



Covered California is recommending controlling high blood pressure as one of four core quality measures for the Quality Transformation Initiative, which seeks to dramatically improve care by establishing significant and increasing financial consequences for Covered California's health plans with poor quality performance beginning in 2023. Importantly, this measure was chosen in consultation with Medi-Cal and CalPERS with the intent of aligning our quality accountability efforts.

Blood pressure is the pressure of blood pushing against the walls of arteries, which carry blood from the heart to other parts of the body. Hypertension is diagnosed when blood pressure remains consistently higher than normal.

Hypertension can damage organs, including the heart, brain, kidneys, and eyes, and is one of the primary risk factors for two leading causes of death, heart disease and stroke.

Because hypertension generally develops gradually over time and with no warning signs or symptoms, many people do not know they have it. Nearly half of adults in the United States (47%, or 116 million) have hypertension. Crucially, only about 1 in 4 adults (24%) with hypertension have their condition under control.

In 2019, almost 30% of adults in California had a diagnosis of hypertension. While California has a lower prevalence of hypertension compared to the nation as a whole, in 2019 California had the second highest mortality rate from hypertension at 12.2 per 100,000 people (over 5,500 Californians).

Lifestyle changes like diet and exercise are an important component of blood pressure management, but in the vast majority of cases individuals with hypertension require prescription medications to achieve recommended blood pressure control.

As with most chronic conditions in the United States, there are significant disparities in hypertension incidence and control. High blood pressure is more common in African American adults, lower family income households, and lower household education levels. Hypertension control rates are significantly lower in African American, Asian American, and Latino adults. In addition, patients with health insurance have been shown to be twice as likely to achieve blood pressure control compared to those without coverage.

Not surprisingly, the direct and indirect costs of hypertension to the United States are significant:

- In 2019, more than half a million deaths in the United States had hypertension as a primary or contributing cause.
- In 2018, there were 33.6 million physician office visits and 1.1 million emergency department (ED) visits due to hypertension; 23% of ED visits resulted in hospitalization.
- Annual healthcare costs for the U.S. population with high blood pressure are estimated to be \$131 billion; individuals with hypertension have nearly \$2000 more in annual healthcare costs compared to those without the condition.
- Notably, the human and economic costs for heart disease and stroke, for which hypertension is a major risk factor, are also significant:

- Coronary Heart Disease (CHD or heart disease), the leading cause of death in the US, accounted for approximately 13% of deaths in 2018. The estimated average annual direct and indirect cost of heart disease in 2016-17 was \$219.6 billion.
- Stroke, the fifth leading cause of death, accounted for about 1 of every 19 deaths in the US in 2018. Recent estimates placed the total direct and indirect cost of stroke at \$103.5 billion. Direct costs accounted for one third of total costs, while the remaining two thirds resulted from indirect costs.

Based on Covered California claims data, 5% of enrollees are receiving care for hypertension, but account for 15% of annual spend.

Covered California Health Plan Performance. In 2019, on the Controlling High Blood Pressure (NQF #0018) measure, two out of 14 health plan products performed below the 25th percentile of national performance. Nine performed at or above the 50th percentile nationally, with two at or above the 90th percentile. The five plans with below average performance accounted for 34% of our enrollees. Performance below the 50th percentile means that fewer than 62% of adults with hypertension had adequately controlled blood pressure.

In summary, hypertension significantly increases the risk of two leading causes of death, heart disease and stroke, contributes to kidney failure and blindness, and is responsible for significant economic and human costs related to care, disability, and premature death. The measurement of blood pressure control across health plans through the Quality Transformation Initiative will serve as a key driver for better hypertension management and improved outcomes for Californians.

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