Self-Measured Blood Pressure (SMBP) Monitoring Business Case

The value proposition: Self-measured blood pressure (SMBP) monitoring empowers patients to monitor and manage their hypertension actively by taking regular blood pressure (BP) measurements at home and submitting average BP readings to their clinical team. SMBP has been demonstrated to improve diagnosis, treatment adherence, blood pressure control, and cardiovascular health outcomes when compared to relying solely on clinical office measurements.[i]

SMBP is especially beneficial for individuals with high blood pressure. It allows for more frequent monitoring in the patient's own environment and quicker adjustments to medication or lifestyle habits when necessary, resulting in better cardiovascular outcomes for the patients receiving care.

The benefit to the practice is improved efficiency, allowing members of the care team to function at the top of their capabilities and licenses, and allowing touchpoints with patients via asynchronous communication or telehealth. Improved efficiency, in turn, leads to improved patient, provider, and staff satisfaction.

Considerations:

Costs

- **Obtaining and Distributing BP Devices.** Work with your state's Medicaid insurers to establish a *consignment model*. This entails selecting a clinically validated device(s) that your team wants to use and having a par number of devices on site for distribution that are billed to the insurer using the patient's durable medical equipment (DME) or pharmacy benefit. This model eliminates the device cost for patients in many cases and ensures the care team can act on an individual's readiness to participate in SMBP in real time at the point of care. The cost of a validated device for Medicare (BP devices are not currently covered) and uninsured patients must be considered. While obtaining grants is one option, another might be using 340b funds to purchase devices for those without insurance coverage.
- **Staffing.** SMBP monitoring services require the assignment of staff to particular roles and functions. The SMBP Implementation Toolkit provides excellent guidance on how to develop a team-based model with staff working at their highest potential. There will need to be dedicated staff for SMBP enrollment, basic monitoring of SMBP engagement, and treatment intensification (providers, RNs or Clinical Pharmacists) to maximize efficacy and the number patients reaching their BP goals.
- **Patient-Generated Data Service.** For efficiency, consider a digital service that curates patient-generated data (BP values) that are submitted. There is good guidance in the SMBP Implementation Toolkit to help in selecting a technology vendor.
- **EHR Modifications/Configurations.** Structured data integration with a patient-generated data service requires that the electronic health record (EHR) database is ready to accommodate average BP values as well as other key information such as the date range of the average and the number of BP values that constitute the average. The high and low values in the date range can also be helpful information for clinical decision-making. In some cases, one can readily integrate patient-generated

BP data as structured data into the EHR or through end-user configuration. However, usually, structured data integration requires modifications requested through the EHR vendor.

- **Population Health Management System** modifications to dashboards and reports will make monitoring progress and reporting easier and allow for more time to spent on analysis and service modification.
- **Training** may be the biggest cost investment for a practice. Proper training for SMBP that is role-based and available to new staff as well as a refresher for existing staff will help to ensure successful SMBP monitoring services and reduce the potential risk of false starts.
    - SMBP patient training checklist: Virtual
    - SMBP Jumpstart: A Self-Measured Blood Pressure Curriculum | Hypertension | Cardiovascular Disease (CVD) Prevention Education from the AMA | AMA Ed Hub

Potential Revenue Streams

- **Current Procedural Terminology (CPT) Codes.**
    - **SMBP CPT Codes.** The American Medical Association (AMA) has developed specific SMBP CPT codes that can be used as a revenue stream. For now, these codes are only applicable to fee-for-service Medicaid claims and cannot be "billed above" the prospective payment system (PPS) rate for federally qualified health centers (FQHCs). See SMBP Coverage Insights: Medicaid | AMA.

      Note that SMBP codes have different compliance requirements than Remote Physiologic Monitoring (RPM) codes. SMBP requires a minimum of 12 BP measurements in a month. The 12 comes from 2 readings in the morning and evening for at least three days. RPM requires at least 16 days of measurements per month with 30 minutes of interpretation and review.

    - **CPT Category II Codes and Chronic Care Management (CCM) Codes.** Many groups find it is helpful to automate SMBP codes in their EHR along with CPT 2 and CCM codes as well as order sets to streamline the process of referral to SMBP and using adopted medication algorithms.

- **Pay-for-Performance.** Practices should evaluate revenue streams that can be improved using CPT 2 coding and other incentives offered by insurers when BP control rates are increased.
- **Accountable Care Organization incentives** can be another source of revenue.
- **Increase clinical pharmacist visits.** Many states consider clinical pharmacists to be billable providers, often at the FQHC PPS rate. Adding clinical pharmacists to the care team improves efficiency and frees physicians and advanced-practice providers to see other patients while improving the health outcomes for patients with hypertension.
- **Work with the insurers in your payer mix.** In some cases, insurers are willing to support SMBP monitoring services above and beyond the PPS rate. They may be willing to pay a PMPM rate for the months the patient is enrolled in SMBP.
- **Triage SMBP patients.** If goal BP is not achieved in 1 – 2 months consider assigning the patient to Chronic Care Management (CCM) that is more intensive and can be billed using CCM codes which have a higher fee schedule than SMBP Codes. CCM codes can be billed to Medicare and Medicaid.

The challenge is that these patients must submit 16 BP readings in 30 days to be eligible for the Remote Physiologic Monitoring (RPM) codes

Maximizing SMBP Monitoring Services

- **Optimize provider schedules** for hypertension office visits by using a team-based approach, reserving the provider schedules for office visits that must be in person. Clinical pharmacists or registered nurses can provide follow up visits either in person or virtually between the regular office visits. In many states the clinical pharmacist is a billable provider.
- **Leverage telehealth.** Because the patient is submitting BP measurements that reach the care team asynchronously, telehealth can be used for adjustments to medication and checking in with the patient.
- **Use population health dashboards and reporting** to:
    - Analyze no-show rates for hypertension follow up visits
    - Review number of patients reaching goal blood pressures by provider and site. Replicate processes and strategies of successful teams.
- **Evaluate patient and provider satisfaction.** Remember, patients can leave the practice and you may not know if they have left the practice or why they left. Patient and provider retention Is a key component to success.
- **Raise awareness.** Develop a marketing strategy and be sure patients are aware of the SMBP service line you offer.

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[i] Shimbo D, Artinian NT, Basile JN, et al. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and American Medical Association [published correction appears in Circulation. 2020 Jul 28;142(4):e64. doi: 10.1161/CIR.0000000000000906]. Circulation. 2020;142(4):e42-e63. doi:10.1161/CIR.0000000000000803