



Cuff Kit™ Project with MHA

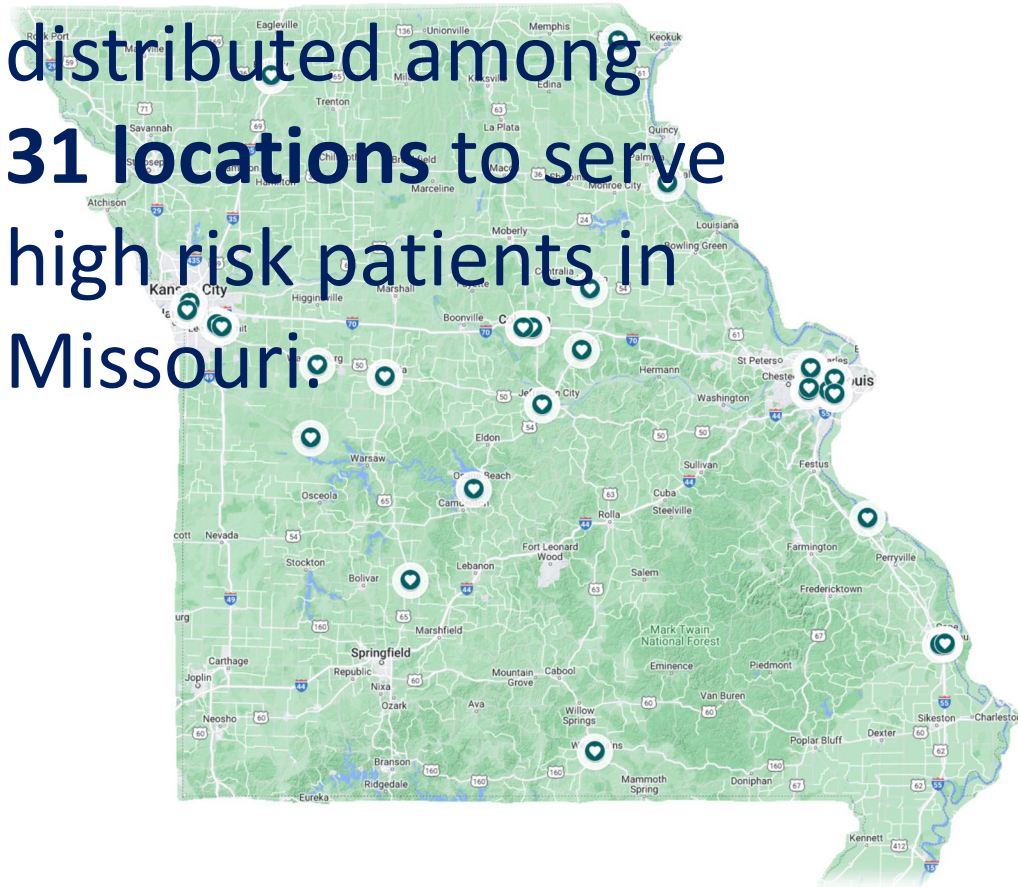
Alison Williams, Vice President of Clinical Quality Improvement

Sherry Buschjost, Vice President of Quality Services

Eleni Tsigas, CEO

Congratulations on being selected to participate in the Cuff Kit™ Project with MHA

4,364 Cuff Kits are being distributed among **31 locations** to serve high risk patients in Missouri.



THANKS TO...

- COVID-19 Statewide Health Disparities Initiative through Missouri Department of Health and Senior Services
- Purpose: "COVID-19 has disproportionately affected populations placed at higher risk and who are medically underserved, including racial and ethnic minority groups, and people living in rural communities who are at higher risk of exposure, infection, hospitalization, and mortality."
- Contract Period: July 13, 2022-May 31, 2023

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 (BP)
- Collect data to demonstrate efficacy and cost effectiveness
 - Diagnosis and management processes
 - Prenatal and postpartum care
 - Payor coverage

