

# Blood Pressure Control Guideline Checklist

## Primary Care Settings & Professionals

### 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.<sup>[i]</sup> 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.<sup>[ii]</sup><sup>[iii]</sup><sup>[iv]</sup> 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, the workgroup also emphasizes that the higher an individual's blood pressure, the higher their risk for adverse outcomes.

## Screening and Diagnosis

- ☐ **Encourage people with elevated blood pressure to use a validated home machine**, maintain a BP log, and complete validation visit in clinic promptly.
  - ☐ Validation visit should include validating the machine and cuff size, reviewing technique and supplying a log if not already provided
  - ☐ Schedule a 2-week follow-up after validation to assess readings and plan next steps.

## Individualized Blood Pressure Management

- ☐ After diagnosis, create and document a **patient-centered management plan** to achieve healthy blood pressure. Utilize shared decision-making to identify **individualized** blood pressure goals and targets, and to discuss medication options as needed.
  - ☐ Collaboratively establish and document individual blood pressure goals and target, and identify treatment approaches that reflect unique health circumstances, considering latest evidence-based hypertension guidelines (AHA/ACC, AAFP) and other health conditions. Use patient decision aids (e.g., [NICE](#))
  - ☐ **Monthly follow-ups until BP is controlled, escalating treatment if necessary.**
  - ☐ Promote self-management and self-efficacy through SMBP programs, education, and other techniques.
  - ☐ Involve multidisciplinary team members for holistic care (e.g., behavioral health, nutrition, community health worker, etc.).
- ☐ **Align hypertension management policies with current guidelines; offer treatment** by hypertension stage and risk factors, referencing [2025 AHA/ACC hypertension guidelines](#) . See Workflow in [Appendix E](#).

- ☐ For those with stage 1 hypertension and 10 year CVD risk <7.5%, generally begin with 3-6 month trial of lifestyle interventions before medication. Monthly follow-up is crucial.
- ☐ After 3-6 months, engage in shared decision-making conversation about initiation of medication. Use PDA as appropriate: [NICE](#)
- ☐ **Nonpharmacological intervention**
  - ☐ Refer to evidence-based/informed lifestyle programs including those conducted in the community
- ☐ **Pharmacological intervention:**
  - ☐ Promote shared decision making, medication adherence education, and support strategies (example PDA tool: NICE)

## Quality Improvement

- ☐ Use measures and metrics to monitor hypertension control. See Evaluation Framework for details.
  - ☐ Track hypertension prevalence and stratify by demographics (race/ethnicity, language, location, social needs, disability).
  - ☐ Further break down racial/ethnic groups when possible (e.g., Chinese American, Japanese American, Korean American, Native Hawaiian, Pacific Islander).
- ☐ Apply quality improvement strategies:
  - ☐ Use evidence-based treatment protocols.
  - ☐ Set appointment triggers for uncontrolled hypertension.
  - ☐ Integrate decision support into workflows.
  - ☐ Give providers feedback on their hypertension control performance.

## Integrated Team-based Care

- ☐ Delegate tasks like medication changes, education, and follow-up to non-provider team members. Use standing orders when within scope of practice.

## 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](#)
- [2025 Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults by AHA/ACC](#)
- [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](mailto: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] Dolezsar 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.