



Heart Disease and Stroke Prevention: Team-based Care to Improve Blood Pressure Control

Summary of Community Preventive Services Task Force Recommendation *

The Community Preventive Services Task Force (CPSTF) recommends team-based care to improve blood pressure control¹ and finds the intervention approach is cost-effective.

Major Findings *

The CPSTF finding is based on updated evidence from a systematic review of 54 studies (search period January 2012 to June 2020).

- Team-based care increased the proportion of patients with controlled blood pressure by a median of 8.5 percentage points (39 studies).
- Blood pressure measurements were reduced by a median of 3.5 mmHg (systolic, 44 studies) and 2.1 mmHg (diastolic, 35 studies).



A systematic review of economic evidence from 27 studies shows team-based care interventions to improve blood pressure control are cost-effective. The median cost per quality adjusted life year (QALY) gained was \$24,472, which is below a conservative threshold of \$50,000 (11 studies).

What is Team-based Care to Improve Blood Pressure Control? *

It is a health systems-level, organizational intervention that uses a multidisciplinary team to improve the quality of care. Teams include patients, primary care providers, and other professionals such as nurses, pharmacists, dietitians, social workers, and community health workers. Team responsibilities include medication management, patient follow-up, and adherence and self-management support.

Team-based care interventions typically facilitate communication and coordination of care support; enhance use of evidence-based guidelines; establish regular, structured follow-up mechanisms to monitor patients' progress and schedule visits; and actively engage patients by providing them with education, adherence support, and tools and resources for self-management.

Why Is This Important? *

- High blood pressure increases the risk for heart disease and stroke, two leading causes of death for Americans.²
- Nearly half of U.S. adults have high blood pressure, and only about 1 in 4 (24%) have it under control.³
- High blood pressure costs the United States about \$131 billion each year, averaged over 12 years from 2003 to 2014.⁴

Learn More

***Read a complete summary of the systematic review and CPSTF finding and access a list of suggested guidelines and toolkits.**

www.thecommunityguide.org/findings/heart-disease-stroke-prevention-team-based-care-improve-blood-pressure-control

CDC, Division of Heart Disease and Stroke Prevention
www.cdc.gov/dhdsp

CDC, Million Hearts
<https://millionhearts.hhs.gov>

¹ High blood pressure is defined as a blood pressure at or above 130/80 mmHg. Controlled blood pressure is anything below this. See CDC's [Facts About Hypertension](#) for more information.

² Kochanek KD, Murphy SL, Xu J, Arias E. Deaths: Final Data for 2017. *National Vital Statistics Reports*, 2019;68(9):1-77. Hyattsville (MD): National Center for Health Statistics.

³ CDC. Hypertension Cascade: Hypertension Prevalence, Treatment and Control Estimates Among US Adults Aged 18 Years and Older Applying the Criteria from the American College of Cardiology and American Heart Association's 2017 Hypertension Guideline—NHANES 2015–2018. Atlanta (GA): US Department of Health and Human Services; 2019. Available from URL: <https://millionhearts.hhs.gov/data-reports/hypertension-prevalence.html>.

⁴ Kirkland EB, Heincelman M, Bishu KG, et al. Trends in healthcare expenditures among US adults with hypertension: national estimates, 2003-2014. *J Am Heart Assoc*. 2018;7:e008731.