Efficacy of a Patient-Engagement Platform in Reducing Uncontrolled Hypertension in Community Health Clinics

Irina Yermilov¹, MD, MPH, MS; Randy Coatney¹, MBA; Harry Soza¹, MSEE; Kenneth Anderson^{1,2}, DO, MS

¹CAREMINDr Corporation, Los Gatos, CA; ²University of Iowa, Iowa City, IA

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Background

 Over 37 million US adults have blood pressure (BP) higher than 140/90 mmHg, which can lead to serious sequelae like myocardial infarction and stroke.

 Medication to treat hypertension is effective, yet, approximately 50% of patients do not take medication as prescribed.

 Non-adherence to cardioprotective medications increases a patient's risk of death from 50% to 80%.

Objective

• To measure rates of BP control before and after introduction of a novel digital hypertension management program at federally qualified health centers (FQHCs).

Method

Program overview

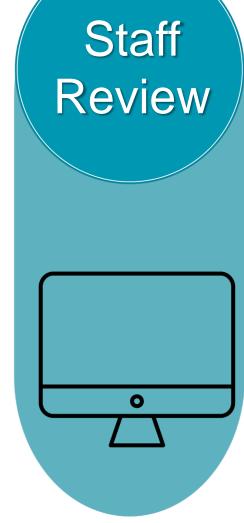




Staff Onboard

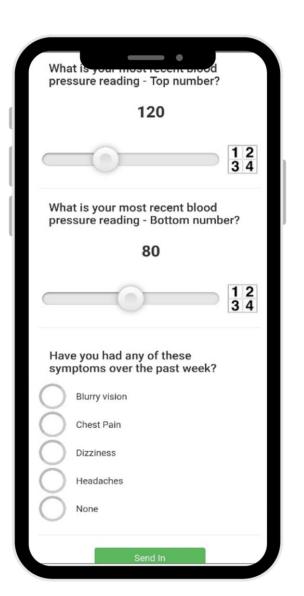


Patient Check In/



Patient interface



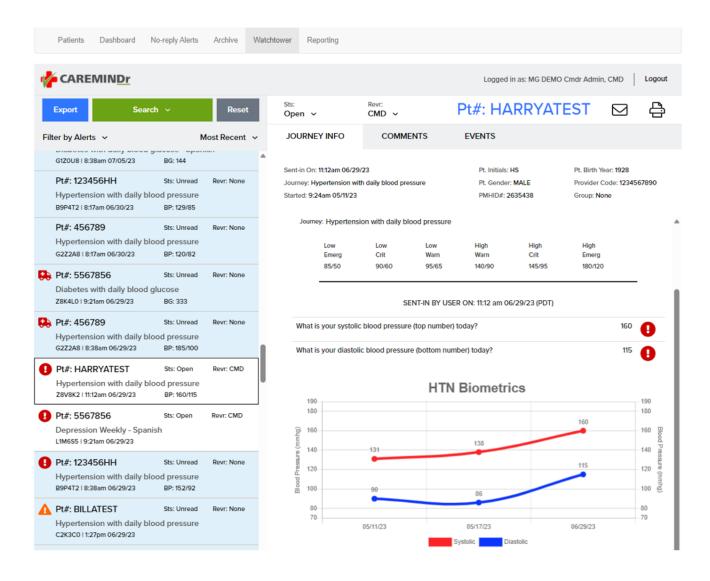


Clinic review of alerts

Emergency alert: patient received immediate guidance

High level alert

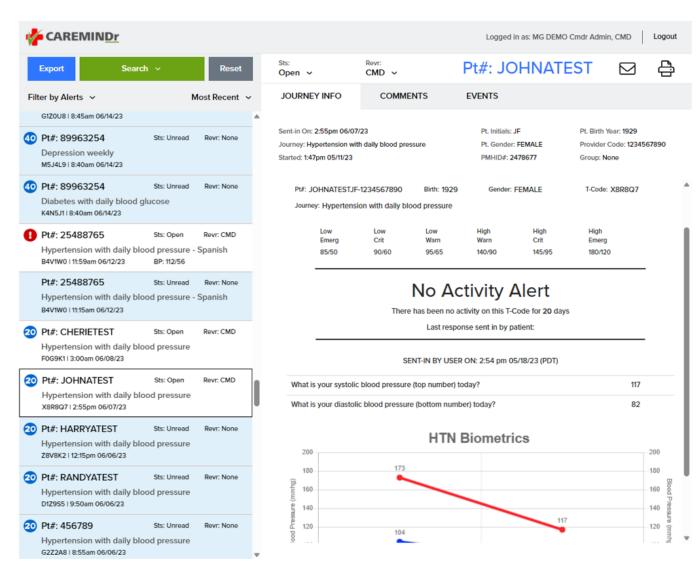
Low level alert



Clinic review of engagement

No patient response for ≥ 20 days

No patient response for ≥ 40 days



Analysis

 We retrospectively evaluated first and last systolic and diastolic BPs of patients who participated for ≥90 days (range 90-721 days).

Study period: April 2021-April 2023.

We considered BP <140/90 mmHg to be controlled.

• Stratified by language (i.e., English, Spanish).

Results

2,500 patients participated for ≥90 days

39% male

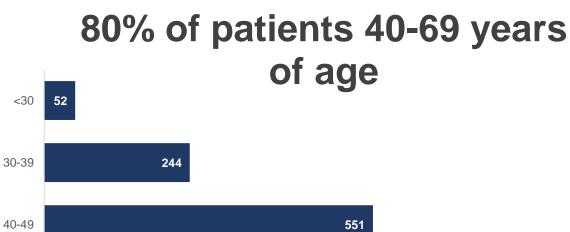
n = 965

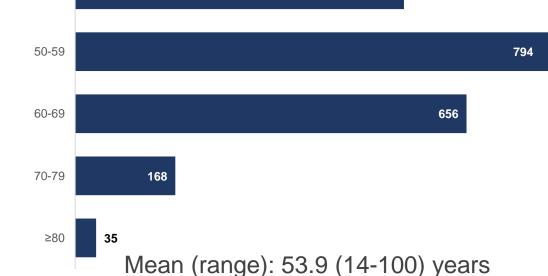
227
days
mean
study
period

22%

used Spanish language version

n=551





Patients were treated at 54 FQHCs



FQHC: Federally Qualified Health Center

55% of patients with uncontrolled BP achieved a controlled BP



Patients using the Spanish version achieved better BP control





Spanish



53% of uncontrolled to controlled

66% of uncontrolled to controlled

Limitations

 This study did not include a comparator cohort that received standard of care.

 This study includes a traditionally underserved FQHC population and results may not be generalizable.

Conclusions

- This novel hypertension control program, which used technology to gather and prioritize data, improved BP control rates by over 55% in a real-world, underserved population with uncontrolled hypertension.
- BP control was higher in the Spanish-speaking population.
- Remote digital monitoring with intervention can improve clinical outcomes without significantly increasing the overall cost of care, thereby promoting value-based care strategies for chronic diseases such as hypertension.

Next steps

 Test different versions of the program to identify drivers of positive outcomes.

Use this program as part of treatment plan for other conditions.

Questions?