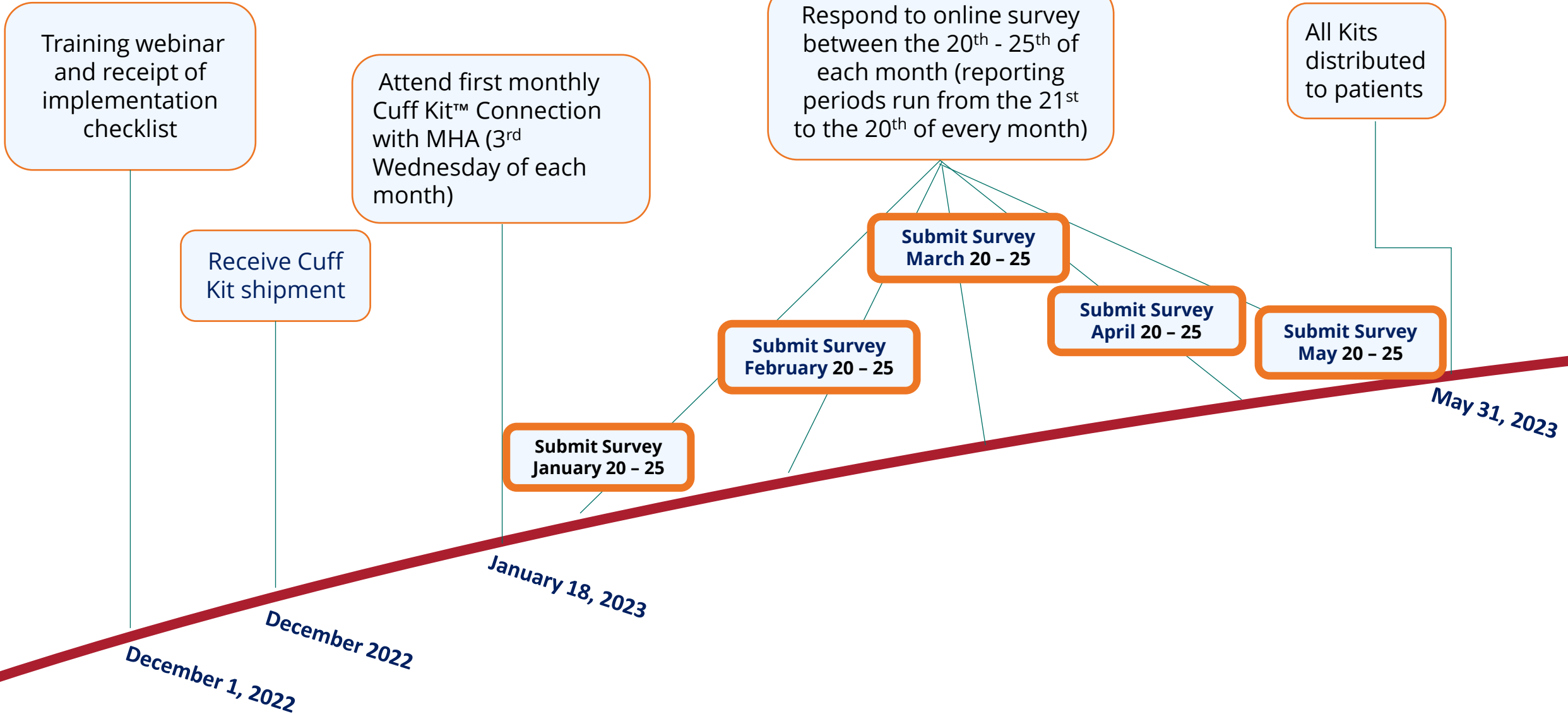
Benefits of Participation

- **Complimentary** validated-in-pregnancy BP devices with Bluetooth technology, patient education material, and participation in important research study
- Provide data for **important unanswered questions**
 - User experience with SMBP (patients and providers)
 - SMBP effect on patient care and BP management
 - SMBP effect on pregnancy and postpartum outcomes
 - SMBP effect on health disparities, and more...
- Build your case for **additional funding**
- Help build the case for **payor coverage** and institutional changes around SMBP
- **Compare your results** across the state and the country

Today's Agenda

- Introduction
- Cuff Kit™ Contents
- Patient Education and Blood Pressure Reporting
- Distribution and Coding Requirements
- Inventory Tracking
- Research Data Collection and Reporting

Program Implementation Timeline



Steps to Program Implementation

- Confirm staff responsible for The Cuff Kit™ Project (Project Lead and Data Lead)
- Review all requirements to comply with program participation guidelines
- Review data collection Excel worksheet (data entry time points) with all staff involved
- Receive shipment of Cuff Kits from Preeclampsia Foundation (December 2022)
- Implement inventory control process. Log/record number of kits received (e.g., CK 0001, CK 0002, etc.)
- Record distributed kits in data collection spreadsheet identifying patients with NPI and Cuff Kit number (e.g., 1234567-0001, 1234567-0002, etc.)
- Work with billing team to ensure CPT code is billed. This will be a primary data retrieval process. Record CPT code in patient records when distributed.
- Complete all survey questions pertaining to initial distribution in Excel worksheet
- Record Part 2 information in Excel worksheet after patient's delivery; and submit all data through online survey by 25th of each month

