

Guiding SMBP Program Implementation

Self-Measured Blood Pressure Collaborative (SMBP) Supports Clinics Via Coaching, Collaboration, TA

Problem

The complexity and cost of creating a self-measured blood pressure (SMBP) program in an outpatient clinic setting can be a barrier to implementation, despite the evidence to support the effectiveness of the program in improving patient outcomes.

Action

Comagine Health launched a 12-month SMBP Learning Collaborative in July 2023 with 12 outpatient clinics from Idaho, New Mexico and Washington. The objective of this collaborative is to support practices in implementing an evidence-based SMBP program to improve patient blood pressure.

Methods

At the onset of the collaborative, Comagine Health worked alongside participating clinics to ensure provider champions and C-level leadership endorsement to participate in the collaborative and support the SMBP program development. Practices then received a starter set of 20 blood pressure monitors and cuffs for their clinic program and a comprehensive guidebook. Comagine Health facilitated four learning sessions and bimonthly collaborative sessions for the clinics to learn how to create and implement an SMBP program that works for their unique clinic and patient population. Comagine Health QI experts also provide coaching, technical assistance, and education between collaborative sessions. Comagine Health facilitation of the collaborative encouraged participants to share best practices and mitigation strategies for barriers.

Results

All 12 clinics have implemented SMBP programs. Data are collected on a monthly cadence from each participating clinic. For reporting, providers stratify enrolled patients into four groups based on age (18-64 or 65 and older) and hypertension diagnosis (new diagnosis or established hypertension) and provide counts of patients based on their current hypertension status (active participant, at goal, dropped). Providers also report the cumulative number of staff that have been trained on SMBP. As of Jan. 31, 2024, across the 12 participating clinics, **there are 74 trained staff with 35 enrolled patients aged 18-64 with hypertension and 77 enrolled patients aged 65+ with hypertension**. Forty-one patients aged 65 and older have reached goal and 11 patients aged 18-64 have reached goal. A sample data report is featured here. ▶

At the end of the collaborative, we will have clinic-level data on the percentage of patients who reached blood pressure goals. These results will be correlated with staff knowledge, confidence and experience scores to identify any relationships with the health outcomes of enrolled participants.

