

Quality ID #236 (NQF 0018): Controlling High Blood Pressure
– National Quality Strategy Domain: Effective Clinical Care
– Meaningful Measure Area: Management of Chronic Conditions

2020 COLLECTION TYPE:

MIPS CLINICAL QUALITY MEASURES (CQMS)

MEASURE TYPE:

Intermediate Outcome – High Priority

DESCRIPTION:

Percentage of patients 18 - 85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (< 140/90 mmHg) during the measurement period

INSTRUCTIONS:

This measure is to be submitted a minimum of **once per performance period** for patients with hypertension seen during the performance period. The performance period for this measure is 12 months. The most recent quality code submitted will be used for performance calculation. This measure may be submitted by Merit-based Incentive Payment System (MIPS) eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

NOTE:

In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the member

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

Measure Submission Type:

Measure data may be submitted by individual MIPS eligible clinicians, groups, or third party intermediaries. The listed denominator criteria are used to identify the intended patient population. The numerator options included in this specification are used to submit the quality actions as allowed by the measure. The quality-data codes listed do not need to be submitted by MIPS eligible clinicians, groups, or third party intermediaries that utilize this modality for submissions; however, these codes may be submitted for those third party intermediaries that utilize Medicare Part B claims data. For more information regarding Application Programming Interface (API), please refer to the Quality Payment Program (QPP) website.

The intent of the exclusion for individuals age 65 and older residing in long-term care facilities, including nursing homes, is to exclude individuals who may have limited life expectancy and increased frailty where the benefit of the process may not exceed the risks. This exclusion is not intended as a clinical recommendation regarding whether the measures process is inappropriate for specific populations, instead the exclusions allows clinicians to engage in shared decision making with patients about the benefits and risks of screening when an individual has limited life expectancy.

DENOMINATOR:

Patients 18-85 years of age who had a visit and a diagnosis of hypertension overlapping the measurement period.

DENOMINATOR NOTE: *Signifies that this CPT Category I code is a non-covered service under the Medicare Part B Physician Fee Schedule (PFS). These non-covered services should be counted in the denominator population for MIPS CQMs.

Denominator Criteria (Eligible Cases):

Patients 18 to 85 years of age on date of encounter

AND

Diagnosis for hypertension (ICD-10-CM): I10

AND

Patient encounter during performance period (CPT or HCPCS): 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241*, 99242*, 99243*, 99244*, 99245*, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99385*, 99386*, 99387*, 99395*, 99396*, 99397*, G0438, G0439

AND NOT

DENOMINATOR EXCLUSIONS:

Hospice services given to patient any time during the measurement period: G9740

OR

Documentation of end stage renal disease (ESRD), dialysis, renal transplant before or during the measurement period or pregnancy during the measurement period: G9231

OR

Patients age 66 or older in Institutional Special Needs Plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the measurement period: G9910

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period: G2115

OR

Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period: G2116

Table: Dementia Exclusion Medications

Description	Prescription
Cholinesterase inhibitors	Donepezil Galantamine Rivastigimine
Miscellaneous central nervous system agents	Memantine

NUMERATOR:

Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Numerator Instruction:

To describe both systolic and diastolic blood pressure values, **each must be submitted separately**. If there are multiple blood pressures on the same date of service, use the lowest systolic and lowest diastolic blood pressure on that date as the representative blood pressure.

NUMERATOR NOTE: In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure.

Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit
- Taken on the same day as a diagnostic test or diagnostic or therapeutic procedure that requires a change in diet or change in medication on or one day before the day of the test or procedure, with the exception of fasting blood tests.
- Reported by or taken by the member

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.

