Bree Collaborative | Blood Pressure Control Equity
September 11th | 3-4:30PM
Hybrid

MEMBERS PRESENT VIRTUALLY

Jake Berman, MD, MPH, UW (chair)
Asher Strauss, PsyD, Kinwell Health
Kristina Petsas, MD, United Healthcare
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
Mary Beth McAteer, MLIS, Virginia Mason
Josephine Young, MD, Premera
Nicholas Koenig, MD, Kaiser Permanente
Elizabeth Slye, RN, Kaiser Permanente
Sara Warner, CHPW
Eugene Yang, MD, UW
LuAnn Chen, MD, CHPW

STAFF AND MEMBERS OF THE PUBLIC

Beth Bojkov, MPH, RN, Bree Collaborative
Karie Nicholas, MA, GDip, Bree Collaborative
Emily Nudelman, DNP, RN, Bree Collaborative

WELCOME

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

Action: Motion to approve August minutes
Outcome: August minutes approved

AHA 2025 HYPERTENSION GUIDELINES UPDATES

Beth transitioned the meeting to invite Dr. Al Tsai from the Puget Sound American Heart Association to share updates to the 2025 Hypertension guidelines published by the American Heart Association.

- **Key Guideline Updates**
  - *Brain health and hypertension*: emphasize the link between high blood pressure and cognitive decline, recommending early treatment and a systolic goal of less than 130 to prevent brain health deterioration.
  - *Pregnancy and hypertension:* New recommendations address management of hypertension in pregnancy, including treatment targets for chronic hypertension, postpartum monitoring, and annual blood pressure checks for those who have given birth.
  - *Screening and Risk Assessment*: strengthen recommendations for urine albumin/creatinine ratio testing and introduce plasma aldosterone to renin ratio screening for primary aldosteronism.
  - *PREVENT risk calculator:* PREVENT risk calculator is now central to risk assessment, combining cardiovascular, kidney, and metabolic health measures.
- **Implementation Challenges and Stakeholder Feedback:**
  - Challenging to implement recommendation of initiation of medication if blood pressure above 130/80 after 3-6 months of lifestyle modification, large potential impact on younger patients

- New risk calculator PREVENT – not sure how quickly this could be integrated into electronic health records
- PREVENT replaces race/ethnicity with the social deprivation index (SDI) which is not validated for all populations
- Eugene, Jake Berman, Nicholas, and others discussed the practical challenges of implementing the new guidelines, focusing on the adoption of lower blood pressure targets, the PREVENT risk calculator, and the need for clear, actionable recommendations for diverse stakeholders.

DRAFT REPORT AND GUIDELINES

Beth transitioned the group to review the draft report and guidelines with the workgroup. The workgroup members voiced wanting a high level overview of key priorities for each stakeholder audience to synthesize the most critical actionable recommendations. The workgroup members supported development of the following initial list of key priorities:

Stakeholder	Key Takeaways
HCP	1. Accurate BP measurement with validated arm cuff 2. Combination medication to support medication adherence 3. Goal for all patients in general BP <130/80 4. Continue visits monthly until BP controlled
PC	1. Identify and intervene for people with undiagnosed hypertension 2. Implement team-based care and tools to support population management 3. Embracing/implementing home blood pressure measurement/self-monitoring programs
Hospitals	1. Accurate BP measurement with validated arm cuff
Health Plan	1. Supply validated blood pressure cuffs to members with hypertension 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
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
Community Pharmacies	1. Accurate BP measurement with validated arm cuff 2. Considering home blood pressure measurement/self-monitoring programs
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 3. Promote value-based payment that include BP control
WA DOH	1. Health education promoting individual blood pressure management 2. Promoting access to community-based screening 3. Aggregating and sharing data on community hypertension prevalence and control
Dentists	1. Accurate BP measurement with validated arm cuff 2. Escalation of care people with elevated BP readings 3. Documentation in EHR and data sharing with outpatient health systems as able

Discussion

- Workgroup members discussed the appropriate blood pressure targets for clinical practice – referencing HEDIS measures, organizational alignment, and need for flexibility in recommendations given ongoing changes in guidelines
    - Not all professional associations have yet endorsed the updated universal target of below 130/80
    - Some patients might not be suitable for aggressive BP lowering, but general movement systemwide is towards 130/80 goal.

Return to this discussion at the next workgroup meeting

- Further emphasis on social determinants of health and interdisciplinary collaboration needs to be highlighted in the report and guidelines
- Group emphasized request for visual tools to be included to remove unnecessary details and communicate key points effectively

CLOSING & NEXT STEPS

Beth thanked all for attending, providing time for public comment and reviewed upcoming events. The next workgroup meeting will be held **October 9th 3-4:30PM**