Clinically Appropriate Use of Virtual Care in Primary Care: Phase II – Hypertension

Target Audience and Statements

NOVEMBER 2023

Preamble

This reference document for the clinically appropriate use of virtual care in primary care (phase II: hypertension, hereafter referred to as "the guidance") builds on the *Clinically Appropriate Use of Virtual Care in Primary Care* (phase I guidance) and assumes that the reader of this guidance document is familiar with the phase I guidance.

This guidance is focused on providing support for primary care clinicians in the screening for, assessment of, and management of patients with hypertension using virtual modalities such as messaging, telephone, videoconferencing, and remote care management. It also assumes that the primary care clinician uses virtual care within a hybrid model of care (i.e., patients will have periodic in-person visits as required for effective management of their condition in addition to using virtual modalities appropriate to their care journey).

This document is intended to provide guidance for the use of virtual care in clinical practice in Ontario. Physicians seeking information on how to bill OHIP for virtual care services are advised to refer to the Health Insurance Act, the regulations thereunder, including the Schedule of Benefits for Physician Services or to contact the Ministry of Health.

Approved by Ontario Health's Primary Care Clinical Appropriateness for Virtual Care Guidance Implementation Steering Group on March 13, 2023.

Target Patient Populations

This guidance is focused on the adult patient population. There are two main patient populations targeted in this guidance:

- Patients who require screening for possible hypertension due to a potential risk based on genetic, environmental, or behavioral factors
- Patients who have been diagnosed with hypertension and who are being treated for hypertension

This latter group can be further categorized as those at higher or lower risk for cardiovascular complications.[1] For the purposes of this guidance, there may be different care needs that affect which virtual care modalities are used and the nature and frequency with which these modalities are used. These include:

- Patients who are newly diagnosed, learning about their condition and undergoing medication titration
- Patients with controlled blood pressure requiring routine follow-up
- Patients with controlled blood pressure who may experience fluctuations of blood pressure, blood pressure rises over time, and/or intermittent acute periods of uncontrolled blood pressure and who may need intermittent, on demand follow-up
- Patients who are not at their target blood pressure
- Patients experiencing comorbidities who are resistant to antihypertensive treatment or who are showing low adherence to the therapeutic plan

The recommended use of virtual care and type of modality used may vary depending on these categories, the patient population and in accordance with the considerations outlined in the Phase I Guidance for Clinically Appropriate Use of Virtual Care for Primary Care.

[1] Omboni S, McManus RJ, Bosworth HB, Chappell LC, Green BB, Kario K, et al. Evidence and recommendations on the use of telemedicine for the management of arterial hypertension: an international expert position paper. Hypertension. 2020;76:1368-1383. DOI: 10.1161/HYPERTENSIONAHA.120.15873

Guidance Statements – Hypertension

The following guidance statements have been reviewed, discussed, and agreed-upon by the Primary Care Expert Panel: Guidance – Clinically Appropriate Use of Virtual Care and are current as of March 13, 2023.

A: Screening for Hypertension

A1. Provided that office resources are available, report features in the electronic medical record (EMR) may be used to identify patients who are at risk for hypertension and who have not been screened for hypertension within a period of time as recommended in current clinical guidelines[2] and in consideration of the practice context. Patients can be notified that follow-up may be required through an in-office or virtual visit. The use of the EMR to identify patients and the notification of patients can be delegated to another team member.

A2. Virtual modalities including messaging, telephone, and video, may be used to communicate with patients in screening for hypertension.

B: Assessment and Diagnosis of Hypertension

B1. Home-based blood pressure monitoring (HBPM) and patient-reported results shared through virtual means may be used to assist in the assessment of and contribute to the diagnosis of hypertension.

B2. Virtual modalities can be used to help patients learn how to check their blood pressure at home accurately when a timely in-office visit is not feasible or practical. Use of video allows for visual review of technique. Telephone and messaging can be used to point to reliable on-line reference material for support.

B3. Patients who have access to a validated blood pressure monitor, who are deemed capable of taking accurate self-measurement, and who take their blood pressure at home, can provide their measurements to the primary care clinician/primary care team according to direction provided by the primary care clinician/primary care team. This can be recorded as such within the patient's health record.

C: Management of Patients Diagnosed with Hypertension

C1. Provided that office resources are available, report features in the EMR may be used to identify patients diagnosed with hypertension for whom a blood pressure measurement has not been recorded according to the frequency recommended in the Hypertension Canada guidelines.[3] If appropriate given the clinical context,

[2] Available evidence on optimal screening intervals for hypertension remains limited. The U.S. Preventive Services Task Force recommendations for hypertension screening suggest the following: annual screening for hypertension in adults 40 years or older and for adults at increased risk for hypertension (such as Black persons, persons with high–normal blood pressure, or persons who are overweight or obese). Screening less frequently (i.e., every 3 to 5 years) is appropriate for adults aged 18 to 39 years not at increased risk for hypertension and with a prior normal blood pressure reading. Available from: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hypertension-in-adults-screening

[3] Hypertension Canada. 2020-2022 hypertension highlights a practical guide informed by the Hypertension Canada guidelines for the prevention, diagnosis, risk assessment, and treatment of hypertension. Available from: https://guidelines.hypertension.ca/wp-content/uploads/2022/09//2020-22-HT-Guidelines-E-WEB_v3b.pdf

patients may be notified that follow-up may be required through an in-office or virtual visit. The use of the EMR to identify patients and the notification of patients can be delegated to another team member.

C2. Virtual modalities, including telephone, video, and reliable online resources, may be used to provide patients with relevant information about hypertension, including but not limited to behaviour management.

C3. Virtual modalities, including messaging, telephone, and video, may be used for the process of titrating medication for hypertension, provided that parameters are established and communicated with patients as to when and how patients should seek in-person medical attention if indicated.

C4. Virtual modalities, including messaging, telephone, and video, may be used in the regular follow-up of patients with controlled hypertension, provided that parameters are established and communicated with patients as to when and how patients should seek in-person medical attention if indicated.

C5. Where hypertension is poorly controlled, or the presence or risk of comorbidities requires periodic assessment that goes beyond patient-reported blood pressure measurements, in-person follow-up may be indicated.

D: Use of Remote Care Management (RCM) in the Management of Patients with Hypertension

D1. Referral to a remote care management (RCM) program/use of RCM combined with self-management coaching, where available, can be offered to patients with hypertension if patient health behaviour management would be seen as beneficial for the control of hypertension and/or program inclusion criteria are met.