Policy Changes to Incentivize Better Hypertension Control

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Disclosures

• None
Objectives

- Define the expanded CMS coverage indications for Ambulatory Blood Pressure Monitoring (ABPM)
- List the new CPT codes to support Self-Measured Blood Pressure Monitoring (SMBP)
- Identify patients for whom ABPM and SMBP would be appropriate
- Use resources to incorporate ABPM and SMBP into clinic routine
Policy Initiatives

- AMA and AHA have robust advocacy efforts, and are collaborating on a shared policy platform to support blood pressure control in the clinic and community.
- Target:BP environmental change and policy workgroup focuses on:
  1. Increasing coverage and reimbursement of clinician services and BP devices
  2. Reducing consumption of added sugar and sodium intake
  3. Regulating tobacco and e-cigarette products
  4. Monitoring and implementing physical activity guidelines
  5. Implementing healthy food and beverage institutional and regulatory initiatives
  6. Addressing social determinants of health

Policy Goals

- Create Incentives
- Impose Limitations
- Reduce Disparities
Process to Enact Policy Change

Develop evidence base and research
- Scientific statements
- Clinical guidelines
- Peer reviewed publications

Translation to policy and practice
- Health impact
- Economic analysis
- Feasibility assessment
- Commitment and prioritization

Propose policies at appropriate level
- Federal
- State
- Municipal
- Institutional
Steps for ABPM Expanded Coverage

New evidence compiled for use of ABPM
National Coverage Determination (NCD) request submitted by AMA/AHA
CMS opens for public comment
Final determination made by CMS
Expanded coverage effective July 2019

- 2016-2017
- Spring 2018
- 2018-2019
- 2019
Steps for SMBP Coverage

- Compile evidence for SMBP
- AMA and ACC co-applicants on CPT code change application for SMBP
- Approval by AMA CPT Editorial Panel for 2020 code set
- Recommendation submitted to CMS for inclusion in Medicare Physician Fee Schedule
- Adoption by commercial health plans, individual fee schedules

Timeline:
- 2016-2017
- Spring 2018
- Fall 2018
- 2019
- 2020
Ambulatory Blood Pressure Monitoring (ABPM)

- Fully automated devices worn for 24-48 hours
- Measures BP every 15-20 minutes during daytime/while awake
- Measures BP every 30-60 minutes during nighttime/sleep
- Most reliable method of BP measurement for
  - accurate diagnosis of HTN
  - predicting future CV events

• CMS coverage for ABPM began in 2002
• ABPM covered by CMS only for the diagnosis “suspected white coat hypertension”
• White coat hypertension defined as clinic BP $\geq 140/90$ at 3 separate visits and out of clinic BP $< 140/90$ mm Hg on 2 measurements
  o 15 - 30% of patients with office BP $\geq 140/90$ mm Hg have BP in the non-hypertensive range on 24-hour ABPM
  o Most studies have shown that white-coat hypertension by itself confers minimal excess cardiovascular risk
ABPM 2002 through June 2019 – Gaps in coverage

• No coverage if existing diagnosis of hypertension
• No coverage for suspected masked or nocturnal HTN
• Masked hypertension defined as average office BP <140/90 mm Hg and average out of office BP ≥ 140/90 mm Hg
  o 17 million US adults estimated to have masked hypertension (12%)
  o More common among certain subgroups of the population, including those with diabetes, chronic kidney disease, obstructive sleep apnea and in African American adults
  o CVD risk in adults with masked hypertension similar to sustained hypertension

Hypertension. 2019;73:e35–e66. DOI: 10.1161/HYP.0000000000000087
USPSTF recommends confirmation outside of the clinical setting before a diagnosis of hypertension is made and treatment is started.

Confirmation may be done by using home or ambulatory BP monitoring.


2017 ACC/AHA Guideline for High BP in Adults: Diagnose and Manage

**COR** | **LOE** | **RECOMMENDATION**
---|---|---
I | A<sub>SR</sub> | 1. Out-of-office BP measurements are recommended to confirm the diagnosis of hypertension (Table 11) and for titration of BP-lowering medication, in conjunction with telehealth counseling or clinical interventions (S4.2-1–S4.2-4).

IIa | B-NR | 1. In adults with an untreated SBP greater than 130 mm Hg but less than 160 mm Hg or DBP greater than 80 mm Hg but less than 100 mm Hg, it is reasonable to screen for the presence of white coat hypertension by using either daytime ABPM or HBPM before diagnosis of hypertension (S4.4-1–S4.4-8).

