



How to Improve HEDIS Scores

Controlling High Blood Pressure (CBP)

The percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled during the year based on the following criteria:

- Members 18-85 years of age whose BP was <140/90 mmHg

Note: Patients are included in the measure is there was a claim/encounter with a diagnosis of hypertension on or before June 20th of the measurement year.

Medical Record Documentation required for CBP:

- Date of diagnosis of hypertension before or on June 30 of the measurement year from a problem list, office note, SOAP note, encounter form, diagnostic report or hospital discharge summary and;
- Last BP reading (date & result) in the measurement year (document all readings)

The American Heart Association and the American Stroke Association Updated 2018 U.S. Blood Pressure categories:

Blood Pressure Category	Systolic mm Hg		Diastolic mm Hg
Normal	<120	and	< 80
Elevated **	120-129	and	<80
High Blood Pressure Stage 1	130-139	Or	80-89
High Blood Pressure Stage 2	140 or higher	Or	90 or higher
Hypertensive Crisis (immediate treatment)	>180	And/or	> 120

**Please note the lower threshold for a diagnosis of hypertension increases the percentage of U.S. adults (ages 20 or older) who have the condition from approximately 1 in 3 to nearly half (46 %). Even with the new threshold, the percentage of U.S. Adults for whom medication is recommended, in addition to lifestyle management, will increase only slightly.

Provider tips to improve Compliance with the CBP HEDIS measure:

- If the BP reading is elevated at the office visit (120/80 or greater), take it again. HEDIS allows the use of the lowest systolic and lowest diastolic reading from the same day, and oftentimes a retake or second reading is lower.

- Do not round BP values up. If using an automated machine, record exact values.
- Do not average BP values, without each individual reading clearly documented.
- Newly diagnosed elevated blood pressure (130/80 or greater) before June 30 of the measurement year must undergo blood pressure monitoring with a recheck of blood pressure ideally three months from last reading.
 - Schedule three month follow up for monitoring at time of diagnosis.
 - Offer clinic nurse to recheck BP in lieu of full office visit if available at clinic.
- Monitor medication compliance and effectiveness with hypertensive medications regularly.
- Elevated blood pressure not treated with medication still requires ongoing monitoring.
- Making healthy lifestyle changes, such as through diet and exercise, should be encouraged, but have a clear plan with timelines for evaluating improvement. Patients and providers should be on the same page regarding goals and alternative options (medications) for if lifestyles changes are not enough.

Other provider tips to improve accuracy of blood pressure reading:

- Calibrate the sphygmomanometer annually.
- Select the appropriately sized cuff.
- Make sure legs are not crossed while sitting.
- Do not take a reading over clothing.
- Make sure arm is supported and level with the heart.
- A full bladder can inflate a reading.