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## Using mHealth for the management of hypertension in UK primary care

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Document Version
Peer reviewed version

Citation for published version (Harvard):

Grant, S, Hodgkinson, J, Schwartz, CL, Bradburn, P, Franssen, M, Hobbs, FDR, Jowett, S, McManus, RJ & Greenfield, S 2019, 'Using mHealth for the management of hypertension in UK primary care: an embedded qualitative study of the TASMINH4 randomised controlled trial', *British Journal of General Practice*, vol. 69, no. 686, pp. e612-e620.

Link to publication on Research at Birmingham portal

Publisher Rights Statement: Checked for eligibility: 03/10/2019

https://doi.org/10.3399/bjgp19X704585

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Table 2 – Facilitators and barriers to self-monitoring and telemonitoring interventions, classified by key implementation priority area

tervention group				
Self-monitoring with mHealth		Self-monitoring without mHealth	out mHealth	
Facilitators	Barriers	Facilitators	Barriers	
Acceptability				
Simple, quick and easy to use, technology widely available	<ul> <li>May not suit all people across the wider population e.g. less technologically minded patients</li> </ul>	Non-technical alternative, more usable across a wider population	Paperwork unwieldy	
<ul> <li>Active patient engagement, empowerment to take control of 'own' BP</li> </ul>	<ul> <li>Not all patients want to be actively engaged with BP</li> </ul>	<ul> <li>Active patient engagement empowerment to take control of 'own' BP</li> </ul>	<ul> <li>Not all patients want to be actively engaged with BP</li> </ul>	
Managing data				
Easily accessible online portal for HCP to view monthly BP readings	<ul> <li>Separate website to log in to, not linked to practice's clinical system to enter average BP calculations</li> </ul>	<ul> <li>Hard copies/ written record of BP data for every patient, easily scanned to practice's clinical system</li> </ul>	<ul> <li>Extra workload for health professional/ other practice staff to process the paperwork (BP readings) e.g. scanning/data entry/ averaging</li> </ul>	
Automatic calculation of average BP reading	<ul> <li>Average BP value does not automatically import to the practice's clinical system</li> </ul>	<ul> <li>Easy view of the range of BP readings across the monitoring week</li> </ul>	<ul> <li>Risk of human error manually calculating a weekly average and entering monthly BP readings for each patient</li> </ul>	
Web based visual metric of monthly average BP	<ul> <li>May require help of others to make the system work e.g. partner assistance, using relative's phone</li> </ul>	<ul> <li>Once scanned in, manual written log was integral to the electronic health record</li> </ul>	_	

Encryption on own mobile phone device keeps data secure	<ul> <li>Confidentiality and security concerns if (a) medical advice is missed/ not read (b) others (e.g. caregivers) required to help patient use system.</li> </ul>	-	
Integrating self-monitoring in hyperto	nsion management - Structured care		
<ul> <li>Schedule for home monitoring BP provided</li> </ul>	<ul> <li>Time consuming, too rigid protocol for some, not suitable for everyone</li> </ul>	<ul> <li>Schedule for home monitoring BP provided</li> </ul>	<ul> <li>Time consuming, too rigid protocol for some, not suitable for everyone</li> </ul>
<ul> <li>Rapid clinical decision making reduced clinical inertia through a trusted reliable database of home monitored BP readings</li> </ul>	Lack of reminder system for health care professionals to check BP readings.	_	Lack of reminder system for health care professionals to check BP readings.
Communication			
<ul> <li>Patients liked timely reminder feedback texts to send in BP readings</li> </ul>	Potential increase in face to face appointments if uncertain of texting back	_	<ul> <li>Potential increase in patients making extra appointments whilst at the practice to deliver paper readings</li> </ul>
<ul> <li>Texts sent by the GP encouraged patients to continue monitoring</li> </ul>	Some patients prefer to see their doctor about BP and vice versa, doctors prefer to see some of the patients.	_	<ul> <li>Some patients prefer to see their doctor about BP and vice versa, doctors prefer to see some of the patients.</li> </ul>