

Why telehealth visits shouldn't mean skipping BP measurement

AUG 2, 2021

Tanya Albert Henry

Contributing News Writer

The nation made gains on adults getting their blood pressure under control, but progress began backsliding a few years before COVID-19 hit and cardiovascular deaths were on the rise.

The hard data isn't in yet for exactly how the pandemic will impact those numbers, according to Kate Kirley, MD, the AMA's director of chronic disease prevention. But, she told viewers of a recent AMA webinar, "Clinical Case Study: Telehealth for Hypertension," it is known that patients during the second quarter of 2020—when visits were more likely to be via telehealth—were not having their blood pressure taken during visits as often as they would have in the second quarter of 2019 or 2018.

There were 59.1 million fewer office visits—about 50% fewer visits—in the second quarter of 2020 when compared to the prior years. Blood pressure was taken during 70% of these visits. Meanwhile, telehealth visits rose to 35 million during second-quarter 2020, compared with 1.4 million previously. Blood pressure was recorded at fewer than 10% of these visits, Dr. Kirley said.

Taking patients' blood pressure is an important step in identifying scores of Americans walking around with undiagnosed hypertension and in helping hypertensive patients get their blood pressure under control, Dr. Kirley explained.

So, how can patients and physicians reverse current trends? Teach patients how to accurately measure their blood pressure out of the office and report the results back to physicians.

"We do have guidelines that tell us that out-of-office BP measurements are something that we should be using. They are better correlated to cardiovascular risks than in-office blood pressure measurements," Dr. Kirley said.

The webinar is part of the Telehealth Immersion Program designed to help physicians, practices and health systems implement, optimize, sustain and scale their telehealth efforts. That program is part of

the AMA STEPS Forward™ Innovation Academy that lets physicians learn from peers and experts and discover ways to implement time-saving practice innovation strategies.

AMA tool can help your practice

The AMA MAP BP™—an evidence-based, quality improvement program—was created for the in-office setting, but translates well to telehealth, Dr. Kirley said.

MAP stands for:

- Measure accurately: Get actionable data to diagnose and assess control of blood pressure.
- Act rapidly: Initiate and intensify evidence-based treatments.
- Partner with patients: Support patient activation to monitor and improve their treatment adherence.

Patients will need devices that measure BP accurately and will need to be educated on how to best take their own blood pressure. That is something they can learn at Target: BP™, a national initiative from the AMA and American Heart Association to help improve blood pressure control. The AMA also offers the seven-step self-measured blood pressure (SMBP) quick guide to help physicians and their teams teach patients.

Lastly, there needs to be a clear way for patients to capture and share data back with the physician and care team. For example, will the device capture the data? Will the patient write information down on a piece of paper? Will there be a patient portal for the patient to send results? Will there be a phone call to discuss readings and what they mean? A video visit?

She noted that there are Current Procedural Technology (CPT®) codes available to support SMBP, including a code to cover education and a code that can be used monthly to cover the interpreting the measurements, care planning, documenting the treatment and communicating the plan to the patient.

During the webinar, presenters shared two clinical case studies. One covered how the Health Federation of Philadelphia worked with Community Health Centers to implement SMBP. The other features the University of Pittsburgh Medical Center's successful use of remote patient monitoring for postpartum hypertension.