
Patient Case Study 4 - Miss Cath Tablet

Dr Greg Pryzlo (GP) sighed inwardly when Miss Cath Tablet consulted him. She'd been diverted to see GP by Anne the practice nurse after her annual hypertension review as her BP appeared to be inadequately controlled – **160/95 mmHg & 159/97 mmHg today despite the 5mg ramipril daily** that had been in place for the last three years. Dr Pryzlo was initially a bit exasperated because Cath was a frequent attender, chatted a lot, and from reviewing her records **did not request her repeat prescriptions for ramipril on a regular basis**.

When GP had talked things through with Cath he realised the potential benefits of signing her up to Flo telehealth. He energetically agreed the shared management plan with her sharing a vision for her BP being < 135/85 mmHg on a regular basis via home BP readings. He explained that **Flo would remind her to take her medication regularly**, generate reliable information about **her home BP levels** and allow the practice team to **titrate up her medication to get good control**.

So as Anne happened to have a spare ten minutes' slot, GP arranged for Anne to sign Cath up to Flo and then after gaining her informed consent, teach and then lend her a sphygmomanometer. **Cath was asked to take her BP at home twice a day. She liked getting the responses from Flo** to her texted in BP readings, reminders and advice about hypertension and her lifestyle. Anne accessed Cath's readings sent to the Flo website, and after discussion with Dr Pryzlo after two weeks and a phone call conversation with Cath, increased her ramipril medication.

By 6 weeks with Cath taking ramipril 10mg daily, her **average BP for the last 2 weeks was 125/81 mmHg**. After a second phone call between Cath and Anne, they agreed to switch Cath to another Flo protocol for another 2 months to reinforce the reminders to take her ramipril medication. Dr Pryzlo was delighted at the improvement in Cath's clinical management with the improved BP control generated by the combination of titrating up her medication and Cath taking it regularly. Next time Cath consulted Dr Pryzlo about a different health problem some months later, he could see that she looked well having lost some of her excess weight; **she told him she felt much better, understood now how important it was to control her BP by taking her medication regularly and had now bought her own sphyg. She'd been taken off Flo the previous month and remembered the messages and was in control herself now**. The practice administrator logged Cath (in anonymised way) as one of the patients that the practice had focused on for the remote care monitoring. Dr Pryzlo included this case in his appraisal portfolio as it was evidence of two key areas in his current personal development plan (to learn about telehealth and update his knowledge of hypertension and recent NICE guidelines) and demonstrated the quality of care he was providing.