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Using mHealth for the management of hypertension in UK primary care

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Document Version
Peer reviewed version

Citation for published version (Harvard):

Grant, S, Hodgkinson, J, Schwartz, CL, Bradburn, P, Franssen, M, Hobbs, FDR, Jowett, S, McManus, RJ & Greenfield, S 2019, 'Using mHealth for the management of hypertension in UK primary care: an embedded qualitative study of the TASMINH4 randomised controlled trial', *British Journal of General Practice*, vol. 69, no. 686, pp. e612-e620.

Link to publication on Research at Birmingham portal

Publisher Rights Statement: Checked for eligibility: 03/10/2019

https://doi.org/10.3399/bjgp19X704585

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Download date: 24. Apr. 2024

Table 2 – Facilitators and barriers to self-monitoring and telemonitoring interventions, classified by key implementation priority area

| Intervention group | ervention group | | | | |
|--|--|--|---|--|--|
| Self-monitoring with mHealth | | Self-monitoring without mHealth | onitoring without mHealth | | |
| Facilitators | Barriers | Facilitators | Barriers | | |
| Acceptability | | | | | |
| Simple, quick and easy to use, technology widely available | May not suit all people across the wider population e.g. less technologically minded patients | Non-technical alternative, more usable across a wider population | Paperwork unwieldy | | |
| Active patient engagement, empowerment to take control of 'own' BP | Not all patients want to be actively engaged with BP | Active patient engagement empowerment to take control of 'own' BP | Not all patients want to be actively engaged with BP | | |
| Managing data | | | | | |
| Easily accessible online portal for HCP to view monthly BP readings | Separate website to log in to, not linked to practice's clinical system to enter average BP calculations | Hard copies/ written record of BP data for every patient, easily scanned to practice's clinical system | Extra workload for health professional/ other practice staff to process the paperwork (BP readings) e.g. scanning/data entry/ averaging | | |
| Automatic calculation of average BP reading | Average BP value does not automatically import to the practice's clinical system | Easy view of the range of BP readings across the monitoring week | Risk of human error manually calculating a weekly average and entering monthly BP readings for each patient | | |
| Web based visual metric of monthly average BP | May require help of others to make the system work e.g. partner assistance, using relative's phone | Once scanned in, manual written log was integral to the electronic health record | _ | | |

| Encryption on own mobile phone device keeps data secure | Confidentiality and security concerns if (a) medical advice is missed/ not read (b) others (e.g. caregivers) required to help patient use system. | _ | |
|---|---|--|---|
| Integrating self-monitoring in hyperto | ension management - Structured care | | |
| Schedule for home monitoring BP provided | Time consuming, too rigid protocol for some, not suitable for everyone | Schedule for home monitoring BP provided | Time consuming, too rigid protocol for some, not suitable for everyone |
| Rapid clinical decision making reduced clinical inertia through a trusted reliable database of home monitored BP readings | Lack of reminder system for health care professionals to check BP readings. | _ | Lack of reminder system for health care professionals to check BP readings. |
| Communication | | | |
| Patients liked timely reminder feedback texts to send in BP readings | Potential increase in face to face appointments if uncertain of texting back | _ | Potential increase in patients making extra appointments whilst at the practice to deliver paper readings |
| Texts sent by the GP encouraged patients to continue monitoring | Some patients prefer to see their doctor about BP and vice versa, doctors prefer to see some of the patients. | - | Some patients prefer to see their doctor about BP and vice versa, doctors prefer to see some of the patients. |