

2023 Quality Measure Highlight

Controlling High Blood Pressure (CBP)

Alameda Alliance for Health (Alliance) values our dedicated provider partner community, and we are here for you. We are sharing the 2023 Quality Measure Highlight: Controlling High Blood Pressure (CBP) to provide a snapshot of the Healthcare Effectiveness Data and Information Set® (HEDIS®) technical specifications and best practices to meet the measure.

For more information, please email the Alliance Quality Improvement (QI) Department at deptQIteam@alamedaalliance.org.

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 (<140/90 mm Hg) during the measurement year.

Eligible Population

- Members who had at least two (2) visits on different dates of service with a diagnosis of hypertension on or between January 1 of the prior measurement year and June 30 of the measurement year.
- Members who had a nonacute inpatient admission during the measurement year are removed from the eligible population.

Exclusions:

- Members who were in hospice, received palliative care or died during the measurement year.
 - Members with evidence of end-stage renal disease (ESRD), dialysis, nephrectomy, or kidney transplant at any time during their medical history, on or prior to December 31 of the measurement year.
 - Members who were pregnant at any time during the measurement year.
 - Members who meet specific requirements around frailty, and advanced illness. Contact the Alliance for more information.
-

Numerator Compliance

Members are compliant if the most recent BP reading during the measurement year is less than 140/90 mm Hg.

Additional details:

- If there are multiple BP measurements on the same date of service, the lowest systolic and lowest diastolic readings are used.
- The BP reading must occur on or after the date of the second visit with a diagnosis of hypertension.
- The member is considered non-compliant if there is no BP reading during the measurement year or the reading is incomplete.
- Readings taken during an acute inpatient setting or an emergency department (ED) visit are excluded.
- Readings taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or medication on or one day before the test or procedure are excluded, with the exception of fasting blood tests.

- Readings taken by the member using a digital device and documented in the member’s medical record may be included.
- Member-reported readings do not need to be collected by a PCP or specialist. The reading can be recorded in any part of the medical record.
 - Member-reported readings documented during an office visit must include the date the reading was taken.
 - Member-reported readings documented during a telehealth appointment can be the date the BP was reported or the date of service/visit.
- Ranges and thresholds do not meet the criteria, however, an “average BP” with a distinct numeric result for both the systolic and diastolic BP may be used (e.g. “average BP: 139/70”).
- Current Procedural Terminology (CPT) Category II codes may be used to indicate compliance:

Value Set	Numerator Compliance	CPT Category II Code
Systolic Less Than 140	Systolic compliant	3074F, 3075F
Systolic Greater Than or Equal to 140	Systolic not compliant	3077F
Diastolic Less Than 80	Diastolic compliant	3078F
Diastolic 80-89	Diastolic compliant	3079F
Diastolic Greater Than or Equal to 90	Diastolic not compliant	3080F

Best Practices

- Ensure patients have access to validated electronic devices to take their blood pressure readings at home. Provide a log or facilitate remote monitoring to track daily rates.
- Educate patients on the correct way to take their own blood pressure readings, including waiting after consuming caffeine or being physically active.
- Readings can be reported in telehealth appointments that fall within the allowable timeframe and meet all other measure requirements. Allowable types of telehealth visits include:
 - Telephone visits
 - Synchronous interactive audio and video visits
 - Asynchronous visits such as emails, patient portal messaging, and text messages
- Train all staff in proper blood pressure measurement techniques, including patient positioning, cuff placement, allowing the patient to rest before taking the reading, and taking a second reading if blood pressure is elevated.
- Take the blood pressure measurement again if it is much higher than historical measurements.
- Act rapidly to start or intensify treatment with medication.

References

American Heart Association Target:BP:

<https://targetbp.org/>

American Medical Association MAP BP:

<https://map.ama-assn.org/>

Updates to the List of Contracted Personal Blood Pressure Monitoring Devices and Blood Pressure Cuffs

https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2023.06_A_Updates_to_List_Contracted_Personal_BP_Devices_Cuffs.pdf