

## 6 takeaways doctors should know about the new SMBP policy statement

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**Sara Berg, MS**

Senior News Writer

Fewer patients have been visiting their physician in-person during the COVID-19 pandemic. This has made self-measured blood pressure (SMBP) monitoring a necessity for physicians to be able to actively manage high BP in their patients. The use of SMBP offers clinical benefits and is cost-effective. Improvements in patient education, physician training and insurance coverage, however, are needed for broader adoption of remote monitoring of blood pressure, according to a joint policy statement by the AMA and American Heart Association (AHA).

Published in the journal *Circulation*, “Self-Measured Blood Pressure Monitoring at Home,” was authored by a writing group, which includes AMA Vice President of Health Outcomes Michael Rakotz, MD, and Gregory D. Wozniak, PhD, who is director of outcomes analytics at the AMA. The joint statement reviews the effectiveness of SMBP monitoring in diagnosing and managing hypertension.

“The goals of the policy statement are to try to increase the use of self-measured blood pressure monitoring in the diagnosis and management of hypertension, as well as to try to increase coverage of SMBP devices validated for clinical accuracy,” said Dr. Rakotz. “Compared with routine blood pressure measurements obtained in an office setting, SMBP measurements are a better predictor of cardiovascular disease and premature death.”

Here are six key takeaways physicians and other health professionals should know about the new SMBP policy statement.

### Use to confirm diagnosis of hypertension and assess BP

“It’s important to use out-of-office BP measurements to confirm a suspected diagnosis of hypertension based on BP measurements obtained in an office setting,” said Dr. Rakotz. “SMBP is the most practical way to obtain out-of-office BP measurements and can be used to assess the effectiveness of

treatment for patients who have hypertension.”

Many U.S. and international hypertension guidelines, scientific statements and position papers have promoted the use of SMBP for the diagnosis and management of high blood pressure. SMBP can also be used to identify whitecoat and masked hypertension and can be used to monitor the progression of whitecoat to sustained hypertension.

## Validated devices for clinical accuracy

“Devices that are validated for clinical accuracy should be used for self-measured blood pressure monitoring,” said Dr. Rakotz, adding that in addition to using a validated device, “in order for SMBP readings to be reliable, patients need to be educated on how to accurately measure their blood pressure.”

Preparation and positioning are vital for obtaining accurate SMBP measurements. This includes emptying the bladder and resting for five minutes before measuring. Learn more with the one graphic you need for accurate blood pressure reading.

## Use SMBP with additional interventions

“There is evidence that shows that using SMBP in patients with high blood pressure with cointerventions is more effective at lowering BP and improving BP control,” said Dr. Rakotz. “Cointerventions are things like education and counseling that can happen on the telephone or through telehealth visits and can be performed by non-physician members of the care team including nurses, care coordinators and pharmacists.”

“The more intense the cointerventions, the larger the improvement in blood pressure control,” he added.

## Cost and cost effectiveness

SMBP monitoring involves intervention and health care costs. The intervention costs include the device, training, recording and transmitting data, interpretation of BP readings and reporting, and costs of cointerventions. On the health care side, the costs include spending for medical visits, medications and testing.

By using SMBP monitoring, some health care cost savings include a reduction in office visit follow-ups, avoidance of possible overtreatment in patients with white coat hypertension, improvement in quality of life, and reduction in cardiovascular events and in lost wages and earnings.

## Barriers to widespread use

The use of out-of-office BP measurement is essential for self-management of hypertension. It also has great appeal for expanding the benefits of cardiovascular prevention, says the statement. However, transitioning to SMBP is not without perceived barriers at every level, involving patients, physicians and health systems.

“One of the biggest barriers to SMBP use is the out-of-pocket cost for patients to purchase a device,” said Dr. Rakotz, adding that “the AMA and AHA are working together to advocate for coverage of devices for all people who need them.”

However, “effective use of SMBP requires an infrastructure of education, communication and technology for beneficial results to be widespread,” he said.

To address the barriers to widespread use of SMBP monitoring, the statement recommends:

- Educating patients and health professionals about the benefits and optimal approaches of SMBP monitoring.
- Establishing clinical core competency criteria to ensure high-quality SMBP monitoring is supported in clinical practice.
- Incorporating cointerventions that increase the effectiveness of SMBP monitoring, including behavioral change management and counseling.
- Creating systems for SMBP readings to be transferred from devices to electronic health records.
- Improving public and private health insurance coverage of validated SMBP monitoring devices prescribed by physicians.
- Reimbursing for costs associated with training patients, transmitting BP data, interpreting and reporting readings and delivering cointerventions.

## Coverage and payment for SMBP

Among payers, coverage varies significantly. However, only a small number of private and commercial payers and Medicaid plans provide coverage for SMBP. This lack of coverage and reimbursement remains a potential barrier to the implementation of SMBP.



Two CPT codes (99473 and 99474) can be used to support SMBP monitoring. These new CPT codes went into effect January 1, 2020. Learn more from the AMA about how physicians can use the new CPT codes for SMBP during the pandemic.

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients' high BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and AHA.