



# Tips for Documenting Your Quality Care

## Blood Pressure: two separate reportable measures

### ACO #21: Preventive/Diagnostic Blood Pressure

#### 1. Screening and Follow-Up Documented for those not already diagnosed with Hypertension

- normal BP parameters as defined for this measure  
<120 systolic AND <80 diastolic for screening

### ACO #28: Blood Pressure Control

#### 2. Patients with Hypertension whose Blood Pressure is Controlled

- BP control parameters for known HTN <140 systolic AND < 90 diastolic
- The last BP of the measurement year will be the one reported.

### Documenting your quality care:

- Annual blood pressure is necessary to meet both measures. Documented blood pressure at every office visit is best practice.
- If a patient comes to your office for a BP check as part of the follow-up plan for a previous high blood pressure reading and they do not see you, please make sure the BP is documented in the record, make note that you have seen it, and document the plan if the BP is out of normal parameters. If the BP is now within normal parameters, document a plan is to check the BP on the next office visit.

### **Documentation Requirements for ACO #21 (Preventative Blood Pressure and Follow-Up)**

#### Using paper or other electronic health records:

- Record all Blood Pressure readings. If more than one BP reading is taken during a visit and the reading is “high”, be sure to record subsequent readings, as the last reading is what will be reported.
- This measure requires a follow-up plan be documented if the BP is >120 or >80.
- **Recommended follow-up based on BP Classification (Pre-hypertension, First hypertensive reading, Second hypertensive reading) to include one of the following:**
  1. Recommended BP screening intervals, lifestyle modifications, referrals to alternative/primary care provider, anti-hypertensive pharmacological therapy, laboratory tests, or an electrocardiogram (ECG).

#### Using Allscripts AEHR system:

- Follow recommendations as noted above.
- BP screening intervals and Lifestyle Changes can be added into the AEHR as an order. The lifestyle changes include, but are not limited to: Weight Reduction, DASH Eating Plan, Dietary Sodium Restriction, Increased Physical Activity, or Moderation in Alcohol Consumption.
- Referrals to alternative/primary care provider, anti-hypertensive pharmacological therapy, laboratory tests, or an electrocardiogram (ECG).

**To meet the measure:** add these interventions into the AEHR system as an order to show your plan of care for a BP that was screened and found to be above the 120/80 parameters. Documenting your follow-up plan in your office visit note could be missed during a manual chart audit.

Although recommended screening interval for a normal BP reading is every 2 years, to meet the intent of this measure, a BP screening must be performed once per measurement period.

**Your documentation should follow audit questions below in order to satisfy the Blood Pressure Screening and Follow-Up Documented measure annually:**

Blood Pressure Screening and Follow-Up			
<p><b>Confirm patient is qualified for High Blood Pressure measure?</b></p> <p>1. No current diagnosis of HTN</p> <p>2. For age 18 years and older</p> <p>3. BP taken during the measurement year?</p>	<p><b>Was the patient Screened for high BP during the measurement year (1/1 to 12/31)?</b></p> <p>YES or NO</p>	<p><b>Last Blood pressure reading of the measurement period within normal parameters? (&lt;120 systolic AND &lt;80 diastolic)</b></p> <p>Normal parameters defined by CMS, AHA, IHI, numerous others</p> <p>YES or NO</p>	<p><b>If the systolic BP is &gt; 120 OR the diastolic BP is &gt;80, indicating that BP is not within normal parameters, is the follow-up plan documented?</b></p> <p>YES or NO</p>

**Documentation Requirements ACO #28 (Blood Pressure Control)**

Document every blood pressure for all of those patients with a diagnosis of Hypertension

If a patient with a Hypertension diagnosis has a BP above 140/90 on any given office visit, please take the blood pressure again to see if the pressure decreases before the patient leaves the office. Record the blood pressure. Should this be the last BP for the measurement year, the BP not checked again and a lower BP recorded, this patient’s BP will not meet the control measure. In auditing records, it is known to happen that a BP all across the year will be less than 140/90 and the last BP taken that year will be greater than 140/90 ---the last BP taken is the one that counts in order to meet the measure.

**Your documentation should follow audit questions below in order to satisfy the Blood Pressure Controlled measure annually:**

Hypertension Controlled				
<p><b>Confirm History of HTN?</b></p> <p>YES NO</p>	<p><b>Documented blood pressure (BP)?</b></p> <p>YES NO</p>	<p><b>Most recent blood pressure (BP) reading - Date</b></p> <p>Enter DATE</p>	<p><b>Most recent blood pressure (BP) reading - Systolic Value</b></p> <p>Enter Value</p>	<p><b>Most recent blood pressure (BP) reading - Diastolic Value</b></p> <p>Enter Value</p>

**For more information on the MSSP measures, contact:**

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