



**University Health KC's RPM Program**  
**David Voran, MD**

## LOCATION/AFFILIATION

University Health, Kansas City

## APP(S), DEVICE(S), OR PLATFORM(S) USED

Integrated devices sent to patient's homes with embedded cellular connectivity iBlood Pressure, iScale, Microlife Watch, Taodpc Glucose Monitor.

## PROGRAM DESCRIPTION

The primary issue we're discovering are based on the AHA's guidelines for blood pressure measurement. It's almost impossible to get an accurate blood pressure in the office.

The same is true for weights as people wear a variety of clothes and shoes which are always weighed. Home measurements, on the other hand, are closer to the "truth" than the measurements in the clinics.

We are focusing on our Primary Care First Medicare beneficiaries as controlling hypertension is the only measure for which we're not over the minimum threshold needed for incentives.

Our clinics do not have the manpower nor the time slots to bring these patients in at the frequency needed to measure blood pressures and get them to goal.

We have discovered home blood pressures to be 7-10 mmHg (systolic) and 3-6 mmHg (diastolic) lower than office measurements.

Additionally, RPM has enabled us to reach many more people than would be possible and provide a much higher frequency of interventions at a much lower cost than face-to-face visits.

RPM data has enhanced telehealth visits as now we have objective vitals and other measurements to include in the visits that were mostly left out of the documentation and flowsheets for those visits.