



2020 Quality Measure Highlight

Controlling High Blood Pressure (CBP)

MEASURE DESCRIPTION

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 blood pressure (BP) was adequately controlled (<140/90) during the measurement year. **(Numerator)**

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

Coding

CPT Cat. II Codes:
 Systolic: 3074F, 3075F, 3077F
 Diastolic: 3078F, 3079F, 3080F
 Hypertension ICD10-CM codes:
 I10, I11.9, I12.9, I13.10

Intent / Importance: The intent 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 impact of high blood pressure. The goal is adequate blood pressure control with appropriate clinical monitoring and management, including dietary and lifestyle changes, and appropriate use of medications.

Identify Diagnosis of HTN (Denominator): Administrative data (claims / encounter) must show at least 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.*

PCP QIP 2020	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	15 points 20 points	61.04%	50 th

Please Note

- Only full points are available, no points will be earned through relative improvement.
- In addition to indicating controlled blood pressure by submitting appropriate CPT II codes through the claims submission process, providers can upload numerator compliance information to eReports starting October 1, 2020.
- If providers only provide data on controlled blood pressure through eReports, they will see very low scores in eReports and PQD through early to mid-November.
- For more information, please refer to the [PCP QIP Specifications](#), or contact the QIP Team at QIP@partnershiphp.org.

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, if BP readings on 5/30/19 were 140/80, 138/90, and 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

Note: PHC will accept blood pressure readings recorded at a dental visit, provided the dental EHR and medical EHR for the reporting practice is integrated.

Non-Compliant Documentation

The following BP readings do not qualify in meeting the measure (i.e., they are not eligible).

- 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

- 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 were admitted to a hospital during the measurement year for any stay that is at observation stay/level of care only or any stay only for boarding or bed placement; stays in a skilled nursing facility, rehabilitation center, or long term acute care facility.
- Members in hospice are excluded from the eligible population.

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org

References: National Committee on Quality Assurance (NCQA) HEDIS® 2019 Vol 2 Technical Specifications for Health Plans; NCQA HEDIS 2018 Vol 1 Narrative. HEDIS® is a registered trademark of NCQA.

Best and Promising Practices

- BP check on each visit (with manual recheck if elevated prior to end of visit).
Reminder: *be sure to code for Management of High Blood Pressure.*
- Establish a designated medical assistant to perform manual BP checks.
- Schedule BP follow-up appointment in real time.
- Reassess every three months or sooner depending on other risk factors / co-morbidities.
- Establish a standard practice to reassess lifestyle, compliance to medications and adjust plan of care accordingly at each visit. Reinforce the importance of BP control and self-management.
- Refer / enroll with Chronic Case Management.
- Designate a team member to outreach to members due for monitoring (e.g., phone call, post card, letter signed by provider, text).
- Phone call to member within one week if appointment missed to reschedule.
- 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 steps.
- Submit claims and encounter data within 90 days of service.