

## Background

Mirroring national trends, Black/African American primary care patients at UCSF with hypertension had much lower levels of blood pressure control than the overall population

Pre-interventions	Blood Pressure Control %*	February 2020
Black/African American patients		67.6%
Overall Population		77.8%

\*HEDIS Controlling High Blood Pressure measure PRIME performance rolling 12-month data measuring percentage of patients with HTN with BP reading <140/90 in the most recent 12 months

## Project Goals

The goal of the project was to achieve the FY21 True North Board Quality and Safety Pillar Target of 73.0% of Black/African American patients meeting the PRIME Controlling High Blood Pressure measure.

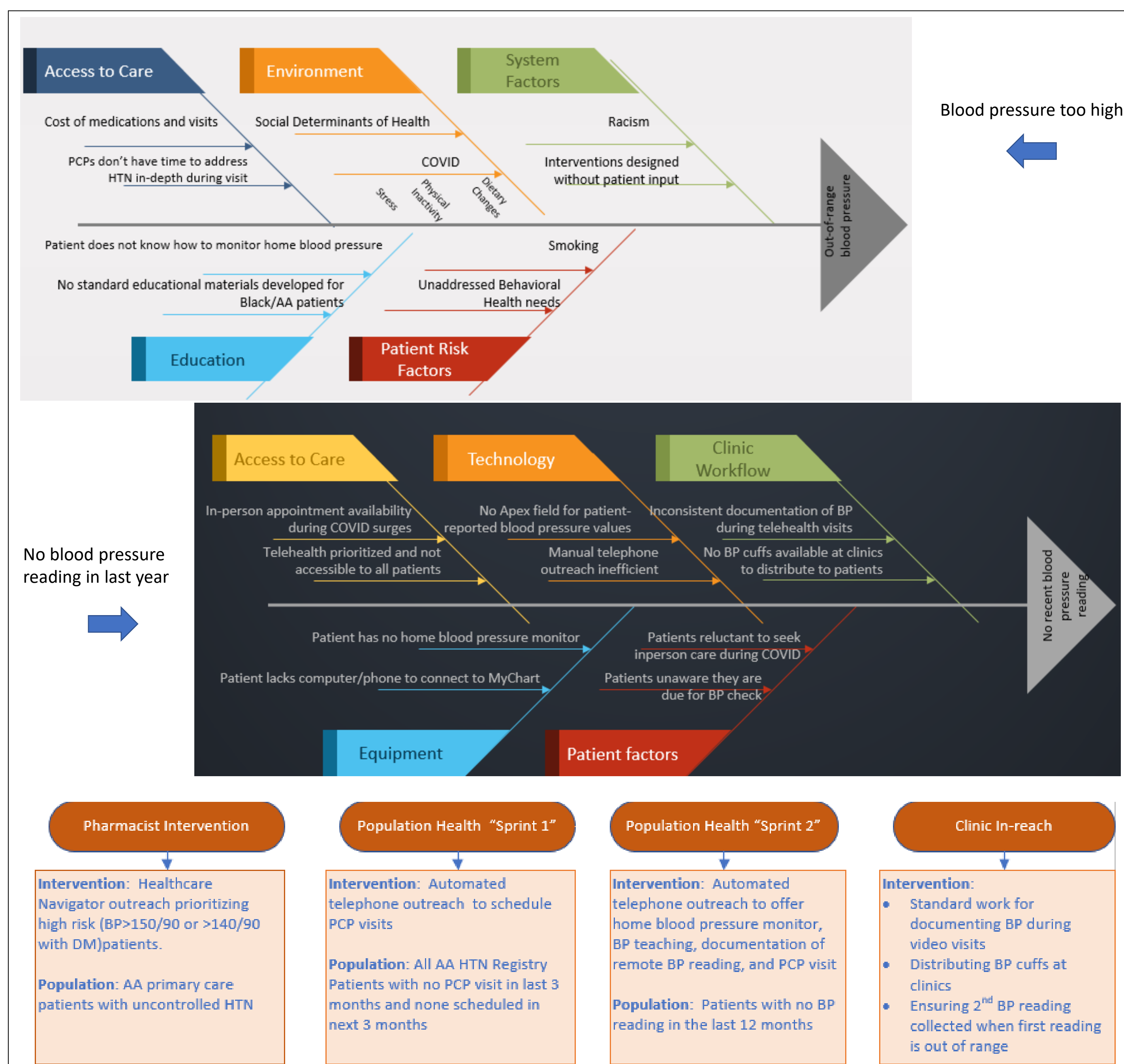
Achieving Our True North Goals  
 FY21 Performance Scorecard

Quality & Safety	FY20	Month	FY21
Hypertension Control PRIME population Health Equity: Active disparity improvement project	Black/AA: 70.6% Overall: 77.10%	N/A  Jun-21	Black/AA: 73.1% (n = 407/557) Overall: 74.3% (n = 2,351/3,174)

**PROBLEM STATEMENT** Black/African Americans are more likely to have hypertension than patients of other races and are more likely to have uncontrolled hypertension, resulting in higher risk of heart attack, stroke, and premature death. While UCSF Primary Care implemented interventions at the clinic level, measurable sustainable progress had not been made toward eliminating this disparity.

