

# Cuff Kit™ Connection

Monthly Technical Assistance and Peer Learning  
May 17, 2023

Eleni Tsigas, CEO

Carrie MacMillan, Project Coordinator

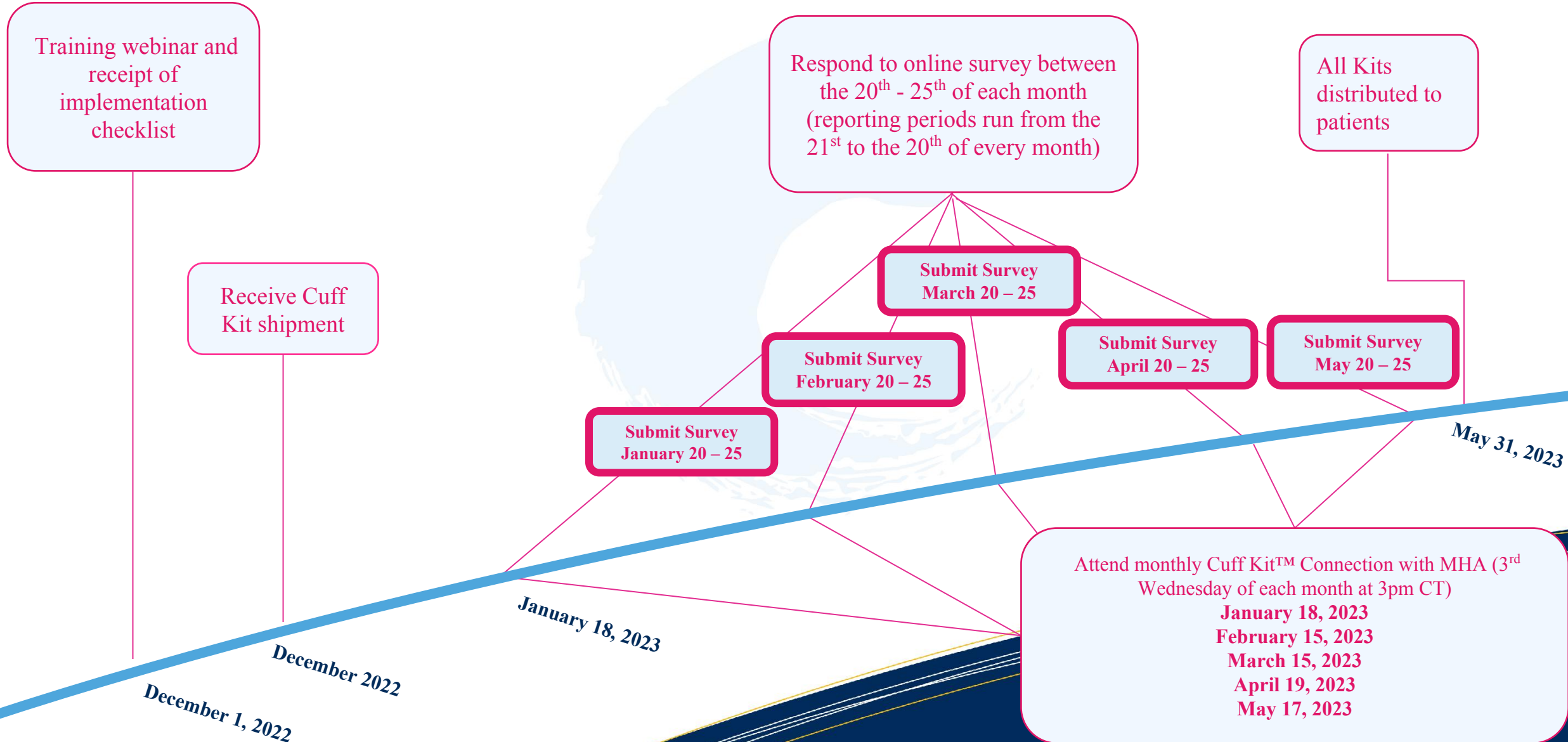
# Agenda

- Recap
- SMBP Impact
- Upcoming Webinar
- Group Discussion Q & A

# Project Goals

- **Empower patients** to recognize and report signs and symptoms
- Educate patients and families on **accurate self-measured blood pressure (SMBP)**
- Support reduction of noted **disparities** and COVID-19 effects
- Support **outpatient monitoring and management** of blood pressure
- **Collect data** to demonstrate efficacy and cost effectiveness
  - Diagnosis and management processes
  - Prenatal and postpartum care
  - Payor coverage

