

Controlling High Blood Pressure (CMS 165v11)

Measure Basic Information

Name and date of specifications used: Eligible Professional / Eligible Clinician electronic Clinical Quality Measure (eCQM) Specifications for Performance / Reporting Year 2023.

URL of Specifications: <https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11>

Measure Type:

- HEDIS
 PQI
 Survey
 Other. Specify: eCQM

Measure Utility:

- CCO Incentive
 State Quality
 CMS Adult Core Set
 CMS Child Core Set
 Other. Specify:

Data Source: Electronic Health Records

Measurement Period: January 1, 2023 – December 31, 2023

Benchmark: This measure is not currently incentivized, but is still reported per Oregon’s Medicaid waiver.

	2020 and on
Benchmark for OHA measurement year	n/a*
Source	

Note on telehealth: CMS 2023 [telehealth guidance](#) states that this electronic clinical quality measure is telehealth eligible. The [measure guidance](#) explains:

“In reference to the numerator element, only blood pressure readings performed by a clinician or a remote monitoring device are acceptable for numerator compliance with this measure. This includes blood pressures taken in person by a clinician and blood pressures measured remotely by electronic monitoring devices capable of transmitting the blood pressure data to the clinician. Blood pressure readings taken by a remote monitoring device and conveyed by the patient to the clinician are also acceptable. It is the clinician’s responsibility and discretion to confirm the remote monitoring device used to obtain the blood pressure is considered acceptable and reliable and whether the blood pressure reading is considered accurate before documenting it in the patient’s medical record.

Do not include BP readings taken during an acute inpatient stay or an ED visit.”

For further information specific to Oregon, the Health Evidence Review Commission (HERC) has provided this [guideline](#) on telehealth services.

Changes in Specifications from 2022 to 2023: This summary is provided to help highlight changes. For a complete list, see the Technical Release Notes

https://ecqi.healthit.gov/ecqm/ec/2023/cms122v11#quicktabs-tab-tabs_measure-3:

- Updated the rationale to align with recently published evidence.
- Updated the clinical recommendation statement to align with recently published evidence.
- Added blood pressure reading guidance to clarify that numeric results are required.
- Removed blood pressure reading guidance not specified in the logic to reduce confusion.
- Revised denominator exclusion narrative from living long term in an institution for more than 90 consecutive days language to living long term in a nursing home to reflect revised logic.
- Added detail to the frailty and advanced illness exclusion language to clarify the measure requirements.
- Revised the palliative care exclusion language to clarify the timing requirement.
- Added age anchor specification to the initial population and denominator exclusion descriptions to clarify measure requirements.
- Combined AdultOutpatientEncounters.'Qualifying Encounters', 'Online Assessments', and 'Telephone Visits' encounters into a single definition to improve stylistic consistency across measures.
- Replaced QDM datatype Encounter, Performed with Assessment, Performed and new modeling to improve data capturing of patients receiving long-term care.
- Updated the order of appearance of systolic and diastolic blood pressure reading definitions to align with clinical workflow.
- Added QDM datatypes Encounter, Performed and Assessment, Performed and associated logic to the Hospice.'Has Hospice Services' definition to provide additional approaches for identifying patients receiving hospice services.
- Updated the timing precision of advanced illness encounter definitions by replacing the syntax '2 years or less on or before' with an interval.
- Updated the timing precision in the definitions from datetime to date by adding 'day of', 'date from', and/or function 'ToDateInterval' to align with the measure intent.
- Replaced the retired QDM datatype Device, Applied with Assessment, Performed for identifying frailty device usage.
- Replaced QDM datatype Encounter, Performed with Assessment, Performed and new modeling to improve data capturing of patients receiving long-term care.
- Combined AdultOutpatientEncounters.'Qualifying Encounters', 'Online Assessments', and 'Telephone Visits' encounters into a single definition to improve stylistic consistency across measures.
- Added QDM datatype Diagnosis to provide an alternate approach for identifying patients receiving palliative care.
- Replaced the Global.CalendarAgeInYearsAt function with the native CQL function AgeInYearsAt to take advantage of existing CQL features and increase human readability. As a result of this change, the LOINC code 21112-8 is no longer required and has been removed from the Terminology section of the human readable specification.
- Revised the long-term care denominator exclusion logic to improve readability and clarity.
- Revised the initial population and denominator exclusions age anchor from the 'start of the measurement period' to the 'end of the measurement period' to align with the measure intent and CQL style best practices.
- Updated the version of the Quality Data Model (QDM) to 5.6 and Clinical Quality Language (CQL) to 1.5.

