

# "HYPERTENSION CLINIC": FOCUSED APPOINTMENTS FOR BP CONTROL IN MEDICALLY UNDERSERVED PATIENTS

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## **Bottom Line**

In this residency program clinic initiative, uninsured adults with uncontrolled hypertension demonstrated improved blood pressure through single-issue visits.

#### Introduction

Blood pressure (BP) control is critical in patients from low-income households as they disproportionately experience hypertension (HTN) related cardiovascular complications. Primary care providers (PCPs) face challenges managing these patients within the constraints of regular visits due to competing priorities of comorbid conditions and socioeconomic health barriers.

In 2023, the Northwest Health Center (NW) fell below the Harris Health target and national HEDIS benchmark for BP control. Subsequently, a dedicated HTN clinic was founded to provide a targeted HTN approach through patient education and pharmacologic optimization.

#### Methods

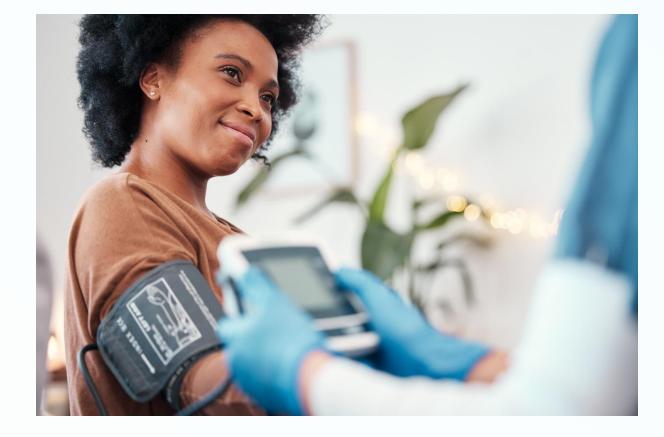
Every Thursday afternoon, an ambulatory panel of appointment slots was dedicated to HTN management.

As patients attended routine appointments, any provider could refer individuals with difficult-to-control BP to the NW HTN clinic managed by two PCPs.

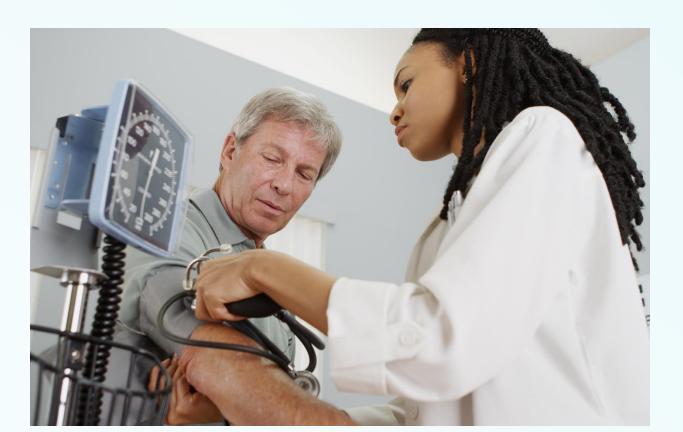
Patients eligible to be referred were adults ages 18-85 on at least one BP medication and with a most recent BP >140/90.

Patients who were on dialysis or pregnant were excluded.

Outcome measures included mean reductions in BP, achievement of BP control, and number of encounters.







## **Enrollment and Utilization**



In 2024, 11 physicians referred 54 patients to the clinic. 37 patients (68.5%) attended at least one appointment.



The mean patient | Patients who old, 62.2% were were Hispanic – aligning with overall NW demographics.



age was 57.4 years | engaged with the HTN clinic had women, and 51.4% | an average of 1.68 encounters (range 1–4).



conflicts, lack of

limited patient

interest.

Of the patients who attended at least one visit, 88% (n=33) experienced a transportation, or reduction in blood pressure.