Numerator Options:

OR
Performance Met: Most recent systolic blood pressure < 140 mmHg (G8752)
Performance Not Met: Most recent systolic blood pressure ≥ 140 mmHg (G8753)

AND

OR
Performance Met: Most recent diastolic blood pressure < 90 mmHg (G8754)
Performance Not Met: Most recent diastolic blood pressure ≥ 90 mmHg (G8755)
OR
Performance Not Met: No documentation of blood pressure measurement, reason not given (G8756)

RATIONALE:

High blood pressure (HBP), also known as hypertension, is when the pressure in blood vessels is higher than normal (Centers for Disease Control and Prevention [CDC], 2016). The causes of hypertension are multiple and multifaceted and can be based on genetic predisposition, environmental risk factors, being overweight and obese, sodium intake, potassium intake, physical activity, and alcohol use. High Blood Pressure is common, according to the National Health and Nutrition Examination Survey (NHANES), approximately 85.7 million adults ≥ 20 years of age had HBP (140/90 mm Hg) between 2011 to 2014 (Crim, 2012). Between 2011-2014 the prevalence of hypertension (≥140/90 mm Hg) among US adults 60 and older was approximately 67.2 percent (Benjamin et al., 2017).

HBP, known as the "silent killer," increases risks of heart disease and stroke which are two of the leading causes of death in the U.S. (Yoon, Fryar, & Carroll, 2015). A person who has HBP is four times more likely to die from a stroke and three times more likely to die from heart disease (CDC, 2012) The National Vital Statistics Systems Center for Disease Control and Prevention reported that in 2014 there were approximately 73,300 deaths directly due to HBP and 410,624 deaths with any mention of HBP (CDC, 2014). Between 2004 and 2014 the number of deaths due to HBP rose by 34.1 percent (Benjamin et al., 2017). Managing and treating HBP would reduce cardiovascular disease mortality for males and females by 30.4 percent and 38.0 percent, respectively (Patel et al., 2015).

The estimated annual average direct and indirect cost of HBP from 2012 to 2013 was \$51.2 billion (Benjamin et al., 2017). Total direct costs of HBP is projected to increase to \$200 billion by 2030 (Benjamin et al., 2017). A study on cost-effectiveness on treating hypertension found that controlling HBP in patients with cardiovascular disease and systolic blood pressures of ≥160 mm Hg could be effective and cost-saving (Moran et al., 2015).

Many studies have shown that controlling high blood pressure reduces cardiovascular events and mortality. The Systolic Blood Pressure Intervention Trial (SPRINT) investigated the impact of obtaining a SBP goal of <120 mm Hg compared to a SBP goal of <140 mm Hg among patients 50 and older with established cardiovascular disease and found that the patients with the former goal had reduced cardiovascular events and mortality (SPRINT Research Group et al., 2015).

Controlling HBP will significantly reduce the risks of cardiovascular disease mortality and lead to better health outcomes like reduction of heart attacks, stroke, and kidney disease (James et al., 2014). Thus, the relationship between the measure (control of hypertension) and the long-term clinical outcomes listed is well established.

CLINICAL RECOMMENDATION STATEMENTS:

The U.S. Preventive Services Task Force (2015) recommends screening for high blood pressure in adults age 18 years and older. This is a grade A recommendation.

American College of Cardiology/American Heart Association (2017)

-For adults with confirmed hypertension and known CVD or 10-year ASCVD event risk of 10% or higher, a blood pressure target of less than 130/80 mmHg is recommended

-For adults with confirmed hypertension, without additional markers of increased CVD risk, a blood pressure target of less than 130/80 mmHg may be reasonable (Note: clinical trial evidence is strongest for a target blood pressure of 140/90 mmHg in this population. However observational studies suggest that these individuals often have a high lifetime risk and would benefit from blood pressure control earlier in life)

American College of Physicians and the American Academy of Family Physicians (2017):

-Initiate intensifying pharmacologic treatment in adults aged 60 and older at high cardiovascular risk, based on individualized assessment, to achieve a target systolic blood pressure of less than 140 mmHg (Grade: weak recommendation, quality of evidence: low)

