

Blood Pressure Control Guideline Checklist

Primary Care Settings & Professionals

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, the workgroup also emphasizes that the higher an individual's blood pressure, the higher their risk for adverse outcomes.

Individualized Blood Pressure Management

- ☐ **Implement referral system or internal program** for self-measured blood pressure monitoring (SMBP):
 - ☐ Provide validated BP machines and cuffs with inclusive sizing for immediate access (loaner or take-home options).
 - ☐ Create/implement a system for recording home BP readings in the EHR.
 - ☐ Train staff in BP self-management (e.g., teach-back method).

Quality Improvement

- ☐ **Form a multidisciplinary care team** for hypertension patients, following the AHA [Team-based care table](#) and principles below:
 - ☐ Regularly provide comprehensive services for those at risk or living with hypertension, including:
 - ☐ Self-measured blood pressure (SMBP) programs and counseling
 - ☐ Extra support for those with uncontrolled hypertension (intensive management, home/community visits)
- ☐ **Offer convenient and flexible care options**
 - ☐ Extended hours (early, late, weekends)
- ☐ **Utilize a population health approach** for hypertension using event notifications, bulk messaging, coordinated care, and a registry

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

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.