

Controlling High Blood Pressure (NQF 0018/CMS 165v5)

Measure Basic Information

Name and date of specifications used: Meaningful Use 2017 electronic Clinical Quality Measure (eCQM) Specifications for Eligible Professionals, April 2016 Update **and Addendum from January 2017**.

URL of Specifications:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html
(click on files under the heading “eCQMs for Eligible Professionals and MIPS Eligible Clinicians,” subheading “**Addendum to eCQMs for eReporting for the 2017 Performance Period (as of January 2017)**” for the specification files, including quality data model (QDM) data elements).

Note: eCQM specifications have the potential to update every six months. Once certified, electronic health records (EHRs) are not required to be recertified with the updated specifications. OHA will accept year five data submissions from previous releases of the eCQM specifications, but CCOs will need to document the date of the specifications they are using.

Measure Type:

HEDIS ☐ PQI ☐ Survey ☐ Other ☒ Specify: Meaningful Use

Measure Utility:

CCO Incentive ☒ Core Performance ☐ CMS Adult Set ☐ CHIPRA Set ☐ State Performance ☒
Other ☐ Specify:

Data Source: Electronic Health Records

Measurement Period: Calendar Year 2017

OHA anticipates publishing the Year Five Guidance Document in summer 2017.

2013 Benchmark: n/a

2014 Benchmark: n/a

2015 Benchmark: 64%, from the 2014 national Medicaid 75th percentile.

2016 Benchmark: 69.0%, from the 2015 national Medicaid 90th percentile.

2017 Benchmark: 69.0%, from the 2015 national Medicaid 90th percentile.

Changes in Specifications from 2016 to 2017: Changes are documented in the 2016 Annual Update of 2014 Eligible Hospitals and Eligible Professionals eCQMs Technical Release Notes available online at https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_2016TechnicalReleaseNotes.pdf **and the January 2017 addendum** https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/eCQM_TechReleaseNotes_ICD10only_Jan2017.pdf.

Changes to this measure include:

- New guidance indicating which blood pressure reading to use when there are multiple readings on the same day.
- Changes to datatypes in measure logic to conform to QDM 4.2 changes (re-specified “Diagnosis” datatype).
- Adjustment to timing statement in measure logic to capture the time period specified in the measure description.

Value Set Name	Value Set OID	Status
Kidney Transplant	2.16.840.1.113883.3.464.1003.109.12.1012	Added 1 HCPCS code (S2065).
Diagnosis of hypertension	2.16.840.1.113883.3.600.263	Added 3 ICD10CM codes (I16.0, I16.1, I16.9)

Denied claims: n/a

Measure Details

Data elements required denominator: Patients 18-85 years of age who had a diagnosis of essential hypertension¹ within the first six months of the measurement period or any time prior to the measurement period and who received a qualifying outpatient service during the measurement period:

Qualifying Outpatient Service	Grouping Value Set ²
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)

¹ Essential hypertension is identified using the Essential Hypertension Grouping Value Set (2.16.840.1.113883.3.464.1003.104.12.1011).

² 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/>

Qualifying Outpatient Service	Grouping Value Set ²
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
Evidence of 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) Dialysis Services Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1013) Other Services Related to Dialysis Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1015) Dialysis Education Grouping Value Set (2.16.840.1.113883.3.464.1003.109.12.1016)
A diagnosis of pregnancy during the measurement period.	Pregnancy Grouping Value Set (2.16.840.1.113883.3.526.3.378)

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. Where possible, CCOs should apply the eligibility rule of 'eligible as of the last date of the reporting period' to identify beneficiaries. OHA's preference is to receive data for Medicaid beneficiaries only, but data for the entire population may be submitted if the data is in aggregate. For any submission of patient-level data, the data must be limited to Medicaid only.

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 eQMs: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Guide_Reading_EP_Hospital_eQMs.pdf
- CMS's eQM Library: https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eQM_Library.html
- Year Five guidance will be available online at: <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

Version Control

2/10/17 -- Updates added to reflect CMS's January 2017 addendum to eQM specifications.