-Initiate intensifying pharmacologic treatment in adults aged 60 and older with a history of stroke or transient ischemic attack to achieve a target systolic blood pressure of less than 140 mmHg to reduce the risk of recurrent stroke (Grade: weak recommendation, quality of evidence: moderate)

American Diabetes Association (2018):

Most patients with diabetes and hypertension should be treated to a systolic blood pressure goal of <140 mmHg and a diastolic blood pressure goal of <90 mmHg (Level of evidence: A)

Report from the Eighth Joint National Committee (2014)

-In the general population younger than 60 years, initiate pharmacologic treatment to lower blood pressure at diastolic blood pressure (DBP) of 90 mmHg or higher and treat to a goal of DBP of lower than 90 mmHg (Grade: A (for ages 30-59), Grade: E (for ages 18-29))

-In the general population younger than 60 years, initiate pharmacologic treatment to lower blood pressure at systolic blood pressure (SBP) to 140 mmHg or higher and treat to a goal of SBP of lower than 140 mmHg (Grade: E)

-In the general population aged 60 years and older, initiate pharmacologic treatment to lower blood pressure at SBP of 150 mmHg or higher or a DBP of 90 mmHg or higher and treat to a goal of SBP lower than 150 mmHg and goal of DBP lower than 90 mmHg

