



RPM and Clinical Pharmacy.

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COMMON TERMS/ABBREVIATIONS

- A1C Hemoglobin A1C (Average blood sugar over a 3-month period).
- BP Blood Pressure
- DM Diabetes Mellitus
- BMI Body Mass Index
- Wt. Weight
- eGFR estimated Glomeruli Filtration Rate

Case Study.

PR is a 63-yr old female with a past medical history of Essential Hypertension, DM Type 2, and Hyperlipidemia. She came into the office with a c/o elevated blood pressure readings, with systolic BP at home ranging between 150-180 and diastolic 90-100.

BP readings in the office: 168/81, 2nd reading was 165/85, Wt. of 142 lbs., BMI of 24 Heart rate 72, Respiration: 18, Temp 96 degrees F, Pulse Oximetry of 100, eGFR 72. A1C 7.7.

Medications: Atorvastatin, Insulin Levemir, Metformin, Metoprolol ER 50mg Daily, Lisinopril 40mg Daily, Hydrochlorothiazide 50mg Daily, Hydralazine 50mg BID. Pt also reported itching with Hydralazine and treatment resistance/edema with Amlodipine.

Pt stated that she had been taking her medications as prescribed.

Case Study Cont.

Interventions: Education was provided about low-sodium/DASH Diet.. She was referred for enrollment into our RPM Program.

Medication Adjustment 1: d/c HCTZ 50mg and initiate Maxzide 75/50mg (to minimize electrolyte loss), Cont. Lisinopril 40mg Daily, change Metoprolol to IR 25mg BID, d/c Hydralazine due to poss. allergy. Initiate Verapamil ER 120mg Daily. Labs to assess renal function; pt on thiazide diuretic.

1st Follow-up: within 1 week.

Vital Signs: BP: 96/76, pulse: 75

Goal BP: keep systolic BP between 120-130 and diastolic BP between 70-80 per guidelines.
Continue RPM.

2nd med Adjustments (given pt's declining renal function - eGFR from 72 to 54 and low BP:
Adjust Maxzide to 25/37.5mg Daily, Lisinopril to 20mg Daily, Cont. Verapamil ER 120mg Daily
and Metoprolol 25mg BID

2nd Follow-Up within 2 weeks: BP 110/78, pulse: 72

Plan: d/c Metoprolol and continue the other 3-drug regimen. Recheck CMP within 3 months

Benefits of RPM: Providers

- Better management of disease states with positive outcomes through the provision of real-time data to work with when making clinical interventions.
- Faster delivery of care/Streamlining Healthcare delivery: in the case of Ms. PR, we could intervene earlier and determine if an in-person visit OR a Tele-Visit would work better for her
- Cutting down on ER Visits and Hospitalizations - especially for rural dwellers with acute-care facilities miles away.
- Gives wider access to reach more patients: whether in Ajo, Arizona City

Benefits of RPM to the patient

- Better Adherence to medications – patients can view their vitals in real time and see how choices like taking their medications as prescribed make a difference in their outcomes.
- Increased patient satisfaction evidenced by direct-feedback to providers and patient-care surveys.
- Reduction in ER Visits and Hospitalization minimize the potential of our patients contracting infectious diseases in hospitals, by keeping them comfortably at home to manage their chronic disease states.

Key Takeaways

- RPM benefits patients, providers and the society.
- Healthcare dollars saved through reduction in hospital visits and labor loss
- It is an invaluable method of reaching patients in rural areas with limited healthcare access
- Reduction in hospital-acquired infections with patients being managed at home.