How to Manage Hypertension Virtually in Health Centers during COVID-19 and Beyond

May 20, 2020
## Call Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
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<tbody>
<tr>
<td>Welcome, Housekeeping, Agenda, Introductions</td>
<td>2:00 – 2:05</td>
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<tr>
<td>Managing Hypertension during COVID-19</td>
<td>2:05 – 2:25</td>
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<td>• Elaine Ellis Center of Health, Washington, D.C.</td>
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<td>• Zufall Community Health Centers, New Jersey</td>
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<tr>
<td>Key Aspects of Virtual Hypertension Management – AMA</td>
<td>2:25 – 2:45</td>
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<tr>
<td>• Self-measured blood pressure monitoring (SMBP)</td>
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<td>• CPT Codes to Support SMBP</td>
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<td>• HRSA UDS Controlling High Blood Pressure 2020</td>
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<tr>
<td>Q &amp; A</td>
<td>2:45 – 3:00</td>
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</tbody>
</table>
Kate Milone, MA, MS
Director, Quality and Compliance
Elaine Ellis Center of Health
Kathleen Felezzola, BSN

Director of Nursing
Zufall Community Health Centers
Linda Murakami, RN, MSHA
Senior Program Manager, Quality Improvement
American Medical Association
Michael Rakotz, MD, FAHA, FAAFP

VP of Health Outcomes
American Medical Association
Patient Engagement

• Patient Identification
  • Blood pressures
  • Co-morbidities
  • Language barriers
  • Last visit
• Home equipment
• Telehealth
• Check-in Calls
• Patient Advocacy
CareTeam Based Approach

- Scheduler
- Medical Assistant
- Provider
- Case Manager/Care Coordinator
- Director of Quality
- Expanded care team: behavioral health, pharmacy, nutritionist, insurance provider
The pessimist complains about the wind; the optimist expects it to change; the realist adjusts the sails.

William Arthur Ward
Managing Hypertension Patients Virtually

Kathleen Felezzola, BSN
Director of Nursing
Other Key Factors

• Inform patients about their readings and what those readings mean
• Teach patients skills to manage their own health
• Establish self-management goals
  o Use MI techniques
  o Use SMG forms
• Once daily regimens, low cost meds
  o 340 B Prescription Program
• Frequent follow up visits until at goal
• Utilize Team approach: Providers, patient navigator, MAs, Clinical Pharmacist, Dietician, Integrated BH
Telehealth Strategies for Improving SMBP Outcomes

- Use of Portal and/or Luma Health (Our online patient communication system)
  - Scheduling of visits
  - Messaging to Check in/provide reminders
  - Return and review of BP log/Self

- Video check ins
  - Education
  - Observation of technique
  - Verification of Medication supplies

- Telehealth Visits
  - Eliminates transportation barriers
  - Removes need for office visits and potential exposure to infectious disease
  - Eliminates need to take time from work
Technology Challenges and Solutions

• Many devices that integrate directly with eCW are difficult to set up, posing a potential barrier
  o Using electronic BP cuff with memory
  o Maintaining printed log

• eCW virtual visit platform was crashing
  o Due to relaxation of HIPPA during COVID-19, able to move to Zoom Platform

• Overloading of Phone Lines
  o Began making calls using iPads rather than phone lines

• Patients have difficulty navigating ZOOM
  o MAs have a “Pre-visit” via phone to assist in downloading app and walking through set up
  o Continue to research to find HIPAA compliant and User Friendly Telehealth Solutions

• Patients without Smart Phones
  o Continues to be a challenge
Where to Go From Here

- Purchase of devices that integrate directly with eCW
- Expanding program to all 6 medical sites
- Outreach in community
- Set up for virtual monitoring in public housing
- Potential outreach to areas such as barber shops, churches
Key Aspects of Virtual Hypertension Management
Objectives

- Review key aspects of the virtual management of hypertension using Self-Measured Blood Pressure (SMBP) monitoring

- Review 2020 CPT codes to support SMBP and the virtual management of hypertension

- Review recent changes to HRSA Uniform Data System (UDS) Controlling High Blood Pressure eCQM for 2020
Defining Self-Measured BP (SMBP)

