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## Bree Collaborative | Blood Pressure Control Equity

December 11<sup>th</sup> | 3-4:30PM

Hybrid

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### MEMBERS PRESENT VIRTUALLY

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Norris Kamo, MD, MPP, VMFH (chair)

Jake Berman, MD, MPH, UW (chair)

Kristina Petsas, MD, United Healthcare

Elizabeth Slye, RN, Kaiser Permanente

Theresa Kreiser, MS, Comagine

Mary Beth McAteer, MLIS, VMFH

Nicole Treanor, MS, RD, CDCES, VMFH

Janice Tufte, Hassanah Consulting

Karla Cowan, MSN, RN, HCA

Mia Wise, MD, Kinwell

Leo Morales, MD, UW Medicine

Kimberly Parrish, MHA, RN, WSHA

### STAFF AND MEMBERS OF THE PUBLIC

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Karie Nicholas, MA, GDip, Bree Collaborative

Emily Nudelman, DNP, RN, Bree Collaborative

Felicidad Smith, MPH, FHCQ

Kate Drummond, MPA, Comagine

### WELCOME

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Karie Nicholas, Bree Collaborative, welcomed everyone to the Bree Blood Pressure Control Equity Workgroup December meeting. Quorum reached.

- **Action:** Approve November minutes
- **Outcome:** November minutes approved

### PUBLIC COMMENT PROCESS

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Karie transitioned the reviewing the public comment process. The report is currently up for public comment and will be receiving comments **until 12/21 at 11:59PM**. At that point the workgroup will receive a full list of anonymized comments, and likely a summary of main themes. The workgroup will review these in advance of the meeting, and any recommended changes to the report and guidelines. Then we will discuss these at the January workgroup meeting.

### IMPLEMENTATION CHECKLISTS

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Karie transitioned the workgroup to allow Dr. Emily Nudelman to review the implementation checklists:

Emily Nudelman, DNP, RN, presented the implementation checklist tool to support the translation of the report by audiences listed in the report. The checklists guide where to begin and translate the Bree guidelines into action steps for that sector (i.e., clinician, health delivery site, health plan, purchaser, etc.). The action items have been arranged into levels 1, 2, and 3 to correspond to the difficulty level of implementing the action into the sectors' setting. Dr. Nudelman has drafted the checklist tool for some of the audiences listed in this report. Dr. Nudelman sought feedback on the draft and how each guideline was organized into the corresponding levels. Members were asked to join a breakout room representing an audience they either identify with or would like to provide feedback on. Bree staff facilitated reviewing the drafted checklist with the different breakout room participants. Bree staff will incorporate member feedback into the final design of the checklist.

See draft versions of the checklists on our website [here](#).

### **THEORY OF CHANGE AND EVALUATION FRAMEWORK**

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Karie transitioned the workgroup to review the theory of change and evaluation framework. Karie asked for feedback on the following documents:

<b>Materials</b>	<b>Ask</b>	<b>Due Date</b>	<b>How</b>
<b>Theory of Change</b>	Provide comments and feedback	January 9th	email
<b>Evaluation Framework</b>	Provide feedback on contents	January 9th	Email, during subcommittee, or in individual meetings

#### **Feedback Included:**

- Participants discussed the appropriateness of terms such as 'blood pressure control' versus 'management,' the need to address disparities and population-level variation, and the inclusion of self-monitoring as a measurable outcome.
- Align recommended metrics with those used by the HCA and WA Common Measure Set, and need to consider evolving standards (e.g., changes in blood pressure targets and the inclusion of diabetes-related measures like BPD).
- Availability of population level data on blood pressure screening is low – many limitations
  - TRAX project is working on chronic disease surveillance, but current assessments of BP screening/prevalence rely on sources like BRFSS and CMS data. No comprehensive state level system capturing all individuals' blood pressure screening status.
  - Over 50% of adults with hypertension are unaware of their condition – lack of reporting on screening metrics compared to control metrics. Many challenges to capturing screening data such as the rise of telehealth and non-traditional healthcare encounters

### **CLOSING & NEXT STEPS**

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Karie thanked all for attending, providing time for public comment and reviewed upcoming events. The next workgroup meeting will be held **January 15<sup>th</sup>, 2026, 3-4:30PM PST Hybrid**