

# BERKSHIRE MEDICAL CENTER

## HYPERTENSIVE DISORDERS EQUITABLY ADDRESSED WITH REMOTE TECHNOLOGY FOR BIRTHING PEOPLE (HEART-BP) INVESTMENT PROGRAM

Program Launched in January 2025

**Berkshire Medical Center** (“Berkshire”) established a new remote blood pressure monitoring (RBPM) program for pregnant and postpartum patients with chronic hypertension or a hypertensive disorder of pregnancy. The program is led by a certified nurse midwife (CNM) who establishes clinical workflows, guides program adoption across three of Berkshire’s obstetric (OB) sites, and advises on program design. OB providers and CNMs identify eligible patients based on their medical records. Licensed practical nurses (LPNs) and registered nurses (RNs) support the CNM by educating patients about the program and enrolling them across the OB offices. Upon enrollment, patients receive a cellular-enabled blood pressure cuff, and care managers employed by the RBPM platform vendor monitor patients’ blood pressure readings, provide telehealth support directly to patients, and work closely with Berkshire’s OB physicians to support patient adherence to medications.

### PROGRAM STRATEGIES

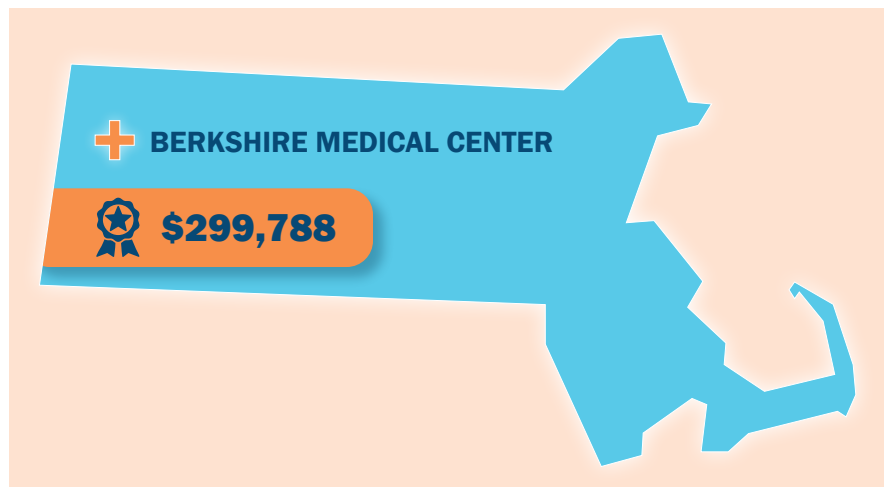
#### QUALITY IMPROVEMENT STRATEGY

The Berkshire team is developing a patient family advisory interview process to solicit feedback from program participants to inform program design and improvement efforts. The program team will share findings with the OB department.

#### HEALTH EQUITY APPROACH

The Berkshire team has prioritized recruiting pregnant and postpartum patients of color as part of the patient family advisory interview process.

### AWARD AMOUNT



### PROGRAM DURATION



### ABOUT HEART-BP

The Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program awarded \$1.5 million in funds to be used over thirty months across four hospitals and one community health center. HEART-BP aims to address racial, ethnic, and geographic inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology. HEART-BP funded initiatives will offer RBPM technology and telehealth services to pregnant and/or postpartum patients with, or at risk of, hypertensive disorders of pregnancy through at least 42 days postpartum. This program will enable patients to take blood pressure readings at home and care teams will routinely review results for concerning readings and initiate contact with the patient for follow up questions or care. Awardees are expected to monitor their patient data for racial, ethnic, linguistic, or geographic disparities, and address those disparities through quality improvement efforts.

# BEVERLY HOSPITAL

## HYPERTENSIVE DISORDERS EQUITABLY ADDRESSED WITH REMOTE TECHNOLOGY FOR BIRTHING PEOPLE (HEART-BP) INVESTMENT PROGRAM

Program Launched in January 2025

**Beverly Hospital** (“Beverly”) expanded its existing remote blood pressure monitoring (RBPM) program to build Beverly Engagement for Advancing Cardiovascular Outcomes in New parents (BEACON). BEACON serves postpartum patients with a diagnosed hypertensive disorder of pregnancy. Physician assistants identify eligible patients at delivery and introduce them to the program and registered nurses (RNs) enroll consenting patients. At discharge from the delivery hospitalization, RNs provide enrolled patients with cellular-enabled blood pressure cuffs. The BEACON clinical pharmacist monitors blood pressure readings and manages patient medications as needed with support from Beverly RNs and doctors and Beth Israel Lahey Hospital (BILH) maternal-fetal medicine specialists.

