

IMPROVING EQUITABLE ACCESS TO SMBP COVERAGE,
REIMBURSEMENT, & CARE Alison P. Smith, MPH, BA, BSN, RN

John Clymer: Next, we welcome Alison Smith, Program Director of Target BP, The American Heart Association and the American Medical Association's collaborative to improve blood pressure control. Alison?

Alison Smith: Thank you for the invitation, John, and for the opportunity to be with you all. I appreciate the chance to share with you the efforts of the American Heart Association, and the American Medical Association to make equitable access to hypertension control the new norm, specifically through self-measured blood pressure policy change and practice resources. I hope that you can walk away from the presentation today with some tools that you and your team can use today. With that, I will dive in and share with you that may not be familiar, Target BP is an initiative of the AHA (American Heart Association) and the AMA (American Medical Association) (American Medical Association) launched in 2017 in response to the high prevalence of uncontrolled high blood pressure. We are both committed to improving health equity and supporting organizations through science from the AHA, the AMA, and others along with the AMA MAP™ framework to help teams organize their approach to providing evidence-based care. We also assist healthcare organizations in their journeys to improve and sustain blood pressure control through professional education, practice tools and resources, and also providing additional support through AHA and AMA for quality improvement program support. Lastly, we recognize healthcare organizations annually with achievement awards that celebrate your commitment to improving blood pressure control, your adoptions of evidence-based practices and your achievement of high blood pressure control rates for the patients that you're serving.

So starting with the science, I want to recognize work the AHA and AMA released last year in a joint scientific statement regarding evidence-based implementation strategies to improve hypertension control. The central figure in this publication highlights some of the macro level structural changes like antiracism efforts, policy change, and financial efforts, as well as some of the organizational changes that you can make in adopting team-based care models, programmatic solutions for lifestyle change, and other systematic solutions that support accurate blood pressure measurement and management like algorithms and policies and procedures. I also want to highlight that equitable access to self-measured blood pressure, and

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evidence-based use of SMBP (Self Measured Blood Pressure) can play a pivotal role in driving equity in all of these evidence-based strategies that I will dig into in a little bit.

So today, I specifically want to highlight our efforts to align SMBP device coverage and care reimbursement policy with the science to address some of these structural barriers. I'm going to describe some of the standards that could enable equitable care through devices, clinical practices, and data that's needed to support evaluation. I also want to call out some of the tools that help translate policy and science into institutional action, including efforts to strengthen the practice of your team and raise public awareness in the communities you serve. Lastly, I want to add a note on the incentives and awards for practice adoption and outcomes that we offer. So, let's start at the national level.

In 2019, we advocated to expand the available CPT® codes for providers and care teams to prepare patients for the use of SMBP devices and review SBMP readings to make care recommendations and treatment decisions. These became effective in 2020. These codes expanded the available options for billing beyond the existing remote patient monitoring (RPM) codes. They created incentives and sustainability for this evidence-based practice which paved the way for Medicare reimbursement. The links here provide an overview of these codes if you're not already using them.

In related work, the AHA and AMA have also been advocating for Medicare to cover self-measuring blood pressure monitoring devices for Medicare beneficiaries. We submitted a national coverage determination request to the Centers for Medicare and Medicaid Services in 2019. By 2023, we finally secured a period of public comment and a hearing. Walking into that hearing, there was a preliminary decision to deny that coverage, but later, after the hearing, they reversed that preliminary decision. So, while that is not a victory, it also wasn't a defeat. So, we're awaiting to hear more guidance on next steps. Ultimately, we're seeking a durable, medical equipment category designation for self-measured blood pressure devices that's only currently available to patients with end stage renal disease. Obviously, we're hoping to expand that to include patients with hypertension. I want

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to thank the National Forum for your support in that effort and know that you will continue to advocate with us to expand that coverage.

In another national level effort, we also turned to the United States Core Data for Interoperability standards as another vehicle to expand evidence-based care and access. This committee establishes the basic set of required data elements for interoperability in certified electronic health records. We made a request to add a field for average blood pressure readings – so, an average systolic pressure, and an average diastolic pressure as distinct from a singular reading. So, following public comment and committee deliberations, we were able to secure the approval of the Office of the National Coordinator for Health Information Technology to include that data element in version 4. We anticipate that implementation to be required sometime after January of 2026, but the exact date is to be determined. These are just two ongoing examples. One win, one work in progress of efforts to make structural changes that create equitable access for an evidence-based standard of care.

So, in an effort to facilitate more access to evidence-based care, the AMA also established in 2020, the U.S. Validated Blood Pressure Device Listing (VDL™), so these devices could then be more readily available, improving access to the standard of care. This list is populated through a process where manufacturers of blood pressure devices submit their evidence of validation, and an independent review committee assesses these applications to determine which meet the validation standards. If you haven't visited this list recently, there are some new features to find devices with features like cellular or Bluetooth-enabled connectivity, extra-large cuffs or devices that are available at lower price points. So, we're excited to see this list grow to more than 80 devices and an increasing number of diverse manufacturers.

