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| **Stakeholder** | **Key Takeaways** |
| HCP | 1. Accurate BP measurement
2. Single pill combination medication to support medication adherence
3. Goal for all patients in general BP <130/80
4. Continue visits monthly until BP controlled
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| PC | 1. Screen for hypertension at every opportunity
2. Identify and intervene for people with undiagnosed hypertension
3. Implement team-based care and tools to support population management
4. Embracing/implementing home blood pressure measurement/self-monitoring programs
5. Assess new hypertension guidelines to determine any changes needed to protocols, workflows or practice and implement identified changes
6. Standardize blood pressure measurement to align with new hypertension guidelines – use blood pressure monitors intended for clinical use, and continue implementing strategies for accurate measurement
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| Hospitals | 1. Accurate BP measurement
2. When possible, provide coordination with primary care for all patients who are discharged with diagnosed uncontrolled hypertension
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| Health Plan | 1. Supply validated blood pressure cuffs to members with hypertension Consider providing practices with monitors in clinics that they can provide when patient is in person and able to receive training – so an additional visit for training on device isn’t necessary and to improve uptake and adherence
2. Whole-person approach to care
3. Identifying and outreach to members for members not filling/taking medication as needed
4. Cover care from nonphysician team members (CHW, pharmacist) and/or comprehensive virtual care and monitoring through employer
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| Employer | 1. No cost-sharing for medications/interventions for chronic conditions
2. Prioritizing performance guarantees focused on closing gaps in BP control across population subgroups
3. Highlight how employees can use benefits to purchase validated home blood pressure monitors (through health plan benefit, FSA, or HSA)
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| Community Pharmacies | 1. Accurate BP measurement
2. Consider offering home blood pressure measurement/self-monitoring programs
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| WA HCA | 1. ~~Partner with ACH to establish BP screening programs and connect to care~~
2. ~~Incorporate codes for validated home BP arm cuff in Medicaid DME schedule and~~ Include single pill combination medication on single preferred drug list when possible
3. Promote value-based payment that include stratified BP control
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| WA DOH | 1. Convene partners to develop health education and education campaigns promoting individual blood pressure management across communities
2. Promoting access to community-based screening
3. Aggregating and sharing data on community hypertension prevalence and control
4. Support clinical quality improvement projects aimed at improving population blood pressure control.
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| Dentists | 1. Accurate blood pressure measurement with validated upper arm cuff
2. Escalation and coordination of care for people with elevated BP readings
3. Documentation in EHR and data sharing with outpatient health systems as able
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