

Self-Measuring Blood Pressure (SMBP) Initiative | Practice Agreement 2020-2021

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 documenting daily results.

Educate Patients:

- Train patients on how to use blood pressure equipment and how to perform SMBP using an evidence-based measurement protocol. Education should include preparation prior to taking blood pressure, proper positioning, number of measurements to take each day, and timing between measurements. Share educational resources and verify understanding.

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.
Smart Device APP: *OMRON connect US/CAN* Manual Recording Tool: [Recording Log](#)

Record Patient Data and Submit

- Document/file systolic and diastolic blood pressure readings 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.

SMBP Protocol

- Establish an SMBP protocol for the practice and share with final 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 will be supplied.
- Implementation & Reporting:** VDH/MSVF staff is available to work with any practice upon request regarding needs in implementation, 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(s) for participating physicians (list below):

Number of Blood Pressure Units Requested: _____

Please sign and return completed forms to Medical Society of Virginia Foundation
Email (or Questions): foundation@msv.org ♦ Attn: Blair Curcie ♦ Fax (804) 377-1056
Website for forms and information: www.msv.org/smbp