Hypertension Screening Diagnosis and Monitoring During Covid-19

Invitation

You are being invited to take part in this project because you have been identified as a family physician in active practice.

Who is conducting this project?

This project is being led by academic clinicians at the University of British Columbia and the University of Montreal. They are epidemiologists, family physicians and internal medicine specialists. They are assisted by advisors from the BC Guidelines & Protocols Advisory Committee (GPAC).

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GPAC Advisors

1. Maryn Dempster
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Your participation is voluntary

Your participation is voluntary. You have the right to refuse to participate in this project. Because the survey is anonymous, once it is submitted you will no longer be able to withdraw. This consent form describes the procedures that are being carried out for the project purposes. Please review the consent document carefully when deciding whether or not you wish to be part of the project.

If you consent to take part please carry on with the survey

Please take time to read the following information carefully and to discuss it with your colleagues before you decide.

Background

Globally, high blood pressure (BP) is the leading global risk factor for death and disability, contributing to 9.4 million deaths and 162 million years of life lost in 2010. High blood pressure is the leading modifiable risk factor for cardiovascular disease and is the leading risk factor for death worldwide. In Canada, 7.5 million people are living with hypertension. Nearly one-quarter of Canadian men (24%) and women (23%) have hypertension, and 84% of people with hypertension are aware of it.

Hypertension is typically diagnosed and managed in the primary care setting and it is one of the most common reasons for visits to family physicians in Canada. Accurate BP measurement is the foundation of optimal screening, diagnosis, and treatment of hypertension. The development of accurate electronic sphygmomanometers during the past few decades has dramatically improved our ability to diagnose and manage patients with hypertension. In 2016 a survey was conducted to assess Family Physicians techniques for assessing blood pressure for screening and diagnosis of hypertension. This was completed by 774 physicians and established a baseline of techniques used to diagnose and monitor hypertension. The method most frequently used to make a diagnosis of hypertension was Automated Office BP (AOBP) measurement, followed by home BP measurement and manual office BP measurement.

In a time of Covid-19 with restricted physical access to patients in primary care there is a significant increase in the use of video and phone to assess patients. There is uncertainty about how doctors are measuring blood pressure and assessing cardiovascular risk. Home BP devices are one potential solution. Sharing of home BP readings with the physicians is problematic, as is assessment of biophysical measures normally assessed to evaluate cardiovascular risk, and hypertension. It is possible that some solutions have been tested and found to be effective by patients and physicians.

What is the purpose of the project?

This survey seeks to assess changes to BP measurement during the Covid-19 pandemic and identify solutions to barriers of assessment of patients seen virtually.

Who can participate in this project?

You may be able to participate in this project if*:*

- You are a Family Physician
- You care for people who have hypertension, and have cared for them during Covid-19 restrictions

Who should not participate in this project?

- You will not be eligible to participate in this project if you do not look after patients who have hypertension, or have not cared for them during Covid-19 restrictions

What does the study involve?

Completion of an on-line survey with 11 questions

What are the potential benefits of participating?

No one knows whether or not you will benefit from this project. There may or may not be direct benefits to you from taking part in this project.
It is hoped that all physicians will benefit by sharing solutions to the monitoring of patients with hypertension with restricted access to face to face care.

What happens to the data?

Information from the survey will be published in a peer-reviewed publication, which may be on-line. In some cases, journals request access to the data, and this will be supplied. The survey results will be shared at conferences and presentations.

What happens if I decide to withdraw my consent to participate?

You may withdraw from this project at any time without giving reasons. If you choose to enter the project and then decide to withdraw at a later time, you have the right to request the withdrawal of your information. This request will be respected to the extent possible. Please note however that there may be exceptions where the data will not be able to be withdrawn for example where the data is no longer identifiable (meaning it cannot be linked in any way back to your identity) or where it is required to be kept by law. If you would like to request the withdrawal of your data, please let the project coordinator know.

How will my taking part in this project be kept confidential?

The survey will be conducted anonymously using Qualtrics and the data will be stored on a UBC server.

What will the project cost me?

You will not be paid for participating in this project. You will not incur any personal expenses as a result of participating in this study.

Who do I contact if I have questions about the study during my participation?

If you have any questions or desire further information about this study before or during participation you can contact Martin Dawes, project coordinator, at 604-366-4230, or email martin.dawes@ubc.ca
If you have any concerns or complaints about your rights as a research participant and/or your experiences while participating in this study, contact the Research Participant Complaint Line in the UBC Office of Research Ethics at 604-822-8598 or if long distance e-mail RSIL@ors.ubc.ca or call toll free 1-877-822-8598.