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**KHC Office Hours:**  
**Journey To Success: Best Practices for Hypertension Control**  
*February 26, 2025*

**Tim Nikolai, Sr. Rural Health Director**  
**American Heart Association**

The bottom section contains three logos: the Kansas Medical Society logo (Established 1859), the KHC Collaborative logo, and the Kansas Hospital Association logo.

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## DISCLAIMER

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## Save the Date!

**August 7, 2025**  
**8:00 a.m. to 4:00 p.m.**  
**Wichita State University**  
**Rhatigan Student Center**  
**Wichita, KS**

Registration will open later this Spring!



  
Kansas Healthcare  
COLLABORATIVE

**Summit on Quality**  
August 7, 2025

*Wichita State University*  
*Rhatigan Student Center*

Audience  
Clinicians, Nurse Leaders, Hospital and Clinic Leaders,  
Infection Preventionists, Pharmacists and Quality Leaders

**SAVE *the* DATE**

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## Today's Webinar Agenda

- Welcome – 5 mins
- Content Presentation 45 mins
- Q&A 5 Mins
- Closing Comments 2 mins

# AGENDA



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## Journey To Success: Best Practices for Hypertension Control

**Tim Nikolai,**  
Sr. Rural Health Dir., Midwest



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The American Heart Association's Outpace CVD™ suite offers technology solutions and quality improvement support for healthcare organizations participating in AHA programs and partnered initiatives as they target cardiovascular disease. We support and recognize your organization's commitment to improving patient outcomes.

**Engage**  
Build relationships with health care organizations.

**Affirm**  
Documenting, recognizing, and celebrating improvement – and looking to next steps



**Equip**  
Sharing evidence-based tools and resources

**Transform**  
Integrating systems changes into workflows, policies, and procedures

**Quality Improvement for Outpatient Care**

**TARGET:BP™**



American Heart Association.  
Check. Change. Control.  
Cholesterol™

American Heart Association.  
Target: Type 2 Diabetes™

**& more.**



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## Our Work in Outpatient/Ambulatory Quality

**TARGET:BP™** |

**MIPS #236, eCQM CMS#165v11, PQRS #236 or ACO #28**

American Heart Association.  
Check. Change. Control.  
Cholesterol™

**MIPS #438 or eCQM CMS347v6**

American Heart Association.  
Target: Type 2 Diabetes™

**NQF 0059, eCQM CMS#122v11 or MIPS #001**

- Provide clinical guidelines and protocols.
- Offer free resources directed towards both providers and patients.
- Connect clinical partners to others around the country engaged in the same work.
- Offer recognition opportunities for any health care organization that demonstrates a commitment to, and/or achieves, clinical excellence.

Registration for program(s) can be completed at [heart.org/registermyoutpatientorg](http://heart.org/registermyoutpatientorg)



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Nearly half (47%) of all adults in the United States live with hypertension

Only 1 in 4 adults (24%) with high blood pressure have their condition under control

About 1 in 5 adults are unaware that they have high blood pressure


High blood pressure is a silent killer. High Blood pressure increases the risk of heart attack and stroke.

TARGET:BP™

This is why

Target: BP™ is a national initiative created by the American Heart Association (AHA) and the American Medical Association (AMA) in response to the high prevalence of uncontrolled blood pressure.

Committed to advancing health equity, we support health care organizations and communities to improve blood pressure control for the patients they serve with the latest scientific evidence from AHA, AMA, and other experts.



TARGET: BP™

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# High Blood Pressure in Kansas

**High Blood Pressure - Ages 18-44**

KS: 15.4%  
U.S.: 14.4%

**High Blood Pressure - Ages 45-64**

KS: 43.2%  
U.S.: 40.2%

**High Blood Pressure - Ages 65+**

KS: 61.2%  
U.S.: 60.6%

Percentage of adults

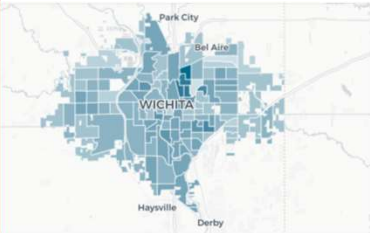
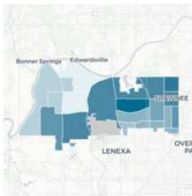
**High Blood Pressure - Metro**

KS: 33.0%  
U.S.: 31.6%

**High Blood Pressure - Non-Metro**

KS: 37.3%  
U.S.: 39.0%

Percentage of adults

**High Blood Pressure - Less Than High School**

KS: 47.0%  
U.S.: 41.0%

**High Blood Pressure - High School/GED**

KS: 43.8%  
U.S.: 40.7%

**High Blood Pressure - Some Post-High School**

KS: 39.9%  
U.S.: 38.4%

**High Blood Pressure - College Grad**

KS: 31.0%  
U.S.: 29.2%

Percentage of adults ages 25+

**High Blood Pressure - Female**

KS: 31.3%  
U.S.: 30.7%

**High Blood Pressure - Male**

KS: 37.4%  
U.S.: 35.0%

Percentage of adults


Other cities available at [City Health Dashboard](#).

Other metrics at [America's Health Rankings](#).

2/26/2025

Kansas Healthcare Collaborative [www.khconline.org](http://www.khconline.org)

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## Translating Science into Practice


**Target: BP**

**Leverages** AHA guidelines and scientific statements and the AMA MAP™ framework, to help care teams organize their approach to providing evidence-based care. The framework includes Measure Accurately, Act Rapidly and Partner with Patients.


**Assists** health care organizations in their journeys to improve and sustain BP control with professional education, practice tools, and resources, including additional support through AHA and AMA quality improvement programs.

**Recognizes** health care organizations annually with achievement awards by celebrating those that have committed to improvement, adopted evidence-based BP activities, and achieved BP control rates ≥ 70 percent with the patients they serve.


*Available resources accessible through AHA:*




Public Awareness & Patient Education




Professional Education & Practice Resources




Regional Support & Events




Data Tools & Registries



National Practice & Outcome Achievement Awards




Advocacy for Federal, State & Institutional Policy






Because access to high-quality care is something that everyone should have.

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TARGET: BP™



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**Target: BP Pillars of Evidence-Based Activities**

M

A

P

SMBP

EHO


Measure Accurately

Act Rapidly

Partner with Patients

Self-Measured Blood Pressure

Equitable Health Outcomes




Through our achievement awards, we encourage adoption of evidence-based activities that align with the AMA MAP™ framework, self-measured blood pressure (SMBP), and equitable health outcomes.




Each pillar contains:

1. An element of **institutional policy** or a **defined standard of care**
2. An element of **practice assessment**
3. Specific content with **strong scientific evidence** to improve BP

Target: BP has expanded the scope of evidence-based activities to include 5 pillars of practice. These pillars emphasize aspects from the 2017 Hypertension Clinical Practice Guideline and the AMA MAP™ framework helping health care professionals prioritize evidence-based practices and organize quality improvement efforts



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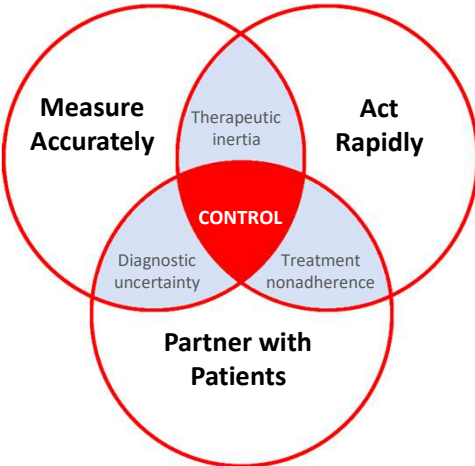
## AMA MAP Framework

**M** Measure Accurately every time to obtain accurate, representative BPs, reducing clinical uncertainty

**A** Act Rapidly to diagnose and treat hypertension, reducing diagnostic and therapeutic inertia

**P** Partner with patients to activate patients to self-manage, self-monitor, and promote adherence to treatment

All 3 are critical for control



[https://targetbp.org/tools\\_downloads/combined-quick-start-guides/](https://targetbp.org/tools_downloads/combined-quick-start-guides/)

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**Pillar 1: Measure Accurately**

BP measurement is the first step in accurately diagnosing and managing hypertension as well as estimating CVD risk. Device accuracy, measurement knowledge and skills, and systems of care are essential evidence-based BP activities.