#### **Blood Pressure Outcomes**

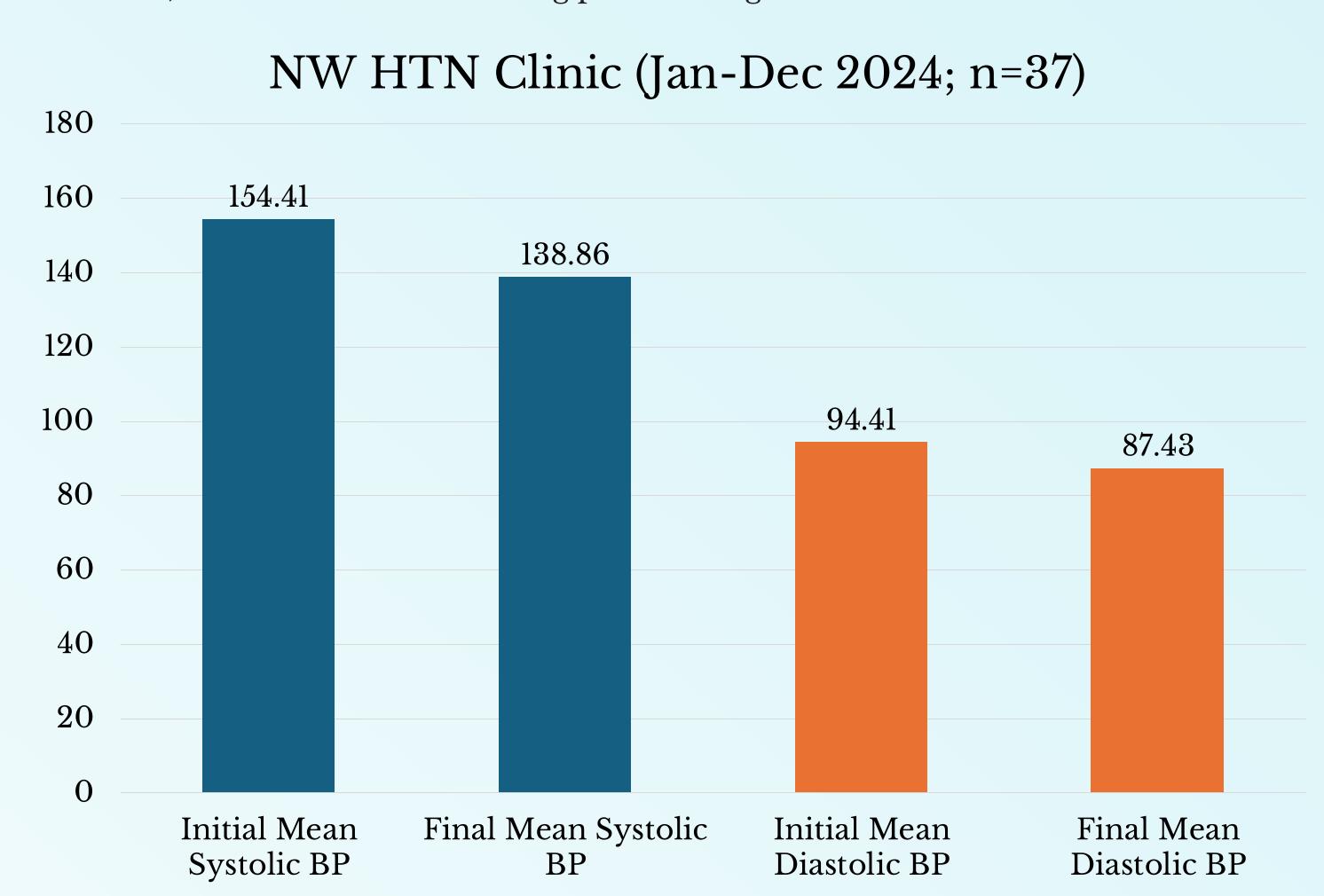
#### Table 1. HTN Clinic Encounter Distribution and Blood Pressure Outcomes

Distribution of HTN Clinic encounters and corresponding average reductions in systolic and diastolic blood pressure. Patients with more clinic visits demonstrated greater average BP reductions.

Number of HTN Clinic Encounters	Number of Patients	Percentage of Total Patients (%)	Avg SBP Reduction (mmHg)	Avg DBP Reduction (mmHg)
1	18	48.6	14.9	6.7
2	15	40.5	15.3	6.9
3	2	5.4	18.0	8.0
4	2	5.4	20.0	9.0
Total	37		15.5	7.0

#### Figure 1. Systolic and Diastolic Blood Pressure Reductions following Enrollment

Both SBP and DBP reductions were clinically and statistically significant (p-values < 0.001). 56.8% of all referred patients (n=31) achieved BP control, defined as <140/90 mmHg per HEDIS guidelines.



# Conclusion

Managing HTN requires considerable negotiation, counseling, and discussion. This pilot suggests that prioritizing access to hypertension care through focus singularity could represent a cost-neutral approach to reduce cardiovascular health disparities for medically underserved populations. As cardiovascular disease remains the leading cause of death in the U.S., especially among low-income and minority communities, similar models may represent a promising avenue for community health centers to narrow health equity gaps in hypertension management.

## References

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