### PROGRAM STRATEGIES

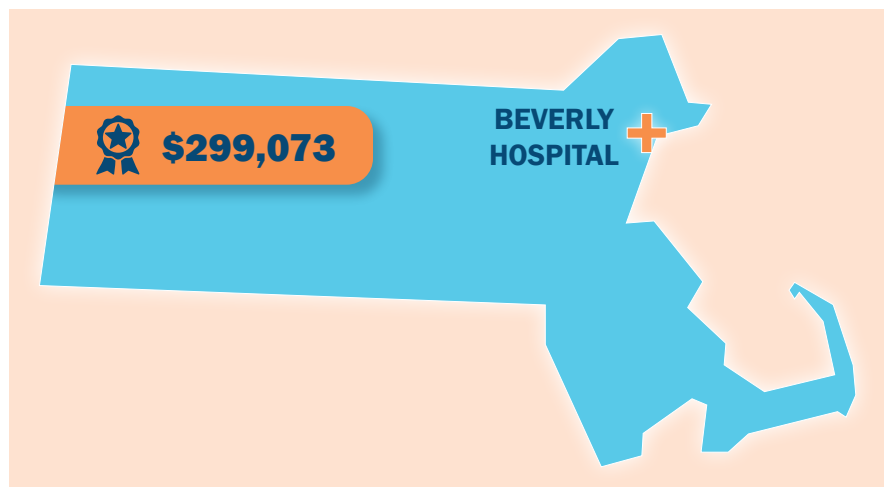
#### QUALITY IMPROVEMENT STRATEGY

The BEACON team routinely performs structured reviews of program data with the Beverly nurse educator and nurse director to inform ongoing quality improvement efforts and shares learnings with BILH’s Maternal Health Quality and Equity Council.

#### HEALTH EQUITY APPROACH

The BEACON team is partnering with a Black birthing person with lived experience of preeclampsia and infant loss to inform the development of patient-facing educational materials, patient interview guides, and Beverly’s evaluation plan.

### AWARD AMOUNT



### PROGRAM DURATION



\*Birthing patients who require continued monitoring and treatment at 42 days postpartum can remain in the program through one year, at which point they are transferred to their primary care provider for ongoing care.

### ABOUT HEART-BP

The Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program awarded \$1.5 million in funds to be used over thirty months across four hospitals and one community health center. HEART-BP aims to address racial, ethnic, and geographic inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology. HEART-BP funded initiatives will offer RBPM technology and telehealth services to pregnant and/or postpartum patients with, or at risk of, hypertensive disorders of pregnancy through at least 42 days postpartum. This program will enable patients to take blood pressure readings at home and care teams will routinely review results for concerning readings and initiate contact with the patient for follow up questions or care. Awardees are expected to monitor their patient data for racial, ethnic, linguistic, or geographic disparities, and address those disparities through quality improvement efforts.

# EDWARD M. KENNEDY COMMUNITY HEALTH CENTER

## HYPERTENSIVE DISORDERS EQUITABLY ADDRESSED WITH REMOTE TECHNOLOGY FOR BIRTHING PEOPLE (HEART-BP) INVESTMENT PROGRAM

Program Launched in January 2025

The Edward M. Kennedy Community Health Center (“Kennedy Community Health”) is expanding its existing remote blood pressure monitoring (RBPM) program to create the Remote Blood Pressure Monitoring for Obstetric Patients (BP-OB) program. The BP-OB program serves pregnant and postpartum patients who are diagnosed with or at risk for a hypertensive disorder of pregnancy. Obstetricians refer eligible patients to the program. A community health worker and medical assistant serve as patient navigators and support various medical and non-medical patient needs, including referral to resources for health-related social needs. Following enrollment, the program team mails cellular-enabled blood pressure (BP) cuffs directly to patients’ homes. The team consistently monitors their patient BP data dashboard and collaborates with clinical leadership to develop individualized care plans.

### PROGRAM STRATEGIES

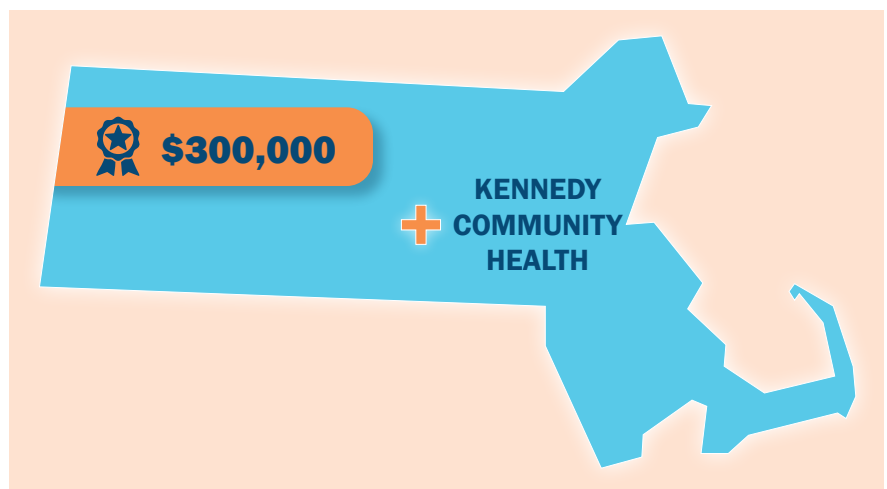
#### QUALITY IMPROVEMENT STRATEGY

The BP-OB team regularly reviews process and outcomes data, including staff and patient feedback and satisfaction scores, at dedicated quality improvement meetings and uses this data to guide program improvements to better meet patient needs.

