Reducing Disparities in Blood Pressure Control in Black/African American Primary Care Patients With Hypertension

N. Appelle, K. Cheng, C. McGuirk, E. McNey, N. Soares, N. Yang, Primary Care Services
A. Calderon, C. Connors, R. Cruz, K. Gagliardi, M. Morrell, M. Pascual, T. Tolliver, Office of Population Health
S. Hsia, M. Stebbins, S. Wong, School of Pharmacy

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 Pre-interventions February 2020

- Black/African American patients: 67.6%
- Overall Population: 77.8%

*HEEDS 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.

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.

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

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.

Project Goals

Project Plan and Intervention(s)

- 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 Results & Impact

- Conclusions, Next Steps, & Lessons Learned

- Common systematic 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

UCSF Health Improvement Symposium 2022