Surely, most physicians are aware of the worsening statistics on people with hypertension, but there are two that are worth emphasizing: Nearly half of U.S. adults have hypertension, and more than three-quarters of them don't have it under control.

The good news is that self-measured blood pressure (SMBP), paired with clinical support, has been shown to be effective in helping patients with hypertension lower blood pressure and achieve control, and many patients are eager to adopt it. In fact, SMBP is an example of the potential to improve care delivery in a post-COVID-19 world.

An article in *American Journal of Hypertension* summarizes the opportunities available to increase use of SMBP, particularly for clinical practices—even small ones—to implement SMBP.

**Control is the goal**

SMBP is the routine measurement of blood pressure by a patient outside the clinical setting, usually in their home. When SMBP measurements are relayed to clinical practices, they enable physicians to more accurately assess blood pressure to diagnose and treat hypertension, as well as empowering patients to take an active role in their care.

“Optimal SMBP occurs when a person with hypertension receives training and education on how to select a validated device with an appropriately sized cuff, proper preparation and positioning, frequency of readings and duration of monitoring, and a method for returning patient-generated values,” wrote the article’s authors, who include Nar Ramkissoon, MPH, senior manager of partner development strategy at the AMA.

In addition to measuring their blood pressure at home, patients share their SMBP measurements, any medication side effects and details of how they modified their lifestyles with their clinical teams, who
receive and interpret the data and then incorporate it into patients’ care plans.

“This patient-clinician feedback loop continues indefinitely,” the authors noted.

Why it works so well

One of the things the COVID-19 pandemic has clearly demonstrated is that telemedicine can be a powerful tool for improving health outcomes. Generating clinically accurate data for use in telemedicine is critical.

“With SMBP, you still maintain a connection to your care team,” Ramkissoon said in an interview, noting how the article’s recommendations support the Surgeon General's Call to Action to Control Hypertension. “You’re able to do it in the convenience of your own home, with your own device, with the benefit of regularity. We know that taking your blood pressure and then getting ongoing clinical support can lower your blood pressure and help get you to goal.”

A simple checklist

To do SMBP right, the authors recommended focusing on three key steps:

First, establish a clinical support model. For the feedback loop to work, patients and care teams need to be trained on SMBP. One of the sources for training materials the authors cite is Target: BP™, a national initiative co-led by the AMA and the American Heart Association, which has a website that features an easy-to-use set of tools and resources for training patients to use SMBP.

Second, get reliable data. SMBP is only as good as the data it uses. Before they buy an SMBP device, direct patients to the AMA’s validatebp.org, the first U.S. site with a list of validated BP measurement devices. To learn more, discover the biggest value of patient-measured BP: Preventing false positives.

Third, get paid for your work. For clinical services, CPT code 99473 can be used once per device when a patient receives education and training from clinical staff on the set-up and use of a validated SMBP measurement device. Additionally, CPT code 99474 can be used monthly if data collection, interpretation and communication of a treatment plan to the patient occurs. In addition, HCPCS codes A4670 and A4663 facilitate reimbursement for automatic, upper-arm SMBP monitoring devices and separate blood pressure cuffs. Check out the AMA’s breakdown of status of coverage by state.
“What we want care teams to take away from this is there’s a package of tools that help remove barriers to implementing SMBP,” Ramkissoon said. “They can all be used today—by everyone.”

The article also outlines the barriers national stakeholders have encountered to widespread implementation of SMBP and summarizes steps that payers and policymakers need to take long term, including promoting ample supply of validated devices with appropriately sized cuffs, improved coverage and reimbursement, and ready access to high-speed broadband.

Visit the AMA’s 7-Step SMBP Quick Guide for evidence-based tools resources and implementation tools for training patients in SMBP.