertension. Following are clinical pearls for implementing HBPM in your practice.



Selecting Home Blood Pressure Monitors

To accurately rely on home blood pressure (BP) readings, only order validated home BP monitors.

Lists of Validated BP Machines and Models

- Medaval: medaval.ie/resources/EN/lists/List-BPM-A-Cert.html
- StrideBP: stridebp.org/about-us/
- Validate BP: validatebp.org/devices
- Hypertension Canada: hypertension.ca/public/recommended-devices

Tips to Simplify Ordering

- Choose a brand that validates multiple models so that a specific model number does not have to be prescribed.
- Identify common validated brands that are available near the medical practice to help ensure patients can pick up a validated BP machine.
- There are validated models under \$50.

Note that guidelines recommend using monitors with an upper arm cuff, rather than wrist or finger monitors. The provider's office or durable medical equipment (DME) supplier should measure around the upper arm before choosing a monitor, to be sure the cuff will fit correctly.

Prescribing and Training for HBPM

- If the patient is covered by any of the Ohio Medicaid plans, then the prescription must be sent to a covered DME supplier for that plan. The Medicaid plans have links on their website to their DME suppliers, which vary by region within the state.
- The practice manager may need to assist in finding the best way to get the prescriptions to the appropriate DME supplier.
- Once the HBPM is received, patient education is critical to obtain accurate and usable BPs. Educational materials for both staff and patient training are available on Cardi-OH.org.
- Procedures and training for timely recording of HBPM measurements into the electronic health record, for provider access and to meet criteria for reimbursement, need to be communicated to staff.

An example of one approach to writing the prescription:

Validated [Enter Manufacturer name] home blood pressure monitor with arm cuff and memory. Code: A4670

Implementing HBPM: Example

- Order an appropriately validated home BP monitor with memory that has been verified as validated by one of the sites shown above. (A sample prescription for ordering the HBPM is also shown above.)
- Provide initial instructions for use and schedule the patient to return to the clinic with the monitor for instruction with trained staff.
- At the staff-led visit, have staff ask the patient to show them how they take their BP using their home monitor and reinforce patient education.
- Have the staff conduct the rest of the hypertension visit using the template and send it to the provider (include BP readings from the home BP monitor compared with readings from office BP monitors).
- Follow up at least monthly until BP is controlled.

References:

1. Muntner P, Carey RM, Jamerson K, Wright JT Jr, Whelton PK. Rationale for ambulatory and home blood pressure monitoring thresholds in the 2017 American College of Cardiology/American Heart Association guideline. *Hypertension*. 2019;73(1):33-38. doi:10.1161/HYPERTENSIONAHA.118.11946.
2. Muntner P, Shimbo D, Carey RM, et al. Measurement of blood pressure in humans: a scientific statement From the American Heart Association. *Hypertension*. 2019;73(5):e35-e66. doi:10.1161/HYP.0000000000000087.
3. Bello NA, Schwartz JE, Kronish IM, et al. Number of measurements needed to obtain a reliable estimate of home blood pressure: results from the Improving the Detection of Hypertension study. *J Am Heart Assoc*. 2018;7(20):e008658. doi:10.1161/JAHA.118.008658.

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