



## Healthy Behavior Support Service (HBSS): Self-Monitoring Blood Pressure (SMBP) Program

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### 1. Describe participant flow through HBSS (referral, participation, follow-up and program time frame).

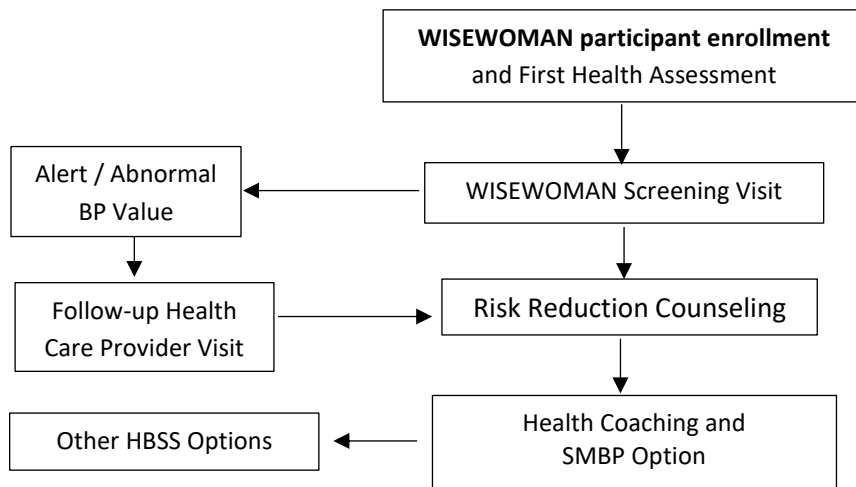
Hypertension (HTN) is the single largest risk factor for cardiovascular disease. Based on previous Iowa WISEWOMAN (WW) data (FY 2014-2018), it is estimated that out of the 430 women to be screened, approximately 109 (25%) will have HTN. Research suggests home self-monitoring of blood pressure may help lead to better control of blood pressure in patients.<sup>1,2,3</sup>

The Iowa WW program participants who have been identified with newly diagnosed or uncontrolled hypertension at their screening visit with a contracted WW health care provider, will be offered the opportunity to participate in the Iowa WISEWOMAN Self-Monitoring Blood Pressure (SMBP) Program, while also attending health coaching sessions with Iowa WISEWOMAN (WW) Health Coaches. Blood pressure monitors, blood pressure logs and additional hypertension control materials will be provided for each individual identified. Monitors will be picked up at regional office from local coordinators to ensure the monitors are functional and cuffs are an appropriate size for the participants.

Participants may take part in this program in conjunction with health coaching, and other healthy behavior support services and/or community-based programs.

The flow diagram below shows how women will be referred to the SMBP program.

The three WW health coach-led health coaching sessions will occur over a three-month timeframe, with each session approximately one month apart. Participation in SMBP will take place within the same time frame as the health coaching sessions. The participant will undertake a **follow-up screening not less than four weeks but not more than six weeks, following completion of health coaching and SMBP**. The overall timeframe from a participant's **initial screening to follow-up screening** cannot be less than three months. The **follow-up screening** will include measurements of the participant's height, weight and blood pressure, as well as a second CVD health risk assessment. A lipid panel and/or glucose testing may also be carried out if medically indicated by the physician, for participants that exhibited a high cholesterol level and/or diabetes at the initial screening visit.



**Local Coordinator/Health Coach**

**First Month of Health Coaching #1**  
SMBP Program Overview  
Healthy Lifestyle Goals

**Second month of Health Coaching (#2)**  
SMBP log review  
Healthy Lifestyle Goals Reviews and Revisions

**Third Month of Health Coaching (#3)**  
SMBP log review  
Healthy Lifestyle Goals Reviews and Revisions

**Not less than 4 weeks but not more than 6 weeks after completion of HC and SMBP**

**Follow up Screening Visit**  
Height, Weight and Blood Pressure measurements  
Second CVD health risk assessment  
Lipid panel and glucose testing when recommend by physician

**LC contact with IDPH WW staff and contracted HCPs as required by Protocol**

**2. Describe strategies incorporated in the HBSS, client engagement in the HBSS and number of sessions to completion**

**Initial Health Coaching session with certified health coaches (local coordinators (LCs)) (up to 60 minutes)**

The Health Coaching program is an individualized program adaptable to the needs and readiness level of each participant. Coaching will take into consideration the participant's health priorities and willingness/ability to make a change. The health coach will utilize motivational interviewing techniques to assist the participant in setting SMART goals. The health coach will help the participant overcome barriers and will serve as a source of support and encouragement to the participant when working to reach goals.

Participants will be scheduled for their initial SMBP and Health Coaching session with their Local Program Coordinator who are also trained and certified health coaches. The LC will use motivational interviewing techniques to identify healthy lifestyles areas (i.e. exercise, nutrition or smoking cessation) in which they would like to improve, in addition to monitoring their blood pressure. The LCs will conduct a minimum of three health coaching sessions with each participant. At each health coaching session, the LCs will review goals set with the program participant.

**During this initial session, the participant will be provided with:**

- The blood pressure monitor.
- Printed and verbal instructions on the proper use of the blood pressure monitor.
- The manufacturer's instruction booklet included with the monitor for complete instructions and safety information.
- A BP log book and instructions from the LC on how to BP record readings in the BP log book.
- **Instructions on how to proceed should the participant record an emergency/alert blood pressure reading.**

A single high reading of blood pressure is not an immediate cause for alarm but should not be disregarded. When the participant's blood pressure reaches a systolic of 180 or higher OR diastolic of 110 or higher, she should take her blood pressure several more times. If the results are consistent, the participant should contact her health care provider. If participant is unable to reach her health care provider, the participant is encouraged to seek medical attention at an urgent care facility. If any heart attack or stroke symptoms are present, the participant should call 911 immediately. Information on the signs and symptoms of a heart attack and stroke are provided to the participant when starting the SMBP program.