# Program Implementation Timeline



# Now Available in 9 Languages

## Alternative translations of Cuff Kit educational materials:

- Welcome Letter
- Preeclampsia Signs & Symptoms
- Postpartum Preeclampsia Signs & Symptoms
- Blood pressure log
- How to take your blood pressure infographic

**Additional language translations:**  
 Arabic, Burmese, Kirundi, Pashto, Somali, Swahili, and Ukrainian, plus current Spanish and English

The collage displays several educational materials in different languages:

- Amabwiriza (Kiswahili):** A blood pressure log with a table for recording readings. The table has columns for 'Ingine amaraazi' (Systolic/Diastolic) and rows for 'Ishaha' (Time) and 'Igenekerezo' (Frequency).
- Weli waxaad ka (Somali):** A document with the Preeclampsia Foundation logo.
- Dhalma (Ukrainian):** A document with the Preeclampsia Foundation logo.
- Maxay tahay (Arabic):** A document with the Preeclampsia Foundation logo.
- English/Other:** A document titled 'Cuff Kit' with the Preeclampsia Foundation logo and a QR code.

# Required Patient CPT Codes



All patients receiving a Cuff Kit™ must have the **99473 CPT code** entered in the EHR.

Administrative data will be pulled for analysis based on the use of this CPT code. Submit the code as a claim to Medicaid or the patient's insurance payor.

**CPT code 99474** can also be used.



# CPT Code 99473

- Every time a CuffKit™ is distributed, the CPT code ‘99473’ should be submitted as a claim. This claim is only to be entered **once per patient**
- No patient should be charged for receiving a CuffKit™. If you see a charge to the patient, please reach out to your billing department to resolve. For example, some facilities’ billing departments have altered the claim to be one penny.
- MO HealthNet stated that the claim **should be reimbursed under Medicaid**
- If you continue to have difficulty with entering the CPT code, please contact [silvernalej@uchicago.edu](mailto:silvernalej@uchicago.edu)
- If your organization does not submit claims, please reach out to [silvernalej@uchicago.edu](mailto:silvernalej@uchicago.edu) and an alternative data tracking method can be arranged

# FAQs



## The MHA and MC LAN Cuff Kit™ Project

### Frequently Asked Questions

***My organization is interested in participating in The Cuff Kit™ project through MHA and the MC LAN. How do we participate? How do we apply?***

Organizations and individual providers will need to ensure they meet the following criteria to participate.

- utilize some form of telehealth capabilities to communicate with participating patients and closely monitor blood pressures (BP) through cuff kit usage (text messages, phone calls and video chats are examples, along with more sophisticated telehealth technologies)
- provide patients with the entire cuff kit package and educate on the contents and accurate BP monitoring
- prioritize distribution to those at highest risk, especially vulnerable birthing persons with a lower



[https://web.mhanet.com/wp-content/uploads/2023/02/Cuff-Kit-FAQs\\_revised-02222023.pdf](https://web.mhanet.com/wp-content/uploads/2023/02/Cuff-Kit-FAQs_revised-02222023.pdf)



# SMBP Impact

- As many as one in twelve pregnancies is affected by hypertension in its most dangerous form – preeclampsia.
- In some regions of the country 15-20% of pregnancies are affected.
- Between 10 to 15 percent of maternal deaths worldwide are caused by preeclampsia
- In the U.S., approximately 10,500 babies die from preeclampsia each year and an estimated half a million worldwide.

# Patient Quotes

“My home **blood pressure cuff was key** to helping me monitor for myself. **Self-advocacy and self-care** are crucial!!”

“At an appointment at 9 days postpartum after being given antibiotics at day 6 (with my **blood pressure MUCH higher than my usual 110/70**) at the first appointment, I was told to **check my blood pressure at home and call if it "got high"**. No instructions on how to check-- what type of blood pressure to call in with, that is considered high-- or what type of cuff to get- wrist, arm, brand?-- I almost didn't get one. I wanted to go home and rest. But my husband and mom drove me to **get that life-saving cuff**. So, I called less than 4 hours later after that appointment- it was **218/108 at 9 days postpartum.**”

# Patient Quotes

“ I was sitting down at the time. It felt like a sudden pulse or **pressure wave, making the room spin**. I’d never experienced anything like it, it felt bizarre, and it frightened me. I called my doctor, and she told me to call back if it happened again. A few hours later, it did. My husband ran out to Rite Aid and **bought a blood pressure cuff**, which indicated my pressure was up to **140/90**. I also noticed that my **ankles were starting to swell** and had become much more swollen than they had even been during pregnancy. I **called the doctor and she had me come to the emergency room.**”

