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**

As a health care professional, you see many patients with high blood pressure who do not have this condition under control. You can help improve high blood pressure control in the United States by identifying populations at highest risk and highlighting the resources needed in the communities you serve. You can also share your firsthand knowledge about the problems associated with uncontrolled high blood pressure.

To ensure that the care you provide is cost-effective, evidence-based, and focused on achieving control across all populations, you can commit to following the most current clinical guidelines for patient care and high blood pressure control.

**Actions You Can Take**

- Implement protocols to standardize patient care. Treatment protocols can help identify patients eligible for clinical management, reduce variations in care, prompt medication initiation and intensification, standardize timely patient follow-up, and reinforce lifestyle counseling and referrals. They can also empower all members of the clinical team to engage in patient management.

- Refer all patients with high blood pressure to lifestyle change resources to help them control their blood pressure and improve their overall cardiovascular health. Examples include dietitians, exercise physiologists and specialists, community-based programs and resources, and the National Diabetes Prevention Program. Ensure follow-up with patients after referrals.

- When possible, prescribe in a way that lowers patient costs, reduces barriers to getting medications, and simplifies regimens to improve adherence. Examples include selecting generic drugs covered by the patient’s insurance, longer-duration prescriptions (90 vs. 30 days), fixed-dose combination pills, and lower dosing frequency (one time a day).

- Prescribe medications electronically and synchronize medication regimens to reduce the chance that patients will lose or not fill their prescriptions.

- Use self-measured blood pressure monitoring with clinical support for patients with high blood pressure.

- Use data from clinician dashboards and patient registries to highlight gaps in care so they can be addressed through quality improvement efforts.

- Encourage the use of multidisciplinary care teams to help patients manage their blood pressure. Support shared decision-making and effective communication between teams and patients.

**Selected Resources**

- Million Hearts®:
  - Hypertension Treatment Protocols
  - Hypertension Control Change Package
- Target: BP: CME Course: Using SMBP to Diagnose and Manage HBP
- American Medical Association:
  - SMBP CPT® Coding
  - U.S. Blood Pressure Validated Device Listing

**Centers for Disease Control and Prevention:**

- Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team
- National Diabetes Prevention Program: Information for Health Care Professionals
- Community Health Workers (CHW) Inclusion Checklist

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