Self-measured blood pressure (SMBP) refers to blood pressure (BP) measurements obtained by the patient outside of a clinical setting.
Virtual Management of Hypertension

**WHAT** SMBP can be used to assess
- BP as a vital sign
- effectiveness of treatment for high BP

**WHEN** SMBP can be performed
- before or after an in-person encounter
- before, during and after a virtual encounter

**WHY** SMBP can be used to
- inform changes in treatment
- improve patient engagement, adherence to medications
- Lower BP and improve BP control
What’s needed to obtain actionable SMBP measurements?

1. Patient identification
2. BP measurement device selection and appropriate cuff size
3. Patient education and training
4. Monitoring protocol
5. Averaging of results
6. Interpretation of SMBP results
7. Documentation and communication of treatment and follow-up plans

7 steps for SMBP

- **Identify patients for SMBP**
  - Patients with an existing diagnosis of hypertension
  - Patients with high blood pressure without a diagnosis of hypertension
  - Patients suspected of having hypertension (table or masked hypertension)

- **Confirm device validation and cuff size**
  - Make sure patients have automated, validated devices with appropriately sized upper arm cuffs
  - Use the ‘Guidelines for Blood Pressure Measurement’ and ‘Systolic and diastolic blood pressure cut points for adults’

- **Train patients**
  - Educate patients to perform SMBP using an evidence-based measurement protocol
  - Education should include proper preparation and positioning before taking measurements, as well as reading one minute between measurements
  - Verify patients’ understanding and share educational resources
  - Use the ‘SMBP training video’ (also Spanish version) and the ‘SMBP infographic’ (also Spanish version)

- **Have patients perform SMBP**
  - Conduct SMBP monitoring whenever BP assessment is desired (e.g., to confirm a diagnosis, to assess every 2-4 weeks if BP is uncontrolled or at physician discretion)
  - Provide instructions on the location of monitoring and the number of measurements to take each day
  - 7 days of monitoring recommended (3-4 days, 12 readings) minimum
  - Measurements should be taken twice daily: morning and evening, with at least two measurements taken each time
  - Determine when and how patients will share results back to care team
  - Examples include phone, portal or secure messaging
  - Use the ‘SMBP recording’

- **Average results**
  - Average all SMBP measurements received from patients for monitoring period
  - Document average systolic and diastolic blood pressure in medical record
  - Use the average systolic and average diastolic blood pressure for clinical decision making
  - Use the ‘SMBP averaging tool’

- **Interpret results**
  - Make diagnosis and/or assess control
  - Write, intensity or continue treatment as needed
  - Use the ‘SMBP interpretation tables’

- **Document plans and communicate to patients**
  - Document treatment and follow-up plans and communicate to patients
  - Confirm patients’ agreement and understanding

OPT codes for SMBP are available and can be submitted for services related to patient training on SMBP, interpretation of SMBP measurements and management based on results.
Identifying patients for SMBP

• Patients with an existing diagnosis of hypertension

• Patients without a diagnosis of hypertension and
  • recent elevated or high blood pressure measurements
  • suspected hypertension (white coat, masked, sustained)
  • patients with labile blood pressures or those who need to have BP closely monitored for any reason
BP measurement device selection

BP measurement devices appropriate for SMBP should:

- Be automated and validated for clinical accuracy
  - www.ValidateBP.org

- Have upper arm cuffs
  - Cuffs should be fitted to patients’ upper arm size

- Have device storage for 30 or more measurements

Selecting the appropriate cuff size

- Home BP cuffs usually have a standard-sized cuff that will fit upper arms starting at 8” up to 14-18” (XL options available for some devices)
Patient Education and Training

Training patients to properly prepare for and perform SMBP is essential.
SMBP monitoring

• Provide patients with instructions on the duration of monitoring and the number of measurements to take each day
  • Conduct SMBP monitoring whenever BP assessment is desired
    • to confirm a diagnosis, every 2-4 weeks if BP is uncontrolled, or at provider discretion
  • 7 days of monitoring recommended; 3 days (12 readings) minimum
  • Measurements should be taken twice daily with at least two measurements taken each time, one minute apart

