

Hypertension: Blood Pressure Measurement (NQF 0013)

EMeasure Name	Hypertension: Blood Pressure Measurement	EMeasure Id	Pending
Version Number	1	Set Id	Pending
Available Date	No information	Measurement Period	January 1, 20xx through December 31, 20xx
Measure Steward	American Medical Association – Physician Consortium for Performance Improvement		
Endorsed by	National Quality Forum		
Description	Percentage of patient visits for patients aged 18 years and older with a diagnosis of hypertension who have been seen for at least 2 office visits, with blood pressure (BP) recorded.		
Measure scoring	Proportion		
Measure type	Process		
Rationale	Effective management of blood pressure in patients with hypertension can help prevent cardiovascular events, including myocardial infarction, stroke, and the development of heart failure.		
Clinical Recommendation Statement	Treating SBP and DBP to targets that are <140/90 mm Hg is associated with a decrease in CVD risk complications. In patients with hypertension and diabetes or renal disease, the BP goal is <130/80 mm Hg. (JNC VII, 2004).		
Improvement notation	Higher score indicates better quality		
Measurement duration	12 months		
References			
Definitions			

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Please refer to the spreadsheet for this measure for detail regarding data criteria and code lists.

Population criteria

- **Initial Patient Population =**
 - AND: “Patient characteristic: birth date” (age) >= 18 years”;
 - AND: “Diagnosis active: hypertension”;
 - AND: >=2 count(s) of:

- OR: “Encounter: encounter outpatient” to determine the physician has a relationship with the patient;
 - OR: “Encounter: encounter nursing facility” to determine the physician has a relationship with the patient to determine the physician has a relationship with the patient;
- **Denominator =**
 - AND: “ All patients in the initial patient population’;
- **Numerator =**
 - AND: “Physical exam finding: systolic blood pressure”;
 - AND: “Physical exam finding: diastolic blood pressure”;
- **Exclusions =**
 - AND: None;

Data Criteria (QDS Data Elements)

- **Initial Patient Population =**
 - “Patient characteristic: birth date” using the “birth date code list” before the beginning of the “measurement period”;
 - “Diagnosis active: hypertension” using the “hypertension code list grouping” before or simultaneously to the “measurement period”;
 - “Encounter: encounter outpatient” using the “encounter outpatient code list” during the “measurement period”;
 - “Encounter: encounter nursing facility” using the “encounter nursing facility code list” during the “measurement period”;
- **Denominator =**
 - “All patients in the initial patient population”;
- **Numerator =**
 - “Physical exam finding: systolic blood pressure” using the “systolic blood pressure code list” during “Encounter: encounter outpatient” OR “Encounter: encounter nursing facility”;
 - “Physical exam finding: diastolic blood pressure” using the “diastolic blood pressure code list” during “Encounter: encounter outpatient” OR “Encounter: encounter nursing facility”;
- **Exclusions =**
 - None;

Summary Calculation

Calculation is generic to all measures:

- Calculate the final denominator by adding all that meet denominator criteria.
- Subtract from the final denominator all that do not meet numerator criteria yet also meet exclusion criteria. Note some measures do not have exclusion criteria.
- The performance calculation is the number meeting numerator criteria divided by the final denominator.
- For measures with multiple patient populations, repeat this process for each patient population and report each result separately.
- For measures with multiple numerators, calculate each numerator separately within each population using the paired exclusion.

Measure set	CLINICAL QUALITY MEASURE SET 2011-2012
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