Vivify Remote Monitoring
Postpartum Hypertension
Hy Simhan, MD, MS
Vivify partnering with Magee for postpartum hypertension/pre-eclamptic patient project began Feb. 2018

BYOD (bring your own device) use with BP cuffs (given prior to D/C)
  – Deliberations ongoing: insurance coverage vs. patient purchase

Enrolled & educated prior to discharge

EMR - generates text to patient phone while on PP unit

2 pathways for severity of illness & program engagement
  – Hypertension & pre-eclampsia +/- use of Anti-hypertensives

**Platform for longer care transition to PCP’s**
Hi Robin! Welcome to the UPMC Remote Patient Monitoring program. To stop text messages, reply STOP. Message & data rates may apply. Tap the below link (1/2) to start. (https://demoupmc.vivifyhealth.com/w/08f4a85d) (2/2)
1. Good morning. Overall, how have you been feeling?
   1. Better than usual.
   2. About the same.
   3. Not as good.

2. Have you had any blood pressure medications added or changed since your last blood pressure reading?
   1. Yes
   2. No
   3. I don't know

3. Have you been treated by a doctor or gone to the emergency room since your last blood pressure reading?
   1. Yes
   2. No

4. Prompt for Blood Pressure reading
5. Prompt for Heart Rate reading

6. Have you had any of the following symptoms within the past 24 hours?
   1. Blood pressure greater than or equal to 160/110 and one of the following below
   2. Chest pain
   3. Severe headache
   4. Blurry vision or visual disturbances
   5. Shortness of breath
### Program Trend

<table>
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<th>Jul</th>
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### Health Index

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### Biometrics

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<tr>
<th>BP (mmHg)</th>
<th>104/69</th>
<th>104/71</th>
<th>103/62</th>
<th>104/80</th>
<th>105/66</th>
<th>106/78</th>
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| Pulse (bpm) | 64 | 60 | 64 | 69 | 86 | 79 |

### Pathways

- **Postpartum Hypertension (Non-Medication)**
  - Weekly Check:
    - Aug 17
    - Aug 21
    - Aug 25
    - Aug 29

- **PPHTN**
A Postpartum Remote Hypertension Monitoring Protocol Implemented at the Hospital Level

Alisse Hauspurg, MD, Lara S. Lemon, PharmD, PhD, Beth A. Quinn, RN, Anna Binstock, MD, Jacob Larkin, MD, Richard H. Beigi, MD, Andrew R. Watson, MD, and Hyagriv N. Simhan, MD

Table 1. Demographic Characteristics (N=409)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
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<tbody>
<tr>
<td>Maternal age (y)</td>
<td>31.0 (27.0–35.0)</td>
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<tr>
<td>Race</td>
<td></td>
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<tr>
<td>Caucasian</td>
<td>305 (75)</td>
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<tr>
<td>African American</td>
<td>87 (21)</td>
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<tr>
<td>Asian</td>
<td>8 (2.0)</td>
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<tr>
<td>Other</td>
<td>9 (2)</td>
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<tr>
<td>Predelivery BMI (kg/m²)</td>
<td>27.8 (23.6–34.6)</td>
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<td>Insurance status</td>
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<tr>
<td>Private</td>
<td>274 (67)</td>
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<tr>
<td>Public</td>
<td>128 (31)</td>
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<tr>
<td>Other</td>
<td>7 (2)</td>
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<tr>
<td>Primiparous</td>
<td>156 (38)</td>
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<td>Tobacco use*</td>
<td>44 (11)</td>
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<tr>
<td>Pregestational diabetes*</td>
<td>9 (2)</td>
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<tr>
<td>Gestational diabetes*</td>
<td>45 (11)</td>
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</tbody>
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BMI, body mass index.
Data are median (interquartile range) or n (%).
* Missing for seven patients.

Fig. 2. Proportion of cohort (N=409) continuing the program through weeks 2–5 and beyond postpartum.