IIa | B-NR | 4. In adults with untreated office BPs that are consistently between 120 mm Hg and 129 mm Hg for SBP or between 75 mm Hg and 79 mm Hg for DBP, screening for masked hypertension with HBPM (or ABPM) is reasonable (S4.4-3,S4.4-4,S4.4-6,S4.4-8,S4.4-11).

https://doi.org/10.1161/HYP.0000000000000065
Hypertension. 2018;71:e13–e115
CMS determined that the evidence is sufficient to cover ABPM for the diagnosis of hypertension:

- **For suspected white coat HTN**, defined as an average office BP of systolic BP 130-159 mm Hg or diastolic BP 80-99 mm Hg on two separate clinic visits with at least two separate measurements made at each visit, and with at least two BP measurements taken outside the office which are <130/80 mm Hg.

- **For suspected masked HTN**, defined as average office SBP 120-129 mm Hg or DBP 75-79 mm Hg on two separate clinic visits with at least two separate measurements made at each visit and with at least two blood pressure measurements taken outside the office which are ≥130/80 mm Hg.

Coverage of other indications for ABPM are at the discretion of the Medicare Administrative Contractors.
99473: **SMBP using a device validated for clinical accuracy; patient education/training and device calibration**

* Can be submitted once
* Staff time = $11.19 for patient education

- Device validated for clinical accuracy
  - [www.stridebp.org/bp-monitors](http://www.stridebp.org/bp-monitors)

- Patient education/training and device calibration
  - [https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/implementing/smbp-training-patients/](https://targetbp.org/blood-pressure-improvement-program/patient-measured-bp/implementing/smbp-training-patients/)
CPT codes for SMBP – January 1, 2020

99474: SMBP using a device validated for clinical accuracy; separate self-measurements of two readings, one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient

* Can be submitted monthly
* Provider = $15.16 monthly for data review / communicating Tx plan

- Device validated for clinical accuracy – see previous slide
- Measurement protocol – 2 BPs one-minute apart in am and pm for 3-7 days
- Data collection and reporting average SBP and DBP
- Communication of a treatment plan to patient
Clinical Cases and Review of Resources
Clinical Case #1

- 57-year-old African American man
  Follow-up visit after annual ophthalmology exam showed AV nicking
- **History:** Type 2 diabetes, high LDL cholesterol, tobacco use daily (smoker)
- **Medications:** Metformin 850 mg twice daily, atorvastatin 80 mg daily, aspirin 81 mg daily
- **Exam:** Vitals – P 70, mean of 2 BPs 128/78, BMI 23, no abnormal findings on physical exam, last visit mean BP 127/77
- **Labs:** HgA1C – 6.5, UA no protein/microalbuminuria, serum creatinine 0.3, total cholesterol 200, TG 103, LDL 70, HDL 40,
- ASCVD Risk: 23%
Clinical Case #1

- 57-year-old man at high risk for ASCVD with known T2DM, High LDL-C and daily smoker. T2DM controlled, on high dose statin therapy with good response. Needs to quit smoking.

- Evidence of what may be hypertension mediated target organ damage, but no history of high BP documented on previous or current office visits.

- Mean BP this and prior clinic visits are elevated but not high, and mean of 2 BPs at home were noted to be >130/80 on 2 occasions

What would you do?
Clinical Case #1

• Order 24-hour ambulatory BP monitoring (ABPM) if available
• Diagnosis: suspected masked hypertension
• See patient in follow up after ABPM
Clinical Case #1

- Daytime mean systolic BP is elevated: 125/72 mm Hg
- Nighttime mean systolic and diastolic BP are consistent with HTN: 140/84 mm
- 24-hour mean BP is high at 132/82
- New organ damage is present
- What would you do?
Clinical Case #1

- Continue to recommend non-pharmacological lifestyle changes
- Initiate pharmacologic therapy to treat hypertension
- Follow up with SMBP or ABPM in 1-2 months
- Continue serial eye exams
Clinical Case #2

• 62-year-old non-Hispanic white woman. Known HTN. Office BP running high last 2 visits over 12 months. Her mother had a stroke last year. She is worried about her BP control.

• **History:** Osteopenia. Former smoker. Hypertension.

• **Medications:** Lisinopril 20 mg daily

• **Exam:** Vitals – P 74, BP 143/84, BMI 24. No abnormal findings

• **Labs:** UA no macro/microalbuminuria, serum creatinine 0.2 EKG – NSR. No signs of LVH. Last eye exam with optho. normal
Clinical Case #2

• 62 Y.O. women with HTN who appears to have uncontrolled BP in the office on 2 occasions

What would you do?
Clinical Case #2

- Order SMBP
- Encourage patient to purchase a validated SMBP monitor
- Train patient to use SMBP monitor / calibrate device (99473)
- Have patient record 3-7 days of SMBP measurements and report them back to your clinic
- Communicate a treatment plan back to patient (99474)
What is a Validated SMBP Device?

