SOCIETY OF BEHAVIORAL MEDICINE

POSITION STATEMENT:

SBM Supports the Updated Hypertension Guidelines and Recommends Modifications to Medicare Part B for Lifestyle Counseling Approaches for Hypertension Management

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RECOMMENDATIONS

- Ensure appropriate funding for reimbursement of evidence-based lifestyle counseling for hypertension management
- Expand Medical Nutrition Therapy counseling coverage as an option for Medicare beneficiaries with hypertension
- Include home-based blood pressure devices in the list of Durable Medical Equipment Coverage
- Modify the Medicare Benefit Policy Manual Chapter 15 Annual Wellness Visit Addendum to include "evidence-based" prior to community-based lifestyle interventions so that programs like DASH, AHA, and plant-predominant dietary lifestyles are prioritized

The Society of Behavioral Medicine (SBM) supports the 2017 American College of Cardiology/American Heart Association guidelines that lower the blood pressure threshold for the diagnosis of hypertension in adults.[1] SBM also calls on legislators to modify Medicare Part B to support evidence-based lifestyle counseling to improve blood pressure control among adults with hypertension.

Hypertension, also known as high blood pressure, carries significant economic costs and is a major risk factor for cardiovascular disease (CVD) morbidity and mortality. Between 2000-2013, annual national medical expenditures associated with hypertension increased from $58.7 billion to $109.1 billion.[2] A key objective of U.S. Healthy People 2020 is to reduce the proportion of adults with hypertension to 26.9%.[3] Current data suggest that 29% of adults have hypertension,[4] and these rates are even higher among subsets of the population, including older adults. For instance, among the Medicare eligible population, 70% are hypertensive.[5]

Furthermore, the latest American College of Cardiology/American Heart Association guideline lowers the blood pressure threshold for hypertension[1]. Consequently, the number of adults with hypertension is expected to increase from 72.2 million to 103.3 million (a 43% increase).[6] This means that it will be even more challenging to meet the Healthy People 2020 goal than was previously believed. Because the revised ACC/AHA guidelines encourage early treatment for lower levels of blood pressure elevations, it is predicted that this early detection will reduce the incidence of other CVD conditions such as strokes and heart attacks.[7] However, given that the lower threshold will increase the number of individuals living with hypertension, increased access to evidence-based approaches is essential. Notably, many of those newly diagnosed with hypertension do not require antihypertensive medication as the first line of treatment or are not individuals for whom antihypertensive medication would be most appropriate.[6]

EVIDENCE-BASED LIFESTYLE COUNSELING APPROACHES CAN LOWER BLOOD PRESSURE

Lifestyle counseling approaches are beneficial for patients with hypertension.[8,9] Evidence-based lifestyle counseling strategies for hypertension management include interventions to improve diet (e.g., DASH and AHA diet) and physical activity, reduce body weight, promote self-monitoring of blood pressure, and facilitate smoking cessation.[10,11,12,13] There is robust evidence to support the effectiveness of these approaches in hypertension management and prevention of CVD. [10,14]

CURRENT GAPS IN HYPERTENSION MANAGEMENT: A LOOK AT MEDICARE PART B

The CDC-supported Community Preventive Services Task Force advocates lifestyle counseling as a key component of the evidence-based, team-based model for cardiovascular care, but blood pressure management and uptake of lifestyle counseling are suboptimal.[13]

- In 2016, slightly more than two-thirds of Medicare health maintenance organization (HMO) patients controlled their high blood pressure.[15]
- Medicare covers a free, annual wellness visit that includes high blood pressure screening and referrals to community based lifestyle interventions for disease prevention/treatment.[16,17]
    - However, less than 10% of Medicare beneficiaries utilized this benefit, as reported by the Centers for Medicare and Medicaid Services (CMS) claims analysis in 2012.
    - While the Medicare Benefit Policy Manual describes community-based lifestyle interventions, it does not refer to the best practice of using “evidence-based” interventions for hypertension management.
    - Although benefits include nutrition-related counseling, this counseling only covers Medical Nutrition Therapy for diabetes and renal disease patients.
- Despite the effectiveness of home-based blood pressure monitors, especially used as part of a lifestyle management intervention, home blood pressure devices are not included in the list of Durable Medical Equipment Coverage.
- Changes to Medicare policies to address these barriers may improve lifestyle counseling implementation and increase treatment uptake and adherence to hypertension management strategies. Increased utilization of lifestyle counseling may reduce CVD morbidity and mortality.

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ENDORSEMENTS: