Measuring Hypertension Control and Reporting Methods for Measure Up/PRESSURE Down

November 2013
Agenda

- Recent guideline activity regarding cardiovascular disease
- Current measurement approach for Measure Up/Pressure Down: NQF 0018
- Measure specification and guidelines for MU/PD
  - Timeframes
  - Seasonality
  - Missing BPs
- Portal for data reporting—active on December 2
Anceta’s **Measure Up/Pressure Down** Support Team

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  Program Director  
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Four ACC/AHA Guidelines Released November 12, 2013

- Assessment of Cardiovascular Risk
- Lifestyle Management to Reduce Cardiovascular Risk
- Treatment of Blood Cholesterol to Reduce Atherosclerotic CV Risk
- Management of Overweight and Obesity in Adults
  *(with The Obesity Society)*

http://content.onlinejacc.org/Onlinefirst.aspx  http://circ.ahajournals.org/
Blood Pressure in Adults: Systematic Evidence Review from the Hypertension Expert Panel

**Status of Systematic Review to Enable Guideline Development**

- Final editing stage
- Expected Release Date: January, 2014

**Background**

**Guideline Executive Committee Policy for Managing Potential Conflicts of Interest and Relationships with Industry**

**Expert Panel Members**

Last Updated November 2013
**Hypertension Guideline Activity**

Original campaign goal: 80% of patients with hypertension in control, by JNC 7 criteria

<table>
<thead>
<tr>
<th>Guideline</th>
<th>Released</th>
<th>Uncomplicated</th>
<th>Diabetes</th>
<th>Chronic Kidney Disease</th>
<th>Age ≥ 80 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>JNC 7</td>
<td>August 2004</td>
<td>&lt; 140/90</td>
<td>&lt; 130/80</td>
<td>&lt; 130/80</td>
<td></td>
</tr>
<tr>
<td>NICE</td>
<td>August 2011</td>
<td>&lt; 140/90</td>
<td></td>
<td></td>
<td>&lt; 150/90</td>
</tr>
<tr>
<td>ADA</td>
<td>January 2013</td>
<td></td>
<td>&lt; 140/80*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ESH/ESC</td>
<td>June 2013</td>
<td>&lt; 140/90</td>
<td>&lt; 140/85</td>
<td>&lt; 130 systolic if proteinuria</td>
<td>&lt; 150 systolic</td>
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<tr>
<td>JNC 8</td>
<td>Pending</td>
<td></td>
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</tr>
</tbody>
</table>

NICE – National Institute for Health and Care Excellence (UK) – Guideline 127: Clinical Management of Primary Hypertension in Adults (August 2011) [http://www.nice.org.uk/CG127](http://www.nice.org.uk/CG127)


* Lower systolic targets, such as < 130 mmHg, may be appropriate for certain individuals, such as younger patients, if it can be achieved without undue treatment burden.

Campaign Goal

- Campaign goal: 80% of patients with hypertension have their BP in control
  - Originally, by JNC 7 criteria\(^1\)
  - Current approach: NQF 0018\(^2\)
  - MU/PD Scientific Advisory Council will reconsider when updated guidelines are published, mindful of impact on participating member organizations

- The percentage of patients 18 to 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.

- NQF 0018 is used for HEDIS, Medicare PQRS, MSSP, Meaningful Use Stage 2, and many P4P programs

- Measure steward: NCQA\(^3\)

---

3. National Committee for Quality Assurance (http://www.ncqa.org/)
0018
Controlling High Blood Pressure
STEWARD: National Committee for Quality Assurance

Measure Description:
The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Numerator Statement:
The number of patients in the denominator whose most recent BP is adequately controlled during the measurement year. For a patient’s BP to be controlled, both the systolic and diastolic BP must be <140/90 (adequate control). To determine if a patient’s BP is adequately controlled, the representative BP must be identified.

Denominator Statement:
Patients 18 to 85 years of age by the end of the measurement year who had at least one outpatient encounter with a diagnosis of hypertension (HTN) during the first six months of the measurement year.

Exclusions:
Exclude all patients with evidence of end-stage renal disease (ESRD) on or prior to the end of the measurement year. Documentation in the medical record must include a related note indicating evidence of ESRD. Documentation of dialysis or renal transplant also meets the criteria for evidence of ESRD.

