

To the Editor: We read, with great interest, the comprehensive review: “Self-Monitored Blood Pressure At Home: A Joint Policy Statement from the American Heart Association and American Medical Association”¹ We wish to draw attention to the absence of a recommendation that a validated blood pressure (BP) device should be used by a patient, and that it be tested for accuracy in that patient by a concomitant auscultatory method, the ‘gold standard’, in the physician’s office as a part of the initial educational process. There is a CPT code (99473) that reimburses for a one-time office education of patients undertaking home measurements. This presents a perfect opportunity to ensure that the device is accurate and that a patient is educated in the home technique. Even with a validated device, and a proper size cuff, the fact remains, that an individual patient’s BP is variable, and oscillometry is not a “gold standard”, but a computer program designed to estimate the mean BP. Furthermore, the values assigned to SBP and DBP are calculated by the proprietary computer algorithm. The ISO Standard calls for a mean device minus gold Standard (auscultation) difference of 5 mmHg and a standard deviation of 8 mmHg in a representative population of at least 85 people. Just how accurately a validated device will estimate an individual patient’s BP cannot be known until in-office testing is done. We strongly encourage this approach as a means for both the physician and the patient to be assured of as accurate BP estimations as possible. There are several sections within the Shimbo review where such a recommendation would have been appropriate to be included. We recognize there may have been manuscript word count that constrained a statement about this, yet we hope this letter might generate further thought and action regarding this recommendation.

Respectfully,

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- 1) Shimbo D, Artinian, NT, Basile JN, Krakoff LR, Margolis KL, Rakotz, MK, Wozniak G. AHA Policy Statement "Self-Measured Blood Pressure Monitoring at Home. (A Joint Policy Statement from the American Heart Association and American Medical Association) Circulation 2020;141:e42–e63. DOI:10.1161/CIR.0000000000000803