

Evaluation of Patients' Adherence and Satisfaction with a Self-Measurement Blood Pressure Telemonitoring Program

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Cardiovascular diseases are the world's leading killer, with extremely high costs, more than 50% of those caused by patient hospitalizations. Post-acute cardiovascular event patients, discharged by a health structure, have to follow a long and complex therapeutic/rehabilitation path, which involves either medical doctors and his/her own family. In this context, utilization of information and communication technologies in home monitoring applications is becoming more and more common. In the cardiological field, telemedicine projects include the monitoring of several parameters, for which the technology of the medical devices provides self-measurement methods. The aim of this study was to assess the evaluation of patients adherence and satisfaction with a self-measurement blood pressure telemonitoring program. The study enrolled patients dismissed from a health structure after the acute phase of a major cardiac or cerebro-vascular event. At dismissal each patient received a telemedicine system equipped with an automatic blood pressure device, and a brief training, and it was asked to perform one blood pressure testing per day. Each patient was asked to complete a questionnaire at the end of the program. During the monitoring period, no feedback was given to the patients. 17 patients were monitored for an average of 75 days each. During a cumulative monitoring period of 1275 days, there were 1139 data transfer sessions. On average, the blood pressure measures received were 0.84 per day. 16/17 participants completed the feedback questionnaire. All patients (100%) scored installation, usability and quality of service as good or very good. The majority of patients (13/16) declared to feel comfortable with the self-measurement of blood pressure and the use of the telemonitoring system. Telemonitoring of blood pressure measurement can be considered a mature technology which find favour with patients dismissed after a acute cardiac or cerebro-vascular event.