

Quality Measure Highlight

Controlling High Blood Pressure (CBP)

MEASURE DESCRIPTION

From the eligible population, the percentage of members 18 - 85 years of age who had a diagnosis of hypertension (HTN). **(Denominator)**

The percentage of members 18 – 85 years of age whose BP was adequately controlled (<140/90) during the measurement year. **(Numerator)**

Measure Type: Hybrid (medical record/claims/encounter)

Intent / Importance: Adequate blood pressure control and appropriate clinical monitoring/management inclusive of dietary and lifestyle changes, as well as appropriate use of medications. The goal is for the practitioner and member to be aware of different treatment options and to work together to develop an appropriate treatment plan to reduce the future impact of this common condition.

Identify Diagnosis of HTN (e.g., Denominator): Administrative data (claims / encounter) must show at least two (2) visits on different dates of service with a diagnosis of HTN during the measurement year or the year prior to the measurement year (count services that occur over both years). Visit type need not be the same for the two visits. *Only one of the two visits may be a telephone or telehealth visit or online assessment.*

<u>PCP QIP 2019</u>	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Adult Medicine	5 points 10 points	71.04%	90 th
Half Points	Family Adult Medicine	2.5 points 5 points	65.78%	75 th
Relative Improvement Threshold	Family Adult Medicine	5 points 10 points	58.64%	50 th

Notes for eReports and PQD:

- Providers cannot upload numerator compliance information to eReports until October of the measurement year
- As a result of the limited eReports upload time, providers will see a very low score in PQD through early to mid-November, when October's data is the first available to view

Numerator Compliant Documentation:

- Identify the most recent BP reading noted during the measurement year. The reading must occur on or after the second diagnosis of hypertension. (**Note:** Only claims data may be used to identify the first and second diagnoses of hypertension.) All eligible BP readings in the appropriate medical record should be considered when identifying the most recent eligible reading, regardless of practitioner type including Urgent Care visits.
- Identify the lowest systolic and lowest diastolic BP reading from the most recent BP notation in the medical record. If multiple readings were recorded for a single date, the lowest systolic and lowest diastolic BP on that date should be used as the representative BP. The systolic and diastolic results do not need to be from the same reading. For example, BP readings on 5/30/19 were 140/**80**, 138/90, **130**/87, use 130/80.
- Blood Pressure readings from remote monitoring devices that are digitally stored and transmitted to the provider can be included. There must be documentation in the medical record that clearly states 1) the reading was taken by an electronic device and 2) results were digitally stored, transmitted to the provider, and interpreted by the provider.
- Compliant documentation can be captured using a compliant code for both diastolic and systolic on the same claim number, and the same non-compliant code for both diastolic and systolic to fall back to a denominator. Data not captured via claims data can be manually inputted using eReports.
 - BP readings taken on the same day that the patient receives a common low-intensity or preventive procedure **are eligible** for use. For example, the following procedures are considered common low-intensity or preventive (this list is just for reference and is not exhaustive):
 - Vaccinations
 - *Injections (e.g., allergy, vitamin B-12, insulin, steroid, toradol, Depo-Provera, testosterone, lidocaine)*
 - *TB test*
 - *IUD insertion*
 - *Eye exam with dilating agents*
 - *Wart or mole removal*

Non-Compliant Documentation:

The following BP readings do not qualify in meeting the measure:

- Taken during an acute inpatient stay or an ED visit
- Reported by or taken by the member
- Member-reported results to the provider from a remote monitoring device
- If the BP reading is $\geq 140/90$ mmHg
- There is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level is missing)
- Notation of Pulmonary HTN
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication regimen on or one day before the day of the test or procedure, with the exception of fasting blood tests (see Notes Section)

Notes:

- When excluding BP readings, the intent is to identify diagnostic or therapeutic procedures that require a medication regimen, a change in diet or a change in medication. For example: (this list is not exhaustive)
 - *A colonoscopy requires a change in diet (NPO on the day of procedure) and a medication change (a medication is taken to prep the colon)*
 - *Dialysis, infusions and chemotherapy are all therapeutic procedures that require a medication regimen*
 - *A nebulizer treatment with albuterol is considered a therapeutic procedure that requires a medication regimen (the albuterol)*
 - **Exception:** *A patient forgetting to take regular medications on the day of the procedure is not considered a required change in medication, and, therefore, the BP reading is eligible*

Exclusions:

Note: Numerator compliance takes precedence over contraindications/exclusions.

- Exclude from the eligible population all members with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, kidney transplant or dialysis.
- Exclude from the eligible population female members with a diagnosis of pregnancy during the measurement year
- Exclude from the eligible population all members who had a non-acute inpatient admission during the measurement year
- Members in hospice are excluded from the eligible population (**Mandatory Exclusion**)

Strategies to Consider That May Lead to an Increase in CBP Performance:

- BP check on each visit (manual recheck if elevated, prior to end of visit)
- Establish a BP clinic (Designated Medical Assistant/volunteer to perform manual BP checks)
- Schedule BP follow-up appointment in real time
- Reassess every three months or sooner pending other risk factors/co-morbidities
- Establish a standard practice on each visit to reassess lifestyle, compliance to medications and plan of care - adjust accordingly
- Refer/enroll with Chronic Case Management
- Designate a team member to outreach members due for screening/monitoring (e.g., phone call, post card, letter signed by provider, text)
- Phone call to member within one week if appointment missed to reschedule
- Reinforce the importance of BP control and self-management/accountability
- Reassess member's knowledge of BP control, assess barriers to adequate control (e.g., cultural, financial, social support, health beliefs)
- Ensure member is informed of BP results and next step(s)
- Timely submission of claims and encounter data