



## Controlling High Blood Pressure (NQF 0018/CMS 165v6)

### Measure Basic Information

**Name and date of specifications used:** Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2018.

**URL of Specifications:** <https://ecqi.healthit.gov/eligible-professional-eligible-clinician-ecqms> (select 2018 from the drop-down menu under “Select Performance/ Reporting Period” and then click the “Apply” button).

*Note:* eCQM specifications typically are updated at least annually. The eCQM version number changes with each annual update. Once certified, however, electronic health records (EHRs) are not required to be recertified with updated eCQM specifications, so the [Certified HIT Products List](#) may not accurately reflect the version of an eCQM that is actually supported by an EHR vendor. OHA will accept year six data (2018) submissions from previous releases of the eCQM specifications, but CCOs will need to document the version number of the specifications they are using.

**Measure Type:**

HEDIS  PQI  Survey  Other  Specify: Meaningful Use

**Measure Utility:**

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

**Data Source:** Electronic Health Records

**Measurement Period:** Calendar Year 2018

OHA anticipates publishing the Year Six (2018) Guidance Document in summer 2018.

**2013 Benchmark:** n/a

**2014 Benchmark:** n/a

**2015 Benchmark:** 64%, from the 2014 national Medicaid 75<sup>th</sup> percentile.

**2016 Benchmark:** 69.0%, from the 2015 national Medicaid 90<sup>th</sup> percentile.

**2017 Benchmark:** 69.0%, from the 2015 national Medicaid 90<sup>th</sup> percentile.

**2018 Benchmark:** 70.6%, 2016 national Medicaid 90<sup>th</sup> percentile

**2018 Improvement Targets:** Minnesota method with 2 percentage point floor.

**Changes in Specifications from 2017 to 2018:** Changes are documented in Technical Release Notes available at <https://ecqi.healthit.gov/ecqm/measures/cms165v6>

Changes to this measure include:

- New exclusion: Exclude patients in hospice care from the denominator.

- Change in measure logic: Replaced the 'starts before start of' and 'starts before end of' logical operator to address situations where time stamps are not attached to procedures, diagnosis, and immunizations. Wherever applicable, the operators have been changed to 'starts before or concurrent with start of' or 'starts before or concurrent with end of' respectively.
- Removed 'Other Services Related to Dialysis' and 'Dialysis Education' interventions from the list of Denominator Exclusions to remove proxies for dialysis.
- Updated the logic to ensure the BP reading takes place after the diagnosis of essential hypertension to meet the measure intent.
- Under continuous enrollment criteria, removed reference to eligibility rule of "eligible as of last date of the reporting period" and added reference to alignment with CMS specifications.

Value Set Name and OID	Status
Value set Kidney Transplant (2.16.840.1.113883.3.464.1003.109.12.1012)	Deleted 1 SNOMEDCT code (48994000)
Value set Pregnancy (2.16.840.1.113883.3.526.3.378)	Deleted 550 ICD9CM codes
Value set Encounter Inpatient (2.16.840.1.113883.3.666.5.307)	Added Encounter Inpatient
Value set Hospice care ambulatory (2.16.840.1.113762.1.4.1108.15)	Added Hospice care ambulatory
Value set Discharged to Health Care Facility for Hospice Care (2.16.840.1.113883.3.117.1.7.1.207)	Added Discharged to Health Care Facility for Hospice Care
Value set Discharged to Home for Hospice Care (2.16.840.1.113883.3.117.1.7.1.209)	Added Discharged to Home for Hospice Care
Value set Dialysis Education (2.16.840.1.113883.3.464.1003.109.12.1016)	Removed Dialysis Education
Value set Other Services Related to Dialysis (2.16.840.1.113883.3.464.1003.109.12.1015)	Removed Other Services Related to Dialysis
Value set Dialysis Services (2.16.840.1.113883.3.464.1003.109.12.1013)	Added 1 SNOMEDCT code (714749008)
Value set ESRD Monthly Outpatient Services (2.16.840.1.113883.3.464.1003.109.12.1014)	Added 10 CPT codes (90951, 90952, 90953, 90954, 90955, 90956, 90963, 90964, 90967, 90968)
Value set Pregnancy (2.16.840.1.113883.3.526.3.378)	Added 12 ICD10CM codes