Cuff Kit™ Contents

Cuff Kit™ Contents

- BP Monitor and Batteries (Bluetooth)
- Instructions including link to online video and website
- Information and tracking log
- Signs and symptoms education
- Postpartum preeclampsia information
- Preeclampsia signs and symptoms magnet
- “Still at Risk” rubber bracelet
- Participation postcard



Patient Education and Blood Pressure Reporting

Patient Education

- **Review Contents:** Welcome Letter, Signs and Symptoms, Survey Recruitment Postcard, Wristband, Logs, Monitor and Cuff
- **Demonstrate** how to take proper blood pressure
- Review mechanisms on how to **record/log** patient BP
- Have **patient demonstrate** proper use
- Use “**teach-back**” to ensure understanding of all contents and their uses.



Congratulations on being selected to participate in the Cuff Kit™ Project!

We are so happy to help you by providing the Cuff Kit™ for home blood pressure monitoring.

Your blood pressure is an important health measure during and after pregnancy. Preeclampsia is a serious problem related to high blood pressure that can occur any time after 20 weeks in pregnancy or up to six weeks after you deliver.

Here is what you will find in your kit:

- An automated blood pressure monitor/cuff with batteries
- Information on how to properly take your blood pressure and a log for recording readings
- Signs and Symptoms of Preeclampsia
- After birth (postpartum) Signs and Symptoms of Preeclampsia
- Preeclampsia Signs and Symptoms Magnet
- Still-At-Risk Bracelet - even after you deliver, you may have high blood pressure or be at risk for preeclampsia. Wear the bracelet to remind healthcare providers and yourself that you should be alert to signs and symptoms for at least 6 weeks.
- Participant postcard – Register for SMS/text-based survey to receive a \$25 electronic gift card for the first 3-minute survey and a \$5 electronic gift card for the following surveys. You will also be entered into a drawing for a \$500 Visa gift card every month.

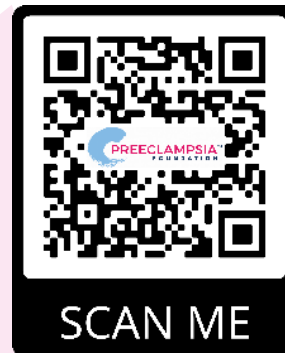
Please visit www.preeclampsia.org/blood-pressure or scan for a video tutorial, to download additional logs, and learn more about blood pressure and pregnancy. You are starting habits that will set you on a life-long path of good health practices.

We are happy to be on this journey with you. Please consider us a resource now and for your future.

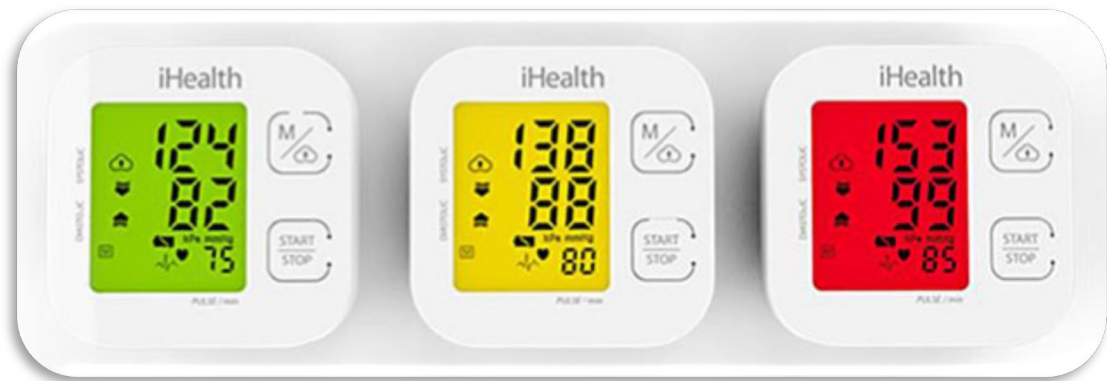
Preeclampsia Foundation
www.preeclampsia.org
cuffkit@preeclampsia.org
(800) 665-9341



