Bree Collaborative | Blood Pressure Control Equity
March 13th, 2025| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Norris Kamo, MD, MPP, VM (chair)
Jake Berman, MD, MPH, UW Medicine (vice chair)
Albert Tsai, MD (AHA Puget Sound)
Elizabeth Slye, RN (Kaiser Permanente)
Nicole Treanor, MS, RD, CDCES, Virginia Mason
Kristina Petsas, MD, UnitedHealthcare
Mary Beth McAteer, Virginia Mason
Jessica Beach, MPH, MPA, Molina Healthcare
Leo Morales, MD (UWMC)
Jonathan Liu, MD, Amazon (Global Benefits)
Tonja Nichols, RN, HCA
Chris Longenecker, MD, UW Medicine
Nicholas Koenig, MD, Kaiser Permanente

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Hannah Stanfield, WACH
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**: February workgroup minutes approved

DISPARITIES IN HYPERTENSION – FEDERALLY QUALIFIED HEALTH CENTERS: HANNAH STANFIELD, WACH

Beth invited Hannah Stanfield, Director of Learning and Innovation at the Washington Association for Community Health to present an overview of federally qualified health centers in Washington state, and their role in hypertension control for historically underserved populations. Key takeaways included:

- **Introduction:** Hannah Stanfield introduced herself as the Director of Learning and Innovation at the Washington Association for Community Health. She explained that the association brings together 28 FQHCs in Washington to provide training, technical assistance, and policy navigation.
- **FQHC Overview:** Hannah provided an overview of FQHCs, noting that they are located in medically underserved areas, open to everyone regardless of ability to pay, provide comprehensive services, and are governed by patient-majority boards. FQHCs serve over 1.2 million patients across more than 400 clinic sites in Washington.
- **Patient Demographics:** Hannah discussed the diverse patient demographics of FQHCs, including a significant proportion of Medicaid enrollees, homeless individuals, agricultural workers, veterans, and those living in or near public housing. She also noted the racial and ethnic diversity of the patient population, with a disproportionate share of Native Hawaiian, Pacific Islander, Black, African American, and Hispanic patients.
- **Hypertension Control:** Hannah highlighted the hypertension control measures at FQHCs, noting that 69% of patients with hypertension have controlled blood pressure. She explained the UDS data set used to track this measure and mentioned that 27 of the 28 FQHCs in Washington are included in the data.

- **FQHCs and Hypertension Control:** Hannah discussed the key components of FQHCs, their patient demographics, and the hypertension control measures, noting that 69% of patients with hypertension have controlled blood pressure.
    - Black/African American, Samoan, Native Hawaiian, Chinese, American Indian/Alaska Native, Other Pacific Islander, More than One Race and Vietnamese had lower than average hypertension control
    - Those more likely to have above average BP control in this data set included rural, migrant health centers, central Washington and Western Washington (SW WA and Olympic Peninsula)
    - Those more likely to have below average BP control included urban centers, healthcare for the homeless grantees, Northeast Washington and Western Washington (Pierce, Snohomish, King)
- **Questions and Discussion:**
    - Difference between FQHCs and free clinics?
        - FQHCs have specific federal designation, reimbursement structures and requirements whereas free clinics don't have the same level of federal support
    - What is the root cause of the disparities? Is a RCA done?
        - Individual health centers may conduct this, the WACH has not done so at the state level
    - Are preventative visits tracked, versus acute care visits?
        - This can be accessed but it is challenging to do that from a racial disparity perspective

DISCUSS: BLOOD PRESSURE CONTROL SCREENING

Beth transitioned the group to discuss improvement in blood pressure control screening and ideas for the first focus area.

- **Employer Strategies:** suggested considering performance guarantees (PGs) in contracts to improve quality through enforcing service level agreements. They act as stick for quality improvement.
- **Health Plan Strategies:** enhance health literacy and community partnerships, work with local community partners to increase awareness about hypertension and importance of preventive care and connection to PCPs
- **Barriers to screening:** Workgroup members discussed potential barriers to screening for people in Washington state.
    - Access to care, contact with health provider.
    - Language barriers – common issue with educational materials and resources not available in multiple languages
    - Data for targeting – improvement in identifying communities and geographic locations that require additional support. Standardizing use of codes in EMR to consistently apply to individuals with chronic conditions and improve data insights.
    - Connection to care – what happens after a screening is complete.
- **Strategies to improve community screening and outreach:** The group discussed the importance of community screening and outreach, with suggestions for training community members, leveraging public health resources, and using mobile healthcare units.
    - Trusted community health organizations and public health resources could be leverage to facilitate training to conduct BP screenings.
    - Mobile healthcare units have found success in Detroit to provide low-barrier, low-cost healthcare, including BP screening and follow up.
    - Better collaboration with public health organizations and accountable communities of health to support CHW interventions.
- **Potential next steps:**
    - Identify set of effective community blood pressure screening principles – planning, measurement techniques, emergency protocols

- Mobile health presentation
- UW medicine pilot program for distributing BP devices and facilitating home checks/telehealth follow ups – hear from them later

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, April 10th 3-4:30PM and will hear from Dr. Levy from Wayne Health in Detroit about their mobile van program, and shift to reviewing draft list of strategies for improving BP screening. Upcoming events were shared by Emily Nudelman, DNP.