Purpose: This Improving Blood Pressure Control for African Americans Roadmap is a tool to help organizations achieve ≥80% blood pressure control for their African American – and all – patients with hypertension.

Overview: Organizations should start by focusing on core evidence-based strategies that provide a strong foundation for success. Once in place, organizations should build on their **core strategies** by implementing additional interventions and activities in the **electives** column and, when ready, in the **capstone** column. This tool organizes groups of interventions and activities to help organizations develop a deliberate strategy or approach to their hypertension management efforts.

Step-by-Step Instructions:

1. Determine your organization's current blood pressure control performance rate for African American's with hypertension.
2. Identify **the range of BP control rates** in the table in which your organization's current performance rate falls. Then look to see which set of intervention strategies and activities are aligned with your performance range.
3. Prioritize implementing the intervention strategies and activities that correspond to your current performance range.
4. Use your current set of intervention strategies and activities as a reference to guide your next steps. Plan to implement interventions/activities in the next column to continue improving blood pressure control for African Americans.

Improving Blood Pressure Control for African Americans Roadmap

	Core Strategies	Electives	Capstone
BP Control Range	<60% BP Control for African Americans	61 - 79% BP Control for African Americans	≥ 80% BP control for African Americans
Goals	• ≥15% improvement in BP control for African Americans OR • ≥10 mmHg reduction in average systolic BP for African Americans	• ≥10% improvement in BP control for African Americans OR • ≥10 mmHg reduction in average systolic BP for African Americans	• 1+ emerging best practice • Apply to be a Million Hearts Hypertension Control Champion
Increase Medication Intensification /Optimize Therapy	☐ Train clinicians on guideline-supported treatment algorithm, (e.g., AMA Hypertension Treatment algorithm) ☐ Embed algorithm into care processes ☐ Develop care gap reports to address therapeutic inertia ☐ Develop population health registries and point of care clinical decision support to identify: ◯ Patients with uncontrolled hypertension ◯ Patients with uncontrolled hypertension: • Not on a guideline-recommended therapy • On mono-therapy ◯ Patients with undiagnosed hypertension	☐ Develop collaborative practice agreements for pharmacists: ◯ Refill Authorization ◯ Medication titration Formulary Management ☐ Plan for SMBP ◯ Develop practice protocols, e.g.: • Training patients to perform SMBP • Transmission of SMBP readings to care team ◯ Designate/configure structured fields to document SMBP averages and related data elements in EHR ☐ Implement SMBP ◯ Train all eligible patients and teams to use evidence-based measurement protocol ◯ Use SMBP average to confirm diagnosis, assess control, and guide treatment	☐ Focus on hard to reach patients and those with "resistant" hypertension
Increase Touchpoints	☐ Establish frequent follow-up protocol for patients with uncontrolled hypertension (e.g., 2-4 weeks), including use of telemedicine	☐ Data-driven patient outreach ☐ Non-billable nurse/MA visits for blood pressure checks ☐ Optimize telemedicine for frequent follow up	☐ Tailored outreach to patients engaged in SMBP ☐ Develop other innovative strategies to increase care delivery capacity (e.g., community partnerships)
Improve Medication Adherence	☐ Assess for non-adherence (e.g., questionnaires, pill counts, contextual flags, missed appointments, infrequent refills) Offer solutions: ◯ Prescribe low-cost generics ◯ Prescribe single-pill combination therapy ◯ Align prescription refills ◯ Reminders/approaches to address "forgetfulness"	☐ Expand care team encounters to include medication education and adherence coaching	☐ Partner with payers or pharmacies to obtain prescription fill data ☐ Measure medication adherence ◯ Proportion of days covered ◯ Medication possession ratio
Improve Patient Engagement	☐ Apply shared-decision making at initiation of treatment plan and throughout ☐ Use collaborative communication skills in conversations (e.g., non-judgmental, ask about side effects, ask about cost and logistical issues)	☐ Assist patients with obtaining validated, automated home BP measurement devices with appropriately-sized upper arm cuffs ☐ Use SMBP and available telemedicine modalities to engage patients in self-management	☐ Develop other innovative strategies to increase patient engagement among African Americans* ◯ Culturally sensitive patient-centered interventions that address self-management barriers ◯ Interventions that leverage social networks ◯ Interventions that address racial health inequities and their structural determinants