**Calibrate devices per guideline**



**Check device validation**



**Train team in BP measurement**



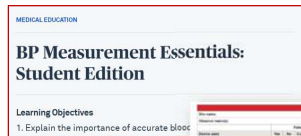
**Test team in BP measurement**



**Adopt protocol for repeat measurement**



**Post infographic where BP is measured**



Device	Model	Manufacturer	Year	Accuracy	Compliance	Notes
Omron	HEM-7120	Omron	2018	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2019	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2020	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2021	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2022	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2023	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2024	±3 mmHg	±1 mmHg	Validated
Omron	HEM-7120	Omron	2025	±3 mmHg	±1 mmHg	Validated



**Poll Question #1**

1. How often should all staff be trained in BP Measurement?

- a) Only upon hire during new employee orientation
- b) Every 6-12 months
- c) Every 2 years
- d) Every 5 years
- e) Unsure





## Evidence-based BP activities to Improve Accurate Measurement

[View website](#)

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### Equipment Calibration & Validation

- 1) Calibrate all BP measurement devices
- 2) Check to see if devices are validated,


### Staff Knowledge & Skills

- 3) Strengthen staff knowledge every 6-12 months
- 4) Test staff skills every 6-12 months


### System of care

- 5) Use a protocol to consistently measure BP
- 6) Post the red graphic next to every device


Safe Car






Safe Driver



Safe Road



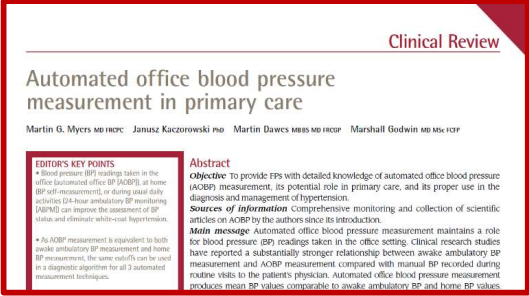




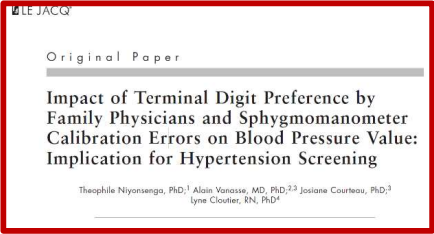
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## The Value of Automated Devices

- The 2017 Hypertension Guidelines and subsequent publications are clear – Automated Monitors are preferred. They are:
  - More accurate initially.
  - Maintain accuracy better - requiring less frequent calibration.
  - Less prone to human error in technique and reading the values.
- Devices that allow for a series of readings without staff present may:
  - Help reduce white coat hypertension
  - Automatically calculate average BP value
  - Save time and improve efficiency





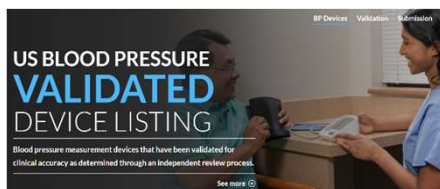




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## Selection and Care: Is your equipment accurate?

### Validation

- Choose devices that have been validated for clinical accuracy
  - [US Blood Pressure Validated Device Listing™ \(VDL\)](#)
  - Check back periodically to see more devices being reviewed and added
- Consider other reliable sources
  - [Hypertension Canada Stride BP](#) [British and Irish Hypertension Society](#)



### Calibration

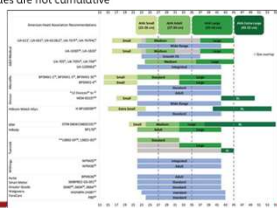
- Aneroid sphygmomanometers
  - every 2–4 weeks for handheld devices
  - every 3–6 months for wall-mounted devices
- Oscillometric
  - most recommend every 1 or 2 years
- Biomedical engineering often just look for cracks in tubing and holes in bladders, not accuracy
- When appropriate, HBPM devices may be brought to a healthcare provider’s office to assess calibration.
- See [2019 AHA Scientific Statement: Measurement of BP in Humans](#) for more details



## Training & Technique: Is your team prepared?

When the patient has:	Blood pressure can change by an estimated*:
Crossed Legs	2–8 mm Hg <sup>1</sup>
Cuff over clothing	5–50 mm Hg <sup>2</sup>
<b>Cuff too small</b>	2–10 mm Hg <sup>2</sup>
Full bladder	10 mm Hg <sup>2</sup>
Talking or active listening	10 mm Hg <sup>2</sup>
Unsupported arm	10 mm Hg <sup>1,2</sup>
Unsupported back / feet	6.5 mm Hg <sup>3</sup>

\*These values are not cumulative



MEDICAL EDUCATION

### BP Measurement Essentials: Student Edition

Learning Objectives

1. Explain the importance of accurate blood pressure (BP) measure-

### Measuring Blood Pressure Accurately - Step One in Hypertension Control

A continuing education activity for physicians, nurse practitioners, physician assistants, pharmacists, nurses, and other health care professionals

September 21, 2023

MEDICAL EDUCATION												
General Information				Patient ID								
Site name:	Observer name(s):	Patient #1	Patient #2	Patient #3	Patient #4							
Device used	Yes	No	Comments	Yes	No	Comments	Yes	No	Comments	Yes	No	Comments
1. Used a manual device	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Used an automated device	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Additional notes on availability, accessibility, quality and/or use patterns of blood pressure measurement devices in the practice (optional)												
Patient preparation and positioning												
1. Patient in the correct position	Yes	No	If no, why not?	Yes	No	If no, why not?	Yes	No	If no, why not?	Yes	No	If no, why not?
1.1. Seated with back supported	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
1.2. Feet flat on the floor or footstool	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
1.3. Legs uncrossed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
1.4. Arm bare	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
1.5. Arm supported	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
1.6. Arm at heart level	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. Cuff used in correct app <sup>1</sup>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2. If using a sphygmomanometer that is a manual measurement, then also check the following...												
3. Was the patient asked to empty their bladder prior to the blood measurement?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4. Did the patient rest quietly for at least 5 minutes (no speaking or reading) before the blood measurement?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5. Were at least three measurements obtained?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Additional notes on issues related to patient preparation, positioning and cooperation with use of technique (optional)												



**Pillar 2: Act Rapidly**

The Act Rapidly evidence-based activities emphasize the adoption and systematic use of a practice-wide hypertension treatment protocol that includes elements related to treatment goals, medication intensification, medication adherence strategies, and timely follow-up.



**Adopt a treatment algorithm**



**Monitor care team adherence to algorithm**



**Specify a treatment goal of <130 / 80 mm Hg\***



**Intensify treatment if not at goal**

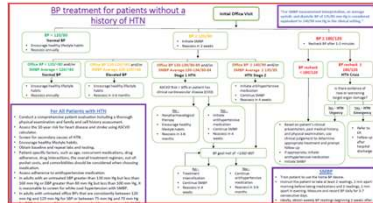


**Use single pill combos or other Rx adherence strategies**



**Follow-up within 1 month if not at goal**

Treatment intensification rate to  $\geq 62\%$  would achieve BP control rates of  $\geq 80\%$



**NCHI Blood Pressure Treatment Algorithms**

Disclaimer: These blood pressure treatment algorithms are for use by health care professionals in combination with clinical decision making to help guide blood pressure management and treatment.

