

Expectations of the practice includes:

Identify Patients for Participation in Initiative:

Identify patients in the practice who have either been diagnosed with hypertension or at risk for hypertension. Enroll them
in the program by providing them with a self-measuring blood pressure monitor device and completing a *Patient Consent*form confirming their knowledge of the program and their responsibilities in utilizing the equipment.

Educate Patients:

Train patients on how to use equipment provided and how to perform SMBP using an evidence-based measurement
protocol. Education should include preparation prior to taking blood pressure, proper positioning, and timing between
measurements. Share educational resources and verify patient understanding. Measurements should be taken twice daily
(morning and evening) with at least two measurements taken each time.

Tools: SMBP training video (see also: Spanish version) and the SMBP infographic (see also: Spanish version)

Facilitate Implementation of SMBP Monitoring

Instruct patients on recording blood pressure, when and how they should share results back to care team. Tool: <u>Recording</u>
 Log

Record Patient Data and Submit

- Average all SMBP measurements received by each patient for the monitoring period. Document average systolic and diastolic blood pressure in medical record and report to MSVF when prompted at baseline, 3 months and 6 months. Patient data should be de-identified.
- *Note:* MSVF will share aggregate de-identified information with the Virginia Department of Health Chronic Disease Unit for trending and analysis.

SMBP Protocol

• An SMBP protocol should be in place for the practice and shared with final submitted data. Example protocols are available upon request.

MSVF/VDH Responsibilities include:

- **Equipment**: MSVF in partnership with VDH will supply the practice with the requested number of self-measured blood pressure units for patient use at no cost to the practice. SMBP units are to be loaned to patients and retained by the practice if a patient is no longer part of the program.
- **Data Collection**: MSVF will prompt practices with a request to supply data at set intervals of baseline, 3 months and 6 months. Forms to record de-identified patient data along with *Patient Consent* forms will be supplied. *Patient Consent* forms should be retained by the practice and <u>will not</u> be collected by MSVF.
- **Reporting**: VDH staff is available to work with any practice upon request regarding data collection and/or reporting.

(Name of Practice/Organization) hereby agrees to all requirements listed above

Authorized Organization Representative (Signature and Date)	Point of Contact at Practice (for Reporting)
Authorized Representative Printed Name	Point of Contact Email
NPI Number:	Number of Blood Pressure Units Requested:
Please sign and return completed forms to Medical Society of Virginia Foundation, Attn: Blair Curcie <u>foundation@msv.org</u> ♦ Fax (804) 377-1056	

LivingWell: This material is based upon work supported by the Centers for Disease Control and Prevention under Grant No.DP006535