Why telehealth is key to turning the tide on BP control

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While hypertension is a predominant risk factor for cardiovascular disease and kidney disease, controlling blood pressure can significantly reduce mortality and risk among those with the condition. But hypertension awareness, treatment and control remain persistent challenges in the U.S., according to an article published in the American Journal of Hypertension. That is where telehealth can help.

BP control improved from 31.8% in 1999 to 48.5% in 2008. That rate remained stable through 2014, but then fell to 43.7% between 2017 and 2018. To determine how to reverse this downward trend in hypertension control, the National Heart, Lung and Blood Institute and the Division for Heart Disease and Stroke Prevention of the Centers for Disease Control and Prevention (CDC) convened a virtual workshop with national experts.

This group of experts developed a set of nine “big ideas” that are comprised of activities that may improve hypertension control.

Two of these ideas center on telehealth, which can be key in reversing the worsening trend in blood pressure control.

Supporting telehealth is an essential component of the AMA Recovery Plan for America’s Physicians. You took care of the nation. It’s time for the nation to take care of you. It’s time to rebuild. And the AMA is ready.

Telehealth is critical to the future of health care, which is why the AMA continues to lead the charge to aggressively expand telehealth policy, research and resources to ensure physician practice sustainability and fair payment.

Self-measured BP informs decisions

URL: https://www.ama-assn.org/delivering-care/hypertension/why-telehealth-key-turning-tide-bp-control
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A policy statement from the AMA and American Heart Association emphasizes the clinical and cost-effectiveness of self-measured blood pressure (SMBP) monitoring. The CDC also established SMBP monitoring with clinical support as a best practice, the article notes.

“The wider use of SMBP monitoring with clinical support may help reverse the worsening trend in hypertension control and link clinical care and communities,” says the article, co-written by AMA member Brent Egan, MD, who also serves as vice president of cardiovascular disease prevention at the AMA. This is because “SMBP monitoring engages patients in their care and can improve hypertension control when accompanied by patient education, support by community health workers, case management or pharmacy support.”

To encourage wider use of SMBP monitoring, health care organizations should include this in quality measures. And while clinical quality measures have recently started including patient-generated BP readings, health IT solutions that can seamlessly import BP readings into EHRs are still needed, says the article.

That’s because when SMBP readings are fully integrated into EHRs, it “can inform timely shared decision-making and reduce patient burden associated with recording and transmitting BP data,” says the article. “Wide effective use of this approach may be enhanced by validated and affordable devices, insurance coverage of devices and internet access for patients.”

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high blood pressure, including self-measured BP. These resources are available to all physicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and American Heart Association.

**Telehealth cuts patient barriers**

“Telemedicine in hypertension management should include remote monitoring and transmission of vital signs (notably BP) and medication adherence plus education on lifestyle and risk factors, with video consultation as an option,” says the article, citing expert opinion.

Research has uncovered other benefits of telehealth for hypertension management, including the facilitation of team-based care. Telehealth also shifts hypertension care from a traditional “brick-and-mortar” BP approach, says the article.

Additionally, “telehealth reduces patient-level barriers to hypertension control such as transportation challenges, child care, and taking time off work for appointments,” the article says, noting that “this reduction in barriers suggests that telehealth may be cost-saving for patients.”

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Other tips for addressing hypertension are available through AMA MAP BP™, a leading evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control. Offered at no cost, with AMA MAP BP health care organizations can increase BP-control rates quickly. The program has demonstrated a 10% increase in BP control in six months with sustained results at one year.