

The Bree Collaborative
Draft Blood Pressure Control Equity Charter and Roster

Problem Statement

High blood pressure or hypertension (HTN), which can lead to heart disease and/or stroke, impacts about half of American adults.¹ However, only 16.1% of those adults have their high blood pressure under control through medication and lifestyle changes, with disparities based on race, ethnicity, education, income, living in an urban or rural setting, and other social drivers of health.^{2,3,4} Black individuals have disproportionate rates of HTN prevalence and higher rates of complications.⁵ Washingtonians do not receive the same standard of care across the state (e.g., multiple medications, accurate dose titration) with variation in therapy selection and care delivery models.^{6,7,8,9} Improving blood pressure control quality metrics stratified by social drivers of health has promise to reduce inequities in morbidity and mortality related to HTN.

Aim

To decrease inequities and improve overall blood pressure control in Washington state.

Purpose

To propose evidence-informed guidelines to the full Bree Collaborative on practical methods to reduce inequities and the total burden of hypertension in Washington state, including:

- Identifying at risk populations and opportunities to improve screening and outreach.
- Reviewing and identifying current, actionable and relevant hypertension treatment guidelines.
- Identifying strategies to improve blood pressure control in communities that experience disproportionate burden of high blood pressure (e.g. integrated TEAM care).
- Addressing barriers leading to population-level gaps in care or inequities.
- Funding mechanisms to incent addressing inequities in blood pressure control and facilitate models of high-quality care.
- Strategies to integrate high-quality self-monitoring programs into delivery settings.
- Other areas, as indicated

Out of Scope

- Managing hypertensive crisis
- Managing gestational hypertension
- Managing complications related to hypertension
- Population under 18 years old

Duties & Functions

The workgroup will:

- Research evidence- and expert-opinion-informed guidelines and best practices (emerging and established).
- Identify care caps with a focus on SDOH leading to disparities in specific communities
- Identify incentives to improve care (e.g., HEDIS, CMS)
- Identify current barriers and future opportunities for implementing interventions.

- Consult relevant professional associations and other stakeholder organizations and subject matter experts for feedback, as appropriate.
- Meet for approximately nine months, as needed.
- Provide updates at Bree Collaborative meetings.
- Post draft report(s) on the Bree Collaborative website for public comment prior to sending report to the Bree Collaborative for approval and adoption.
- Present findings and guidelines in a report.
- Recommend data-driven and practical implementation strategies including metrics or a process for measurement. *(may be included in the evaluation framework)*
- Create and oversee subsequent subgroups to help carry out the work, as needed.
- Revise this charter as necessary based on scope of work.

Meetings

Less than the full workgroup may convene to: gather and discuss information; conduct research; analyze relevant issues and facts; or draft recommendations for the deliberation of the full workgroup. A quorum shall be a simple majority and shall be required to accept and approve recommendations to send to the Bree Collaborative.

The workgroup will hold meetings as necessary. Bree Collaborative staff will conduct meetings, arrange for the recording of each meeting, and distribute meeting agendas and other materials prior to each meeting. Additional workgroup members may be added at the discretion of the Bree Collaborative director.

Workgroup Members

Name	Title	Organization
Norris Kamo, MD, MPP (chair)	Section Head, Adult Primary Care	Virginia Mason Medical Center
Jake Berman, MD (vice chair)	Medical Director for Population Health	UW Medicine, UWM Primary Care and Population Health
Mia Wise, MD	Chief Medical Officer	Kinwell Health
Albert Tsai, MD	VP	AHA Puget Sound
Elhami Hannan, MD	Nephrologist	Kadlec Medical Center
Nicholas P Koenig, MD	Internal Medicine	KP
Elizabeth C Slye, RN	Registered Nurse	
Kimberly Parrish	Director, Clinical Excellence	WSHA
Josephine Young, MD	Medical Director, Commercial Markets	Premera
Laura Hanson, PharmD	Pharmacist	Virginia Mason
Nicole Treanor, RD	Registered Dietician	
Jordan Despain, MD	Family Medicine	Confluence
Kristina Petsas, MD	Market Chief Medical Officer, PNW, AK and HI	UnitedHealthcare
Theresa Kreiser, MS	Senior Improvement Advisor	Comagine
Kristina Gangsaas,	Community Health Supervisor	YMCA
Mary Beth McAteer	Librarian	Virginia Mason
Molly Parker, MD, MPH	Population Health	Jefferson Healthcare

Jessica Beach, MPH, MPA	Health Equity Director	Molina Healthcare
Leo Morales, MD	Assistant Dean for Healthcare Equity and Quality Co-director Latino Center for Health	UW School of Medicine University of Washington
Chris Longnecker, MD Eugene Yang, MD	Cardiologist Clinical Professor of Medicine, Division of Cardiology	University of Washington
Dionna Washington	Peer Navigator	Harborview Adult Medicine Clinic

¹ <https://www.cdc.gov/high-blood-pressure/data-research/facts-stats/index.html>

² [https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/increase-control-high-blood-pressure-adults-hds-05/data?group=Obesity%20status%20\(20%20years%20and%20over\)&from=2017&to=2020&state=United%20States&populations=#edit-submit](https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/increase-control-high-blood-pressure-adults-hds-05/data?group=Obesity%20status%20(20%20years%20and%20over)&from=2017&to=2020&state=United%20States&populations=#edit-submit)

³ 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

⁴ 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.

⁵ 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

⁶ 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

⁷ 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

⁸ 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.

⁹ 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