Hypertension: Controlling High Blood Pressure

TOOLKIT

Overview

Controlling high blood pressure (BP) 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.

Under the 2017 hypertension guidelines, nearly half of adults in the United States has hypertension and over half are not controlled. Uncontrolled blood pressure leads to increased incidence of coronary heart disease, stroke, heart failure, kidney disease and vision loss. Appropriate management of patients with high blood pressure is crucial to improved outcomes and reduced cost of care.

How to satisfy the measure

The controlling high blood pressure measure is satisfied when a qualifying persons' most recent blood pressure (both systolic and diastolic) taken during an outpatient visit, a nonacute inpatient encounter, or remote monitoring event during the measurement year is adequately controlled (<140/90 mm Hg).

The following are BP readings that are excluded:

- BP readings reported by or taken by the patient
- BP readings taken during an acute inpatient stay or an emergency department (ED) visit
- BP readings 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. (e.g., colonoscopy, dialysis, infusions, chemotherapy, nebulizer treatment with albuterol, etc.)

Measure Definition

Eligible Population

Denominator

Persons ages 18-85 years who are covered by an LHP product and had at least two visits on different dates of service with a diagnosis of hypertension (HTN) during the measurement year and year prior.

Exclusions

- Evidence of end stage renal disease (ESRD) or kidney transplant
- Pregnancy during the measurement year
- Patients who had a nonacute inpatient admission during the measurement year
- 81 and older diagnosed with frailty during the measurement year
- 66-80 years of age diagnosed with frailty and advanced illness during the measurement year
- Used hospice services at any time during the measurement year

Performance Met

Numerator

- Persons whose most recent BP (both systolic and diastolic) is adequately controlled (<140/90 mm Hg).

Documentation, Coding, Billing

Legacy Health Partners (LHP) relies on BP readings from Legacy Epic, CPT II codes from medical claims, and accepts supplemental clinical data from practices' EHRs to document BP readings and contribute to your overall performance. **Contact Legacy Health Partners to learn more about the process for submitting clinical data for eligible performance measures.**

Performance measures like Healthcare Effectiveness Data and Information Set (HEDIS®) measures help improve quality scores as you improve the health of your patients. Using complete and accurate codes can help you satisfy the measure, reduce errors, and maintain and even improve your scores.

Common billing codes accepted by HEDIS®
Consider submitting CPT II codes: • **3074F** (systolic <130 mmHg) • **3075F** (systolic =130-139 mmHg) • **3077F** (systolic >140 mm Hg) • **3078F** (diastolic <80 mmHg) • **3079F** (diastolic =80-89 mmHg) • **3080F** (diastolic > 90 mmHg)

* HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).
** Documentation requirements and billing code guidance based on NCQA specifications.

Process & workflow

Operational considerations for blood pressure management

- Train staff and routinely assess for competency in achieving accurate blood pressure measurement. (sample)
- Place educational posters in exam rooms so patients can remind staff about accurate blood pressure measurement. (sample)
- Create and train on policies for reassessment when high blood pressure readings are taken during the rooming process.
- Create policies and workflows to ensure telehealth appointments do not interfere with routinely assessing blood pressure.
- Offer one-time no-charge nurse-only visits for blood pressure reassessment following blood pressure medication changes.
- Incorporate current evidence-based blood pressure guidelines into chronic care/population management workflows to identify patients for appropriate follow-up and ensure appropriate treatment decisions. This should include how often to recall patients for follow-up.
- Share this toolkit to educate providers and staff how to satisfy the Controlling High Blood Pressure measure.

Clinical considerations for blood pressure management

- Place referrals, when appropriate, for dietary and lifestyle changes (RD, CDE, nutritionist)
- Place referrals, when appropriate, for medication resistant hypertension (pharmacist, cardiologist)
- Determine, as a clinic, which clinical guidelines will be standardized and implemented as a matter of clinic policy and workflow. This should guide interventions, including initiation of medication(s), for your entire population of patients with hypertension.
    - JNC8 (following this guideline may result in less favorable quality measure results for hypertension patients age 60 and older without DM or CKD)
    - ACA/AHA Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults (2025)
    - American Academy of Family Practice Blood Pressure Targets in Adults with Hypertension (2022)
- Consider testing and/or treating for causes of secondary hypertension (eg obstructive sleep apnea, CKD, primary aldosteronism, drug or alcohol induced, or renovascular hypertension.

Considerations for specific populations

Studies have shown lower blood pressure control rates in non-white populations. This has been largely attributed to disparities in social determinants of health (eg health literacy, socioeconomic status, access to healthcare), as well as low awareness rates and dietary habits. Community referrals to help address these issues may result in improved outcomes for non-white patient populations[1].

[1] https://pmc.ncbi.nlm.nih.gov/articles/PMC9838393/

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