Bree Collaborative | Blood Pressure Control Equity
June 12th 2025| 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Norris Kamo, MD, MPP, VM (chair)
Asher Strauss, PsyD, Kinwell Health
Josephine Young, MD, Premera
Kristina Petsas, MD, UnitedHealthcare
Mary Beth McAteer, Virginia Mason
Nicholas Koenig, MD, Kaiser Permanente
Sara Warner, CHPW
Karla Cowan, HCA
Jordan Despain, M.D., Confluence Health
Katrina Gangsaas, YMCA
Nicole Treanor, RD, Virginia Mason
Leo Morales, MD, UW Latino Center for Health and UW Medicine
Jake Berman, MD, MPH, UW Medicine (vice chair)
Laura Hanson, PharmD, VM
Molly Parker, MD, Jefferson Healthcare
Chris Longenecker, MD, UW Medicine
Mary Beth McAteer, MLIS, VM
Mia Wise, Kinwell Health
Kimberly Parrish, MHA, RN, WSHA
Theresa Krieser, MS, Comagine Health
Elizabeth Slye, RN (Kaiser Permanente)
Sara Eve Sarliker, DOH

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Brandon Smith, ND, Family Health Centers
Mistie Taylor, RN, Family Health Centers

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the Bree Blood Pressure Control Equity Workgroup June meeting. Motion was asked for to approve the May minutes.

- **Action**: May workgroup minutes approved

BP CONTROL WORKGROUP LANGUAGE

Beth opened the meeting by raising concerns about feedback from community members regarding threats to funding due to the language used in the workgroup, particularly the term "equity." Beth opened the meeting to feedback on how best to navigate maintaining the purpose of the workgroup while being sensitive to organizations that seek to implement our work.

- Consider changing title to “BP Control”, even as its concerning that it wouldn’t have the same impact
- Some orgs have continued their work using terms like equity as advised by their legal teams, but important to make sure orgs are not threatened when referring to our work
- Regardless of how its phrased, the core of the project is to focus on those communities with the worst health outcomes
- Beth to seek out guidance from other state agencies on navigating terms used publicly

TEAM-BASED CARE

Beth provided a brief overview of team-based care effectiveness in hypertension control and improving hypertension equity.

- **Effectiveness of Team-Based Care**: multiple systematic reviews of team-based care interventions, particularly those involving pharmacists and community health workers were effective in lowering BP for groups historically underserved and marginalized. Multicomponent interventions are the most effective; medication titration by a nonphysician showed great effectiveness in reducing SBP.
- **Cost effectiveness:** systematic review of economic evaluations of team-based care for controlling high BP, shown to have low cost per QALY and significant reduction in BP.
- **Key reforms in payment, billing, policies:** JAMA article highlighting key areas for reform to support BP control in the chronic care model
    - **New payment models:** care management feeds, improvement-based incentive payments, incentives to confirm HTN diagnosis
    - **CMS billing policies and codes used by all payors**: group medical visits, e-Consults, pharmacist "incident-to", chronic disease management, remote data monitoring, remote-telehealth visits, validated BP devices that fully interface with EHRs, coverage for fixed dose combination antihypertensive pills, CHWs, community based organization billing for supportive services
    - **Policies of Office of National Coordinator for HIT**: Remove BP-HER connectivity, EHR-based BP registries, clinical decision support

Beth transitioned the workgroup to review the proposed structure for team-based care guidelines, including roles and responsibilities for different team members. This was based off the AHA 2017 guidelines for hypertension – added in from Bree staff were behavioral health providers and patient/caregivers as team members.

Discussion:

- Minimal team functions makes more sense than team roles – this will be different across many different contexts
- Patient investment in addressing what matters to them
- Need to understand criteria for graduation to self-management with ongoing monitoring and support.

CLOSING & NEXT STEPS

Beth thanked all for attending, providing time for public comment and reviewed upcoming events. The next workgroup meeting will be held **July 10th 3-4:30PM**