The Iowa WISEWOMAN Program (Program) and the Department of Public Health (Department) will not reimburse the participant for any expense associated with an ambulance transport, emergency room visit, or urgent care visit. The Program and the Department are not responsible for the participant's actions related to the blood pressure monitor including without limitation the participant's decision to seek or not seek emergency medical care following a high blood pressure reading.



**During this initial session, the participants will be instructed how to self-monitor their blood pressure, as follows:**

- Take blood pressure readings at the same time each day, twice a day (morning and evening) and record these in the BP log book.
- Not to smoke, drink caffeinated beverages, or not exercise within 30 minutes prior to measuring their blood pressure.
- To sit with their back straight and supported (kitchen or dining room chair), rather than sitting on the sofa.
- To sit with feet flat on the floor.
- To sit with the arm supported on a flat surface and with the upper arm at heart level.
- To make sure the middle of the cuff is placed directly over the brachial artery as shown by the LC.

### **3. *Bi-directional referral plan, tracking and feedback***

- The total number and length of each LC health coaching session will be tracked by the LC. The data will be incorporated in the WISEWOMAN (WW) participant record at the LC's office and in the WW database system for submission with the MDEs.
- The participant will be directed to report blood pressure readings to the WW LC at the health coaching sessions or at one-month intervals, via phone or mail.
- The LCs will fax the participants' blood pressure readings to the participant's health care provider office, and to WISEWOMAN IDPH staff for use in program tracking, and data collection and analysis.
- A final copy of the participants' BP tracking logs will be also sent into IDPH staff following the participant's second health assessment. The BP monitors have a backup memory that stores readings. These may be accessed from the monitor, if the readings are not immediately recorded in the tracking log.
- Data on referral to, participation in, and completion of the SMBP intervention will be recorded by the LC in the WISEWOMAN database system for submission with the MDEs.

### **4. *Resources required (both human and financial).***

- Health coaching is a required part of the local program contract. It is not fee-for-service based; therefore, there are no specific CPT codes or reimbursement plans for the activities. The local program via contract will be reimbursed at \$325 per participant for providing WISEWOMAN services including data collection and health coaching.
- Additional costs include:
  - Home blood pressure monitors:  $\$100 \times 23 \text{ participants} = \$2,300$ .
  - Blood pressure tracking logs for participant use:  $25 \text{ logs} \times \$1.50/\text{log} = \$40$



**5. Is the HBSS is offered by a clinical care team? Yes/No. If Yes, describe how staff, who are implementing HBSS, is integrated into team. If No, describe who is delivering the HBSS and their qualifications/trainings**

- Local Coordinators (LCs) provide the health coaching sessions in-person and via phone. Each LC has completed health coaching certification training provided through the Iowa Chronic Care Consortium (ICCC). The health coaching program is an online, 26-hour program, which concludes with a practical exam for certification.
- In addition, continued education courses are provided for the LCs through face-to-face meetings and/or through webinars, to assist them in developing and improving skills in population health team-based management, health care management and patient self-management support, building community-clinical linkages and taking blood pressure readings using monitors provided for the WW SMBP. The LCs are also provided with training on proper blood pressure measurements using the Million Hearts and American Heart Association materials.

**6. Describe any challenges and solutions to referral and participation in HBSS.**

- Transportation vouchers are made available to participants to reduce barriers to participating in in-person health coaching sessions. The IDPH WW staff track the use and distribution of the vouchers.

**7. Describe how the HBSS is evaluated to determine the effectiveness of the program implementation and outcomes.**

- During Risk Reduction Counseling, which takes place after a participant is screened and has received her screening results, the participant is assessed to determine her level of readiness for change and health priorities and goals. Risk Reduction Counseling and the participant's first health risk assessment will be used to guide the health coaching process and establish a baseline for evaluating the effectiveness of health coaching.
- During the health coaching sessions, the LC will assist the participants in setting small measureable goals that will be recorded. Progress toward these goals will be assessed and the end results will be recorded. Improvements in MDE behavioral and health assessment measures will be captured at the follow-up screening visit through the CVD Health Risk Assessment form and the CVD Evaluation form.
- The Evaluation Plan will also include questions addressing Health Coaching and HBSS (including SMBP) program outcomes:
  - To what extent have women with uncontrolled HTN (BP values >139 systolic and/or >89 diastolic) reached controlled HTN (BP values equal to <139 systolic and/or equal to or <89 diastolic) following participation in health coaching/HBSS?
  - To what extent did participation in health coaching/HBSS participation contribute to improving participants' management of CVD risk measures (including risk for diabetes, hyperlipidemia, overweight/obesity; smoking cessation)?
- Iowa WISEWOMAN staff will compare blood pressure screening readings and BP readings from the participants' SMBP log books to assess effectiveness of health coaching and the SMBP intervention.



## References

1. Bosworth HB, et al. Two Self-management Interventions to Improve Hypertension Control: A Randomized Trial. *Ann Intern Med.* 2009; 151(10): 687–695.
2. Agarwal R, Bills JE, Hecht TJW, and Light RP. Role of Home Blood Pressure Monitoring in Overcoming Therapeutic Inertia and Improving Hypertension Control A Systematic Review and Meta-Analysis. *Hypertension.* 2011;57:29-38.
3. Pickering TG, Miller NH, Ogedeghe G, Krakoff LR, Artinian NT, and Goff D. Call to Action on Use and Reimbursement for Home Blood Pressure Monitoring: A Joint Scientific Statement From the American Heart Association, American Society of Hypertension, and Preventive Cardiovascular Nurses Association. *Hypertension.* 2008;52:10-29.

