Bree Collaborative | Blood Pressure Control Equity

August 14th 2025 | 3-4:30PM **Hybrid**

MEMBERS PRESENT VIRTUALLY

Norris Kamo, MD, MPP, VM (chair) Asher Strauss, PsyD, Kinwell Health Kristina Petsas, MD, United Healthcare Jordan Despain, M.D., Confluence Health Nicole Treanor, MS, RD, CD, CDCES, Virginia Mason

Laura Hanson, PharmD, Virginia Mason Molly Parker, MD, Jefferson Healthcare Kimberly Parrish, MHA, RN, WSHA Elizabeth Slye, RN, Kaiser Permanente Tonja Nichols, RN, HCA

Al Tsai, MD, Puget Sound AHA

Jon Liu, MD, Amazon

Chris Longnecker, PhD, UW Medicine Mary Beth McAteer, MLIS, Virginia Mason

Sara Eve Sarliker, DOH

Nicholas Koenig, MD, Kaiser Permanente

Katrina Gangsaas, YMCA

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative Karie Nicholas, MA, GDip, Bree Collaborative

WELCOME

Beth Bojkov, Bree Collaborative, welcomed everyone to the Bree Blood Pressure Control Equity Workgroup August meeting.

CHPW BLOOD PRESSURE EQUITY

Beth transitioned the meeting to Dr. LuAnn Chen and Sara Warner from CHPW to share their strategies to support hypertension control.

• CHPW Structure and Community Health Centers:

- CHPW governed by the community health centers, allowing close collaboration to increase access to care and improved health outcomes
- Integration with community health centers enables to work hand in hand with CHPW

• Community Support Services:

- Community support services team including CHWs address social drivers of health and provide support to member, providers and caregivers. CHWs are locally based and field-based to better serve communities.
- Work 75-80% of the time in communities they serve, meet members where they are and connect them to services
- Provide housing assistance, transportation, food assistance, post-discharge programs, peer support, assistance with appointments and care
- CHWs provide health education, particularly related to high BP and other conditions to support self-management

• Care Management Strategy:

- Focuses on members with obesity and hypertension outreach by care managers and care advocates, health education, medication adherence, support for behavior change related to nutrition
- Population health management strategy targets members with obesity and hypertension providing tailored interventions for those populations
- Outreach focuses on health education and medication adherence

Pharmacy Team Initiatives:

- Mail-order pharmacies: pharmacy team encourages the use of mail-order pharmacies to facilitate medication adherence, allowing larger numbers of refills and sending reminders for refills.
- Communication Improvement: efforts to improve communication between CHPW pharmacists and community health center pharmacists to break down barriers for medication adherence
- Medication Reviews: comprehensive medication reviews and medication reconciliations to optimize medication use and improve health outcomes.
- Quality Team Initiatives: Community Transformation Initiative (CTI) led by the quality team
 encourages community health centers to work on improving healthcare quality by addressing
 specific community needs. Five community health centers chose blood pressure control as their
 focus. CHPW provides technical support. Some centers chose to develop interventions using
 patient advisory councils and focus groups this facilitated the tracking of social drivers of
 health to understand impact on BP control.

Questions and Answers:

- CHW do not work directly on BP self-monitoring but collaborate with CHC partners to get info from the care team
- Members self-identify, are identified through health risk assessments or can be referred by providers, UM team or case managers
- CHWs use Arcadia, EPIC and other EHRs to track patient information and information is shared

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- **Draft Guidelines:** Beth presented draft guidelines for health plan strategies, focusing on minimizing administrative barriers, covering services under hypertension management care, and providing home blood pressure monitors.
- **Rewards Programs:** Participants discussed the importance of rewards programs in incentivizing members to engage in preventive screenings and services, noting the challenges in implementing such programs.
- **Coordination Challenges:** Participants highlighted the challenges of coordinating care across different stakeholders, emphasizing the need for better communication and collaboration to avoid confusion for patients.
- Trust and Collaboration: Asher emphasized the importance of trust and collaboration among stakeholders in the healthcare system. They highlighted the need for better communication and coordination to avoid confusion and frustration for patients.
- Follow-up tasks:
- Blood Pressure Monitor Model Information: Find out and report back to the group which blood pressure monitor models are used by the CHW and integrated care teams. (Sara)
- Tracks Data Exchange Beta Testing: Connect with Karie to learn more about participating in Tracks beta testing for data exchange on blood pressure, diabetes, and depression measures. (LuAnn, Beth)
- Health Plan Rewards Program Details: Request clarification from MCOs or the healthcare authority on what preventative screenings and services are included in the \$200 rewards program for Apple Health Managed Care plans. (Kimberly)

HEALTH PLAN DRAFT GUIDELINE REVIEW

Beth provided a brief overview of an draft health plan guidelines, and requested feedback from members:

- Rewards program:
 - Rewards programs can incentivize members to engage in preventive screenings and services, but there are challenges in implementing
 - o Apple Health rewards do not include blood pressure screening at the moment
- Coordinating care across stakeholders is necessary to avoid confusing patients patients are already overwhelmed we don't want to encourage different stakeholders to have overlapping responsibilities.

CLOSING & NEXT STEPS

Beth thanked all for attending, providing time for public comment and reviewed upcoming events. The next workgroup meeting will be held **September 11**th **3-4:30PM**