Exclude all patients with a diagnosis of pregnancy during the measurement year.

Exclude all patients who had an admission to a nonacute Inpatient setting during the measurement year.

Risk Adjustment:
No

Classification:
Prevention and Treatment of Cardiovascular Disease

Measure Steward Contact Information:
For additional measure specification
Risk Adjustment:
No

Classification:
National Quality Strategy Priorities:
Prevention and Treatment of Cardiovascular Disease
Use in Federal Programs:
Meaningful Use Stage 2 (EHR Incentive Program) - Eligible Professionals, Medicare Shared Savings Program, Physician Quality Reporting System (PQRS)
Actual/Planned Use:
Payment Program, Public Reporting, Quality Improvement (Internal to the specific organization), Regulatory and Accreditation Programs

Care Setting:
Ambulatory Care: Clinician Office/Clinic, Ambulatory Care: Urgent Care

Condition:
Cardiovascular, Cardiovascular: Hypertension

Data Source:
Administrative claims, Electronic Clinical Data, Paper Medical Records

Level of Analysis:
Health Plan, Integrated Delivery System

Measure Type:
Outcome

Target Population:
Populations at Risk, Senior Care

Measure Steward Contact Information:
For additional measure specification information, please contact the Measure Steward.
Organization Name:
National Committee for Quality Assurance
Email Address:
nqf@ncqa.org
Website URL:
0018
Controlling High Blood Pressure
STEWARD: National Committee for Quality Assurance

Measure Description:
The percentage of patients 18 to 85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

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Exclude all patients with a diagnosis of pregnancy during the measurement year.
Exclude all patients who had an admission to a nonacute Inpatient setting during the measurement year.

Risk Adjustment:
No

Classification:
Prevention and Treatment of Cardiovascular Disease

Measure Steward Contact Information:
For additional measure specification
<table>
<thead>
<tr>
<th>eMeasure Title</th>
<th>Controlling High Blood Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>eMeasure Identifier (Measure Authoring Tool)</td>
<td>165</td>
</tr>
<tr>
<td>eMeasure Version number</td>
<td>1</td>
</tr>
<tr>
<td>NQF Number</td>
<td>0018</td>
</tr>
<tr>
<td>GUID</td>
<td>abdc37cc-bac6-4156-9b91-d1be2c8b7268</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>January 1, 20xx through December 31, 20xx</td>
</tr>
<tr>
<td>Measure Steward</td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td>Measure Developer</td>
<td>National Committee for Quality Assurance</td>
</tr>
<tr>
<td>Endorsed By</td>
<td>National Quality Forum</td>
</tr>
<tr>
<td>Description</td>
<td>Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (&lt;140/90mmHg) during the measurement period.</td>
</tr>
<tr>
<td>Copyright</td>
<td>Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance (NCQA). The Measures are copyrighted but can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by healthcare providers in connection with their practices). Commercial use is defined as the sale, licensing, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial use of the Measures requires a license agreement between the user and NCQA. NCQA is not responsible for any use of the Measures. Copyright 2012 National Committee for Quality Assurance. All Rights Reserved. Limited proprietary coding is contained in the Measure specifications for user convenience. Users of proprietary code sets should obtain all necessary licenses from the owners of the code sets. NCQA disclaims all liability for use or accuracy of any CPT or other codes contained in the specifications. CPT(R) contained in the Measure specifications is copyright 2004-2011 American Medical Association. LOINC(R) copyright 2004-2011 Regenstrief Institute, Inc. This material contains SNOMED Clinical Terms(R) (SNOMED CT[R]) copyright 2004-2011 International Health Terminology Standards Development Organisation. ICD-10 Copyright 2011 World Health Organization. All Rights Reserved.</td>
</tr>
<tr>
<td><strong>Initial Patient Population</strong></td>
<td>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</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Denominator</strong></td>
<td>Equals Initial Patient Population</td>
</tr>
<tr>
<td><strong>Denominator Exclusions</strong></td>
<td>Patients with evidence of end stage renal disease (ESRD), dialysis or renal transplant before or during the measurement period. Also exclude patients with a diagnosis of pregnancy during the measurement period.</td>
</tr>
<tr>
<td><strong>Numerator</strong></td>
<td>Patients whose most recent blood pressure is adequately controlled (systolic blood pressure &lt; 140 mmHg and diastolic blood pressure &lt; 90 mmHg) during the measurement period.</td>
</tr>
<tr>
<td><strong>Numerator Exclusions</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Denominator Exceptions</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Measure Population</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Measure Observations</strong></td>
<td>Not Applicable</td>
</tr>
<tr>
<td><strong>Supplemental Data Elements</strong></td>
<td>For every patient evaluated by this measure also identify payer, race, ethnicity and sex.</td>
</tr>
</tbody>
</table>
Measurement Periods