So, I'm going to shift now to the state level efforts. So, we've also examined Medicaid coverage for SMBP devices and reimbursement for SMBP care, recognizing Medicaid is a really critical driver of access to care. The AMA just updated a 50-state analysis that's summarized here reflecting that half of states now reimburse for services to get care started with self-measured

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blood pressure using these CPT® codes, 22 reimburse for ongoing monthly care, and 42 states now cover the device at some level. You can see here in the illustration that each state is illustrated in this report describing the amount of coverage and if and by how much it's reimbursed. If we step back though and look at this coverage map, it illustrates an overview where the dark purple states are those that reimburse for the services and cover the device. Those that are in lavender provide coverage for the devices. Those in gray reimburse for the service. Those that are in white cover neither the device nor the service. Those with the dots also have coverage for an additional cuff that's appropriately fitting, for example, if an extra-large cuff is needed. We're really excited that this map has changed since the last time it was published. In 2023, the wins that we've had are reflected here where Kansas, Kentucky, Louisiana, Pennsylvania, and Georgia now have coverage that improved access to more than a half a million enrolled adults with hypertension who are Medicaid beneficiaries across those states. Now, we're developing state specific policy implementation toolkits to help navigate Medicaid and it's managed Medicaid plans in each of those states to help really secure those benefits that may have specific guidance around procurement or access requirements for eligibility or authorization. This map also serves as a way for us to prioritize our state level advocacy efforts, and the AHA works in states around the country to improve access to evidence-based care.

So, I'm going to shift now to institutional policy. Institutional policy is just one way we can drive equitable access to care for the patients that we're serving directly. Last year, we released this blood pressure measurement policy and procedure template for an institution to define a standard of care that they're committed to delivering and how they plan to achieve that. It begins with committing to use only validated blood pressure devices. By procuring and maintaining validated devices either for in-office or home use, you're committed to creating equitable access to care. This template goes on to set a standard for training your team every six to 12 months as the guideline outlines, and also helps enumerate the steps for acquiring an accurate blood pressure measurement through a standardized process, all of which are recommended guideline activities. This is a way in which institutions can walk the talk and adopt institutional policy to improve access and equity.

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We also have tools to support your team in developing and strengthening your SMBP programs.

This SMBP Quick Start Guide, as we call it, is a tool that curates a suite of resources that help you assess your practice, strengthen your team's knowledge and skills, and then equip patients for success and self-measured blood pressure monitoring. Here are a few examples of those tools: training videos for patients that are available now in English and Spanish along with some take home resources that illustrate proper positioning and help patients record their readings in an evidence-based cadence. These are, as I mentioned, all available now in English and Spanish and within the next month, we will make the handouts available in 15 different languages, which we think is a major step forward in providing equitable access, all of which are freely downloadable on Target BP.org.

In another effort, we have the Release the Pressure campaign. It's an effort to raise public awareness, encourage self-care and make heart health a priority among African American and Black women. This is led by the AMA and the AHA, but also the AMA Foundation, the Association of Black Cardiologists, the Minority Health Institute, and the National Medical Association. This campaign acknowledges that 50 percent of Black women over age 20 have high blood pressure and nearly 80 percent of Black adults who have high blood pressure don't have it under control. We continue our commitment to raising public awareness through this campaign with practice tools and resources to help improve self-care.

Lastly, I just want to touch on our annual Target BP award program that we launched back in 2017 and has grown to now 1800 organizations participating who serve 8.6 million patients with hypertension. Again, we want to acknowledge organizations who are committed to improving blood pressure control, those who adopt evidence-based practices, and those who achieve high control rates. We're excited to expand our award criteria in 2025 to include evidence-based activity adoption awards related to the AMA MAP™ framework, including self-measured blood pressure monitoring, and efforts to include equitable health outcomes. That will include attestation of evidence-based practices to collect race, ethnicity, and social determinant data and to stratify your control rates and look to see if your organization is achieving equitable health outcomes, using that data to close those gaps and improve control.

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So, with that, I want to encourage you to take action by visiting [TargetBP.org](https://www.targetbp.org), taking advantage of the newsletter, educational resources, practice resources, and registering to be part of this growing community. The data deadline for submission for this year's award is about a week away, so I encourage you to participate and recognize the great work that your organization is doing. I hope this overview of our policy and practice efforts will help your organization take action, to use self-measured blood pressure monitoring to achieve equitable health outcomes. Thanks very much.

John Clymer:

Thanks, Alison. Anyone who's ever had the privilege of spending time around Alison, I think, just feels her commitment and passion for improving cardiovascular health for everyone. So, let's all, with what she said in mind, let's all carry forward the valuable insights that Alison shared and work toward implementing actionable strategies to enhance access to essential healthcare services. Nothing could be more essential than hypertension control.