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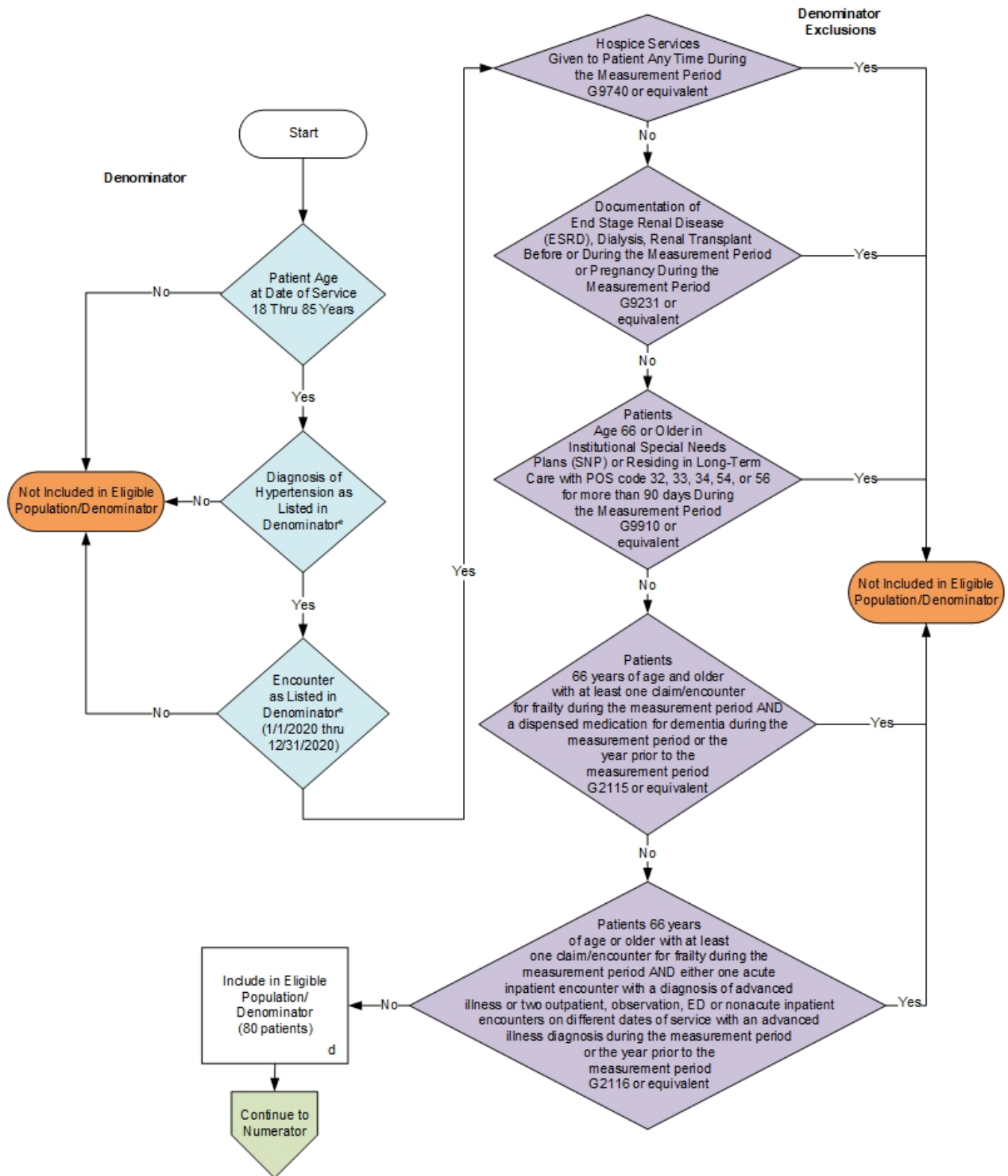
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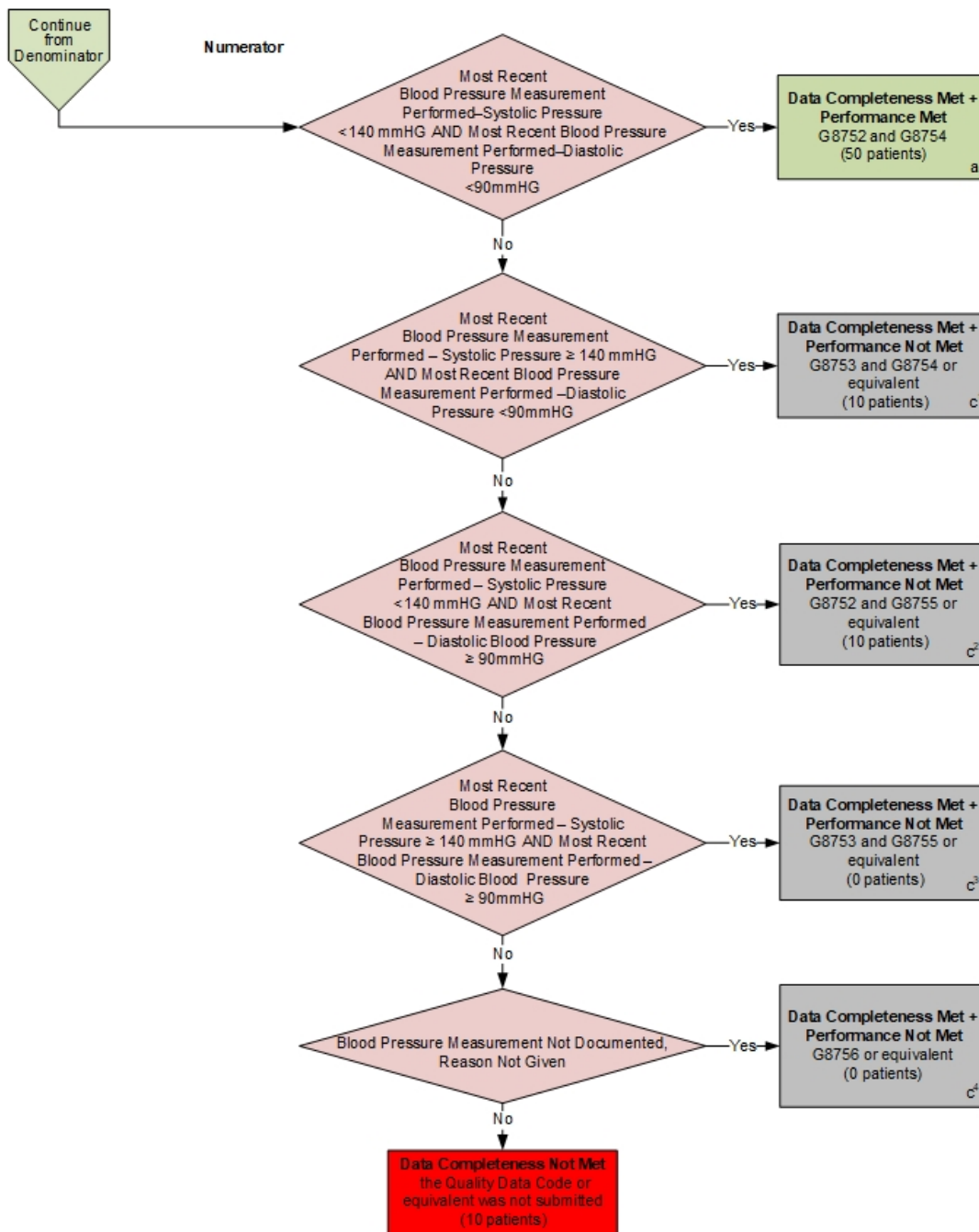
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2020 Clinical Quality Measure Flow for Quality ID #236 NQF #0018: Controlling High Blood Pressure

