
Bree Collaborative | Blood Pressure Control Equity

February 13th, 2025 | 3-4:30PM

Hybrid

MEMBERS PRESENT VIRTUALLY

Norris Kamo, MD, MPP, VM (chair)
Jake Berman, MD, MPH, UWMedicine (vice chair)
Mia Wise, DO, Kinwell Health
Kimberly Parrish, WSHA
Albert Tsai, MD (AHA Puget Sound)
Elizabeth Slye, RN (Kaiser Permanente)
Karla Cowan, RN HCA
Kimberly Parrish (WSHA)
Nicole Treanor, MS, RD, CDCES, Virginia Mason

Jordan Despain, MD, Family Medicine
Kristina Petsas, MD, UnitedHealthcare
Theresa Kreiser, MS, Comagine
Katrina Gangsaas, YMCA
Mary Beth McAteer, Virginia Mason
Molly Parker, MD, MPH, Jefferson Healthcare
Jessica Beach, MPH, MPA, Molina Healthcare
Leo Morales, MD (UWMC)
Jason Tzau, Pharm, Amazon (Global Benefits)
Jonathan Liu, MD, Amazon (Global Benefits)

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Heidi Stevens, Foundation for Health Care Quality
Cora Espina, ARNP, Foundation for Health Care Quality (Intern)

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the Bree Blood Pressure Control Equity Workgroup. Beth invited new participants to introduce themselves, including others not present but new to workgroup.

- **Action:** January workgroup minutes approved

PRESENT: EVALUATION SUBCOMMITTEE

Beth invited Kari to introduce Evaluation Subcommittees:

- Subcommittees to start in June: These will focus on how to measure and evaluate guideline implementation
- Previous Deliverables:
 - Audience level objectives and methods for measurement, evaluation.
 - Theory of Change, Evaluation Framework, Evaluation Matrix
 - Provided link to examples within Opioid Use Disorder, etc
 - Feedback from previous workgroup member that this framework was helpful to tackle implementation of guidelines and more easily evaluate.

PRESENT & DISCUSS: EVIDENCE REVIEW

Beth then presented the Evidence Review Process and proposed a subcommittee to review evidence and guidelines to support our recommendations.

- **ACC/AHA guidelines** – the group will want to consider overlap and differences and how to proceed
- **Definition of BP Diagnosis and management:** Out of office, in office, white coat, etc.

- **Methods and Training for appropriate measurement**
- **Prevalence:** What is our scope and lens? NHANES vs local data relevant to WA and acculturation. Disability vs Ability.
- **Neighborhood:** Disproportionate HTN prevalence and treatment

Beth then transitioned the group to Cora to give an overview of 2 related guidelines under the FHCQ: SDOH & Health Equity Report to highlight themes in equity and systems that supports equity principles, screening for SDOH and coordinating care and implementing interventions appropriate, when identified. Among health plans, benefits and employers, the recommendation to incent and reimburse for care delivery outside of typical office-based face to face visits.

DISCUSSION: FOCUS AREAS

Beth then facilitated a discussion to consider the objectives of this workgroup. The workplan was updated and includes the following focus areas:

| Focus Area | Components |
|--|--|
| Blood Pressure Screening | <ol style="list-style-type: none"> 1. Accurate, guideline-aligned screening & diagnosis 2. Community Outreach 3. Employer strategies for outreach |
| Individualized Blood Pressure Management | <ol style="list-style-type: none"> 1. Culturally congruent <i>guideline-aligned</i> blood pressure management 2. Addressing therapeutic inertia 3. Self-monitoring programs and self-management 4. Connection to resources for social needs 5. Reducing financial barriers to care 6. <i>Special considerations for patients with comorbidities</i> 7. Collaborative management |
| Integrated Team-Based Care | <ol style="list-style-type: none"> 1. Non-physician led team members and role 2. Medical neighborhood/home integrated care 3. Access to care (geographic distribution, number of providers, telehealth, <i>asynchronous, shared medical appointments</i>) 4. Payment models to support team-based care |
| Equitable Quality Improvement | <ol style="list-style-type: none"> 5. Internal data collection/registries maintained for quality improvement 6. Equity-centered quality improvement programs |

PUBLIC COMMENT AND GOOD OF THE ORDER

Beth invited final comments or public comments, then thanked all for attending. A reminder to group members to submit OPMA training and conflict of interest forms to bree@qualityhealth.org or ebojkov@qualityhealth.org. The next meeting will be on Thursday, March 13th 3-4:30PM and will focus on our first focus area. Upcoming events were shared by Emily Nudelman, DNP.