Conclusion

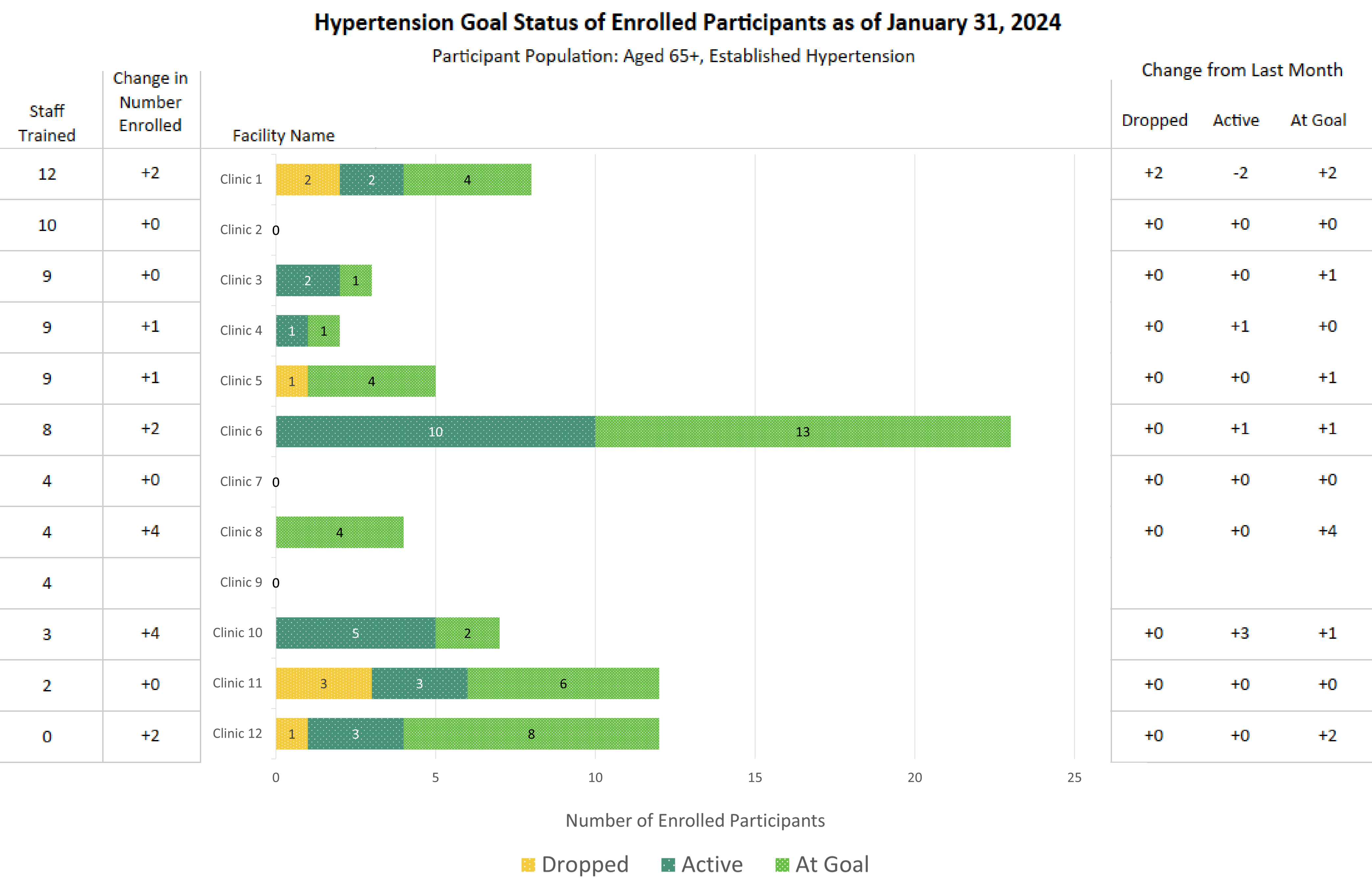
The collaborative structure of the intervention created the environment for efficient and effective implementation of SMBP programs across 12 unique clinics. The combination of Comagine Health’s quality improvement expertise and group facilitation allowed clinics to learn from each other and share resources among one another, such as enrollment forms, EHR templates and best practices for obtaining reimbursement of services for different types of clinics. This saved clinics time and money, while allowing them to work through barriers more quickly with the help of technical assistance from Comagine Health and other clinics, which helped keep their work going, instead of stalling or stopping once they hit a barrier.

Recommendations

- Consider implementing SMBP programs in a collaborative structure for support and resource sharing that improves efficiency, cost and sustainability.
- Provide participating clinics with an initial set of blood pressure monitors and cuffs to overcome the cost barrier of starting a SMBP program.
- Ensure commitment from a provider champion and C-suite prior to initiating the work. Leadership endorsement is critical for providing the time, support and resources necessary to implement and sustain SMBP work.
- Condense vital resources into a guidebook format to save clinics time looking for references and confirming best practices.

Data reports are provided to participants prior to each collaborative as a way to quickly see their current status, track their progress through the course of the program, and as a conversational tool in discussions with administrators. This figure represents an example of the data reports that are shared with participating providers and represents the status of participants that are categorized as 65+, established hypertension.

Questions about this project? Contact Kate Drummond at kdrummond@comagine.org.



Enrolled, patients with blood pressure > 140/90 who agreed to participate in the SMBP collaborative. This number is the sum of dropped, active, and at goal patient counts. Dropped, patients from the enrolled category who dropped from the program or were lost to follow up. Active, patients from the enrolled category who have not yet reached the blood pressure goal of < 140/90. At goal, patients from the enrolled category who have reached the blood pressure goal of <140.90. Established hypertension, patients diagnosed with hypertension for more than 4 weeks prior to SMBP program invite.