2022 Quality Measure Highlight

Controlling High Blood Pressure

MEASURE DESCRIPTION

The percentage of members 18 - 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled during the measurement year.

Denominator: Members 18-85 years of age as of December 31, 2022 who had at least two (2) visits on different dates of service with a diagnosis of hypertension on or between January 1 of the year prior to the measurement year and June 30 of the measurement year.

Numerator: The number of members whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

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

Coding

CPT Cat. II Codes:
Systolic: 3074F, 3075F
Diastolic: 3078F, 3079F

*Please refer to Diagnosis Crosswalk in eReports for complete listing of Code Types

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 HTN. Controlling HTN will significantly reduce the risks of cardiovascular disease mortality and lead to better health outcomes. 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 (e.g., Denominator): Administrative data (claims / encounter) must show at least 2 visits on different dates of service with a diagnosis of HTN on or between January 1 of the year prior to the measurement year and June 30 of the measurement year (01/01/2021 – 06/30/2022). Visit types may include outpatient visit, telephone visit, e-visit or virtual check-in, non-acute inpatient encounter or remote monitoring event with any diagnosis of hypertension. Visit type need not be the same for the two (2) visits.

For additional information regarding the specifications for this measure feel free to email us: QIP@partnershiphp.org
References: Managed Care Accountability Set (MCAS)

PCP QIP 2022	Practice Type	Total Points	Threshold	Percentile
Full Points	Family Medicine Internal Medicine	7 points 12.5 points	62.53%	75th
Partial Points	Family Medicine Internal Medicine	5 points 9 points	55.35%	50th

Relative Improvement

- A site's performance on a measure must meet the 50th percentile target in order to be eligible for RI points on the measure **AND**
- Have an RI score of 10% or higher, ending up thereby achieving performance equal to or exceeding between the 50th percentile and not exceeding the 75th percentile, to earn full points.

Please Note

- 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, 2022.
    - Controlled BP reading upload must occur on or after the most recent diagnosis of hypertension that is greater than or equal to the second diagnosis of hypertension.
- If providers only submit 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

- The most recent BP reading noted during the measurement year. **The reading must** occur on or after the most recent diagnosis of hypertension that is greater than or equal to 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.
- Eligible readings include BP readings taken during an outpatient visit, telephone visit, e-visit or virtual check-in, or remote monitoring event (BP taken by any digital device).
- 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.*

- 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 uploaded in 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 are integrated.*

Non-Compliant Documentation

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

- Taken during an acute inpatient stay or an ED visit.
- Taken by the member using a non-digital device such as with a manual blood pressure cuff and a stethoscope.
- If the BP reading is ≥ 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 (1) 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

- Members with evidence of end-stage renal disease (ESRD), dialysis, and nephrectomy or kidney transplant any time during the member's history through December 31 of the measurement year. Documentation in the medical record must include a dated note indicating evidence of ESRD, nephrectomy, kidney transplant or dialysis.
- Female members with a diagnosis of pregnancy during the measurement year.
- 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 receiving Palliative Care or in hospice during the measurement year.
- Members diagnosed with frailty and advanced illness.

Best and Promising Practices

Data and Coding

- Submit claims and encounter data within 90 days of service.
- Exclude members as appropriate and use coding to document reason for exclusion.
- Use appropriate codes for Management of High Blood Pressure.
- Convert narrative BPs into structured data to review with patient

Member Care

- Complete regular trainings for clinical support teams on BP collection best practices, including repeat BP readings within an appointment.
- For provider offices with Dental services, train Dental teams to take and chart BP in EHR for HTN before procedures.
- Measure BP at EACH visit and repeat if out of the normal range
- Perform a manual BP measurement if elevated after second measurement
- Ensure patients are equipped with blood pressure cuffs and educated on the use of the monitor.
- Reassess BP every three months after target is achieved.

- Follow-up on appointment no shows.
- Offer telehealth visits for BP Follow-Up or Hypertensive Management visits as appropriate.
- Run registry of patients with hypertension to ensure follow up.
- Establish a designated medical assistant to perform manual BP checks when the digital monitor readings are consistently high.
- Use of multidisciplinary team members (RN, RD, Pharmacist) for hypertensive management.
- Pre-visit planning, or daily huddles
- Standing orders
- Treatment algorithms
- Monitor patients with close systolic numbers.
- Refer/enroll uncontrolled hypertensive members with Chronic Case Management.
- Schedule BP Follow-Up appointment in real time for members not at target within 1-2 weeks to re-assess and titrate management
- Reassess patients at goal every three (3) months or sooner depending on other risk factors / co-morbidities.
- Consider using an equity approach to increase controlled hypertensive rates for targeted communities. By looking at uncontrolled hypertensive rates by race, ethnicity, location (i.e. zip code), and preferred language, it is possible to identify barriers that affect specific communities, and plan interventions to address these barriers.

Patient Education

- Provide education on the importance of BP control and the role of self-monitoring.
- Review steps and goals of BP management.
- Reinforce the importance of smoking cessation, increased physical activity, low sodium diets, and medication management.
- Reassess member's knowledge of BP control (target BP readings), assess barriers to adequate control (e.g., cultural, financial, language and literacy, social support, health beliefs).

Outreach

- Member outreach for routine follow-up (phone call, text, email, member portal, post card/letter)
- Ensure member is informed of BP results and next steps.