# WE IMPROVED BLOOD PRESSURE CONTROL IN BLACK/AFRICAN AMERICAN PATIENTS WITH HYPERTENSION AND REDUCED DISPARITIES BY 87% THROUGH A MULTIFACETED INTERVENTION IN PARTNERSHIP WITH PRIMARY CARE, PHARMACY AND POPULATION HEALTH

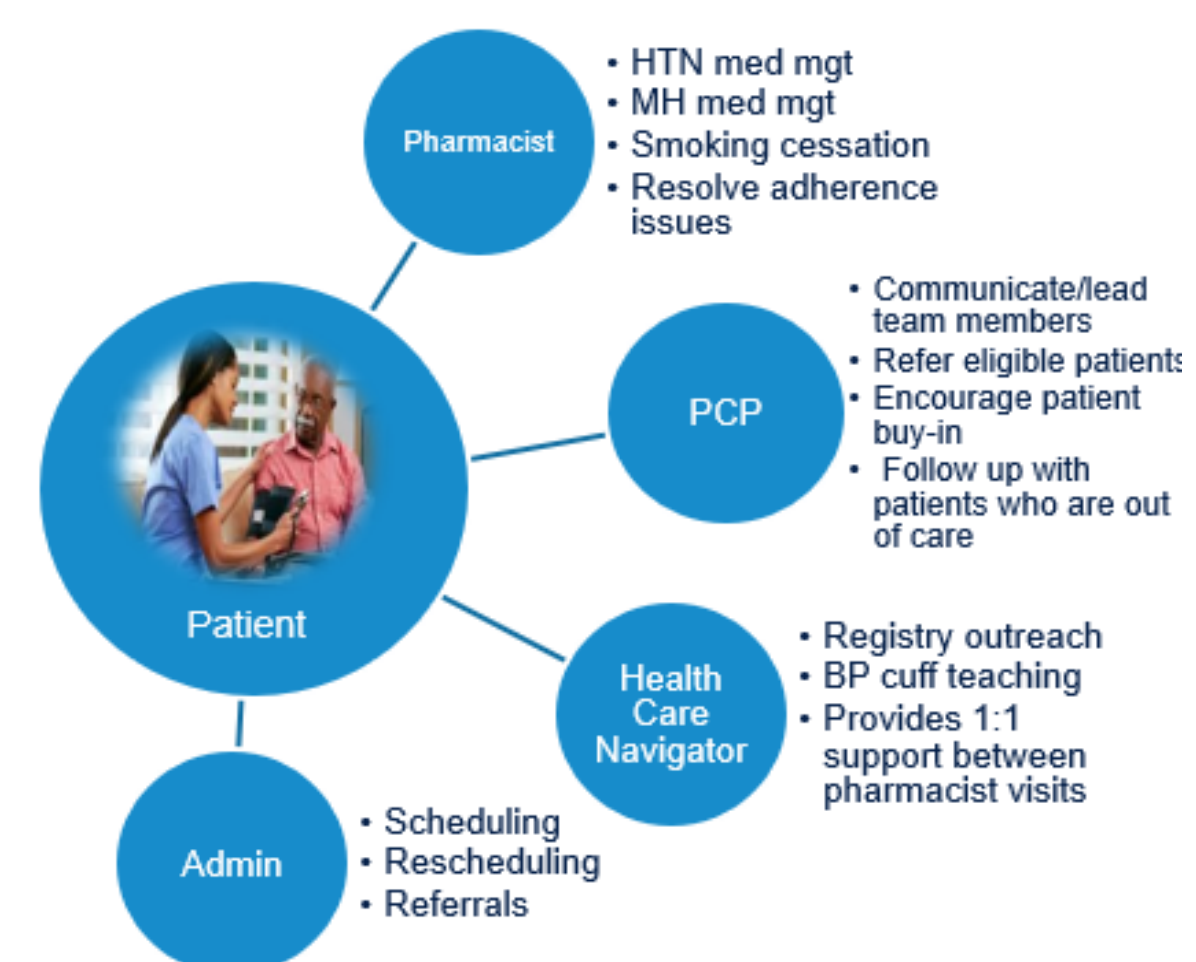
## Project Plan and Intervention(s)