Value Set Name and OID	Status
	Added direct reference code LOINC code (98181-1) based on review by technical experts, SMEs, and/or public feedback.
	Added direct reference code SNOMED CT code (160734000) based on review by technical experts, SMEs, and/or public feedback.
	Added direct reference code LOINC code (71802-3) based on review by technical experts, SMEs, and/or public feedback.
	Added direct reference code LOINC code (45755-6) based on review by technical experts, SMEs, and/or public feedback.
	Added direct reference code ICD-10-CM code (Z51.5) based on review by technical experts, SMEs, and/or public feedback.
Value set Outpatient (2.16.840.1.113883.3.464.1003.101.12.1087):	Deleted 2 SNOMED CT codes (30346009, 37894004) based on validity of code during timing of look back period.
Value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012)	Removed value set Nursing Facility Visit (2.16.840.1.113883.3.464.1003.101.12.1012) based on review by technical experts, SMEs, and/or public feedback.
Value set Palliative Care Intervention (2.16.840.1.113883.3.464.1003.198.12.1135)	Added 3 SNOMED CT codes (305686008, 305824005, 441874000) based on review by technical experts, SMEs, and/or public feedback.
Value set Dementia Medications (2.16.840.1.113883.3.464.1003.196.12.1510)	Added 3 RxNorm codes (1858970, 996572, 996624) based on review by technical experts, SMEs, and/or public feedback.
Value set Advanced Illness (2.16.840.1.113883.3.464.1003.110.12.1082)	Added 108 SNOMED CT codes based on review by technical experts, SMEs, and/or public feedback. Deleted 122 SNOMED CT codes based on terminology update. Added 2 ICD-10-CM codes (C79.63, G35) based on review by technical experts, SMEs, and/or public feedback.
Value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014)	Removed value set Care Services in Long-Term Residential Facility (2.16.840.1.113883.3.464.1003.101.12.1014) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Encounter (2.16.840.1.113883.3.464.1003.1003)	Added value set Hospice Encounter (2.16.840.1.113883.3.464.1003.1003) based on review by technical experts, SMEs, and/or public feedback.
Value set Hospice Care Ambulatory (2.16.840.1.113762.1.4.1108.15)	Replaced value set Hospice Care Ambulatory (2.16.840.1.113762.1.4.1108.15) with value set Hospice Care Ambulatory (2.16.840.1.113883.3.526.3.1584) based on review by technical experts, SMEs, and/or public feedback.
Value set Frailty Symptom (2.16.840.1.113883.3.464.1003.113.12.1075)	Deleted 1 SNOMED CT code (459821000124104) based on review by technical experts, SMEs, and/or public feedback.
	Added direct reference code SNOMED CT code (373066001) based on review by technical experts, SMEs, and/or public feedback.

Denied claims: n/a

The detailed measure specifications are available in the eCQI Resource Center:

<https://ecqi.healthit.gov/ecqm/ec/2023/cms165v11>

Detailed value set contents are available in the [Value Set Authority Center](#). The following abbreviated information from the specifications is provided for convenience.

Data elements required denominator: Patients 18-85 years of age by the end of the measurement period who had a visit and diagnosis of essential hypertension starting before and continuing into, or starting during the first six months of the measurement period.

Required exclusions for denominator:

- 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.
- Exclude patients who are in hospice care for any part of the measurement period.
- Exclude patients 66 and older by the end of the measurement period who are living long term in a nursing home any time on or before the end of the measurement period.
- Exclude patients 66-80 by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria:
 - Advanced illness with two outpatient encounters during the measurement period or the year prior
 - OR advanced illness with one inpatient encounter during the measurement period or the year prior
 - OR taking dementia medications during the measurement period or the year prior
- Exclude patients 81 and older by the end of the measurement period with an indication of frailty for any part of the measurement period.
- Exclude patients receiving palliative care for any part of the measurement period.

Deviations from cited specifications for denominator: None.

Data elements required numerator: Patients whose most recent blood pressure is adequately controlled (systolic blood pressure < 140 mmHg and diastolic blood pressure < 90 mmHg) during the measurement period

Note: See specifications guidance statement for additional information on blood pressure readings that can be counted for numerator compliance.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: None.

What are the continuous enrollment criteria: For now, OHA does not use continuous enrollment criteria for EHR-based measures; the “eligible as of the last date of the reporting period” rule may be used to identify beneficiaries.

What are allowable gaps in enrollment: n/a

Define Anchor Date (if applicable): n/a

For more information:

- Measure specifications, guidance on how to read eQMs, and other resources can be accessed through the CMS/ ONC eCQI Resource Center: <https://ecqi.healthit.gov/ep-ec-ecqms>
- Value set content can be accessed through the Value Set Authority Center (VSAC) at the National Library of Medicine: <https://vsac.nlm.nih.gov/>
 - For more information about value sets and the code systems used, a guide can be found in the CMS Measure Management Blueprint: <https://www.cms.gov/files/document/blueprint-codes-code-systems-value-sets.pdf>
- Additional information on OHA reporting requirements will be available in the Year Eleven (2023) Guidance Documentation, which will be posted at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>