#### HEALTH EQUITY APPROACH

The BP-OB team has identified the importance of providing care in their patients’ native languages. They offer linguistically concordant patient navigators and, when necessary, interpreter services to support the most common languages spoken by their patients and surrounding communities.

### AWARD AMOUNT



### PROGRAM DURATION



\*Birthing patients who require continued monitoring and treatment at 84 days postpartum can remain in the program through to 90 days postpartum. If ongoing management is needed, patients will be transferred to Kennedy Community Health’s general RBPM program.

### ABOUT HEART-BP

The Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program awarded \$1.5 million in funds to be used over thirty months across four hospitals and one community health center. HEART-BP aims to address racial, ethnic, and geographic inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology. HEART-BP funded initiatives will offer RBPM technology and telehealth services to pregnant and/or postpartum patients with, or at risk of, hypertensive disorders of pregnancy through at least 42 days postpartum. This program will enable patients to take blood pressure readings at home and care teams will routinely review results for concerning readings and initiate contact with the patient for follow up questions or care. Awardees are expected to monitor their patient data for racial, ethnic, linguistic, or geographic disparities, and address those disparities through quality improvement efforts.

# HEYWOOD HOSPITAL

## HYPERTENSIVE DISORDERS EQUITABLY ADDRESSED WITH REMOTE TECHNOLOGY FOR BIRTHING PEOPLE (HEART-BP) INVESTMENT PROGRAM

Program Launched in January 2025

**Heywood Hospital** (“Heywood”) has established a remote blood pressure monitoring (RBPM) program for pregnant or postpartum patients with a hypertensive disorder of pregnancy. Obstetrics and gynecology (OB/GYN) and labor and delivery nurses identify eligible patients based on in-office presentation, lab work, and chart reviews. During in-office visits, OB/GYN nurses enroll patients into the program. Upon enrollment, patients are loaned cellular-enabled BP cuffs, which sync with patients’ smartphones or tablets. Patients return cuffs upon graduation from the program at a postpartum visit. OB/GYN nurses monitor BP readings and provide clinical intervention and education to patients. Doula’s integrated into Heywood’s birth teams are also available to bolster patient engagement, as needed.

### PROGRAM STRATEGIES

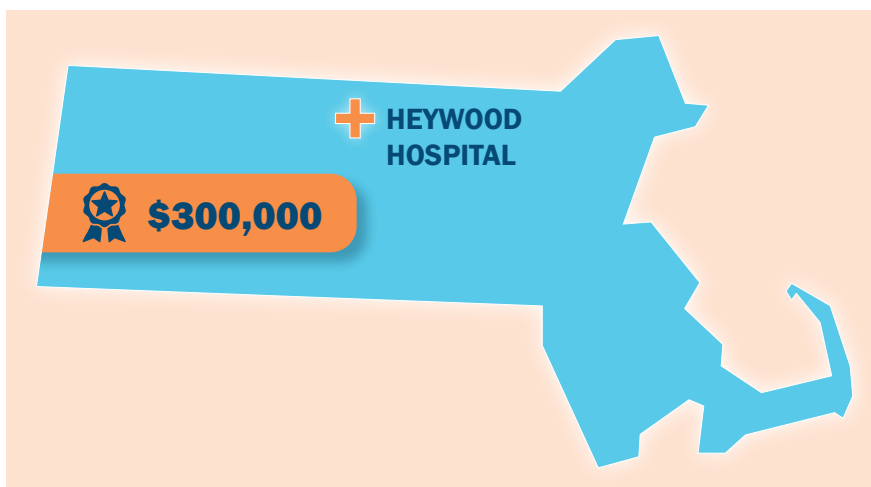
#### QUALITY IMPROVEMENT STRATEGY

The Heywood team holds monthly forums to review program data and discuss findings, identify disparities, and develop actionable interventions. They are developing a continuous feedback loop that collects and incorporates input from patients and staff into their quality improvement process.

#### HEALTH EQUITY APPROACH

The Heywood team is collaborating with the Health Equity Partnership of North Central Massachusetts to convene a regional maternal care hub to bring together clinical teams, community-based organizations, and patients with lived experience to review program materials, provide input on outreach and engagement strategies, and develop a cultural awareness guide.

