

# QUALITY Matters

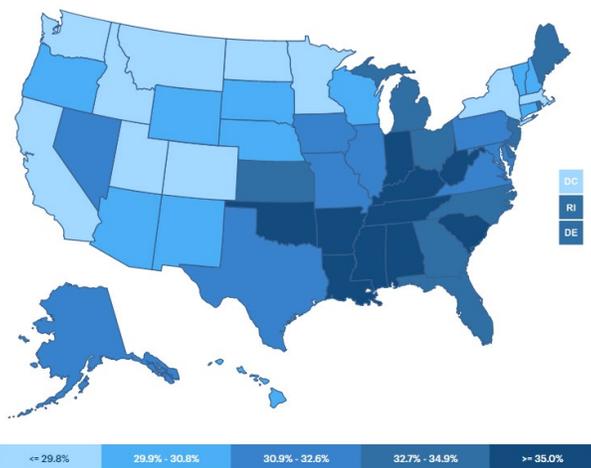


February 2019

## Topic: Blood Pressure Control

High blood pressure is a modifiable risk factor for heart disease and stroke, two of the leading causes of death in America. Hypertension often has no symptoms and is estimated to afflict one in three - or 75 million - Americans. Only 54% of individuals with hypertension have it controlled, and many do not know they have it. African Americans are more likely to develop high blood pressure than Caucasians and Hispanics, and are more likely to develop it at a younger age. Reducing sodium intake could prevent 11 million hypertension cases annually.

Percentage of adults who reported being told by a health professional that they have high blood pressure



Source: America's Health Rankings

### Impact on Health for Kentuckians

In 2018, 39.4% of people in Kentucky have been told by a health care professional that they have high blood pressure. There is correlation between high blood pressure and other prevalent conditions in our state; obesity, heart disease, smoking, HTN, etc. How many more Kentuckians might not have been to the doctor to have their blood pressure checked? Education and access to health care are paramount.

### Can we have an impact on high blood pressure in Kentucky? How?

High blood pressure (hypertension) may exist for years without any symptoms. Even without symptoms, damage to blood vessels and your heart continues and can be detected. Uncontrolled high blood pressure increases your risk of serious health problems, including heart attack and stroke.

High blood pressure is a controllable disease and we are in a position to make a real difference in the health of those we serve. Our providers need help to reinforce the care and advice they practice so well. Listed below are some quality metrics that if followed, may save a patient from stroke, heart disease and/or loss of life. Physicians and payers, both commercial and government, recognize that practicing Evidence Based Medicine fosters positive outcomes for our patients. Incentives are offered in order to keep patients high blood pressure under control and to decrease the amount of money spent on care and complications.

### 2019 HEDIS Measure: Blood Pressure Control

Members 18-85 with diagnosis of hypertension and blood pressure adequately controlled during measurement year based on the following criteria:

- Members 18-59 years of age whose blood pressure was <140/90
  - Members 60-85 years of age, with a diagnosis of diabetes, whose blood pressure was <140/90
  - Members 60-85 years of age, without a diagnosis of diabetes, whose blood pressure was <150/90
- The ACC/AHA recommends tighter guidelines though they have not yet been adopted by all payers.

See more at: <http://www.ncqa.org>

This segment was brought to you by CHI Saint Joseph Health Partners and CHI Saint Joseph Health Medical Group in partnership for quality.

#### For More Information

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## Reporting on High Blood Pressure

Accessing the Blood Pressure readings of patients is essential to being able to show your Provider's care for their patients. If you use an electronic record or document on paper, be sure the blood pressure readings are documented correctly and in the right place.

If you take the blood pressure more than once due to a high reading, document each blood pressure and the time it was taken. Documentation has to tell a "care story" of the visit for the day. The Provider will use the BP measurement and times you document as he/she tells the story of the treatment for the day in the visit notes.

Insurance carriers look for the "care story" provided by your provider for the patient. The accurate BP that you document is essential to identifying a change in treatment or may help lead to a diagnosis of high blood pressure for a patient.

The most recent BP reading is used to determine if the Controlled BP Measure is met for those diagnosed already with high blood pressure. That means for these patients that the last BP taken during the year during an office visit determines if the blood pressure is under control or not. You never know which visit may be the most recent depending on the visit pattern of the patient.

In the health record, electronic or paper:

- Is the BP recorded where it should be for easy access?
- If taken more than once in a day for clinical reasons, are all BP readings and the times taken documented in the record or given to the provider?

## Impact on CIN Network Providers

Payers offer quality incentives for managing their patients' health according to national standards set by CMS, CDC and Healthcare Effectiveness Data and Information Set (HEDIS) which is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Please see the websites listed below for more information about actual HEDIS measures and ACO/MSSP measures or call Kitty Grider, RN, System Quality Manager at 502.489.3042.

All CHI Saint Joseph Health Partners contracts include blood pressure control that must meet benchmarks in all elements of the blood pressure measure in order to earn quality incentives.

## Quality Improvement Project

How can you help your provider help take care of patients who need to have a blood pressure taken? Remember, all patients need to have a blood pressure taken at least once per year. Best practice is to take your patient's blood pressure and document it in the correct place.

1.

For patients who have been diagnosed with high blood pressure (HBP) or Hypertension (HTN), share any written information available about high blood pressure with the patients. Talk with your provider about ways in which you can help the patients.

**Consider an occasional phone call to patients to discuss how they are doing and to discuss lifestyle changes that could be contributing to high blood pressure.**

*Sources: Americas Health Rankings; Centers for Disease Control and Prevention; National Council for Quality Assurance and Centers for Medicare and Medicaid Services.*

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