



P332 — 2023

HTN

Asynchronous Management Of Hypertension: The Effectiveness Of Remote Patient Monitoring In Mixed Populations

Blood Pressure Monitoring

PS.02.02 | Poster Session 2

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Background: This study evaluated the effectiveness of a remote patient monitoring (RPM) program for hypertension (HTN) management in cardiology (CV) and primary care (PC) populations.

Methods: Patients were provided cellular-enabled blood pressure (BP) cuffs that transmitted data to a practice-integrated portal. Patients who uploaded ≥ 30 BP readings for ≥ 90 days ($n=2,761$) were included. Clinical staff trained patients to take BP measurements, and patients received calls to discuss medication adherence and care plans. If readings were outside the predetermined range, alerts were sent to practice providers for medical management.

Results: The study included 2,761 patients, with an average transmission index of 67% for CV (60.7 times per 90 days) and 63% (56.7 times per 90 days) for PC. At enrollment, uncontrolled HTN was prevalent in 65.4% (1345/2057) of CV and 68% (479/704) of PC patients. Post-intervention, there was a significant decrease in uncontrolled HTN to 49.3% (1014/2057) and 60.0% (422/704), respectively ($p < 0.001$). Both systolic and diastolic HTN improved with reductions of 11.4 mmHg and 8.6 mmHg in SBP and DBP, respectively, in CV patients, and 8.0 mmHg and 4.6 mmHg in PC patients ($p < 0.0001$). The most significant improvements were observed in patients with stage 2 HTN, achieving SBP and DBP reductions of 20.81 mmHg and 13.9 mmHg in CV patients and 15.9 mmHg and 10.0 mmHg in PC patients ($p < 0.0001$), respectively. The treatment was also effective in patients with high pulse pressure (PP), with PC patients experiencing an average PP reduction of 6.2 mmHg and a reduction of 5.8 mmHg among CV patients ($p < 0.0001$).

Conclusion: RPM can be an effective adjunct therapy to improve HTN management in both primary care and specialty care populations.

Disclosure: **W.Smith:** Other; ; HealthSnap. **D.Caven:** n/a. **A.Ewing:** None. **A.Albano:** Advisor; ; HealthSnap.

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