Controlling high blood pressure (CBP)

Effectiveness of Care HEDIS® Measure

Measurement definition

Patients ages 18–85 in the measurement year who had a diagnosis of hypertension, and whose blood pressure was adequately controlled (<140/90 mm Hg) as of December 31 of the measurement year.

Exclusions

Patients are excluded if they:

- Received hospice care during the measurement year.

- Have end-stage renal disease, dialysis, nephrectomy or kidney transplant.

- Have a pregnancy diagnosis.

- Are age 81 or older with frailty.

- Are ages 66–80 with advanced illness and frailty (for additional definition information, see the *Advanced Illness and Frailty Guide*).

Information that patient medical records should include

- Include all blood pressure readings and the dates they were obtained. The last blood pressure reading of the year will be used for HEDIS compliance determination.

  o Document exact readings; do not round up blood pressure readings.

- Blood pressure readings taken by an electronic device that are digitally stored, transmitted to and interpreted by the provider are acceptable. Patient-reported results (whether electronic or taken at home) can't be used for HEDIS compliance.

Information that patient claims should include

Submit blood pressure CPT® II codes for each office visit:

CPT® II code	Most recent systolic blood pressure
3074F	< 130 mm Hg
3075F	130–139 mm Hg
3077F	≥ 140 mm Hg
CPT® II code	**Most recent diastolic blood pressure**
3078F	< 80 mm Hg
3079F	80–89 mm Hg
3080F	≥ 90 mm Hg

Tips for taking blood pressure readings in the office

- Use the proper cuff size.

- Advise the patient not to talking during the measurement.

- Ensure that patients don't cross their legs and have their feet flat on the floor during the reading. Crossing legs can raise the systolic pressure by 2–8 mm Hg.

- Make sure the elbow is at the same level as the heart. If the patient's arm is hanging below heart level and unsupported, this position can elevate the measured blood pressure by 10–12 mm Hg.

- Take it twice. If the patient has a high blood pressure reading at the beginning of the visit, retake and record it at the end of the visit. Consider switching arms for subsequent readings.

Tips for talking with patients

According to the American Heart Association and American College of Cardiology, one of the biggest challenges is convincing patients of the importance of maintaining a healthy blood pressure.

- Educate patients on the importance of blood pressure control and the risks when blood pressure is not controlled.

- Encourage blood pressure monitoring at home and ask patients to bring a log of their readings to all office visits (educate patients on how to properly measure blood pressure at home).

- Prescribe single-pill combination medications whenever possible to assist with medication compliance.

- Discuss the importance of medication adherence at every visit. According to the Centers for Disease Control and Prevention:

  o Only half of hypertensive patients over 65 have their blood pressure under control.

  o One in four patients with Medicare Part D prescription insurance are not taking their blood pressure medication as prescribed.

- Advise patients not to discontinue blood pressure medication before contacting your office. If they experience side effects, another medication can be prescribed.

- If patients have an abnormal reading, schedule follow-up appointments for blood pressure readings until their blood pressure is controlled.

- Encourage lifestyle changes, such as diet, exercise, smoking cessation and stress reduction.