

High remote patient monitoring practices offer improved hypertension care

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Patients with hypertension at high remote patient monitoring (RPM) practices have improved hypertension care, but also have increased hypertension-related spending, according to a study published online Nov. 7 in the *Annals of Internal Medicine*.

Mitchell Tang, from the Harvard Graduate School of Arts and Sciences in Cambridge, Massachusetts, and colleagues estimated the effect of

RPM on [hypertension](#) care and spending in a matched observational study. Changes in outcomes were compared from 2019 to 2021 for [patients](#) with hypertension at high-RPM practices (192 practices, with 19,978 patients with hypertension) versus those at matched low-RPM control practices (942 practices, with 95,029 patients with hypertension).

The researchers found that patients with hypertension at high-RPM practices had a 3.3 percent relative increase in hypertension medication fills, a 1.6 percent increase in days' supply, and a 1.3 percent increase in unique medications received compared with those at low-RPM practices. Fewer hypertension-related acute care encounters (–9.3 percent) and reduced testing use (–5.9 percent) were also seen for patients at high-RPM practices. Increases in primary care physician outpatient visits (7.2 percent) and a \$274 increase in total hypertension [spending](#) were also seen for patients at high-RPM practices.

"Our findings point to targeted patient eligibility and time-varying reimbursement as potential levers to explore for improving the value of RPM use for hypertension," the authors write.

More information: Mitchell Tang et al, Effects of Remote Patient Monitoring Use on Care Outcomes Among Medicare Patients With Hypertension, *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-1182](#)

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