# IT-1.7: Controlling High Blood Pressure

| **Measure Title** | **IT-1.7 Controlling High Blood Pressure** |
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| **Description** | Percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year. |
| **NQF Number** | 0018 |
| **Measure Steward** | National Committee for Quality Assurance |
| **Link to measure citation** | <http://www.qualityforum.org/QPS/0018>  <http://www.qualitymeasures.ahrq.gov/popups/printView.aspx?id=47176> |
| **Measure type** | Stand-Alone (SA) |
| **Performance and Achievement Type** | Pay for Performance (P4P) - QSMIC   |  |  |  |  | | --- | --- | --- | --- | |  | Baseline | DY4 | DY5 | | Achievement Level Calculations | Baseline below MPL | MPL | MPL + 10%\* (HPL-MPL) | | Baseline above MPL | Baseline + 10%\*(HPL - Baseline) | Baseline + 20%\*(HPL - Baseline) | |
| **Benchmark Description** | |  |  | | --- | --- | | NCQA Quality Compass | | | HPL (90th Percentile) | 69.11% | | | MPL (25th Percentile) or 10th if applicable | 50.11% | | |
| **DSRIP-specific modifications to Measure Steward’s specification** | The Measure Steward’s specification has been modified as follows:   * Replaced references to specific dates/months to more general terminology * Replaced denominator reference requiring patient needing to be enrolled for a continuous 12-month period and inserted a requirement that the patient must have at least one encounter with the provider in the 12-month period prior to the measurement period. |
| **Denominator Description** | Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year. |
| **Denominator Inclusions** | * Members 18 to 85 years of age as of the last day of the measurement year with at least one outpatient visit (Outpatient CPT Value Set) with a diagnosis of hypertension (HTN) (Hypertension Value Set) during the first six months of the measurement year * To confirm the diagnosis of hypertension, the organization must find notation of at least one of the following in the medical record on or before the last day of month 6 of the measurement year:   + HTN   + High blood pressure (HBP)   + Elevated blood pressure (↑BP)   + Borderline HTN   + Intermittent HTN   + History of HTN   + Hypertensive vascular disease (HVD)   + Hyperpiesia   + Hyperpiesis * The notation of hypertension may appear anytime on or before the last day of month 6 of the measurement year, including prior to the measurement year. It does not matter if hypertension was treated or is currently being treated. Refer to the original measure documentation for further details. * The patient must have at least one encounter with the provider in the 12 month period prior to the measurement period |
| **Denominator Exclusions** | * Exclude all patients with evidence of end-stage renal disease (ESRD) or kidney transplant on or prior to the end of the measurement year. Documentation in the medical record must include a related note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD. * Exclude all patients with a diagnosis of pregnancy during the measurement year. * Exclude all patients who had an admission to a non-acute inpatient setting during the measurement year. |
| **Denominator Size** | Providers must report a minimum of 30 cases per measure during a 12-month measurement period   * For a measurement period where the denominator size is less than or equal to 75, providers must report on all cases. No sampling is allowed. * For a measurement period where the denominator size is less than or equal to 380 but greater than 75, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of not less than 76 cases. * For a measurement period where the denominator size is greater than 380, providers must report on all cases (preferred, particularly for providers using an electronic health record) or a random sample of cases that is not less than 20% of all cases; however, providers may cap the total sample size at 300 cases. |
| **Numerator Description** | The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient’s BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient’s BP is adequately controlled, the representative BP must be identified. |
| **Numerator Inclusions** | * Note: Representative BP: The most recent BP reading during the measurement year (as long as it occurred after the diagnosis of hypertension was made). If multiple measurements occur on the same date, or are noted in the chart on the same date, the lowest systolic and lowest diastolic BP reading should be used. If no BP is recorded during the measurement year, assume that the member is "not controlled". |
| **Numerator Exclusions** | Do not include blood pressure (BP) readings:   * Taken during an acute inpatient stay or an emergency department (ED) visit * Taken during an outpatient visit which was for the sole purpose of having a diagnostic test or surgical procedure performed (e.g., sigmoidoscopy, removal of a mole) * Obtained the same day as a major diagnostic or surgical procedure (e.g., stress test, administration of intravenous [IV] contrast for a radiology procedure, endoscopy) * Reported by or taken by the member   The patient is not compliant if the BP reading is greater than or equal to 140/90 or is missing, or if there is no BP reading during the measurement year or if the reading is incomplete (e.g., the systolic or diastolic level if missing). |
| **Setting** | Ambulatory |
| **Data Source** | Administrative/Clinical data sources, electronic clinical data, paper medical records |
| **Allowable Denominator Sub-sets** | All denominator subsets are permissible for this outcome |