

Team-Based Care Improves Blood Pressure Control

Multifaceted, team-based strategies could be implemented widely to benefit underserved populations.

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At a Glance

- Researchers found that a multifaceted intervention was better than a standard approach at reducing high blood pressure among low-income patients.
- Similar multifaceted, team-based strategies could be implemented widely to benefit underserved population.

Uncontrolled hypertension, or high blood pressure, is the primary cause of heart disease and stroke in the U.S. It is more prevalent in low-income populations. Hypertension develops when the force of the blood pushing against the walls of arteries becomes too high. This puts more pressure on the heart and the arterial walls and increases a person's risk for developing cardiovascular disease.

Studies have found that integrated health care systems can help patients lower their blood pressure by using multifaceted interventions. But low-income patients are often treated in settings with limited resources. Little is known about whether the studied approaches are effective in these types of settings.

An NIH-funded research team led by Dr. Katherine Mills of Tulane University tested strategies for high blood pressure control among low-income people age 40 or older. The study examined whether an intensive treatment approach could lower blood pressure. It also aimed to learn how the approach could be successfully rolled out in real-world primary care clinics. The team recruited more than 1,200 patients with uncontrolled hypertension at 36 Federally Qualified Health Centers (FQHCs) in Louisiana and Mississippi. The clinics were randomly assigned to treat patients with either standard care or a multifaceted strategy for blood pressure control.

About half of the participants received the multifaceted strategy. This team-based care approach included intensive blood pressure tracking and feedback, health coaching on lifestyle changes and

medication adherence, and home blood pressure monitoring. The other half of participants served as a control group. They received enhanced usual care, in which doctors were educated about clinical guidelines for hypertension. The results were published in the [New England Journal of Medicine](#) on April 8, 2026.

The research team followed the participants for 18 months. Their goals were to reduce the patients' systolic blood pressure and increase adherence to the treatment program. Systolic pressure is the upper number in a blood pressure reading. It measures the force of the blood flow when blood is pumped out of the heart. Normal blood pressure is less than 120 systolic pressure and less than 80 diastolic pressure (the lower number). Blood pressure is high when there are consistent systolic readings of 130 mm Hg or higher, or diastolic readings of 80 mm Hg or higher.

The researchers found that both groups had a reduction in systolic pressure, but the multifaceted intervention group had a more significant decrease. The average declined by 9.1 mm Hg for the control group and 15.5 mm Hg for the multifaceted group. Those in the multifaceted group also more closely followed their program.

A small subset of patients from each group saw their systolic pressure drop to less than 120 mm Hg. A larger proportion—almost half of the experimental group and a third of the control group—reduced their values to less than 130 mmHg. Adverse events were similar between the two groups.

“We have the tools to treat high blood pressure, but the challenge is effectively implementing these tools in primary care and helping patients adhere to medications and lifestyle changes,” Mills says. “This trial showed that a team-based approach to supporting and treating patients with uncontrolled blood pressure in low-income rural and urban areas can effectively lower high blood pressure.”

There are about 1,400 FQHS nationwide. The researchers hope this program could be implemented more widely. The findings suggest that doing so could improve public health.

This [research summary](#) was published by the National Institutes of Health on May 19, 2026.