



2024 HTN-2

Controlling High Blood Pressure

Controlling High Blood Pressure (HTN-2)

High Blood Pressure AKA Hypertension



Hypertension is known as the 'Silent Killer'



Half of US adults have high blood pressure (108 million)



Only 1 in 4 adults (25%) have their hypertension under control



Hypertension increases the risk of heart disease and stroke which are the leading causes of death in the US



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. Health care providers can help individuals manage their high blood pressure by prescribing medications and encouraging low-sodium diets, increased physical activity and smoking cessation.

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Measure Description

The percentage of patients 18-85 years of age who had at least two outpatient visits on different dates of service, with a diagnosis of hypertension (HTN) on or between January 1, 2023 and June 30, 2024 and whose most recent blood pressure (BP) was adequately controlled (<140/90 mm Hg).

Note: The the current performance period blood pressure reading must occur on or after the date of the second diagnosis of hypertension and within the above date range.



18-85 years of age who have a diagnosis of hypertension (HTN)



Most recent blood pressure was **LESS** than **140/90 mm Hg** in the current performance period

Measure Steward: CMS Web Interface

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Required Exclusions

- **Hospice or palliative care services** anytime during the current performance period
- Patients who **passed away** anytime during the current performance period
- **End-stage renal disease (ESRD), dialysis, or kidney transplant** on or prior to the current performance period
- Diagnosis of **pregnancy** during the current performance period



- Medicare patients 66 years of age and older as of the end of the current performance period who meet either of the following: enrolled in an **Institutional SNP (I-SNP)** or residing in **long-term care** as identified by the LTI flag in the CMS Monthly File any time during the current performance period
- Patients 66-80 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** in the current performance period and an **advanced illness diagnosis** or dispensed dementia medication during the current performance period or year prior
- Patients 81 years of age and older as of the end of the current performance period with **two frailty indications on different dates of service** during the current performance period

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HTN-2 Documentation



Document BP on **every** patient encounter.



Retake and document BP when found to be $\geq 140/90$ (systolic or diastolic) after the patient has been seated and visited with the clinician. The lowest systolic and diastolic value may be used if the readings are from the same visit.



Patient reported blood pressures can be used as long as the patient did not use a manual cuff and stethoscope.



Blood pressures can be taken from a Remote Patient Monitoring device.



Remember, the last blood pressure of the measurement year is the abstracted BP and will determine gap compliance.

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Best Practices


- **Record ALL** blood pressures at every patient visit
- Implement a process to **recheck & document BP** if systolic is ≥ 140 or diastolic is ≥ 90 .
- **Use CPT II codes** to lessen the administrative burden of manual chart reviews.
- **Schedule routine visit** for patients with high blood pressure. This allows for multiple readings throughout the year, potential medication adjustment and diet/exercise education.
- **Review medication adherence** with patients, including potential barriers.
- Ensure equipment is **calibrated** and **multiple size cuffs** are available for use.
- **Train staff** on how to properly obtain a blood pressure

Blood Pressure Recheck Workflow

The Centers for Disease Control and Prevention has determined that the best practice for blood pressure monitoring is to recheck the patient's blood pressure before the patient leaves the provider's office. This small action has significantly improved blood pressure readings and performance in the Controlling Blood Pressure (CBP) HEDIS® measure.

1 Collect Initial Patient Blood Pressure and Document

Use American Medical Association's 7 Tips to ensure you obtained an accurate blood pressure.



***Accurate blood pressure readings may help ensure accuracy of a hypertension diagnosis and identify effectiveness of existing medication and medication adherence.

Empty Bladder First
Full bladder adds 10 mm Hg

Support Back and Feet
Unsupported adds 6 mm Hg

Keep Legs Uncrossed
Crossed legs adds 2-6 mm Hg


Use Correct Cuff Size
Small cuff adds 2-10 mm Hg

Place Cuff on Bare Arm
Over clothing adds 5-60 mm Hg

Support Arm at Heart Level
Unsupported arm adds 10 mm Hg


Don't Have a Conversation
Talking or eating/reading adds 10 mm Hg

2 Patients with Elevated Blood Pressures ($>$ or $= 140/19$)



Place a magnet or reminder on the door frame to indicate that a BP recheck is needed. Then, before the patient leaves, a clinician will recheck the patient's blood pressure to determine if it was a genuinely high BP reading.

3 Important: Document ALL Blood Pressure Readings



Document all blood pressure readings in the patient's medical records. Documentation may be placed in the patient's vital sign flow chart or simply placed into the visit progress notes. All readings are encouraged. The lowest systolic and the lowest diastolic can be used to represent the patient's final BP reading for the visit.

4

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Centers for Disease Control and Prevention
Team Approach to Controlling Hypertension

5 Develop or Update the Patient Care Plan

Consider requesting the patient continue to check his/her blood pressure at home with a digital monitor

Consider reviewing the medication regime and medication barriers

Consider discussing diet and exercise

BP Category	Most recent diastolic blood pressure	BP Threshold
3078F	Most recent diastolic blood pressure	< 85 mm Hg
3079F	Most recent diastolic blood pressure	85-89 mm Hg
3080F	Most recent diastolic blood pressure	≥ 90 mm Hg

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Other Quality Measures Tied to HTN-2

CAHPS: Care Coordination

Care Coordination (CC):

Did you personal doctor:

- Have your medical records or other information about your care?
- Follow up to give you test results as soon as you needed them?
- Talk with you about all the prescription medications you were taking?
- Manage your care among different providers and services?
- Seem informed and up-to-date about the care you received from specialists?

CAHPS: Access to Care

Getting Needed Care (GNC):

- How easy was it to get care, tests or treatment you needed?
- How easy was it to get appointments with specialists?
-

Getting Appointments and Care Quickly (GCQ):

- How often were you able to get care as soon as you needed?
- How often were you able to get appointments for routine care at a doctor's office as soon as you needed?
- How often were you able to see the person you came to see within 15 minutes of your appointment time?





QUESTIONS?

Please reach out to **EMAIL:** carepartnersquality@privahealth.com