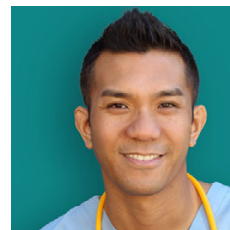


Health Plans and Managed Care Organizations



High blood pressure control is possible.

Nearly 1 in 2 adults has high blood pressure (also known as hypertension). This common condition puts people at higher risk of heart disease and stroke, which are two of the leading causes of death, disability, and health care costs.

Millions of people who have high blood pressure do not have it under control. Control is possible, but little progress has been made in the past 10 years. Some population groups also have higher rates of disease and death associated with high blood pressure, which creates health disparities across communities, and programs and interventions likely require tailoring to increase effectiveness.

We know that high blood pressure can be controlled to reduce health risks. Many different groups will need to come together to support the use of proven strategies in every community and for every population group. High blood pressure control must be a national priority.

How You Can Help

More than 65% of the U.S. population is covered by private health insurance. For insurance companies, there are short-term costs associated with treatments and interventions designed to improve high blood pressure control among their beneficiaries. Examples include antihypertensive medications, home blood pressure monitors, and approved lifestyle programs.

But over time, these treatments and interventions reduce the risk and costs associated with adverse cardiovascular outcomes. These costs include hospitalization for a heart attack, stroke, or heart failure, as well as care services related to cardiac rehabilitation or management of end-stage kidney disease.

Together, we've got this!

We've 
Got This!

Actions You Can Take

- Reduce or eliminate out-of-pocket costs for antihypertensive medications, especially in forms that encourage medication adherence. Examples of these forms include longer-duration prescriptions (90 vs. 30 days), fixed-dose combination pills, and lower dosing frequency (one time a day).
- Provide coverage for automated home blood pressure monitors for patients. Reimburse clinicians for the time they spend training patients to use these monitors and the time they spend interpreting the readings submitted by patients.
- Reimburse pharmacists who provide medication therapy management, medication adherence assessments, and counseling.
- Expand access to prevention programs designed to help people make lifestyle changes and improve their overall cardiovascular health, such as tobacco cessation and type 2 diabetes prevention programs.
- Provide incentives to clinicians and beneficiaries to encourage them to achieve high blood pressure control, especially among populations at high risk or with high rates of disease and death.

Selected Resources

Centers for Disease Control and Prevention:

- [6|18 Initiative: Accelerating Evidence into Practice, Controlling High Blood Pressure](#)
- [National Diabetes Prevention Program: Information for Health Care Professionals](#)

Million Hearts®: [Cardiovascular Health Medication Adherence: Action Steps for Health Benefit Managers](#)

American Medical Association: [SMBP CPT® Coding](#)

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