Welcome Letter







Automated blood pressure monitor/cuff with batteries

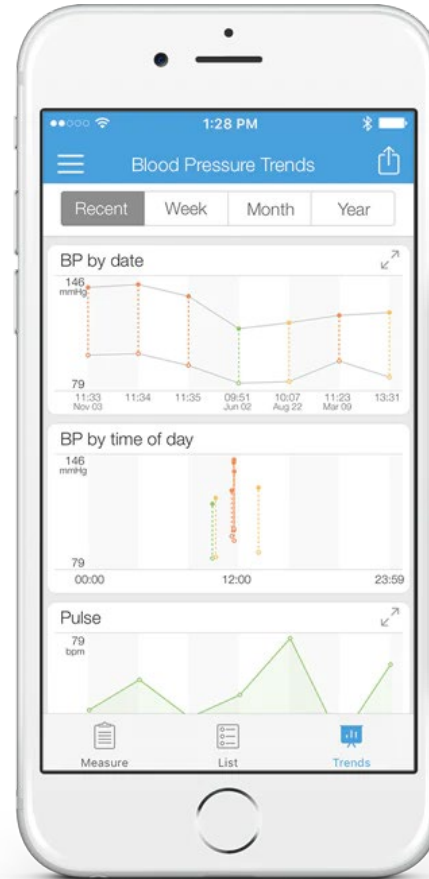


iHealth App






Everything You Need in One App

-  View results instantly and learn more about each measurement.
-  Check if your blood pressure is in the normal BP range based on JNC standards.
-  Take notes and record your mood or activity with each measurement.
-  Store results in a digital logbook.



Stay Up-to-Date on Your Health

-  Real-time results and trends.
-  Set reminders to measure your blood pressure.
-  Export your data as CSV, XLS, or PDF to share with your doctor.

Preeclampsia and Postpartum Signs and Symptoms

Ask Your Doctor or Midwife

Preeclampsia

What Is It?

Preeclampsia is a serious disease related to high blood pressure. It can happen to anyone during the second half of pregnancy, or up to 6 weeks after delivery.

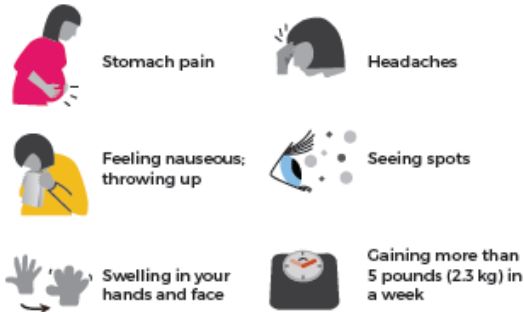
Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Risks to Your Baby

- Premature birth
- Low birth weight
- Death

Signs of Preeclampsia



What Should You Do?

Call your doctor or midwife right away. Finding preeclampsia early is important for you and your baby.



For more information go to www.preeclampsia.org

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You are **STILL AT RISK** after your baby is born!

Postpartum Preeclampsia

What is it?

Postpartum preeclampsia is a serious disease related to high blood pressure. It can happen to anyone who has just had a baby up to 6 weeks after the baby is born.

Risks to You

- Seizures
- Stroke
- Organ damage
- Death

Warning Signs



What can you do?

- Ask if you should follow up with your doctor within one week of discharge.
- Keep all follow-up appointments.
- Trust your instincts.

- Watch for warning signs. If you notice any, call your doctor. If you can't reach your doctor, call 911 or go directly to an emergency room and report you have been pregnant.



For more information, go to www.stillatrisk.org



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Signs of Preeclampsia

Sintomas de la preeclampsia



Stomach pain
Dolor de estómago



Headaches
Dolores de cabeza



Feeling nauseous;
throwing up
Náuseas, vómitos



Seeing spots
Ver manchas



Gaining more
than 5 pounds
(2.3 kg) in a week
Subir más de 5 libras
(2,3 kg) de peso en
una semana



Swelling in your
hands and face
Hinchazón en las
manos y en la cara



www.preeclampsia.org

Preeclampsia Signs and Symptoms Magnet



Preeclampsia “Still at Risk” wristband

Participation Survey Postcard

SIGN UP

Receive a **\$25 electronic gift card** for a 3 minute survey

Eligible for **\$500 gift card** - every month a new winner



THE UNIVERSITY OF CHICAGO



The Cuffkit™ Project Survey

Text **MAMA1** to **888-482-7986** to register and consent for our survey and Cuffkit™ reminders

Consent Information



Msg frequency may vary. Reply STOP. to cancel, HELP for help. Msg&data rates may apply. Terms: slkt.io/WGqt