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.





SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Performance Not Met (c}^1\text{+c}^2\text{+c}^3\text{+c}^4\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$

*See the posted measure specification for specific coding and instructions to submit this measure.

**A lower calculated performance rate for this measure indicates better clinical care or control.

NOTE: Submission Frequency: Patient-Intermediate

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 The measure diagrams were developed by CMS as a supplemental resource to be used in conjunction with the measure specifications. They should not be used alone or as a substitution for the measure specification.

v4

**2020 Clinical Quality Measure Flow Narrative for Quality ID #236 NQF #0018:
Controlling High Blood Pressure**

Disclaimer: Refer to the measure specification for specific coding and instructions to submit this measure.

1. Start with Denominator
2. Check Patient Age:
 - a. If Patient Age is equal to 18 to 85 Years on Date of Service equals No during the measurement period, do not include in Eligible Population. Stop Processing.
 - b. If Patient Age is equal to 18 to 85 Years on Date of Service equals Yes during the measurement period, proceed to check Patient Diagnosis.
3. Check Patient Diagnosis:
 - a. If Diagnosis of Essential Hypertension as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Diagnosis of Essential Hypertension as Listed in the Denominator equals Yes, proceed to check Encounter Performed.
4. Check Encounter Performed:
 - a. If Encounter as Listed in the Denominator equals No, do not include in Eligible Population. Stop Processing.
 - b. If Encounter as Listed in the Denominator equals Yes, proceed to check Hospice Services given to Patient Any Time During the Measurement Period.
5. Check Hospice Services Given to Patient Any Time During the Measurement Period:
 - a. If Hospice Services Given to Patient Any Time During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Hospice Services Given to Patient Any Time During the Measurement Period equals No, proceed to check Documentation of End Stage Renal Disease (ESRD), Dialysis, Renal Transplant Before or During the Measurement Period or Pregnancy During the Measurement Period
6. Check Documentation of End Stage Renal Disease (ESRD), Dialysis, Renal Transplant Before or During the Measurement Period or Pregnancy During the Measurement Period:
 - a. If Documentation of End Stage Renal Disease (ESRD), Dialysis, Renal Transplant Before or During the Measurement Period or Pregnancy During the Measurement Period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If Documentation of End Stage Renal Disease (ESRD), Dialysis, Renal Transplant Before or During the Measurement Period or Pregnancy During the Measurement Period equals No, proceed to check Patients Age 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the Measurement Period
7. Check Patients Age 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the Measurement Period:

- a. If Patient Age is 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the Measurement Period equals Yes, do not include in Eligible Population. Stop processing.

