

Remote telemonitoring does not reduce hospital readmissions for heart failure patients

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Increasingly patients and providers are interested in using remote monitoring devices to help with their health care. The researchers sought to determine if these devices could be useful in preventing 180-day all-cause hospital readmissions for heart failure patients.

They enrolled 1437 [patients](#) from UCLA, UC Davis, UC Irvine, UC San Diego, UC San Francisco, and Cedars-Sinai Medical Center in Los Angeles who were randomized into two groups. One group received pre-discharge self-management [health](#) coaching along with a Bluetooth enabled scale, Bluetooth blood pressure / text message device, and a transmission pod, and were asked to do daily measurements and answer symptom questions. These measures were checked daily by a centralized nurse call center and if measurements were too high or too low, patients were called to determine what the problem was and if necessary were referred to their [health care providers](#) or an emergency department. Patients also received scheduled reinforcement of health coaching on a weekly basis for the first month and then monthly through six months. The control group received standard care. The enrollment procedures had very few exclusion criteria in order to mirror potential actual use by health systems, so that patients with a wide range of socioeconomic backgrounds and health comorbidities were enrolled in the study.

The researchers found that combined health coaching and [remote monitoring](#) did not reduce all-cause 180-day [hospital readmissions](#)

among [heart failure](#) patients, and did not have significant effects on 30-day hospital readmissions, 30-day mortality, or 180-day mortality. These findings were previously reported at the American Heart Association (AHA) scientific meeting on Nov. 8, 2015. This study additionally reports on quality of life findings not presented at the AHA meeting. The researchers found that intervention patients reported significantly improved quality of life at 180-days when compared to usual care patients based on the Minnesota Living with Heart Failure questionnaire, a well validated instrument for measuring quality of life among [heart failure patients](#).

The use of remote monitoring technology is not yet ready for widespread adoption for the purposes of reducing readmissions. A major issue requiring further research is who can adhere to using these technologies and how to improve adherence. Also, further research is needed to evaluate quality of life benefits.

More information: *JAMA Internal Medicine*, Feb. 8

Provided by University of California, Los Angeles

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