Regístrate

Recibe una tarjeta de **regalo electrónica de \$25** por una encuesta de 3 minutos

Elegible para una **tarjeta de regalo de \$500** – cada mes un nuevo ganador



THE UNIVERSITY OF CHICAGO



ENCUESTA DE CUFFKIT™ PROJECT

Regístrate y acepte en nuestra encuesta por SMS y recordatorios enviando el mensaje **MAMA1** a **888-482-7986**

Consentimiento



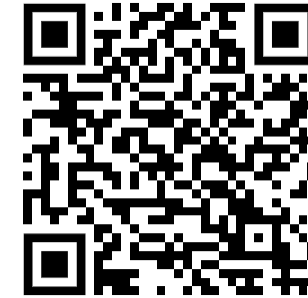
La frecuencia de mensajes puede variar. Responder STOP. para cancelar, HELP para ayuda. Terminos: slkt.io/WGqt

Distribution and Coding Requirements

Distribution

- **WHO: At-risk and vulnerable women**
 - Chronic hypertension
 - History of preeclampsia and/or eclampsia
 - Obesity
 - Advanced maternal age
 - Autoimmune disorders and other medical diagnoses
 - Racial/ethnicity (Black, Native American) and/or rural location
 - Potentially affected by Social Determinants of Health
- **WHEN:** Any of three pregnancy trimesters or at discharge following birth of baby

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.

CPT code 99474 can also be used.

Inventory Tracking

Inventory Control Process



Research Data Collection and Reporting

Research Data Sources

- Patient reports via text-based surveys
- Provider reports with patient-specific (not identifiable) information
- Administrative data using CPT code

Researchers from Harvard University and University of Chicago Booth School of Business, along with Preeclampsia Foundation and Missouri Hospital Association will be analyzing this information to address economic issues, utility of SMBP and impact on outcomes, and patient preferences.

Your role is critical!

Provider Online Monthly Survey

Thank you for your participation in Phase II of the Cuff Kit Program. Please record information about distribution of the cuff kits at your site.

If you have any questions, please contact the Preeclampsia Foundation by emailing carrie.macmillan@preeclampsia.org.

Site & Provider Information

Provider Identifier (NPI)

Name

Contact Phone Number

Distribution and Utilization

Please indicate the reporting period(s) ▼
Please select all that apply.

How many Cuff Kits did you distribute during this reporting period?

How many Cuff Kits do you still have to be distributed?

What challenges, if any, have you had implementing this program or any other feedback?

If none, please leave this field blank.

Expand

During this reporting period, how many patients were up to 4-6 weeks postpartum?

These are the patients you will report on in the next section.

Are you a research partner? Yes No

reset

Submit

Provider Online Monthly Survey

Thank you for your participation in Phase II of the Cuff Kit Program. Please record information about distribution of the cuff kits at your site.

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If none, please leave this field blank. Expand

During this reporting period, how many patients were up to 4-6 weeks postpartum?

These are the patients you will report on in the next section.

Are you a research partner? Yes No reset

Provider Online Monthly Survey



Individual Patient Reporting

Please complete the form below. Once you click 'submit' you will have the option to add additional patients if you are reporting on more than one patient. If you have any questions, please contact the Preeclampsia Foundation by emailing carrie.macmillan@preeclampsia.org.

Demographics

Patient Identifier
e.g. NPI-9999

8 characters remaining

Age at Delivery, years

Race / Ethnicity

- White
 Black
 Native Hawaiian or Pacific Islander
 Native American
 Asian
 Hispanic

Please select all that apply

Individual Risk Assessment

Which of the following HDP risk factors did the patient have?

- None
- Chronic HTN
- Previous History of HDP
- Obesity (BMI ≥ 30)
- Primigravida (First Pregnancy)
- Multiparous (Twins, Triplets, etc)
- Autoimmune Disorder(s)
- Postpartum Preeclampsia
- Other


Please select all that apply.

Which of the following Social Determinants of Health may be risk factors for this patient?

- None
- Socioeconomic Status
- Education
- Environmental Factors
- Housing Stability
- Employment/Work
- Social/Emotional Health
- Culture/Language
- Healthcare Access
- Transportation
- Personal Safety
- Rural


Please select all that apply.

