Use of evidence-based telehealth to improve hypertension of the elderly in rural areas
Ashley Lackey, MSN, RN, AC-BC; Binu Koirala, Ph.D, MSG, RN; Vinciya Pandian, Ph.D, MBA, MSN

Background

Uncontrolled hypertension is one of the fastest-growing problems among older adults ages 65 and older in the United States. With decreased access to healthcare, hypertension worsens. The lack of proper diagnosis, among elderly patients in rural areas. Low socioeconomic status, lack of adequate education about management of hypertension, and inadequate public transport lead to a rise in uncontrolled hypertension.

Problem Statement

Low socioeconomic status, lack of adequate education about management of hypertension, and inadequate public transport lead to a rise in uncontrolled hypertension among elderly patients in rural areas. With decreased access to healthcare, hypertension worsens. The lack of proper diagnosis, treatment, and support of hypertension can be fatal.

Purpose, AIMS, & Problem

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This evidence-based practice project aims to increase access to healthcare using telehealth and provide: Education on prevention, management of hypertension, and decreased rate of hypertension in older adult patients in a rural setting.

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Discussion

Methods/ Intervention

Design - Evidence based pre - post test
Setting - Outpatient Family Medical Center in Rural Alabama
Sample - Age 65 and older with hypertension Sample size - 32
Participant Recruitment - Email Blast

Results

Overall scores

Pre-implementation
n =32
Post-implementation
n =32
P-value

AIM 1 - Medication adherence score (mean ± SD) (Paired t-test)

1.6 ± 1.1
1.8 ± 1.5
0.41

AIM 2 - Patient satisfaction score Median (IQR)

Wilcoxon signed-rank test

35 (32.5, 38.5)
38.5 (36, 46)
<0.001

AIM 3 - Access to care score (mean ± SD) (Paired t-test)

16.6 ± 1.6
14.9 ± 1.9
<0.001

Discussion

This project produced results consistent with the evidence found in our literature search, showing that with the use of telehealth and virtual health, medication-related quality of care was improved (Wechkunanukul, 2020).

This study was also significant in showing that increased education on hypertension and when patients are shown the importance of follow-up guidelines from their provider leads to better control of their disease process. These findings were found in similar research where telehealth was conducted to keep the patients engaged in the healthcare system by 83% and improve adherence to medications by 84-86% (Frias, 2019; Wakefield, 2012).

This study focused on the reduction in blood pressure and medication adherence, the quality of care, and patients feeling that our geography limited their access to care. Our evidence-based study showed significant improvement in patient satisfaction with care P ≤ 0.001, and access to care P = 0.001.

Conclusion

In conclusion, overall, the telehealth intervention sessions teaching how to monitor their blood pressure, take their medications, the importance of their medications, and low sodium cardiac diet significantly improved patient satisfaction with their care and access to care. It improved adherence to medications, especially in the category of just forgetting to take them. The project was very successful.

References

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