

Hypertension_is_a_public_health_concern_and_a_primary_preventable.docx

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Hypertension is a public health concern, a primary preventable risk factor for the development of cardiovascular disorder, and a leading cause of mortality across the globe. As a result, the focus of the project is to address the case of hypertension in an African American family, where an 88-year-old African American father, together with his ⁵ 58-year-old son and 52-year-old daughter, were positively diagnosed with hypertension. Discussed are the associated impacts of the employment of healthcare technology, care coordination, and community resources in addressing this significant health issue.

Impact of Healthcare Technology on the Issue

One of the specific healthcare technologies that can be employed to address the issue of high blood pressure within the population is telehealth technology. This entails the use of ³ communication and information technologies that allow the delivery of healthcare services over a long distance (Khanijahani et al., 2022). The use of this technology in healthcare results in improved access to quality healthcare services in rural and marginalized areas with an increased shortage of primary care providers and healthcare specialists. Another advantage associated with the use of telehealth is that it enhances efficiency in the delivery of patient care without an increase in the associated costs. It reduces patient wait times and saves on the associated travel costs. The reduced stress, convenience, and improved access to care associated with the use of telehealth results in increased patient satisfaction. However, the literature also indicates that the use of telehealth impairs a healthcare provider's ability to perform comprehensive physical assessment of a patient's health. In addition, critiques indicate that the use of this technology may hinder care continuity due to the inability of a healthcare provider to conduct comprehensive healthcare assessments (Gajarawala & Pelkowski, 2021). This provided evidence is consistent with the advantages witnessed in nursing practice, where the use of telehealth enhances the reach

of health providers to patients in marginalized areas. Also, as the provided evidence notes, colleagues in nursing practice often raise concerns due to the adverse impacts of the use of this technology on the nurse-patient relationship, which hinders the effective delivery of care.

In addressing the issue of hypertension within the population, telehealth is usually employed to facilitate remote consultations, monitoring of blood pressure, and provision of patient education on lifestyle changes (Khanijahani et al., 2022). Despite its associated benefits in enhancing access to hypertensive care, its use is usually faced with various barriers. One of the notable barriers is regulatory and legal hurdles, including variations in the guidelines, regulations, and rules for practice. The associated guidelines vary by state and constantly emerge and evolve, which leads to confusion for healthcare providers. Another notable barrier is the vulnerability of the technology to security and privacy concerns. In addition, the use of telehealth requires various technological resources, including mobile devices and computers, as well as cellular data, whose purchase results in patients and healthcare providers incurring extra costs (Gajarawala & Pelkowski, 2021). These associated costs present a significant barrier for low-income patients as they may lack the financial capacity to afford access to these technologies.

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Care Coordination and Utilization of Community Resources

Effective care coordination in the treatment and management of hypertension facilitates the provision of high-quality team-based care. Effective care coordination ensures the proper organization of the various activities of a patient's care and the timely sharing of their health information among different healthcare providers engaged in their care, including primary care providers, nurses, pharmacists, and dietitians. Galic et al. (2024) conducted a research study to evaluate the effectiveness of coordinated care in the management of hypertension. In their findings, the researchers established that the intervention resulted in improved blood pressure

control and exhibited improved weight management. These improved outcomes are associated with the patient's improved adherence to medication and recommended behavior change. Effective care coordination ensures the development of individualized patient treatment plans that include care interventions that adequately align with the needs and preferences of individual patients. In addition, to ensure improved and sustained blood pressure control, there is a need to enhance patient's utilization of available community resources, including community-based interventions. Among these resources include community health workers, who act as a bridge between the community and primary healthcare providers. The engagement of community health workers in the management of hypertension helps enhance patients' trust in the healthcare system and connect them to the appropriate resources. Other community resources that may improve the management of hypertension are peer support groups provided by the community. These support groups enable individuals living with hypertension to give each other emotional support and ensure improved adherence to developed treatment plans. This obtained evidence aligns with the associated impacts of care coordination and utilization of community resources witnessed in my nursing practice, where these aspects of patient treatment and management result in improved patient outcomes.

Even with the associated benefits, effective care coordination and utilization of community resources in the treatment and management of hypertension are usually hindered by various barriers within the healthcare system. One of the identified barriers is impaired communication between various healthcare professionals, which inhibits the effective and timely sharing of patient information (Friedman et al., 2019). Another barrier is the reduced patient trust in the healthcare system, which results in them being resistant or declining to participate in the delivery of their care. In relation to the utilization of primary healthcare services, one of the

identified barriers is the challenge of identifying or reducing understanding of available resources within a given community. This impairs the ability of healthcare professionals to recommend these resources to patients.

Influence of Organizational or Governmental Policies

Various existing policies are associated with the use of healthcare technology, employment of care coordination, and utilization of community resources within the treatment and management of hypertension. One of these essential policies is ¹the Health Insurance Portability and Accountability Act (HIPAA), which safeguards the privacy and confidentiality of patients' medical records and other sensitive personal information (CDC, 2024). The policy protects the patients' right to understand and control the use of their information by requiring healthcare providers to obtain the informed consent of individual patients before sharing their medical information. It ensures that medical information is safe while ensuring the flow of the information required for effective care coordination. Another policy provision that influences care coordination is the non-discrimination provision provided in the Affordable Care Act (Office for Civil Rights, n.d.). The provision prevents the discrimination of patients based on color, race, or sexual orientation, guaranteeing that all patients are treated with respect and dignity and provided with equitable access to the required healthcare services. The consideration of these policies would guide my actions by ensuring that I adequately safeguard the privacy and confidentiality of patient information as well as ensure that all patients are provided with equitable access to quality and safe healthcare services that adequately meet their needs and preferences.

