

U.S. health care should follow this blueprint to boost BP control

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There has been inadequate and worsening control of high blood pressure in the United States. This has likely been exacerbated by the COVID-19 pandemic, which exposed shortcomings of the health care delivery system. But there is a blueprint for change that clinicians and health care delivery systems can follow to improve blood-pressure control, says a new article.

Published in the *American Journal of Medical Quality*, “Controlling High Blood Pressure: An Evidence-Based Blueprint for Change,” was co-written by Gregory Wozniak, PhD, director of outcomes analytics in Improving Health Outcomes at the AMA, and Alison P. Smith, MPH, BSN, RN, program director for the AMA and American Heart Association (AHA) Initiative to Control Blood Pressure, along with experts from Jefferson College of Population Health, Rush Medical College, University of Minnesota, Johns Hopkins University and AHA, among others.

With BP control dropping among American adults, the American College of Medical Quality (ACMQ) hosted a group of nationally recognized high blood pressure experts, chief quality officers, health system leaders, accountable care organizations, government and public health officials, health plan executives and professional societies, and trainees from the ACMQ Student, Resident and Fellow section at their meeting in Bethesda, Maryland, in 2019. From this session, recommendations were made to create a “Blueprint for Change,” which should be implemented across the health continuum.

Here are the eight recommendations of the Blueprint for Change for adults with high blood pressure.

Commit resources for accurate BP

Health system and payer leadership should commit appropriate resources to ensure accurate blood pressure measurement. These resources should include the appropriate use of validated, calibrated blood pressure monitoring devices and regular BP measurement training for the health care

professionals every 6–12 months. This should be consistent with current clinical practice guidelines across the entire health system.

Encourage, support home BP monitoring

Health system and payer leadership should strongly encourage and support self-measured blood pressure (SMBP) monitoring for all patients with hypertension. Health care leaders should also ensure accurate SMBP measurements and secure data collection.

Assess ASCVD risk

Health systems should designate appropriate resources, such as funds and training, to ensure adults between 40 and 70 years old are consistently evaluated for atherosclerotic cardiovascular disease (ASCVD) risk estimation as well as subsequent guideline-based opportunities for prevention.

Address social determinants of health

Race, ethnicity, racism and discrimination, socioeconomic status, geography, housing and health care access are key social determinants of health associated with blood-pressure control. Health care leaders should strongly encourage and promote adequate resources to assess and address social determinants of health in clinical settings for patients with high blood pressure.

Use shared decision-making

Health care leaders should provide appropriate “resources to implement a standardized process of evidence-based interventions,” says the article. These should be designed to engage patients and their providers in shared decision-making. It should also be tailored to their personal benefits, goals and values to improve BP control.

Implement team-based care

Adequate resources should be available for health systems and practices to implement team-based care. Through team-based care, health care professionals can fully support and achieve successful

care for patients with high blood pressure.

Evaluate and monitor success

The AHA and American College of Cardiology Clinical Performance and Quality Measures for Adults with High Blood Pressure offers a framework for health systems and payers to evaluate and monitor the success of initiatives designed to improve guideline-based care delivery for the 120.5 million U.S. adults with high BP.

Care delivery and health system redesign

Managerial, clinical and operational leaders in health care should actively collaborate at the local, regional and national levels. This will allow leaders to create and support a coordinated system of guideline-based care delivery for adults with high blood pressure.

Consistent with the blueprint recommendations outlined in this publication, the AMA has developed online tools and resources created using the latest evidence-based information to support physicians and other health professionals to help manage their patients' high BP. These resources are available to all clinicians and health systems as part of Target: BP™, a national initiative co-led by the AMA and AHA.

Target: BP offers annual, recurring gold-level recognition for all participating sites that achieve hypertension control rates of 70% or higher among their adult patient population, and participation level recognition for those sites that prioritize improving BP control each year and submit data. In 2020, more than 1,000 organizations were recognized for their efforts focusing on BP control within the populations they serve.