



## Eliminating Inequities in Hypertension Control

“...identify health care services for which there are substantial variation in practice patterns or high utilization trends in Washington state, without producing better care outcomes for patients, that are indicators of poor quality and potential waste in the health care system.”

<b>PROBLEM STATEMENT:</b>	
<p>29.6% of Washingtonians have been told by a provider that they have high blood pressure (HTN),<sup>i</sup> and there are disparate rates of HTN between urban and rural settings.<sup>ii</sup> Black individuals have disproportionate rates of HTN prevalence and higher complication burden which is likely the outcome of inadequate therapy and control.<sup>iii</sup> Hypertensive disorders of pregnancy (HDP) have also been increasing, leading to more hospitalizations for hypertension during pregnancy.<sup>iv</sup> Washingtonians do not receive the same standard of care across the state with variation in therapy selection and care delivery models.<sup>vi</sup> Many patients require multiple medications to control their blood pressure; consensus guidelines for medication selection are based on clinical improvement rather than drug class and often requires BP monitoring and dose titration, which can lead to clinical inertia and ineffective blood pressure control.<sup>vii</sup> HTN is one of the most common conditions in the United States - approximately 110,000 lives could be saved across all marketplace segments nationally if all plans met and sustained the 66<sup>th</sup> percentile for the HEDIS measure for controlling Blood Pressure (CBP).<sup>viii</sup> Aligning stratified quality metrics for blood pressure control to drive quality improvement centered on reducing inequities in quality of care can save the lives of many Washingtonians!</p>	
<b>DOES THE TOPIC HAVE (CHECK ALL THAT APPLY):</b>	
<input checked="" type="checkbox"/> VARIATION IN CARE	<input checked="" type="checkbox"/> SAFETY CONCERNS
<input checked="" type="checkbox"/> HIGH COST AND POOR OUTCOMES	<input checked="" type="checkbox"/> EQUITY CONCERNS
<b>PROPOSED SCOPE:</b>	
<p><u>Scope:</u> Emphasizing aligned quality metrics for blood pressure control to drive quality improvement initiatives in health plans and delivery systems, uplifting evidence-based strategies for population level blood pressure control such as team-based care and integration of self-management and monitoring strategies, and interventions to address racism and discrimination in healthcare, and public health initiatives that engage underserved communities.<sup>ix</sup></p> <p><u>Out of Scope:</u> hypertensive crisis management, common co-occurring conditions such as HLD/CKD, improving screening practices, workup for secondary hypertension</p>	
<b>EVIDENCE-BASED IMPACT STRATEGY:</b>	
<p><i>Providers/Delivery Systems:</i> Implement team-based models of care to improve capacity for medication management, integrate referrals to community programs for support with health-related social needs, integrate self-management support and workflows that deliver care outside of the office visit (nurse telephone visit, e-message). Institute quality improvement initiatives focused on equity in hypertension control. Explore interventions to address structural racism in healthcare.</p> <p><i>Plans:</i> Extend pharmacy benefit to assume dual and quad therapy required to achieve BP control. Modify processes including Prior Authorization requirements to increase access to anti-hypertensive meds.<sup>x</sup> Contract in value-based arrangements linked to stratified quality metric for blood pressure control, and drive quality improvement initiatives for populations disproportionately impacted.</p> <p><i>Purchasers:</i> Provide employee incentives and support for lifestyle and behavioral modifications such as exercise memberships and food assistance. Provide onsite blood pressure screening to support employee awareness.</p> <p><i>Public Health:</i> Implement culturally relevant outreach to engage marginalized populations at higher risk for high blood pressure</p>	

**AVAILABLE DATA:**

Claims data, prescription monitoring, HEDIS measures stratified by race/ethnicity, Community CheckUp – measure comparisons between ACHs, Health Plans, Clinics

**POTENTIAL PARTNERS:**

- UW DC Dugdale HTN pathway, ACHs, HCA, Comagine, WHA,

**HOW COULD THE BREE UNIQUELY IMPACT THE HEALTH OF WASHINGTONIANS**

The Bree Collaborative could support alignment of delivery systems and around using a common quality metrics for blood pressure control stratified by race, ethnicity and geography that can drive QI work to improve hypertension control with special attention to underserved populations

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<sup>i</sup> [Explore High Blood Pressure in Washington | AHR \(americashealthrankings.org\)](https://www.aahr.org/press-releases/2022/08/22/2022-08-22-explore-high-blood-pressure-in-washington)

<sup>ii</sup> Fryar CD, Ostchega Y, Hales CM, Zhang G, Kruszon-Moran D. Hypertension Prevalence and Control Among Adults: United States, 2015-2016. *NCHS Data Brief*. 2017;(289):1-8.

<sup>iii</sup> Vogel MT, Petrescu-Prahova M, Steinman L, et al. Partnerships for Blood Pressure Control in Washington State, December 2016-July 2017. *Health Promot Pract*. 2021;22(1):52-62. doi:10.1177/1524839919853819

<sup>iv</sup> Santos J, Schenone MH, Garovic VD. Early Identification of Individuals at Risk for Hypertensive Disorders of Pregnancy. *JAMA Netw Open*. 2023;6(9):e2334858. doi:10.1001/jamanetworkopen.2023.34858

<sup>v</sup> Brownstein JN, Chowdhury FM, Norris SL, et al. Effectiveness of Community Health Workers in the Care of People with Hypertension. *Am J Prev Med*. 2007;32(5):435-447. doi:10.1016/j.amepre.2007.01.011

<sup>vi</sup> Vogel MT, Petrescu-Prahova M, Steinman L, et al. Partnerships for Blood Pressure Control in Washington State, December 2016-July 2017. *Health Promot Pract*. 2021;22(1):52-62. doi:10.1177/1524839919853819

<sup>viii</sup> Ostchega Y, Fryar CD, Nwankwo T, Nguyen DT. Hypertension Prevalence Among Adults Aged 18 and Over: United States, 2017-2018. *NCHS Data Brief*. 2020;(364):1-8.

<sup>ix</sup> Schoenthaler, EdD A, Lancaster, PhD K, Midberry, Mph S, et al. The FAITH Trial: Baseline Characteristics of a Church-based Trial to Improve Blood Pressure Control in Blacks. *Ethn Dis*. 2015;25(3):337. doi:10.18865/ed.25.3.337