

**Scope and Target Population:**

Adults age 18 or older.

**Aims:**

1. Increase the percentage of hypertensive patients, age 18 and older, whose blood pressure is in control.
2. Improve the assessment of hypertensive patients, age 18 and older.
3. Increase the percentage of hypertensive patients, age 18 and older, who receive patient education, with a focus on the use of non-pharmacological treatments.
4. Increase the percentage of patients, age 18 and older, with uncontrolled hypertension who have a care plan.
5. Increase the percentage of hypertensive patients, age 18 and older, not at a blood pressure goal, who have a change in subsequent pharmacological therapy.

**Clinical Highlights:**

- Confirmation of hypertension is based on the initial visit, plus one or more follow-up visits with at least two blood pressure measures at each visit.
- Standardized blood pressure measurement techniques (including out-of-office or home blood pressure measurements) should be employed when confirming an initially elevated blood pressure and for all subsequent measures during follow-up and treatment for hypertension.
- A thiazide-type diuretic should be considered as initial therapy in most patients with uncomplicated hypertension.
- Physician reluctance to initiate and intensify treatment is a major obstacle to achieving treatment goals.
- Systolic blood pressure level should be the major factor for the detection, evaluation and treatment of hypertension, especially in adults 50 years and older.
- Fewer than 50% of patients with hypertension will be controlled with a single drug.