### AWARD AMOUNT



### PROGRAM DURATION



\*Birthing patients who require continued monitoring and treatment at 42 days postpartum can remain in the program through one year, at which point they are transferred to their primary care provider or to cardiology for ongoing care.

### ABOUT HEART-BP

The Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program awarded \$1.5 million in funds to be used over thirty months across four hospitals and one community health center. HEART-BP aims to address racial, ethnic, and geographic inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology. HEART-BP funded initiatives will offer RBPM technology and telehealth services to pregnant and/or postpartum patients with, or at risk of, hypertensive disorders of pregnancy through at least 42 days postpartum. This program will enable patients to take blood pressure readings at home and care teams will routinely review results for concerning readings and initiate contact with the patient for follow up questions or care. Awardees are expected to monitor their patient data for racial, ethnic, linguistic, or geographic disparities, and address those disparities through quality improvement efforts.

# SIGNATURE HEALTHCARE – BROCKTON HOSPITAL

## HYPERTENSIVE DISORDERS EQUITABLY ADDRESSED WITH REMOTE TECHNOLOGY FOR BIRTHING PEOPLE (HEART-BP) INVESTMENT PROGRAM

Program Launched in January 2025

**Brockton Hospital** (“Brockton”) has established a remote blood pressure monitoring (RBPM) program for pregnant or postpartum patients of Signature Medical Group who have MassHealth insurance and are at risk for, or diagnosed with, a hypertensive disorder of pregnancy (HDP). Medical assistants identify eligible patients, and obstetric (OB) and labor and delivery physicians formally assess patient eligibility using a program-specific screening tool. Physicians refer eligible patients to the RBPM program, where they are formally enrolled by OB nurses. Upon enrollment, patients receive a cellular-enabled blood pressure cuff, and primarily interface with the RBPM platform care managers, who coordinate with the Brockton OB nurses as needed.

### PROGRAM STRATEGIES

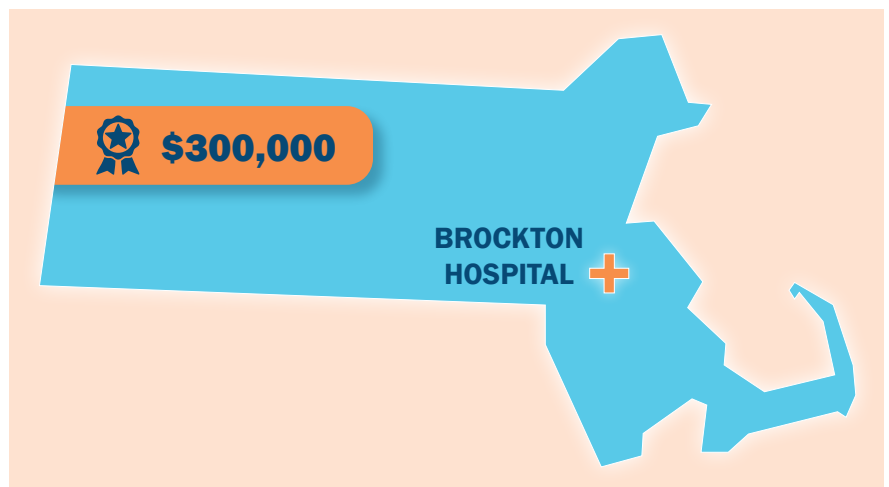
#### QUALITY IMPROVEMENT STRATEGY

Brockton has contracted with an external partner to develop a data dashboard that is monitored daily by the program team and reviewed quarterly by the Brockton Community Advisory Group.

#### HEALTH EQUITY APPROACH

The Brockton team is recruiting two patients of color with lived experience of HDP and delivery at Brockton Hospital to participate in the program’s implementation team, which reviews workflows and provides feedback to guide ongoing improvement efforts. The former patients will be paid for their consultation.

### AWARD AMOUNT



### PROGRAM DURATION



### ABOUT HEART-BP

The Hypertensive disorders Equitably Addressed with Remote Technology for Birthing People (HEART-BP) Investment Program awarded \$1.5 million in funds to be used over thirty months across four hospitals and one community health center. HEART-BP aims to address racial, ethnic, and geographic inequities in hypertensive disorders of pregnancy through the use of patient-centered remote blood pressure monitoring (RBPM) technology. HEART-BP funded initiatives will offer RBPM technology and telehealth services to pregnant and/or postpartum patients with, or at risk of, hypertensive disorders of pregnancy through at least 42 days postpartum. This program will enable patients to take blood pressure readings at home and care teams will routinely review results for concerning readings and initiate contact with the patient for follow up questions or care. Awardees are expected to monitor their patient data for racial, ethnic, linguistic, or geographic disparities, and address those disparities through quality improvement efforts.