**Denied claims:** n/a

## Measure Details

**Data elements required denominator:** Patients 18-85 years of age who had a diagnosis of essential hypertension<sup>1</sup> within the first six months of the measurement period or any time prior to the measurement period

Qualifying Outpatient Service	Grouping Value Set <sup>2</sup>
Office Visit	Office Visit Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1001)
Face-to-Face Interaction	Face-to-Face Interaction Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1048)
Preventive Care Services – Established Office Visit, 18 and Up	Preventive Care Services - Established Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1025)
Preventive Care Services – Initial Office Visit, 18 and Up	Preventive Care Services-Initial Office Visit, 18 and Up Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1023)
Home Healthcare Services	Home Healthcare Services Grouping Value Set (2.16.840.1.113883.3.464.1003.101.12.1016)
Annual Wellness Visit	Annual Wellness Visit Grouping Value Set (2.16.840.1.113883.3.526.3.1240)

**Required exclusions for denominator:** Patients with:

Exclusions	Grouping Value Set
End stage renal disease (ESRD)	End Stage Renal Disease Grouping Value Set (2.16.840.1.113883.3.526.3.353)
Chronic Kidney Disease, Stage 5	Chronic Kidney Disease, Stage 5 Grouping Value Set (2.16.840.1.113883.3.526.3.1002)
Dialysis or renal transplant before or during the measurement period	Vascular Access for Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1011) ESRD Monthly Outpatient Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1014) Kidney Transplant Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1012)

<sup>1</sup> Essential hypertension is identified using the Essential Hypertension Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1011).

<sup>2</sup> Grouping Value Sets are lists of specific values (terms and their codes) derived from single or multiple standard vocabularies used to define clinical concepts (e.g. patients with diabetes, clinical visit, reportable diseases) used in clinical quality measures and to support effective health information exchange. Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine. <https://vsac.nlm.nih.gov/>

<b>Exclusions</b>	<b>Grouping Value Set</b>
	Dialysis Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1013)
A diagnosis of pregnancy during the measurement period	Pregnancy Grouping Value Set (2.16.840.1.113883.3.526.3.378)
In hospice care during the measurement period	Discharged to Health Care Facility for Hospice Care SNOMEDCT Value Set (2.16.840.1.113883.3.117.1.7.1.207) Discharged to Home for Hospice Care SNOMEDCT Value Set (2.16.840.1.113883.3.117.1.7.1.209) Hospice care ambulatory SNOMEDCT Value Set (2.16.840.1.113762.1.4.1108.15)

**Deviations from cited specifications for denominator:** None.

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

**Note:** Only blood pressure readings performed by a clinician in the provider office are acceptable for numerator compliance with this measure. Blood pressure readings from the patient's home (including readings directly from monitoring devices) are not acceptable.

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.

**Note:** The measure specifications for the numerator call for blood pressure results during an adult outpatient visit. Results taken in a hospital setting should not be included.

**Required exclusions for numerator:** None.

**Deviations from cited specifications for numerator:** None.

**What are the continuous enrollment criteria:**

There are no continuous enrollment criteria required for this measure. OHA's intention is to maintain alignment with CMS specifications for this measure, including specifications for reporting the supplemental data element for "Patient Characteristic Payer: Payer."

**What are allowable gaps in enrollment:** n/a

**Define Anchor Date (if applicable):** n/a

**For more information:**

- Value Sets can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine . <https://vsac.nlm.nih.gov/>



- How to read eCQMs: [http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIincentivePrograms/Downloads/Guide\\_Reading\\_EP\\_Hospital\\_eCQMs.pdf](http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIincentivePrograms/Downloads/Guide_Reading_EP_Hospital_eCQMs.pdf)
- CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/>
- Year Six (2018) guidance will be available online at:  
<http://www.oregon.gov/oha/Analytics/Pages/CCO-Baseline-Data.aspx>