

Memorandum

To: Gold Coast Health Plan Primary Care Providers

From: Kim Timmerman, MHA, CPHQ, Director of Quality Improvement
Nancy R. Wharfield, M.D., Chief Medical Officer

Re: **Controlling Blood Pressure Measure**

Date: July 31, 2018

Known as the “silent killer,” high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the U.S. Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions.

Controlling Blood Pressure (CBP) is one of the Healthcare Effectiveness Data and Information Set (HEDIS[®]) performance measures that Gold Coast Health Plan (GCHP) reports annually to the state Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA). DHCS requires that the Plan meet the NCQA 25th percentile as a minimum performance level on this measure.

Goal of the Measure

The goal of the measure is to ensure that adult members diagnosed with hypertension have blood pressure that is controlled:

- Members ages 18 to 59 diagnosed with hypertension have blood pressure controlled at less than 140/90.
- Members ages 60 to 85 diagnosed with hypertension and diabetes have blood pressure controlled at less than 140/90.
- Members ages 60 to 85 diagnosed with hypertension without a diagnosis of diabetes have blood pressure controlled at less than 150/90.

Measure Documentation

The data for the CBP measure is collected completely through medical record review. Administrative data collected through claims and/or encounter data is not eligible to be used as compliance documentation for this measure.

The HEDIS[®] specifications require that the most recent blood pressure documented in the primary care provider’s medical record in the measurement year (MY) must be used to determine record compliance. If blood pressure is not documented, the record is considered non-compliant.

Performance Rate Trends

As noted in the table below, the Plan's CBP rate ranked at the minimum performance level (NCQA 25th percentile) in MY 2017, despite the notable improvement compared to 2016.

GCHP's CBP Rates for the 2014 – 2017 Measurement Years

Measurement Year	2014	2015	2016	2017
CBP rate	55.01	64.72	45.01	54.50
NCQA National Percentile Rank	25 th	50 th	10 th	25 th

GCHP's goal is to achieve the 75th percentile in MY 2018.

American Heart Association (AHA) Guidelines for Blood Pressure Measurement

The AHA standard of care emphasizes that blood pressure should be routinely assessed as part of a physical exam at each outpatient visit.

Blood pressure should be taken by trained observers who ensure that:

- ✓ The patient is in the correct position.
- ✓ There has been a period of quiet rest prior to taking the blood pressure reading.
- ✓ The appropriate size blood pressure cuff is used.

Standardization of this procedure is vital in obtaining valid readings. Procedures not followed, especially in busy clinical practice settings, may result in significantly higher blood pressure readings than when taken following recommended AHA guidelines. If the blood pressure is unusually high, consider taking it a second time.

Achieving Improved Outcomes

The American Journal of Medicine states that best practice includes annual follow up intervals for hypertension and blood pressure monitoring. Health care providers and plans can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.

Appropriate documentation and monitoring of patients for blood pressure control can contribute to better HEDIS® rates and health outcomes.

For additional information, [click here](#) for GCHP's HEDIS® CBP measure tip sheet.

If you have any questions, please contact the Quality Improvement Department at hedis@goldchp.org.