

Blood Pressure Control Guideline Checklist

Health Plan Level 3



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

- Offer and publicize rewards** for annual biometrics screening.

Individualized Blood Pressure Management

- Consider additional care coordination services** for members with uncontrolled hypertension
 - Enhanced care management for multiple chronic conditions



Integrated Team-based Care

- Leverage the Health Care Authority's Medicaid 1115 waiver and Primary Care Transformation model** to move toward population-based payment for hypertension management.

- Leverage health-related services payments to cover additional services for members with hypertension

Quality Improvement & Data Insights

- Incentivize providers to reduce disparities in hypertension control**
 - Tie rewards to measurable improvements in identified disparities
 - As able, disaggregate racial and ethnic subgroups further to better target improvement interventions (e.g., Korean Americans, Japanese Americans, Chinese Americans, etc. instead of Asian American)
- Maintain certifications** that require excellence in addressing health-related social needs (e.g., NCQA)
 - Strengthen health and community information exchange across plans and providers 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.