If Patient Age is 66 or Older in Institutional Special Needs Plans (SNP) or Residing in Long-Term Care with POS code 32, 33, 34, 54, or 56 for more than 90 days during the Measurement Period equals No, proceed to check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period.

8. Check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND a dispensed medication for dementia during the measurement period or the year prior to the measurement period:
 - a. If patient 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND is dispensed medication for dementia during the measurement period of the year prior to the measurement period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If patient 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND is dispensed medication for dementia during the measurement period of the year prior to the measurement period equals No proceed to check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period.
9. Check Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period:
 - a. If patient 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period equals Yes, do not include in Eligible Population. Stop Processing.
 - b. If patient 66 years of age and older with at least one claim/encounter for frailty during the measurement period AND either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period equals No, include in Eligible Population.
10. Denominator Population:
 - a. Denominator Population is all Eligible Patients in the Denominator. Denominator is represented as Denominator in the Sample Calculation listed at the end of this document. Letter d equals 80 patients in the Sample Calculation.
11. Start Numerator
12. Check Most Recent Blood Pressure Measurement Performed - Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed -Diastolic Pressure less than 90 mmHG:

- a. If Most Recent Blood Pressure Measurement Performed - Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed -Diastolic Pressure less than 90 mmHG equals Yes, include in Data Completeness Met and Performance Met.
 - b. Data Completeness Met and Performance Met letter is represented as Data Completeness and Performance Rate in the Sample Calculation listed at the end of this document. Letter a equals 50 patients in Sample Calculation.
 - c. If Most Recent Blood Pressure Measurement Performed - Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed -Diastolic Pressure less than 90 mmHG equals No, proceed to check Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure less than 90 mmHG.
13. Check Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure less than 90 mmHG:
- a. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure less than 90 mmHG equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c¹ equals 10 patients in the Sample Calculation.
 - c. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure less than 90 mmHG equals No, proceed to check Most Recent Blood Pressure Measurement Performed- Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG.
14. Check Most Recent Blood Pressure Measurement Performed- Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG:
- a. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c² equals 10 patients in the Sample Calculation.
 - c. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure less than 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG equals No, proceed to check Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG.
15. Check Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG:

- a. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG equals Yes, include in Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c³ equals 0 patients in the Sample Calculation.
 - c. If Most Recent Blood Pressure Measurement Performed- Systolic Pressure greater than or equal to 140 mmHG AND Most Recent Blood Pressure Measurement Performed- Diastolic Pressure greater than or equal to 90 mmHG equals No, proceed to check Blood Pressure Measurement Not Documented, Reason Not Given.
16. Check Blood Pressure Measurement Not Documented, Reason Not Given:
- a. If Blood Pressure Measurement Not Documented, Reason Not Given equals Yes, include in the Data Completeness Met and Performance Not Met.
 - b. Data Completeness Met and Performance Not Met letter is represented as Data Completeness in the Sample Calculation listed at the end of this document. Letter c⁴ equals 0 patients in the Sample Calculation.
 - c. If Blood Pressure Measurement Not Documented, Reason Not Given equals No, proceed to check Data Completeness Not Met.
17. Check Data Completeness Not Met:
- a. If Data Completeness Not Met, the Quality Data Code or equivalent was not submitted. 10 patients have been subtracted from the Data Completeness Numerator in the Sample Calculation.

SAMPLE CALCULATIONS:

Data Completeness=

$$\frac{\text{Performance Met (a=50 patients)} + \text{Performance Not Met (c}^1\text{+c}^2\text{+c}^3\text{+c}^4\text{=20 patients)}}{\text{Eligible Population / Denominator (d=80 patients)}} = \frac{70 \text{ patients}}{80 \text{ patients}} = 87.50\%$$

Performance Rate=**

$$\frac{\text{Performance Met (a=50 patients)}}{\text{Data Completeness Numerator (70 patients)}} = \frac{50 \text{ patients}}{70 \text{ patients}} = 71.43\%$$