Recommended Devices

<table>
<thead>
<tr>
<th>Brand</th>
<th>Model Name and Number</th>
<th>Photo</th>
<th>Device Type</th>
<th>Recommendation Level</th>
<th>Cuff Sizes available</th>
</tr>
</thead>
<tbody>
<tr>
<td>A&amp;D Medical</td>
<td>Upper Arm Blood Pressure Monitor UA.767 PLUS</td>
<td>Home Blood Pressure Monitor</td>
<td>Silver</td>
<td>Small – 16-24 cm (6.3-9.4 inches)</td>
<td></td>
</tr>
<tr>
<td>A&amp;D Medical</td>
<td>Deluxe Connected Blood Pressure Monitor UA-651 BLE</td>
<td>Home Blood Pressure Monitor</td>
<td>Silver</td>
<td>Large – 35-45 cm (14.2-17.7 inches)</td>
<td></td>
</tr>
<tr>
<td>A&amp;D Medical</td>
<td>Upper Arm Blood Pressure Monitor UA 767 Plac</td>
<td>Home Blood Pressure Monitor</td>
<td>Silver</td>
<td>23-37 cm (9-14.6 inches)</td>
<td></td>
</tr>
<tr>
<td>A&amp;D Medical</td>
<td>Pro Blood Pressure Monitor with Small Cuff and AC Adapter</td>
<td>Home Blood Pressure Monitor</td>
<td>Silver</td>
<td>36-45 cm (14.2-17.7 inches)</td>
<td></td>
</tr>
</tbody>
</table>

Blood pressure measurement devices improve technological advances. Likewise, the standards for validating these devices as accurate are also improving. Various standards exist globally to gauge the accuracy of blood pressure measurement devices. Those with a Gold rating meet the highest and most current international standards, and those with the Silver ratings meet the highest international standards available prior to their most recent updates. Both Gold and Silver levels are accepted as accurate.
Self-measured blood pressure
Patient training checklist

Instructions: To ensure all necessary steps and components are covered, use this checklist when training your patients on how to perform self-measured blood pressure (SMBP).

- **Gather supplies**
  - Upper arm cuff
  - Manual blood pressure monitor
  - Cuff size for upper arm
  - Photographic (PDF)
  - SMBP logbook
  - SMBP app

- Provide background information on SMBP to the patient (if not explained by provider):
  - Explain how SMBP allows the patient to get a more accurate and complete picture of the patient’s blood pressure outside of the office or clinic setting (e.g., different times of day, in the patient’s home environment)
  - Use the “Introduction to SMBP” document

- Determine SMBP cuff size:
  - Use tape measure to measure the circumference of the patient’s mid-upper arm in centimeters (see image for more details)

- Check that the size of the arm sleeve matches the size of the patient’s arm:
  - Choose a device that can be used by the patient and cuff sizes appropriate for the patient

- Ensure patient’s SMBP device fits accurately:
  - Use the SMBP device to measure

- Determine the patient’s blood pressure measurement (if not correctly identified):
  - Measure the patient’s blood pressure in each arm and use the arm with the lower reading

- Teach patient how to properly position for self-measurement:
  - Avoid caffeine, tobacco and exercise for at least 30 minutes before measurement
  - Rest quietly for 5 minutes
  - Take blood pressure medication

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SMBP TRAINING VIDEO

**Last Modified:** October 11, 2018

- **Audience:** My Patients
- **Topics:** Patient Measured BP
- **Resource Type:** Video / webinar
- **Language:** English / Spanish
- **Format:** Educational video helps train care teams and patients on how to properly self-measure blood pressure.
Instruct patients to take self-measurements:
- Two readings, one minute apart, twice daily for 7 days
- Minimum of 12 readings over 3 days
- Have patient report all BP readings

Document SMBP readings and communicate a plan back to patient:
- Average all systolic BPs and all diastolic BPs to be reported as average SBP and DBP over the 7-day period
- Document that patient has been trained, device is validated, and the average SBP and DBP and communicate the treatment plan
- 99474 can be submitted for reimbursement once each month
Clinical Case #2

- Daytime average for 7 days (24 readings) of SMBP measurements from home, after training and device calibration: 128/79 mm Hg

What would you do?
Clinical Case #2

• The patient is at goal BP
• Continue current non-pharmacological and medication for treating her hypertension
• Have her share another 7 days of SMBP readings in 1 month
Questions

Together, we can reduce the number of Americans who have heart attacks and strokes

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