In the U.S., blood-pressure control improved from 31.8% in 1999 to 48.5% in 2008. That rate peaked at 53.8% in 2014, but then fell to 43.7% between 2017 and 2018, according to an article published in the American Journal of Hypertension. Yet access to care remained unchanged. This may suggest that health care quality for diagnosing and managing high BP has fallen.

To determine how to reverse this downward trend in hypertension control, the National Heart, Lung and Blood Institute and the Division for Heart Disease and Stroke Prevention of the Centers for Disease Control and Prevention (CDC) convened a virtual workshop with national experts.

This group of experts developed a set of nine “big ideas” for activities that may improve hypertension control.

**Patient-centered hypertension care**

“Designing hypertension care around the patient and adopting the patient-centered medical home approach has been shown to improve BP control, self-efficacy and medication adherence,” says the article, co-written by Brent Egan, MD, who also serves as vice president of cardiovascular disease prevention at the AMA.

Adopting flexible care models and delivery mechanisms such as mobile health units, telehealth and pharmacist extenders can help meet the needs of diverse patients.

**Simplify hypertension treatment**

One way to simplify hypertension treatment and reduce therapeutic inertia is with single-pill combinations of antihypertensive medications. Through single-pill combinations, patients are more
likely to take their medications, achieve lower BP values, have higher rates of hypertension control and experience lower rates of cardiovascular disease and death.

Target: BP™?, a national initiative co-led by the AMA and American Heart Association (AHA), provides guidance on simplifying hypertension treatment.

Support self-measured BP

To encourage wider use of self-measured blood pressure (SMBP) monitoring, health care organizations should include this in quality measures. And while clinical quality measures have recently started including patient-generated BP readings, health IT solutions that can seamlessly import BP readings into EHRs are still needed, says the article.

Implement telehealth

“Telemedicine in hypertension management should include remote monitoring and transmission of vital signs (notably BP) and medication adherence plus education on lifestyle and risk factors, with video consultation as an option,” says the article, citing expert opinion.

Discover why telehealth is key to turning the tide on BP control.

Incentivize team-based care

Another best practice is implementing team-based care with medication titration by physicians. This results in mean systolic blood pressure reductions of 5.7- and 6.6-mm Hg, respectively. For example, adding a pharmacist to the team can improve hypertension control. This resulted in a mean systolic blood pressure reduction of 6.1 mm Hg.

Enhance community-clinical linkages

“Strong linkages and synergies between the clinic and community can improve the management of chronic conditions,” the article notes. This ranges from networking—such as information exchange between the community and clinic—to merging, meaning both entities operate as one with roles and culture blended.
Use performance and quality metrics

The 2019 AHA and American College of Cardiologist Clinical Performance and Quality Measures for Adults with High Blood Pressure informs the assessment of adherence to hypertension guidelines in clinical practice. Treatment standardization can be achieved by providing disseminated quality improvement metrics that demonstrate clinician performance compared with team-based performance, says the article.

Enhance access to high-quality care

“Having health insurance does not equate to uniform coverage, benefits or access, and people who are ‘underinsured’ may face similar barriers as those without insurance,” says the article. “High-quality hypertension management may consider removing barriers to achieving control and may be supported by focused insurance coverage of essential elements.”

Customize public health messaging

Effective messaging led to public health success in the 1960s and 1970s, but the current trend in hypertension control warrants additional education programs. On top of that, public health messaging should be tailored to diverse populations. Mass social media strategies can help, says the article.

Other tips for addressing hypertension are available through AMA MAP BP™, a leading evidence-based quality improvement program that provides a clear path to significant, sustained improvements in BP control. Offered at no cost, with AMA MAP BP, health care organizations can increase BP-control rates quickly. The program has demonstrated a 10% increase in BP control in six months with sustained results at one year.