

Blood Pressure Control Guideline Checklist Health Plan Level 1

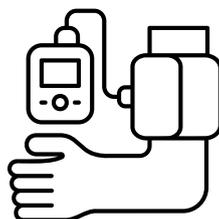


The current state of the issue

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.

Individualized Blood Pressure Management

- Review [Key Priorities](#) in the Executive Summary
- Cover the following services/items to improve hypertension management and care per national guidelines, with minimal cost sharing/co-pay and prior authorization:
 - Validated home blood pressure monitors (preferably digital)



- Screening for, assessment and referral to address health-related social needs
- Monthly hypertension control visits
- First line antihypertensive medications, including single-pill combinations
- At least quarterly pharmacist-led medication management visits in year one, then as needed
- Monthly medical nutrition therapy in year one, then as needed
- Behavioral health counseling (individual and group). Consider health behavior assessment and intervention services (HBAI) at parity with psychotherapy (CPT CODES)
- Self-measured blood pressure (SMBP) services, with validation visit

Quality Improvement & Data Insights

- Identify groups with disparities in blood pressure screening and control** by demographic and geographic factors (e.g., race/ethnicity, language, location, social needs, disability)
- Require health equity and cultural sensitivity training** for all relevant staff

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](#) 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: PMC3756074.

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