

# QI program reduces disparities in BP control between Black, White patients

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A quality improvement (QI) program reduces but does not eliminate

disparities in blood pressure (BP) control between Black and White patients, according to a study published online Jan. 6 in *JAMA Network Open*.

Teresa N. Harrison, from Kaiser Permanente Southern California in Pasadena, and colleagues examined the change in BP control between Black and White patients before and after implementation of a QI program in a quasi-experimental difference-in-difference analysis. Implementation of the QI program began in 2010.

The researchers observed an increase in the number of patients with hypertension, from 624,094 in 2008 (14.3 percent Black and 45.5 percent White) to 855,257 in 2019 (12.5 percent Black and 38.8 percent White). From before to after QI program implementation, BP control increased an absolute 4.6 and 2.1 percent among Black and White patients (difference-in-difference, 2.5 percent). The largest reduction in BP control disparity between Black and White patients was seen for women aged 50 to 64 years (difference-in-difference, 3.8 percent) and for men aged 18 to 49 years (difference-in-difference, 4.2 percent). The lowest proportion of BP control throughout 2008 to 2019 was seen in Black men aged 18 to 49 years. Uncontrolled BP was more common among Black than White patients in 2019 (prevalence ratio, 1.13).

"These findings suggest more focused interventions may be needed to increase BP control among Black patients even in an integrated health care setting," the authors write.

Two authors disclosed financial ties to the [pharmaceutical industry](#).

**More information:** Teresa N. Harrison et al, Blood Pressure Control Among Black and White Adults Following a Quality Improvement Program in a Large Integrated Health System, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2022.49930](https://doi.org/10.1001/jamanetworkopen.2022.49930)

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