

Controlling Blood Pressure (CBP <140/90)



Overview

- Blood pressure is force of blood pushing against the walls of blood vessels
- Measured using two numbers:
 - Systolic blood pressure:
 - Pressure in arteries when the heart beats
 - Diastolic blood pressure:
 - Heart rests between beats
- High blood pressure is when the force is consistently too high
 - It increases the work the heart must do and can lead to damage in heart and blood vessels

Controlling Blood Pressure

WHY IS IT IMPORTANT

- Because a person can have high blood pressure for years before being diagnosed, damage to the body can happen before symptoms develop, making it known as the silent killer
- Uncontrolled high blood pressure can lead to damaging of arteries causing them to become less elastic, decreasing the blood flowing throughout the body. The decreased blood supply can cause damage to vital organs, like the heart, brain and the kidneys
- It increases the risk of heart disease and stroke which are the leading causes of death in the United States
- About half of U.S. adults, or about 119 million people, have high blood pressure Stage 1 (130/80) or higher and only about 22.5 percent of them have it under “control”: (or less than 140/90)

Understanding the Measure

Controlling Blood Pressure (CBP <140/90)

- How is someone identified for the measure:
 - Members aged 18-85 diagnosed with hypertension (high blood pressure) during 2 outpatient visits in the previous year or the first 6 months of the current year
- How is it measured:
 - Blood pressure reading that is less than 140 diastolic and less than 90 systolic.
 - The last reading of the current year is used to determine compliance for the measure

Controlling Blood Pressure

TALKING POINTS WITH PROVIDER GROUPS

- Discuss the importance of BP < 140/90 for patients diagnosed with high blood pressure to prevent complications
- Share the quality care gaps report showing noncompliant eligible members for this measure
 - Review these members' medical records to confirm last visit
 - If no visit in current year (MWOV), call and schedule their appointment to complete annual wellness visit (AWV) and obtain BP reading
- If member(s) had a visit in current year, confirm that BP was taken and is <140/90 as documented in medical record. If multiple members have documented BP of <140/90, discuss the option of submitting Supplemental Data FF to capture the completed service and close the care gap in our system
 - If BP is $\geq 140/90$, schedule a BP check in person or telehealth, if appropriate
 - Review prescribed medication therapy to identify any issue. For example: skipping dose, dose changed and splitting the pill or forgetting to take dose; any changes in members lifestyles or changes in home management.
 - Provide high blood pressure education
 - Referral to case management
 - If not an RxEffect user, recruit and assist provider group on how to register to become a user so they can review members' medication therapy status:
 - When was prescription last picked up
 - How many doses have been missed
 - Is there an opportunity to convert prescription to 90 days fill – tier 1 formulary drugs have no copay

Controlling Blood Pressure

TALKING POINTS WITH PROVIDER GROUPS

- Use proper cuff size on bare arm
- Proper documentation of hypertension diagnosis is important
 - D.O.S.
 - Diastolic and Systolic
 - Don't round numbers on digital reading
 - Measure each office visit
 - Member reading from **digital** device
- Retake blood pressure readings, if initial blood pressure taken is 140/90 or higher
- For better tracking, create a flow sheet in member's chart to document all of member's BP readings with date of service

<https://targetbp.org/blood-pressure-improvement-program/control-bp/measure-accurately/>

Controlling Blood Pressure

PROVIDER GROUP'S KEYS TO SUCCESS

- During in person visit, BP that is $\geq 140/90$ must be rechecked multiple times to obtain a value $<140/90$ by taking the lowest systolic and diastolic value from the same visit
- Document member's self - reported BP taken with digital device in the medical record
- BP reading from telehealth visit is acceptable
- After office visit, schedule the follow up visit in 3 months or offer telehealth visit, if appropriate
- Patient teaching - confirm that members understand their diagnosis and what they can do to prevent complications and maintain quality of living
- Utilize RxEffect portal to monitor members that are on the priority list at least once a week to make sure that refill is picked up on time
 - Contact members that have not picked up their refill
 - Review medication status on day of member's visit
 - Identify any barrier that is causing member to not adhere to medication therapy

Checking Blood Pressure (BP)

Don't eat or drink anything 30 minutes before taking BP

Empty bladder before taking BP

Sit in comfortable chair with back supported

Both feet flat on the ground and legs uncrossed

Ensure BP cuff is snug but not tight and against bare skin, not over clothing

Do not talk when BP monitor has started

Take BP at the same time every day

Take at least 2 readings, 1 or 2 minutes apart

Using digital
blood
pressure
monitor

- Place arm cuff above the bend of elbow
- Keep arm straight for accurate reading
- Press start button
- Sit quietly with legs uncrossed
- Pressure readings will be displayed on the screen
- Allow the cuff to deflate

Center for Disease Control and Prevention. (12, March 2023). Measure Your Blood Pressure. Retrieved April 28, 2023 from, <https://www.cdc.gov/bloodpressure/measure.htm#:~:text=Put%20both%20feet%20flat%20on,bare%20skin%2C%20not%20over%20clothing>

WebMD. (26, February 2023). Checking Your Blood Pressure at Home. Retrieved April 28, 2023 from, <https://www.webmd.com/hypertension-high-blood-pressure/guide/hypertension-home-monitoring>

Resources

- [AHA & AMA Technique Quick check](#)
- [CDC Blood Pressure Communication Kit](#)
- [HEDIS Quick Reference Guide \(page 14\)](#)
- [CPTII Medicare Flyer](#)
- [Controlling Blood Pressure Flyer](#)