**Reporting Periods:** Rolling 12 months, reported quarterly.

|-----------------------------|-----------------------------|-----------------------------|

Among hypertension patients seen during a 12-month period, about 60% have their last office visit during the last 3 months.
# Numbers to Report: Patient Counts

<table>
<thead>
<tr>
<th></th>
<th>Total Patients</th>
<th>Denominator</th>
<th>Numerator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Male (18–64)</strong>*</td>
<td># of unique patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients whose last BP is &lt; 140/90 mm Hg</td>
</tr>
<tr>
<td><strong>Male (65–85)</strong>*</td>
<td># of unique patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients whose last BP is &lt; 140/90 mm Hg</td>
</tr>
<tr>
<td><strong>Female (18–64)</strong>*</td>
<td># of unique patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients whose last BP is &lt; 140/90 mm Hg</td>
</tr>
<tr>
<td><strong>Female (65–85)</strong>*</td>
<td># of unique patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients with ≥ 1 E&amp;M visit</td>
<td># of HTN patients whose last BP is &lt; 140/90 mm Hg</td>
</tr>
</tbody>
</table>

* Age, as of the end of the reporting period.

Prevalence = Denominator / Total Patients  
Control = Numerator / Denominator
Prevalence: Growth in Visit Volume over 8 Quarters

- For illustration, aggregated data from multiple groups participating in AMGA’s Anceta collaborative
- Overall patient counts grow by about 2.5% each quarter
- Proportion of patients with a diagnosis of hypertension is reasonably stable
Prevalence: HTN Dx as a Proportion of 100%

- Same data, with each quarter shown as a proportion of 100%
- HTN Dx reflects patients with a 401.XX diagnosis code (ICD-9-CM) on a claim for an ambulatory Evaluation & Management visit

<table>
<thead>
<tr>
<th>Quarter</th>
<th>HTN Dx</th>
<th>No HTN Dx</th>
</tr>
</thead>
<tbody>
<tr>
<td>11.Q3</td>
<td>29.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>11.Q4</td>
<td>29.3%</td>
<td>70.7%</td>
</tr>
<tr>
<td>12.Q1</td>
<td>29.3%</td>
<td>70.7%</td>
</tr>
<tr>
<td>12.Q2</td>
<td>29.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>12.Q3</td>
<td>29.8%</td>
<td>70.2%</td>
</tr>
<tr>
<td>12.Q4</td>
<td>30.1%</td>
<td>69.9%</td>
</tr>
<tr>
<td>13.Q1</td>
<td>30.1%</td>
<td>69.9%</td>
</tr>
<tr>
<td>13.Q2</td>
<td>30.2%</td>
<td>69.8%</td>
</tr>
</tbody>
</table>
Prevalence: Adding Patients with Problem List Entry

- Same data, with each quarter shown as a proportion of 100%
- Adding patients who have a problem list entry (in EHR) for hypertension but no Dx code on a claim for an ambulatory E&M visit
Prevalence: Dx, PL, Both

- Same data, breaking out the patients with a Dx code to show those who have a problem list entry for hypertension in the EHR and those who don’t.
Prevalence and Documentation Trajectory, by Group

- Time sequence for 8 different medical groups, showing trends in prevalence of hypertension and in use of the problem list in the EHR
- Patient populations differ, but prevalence provides a check on detection/diagnosis of HTN

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
<th>Group 7</th>
<th>Group 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 %</td>
<td>90 %</td>
<td>80 %</td>
<td>70 %</td>
<td>60 %</td>
<td>50 %</td>
<td>40 %</td>
<td>30 %</td>
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<tr>
<td>90 %</td>
<td>80 %</td>
<td>70 %</td>
<td>60 %</td>
<td>50 %</td>
<td>40 %</td>
<td>30 %</td>
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<tr>
<td>80 %</td>
<td>70 %</td>
<td>60 %</td>
<td>50 %</td>
<td>40 %</td>
<td>30 %</td>
<td>20 %</td>
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<tr>
<td>70 %</td>
<td>60 %</td>
<td>50 %</td>
<td>40 %</td>
<td>30 %</td>
<td>20 %</td>
<td>10 %</td>
<td>0 %</td>
</tr>
</tbody>
</table>