**Poll Question #2**

**What single factor is the most impactful on achieving BP control?**

- a) Improving patient medication adherence
- b) Shortening the time between office visits
- c) Intensifying treatment by adding a medication class

## Relative impact on US blood pressure control rate

Assuming BP control rate of 45.6%, independently improving:

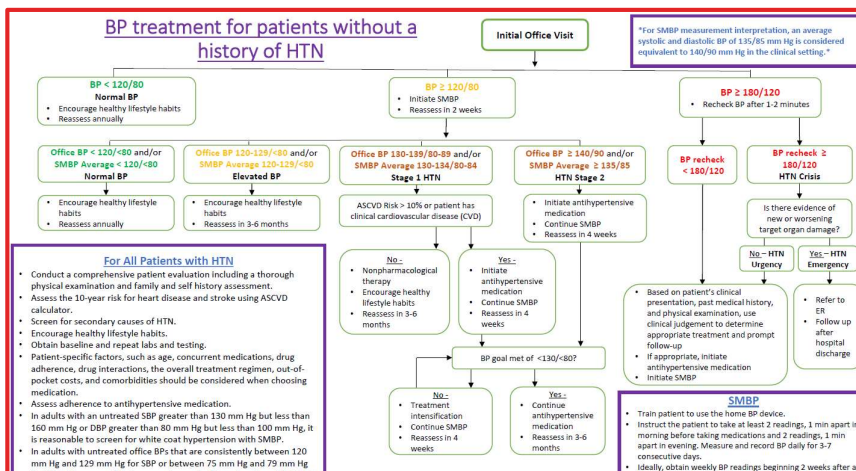
- **Patient adherence to 100%** would increase BP control rates to **57.0%**
- **Return visit interval to 1 week** would increase BP control rates to **67.6%**
- **Treatment intensification rate to  $\geq 62\%$**  would achieve BP control rates of  **$\geq 80\%$**

Bellows BK, Ruiz-Negrón N, Bibbins-Domingo K, King JB, Pletcher MJ, Moran AE, Fontil V. Clinic-based strategies to reach United States million hearts 2022 blood pressure control goals. *Circ Cardiovasc Qual Outcomes*. 2019;12:e005624. DOI: 10.1161/CIRCOUTCOMES.118.005624



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## BP Treatment Algorithms



**NHCI Blood Pressure Treatment Algorithms**

Disclaimer: These blood pressure treatment algorithms are for use by health care professionals in combination with clinical decision making to help guide blood pressure management and treatment.

### Video Overview

**Hypertension medication treatment protocol!**

For adults without CVD, CVD equivalents, CKD stage 3 or diabetes:  $\geq 130$  mmHg or  $\geq 160$  mmHg (systolic/diastolic only)\*

Check labs at baseline and 4 weeks

Start on antihypertensive medication

Check labs at 4 weeks

Reassess BP in 4 weeks

Reassess BP in 4 weeks

Reassess BP in 4 weeks



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## Key Points with Act Rapidly

Use single pill combination medications

Use a treatment protocol/algorithm

Follow up frequently until control is achieved

1. Intensifying treatment when indicated enhances survival
2. When intensifying treatment for high blood pressure, adding a new medication class is more effective at reducing BP than increasing the dose of an existing medication
3. Initiating treatment with 2 medications at low-to-standard doses is more effective at reducing BP and getting BP to goal than monotherapy with less adverse effects
4. A treatment protocol can help increase the use of evidence-based treatment for patients with high blood pressure
5. Health care organizations, care teams, and providers must all work together to reduce therapeutic inertia and improve blood pressure control

Medication and Medical Management Care Organization Coverage of Blood Pressure Control

Organization	Medication Management	Medical Management
...	...	...

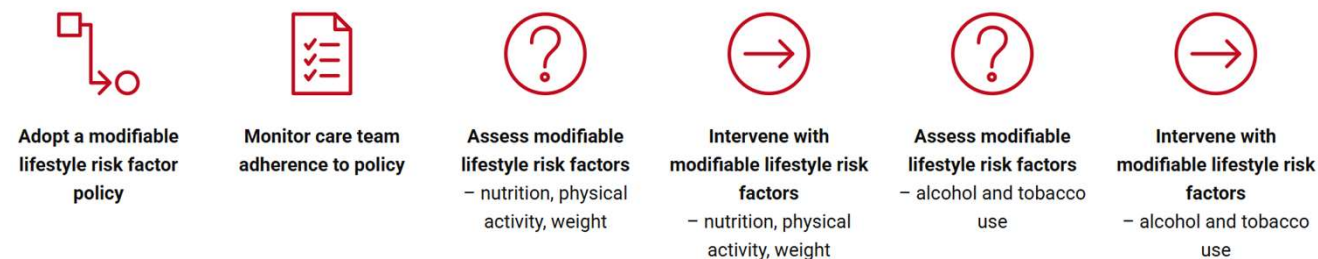


TARGET: BP™



### Pillar 3: Partner with Patients

The Partner with Patients pillar emphasizes systematic lifestyle risk factor assessment and intervention.



**CHW Training Program**

This program provides resources, tools, and information to support Community Health Workers (CHWs) at any career stage. It aims to empower you with knowledge and connections to strengthen community-clinical linkages and improve blood pressure outcomes.

Complimentary | Hypertension | Videos

**Healthy for Good™ eModule: Six Core Elements of a Healthy Dietary Pattern**

Good nutrition is key for minimizing the development of chronic diseases (ASCVD, etc.)

**KanQuit!**

1-800-QUIT-NOW (784-8669)

KSquit.org

**Health Care x Food**

Accelerating the Integration of Food in Medicine in Health Care

TARGET: BP™



## Poll Question #3

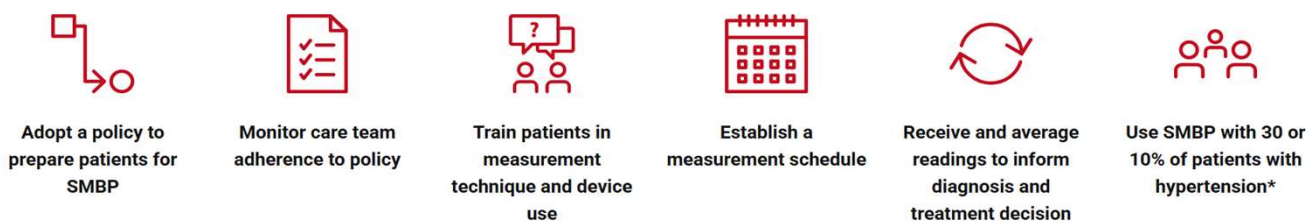
Which element impacting cardiovascular health was added to the original "Life's Simple 7" in 2022?

- a) Dental health
- b) Sleep
- c) Stress
- d) Kidney health



### Pillar 4: Self-Measured Blood Pressure

The SMBP pillar emphasizes training patients in measurement technique and evidence-based use of SMBP monitoring by clinicians to inform diagnosis and treatment.



**SMBP Coverage Insights: Medicaid**  
April 2023 (Based on data available 3/15/23)

Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the US Blood Pressure Validated Device Listing (US BPDF) for a list of validated devices.

The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure device and remote cuff. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.

**CPT® and HCPCS Code Description**

- 94273 SMBP using a device validated for clinical accuracy and patient education/training and device calibration
- 94274 Separate self-measurement, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP readings and treatment plans
- A1649 Automated blood pressure device
- A1648 Blood pressure

**HYPERTENSION**  
**Self-measured blood pressure (SMBP) benefits for patients with Medicaid: Georgia**  
Jan 8, 2025 | 1 Min Read

**Self-measured blood pressure Patient training checklist**

Instructions: To assist in preparing steps and content, use the checklist when leading your patient through patient and caregiver training (SMBP).

