

Improving Hypertension Control through a Standardized Workflow at the University of Kansas SOM-Wichita Department of Internal Medicine Clinic

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Introduction. Uncontrolled hypertension remains a leading cause of preventable cardiovascular morbidity and mortality. Despite frequent clinic visits, timely follow-up for elevated blood pressure (BP) is often inconsistent, delaying medication adjustments. At the University of Kansas School of Medicine Center for Health Care (CHC) Internal Medicine Clinic, BP rechecks were often delayed for months after medication changes, contributing to suboptimal control. To address this gap, we implemented a standardized two-week BP recheck workflow supported by provider education, nursing engagement, and home BP monitoring. The aim was to improve timely BP rechecks and achieve a clinic-wide BP control rate at or above the 75th national percentile.

Methods. This quality improvement initiative was implemented from August 2023 to March 2024, with outcomes tracked longitudinally. A standardized hypertension follow-up and medication titration workflow, modeled after Kaiser Northern California guidelines, was introduced. Clinicians documented BP targets and follow-up plans. Patients with repeated BP >130/80 mmHg were offered self-measured BP (SMBP) monitoring, using shared decision-making to determine home or nursing follow-up. Participants received education, BP logs, and instructions, and BP readings were documented in REDCap[®] or the patient portal. Educational sessions reinforced workflow consistency and care coordination.

Results. Same-visit and two-week BP rechecks showed modest improvement (14% and 4%, respectively), but hypertension control improved substantially, increasing from 66% in 2023 to 76% by October 2025, exceeding the national average of 62%. Improvements correlated with ongoing staff education and reinforcement of the standardized workflow.

Conclusions. A standardized, team-based workflow incorporating home BP monitoring and a structured treatment algorithm improved BP control, demonstrating a scalable model for chronic disease management.