



One in a series of tip sheets that look at key Healthcare Effectiveness Data and Information Set measures, commonly referred to as HEDIS® measures.

## Controlling high blood pressure

This measure examines the percentage of members 18 to 85 years old who had a diagnosis of hypertension and whose blood pressure was adequately controlled based on the following criteria:

- Members ages 18 to 59 whose blood pressure reading was <140/90
- Members ages 60 to 85 with a diagnosis of diabetes whose BP reading was <140/90
- Members ages 60 to 85 whose blood pressure reading was <150/90

### What counts?

While blood pressure control is important all year long, the blood pressure reading used for measurement purposes is the **last one taken during the year**, and it must occur **after** the date when hypertension was diagnosed.

If there is more than one reading at a single visit, the lowest systolic and diastolic readings are the ones that are used.

### Improving HEDIS scores

Proper documentation is critical:

- Document diagnosis and/or diagnosis code prior to June 30. Examples of how you can document an evidence-confirming diagnosis include: HTN, High BP, Elevated BP, Hypertension, Borderline HTN, Intermittent HTN, History of HTN, Hypertensive vascular disease, Hyperpiesia and Hyperpiesis.
- Record **all blood pressures** taken during a visit, whether taken by a doctor or a nurse. And if initial blood pressure is high (140/90 or 150/90 or higher for age/condition range), make sure to record a second blood pressure reading, if taken.
- Use the exact reading and **don't round up a manual blood pressure reading**. Rounding up just a few points can result in a reading moving from "controlled" to "uncontrolled."

### Did you know?

- About 75 million American adults (32 percent) have high blood pressure. That's one in every three adults. Only about half (54 percent) of people with high blood pressure have their condition under control.
- High blood pressure costs the nation \$48.6 billion each year. This includes the cost of health care services, medications to treat high blood pressure, as well as missed days of work.

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**Exclusions:** Patients with one of the following conditions can be excluded from the controlling high blood pressure measure:

- End-stage renal disease or kidney transplant
- Pregnancy
- Non-acute inpatient admission during the current year
- Members in hospice

## Helpful HEDIS hints

- When confirming hypertension, document the date the provider became aware of the diagnosis (versus when the patient was first diagnosed with hypertension)
- Obtain a blood pressure reading when a patient visits their primary care doctor for a vaccine or other reason.
- Don't include blood pressure readings:
  - Taken during an acute inpatient stay or emergency room visit
  - Taken on the same day as a diagnostic test or a diagnostic/therapeutic procedure that requires a change in medication or diet or occurs one day before the day of a test or procedure
  - Reported or taken by a member

## Tips:

**Reach out.** Contact patients to remind them of the need for follow-up appointments. If a patient has been diagnosed with hypertension and no blood pressure reading has been recorded during the year, then it's assumed that the patient's blood pressure is not being controlled.

**Educate.** Poor control and compliance lead to poor outcomes. Knowing the risks can help patients make better decisions. Be sure to remind patients to take their medications regularly and correctly to help improve compliance and keep blood pressure under control.

**Document.** The following notations in the chart don't qualify as a diagnosis of hypertension: white-coat hypertension, rule out hypertension, possible hypertension, reactive hypertension and consistent with hypertension. The United States Preventive Services Task Force recommends confirming elevated blood pressure readings with ambulatory blood pressure readings before making the diagnosis.

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