- 1. Review supplies
  - The monitor
  - Cuff and sphygmomanometer
  - Blood pressure cuff (Cuff in patient)
  - SMBP recording log
  - SMBP recording kit
  - SMBP manual and log
- 2. Provide background information on SMBP to the patient (if not explained by provider)
  - Explain how SMBP allows the patient to get more accurate and comprehensive information on their blood pressure control at the time of their visit, use a longer period of time, in the privacy of their own home.
- 3. Demonstrate SMBP cuff use
  - Explain how to measure blood pressure and how to use the cuff and sphygmomanometer.
  - Explain how to use the cuff and sphygmomanometer.
  - Explain how to use the cuff and sphygmomanometer.
  - Explain how to use the cuff and sphygmomanometer.
- 4. Check patient's SMBP device for accuracy
  - Use the SMBP device accuracy test.
- 5. Review the patient's blood pressure with (if not currently identified)
  - Check the patient's blood pressure and use the cuff and sphygmomanometer.
  - Check the patient's blood pressure and use the cuff and sphygmomanometer.
  - Check the patient's blood pressure and use the cuff and sphygmomanometer.
- 6. Read and discuss the SMBP log with the patient
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.
- 7. Read and discuss the SMBP log with the patient
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.
  - Review the patient's blood pressure and use the cuff and sphygmomanometer.

**7-day blood pressure recording log**

Day	Time	SBP	DBP	Heart Rate	Notes

**TARGET:BP | AHA | AMA**

**Self-measured blood pressure Device accuracy test**

Instructions: To assist in preparing steps and content, use the checklist when leading your patient through patient and caregiver training (SMBP).

1. Review supplies

- The monitor
- Cuff and sphygmomanometer
- Blood pressure cuff (Cuff in patient)
- SMBP recording log
- SMBP recording kit
- SMBP manual and log

2. Provide background information on SMBP to the patient (if not explained by provider)

- Explain how SMBP allows the patient to get more accurate and comprehensive information on their blood pressure control at the time of their visit, use a longer period of time, in the privacy of their own home.

3. Demonstrate SMBP cuff use

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- Explain how to use the cuff and sphygmomanometer.
- Explain how to use the cuff and sphygmomanometer.

4. Check patient's SMBP device for accuracy

- Use the SMBP device accuracy test.

5. Review the patient's blood pressure with (if not currently identified)

- Check the patient's blood pressure and use the cuff and sphygmomanometer.
- Check the patient's blood pressure and use the cuff and sphygmomanometer.
- Check the patient's blood pressure and use the cuff and sphygmomanometer.

6. Read and discuss the SMBP log with the patient

- Review the patient's blood pressure and use the cuff and sphygmomanometer.
- Review the patient's blood pressure and use the cuff and sphygmomanometer.
- Review the patient's blood pressure and use the cuff and sphygmomanometer.

7. Read and discuss the SMBP log with the patient

- Review the patient's blood pressure and use the cuff and sphygmomanometer.
- Review the patient's blood pressure and use the cuff and sphygmomanometer.
- Review the patient's blood pressure and use the cuff and sphygmomanometer.



## Poll Question #4

What percentage of the most popular home blood pressure monitors on Amazon were validated as of a recent study?

- a) 20%
- b) 30%
- c) 50%
- d) 60%

**HYPERTENSION**

### Why a validated device listing is important for BP control

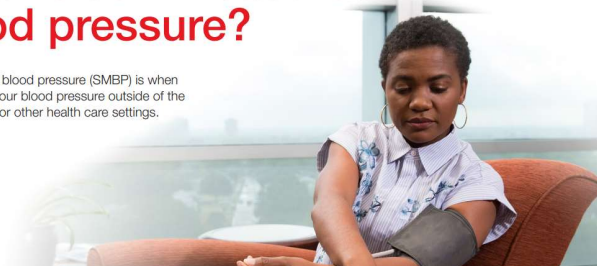
By Sara Berg, MS, News Editor

Feb 7, 2023 | 5 Min Read



## What is self-measured blood pressure?

Self-measured blood pressure (SMBP) is when you measure your blood pressure outside of the doctor's office or other health care settings.



Improve the accuracy of diagnosing hypertension  
Out-of-office BP measurements are recommended to confirm the diagnosis of hypertension.  
Rule-out Masked Hypertension or White-Coat Hypertension



Better manage patient blood pressure  
Recommended for titration of BP-lowering medication, in conjunction with telehealth counseling or clinical interventions.

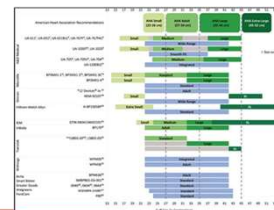
Used before subsequent office visits to determine if their blood pressure is controlled.



Help patients adhere to treatment – non-pharmacological and pharmacological  
Patients who engage in SMBP may be more likely to take action to improve their health in other ways.

Table 1. Financial impact of SMBP (ROI, NPV) from the perspective of a private insurer. Estimates are for all use cases bundled together.

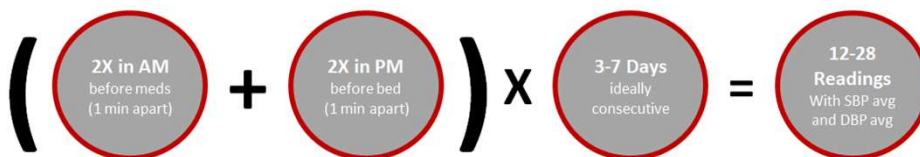
Age Group	Return on Investment (ROI) <sup>a</sup> (average per individual)			Net Present Value (NPV) <sup>b</sup> (average per individual)		
	1-Year ROI <sup>a</sup>	3-year ROI <sup>a</sup>	Lifetime ROI <sup>a</sup>	1-Year NPV <sup>a</sup>	3-Year NPV <sup>a</sup>	Lifetime NPV <sup>a</sup>
Age 25-34	499%	479%	470%	\$322	\$395	\$442
Age 35-44	451%	430%	422%	\$280	\$342	\$379
Age 45-54	365%	339%	330%	\$227	\$278	\$309
Age 55-64	163%	139%	130%	\$105	\$123	\$135
Age 65-74	79%	59%	53%	\$50	\$53	\$56
Age 75-84	36%	20%	15%	\$22	\$17	\$16
Age 85+	-64%	-72%	-75%	-\$37	-\$60	-\$70
<b>Total Per Individual</b>				<b>\$190</b>	<b>\$229</b>	<b>\$254</b>



## Duration of Device Use

Consider the clinical purpose of the device first

- **During diagnosis**, the device might only be needed for 1-2 weeks, or a sufficient time to obtain a representative BP reading including:



- **During treatment intensification**, the device will be needed until a patients' response to treatment can be assessed and BP control goal is achieved, which could take weeks to months depending upon prescribing practices, visit frequency, patient adherence, and other variables
- **During ongoing management**, the device will be needed longer periods while lifestyle changes can be achieved and sustain or to provide continuous monitoring of a chronic condition



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## Medicaid Coverage & Reimbursement

### SMBP Coverage Insights: Medicaid

April 2023 (based on data available 3/15/23)



Self-measured blood pressure (SMBP) is an evidence-based strategy that can improve blood pressure control for individuals with hypertension. SMBP is most effective when an individual has access to a validated blood pressure device for home use coupled with ongoing clinical support. Refer to the US Blood Pressure Validated Device Listing (VDL™) for a list of validated devices.

The chart below shows the status of coverage by state for 1) SMBP clinical services and 2) automated blood pressure devices and standalone cuff. It is intended to highlight which states offer provider reimbursement to perform SMBP services and allow Medicaid patients to obtain an automated blood pressure device.