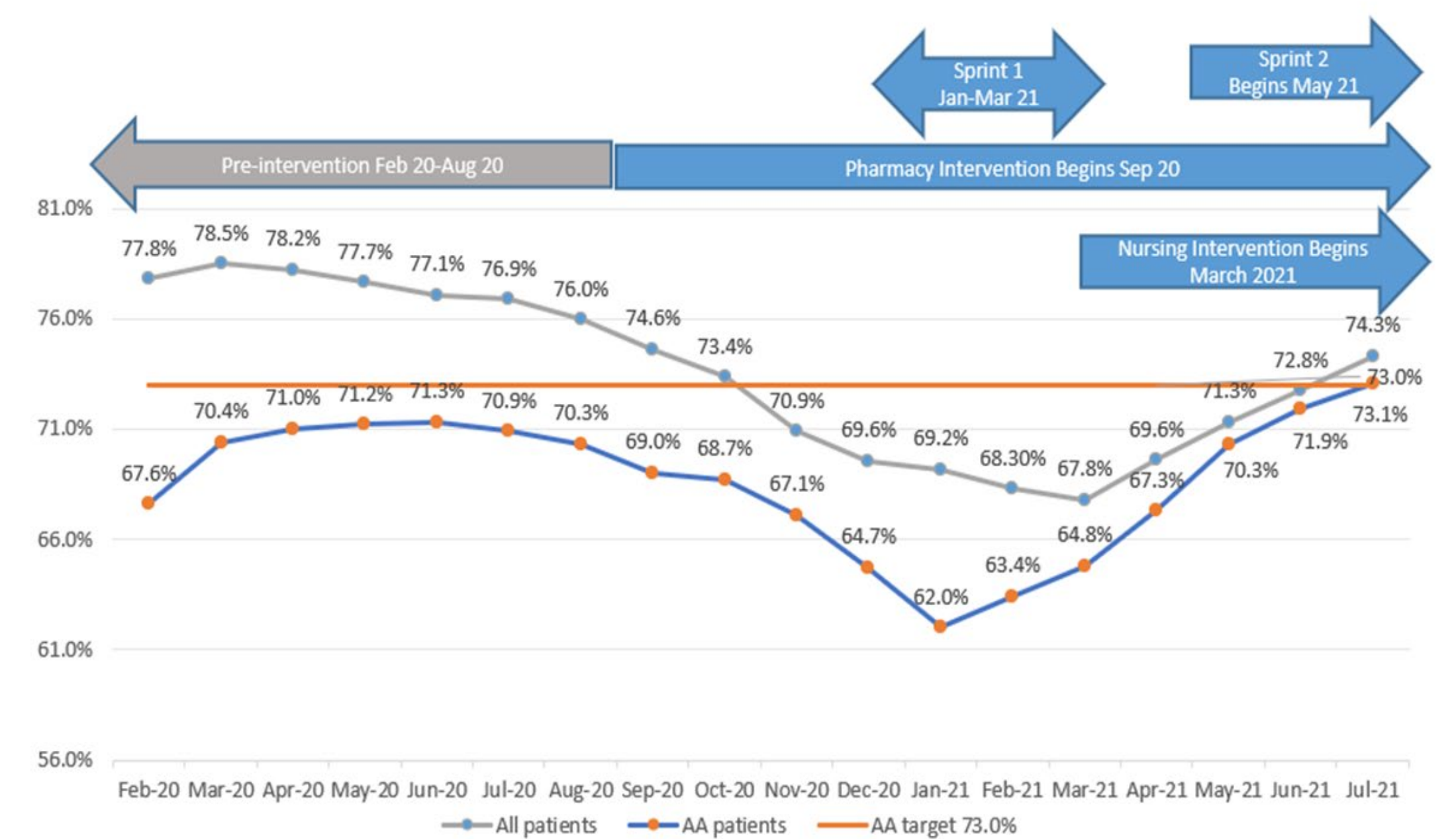
## Project Results & Impact

Health Equity-informed effort considering:

- ❖ **Incorporating the patient voice**
  - Interviews with Black/AA patients completed during design phase of the project
- ❖ **Culturally competent care**
  - Population Health disparities workgroup developed educational materials tailored to Black/AA patients
- ❖ **Racial concordance of patients/care team members**



Hypertension Disparity Reduction Results  
 Black/African American Blood Pressure Control (PRIME Rolling 12-month data)



## Conclusions, Next Steps, & Lessons Learned

**Conclusion:** Acknowledging the systemic racism behind disparities in blood pressure control for Black/AA patients, our program was successful through multiple complementary interventions in reducing hypertension disparities.

- Next Steps:**
- Continue targeted work to maintain gains made in reducing disparity in blood pressure control for Black/African American patients
  - Expand program to other disparity populations (e.g. patients with Medicaid) and chronic conditions (e.g. Latinx patients with diabetes) in FY22
  - Sustain and scale program to serve primary care patients with diabetes, hypertension and hyperlipidemia in FY23

- Dissemination**
- Communicated project and findings to other University of California health systems through the UCOP Hypertension Workgroup
  - Presented findings at Population Health conferences in 2022

- Lessons Learned:**
- High risk patients benefited intensive program with pharmacist visits and 1:1 health coaching to address social determinants of health
  - Some of the challenges our team faced:
    - COVID
    - Gaining trust from patients
    - Move from in-person care to telehealth and remote monitoring
    - Sustainability