

Controlling High Blood Pressure (CMS 165v8)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2020.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ep/2020/cms165v8>

Measure Type:

HEDIS ☐ PQI ☐ Survey ☐ Other ☒ Specify: eCQM

Measure Utility:

CCO Incentive ☐ State Quality ☒ CMS Adult Core Set ☒ CMS Child Core Set ☐
Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2020 – December 31, 2020

Benchmark:

	2013	2014	2015	2016	2017	2018	2019	2020
Benchmark for OHA measurement year	n/a	n/a	64%	69.0%	69.0%	70.6%	71.0%	n/a*
Source			2014 national Medicaid 75 th percentile	2015 national Medicaid 90 th percentile	2015 national Medicaid 90 th percentile	2016 national Medicaid 90 th percentile	2018 national Medicaid 90 th percentile	

* This measure is not incentivized, but is still reported per Oregon's Medicaid waiver.

Changes in Specifications from 2019 to 2020: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes:

<https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS165v8-TRN.xlsx>.

- Removed reference to NQF number and endorsement.
- Updated description statement to include overlapping diagnosis of hypertension and the measurement period to align with most recent guidelines.
Description now states: "Percentage of patients 18-85 years of age who had a diagnosis of hypertension overlapping the measurement period and whose most recent blood pressure was adequately controlled (<140/90mmHg) during the measurement period."
- Updated rationale, clinical recommendation statement, and references.

- Updated guidance statement related to blood pressure measurement readings to provide more details and align with newest guidelines.

Please note that guidance now **omits** the former reference to “blood pressure readings performed by a clinician ***in the provider office.***” The guidance now states, with underlining added to highlight change in acceptable readings:

“In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure.”

The guidance further states:

“Do not include BP readings:

- Taken during an acute inpatient stay or an ED visit
- 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.
- Reported by or taken by the member

If no blood pressure is recorded during the measurement period, the patient's blood pressure is assumed "not controlled."

If there are multiple blood pressure readings on the same day, use the lowest systolic and the lowest diastolic reading as the most recent blood pressure reading.”

- Updated initial population statement by replacing 'within first six months of the measurement period or any time prior to' with 'overlapping' measurement period to align with most recent guidelines. Added 'visit' to Initial Population.'
- Added exclusion for patients with advanced illness and frailty because it is unlikely that patients will need the services being measured.
- Added exclusion for patients 66 years of age and older who are living in a long-term institutional setting, such as a nursing home, for more than 90 days in the measurement period to align with the HEDIS parent measure exclusion.
- Updated numerator statement to 'Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period' to be succinct.
- Updated Numerator logic to use the lowest systolic and diastolic reading on the day of the most recent blood pressure.
- Updates to Clinical Quality Language names to align with CQL Style Guide and expression to confirm to HL7 standard;
- Updated definitions and functions in the Measure Authoring Tool (MAT) Global Common Functions Library to align with standards changes, Clinical Quality Language (CQL) Style Guide, and to include two new functions related to calculating hospital stays.

Value Set Name and OID	Status
Value set Annual Wellness Visit (2.16.840.1.113883.3.526.3.1240)	Added SNOMED CT extensional value set (2.16.840.1.113883.3.526.2.1772) including 2 codes.
Value set Dialysis Services (2.16.840.1.113883.3.464.1003.109.12.1013)	Added 4 CPT codes (1019320, 90957, 90958, 90959).

Value set Essential Hypertension (2.16.840.1.113883.3.464.1003.104.12.1011)	Added 1 SNOMED CT code (762463000).
Value set Kidney Transplant (2.16.840.1.113883.3.464.1003.109.12.1012)	Added ICD-10-PCS extensional value set (2.16.840.1.113883.3.464.1003.109.11.1067) including 6 codes.
Value set Kidney Transplant Recipient (2.16.840.1.113883.3.464.1003.109.12.1029)	Deleted 1 ICD-10-CM code (V42.0).
Value set Acute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1083)	Added Acute Inpatient.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added Advanced Illness.
Value set Nonacute Inpatient (2.16.840.1.113883.3.464.1003.101.12.1084)	Added Nonacute Inpatient.
Value set ED (2.16.840.1.113883.3.464.1003.101.12.1085)	Added ED.
Value set Observation (2.16.840.1.113883.3.464.1003.101.12.1086)	Added Observation.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087)	Added Outpatient.
Value set Frailty Device (2.16.840.1.113883.3.464.1003.118.12.1300)	Added Frailty Device.
Value set Frailty Encounter (2.16.840.1.113883.3.464.1003.101.12.1088)	Added Frailty Encounter.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Added Frailty Symptom.
Value set Frailty Diagnosis (2.16.840.1.113883.3.464.1003.113.12.1074)	Added Frailty Diagnosis.
Value set Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)	Added Dementia Medications.
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)	Added Care Services in Long-Term Residential Facility.
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)	Added Nursing Facility Visit.
Value set Adult Outpatient Visit (2.16.840.1.113883.3.464.1003.101.12.1065)	Removed Adult Outpatient Visit.

Denied claims: n/a

Measure Details

The detailed measure specifications are available in the eCQI Resource Center: <https://ecqi.healthit.gov/ecqm/ep/2020/cms165v8>. The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-85 years of age who had a visit and diagnosis of essential hypertension overlapping the measurement period

Required exclusions for denominator:

- Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period.
- Also exclude patients with a diagnosis of pregnancy during the measurement period.
- Exclude patients whose hospice care overlaps the measurement period.
- Exclude patients 66 and older who are living long term in an institution for more than 90 days during the measurement period.
- Exclude patients 66 and older with advanced illness and frailty because it is unlikely that patients will benefit from the services being measured.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Note: See specifications guidance statement for additional information on blood pressure readings that can be counted for numerator compliance.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Measure specifications, guidance on how to read eQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>
- Additional information on OHA reporting requirements will be available in the Year Eight (2020) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>