#### CPT® and HCPCS Code Description

99473	SMBP using a device validated for clinical accuracy and patient education/training and device calibration
99474	Separate self-measurements, collection of daily reports by the patient or caregiver to the healthcare provider, communication of BP readings and treatment plans
A4670	Automated blood pressure device
A4663	Blood pressure cuff only

	SMBP Service Codes					BP Device Codes						
	Provider Reimbursement					Durable Medical Equipment (DME) Fee Schedule						
	99473		99474		Source	A4670			A4663			Source
	Covered	Amount Covered	Covered	Amount covered		Covered	Amount Covered	Prior Authorization Required	Covered	Amount covered	Prior Authorization Required	
Kansas	●	\$7.50	●	\$9.27	②	●	\$75.00		●	\$30.00		②

[SOURCE](#)

Summary	99473	99474	A4670	A4663
Total states with coverage	22	19	37	32
Total states with coverage and covered amount data available	22	19	31	20
Average covered amount	\$9.90	\$11.32	\$62.84	\$21.91

**HYPERTENSION**  
**Self-measured blood pressure (SMBP) benefits for patients with Medicaid: Georgia**  
 Jan 8, 2025 1 Min Read



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# SMBP Device Comparison

**CHOOSING A HOME BLOOD PRESSURE MONITOR FOR YOUR PRACTICE AT-A-GLANCE COMPARISON**

LEGEND: Y = YES N = NO

DEVICE MANUFACTURER	DEVICE NAME	RETAIL PRICE (Per Device)	ON U.S. VALIDATED DEVICE LISTING	UPPER ARM DEVICE	DEVICE FEATURES					DATA/TECHNOLOGY FEATURES		
					LARGE CUFF SIZE (arm circumference range in inches)	XL CUFF SIZE	AC ADAPTER AVAILABLE	NUMBER OF USERS	MEMORY STORAGE CAPACITY (measurements per user)	AVERAGING CAPABILITY	BLUETOOTH-ENABLED SELF-REPORTING	INTEGRATES WITH VENDOR-NEUTRAL SMARTPHONE APP
A&D Medical	Essential Blood Pressure Monitor (UA-611)	\$30	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	15	N	N	N
A&D Medical	Essential Blood Pressure Monitor (UA-651)	\$35	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	N	N	N
A&D Medical	Manual Inflate Blood Pressure Monitor (UA-705V, UA-705VL)	\$53	Y	Y	9.4 - 14.2 and 14.2 - 17.7	N	N	1	30	N	N	N
A&D Medical	Wireless Blood Pressure Monitor (UA-651BLE)	\$61	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	1	30	Y	Y	Y
A&D Medical	Premium Blood Pressure Monitor (UA-767F)	\$62	*	Y	8.6 - 16.5 and 12.2 - 17.7	N	Y	4	60	N	N	N
A&D Medical	Talking Blood Pressure Monitor (UA-1030T)	\$83	Y	Y	9 - 14.6 and 12.2 - 17.7	N	Y	1	90	Y	N	N
A & D Medical	Ultraconnect Wireless Blood Pressure Monitor (UA-1200BLE)	\$90	Y	Y	8.6 - 16.5	N	Y	5	100	Y	Y	N
BodyTrace	Cellular Blood Pressure Monitor (BT105)	\$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y
CareSimple	BT105	\$80	Y	Y	8.75 - 16.5	N	N	1	256	N	N	Y
ForaCare	Fora TN'G BP	\$140	Y	Y	9.4 - 16.9	N	N	1	200	Y	Y	N
Greater Goods	Greater Goods BP	\$65	Y	Y	8.6 - 16.5	N	Y	2	60	N	Y	N
Hillrom-Welch Allyn	Welch Allyn Home Blood Pressure Monitor 1700 Series	\$100	Y	Y	8.75 - 16.5	15.7 - 21.2	Y	1	99	N	Y	Y
Microlife	WatchBP Home	\$138	Y	Y	12.6 - 16.5	12.6 - 20.5	Y	1	250	N	N	N
Microlife	WatchBP Home A BT (with Atrial Fibrillation detection)	\$150	Y	Y	12.6 - 16.5	N	Y	1	250	Y	Y	N
Microlife	WatchBP Home A (with Atrial Fibrillation detection)	\$173	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N
Microlife	WatchBP Home H (AF detection with nocturnal mode)	\$207	Y	Y	12.6 - 16.5	N	Y	1	250	Y	N	N
Omron	Bronze Upper Arm	\$39	Y	Y	9 - 17	N	Y	1	14	N	N	N

### Device Features

- Retail price
- Validated
- Upper arm
- Cuff sizes
- # Users
- Memory
- Averaging
- Blue-tooth enabled
- Vendor-neutral integration with smartphone
- Cellular option

SOURCE



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# Preparing Patients for Success

## Self-measured blood pressure Patient training checklist

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

- Gather supplies
  - Tape measure
  - What is SMBP? (PDF)
  - SMBP infographic (PDF in English or Spanish)
  - SMBP recording log (PDF)
  - SMBP device accuracy test (PDF)
- Provide background information on SMBP to the patient (if not explained by provider)
  - Explain how SMBP allows the provider to get a more accurate and complete picture of the patient's blood pressure outside of the office (more readings, over a longer period of time, in the patient's normal environment)
    - Tip: Hand out the "What is 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 detail)
    - Tip: Ideally, this is done before the patient purchases a device so you can ensure the device and cuff purchased are appropriate for the patient.
- Check patient's SMBP device for accuracy
  - Tip: Use the SMBP device accuracy test.
- Determine the patient's blood pressure arm (if not currently identified)
  - Measure the patient's blood pressure in each arm and use the arm with the higher reading for all future readings
- Teach patient how to properly prepare for self-measurement
  - Avoid caffeine, tobacco and exercise for at least 30 minutes before measurement
  - Empty bladder if full
  - Take BP measurements before blood pressure medications
    - Tip: Show SMBP training video and hand out the SMBP infographic.
- Teach patient the proper positioning for self-measurement



## How to measure your blood pressure at home

Follow these steps for an accurate blood pressure measurement

- 1. PREPARE**  
 Avoid caffeine, smoking and exercise for 30 minutes before measuring your blood pressure.  
 Wait at least 30 minutes after a meal.  
 If you're on blood pressure medication, measure your BP before you take your medication.  
 Empty your bladder beforehand.  
 Find a quiet space where you can sit comfortably without distraction.
- 2. POSITION**  
 Sit upright with your feet flat on the floor and your back supported.  
 Rest your arm on a table or surface at heart level.  
 Rest your feet flat on the floor.  
 Rest your legs at a 90-degree angle.  
 Rest your head against the back of the chair.  
 Rest your hands on your lap.  
 Rest your feet flat on the floor.
- 3. MEASURE**  
 Rest for five minutes while in position before starting.  
 Take two or three measurements, one minute apart, twice daily for seven days.  
 Keep your body relaxed and in position during measurements.  
 Sit quietly with no distractions during measurements—avoid conversations, TV shows and other devices.

**7-day blood pressure recording log**

1. Use a valid, validated blood pressure device in the morning and 2 times in the evening. 2. Fill in the appropriate arm and time for each day and time you measure. 3. If you're on blood pressure medication, measure your BP before you take your medication. 4. If you're on blood pressure medication, measure your BP before you take your medication. 5. If you're on blood pressure medication, measure your BP before you take your medication.

Improved Call your doctor's office if:

- Your blood pressure is below \_\_\_\_\_ SYS or \_\_\_\_\_ DIA
- Your blood pressure is below \_\_\_\_\_ SYS or \_\_\_\_\_ DIA
- Your blood pressure is below \_\_\_\_\_ SYS or \_\_\_\_\_ DIA
- You notice any symptoms.
- You have any questions.

Blood pressure arm:  Left  Right

Day	Time	Time	Time	Time	Time	Time	Time
Day 1	AM	PM	PM	Day 4	AM	PM	PM
Day 2	AM	PM	PM	Day 5	AM	PM	PM
Day 3	AM	PM	PM	Day 6	AM	PM	PM
Day 4	AM	PM	PM	Day 7	AM	PM	PM

SMBP average: SYS / DIA

## Let's Talk About Blood Pressure

High Blood Pressure: The Silent Killer

Explore

Am I at Risk for High Blood Pressure?

Explore

Talking About High Blood Pressure

Explore

How Can I Lower My Blood Pressure?

