QUALITY CARE

Controlling High Blood Pressure

We collect data from our providers to measure and improve the quality of care our members receive. Controlling High Blood Pressure is one aspect of care we measure in our quality programs. Quality measures evaluate a prior calendar year performance.

What We Measure

The CBP measure evaluates members ages 18 to 85 who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

CBP is a Healthcare Effectiveness Data and Information Set (HEDIS®) measure. See the **National Committee for Quality Assurance website** for more details.

Why It Matters

High blood pressure increases the risk of heart disease and stroke, the leading causes of death in the U.S. According to the **American Heart Association**, controlling hypertension can reduce this risk as well as the risk of kidney disease, vision loss, peripheral artery disease and sexual dysfunction.

Eligible Population

Members ages 18 to 85 with a diagnosis of hypertension and whose blood pressure during the measurement year in the outpatient setting is controlled as follows:

- Systolic blood pressure (SBP) < 140 mmHg
- Diastolic blood pressure (DBP) < 90 mmHg

If no blood pressure is recorded or if the reading is incomplete (systolic or diastolic documentation is missing) during the measurement year, the member is counted as not controlled.

Exclusions: Members who received hospice or palliative care during the measurement year.

Tips to Consider

- Discuss with our members the importance of taking medications as prescribed, smoking cessation, increased physical activity and eating a low-sodium diet.
- Encourage members to return for follow-up visits.
- Reach out to members who cancel or miss appointments and help them reschedule as soon as possible.

How to Document

CBP data is collected through claims data and chart review. The blood pressure reading must occur on or after the date of the second diagnosis of hypertension.

- Submit claims using correct Current Procedural Terminology (CPT®) II codes.
- Document BP in the member's medical record (date and result).
- Do not round BP values up. If using an automated machine, record exact values.
- If multiple BP readings are taken during the visit, record one each in the medical record.
- Document BP readings taken or viewed during all outpatient visits, telephone visits, e-visits or virtual check-ins, non-acute inpatient encounters or remote monitoring events.

For more information, see **NCQA's HEDIS Measures and Technical Resources**.

Questions?

Contact your Provider Network Consultant.