• Determine when and how patients will share results back to the care team
  • Examples include phone, patient portal, secure messaging or telemedicine encounter
Average and interpret results

- Average all SMBP measurements received from patients
- Document average systolic and average diastolic blood pressure in medical record
  - structured template
  - vital signs field (may be part of virtual encounter)
- Providers will use results for clinical decision-making
Document and communicate treatment plan and follow-up

- Once treatment and follow-up plan is developed and documented by provider, communicate back to patient
- Confirm patient understanding and agreement
CPT codes to support SMBP
2020 CPT codes for SMBP

99473: SMBP using a device validated for clinical accuracy; patient education/training and device calibration

* Can be submitted once per device
* Staff time reimbursement = $11.19 for patient education

- Where to easily find devices validated for clinical accuracy
  - www.ValidateBP.org
  - www.stridebp.org/bp-monitors
2020 CPT codes for SMBP

99474: SMBP using a device validated for clinical accuracy; separate self-measurements of two readings, one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

* Can be submitted once monthly per patient if requirements met
* Provider reimbursement = $15.16 monthly for reviewing readings, and communicating and treatment plan

- Device validated for clinical accuracy
- Measurement protocol
- Document the average SBP and DBP
- Communication of a treatment plan to patient must be documented
Where to Find Devices Validated for Clinical Accuracy

www.ValidateBP.org
Special coding advice during COVID-19 public health emergency

Information provided by the American Medical Association does not dictate payor reimbursement policy and does not substitute for the professional judgement of the practitioner performing a procedure, who remains responsible for correct coding.

Version 3.1b • Updated May 4, 2020

## Scenario 26: (COVID-19 or non-COVID-19 Case) Self Monitored Blood Pressure Services - Training separate, but same day as E/M Telehealth Visit

<table>
<thead>
<tr>
<th>Action</th>
<th>Patient evaluated via E/M Telehealth OR Telephone visit</th>
<th>Patient education &amp; calibration of BP device</th>
<th>Subsequent Activity: Collect and interpret monthly BP readings (no additional E/M service associated)</th>
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</thead>
<tbody>
<tr>
<td>Who is performing</td>
<td>Physician/QHP</td>
<td>Physician/QHP</td>
<td>Physician/QHP</td>
</tr>
<tr>
<td>Applicable CPT Code(s)</td>
<td>E/M Telehealth ¹ ³</td>
<td>Telephone Visit New and Established Patients</td>
<td>99473 Self-measured blood pressure using a device validated for clinical accuracy; patient education/training and device calibration</td>
</tr>
<tr>
<td></td>
<td>⁹⁹²⁰¹ (typical time 10 min)</td>
<td>Add 25 modifier</td>
<td>⁹⁹⁴⁴¹ (5-10 min) Payor guidelines may vary</td>
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<tr>
<td></td>
<td>⁹⁹²⁰² (typical time 20 min)</td>
<td></td>
<td>⁹⁹⁴⁴² (11-20 min) Payor guidelines may vary</td>
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<tr>
<td></td>
<td>⁹⁹²⁰³ (typical time 30 min)</td>
<td></td>
<td>⁹⁹⁴⁴⁴ (21-30 min) Payor guidelines may vary</td>
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<tr>
<td></td>
<td>⁹⁹²⁰⁴ (typical time 45 min)</td>
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<td>⁹⁹²⁰⁵ (typical time 60 min)</td>
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<tr>
<td>Established Patient (CPT times)</td>
<td>⁹⁹²¹² (typical time 10 min) Add 25 modifier</td>
<td>⁹⁹⁴⁴⁴ (21-30 min) Payor guidelines may vary</td>
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<td>⁹⁹²¹³ (typical time 15 min)</td>
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<td>⁹⁹²¹⁴ (typical time 25 min)</td>
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<tr>
<td></td>
<td>⁹⁹²¹⁵ (typical time 40 min)</td>
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<tr>
<td>Applicable ICD-10 CM codes</td>
<td>Non-COVID-19 patient: Code applicable ICD-10-CM diagnoses</td>
<td></td>
<td>99474 Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient</td>
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<td>COVID-19 patient: Code applicable ICD-10-CM diagnoses, add applicable COVID-19 focused diagnosis</td>
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<td></td>
<td>Asymptomatic, no known exposure, results unknown or negative Z11.59</td>
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<tr>
<td></td>
<td>Contact with COVID-19, Suspected exposure Z20.828</td>
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<td>U07.1, COVID-19 (Effective April 1, 2020 - CDC Announcement)</td>
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<tr>
<td>Place of Service (POS)</td>
<td>11 Physician Office</td>
<td>11 Physician Office</td>
<td>11 Physician Office</td>
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<td>19 Off Campus Outpatient Hospital</td>
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<tr>
<td></td>
<td>20 Urgent Care Facility</td>
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<tr>
<td></td>
<td>22 On Campus Outpatient Hospital</td>
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<tr>
<td>Notes</td>
<td>1 CMS requires use of modifier 95 for telehealth services; other payers may require its use</td>
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<td>Do not report 99474 more than once per calendar month</td>
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<td>2 Individual states (through Executive Order) or payors may permit use of I/M codes with audio-only encounters.</td>
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<td>3 CMS will permit reporting of telehealth E/M office or other outpatient visits based on time or Medical Decision Making (MOM)</td>
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<td>Office for Civil Rights at HHS provides flexibility on audio/visual tools</td>
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<td>Medicare will pay telehealth at in-person rates and not conduct audits to ensure prior relationship with patient</td>
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Physicians’ powerful ally in patient care
HRSA Uniform Data System (UDS)
Controlling High Blood Pressure 2020
II. APPROVED CHANGES FOR CY 2020 UDS REPORTING

