

Blood Pressure Control Guideline Checklist

Health Plan Level 2



The current state of the issue

Hypertension impacts about half of American adults, while only around a quarter have their hypertension under control.^[i] Hypertension prevalence and control varies between subpopulations, and these inequities are rooted not only in contemporary social and economic barriers but also in a long history of systemic racism, structural discrimination, and inequitable access to conditions that promote health.^[ii]^[iii]^[iv] This report and guidelines focuses on the healthcare ecosystems' role in addressing hypertension control and equity, including the identified strategies outlined in our focus areas. While our report aligns with most updated evidence and national guidelines on blood pressure control targets, (e.g., 130/80), the workgroup also emphasizes that the higher an individual's blood pressure, the higher their risk for adverse outcomes.

Screening and Diagnosis

- Encourage contracted providers to utilize AHA/ACC [endorsed quality process measures](#)** for screening for high blood pressure

Individualized Blood Pressure Management

- Provide outreach and education to members with uncontrolled hypertension**
 - Target the missing prescriptions by coordinating with the provider/prescriber
 - Adapt educational material for cultural/linguistic needs; ensure readability and accessibility.
- Adjust medication policy to reduce barriers to access** (e.g., extend medication refills, mail order pharmacy)
- Cover the following services/items to improve hypertension management and care per national guidelines**, with minimal cost sharing/co-pay and prior authorization:
 - Non-visit-based care (e.g., portal, text), provider telehealth/virtual care options and remote monitoring/counseling options that follow evidence-based guidelines (e.g., [AHA Telehealth Certification](#))

Integrated Team-based Care

- Provide coverage for **multidisciplinary, team-based hypertension care** along the spectrum of fee-for-service to population based payments, including advance models that incorporate risk adjustment.
- Incorporate value-based payment mechanisms** that reward teams for reaching blood pressure control targets in population subgroups with greatest disparities (e.g., race/ethnicity, language, location, social needs, disability, etc.)
- Incorporate policies that allow for expansion of team-based care** (e.g., collaborative practice agreements with pharmacists)

Quality Improvement & Data Insights

- Target outreach to member groups experiencing disparities**, tailoring efforts to specific community barriers; collaborate with community-based organizations where possible.
- Engage in initiatives to improve health information exchange and community information exchange** between different plans and provider systems using interoperability standards (e.g., FHIR, HL7)

Resources

- The Bree Report on Blood Pressure Control is meant to supplement these resources.
- [Full Bree Report on Blood Pressure Control](#)
- [AHA Home Blood Pressure measurement Instructions](#)
- [AHA Heart Healthy Diet](#)
- [2025 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults by AHA/ACC/AANP/AAPA/ABC/ACCP/ACPM/AGS/AMA/ASPC /NMA/PCNA/SGIM](#)
- [Validated Device Listing](#)

Read the full Bree Report Blood Pressure Control online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: [1](#) Centers for Disease Control and Prevention. (2025, January 28). High blood pressure facts & statistics. <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html> [2](#) Forde AT, Lewis TT, Kershaw KN, Bellamy SL, Diez Roux AV. Perceived Discrimination and Hypertension Risk Among Participants in the Multi-Ethnic Study of Atherosclerosis. *J Am Heart Assoc.* 2021 Feb;10(5):e019541. doi: 10.1161/JAHA.120.019541. Epub 2021 Feb 18. PMID: 33596667; PMCID: PMC8174295. [3](#) Mohottige D, Davenport CA, Bhavsar N, et al. Residential Structural Racism and Prevalence of Chronic Health Conditions. *JAMA Netw Open.* 2023;6(12):e2348914. doi:10.1001/jamanetworkopen.2023.48914 [4](#) Dolezlar CM, McGrath JJ, Herzig AJM, Miller SB. Perceived racial discrimination and hypertension: a comprehensive systematic review. *Health Psychol.* 2014 Jan;33(1):20-34. doi: 10.1037/a0033718. PMID: 24417692; PMCID: PMC5756074.