



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 ability to procure their own BP cuff
- submit a brief data set for each patient who receives a cuff kit, including basic demographic information, social determinants of health (SDOH) factors, and pregnancy outcome(s)
- encourage patient feedback submission through an enclosed postage-paid postcard

Cuff kits will be distributed through use of an application process on a lottery basis to organizations and/or individual OB providers able to meet the above criteria.

When are cuff kit applications due and how will we know if I am a recipient?

Cuff Kit applications are due by **Tuesday, October 25 to be included** in a lottery drawing. Recipients will be notified mid-November. If your facility does not receive kits through the lottery drawing, you will receive a courtesy email and will be prioritized for any future distribution cycle.

Who is included in the at-risk and vulnerable population category?

At-risk and vulnerable birthing people are defined as those with chronic hypertension, history of preeclampsia and/or eclampsia, obesity, advanced maternal age, autoimmune disorders, and other medical diagnoses, as well as population-level risk factors such as race (Black, Native American, Hispanic) and/or rural location, and patients adversely impacted by SDOH. This also includes those with a lower ability to procure their own BP cuff.

How many BP kits are included in a single order?

Number of BP cuff kits distributed per organization/individual provider will be based upon volume of births self-predicted over the next six-month period (December 2022 through May 2023) as well as total availability of cuff kits.

Are patients expected to return the BP kits once they are finished with them?

No, patients are not expected to return the kits after they are finished using them. Patients should be encouraged to continue to monitor their BP, as deemed appropriate by their care provider, especially during postpartum through one-year of birth.



What is included in the BP cuff kit?

The kits include an arm automatic BP device and batteries; patient education including videos, digital apps and printed educational material; “still at risk” education and a bracelet for postpartum phase; a tracking log; and a self-addressed, postage-paid postcard that elicits patient feedback on the program. The patient feedback postcard should be completed after the patient has an opportunity to use it, preferably after a few weeks and after delivery.

How will the cuff kit help my patients?

The cuff kits are intended to support home BP monitoring coupled with provider communication via a telehealth mode. This supports increased patient monitoring, promotes access, empowers patients in their health care, and promotes early recognition and intervention for pregnancy-related BP issues.

How will the data from the project be used?

MHA will partner with Harvard University Kennedy School of Public Health, University of Chicago Booth School of Business, and the Preeclampsia Foundation to leverage the data set collected for the Cuff Kit Project and additional publicly available data sets to study the efficacy and return on investment of home BP monitoring kits. Special attention will be given to studying variables related to health equity and provision of resources to marginalized populations. Missouri cuff kit recipients will inform a significant subset of the total data set from Preeclampsia Foundation. Outcomes of this research may support further fiscal support of self-monitored BP, identified policy changes and reimbursement/payment model inclusion; hence, data collection by lottery recipients is critical to this work.

Would you need internet or broadband?

To transmit the BP data to the provider or to use the digital app, internet access is required; however, each kit comes with paper log forms which may be used to track BPs and shared with providers, reviewed during a phone call with the patient if internet access is limited or not available.

Are the cuffs easy to use for patients with low literacy levels?

Yes, the Cuff Kit education materials were prepared with low literacy levels and here is a [video](#) that demonstrates proper cuff usage.

If we are distributing cuff kits on the inpatient labor and delivery unit, OB triage and clinics all within the same healthcare system, are the staff who is distributing the cuff kits also responsible for the reporting out based on location or should it all be reported in one group for the system?

It depends on how you apply for the cuff kits. Each applicant has accountability for distributing cuff kits to their at-risk, vulnerable patient population and reporting the data set for those patients. MHA and the MC LAN is collaborating with Preeclampsia Foundation to consider how to modify certain data elements considering organization/provider type as needed. This information will be reviewed during a data intensive meeting after the recipients are selected via the lottery process.

How does the Bluetooth reporting work? Is it easy for the patient to do?

Yes, it is easy for patients to use the Bluetooth reporting. The Bluetooth and mobile app work automatically once the app is downloaded.



Does the mobile app send the BPs to the provider's office? Or is there a portal that can be accessed to read them?

The mobile app will only send the BPs to the provider's office only if the provider's office has integrated it into the system. Epic is currently working on integration, but the API information is available through iHealth if providers want to set up integration. There is not a provider portal currently, but if the patient is using the app, they can export their data as a CSV, XLS or PDF to share with their provider.

Should the hospital apply separate from the OB/GYN office?

Organizations and providers are encouraged to discuss how they might best facilitate cuff kit distribution and data reporting to determine the option for application.

Do the LPHA's with a WIC clinic qualify to apply?

Yes, LPHA's with WIC clinics qualify. You should identify the clinic's NPI number on your application and any associated OB providers.

What would be the average monthly data reporting time?

While this is difficult to determine with a new project, we estimate it may take as little as 30 minutes to a few hours per month to collect, review and report the monthly data. Data is reported monthly for each patient who delivered that month or were already postpartum when provided the cuff kit. A monthly inventory of cuff kits will also be required. Recipients will be encouraged to use the Excel spreadsheet tool to be provided to efficiently track patients receiving cuff kits.

Who do I contact if I have a question about placing or receiving my order?

Please contact Stephanie Horn at shorn@mhanet.com.