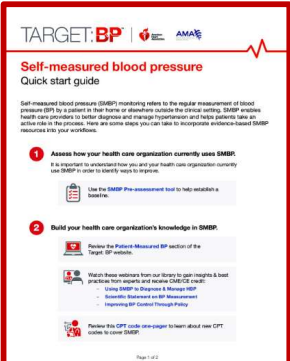
Explore



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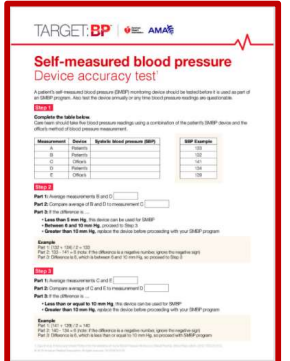
# Preparing Your Team for SMBP Success



**Self-measured blood pressure Quick start guide**

1. Assess how your health care organization currently uses SMBP. It is important to understand how you and your health care organization currently use SMBP in order to identify ways to improve.

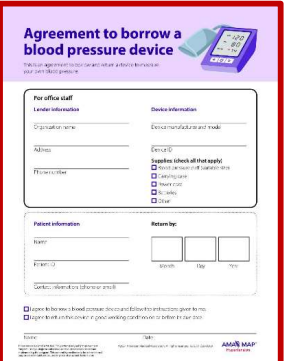
2. Build your health care organization's knowledge in SMBP. Review the Patient Measured BP section of the Target:BP website.



**Self-measured blood pressure Device accuracy test**

1. Review the measurement process (SMBP) including device and the individual's role as part of an SMBP program. See the device accuracy test for blood pressure readings on patients.

Measurement	Device	System blood pressure (SBP)	SBP Example
1	Device A	120	120
2	Device B	120	120
3	Device C	120	120
4	Device D	120	120



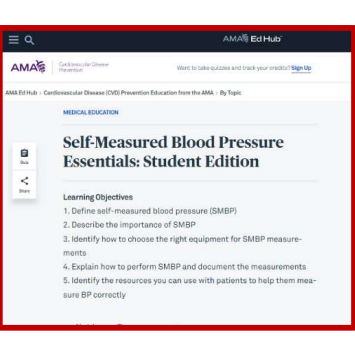
**Agreement to borrow a blood pressure device**

For office staff

1. Lender information: Organization name, Contact name, Email, Telephone, Fax, Address, City, State, Zip, Country.

2. Borrower information: Name, Address, City, State, Zip, Country.

3. Return by: Date, Time.



**Self-Measured Blood Pressure Essentials: Student Edition**

Learning Objectives

1. Define self-measured blood pressure (SMBP)
2. Describe the importance of SMBP
3. Identify how to choose the right equipment for SMBP measurements
4. Explain how to perform SMBP and document the measurements
5. Identify the resources you can use with patients to help them measure BP correctly

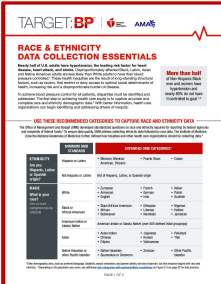
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## Pillar 5: Equitable Health Outcomes

The Equitable Health Outcomes pillar emphasizes the use of race and ethnicity (R/E), and social determinants of health (SDoH) data to stratify blood pressure control rates and to identify and address possible disparities.



Adopt a policy to gather R/E data | Adopt a policy to gather SDOH | Train care team to gather data per policy | Monitor care team adherence to policy(s) | Stratify BP control rate data by 2 sub-groups | Examine data for gaps and take action



**RACE & ETHNICITY DATA COLLECTION ESSENTIALS**

How to collect and use race and ethnicity data to improve health equity outcomes.

**Racial and Health Equity: Concrete STEPS for Smaller Practices**

Translate Your Commitment to Racial and Health Equity Into Action in Your Practice

**American Heart Association Health Equity Portfolio**

Our training prepares healthcare professionals to identify health disparities and integrate solutions that build health equity into clinical practice.

Subscribe \$48.00/Year

**FOOD INSECURITY SCREENING AND REFERRAL PROCESS**

4-STEP SCREENING AND REFERRAL PROCESS

1. Identify individuals living in households experiencing food insecurity via simple screening questions.
2. If they are food insecure and express interest in receiving further support, connect individuals to national, government and/or community resources for help.
3. Recommend these individuals to follow up with a health care professional (as appropriate), when possible. Consider establishing a relationship with local, free-of-charge healthcare providers for warm referrals. (Search at: www.foodinsecurity.org/find-a-clinic.html)
4. Follow up with these individuals 3-6 months after you made the resource referral.

HOW DO I SCREEN FOR FOOD INSECURITY?

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

2. For your household was that... Often true, Sometimes true, Never true.

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## Benefits of Award Achievement

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The Target: BP initiative celebrates physician practices and health systems, who treat patients with hypertension, for achieving blood pressure control rates at or above 70 percent within the populations they serve and for their commitment to evidence-based blood pressure activities.



An award certificate and digital award icons for use on your website and other materials



National Achievement Award recognition on the Target: BP Initiative Website



Awards Toolkit that includes a press release template, and images



Promotion from the AHA and the AMA via media and event recognition



GOLD+ STATUS

Submit data and report  $\geq 70\%$  BP control among patients served with hypertension and attest to  $\geq 4$  of 6 evidence-based BP activities in the Measure Accurately Pillar, the Act Rapidly Pillar, and 1 additional Pillar



GOLD STATUS

Submit data and report  $\geq 70\%$  BP control among patients served with hypertension



SILVER+ STATUS

Submit data and attest to  $\geq 4$  of 6 evidence-based criteria in the Measure Accurately Pillar, the Act Rapidly Pillar and 1 additional Pillar



SILVER STATUS

Submit data and attest to  $\geq 4$  of 6 evidence-based practices in the Measure Accurately Pillar



PARTICIPANT STATUS

Submit data for the first-time and commit to reducing the number of adult patients with uncontrolled BP



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## Community Hypertension Hubs

- Meet people where they are.
- Foster community-clinical linkages and connections.
- Help spark conversation on chronic disease, nutrition and more.
- Can be facilitated in:
  - Churches
  - Libraries
  - Employers
  - & More!

Hub Resource Collection in Dropbox

**Community Hypertension Hub**  
Connecting with Health Care

These blood pressure monitors are provided as a public service to our community.

- They are to help individuals understand an important indicator of heart health but **should not replace medical visits**.
- The model was selected for its accuracy, and every effort is made to maintain their functionality, but they **should not be used to diagnose high blood pressure**.

Blood Pressure Category	Normal	Elevated	Stage 1 Hypertension	Stage 2 Hypertension
Systolic	<120	120-129	130-139	140 or higher
Diastolic	<80	80-89	90-99	100 or higher

**How to Participate:**

- Using the proper technique (see display materials), take your blood pressure.
- Review the blood pressure levels on the chart above.
- If your blood pressure is high, wait quietly for five (5) minutes and take it again.
- If you blood pressure is still high, or you have additional questions about what the numbers might mean, contact your doctor's office to make an appointment.

If you do not have a local doctor, a list of local health care sites and their contact information is provided for your convenience.

- Ama Community Health Center: 323-923-4567
- Johnson Medical Clinic: 123 Main Street, 800-233-0188 | [jpmc@johnsonmedical.com](mailto:jpmc@johnsonmedical.com)
- Midtown Hospital: 456 Main Street, 321-452-0181

\*Those sites with a star (\*) have programs that may help provide free or reduced cost access to medical care.



**Community Hypertension Hub Staff Orientation Resources**

Thank you for helping your library be part of our **Community Hypertension Hub** program. High blood pressure (HBP)- or hypertension - impacts 120+ million American adults. Because HBP is known as the "silent killer" and often has few to no symptoms, many people do not know they have it, putting them at increased risk for heart attacks, stroke, kidney disease, etc.

Your participation as a **Community Hypertension Hub** creates an important opportunity to meet people where they are and empower them to learn about health and take action to improve it. You are not checking blood pressure but, rather, making it possible for people to learn about Self-Measured Blood Pressure (SMBP).

Access to monitors **does not** replace visits with health care professionals and you are **not** called in any way to function as a clinician. We do hope you'll understand the basics of HBP and comfortable showing patrons how to use the monitors, and know where to point them for more information. A variety of educational materials are provided for you to have available for the program, but below are the ones that, especially together, should give you a good understanding of HBP. We would ask that all involved staff review these tools.