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Breakouts by Gender and Age Group

- Slightly higher prevalence of HTN among females, much higher among older patients
- Differences in overall prevalence of hypertension across medical groups may reflect differences in the age profile of their patient populations
Patient Population

**Total Patients** — number of unique patients with 1 or more ambulatory E&M visits (including “prevention” services) during the 12-month reporting period, using Table CBP-B: Codes to Identify Outpatient Visits, from *HEDIS® 2013 Technical Specifications for Physician Measurement*:

<table>
<thead>
<tr>
<th>Description</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient visits</td>
<td>99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397</td>
</tr>
</tbody>
</table>

*Note: No exclusions based on provider specialty.*

Numbers of patients are broken out by:

- Age category: 18–64 years, or 65–85 years, as of the end of the reporting period.
- By gender (male, female).
Exclusions (from the Denominator)

- Patients with unknown gender
- Patients with unknown age, or age < 18 or > 85 years, as of the end of the reporting period
- Patients who had an admission to a non-acute inpatient setting any time during the reporting period
- Patients with evidence of end-stage renal disease (ESRD) during or prior to the end of the reporting period
- Patients who are pregnant during the reporting period
Denominator and Numerator

**Denominator** — number of patients in the population defined above who have a diagnosis of essential hypertension:

- on patient’s problem list, any time prior to the end of the first six months of the reporting period (rolling 12-month periods, ending each calendar quarter), or
- ICD-9-CM diagnosis code 401.XX on a claim associated with an ambulatory visit during (or before) the first six months of the reporting period, where one of the specified CPT codes is billed.

**Numerator** — number of patients in the denominator whose last ambulatory, in-office BP during the reporting period is < 140/90 mm Hg.

*Note: Where multiple BP readings are recorded on a single day, take the lowest systolic reading and the lowest diastolic reading for the day.*

**Exclusions** —

- Exclude BP readings from inpatient, observation, and ER settings. (Include urgent care.)
- Exclude home BP readings and ambulatory BP monitoring data.
- Exclude BP readings taken prior to diagnosis of HTN (where feasible, examine the patient’s entire longitudinal record for the first occurrence of a 401.XX diagnosis code, or consider the date when hypertension was added to the patient’s problem list, whichever is earlier).
- Exclude from the numerator patients with no BP measurement recorded during the reporting period. *Patients with no BP measurement during the reporting period are considered not in control, since they are not known to be in control.*
Timeframes: Reporting Period ended 2013 Q2

Problem List

Reporting Period  

Dx  

Problem List  

No HTN Dx or PL

HTN Dx

HTN Dx+PL

Problem List

No HTN Dx or PL

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HTN Dx</td>
<td>14.7%</td>
<td>13.6%</td>
<td>12.6%</td>
<td>11.4%</td>
<td>10.7%</td>
<td>10.2%</td>
<td>9.7%</td>
<td>9.2%</td>
</tr>
<tr>
<td>HTN Dx+PL</td>
<td>68.2%</td>
<td>68.1%</td>
<td>67.8%</td>
<td>67.4%</td>
<td>66.9%</td>
<td>66.5%</td>
<td>66.3%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Problem List</td>
<td>14.7%</td>
<td>15.6%</td>
<td>16.7%</td>
<td>18.0%</td>
<td>19.1%</td>
<td>19.9%</td>
<td>20.5%</td>
<td>21.0%</td>
</tr>
<tr>
<td>No HTN Dx or PL</td>
<td>66.2%</td>
<td>66.1%</td>
<td>66.8%</td>
<td>67.4%</td>
<td>66.9%</td>
<td>66.5%</td>
<td>66.3%</td>
<td>66.0%</td>
</tr>
</tbody>
</table>
Timeframes: Reporting Period ended 2013 Q1