“Then, I was listening to my usual pregnancy podcast, which happened to be about pre-eclampsia; concerningly, **I had every symptom**. That day I **bought a BP cuff**, and sure enough, it was **152/106**. In the ER, I was told to expect to deliver sooner rather than later, but \*hopefully\* I could last a few more weeks; I was 30+5. **My BP continued to be high, constantly bordering the severe range (>160/110).** ”

# Upcoming Webinars

The grant is hosting a one-hour webinar for site recipients distributing cuff kits. Our speaker, [Karen Florio, D.O.](#), is a maternal-fetal medicine specialist board-certified on obstetrics, gynecology and maternal-fetal medicine. She serves as the vice chair for patient safety and quality for the University of Missouri in Columbia. Details of the webinar and registration link are noted below:

- **Monday, May 22, at 12:00 p.m.** – The Cuff Kit Project-Overview of the Revised Cardiovascular Disease Bundle: Implications for Practice
  - Register [here](#)
  - Objectives
    - Increase knowledge of perinatal cardiovascular risk factors, common diagnoses, and adverse events.
    - Review the updated CVD patient safety bundle and associated medical/social literature.
    - Discuss evidence-base practice implications for clinical providers.
    - Discuss clinical-community integration opportunities to improve identification, and prompt referral and treatment.

# Cuff Kit™ Connection with



**Cuff Kit™ Connection** meetings will be held on the **3<sup>rd</sup> Wednesday** of each month at **3 PM CST/4 PM EST**.

All **Project and Data Leads** are **encouraged to attend** and invite anyone connected to the program from their location.

**May 17, 2023**

**Jun 21, 2023**

**Jul 19, 2023**

**Aug 16, 2023**

**Sep 20, 2023**

**Oct 18, 2023**

**Nov 15, 2023**

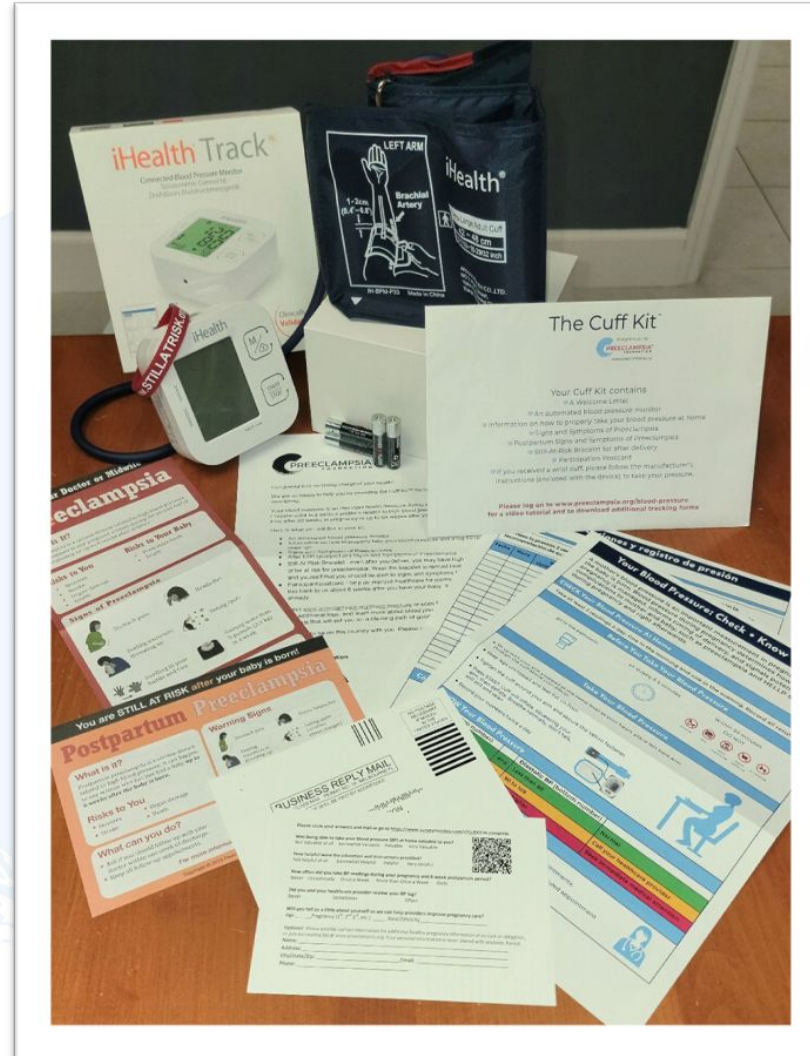
**Dec 20, 2023**



# Group Discussion

## Q & A

Contact us at [cuffkit@preeclampsia.org](mailto:cuffkit@preeclampsia.org)  
or (321) 421-6957 for more information



# Contact Information

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