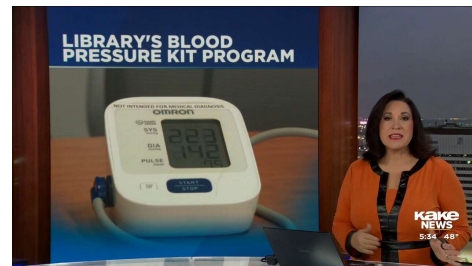
- What is High Blood Pressure?** This 1-pg guide explains the basics of HBP and what the numbers mean.
- How can I lower my HBP?** Overview of general ways to address your HBP.
  - This chart has similar information and is available in Spanish & Chinese.
- How About BP?** This mobile-friendly "guide" functions as a sort of HBP 101, including what the numbers mean, what to do about them, and how to measure your BP. It is featured (via QR Code) on the large **Community Hypertension Hub** poster provided.
- Good technique is important for SMBP. This video shows how to use a monitor like the ones you received to measure your own blood pressure. (There is the same video in Spanish and an infographic that also shows proper positioning.)
- Be sure to review the **BP Referral Sheet** created for your **Community**. This provides important information to help patrons get connected to local health care organizations who can provide further guidance and support as they seek to understand and control their blood pressure.

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## Hallmarks of these Hubs

- Access to validated, “home” blood pressure monitors.
  - For use onsite, and optionally, for checkout through your “Library of Things.”
- Educational materials for:
  - Staff to ensure a general level of comfort with the process (Blood Pressure 101).
  - Patrons to ensure their comfort in using the device and understanding what those numbers mean / how to keep blood pressure low.
- Resources to support referrals to healthcare for those who have additional questions or (may) have concerning blood pressure levels.



## Getting Started with Outpace CVD

The American Heart Association's Outpace CVD™ suite offers technology solutions and quality improvement support for healthcare organizations participating in AHA programs and partnered initiatives as they target cardiovascular disease. We support and recognize your organization's commitment to improving patient outcomes.

**ABOUT THE DATA PLATFORM & REGISTRATIONS**

- As a registered health care organization, you will be able to:
  - Gain access to our data platform ([aha.infoout\(oregistry.com\)](http://aha.infoout(oregistry.com))). There, you can utilize benchmarking reports to support your quality improvement activities and submit data towards achievement awards.
  - Receive newsletters providing the latest heart health news, opportunities, and more.

Register at [heart.org/RegisterMyOutpatientO](http://heart.org/RegisterMyOutpatientO)



**INSTRUCTIONS**

How your health care organization's self-submitted data supports the formal data submission process. The only numbers when entering data to the data submission platform. The content of completed data should be submitted to the data submission platform by May 16, 2025, 11:59 pm ET. Data submission deadline set in its software for organizations for all patients. To submit data to the platform, you must first register for the program. The deadline for registration is May 16, 2025, 11:59 pm ET. All data must be submitted to the data submission platform by the deadline for award achievement. The deadline for registration is May 16, 2025, 11:59 pm ET. All data must be submitted to the data submission platform by the deadline for award achievement. The deadline for registration is May 16, 2025, 11:59 pm ET.

**ALL FIELDS ARE REQUIRED**

**INSTRUCTIONS**

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This Resource Guide is intended as a supportive tool for answering the Clinical Practice Questions (CQ-1) included as part of the formal data submission process for 2024 Target: Type 2 Diabetes achievement awards. These questions are meant to serve as an assessment of your organization's practices for diabetes care, particularly assessing and managing risk for cardiovascular disease (CVD), use of guideline-based medical therapies, and preventing chronic kidney disease (CKD). These questions are required to receive an achievement award but do not affect award level. To see a full list of questions and find instructions for submitting data, please download the [2024 Target: Type 2 Diabetes Data Collection Worksheet](#).

**INSTRUCTIONS**

How your health care organization's self-submitted data supports the formal data submission process. The only numbers when entering data to the data submission platform. The content of completed data should be submitted to the data submission platform by May 16, 2025, 11:59 pm ET. Data submission deadline set in its software for organizations for all patients. To submit data to the platform, you must first register for the program. The deadline for registration is May 16, 2025, 11:59 pm ET. All data must be submitted to the data submission platform by the deadline for award achievement. The deadline for registration is May 16, 2025, 11:59 pm ET.

## A Special Opportunity



American Heart Association  
Center for Telehealth™

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### New Professional Learning Series on Telehealth.

Premium classes in the portfolio include:

- [CORE Concepts in Telehealth Certificate Program](#);
- [TelePrimary Care Certificate Program](#);
- [Basics of Telestroke Course Package](#); and
- [Telebehavioral Health Certificate Program](#).

While these classes normally cost ~\$149/each, we are proud to offer a special opportunity for rural\* health care organizations during American Heart Month.



### Details on Eligibility\* for Free Courses

Because effective telehealth is best facilitated by organizations utilizing other best practices for managing (cardiovascular) health, this opportunity is tied to participation in our [Outpace CVD](#) efforts. Therefore, your organization can receive **two** free (individual) licenses when you,

- By 03/15/25, [register](#) for a new component of [Outpace CVD](#) and/or
- By 05/01/25, submit your **complete data** for one or more of the [Outpace CVD](#) component.



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American Heart Association.

## Additional Work & Resources

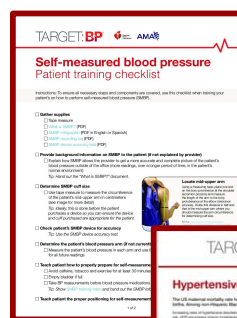
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## Addressing Hypertension/ Preeclampsia

- Encouraging awareness/education
- Supporting BP Self Monitoring.
  - [Validated Device List](#) now includes devices for use during pregnancy.
  - Iowa Medicaid offers [coverage](#) for BP Monitors.
- Systematic opportunities for workflow integration within healthcare, doulas, attached to WIC, etc.



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## Professional Education

### The Role of Cardiovascular Health in Maternal Health

Hypertensive disorders of pregnancy are one of the major causes of maternal mortality globally and cause short- and long-term morbidity in mothers and offspring. Explore the latest education and resources on maternal cardiovascular health. CE and MOC credits are available on select activities.

### New Digital Learning: Hypertensive Disorders in Pregnancy

Learn more about the diagnosis and management of hypertensive disorders of pregnancy and their role in long-term maternal cardiovascular health for patients of childbearing age. CE and MOC credits are available.

### New Podcast: Managing Chronic HTN During Pregnancy

Maternal fetal medicine specialists outline the appropriate work-up to diagnose hypertensive disorders of pregnancy and address recommended medications, as well as postpartum care. CE and MOC credits are available.



## More Resources

### Life's Essential 8 comprises two major areas: Health Behaviors and Health Factors

Learn more on how all 8 can create healthy habits for you.

- Embrace Healthy Eating (PDF)
- Move your Body (PDF)
- Don't be Toxic, Quit Tobacco, (PDF)
- Sleep like a Star (PDF)
- Stay Well with Weight (PDF)

### Education Resources

- Should I Exercise While I'm Pregnant (PDF) | Spanish (PDF)
- What is Gestational Diabetes (PDF) | Spanish (PDF)
- What Should I Eat During Pregnancy (PDF) | Spanish (PDF)
- What is Peripartum Cardiomyopathy (PDF) | Spanish (PDF)
- What is a Pregnancy-Related Stroke (PDF) | Spanish (PDF)
- Life After a Pregnancy-Related Stroke Diagnosis (PDF) | Spanish (PDF)
- High Blood Pressure and Pregnancy (PDF) | Spanish (PDF)
- Keeping Moms Healthy (PDF) | Spanish (PDF)
- American Indian/Alaska Native Maternal Health (PDF)
- Asian American and Pacific Islander Maternal Health (PDF)
- Black Maternal Health (PDF)
- Hispanic Latina/Maternal Health (English (PDF) | Spanish (PDF)
- How the American Heart Association is Fighting Back (PDF)
- Maternal Death in The U.S. (PDF) | Spanish (PDF)
- Life After Pregnancy-Related Stroke Brochure (PDF) | Spanish (PDF)
- Gestational Diabetes (PDF) | Spanish (PDF)
- Mental Health and Pregnancy (PDF) | Spanish (PDF)
- Nutrition Tips for Pregnancy (PDF) | Spanish (PDF)

### Maternal Health Waiting Room Animations

These are short, animated educational videos that can be played in the waiting room at the doctor's office or similar setting. If you would like to utilize these videos but need the .mp4 files, please email [AHA.NationalGDF@heart.org](mailto:AHA.NationalGDF@heart.org) and we will share the files with you.



