

Market Segment

- Family Medicine

Medical Practice

- Westminster Medical Clinic
Westminster, CO

WatchBP System

- WatchBP Office Blood Pressure Monitor
- WatchBP O3 Ambulatory Blood Pressure Monitor
- WatchBP Home Blood Pressure Monitors

References

1. AHA. www.americanheart.org.
2. Hajjar I, & Kotchen TA. JAMA. 2003; 290(2): 199-206.
3. Pickering TG, et al. Hypertens. 2008; 52(1): 10-29.
4. O'Brien E, et al. J Hypertens. 2005; (4): 697-701.
5. WHO. www.who.int
6. Stergiou GS, et al. Blood Press Monit. 2007; 12 (3): 185-188.
7. Stergiou GS, et al. Blood Press Monit. 2008; 13(4): 231-235.

Company & Physician Overview

Westminster Medical Clinic (WMC) is a family physician practice located in a Denver, CO suburb. WMC has approximately 7,000 patients, three family physicians, one physician assistant, one registered nurse (RN), and four medical assistants (MA). Dr. Scott Hammond, one of the family physicians at WMC, initiated the process of transforming the medical practice to become a NCQA certified patient-centered medical home.

Why Integrate WatchBP® at Westminster Medical Clinic?

Cardiovascular disease (CVD) is the leading cause of death, 36.7% of all mortalities¹, in the US with hypertension being the top category of CVD. Unfortunately, only 30% of hypertensive patients are controlled ($\leq 140/90$ mmHg)². Recently, the American Heart Association (AHA) issued a "Call to Action" on the use of home blood pressure monitor (HBPM) since home blood pressure (BP) readings are more reproducible than office readings and show better correlations with measures of target organ damage³.

In order to better treat hypertension, Dr. Hammond wanted clinically validated HBPM that aided patients with proper assessment and patient self-management following international guidelines and recommendations^{3,4,5}. Microlife Medical Home Solutions, Inc. was selected for the pilot study providing the world's first guideline-based^{3,4}, clinical validated BP system^{6,7}.

Implementation Strategy

Prior to implementing the WatchBP system, Dr. Hammond conducted a survey with 41 clinic patients assessing blood pressure knowledge and home BP monitoring interest.

All surveyed patients believed monitoring blood pressure was important to their health and nearly 50% of his patients had a home blood pressure monitor (HBPM). In addition, 40% would purchase a HBPM from their physician and 70% would purchase a specific HBPM recommended by their physician. Interestingly, only 10% would not purchase a HBPM from their physician. Based on this data, Dr. Hammond was convinced that his patients wanted this level of care from WMC.

Hypertensive patients were identified on the morning of their scheduled visit by reviewing a patient schedule. Prior to Dr. Hammond entering the exam room, the patients received educational material describing the value of HBPM and the current AHA recommendations³. Dr. Hammond recommended the patient purchase the WatchBP HBPM in order to follow the AHA recommendations. The medical assistant arranged the purchase of the monitor and scheduled in-office training. Patients purchased monitors directly from Microlife without insurance subsidy. Patients returned for formal instruction, according to AHA recommendations, with the MA using a standardized protocol on proper HBPM technique. Patients who declined purchase of a HBPM were offered alternative methods to monitor their home BP.

Patient Outcomes

It was evident that patients valued the concept of home BP monitoring. Of the hypertensive patients that were eligible for a HBPM; 35% purchased the WatchBP HBPM, 20% received Ambulatory BP monitoring with the WatchBP O3, 11% rented the WatchBP HBPM, 24% declined a HBPM purchase. Reasons patients' declined HBPM included financial concerns, contra-indications (i.e. AFIB, dementia), or the patient already had a HBPM.

The formal training improved from 25 minutes to 10 minutes after 3 training visits as the MA became more proficient with the patient checklist. Patients demonstrated competency on proper technique and were enthusiastic to be active participants in their medical care. In addition, there was no disruption to the clinic workflow. The use of a training protocol in a primary care practice facilitates the building of the physician-patient team in hypertension management. The combination of the protocol and validated WatchBP system eliminates common physician concerns over accuracy of home monitoring and adequate patient training. The embedded guidelines in the WatchBP system with formal MA training ensure an evidence-based strategy to support and improve physician decisions on hypertension and patient self-management.