- **Reporting Period**
- **Dx**
- **Problem List**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No HTN Dx or PL</td>
<td>68.2%</td>
<td>68.1%</td>
<td>67.8%</td>
<td>67.4%</td>
<td>66.9%</td>
<td>66.5%</td>
<td>66.3%</td>
<td>66.0%</td>
</tr>
<tr>
<td>HTN Dx</td>
<td>14.7%</td>
<td>15.6%</td>
<td>16.7%</td>
<td>18.0%</td>
<td>19.1%</td>
<td>19.9%</td>
<td>20.5%</td>
<td>21.0%</td>
</tr>
<tr>
<td>HTN Dx+PL</td>
<td>26.8%</td>
<td>27.3%</td>
<td>26.4%</td>
<td>25.3%</td>
<td>25.2%</td>
<td>25.6%</td>
<td>25.1%</td>
<td>24.9%</td>
</tr>
</tbody>
</table>
Blood pressure is higher (and therefore hypertension control is worse) during winter months—Q1 and Q4, but using a 12-month reporting period mitigates this effect.
Missing BP — Special Case

- NQF 0018: In general, BP not recorded is considered to be “not in control”

- Some groups have a few sites or providers who are not using the EHR to record BP or other clinical observations

- If the vast majority of the organization’s providers are using the EHR to record BP, the following are acceptable:
  - Provider-level approach—If the provider for last E&M encounter during reporting period does not record clinical observations in the EHR, exclude the patient from the denominator
  - Patient-level approach—If no BMI (height/weight) or other clinical observation (TPR, pain) for the patient, exclude the patient from the denominator

- If a substantial number of an organization’s providers are not recording clinical observations in an EHR, NCQA’s hybrid method may be used. (Please contact MU/PD data team to discuss.)
Introduction

- **Members.MeasureUpPressureDown.com** is a companion site for **www.MeasureUpPressureDown.com** designed to enable secure submission of data supporting the Measure Up/Pressure Down campaign. *(Live Dec 2nd 2013)*
Registration and Activation

- To submit data on the site, users must register a user name and email and have their account activated by the site administrator.

- To start the registration process, navigate to the main landing page and click the registration button.
Registration and Activation

- To complete registration, the user confirms the email account submitted is valid. Then the site administrator validates the user's affiliation with the participating organization.

Submit User Name, eMail, & Organization

Returns automated eMail with embedded hyperlink

User clicks hyperlink to confirm email address is valid

Administrator confirms organization affiliation and activates account.

User logs in and submits organization data for campaign

Participating Organization Data Professional

AMGA MUPD Administrator
Resetting Account Password

- To reset your password for any reason, or if you forgot your password, click the Lost Password link on the home page. Provide your email or user id to reset your password.
Submitting Data

- To submit data for the campaign, login using the provided credentials and navigate to the Data Submission Page.
Submitting Data - Continued

- Click the Reporting Period dropdown and select the reporting period for the current data submission.

- Enter in the requested values for each metrics shown and press the ADD NEW button.
Submitting Data - Continued

- Once the data is submitted the page displays a summary of the reporting period data on a single line.

- Clicking the green plus button will expand the summary data to reveal the detailed data.

- A reporting period submission can be edited or removed completely by clicking the controls under the modify column.
Submitting Data - Continued

- Users can Add another reporting period data set by clicking the ADD NEW button.
- Or upload the data for a reporting period by pressing Upload Data
- A history of data submitted by the organization can be exported by pressing the Export to CSV.
How to Get Help

- If you need help please consult the Users Guide (available for download on the home page)
- Consult the FAQ (available off the main menu on the site)
- Email MUPDDDataAdmin@amga.org

The site will be live starting Dec 2\textsuperscript{nd} 2013.
AMGF Chronic Care Challenge

Hypertension Campaign Goal: 80% of Patients at Goal BP

Process Planks for Achieving Goal

**PRIMARY PROCESS PLANKS**

- Direct Care Staff Trained in Accurate BP Measurement
- Hypertension Guideline Used and Adherence Monitored
- BP Addressed for Every Hypertension Patient, Every Primary Care Visit
- All Patients Not at Goal and with New Rx Seen within 30 days
- Prevention, Engagement, and Self-Management Program in Place

**VALUE-ADD PROCESS PLANKS**

- Registry Used to Identify and Track Hypertension Patients
- All Team Members Trained in Importance of BP Goals
- All Specialties Intervene with Patients Not in Control