# AMERICAN HEART MONTH 2025: YOUR CHILD. YOUR HEART.

- 1

**CPR CAN SAVE LIVES. FOR ADULTS AND TEENS, HANDS-ONLY CPR CAN DOUBLE OR EVEN TRIPLE CHANCE OF SURVIVAL. INFANTS AND CHILDREN NEED CPR INCLUDING BREATHS.**
- 2

**MORE THAN 23,000 CHILDREN EXPERIENCE CARDIAC ARREST OUTSIDE OF THE HOSPITAL EACH YEAR. 40% ARE RELATED TO SPORTS. NEARLY 20% ARE INFANTS.**
- 3

**CARDIAC ARREST ACCOUNTS FOR 10-15% OF SUDDEN UNEXPECTED INFANT DEATHS.**



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Will **YOU** be ready to **SAVE** the life of **SOMEONE** you love?  
Find a CPR class at [heart.org/nation](http://heart.org/nation)

## Did you know KIDS AS YOUNG AS 9 can learn CPR?

[heart.org/nation](http://heart.org/nation)

**Hands-Only CPR**  
Join a Nation of Lifesavers today!

### TWO STEPS TO SAVE A LIFE

**1**  
Call 911.

**2**  
Push hard and fast in the center of the chest.

Know it. Feel it. Push it. Keep it.

Transforming a Nation of Bystanders into a Nation of Lifesavers.

[heart.org](http://heart.org)

**What is an Automated External Defibrillator**

**AED Fact Sheet**

**Why are AEDs so important?**  
AEDs help people who have a sudden cardiac arrest, which is when the heart suddenly stops beating. This happens very quickly.

**Who can use an AED?**  
Anyone can use an AED. It is safe and easy to use. You don't need to be a doctor or a professional.

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**Hands-Only CPR Fact Sheet**

**Why Learn Hands-Only CPR?**  
Hands-Only CPR is a lifesaving skill that anyone can learn. It is simple and easy to do. It can double or even triple the chance of survival for someone who has a sudden cardiac arrest.

**Be the Difference for Someone You Love**  
Hands-Only CPR is a lifesaving skill that anyone can learn. It is simple and easy to do. It can double or even triple the chance of survival for someone who has a sudden cardiac arrest.

**Call 911**  
If you see someone who is unconscious and not breathing, call 911. Then, start Hands-Only CPR.

**Music Can Save Lives**  
The American Heart Association has created a new song called "Hands-Only CPR" to help people remember the steps to saving a life.

**Learn How to Save a Life**  
Visit [heart.org](http://heart.org) to learn more about Hands-Only CPR and how to save a life.

### CARDIAC ARREST VS. HEART ATTACK

People often use these terms interchangeably, but they are not the same.





WHAT IS CARDIAC ARREST?	WHAT IS A HEART ATTACK?
<p><b>CARDIAC ARREST occurs when the heart malfunctions and stops beating completely.</b> You can't see it happening, but you can feel someone who has cardiac arrest. They are not breathing, they are not moving, and they are not responsive. If you don't act quickly, they will die.</p> <p><b>WHAT HAPPENS</b> Sudden like a gasp, someone becomes unconscious, and breathing and pulse stop. This is a medical emergency.</p> <p><b>WHAT TO DO</b> Call 911. Start Hands-Only CPR. Use an AED if one is available.</p>	<p><b>A heart attack is a "CIRCULATION" problem.</b> A heart attack occurs when blood flow to the heart is blocked. It is a medical emergency.</p> <p><b>WHAT HAPPENS</b> A heart attack occurs when blood flow to the heart is blocked. It is a medical emergency.</p> <p><b>WHAT TO DO</b> Call 911. Chew and swallow aspirin if you have it. Rest and wait for the ambulance.</p>



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COMMUNITY FACING	PROFESSIONAL EDUCATION
<p><b>Answers By Heart</b> includes dozens of fact sheets on <a href="#">Cardiovascular Conditions</a>, <a href="#">Treatments and Tests</a>, and <a href="#">Lifestyle and Risk Reduction</a>. A great way to help make health information accessible. <a href="#">Many sheets are also available in Spanish.</a></p> <p><b>Life's Essential 8</b> are the defining markers of good heart health. Resources include infographics for adults (also in Spanish) and <a href="#">kids</a>, along with the <a href="#">MyLifeCheck</a> heart health score tool.</p> <p><b>Healthy For Good</b> has a series of <a href="#">infographics</a> on nutrition, physical activity and more in both English &amp; Spanish.</p> <p><a href="#">Empowered To Serve Modules</a> are turnkey presentations on a variety of topics.</p>	 <p>A mix of free / \$\$ options.</p> <ul style="list-style-type: none"> <li>• <a href="#">Health Equity</a></li> <li>• <a href="#">Hypertension</a></li> <li>• <a href="#">Resuscitation</a></li> <li>• <a href="#">Stroke &amp; Brain Health</a></li> <li>• <a href="#">Telehealth Professional Cert.</a></li> <li>• <a href="#">Tobacco Treatment Certification.</a></li> </ul> <p>TARGET: <b>BP</b>    </p> <p><a href="#">Future &amp; Past webinars.</a></p> 

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## Summary/Next Steps

- Join/encourage health care organizations around the country in **Target: BP, Target: (Type 2 Diabetes, and/or Check. Change. Control. Cholesterol)** at [heart.org/RegisterMyOutpatientOrg](https://heart.org/RegisterMyOutpatientOrg). **Celebrate and enhance your success!**
- Look for opportunities for process improvement.
  - Are you conducting annual staff training around BP measurement technique? Are you evaluating that same technique?
  - Do you have validated, calibrated blood pressure monitors? A blood pressure treatment algorithm?
  - Could you help implement or enhance a Self- Measured Blood Pressure Program or help facilitate the launch of a Community Hypertension Hub in your community?



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## Questions or Assistance

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Subscribe!




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## Questions?






## Upcoming Education and Important Dates













- [3/6-3/7 KHA Critical Issues Summit for Hospital Boards \(Wichita\)](#)
- [3/12 QPR Gatekeeper Training](#)
- [3/13-3/14 Infection Prevention Conference, Wichita](#)
- [3/17-19 NARHC Spring Institute, OKC](#)
- [3/25 KHC Clinic Assistance Program Lunch and Learn Series](#)
- [3/26 KHC Office Hours - Best Practices for Success in APMs](#)
- 3/31 MIPS Submission Window Closes - Last Day to Submit




**Connect with us on:**

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-  [@KHCqi](#)
-  [Kansas Healthcare Collaborative](#)

→ Find contact info and more at:  
[www.KHOnline.org/staff](http://www.KHOnline.org/staff)

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 <b>Liz Warman</b> Quality Improvement Advisor	 <b>Jill Daughhelee</b> Director of Education and Communications	 <b>Azucena Gonzalez</b> Health Care Quality Data Analyst	 <b>Erin McGuire</b> Quality Improvement Advisor
 <b>Jenni Peters</b> Quality Improvement Advisor	 <b>Julia Pyle</b> Quality Improvement Advisor	 <b>Patty Thomsen</b> Quality Improvement Advisor	 <b>Rebecca Wagner</b> Grants Coordinator



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*Incremental change, exponential impact.*



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