Project Summary
Hypertension is the leading preventable risk factor for cardiovascular disease (CVD) in the United States. In about 28 million adults with hypertension, blood pressure is not controlled to recommended treatment goals. Because inexpensive, safe, and effective medications are available, uncontrolled hypertension is a missed opportunity to improve the health of the U.S. population.

For this project, we assembled a team of experts in hypertension, biostatistics, clinical trials, health economic evaluation, and computer simulation modeling in order to evaluate the incremental value of implementing two types of hypertension control programs studied in clinical trials: team-based care and home blood pressure monitoring. Analyses of published and individual-level clinical trial and computer simulation will be used to model, in U.S. adults:

- The comparative effectiveness (number of prevented CVD events and deaths) and cost-effectiveness of different hypertension control approaches, alone or in combination, in all U.S. adults and within age categories, race/ethnic groups, and CVD risk categories.
- The comparative effectiveness and cost-effectiveness different hypertension control programs in patients with uncontrolled hypertension in three Medicare Accountable Care Organizations (New York Quality Care, Ochsner Accountable Care, and Cedars-Sinai Accountable Care).
- The comparative effectiveness and cost-effectiveness of implementing a 120 mmHg systolic BP goal in high risk U.S. adults aged $\geq$50 years according to Systolic Blood Pressure Intervention Trial (SPRINT) eligibility.

Relevance
The results of these analyses have the potential to improve the quality of hypertension treatment in routine clinical practice, which may lead to improved cardiovascular health in the U.S. population.