



Self-Measured Blood Pressure Monitoring at Home:

A Joint Policy Statement From the American Heart Association and American Medical Association

What is self-measured blood pressure monitoring?

Self-measured blood pressure (SMBP) monitoring, the regular measurement of blood pressure (BP) by the patient outside the clinical setting, either at home or elsewhere, is a validated approach for out-of-office BP measurement. Several national and international hypertension guidelines endorse the use of SMBP monitoring for the diagnosis and management of high BP. Best practices of SMBP monitoring include the use of validated devices with appropriately sized cuffs and a standardized protocol for BP measurement and monitoring.

Why is SMBP monitoring important?

Improving the diagnosis, treatment, and control of the hypertension is critical for achieving the American Heart Association's impact goals and improving the cardiovascular health of all Americans. Of the 116.4 million American adults estimated to have hypertension, nearly half do not have the condition under control, with many cases going undiagnosed. Ensuring accurate measurements across the care team is an essential component to improving BP control rates. The diagnosis and management of hypertension has been primarily based on the measurement of BP in the office, however BP may differ considerably when measured in the office versus outside of the office setting. Many patients who may have elevated office blood pressures have normal blood pressures when measured outside of the office (white-coat hypertension). There are other patients with normal office blood pressure readings who have elevated blood pressures when measured outside of the office (masked hypertension). Out-of-office measurements provided through SMBP monitoring help exclude these misclassifications and ensure patients are diagnosed more accurately. SMBP monitoring is also associated with a reduction in BP and improved BP control. Additional evidence indicates that the benefits of SMBP are greatest when given along with co-interventions (e.g. educational materials or classes, behavioral change management, medication management, telemonitoring, etc.)

What are the barriers to widespread use of SMBP monitoring?

Patient barriers include lack of education about benefits of self-measured BP monitoring, lack of feedback and recognition from providers and out-of-pocket costs for conducting self-measured BP monitoring.

Provider barriers include concerns about inaccuracy of devices, low adherence to self-measured BP monitoring schedules by patients, concerns about patient anxiety associated with self-measured BP monitoring, increased burden on practices and staff, requirement for additional time to interpret readings, and lack of reimbursement for devices.

Health care system barriers include lack of systems for self-measured BP readings to be transferred from devices to electronic health records, and lack of infrastructure to implement co-interventions.

Coverage for SMBP monitoring among payers varies substantially, with only a small number of private and commercial payers and Medicaid plans providing coverage for SMBP monitoring and validated devices. Consequently, the lack of coverage for devices and reimbursement of provider time remains a significant barrier to the broad use of SMBP monitoring. New CPT codes in Medicare to support SMBP monitoring, effective January 1, 2020, set the stage for a possible expansion of coverage of services related to SMBP monitoring.

Policy guidance and mechanisms to promote implementation of SMBP monitoring ¹

To ensure the successful widespread implementation of SMBP monitoring, the American Heart Association and American Medical Association recommend financial investment in building and supporting infrastructure for self-measured BP monitoring. This includes:

- improving education of patients and providers in the benefits of self-measured BP monitoring, device and cuff selection, and in the optimal approaches for SMBP monitoring
- building health information technology capacity to facilitate the interaction between the patients, BP readings, and the providers
- incorporating self-measured BP readings into clinical performance measures
- investment towards the incorporation of co-interventions along with self-measured BP monitoring
- expanding coverage of services related to SMBP monitoring in Medicare and Medicaid, and among private and commercial payers
 - Patients should be reimbursed for the purchase of a validated self-measured BP monitoring device prescribed by his/her provider.
 - Providers should be reimbursed for costs associated with training patients including provider and staff time, transmission of BP data, interpretation of BP readings, and reporting; and costs of delivering co-interventions.

1. Shimbo D, Artinian NT, Basile JN, Krakoff LR, Margolis KL, Rakotz MK, Wozniak G, American Heart A and the American Medical A. Self-Measured Blood Pressure Monitoring at Home: A Joint Policy Statement From the American Heart Association and American Medical Association. *Circulation*. 2020;142:e42-e63.10.1161/CIR.0000000000000803, <https://www.ncbi.nlm.nih.gov/pubmed/32567342>