A. UPDATE QUALITY OF CARE MEASURES TO ALIGN WITH E-CQMS: TABLES 6B AND 7

10. Controlling High Blood Pressure has been revised to align with CMS165v8.
In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure.

Do not include BP readings:
- Taken during an acute inpatient stay or an ED visit
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the member

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.
What do these changes mean for UDS Controlling High Blood Pressure?

SMBP can be used for UDS Controlling High Blood Pressure if:

1. BP is measured with a remote monitoring device
2. Numerator compliance defined as the most recent BP being < 140/90 mm Hg.
3. If multiple BPs on measured on the same day, use the lowest systolic and lowest diastolic BP measured that day

And probably....

4. The BP was digitally stored and transmitted to the provider
Opportunities to Connect around SMBP

**Million Hearts® SMBP Healthcare Communities**
The Million Hearts® SMBP Healthcare Communities site provides information about self-measured blood pressure monitoring (SMBP); facilitates the exchange of SMBP ideas, efforts, and solutions; and connects SMBP implementers. It also gives you access to announcements, discussion boards, tools and resources, and more related to national SMBP activities. Check back often for updates, resources and information to increase your SMBP knowledge. Join the community by logging into [www.healthcarecommunities.org](http://www.healthcarecommunities.org) (it is free to register if you don’t have an account) and searching for ‘SMBP’ under the ‘Available Communities’ tab.

**Million Hearts® SMBP Forum**
The Million Hearts® SMBP Forum convenes SMBP implementers, facilitators, and other SMBP supports quarterly to exchange knowledge, identify obstacles, and surface solutions to advance the practice of SMBP nationwide. NACHC welcomes active participants from diverse sectors, including clinical care teams, health departments, community-based clinical support providers, employers, payers, and others. Join the Million Hearts® SMBP Forum by registering online at: [http://bit.ly/SMBPForum](http://bit.ly/SMBPForum)
Additional Resources

- NACHC Self-measured Blood Pressure Monitoring: Implementation Guide for Health Care Delivery Organizations

- How to use your home blood pressure monitor

- Como usar su monitor de presión arterial
  http://bit.ly/smbpmillionheartssp (Spanish Video)

- Self-Measurement: How patients and care teams are bringing blood pressure to control
  http://www.nachc.org/taking-control-of-my-blood-pressure-patient-stories/

Q & A
Thank you!