



Guide to Self-Measured Blood Pressure for Health Care Providers

How to integrate self-measured blood pressure monitoring into your workflow

Self-measured blood pressure (SMBP) monitoring, or out-of-office monitoring, is a valuable addition to the clinical management of hypertension. It is recommended by the American Heart Association, the Centers for Disease Control and Prevention (CDC) and others.¹⁻⁴

- SMBP monitoring can empower patients to participate more actively in managing their high blood pressure.
- SMBP readings provide a more comprehensive picture of a patient's blood pressure over time, which can help providers make more effective medication regimen adjustments and identify “white-coat” effect, if present.

Establish a new workflow to make hypertension management easier for everyone.

WORK COLLABORATIVELY

Gain buy-in from leadership and staff to implement a new workflow.

IDENTIFY A TEAM

Include all relevant staff in planning the new workflow. Realign staff roles and responsibilities as needed.

MEASURE CHANGES

Decide how you will measure progress and make a commitment to periodic review.

1 Create a new SMBP workflow that addresses:

- Which patients will do SMBP (e.g., patients who had uncontrolled blood pressure at two or more recent office visits)
- How patients will monitor their blood pressure (e.g., home blood pressure cuff, pharmacy blood pressure kiosks)
- How to correctly write a blood pressure monitor prescription
- How to determine what cuff size to prescribe
- When and how often patients should measure their blood pressure
- How to support patients who cannot afford a monitor
- Who will train patients on proper measurement techniques and tracking
- What additional patient education and blood pressure tracking materials will be provided
- How patients will record SMBP readings (e.g., Blood Pressure Tracking Card, health app(s), on the monitor)
- How patients will share SMBP readings with your practice (e.g., nurse visit, telephone call, bringing in the monitor)
- How your team will record patients' readings in the EHR to facilitate easy and quick access (structured field vs. non-structured field, all values vs. average)
- Who will check patients' blood pressure monitors to ensure reliable results

2 Train staff on the workflow:

- Develop a training plan and train all relevant staff, including those who will provide patient education and follow up with patients.
- Ensure all staff members meet your training standards and understand the training plan.
- Provide re-training when appropriate.



Blood Pressure Tracking Card

3 Implement the workflow:

- Educate patients on the value of out-of-office monitoring; how to correctly take, record and understand readings; and what to do if they have a high or very high reading.
- Prescribe a brachial (upper arm) cuff monitor that is:
 - Fully automated
 - Validated
 - The correct size
- Prescribe monitoring frequency based on whether monitoring is for diagnosis or maintenance.
- Refer patients to local pharmacies or other community settings that provide free blood pressure measuring (e.g., churches or mobile health vans).
- Document out-of-office blood pressure in the EHR.
- Check if the patient's monitor is working properly.



How to Take Your Blood Pressure

ADDITIONAL TIPS FOR SMBP:

1. Visit www.dableducational.org for a listing of validated monitors.
2. Patients should not take a blood pressure reading on the same arm where they have had a mastectomy with lymph node removal.
3. If there is a discrepancy in blood pressure readings, ask the patient to bring in their monitor. Check that the monitor is working properly and that the patient's cuff size is correct; test the monitor against your in-office device.
4. If the patient is close to the maximum number of monitor readings per the manufacturer's guidance, advise the patient to get a new monitor.
5. Use training tools (e.g., New England Journal of Medicine Blood Pressure Management Video: <https://www.youtube.com/watch?v=13dgxxPct1I>).

References

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