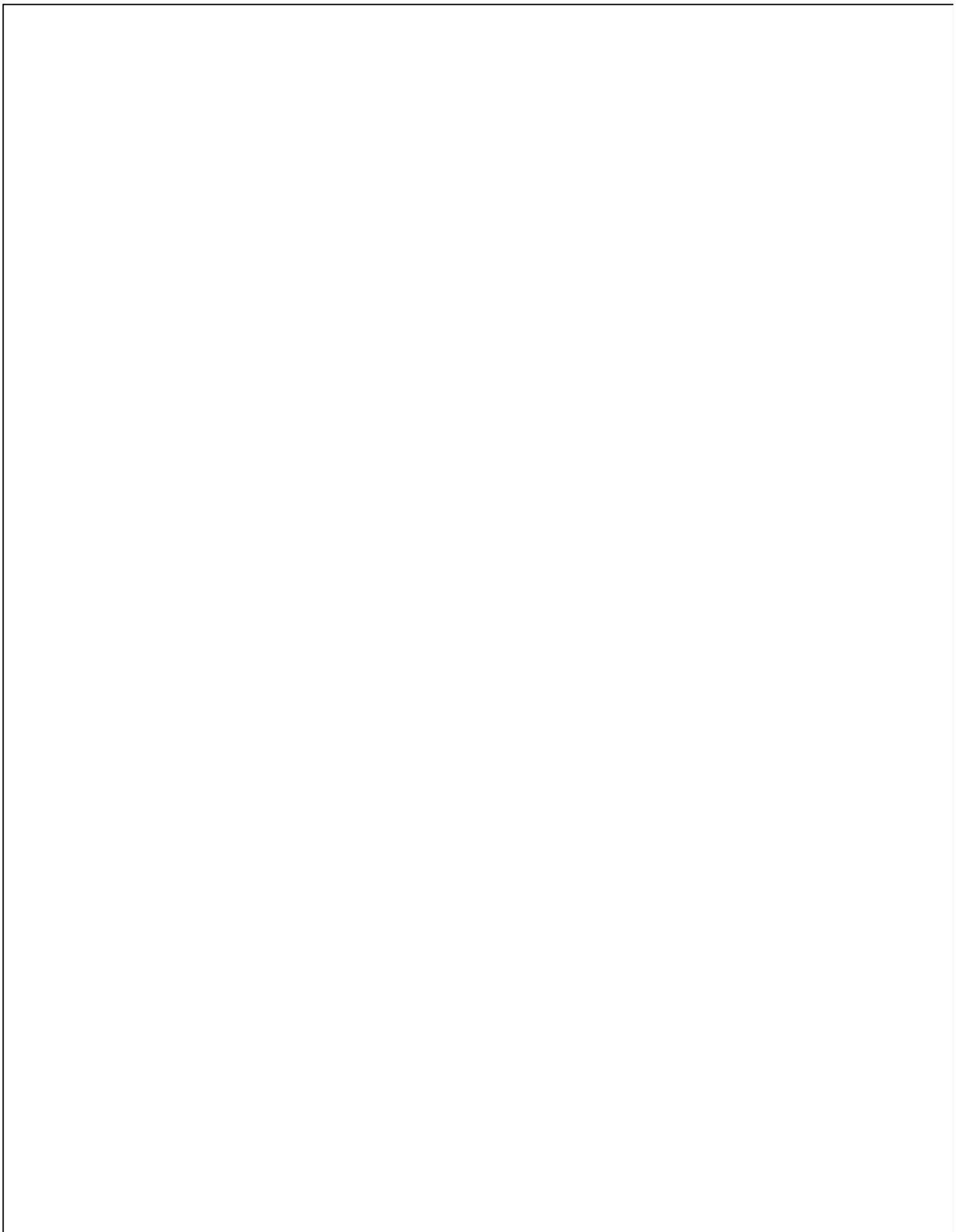
Nurses scope of practice in the coordination of care is defined by the Nursing Practice Act (NPA). The policy describes the various responsibilities that one as a nurse can assume

during the delivery of patient care based on their level of education and nursing licensure (Lockhart, 2020). In states where nurses have full practice authority, the policy would allow them to provide the appropriate patient care interventions, including the initiation of treatment plans, prescription of medications, and provision of patient education.

In the coordination of patient care, the consideration of the principles of nursing ethics would ensure the delivery of quality healthcare services that meet the needs of individual patients. Nursing ethics would ensure the making of informed decisions that would reduce the patient's risk of harm and result in improved health outcomes (Varkey, 2021). Moreover, it would ensure the respect of the inherent and unconditional worth of every individual patient, as well as the protection of their right to make moral choices and rational decisions, and it would ensure that they are allowed to exercise their ability to self-determine. Adherence to these ethical guidelines would ensure the patients' improved engagement in their care delivery process, which would ensure the provision.

Conclusion

⁴ In conclusion, the employment of telehealth technology plays an essential role in the management of hypertension. It enhances access to quality and safe healthcare services for individuals in remote and marginalized areas, which are characterized by reduced staffing levels. The technology improves efficiency in the delivery of patient care without an increase in the associated cost of care. The treatment and management of hypertension are also enhanced by effective care coordination and utilization of community resources. Care coordination facilitates the provision of individualized patient care services that align with the needs and preferences of individual patients. This results in improved blood pressure control, which reduces patients' associated risk of developing severe complications.



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