

Supplemental material.

Supplemental Table. Practitioners comments regarding specific survey questions

Question	Comment
What is your comfort level in following published guidance on ABPM use in children during a pandemic?	<p>“We have not been comfortable sending the ABPM for people to do. We use the reusable cuffs which can be wiped down with a cleaner. The case around the ABPM actually has to be washed and we don't have a perfect system in place for cleaning these. We have just started sending out ABPMs without the case around the monitor. It's less than ideal to blindly mail these to patients. Some are pretty savvy and able to figure out how to put it on take it off and send back. The patients we have established care with do well. Our new referrals who we have not met we have chosen no to send until they have either a in person/virtual visit and assess if they will be able to coordinate on their end in a timely fashion.”</p> <p>“Not aware of published guidance on use during pandemic.”</p> <p>“Do not have enough ABPM or trained staff. Our center furloughed >900 staff. We have been screening each patient to determine if the risk/benefit ratio.”</p> <p>“Our hospital policy at this time is to cancel all non-urgent in-person visits. Therefore we do not do 24 ABPM during this pandemic.”</p> <p>“The concern is bringing them to the hospital, not contamination of the equipment. And, our nurse who does ABPM is currently mandated to work from home.”</p>

	<p>“The rates of coronavirus infection in our community have been fairly low (we are fortunate to have undertaken social distancing early) and our institution has put in place extensive screening and restricted visitors to campus so that exposure risk is fairly low. We have closed our waiting room and all patients are put in an exam room immediately upon arrival. We did not do ABPM for 1-2 weeks until these measures were in place.”</p> <p>“We are limiting ABPM to 'essential' studies such as new diagnoses or follow-up of transplant patients.”</p> <p>“Institutional policy is that all non-emergent visits to health system facilities (including even ABPM placements) are cancelled at this time; therefore, ABPMs not being placed.”</p> <p>“Haven't seen any guidance. Even if guidance said continue ABPM with good hygiene, I still wouldn't be able to do it because outpatient set up is closed down.”</p>
What is your comfort level in managing children with HTN via telehealth (two-way secure video/audio)	<p>“Physical exam via Telehealth is limited to what I can see on the computer screen. Otherwise it's been okay.”</p> <p>“It is ok for follow up patient as generally our patients have home monitor but uncomfortable with new patients”</p> <p>“Lack of reliable bp measurements via telehealth makes this a difficult population to manage this way, even though it may initially seem that they would be ideal for this modality”</p> <p>“It depends on whether the patient has reliable method of measuring blood pressures at home which is hard to elicit in a new patient. It's easier to deal with follow ups who have had a chance</p>

	<p>to have their home BP machines checked out in clinic at a previous visit.”</p> <p>“The return visit patients have already had the work up completed that was deemed necessary. Thus follow up by virtual is mainly addressing control which can be assessed with home blood pressures. The new referrals we've asked them to purchase blood pressure cuffs or PCP prescribe a cuff (if insurance will cover). They are instructed to check BPs at home daily 1-2 weeks prior to the virtual visit when at rest. The little kiddos we make come in to ensure accurate blood pressure reading. The plumpy kiddos a work up of just home BPs is a good place to start. Pts with normal BMIs and younger in age we may still have them do BPs at home but depending on stage of HTN and what PCP has already ordered may do labs prior to the visit and/or renal US/Doppler”</p> <p>“Comfort is there when patients have home blood pressure monitoring, but this is limited.”</p> <p>“Insurance in SC does not reimburse for home BP monitors and our patient population cannot afford them. We are seeing them once by telehealth, but we eventually have to bring them back in to the clinic. Pediatrician offices are closed and schools are closed. Lots of kids not getting BP checked. Even now when we have opened the clinic, people do not want to come because they are scared.”</p> <p>“Assuming that they have either white coat hypertension or pre-hypertension”</p> <p>“Many home BPs are higher than clinic pressures”</p> <p>“I am comfortable to do so for teenagers. They can check their BP at home after short teaching. And for home BP monitoring we focus</p>
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	<p>more on the trend rather than absolute number. i am very uncomfortable to do this visit for infants and toddlers. Theses patients we continue to see in person in the clinic”</p> <p>“Some concerns in regards to accuracy of BP measurements and relying solely on home monitoring and not being able to get accurate weights. Otherwise, counseling and medication management is okay.”</p> <p>“I don't trust bps that aren't auscultated”</p> <p>“Depends on the kid and whether parents have equipment and savvy to use it. Not the babies unless parents have already been doing manual BP’s reliably.”</p> <p>“1) With regards to ABPM, the biggest barrier is cleaning, but we are also trying to avoid having people come into the hospital to be fit for the monitor if possible (though our process may evolve); 2) getting used to telehealth BP visits; it has taken us a little while to get our patient set up with home cuffs, but for the patients who have home cuffs, this seems to be working”</p> <p>“Depends on age, ability to check BP at home, how recent their last visit was, if/when they last had ABPM, how many meds they are on; so very variable by patient”</p> <p>“More comfortable with the bigger children who fit into an adult cuff. Getting BP cuffs for home is a challenge often.”</p> <p>“many families fail to take home bps even if they have machine or do not send in a log”</p>
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	<p>“We are in the midst of trying to figure this all out right now, so some answers may be different in a month or so.”</p> <p>“Home BP machines should be covered by insurance companies now.”</p> <p>“No one has home bp cuffs”</p> <p>“Just beginning to implement. Trying to coordinate getting BP readings with visit.”</p> <p>“If families have resources to obtain BP cuffs, this is not a problem at all. For families without the resources to obtain a home cuff (coverage by insurers in our state is erratic at best), it is quite difficult to manage BP without a BP measurement.”</p> <p>“For established patients who know how to accurately check their blood pressures”</p>
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