

EXAMPLE HOME BLOOD PRESSURE MONITORING (HBPM) WORKFLOW

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Introduction

Home blood pressure monitoring (HBPM) has been shown to improve patient self-management of hypertension. According to the Agency for Healthcare Research and Quality (AHRQ) excellence in HBPM combined with follow up care should include the following components:

- Education delivered by trained health care providers
- Regular communication of home blood pressure (BP) readings to providers
- Provider support and advice customized to patient's reported information
- Real-time adjustment of anti-hypertensive medications when indicated by HBPM

When designing a home blood pressure monitoring program it should meet the above criteria. The following is an example of a home blood pressure monitoring protocol that includes all of the components of an effective intervention.

Telephone Management of Home Blood Pressure Monitoring

Patients should be referred to HBPM for initial diagnosis, to follow up after a medication adjustment, or to monitor controlled hypertension at intervals. Patients should be taught proper measurement technique and asked to measure their BP twice daily for three to seven days.

Before calling patient:

- Determine patient's individual home BP goal
- Review BP measurements entered into patient portal and determine mean BP from twice daily readings done over a 3-7 day time period
- Review patient's current anti-hypertensive medication regimen
- Assess medication adherence if refill record is available

Call the patient:

- Confirm recent adherence to anti-hypertensive medications
- Confirm appropriate preparation and technique for BP measurements
- If BP at goal, confirm to patient and transmit report to supervising clinician and medical record

If BP above goal:

- Non-adherent to medication: Restore adherence, repeat home BP protocol in 2-4 weeks, transmit report to clinician and medical record
- Inadequate preparation/technique: Ask patient to repeat home BP protocol now
- Adherent to medication and home BP protocol: Discuss with clinician

Source: Provided by Dr. Barry Stults, University of Utah

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