

## Quality Measure Resource Guide:

### Controlling High Blood Pressure (CBP)

**Measure Title:** Controlling High Blood Pressure

**Measure Description:** Assesses adults 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

#### I. Why This Measure Matters

This measure is important because treating systolic blood pressure and diastolic blood pressure to targets that are <140/90 mm Hg is associated with a decrease in cardiovascular disease complications. Known as the “silent killer,” high blood pressure, or hypertension, increases the risk of heart disease and stroke, which are the leading causes of death in the United States. Controlling high blood pressure is an important step in preventing heart attacks, stroke and kidney disease, and in reducing the risk of developing other serious conditions.

#### II. Implementable Strategies<sup>1,2</sup>

- Designate a practice or health system champion, such as a head physician or quality improvement lead, to ensure care team engagement in HTN control.
- Conduct routine blood pressure (BP) screenings for all patients at every visit. Report the lowest systolic and lowest diastolic pressures if more than one reading is taken on the same date.
  - Ensure staff are trained and checking BP correctly: resting, feet on the ground, arm at heart height and using proper size cuff.
  - Take their BP at the start and if elevated, wait 10 minutes and take the reading again. Document the lower reading.
  - Implement a policy to address BP at every visit, including a workflow for proactively tracking and managing patients with HTN.
- Conduct an Automated Office Blood Pressure (AOBP) measurement, which includes three readings:
  - Conduct first reading. Second and third readings follow at 1-minute intervals. Calculate and report the average from the three readings.
  - The AOBP average will be lower than conventional readings. Accordingly, target BPs should be adjusted down by 5 mm Hg when AOBP is used.
- Utilize EHR alerts/reminders and patient registries to flag patients who are due for a BP check and/or need follow up appointments for BP management.
- Provide patient education on the importance of monitoring and controlling BP and guidance on measuring BP correctly.
- Enroll eligible patients in a remote patient monitoring (RPM) program.
  - BP readings taken by the patient using a digital device and documented in the patient’s medical record are eligible for use in reporting if they do not meet

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<sup>1</sup> Centers for Disease Control and Prevention. Hypertension Control Change Package (2nd ed.). Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2020.

<sup>2</sup> <https://www.ahajournals.org/doi/full/10.1161/HYP.000000000000066#d1e9532>

- any exclusion criteria. No evidence is required that the BP readings were collected by a PCP or specialist.
- Adjust treatments based on patient progress, using a stepwise approach as recommended by clinical guidelines and ensure the care team is skilled in supporting patient medication adherence.
    - Initiate proper pharmacologic treatment to lower BP. Prescribe single-pill combination medications whenever possible to assist with medication compliance.
    - Implement the Prevent Heart Attacks and Strokes Every Day (PHASE-on-a-Page) medication [protocol](#) for adjusting treatment and assign a PHASE champion at your practice.

### III. Tools and Resources

- CDC's educational materials on managing high blood pressure: <https://www.cdc.gov/high-blood-pressure/living-with/index.html>
- American Heart Association's (AHA) educational materials: <https://www.heart.org/en/health-topics/high-blood-pressure>

### IV. Evaluation Criteria

**Eligible Clinicians:** Family Medicine, General Practitioners, Nurse Practitioners, Physician Assistants, Certified Nurse Midwives

**Measure Reporting:**

- **Submission Methods:** Electronic Health Record (EHR), Registry

**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.

**Denominator:** Patients 18-85 years of age who had a diagnosis of essential hypertension within the first six months of the measurement period or any time prior to the measurement period.

**Exclusions:** Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period, a diagnosis of pregnancy, hospice care, or palliative care any time during the measurement year.

**Rate Calculation Formula:** (Numerator / Denominator) x 100

**Reporting Requirements**

- **Data Collection Strategy:** Data for this measure can be derived from electronic health records or direct data submissions from healthcare providers.
- **Reporting Frequency:** Annually
- **Improvement Notation:** Higher scores indicate better performance, i.e., a higher percentage of individuals with controlled blood pressure during the measurement period.