Provider Online Monthly Survey

Pregnancy Information	
Date of Delivery	<input type="text"/>  Today M-D-Y
Blood Pressure at the Delivery Admission	<input type="text"/> SBP / <input type="text"/> DBP mmHg
What was this patient's pregnancy outcome?	<input type="checkbox"/> Live Birth <input type="checkbox"/> Stillbirth <input type="checkbox"/> Delivery < 37 weeks <input type="checkbox"/> Delivery < 34 weeks <input type="checkbox"/> Maternal Death <input type="checkbox"/> Diagnosis of HDP <input type="checkbox"/> Postpartum HTN <input type="checkbox"/> Severe Maternal Morbidity
Was the patient readmitted after delivery as a result of hypertension?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset
Was the patient taking aspirin during this pregnancy?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset
Was the patient on anti-hypertension medication before starting the Cuff Kit Program?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown reset

Provider Online Monthly Survey

Cuff Kit Utilization

Date of Cuff Kit delivery to this patient?  Today M-D-Y

Gestational Age (at time of Cuff Kit distribution)

Were the patient's BP values transmitted electronically via Bluetooth technology on the Cuff Kits? Yes No Unknown [reset](#)

Did the Cuff Kit improve your ability to assess the patient's BP? Yes No Unknown [reset](#)

Was the patient prescribed medication for hypertension at least in part due to SMBP readings from the Cuff Kit? Yes No Unknown [reset](#)

OPTIONAL: Were there any anecdotal stories or outcomes that you feel relates to the use of Cuff Kit for this individual patient?

[Expand](#)

Provider Online Monthly Survey

Close survey

Missing Participants: Please Continue to Add Participant IDs

To add additional IDs please click the button below. The number of participant IDs should match the number of patients who were 4-6 weeks postpartum.

If you have any questions, please contact the Preeclampsia Foundation by emailing carrie.macmillan@preeclampsia.org.


1 instance of this survey has been recorded

[Click Here to Enter Another Participant ID](#)

Survey Queue

[Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title
 Completed	Participant - #1 <div style="display: flex; justify-content: space-between; align-items: center;"> + Click Here to Enter Another Participant ID Edit response </div>

Provider Online Monthly Survey

Close survey

Thank you for entering all of your IDs.

This form is now complete and you can exit by selecting close survey above.

If you have any questions, please contact the Preeclampsia Foundation by emailing carrie.macmillan@preeclampsia.org.

3 instances of this survey have been recorded

[↻ Click Here to Enter Another Participant ID](#)

☰ Survey Queue

[🔗 Get link to my survey queue](#)

Listed below is your survey queue, which lists any other surveys that you have not yet completed. To begin the next survey, click the 'Begin survey' button next to the title.

Status	Survey Title	
✔ Completed	Participant - #1: NPI-001	✎ Edit response
✔ Completed	Participant - #2: NPI-002	✎ Edit response
✔ Completed	Participant - #3: NPI-003	✎ Edit response
	+ Click Here to Enter Another Participant ID	

Reporting Monthly Data via REDCap

2023

*Survey will be sent to the Project and Data Lead emails

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
Reporting reminder email					Survey link will be sent out	
22	23	24	25	26	27	28
		Final reminder email	Surveys will be turned in by providers			
29	30	31				

*Monthly submission of inventory/distribution data is required by all providers.

Patient Participation Survey

- Providers are to encourage the patients to enroll in a text-based survey.
- Patients will text a specific code to receive a reminder to take BP and will receive survey questions monthly.
- Incentives include \$25 electronic gift card for the first 3-minute survey and a \$5 electronic gift card for the following monthly surveys. Patients will also be entered in a \$500 monthly drawing.

Survey Questions

- Did you receive a Cuff Kit™ from your healthcare provider?
- Are you currently receiving pre-natal care?
- What is your age?
- What is your race?
- How much control have you had regarding decisions about your pregnancy?
- To what extent do you agree or disagree with the following statement – “During my pregnancy, I have been treated well by my health care providers.”

Cuff Kit™ Connection with

Cuff Kit™ Connection

invitation email will be sent to all providers. Meetings will be held on the **3rd Wednesday** of each month at **3 PM CT**. All **providers are encouraged to attend** and invite anyone connected to the program from their location.

January 18, 2023

February 15, 2023

March 15, 2023

April 15, 2023

May 17, 2023

Contact Information

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Preeclampsia Foundation

Eleni Tsigas
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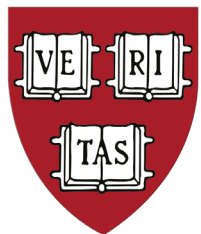
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Questions



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