

# Disease focus: Hypertension

The American Medical Association offers numerous resources to help your practice improve the quality of care you offer your patients with hypertension. The AMA's blood pressure improvement program can guide how you and your team assess and treat people with high blood pressure, increasing the likelihood of improving BP control in your practice. In fact, your practice's implementation of a performance improvement initiative to focus on hypertension in your patient population can help you succeed in Medicare's Merit-Based Incentive Payment System (MIPS).

This document outlines the different measures that relate to hypertension management in each MIPS performance category, potential MIPS score results, and related AMA resources that can help you improve the health of your patients with hypertension while checking all your MIPS boxes along the way.

The following performance measures and resources apply to all practice types and sizes. Based on your practice size, different scoring may apply. Please see the AMA's [Understanding Medicare's Merit-Based Incentive Payment System page](#) for more information about the MIPS program, scoring strategies and bonus point opportunities.

The AMA, through its Improving Health Outcomes group, also offers personalized consulting and support at no cost to your practice to implement a blood pressure quality improvement program. The AMA has worked directly with health care organizations and physicians across the nation to successfully implement evidence-based blood pressure quality improvement initiatives. The Target: BP™ Improvement Program is a team-based care solution that can be implemented with minimal disruption to your existing workflow. For more information, visit [Target: BP](http://targetbp.org) (targetbp.org) or email [iho-info@ama-assn.org](mailto:iho-info@ama-assn.org).

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## MIPS performance category: Quality

**Scoring:** 50 percent of total MIPS composite score

The MIPS performance category for "Quality" focuses on your performance on certain quality measures—i.e., you choose to report on six quality measures relevant to your practice and patient population. The Quality category replaces PQRS. For more information about the Quality category and scoring, see the AMA's [MIPS Action Plan](#).

Below are the MIPS quality measures relevant to hypertension.

### Suggested hypertension outcome measure

- Controlling high blood pressure (#236), *high priority measure*

- Percentage of patients 18–85 years of age who had a diagnosis of hypertension and whose BP was adequately controlled (<140/90mmHg) during measurement period
- Improvement in high blood pressure (#373), *high priority measure*
  - Percentage of patients aged 18–85 years of age with a diagnosis of hypertension whose BP improved during the measurement period
    - Patients whose follow-up systolic BP is at least 10 mmHg less than their baseline BP or is adequately controlled

**Suggested hypertension process measure**

- Hypertension screening and recommended follow up plan (#317)
  - Percentage of patients aged 18 years and older seen during the submitting period who were screened for high BP and a recommended follow-up plan is documented based on the current BP reading as indicated

**AMA resources: Target: BP**

The AMA, has created tools and resources for providers to improve accuracy of hypertension diagnosis and BP control through the Target: BP™ blood pressure improvement program. Below are some of the resources that clinical care teams can use to improve quality of care, and that can lead to greater success in MIPS reporting.

**TOOLS FOR #317/236/373: Focus on accurate measurement of BP***Practice assessment tool for M.A.P.—Measure, Act, Partner*

Take a quick assessment to learn where you are doing well and where you can improve.

*BP measurement technique quick-check worksheet*

Help ensure that everyone in your practice takes BP readings the right way—and the same way—every time.

*Blood pressure measurement poster*

This piece highlights the proper steps to take when measuring blood pressure, with evidence-based tips for correct positioning.

*Measuring blood pressure accurately patient handout/poster*

Materials show the critical steps for measuring BP accurately, along with the potential impact those mismeasurements may hold.

*BP positioning challenge addressed by web-based tool*

Test your knowledge on how to resolve positioning issues and get an accurate reading.

*Using wrist cuff to measure blood pressure—a helpful handout*

For those instances when an upper arm cuff won't fit, this piece explains how to use a wrist cuff correctly.

**TOOLS FOR #236/373: Focus on management of hypertension and partnering with patients***BP treatment algorithm*

Outlines recommended treatment for each BP threshold.

*Blood pressure average calculator*

Helps your patients keep track as they measure and monitor their BP.

*Collaborative communication strategies to manage blood pressure*

Highlights the ways to collaborate with your patients to control BP, including five communication skills that can help improve engagement and shared decision-making.

*Device accuracy test*

Use this resource to verify that a patient's BP measurement device is properly calibrated to deliver accurate measurements.

*Patient training reference guide*

Ensures that designated staff has everything they need to train patients to self-measure blood pressure at home. Self-measured blood pressure training video Educational video helps care teams train patients to self-measure and serves as a resource that patients can use to reinforce how to properly self-measure blood pressure. This video is also available in [Spanish](#).

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## MIPS performance category: Promoting Interoperability (formerly “Advancing Care Information”)

**Scoring:** 25 percent of the MIPS composite score

Promoting Interoperability (PI) is about using certified electronic health record technology (CEHRT) and the health care information that your practice captures in a meaningful way. PI is the new name for the Advancing

Care Information (ACI) category. For more information about the PI category and scoring, see the AMA's [MIPS Action Plan](#).

**Suggested hypertension relevant PI MEASURES**

- Patient-specific education (PI\_PEA\_2 or PI\_TRANS\_PSE\_1)
  - The MIPS-eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS-eligible clinician.
- Patient-generated health data (PI\_CCTPE\_3)
  - Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for at least one unique patient seen by the MIPS-eligible clinician during the performance period.

**Target: BP**

The Target: BP Improvement Program has created tools and resources that can be used to educate patients about blood pressure measurement and control. Below are some of the available resources that clinical care teams can integrate into practice and use to successfully meet MIPS PI measure reporting.

**RESOURCES FOR PATIENT-SPECIFIC EDUCATION (PI\_PEA\_2 or PI\_TRANS\_PSE\_1) FOR ALL PATIENTS***Understand your BP numbers*

Helps patients determine what category their blood pressure falls under.

*How to measure blood pressure accurately*

Helps patients ensure they are getting accurate blood pressure readings.

*What is high blood pressure?*

This piece explains the basics of high blood pressure, including key statistics, risk factors and information about treatment.

*Consequences of high blood pressure*

Infographic demonstrates how high blood pressure affects the body.

*Seven salty myths*

This piece delivers guidance that dispels seven common myths about sodium intake.

*Effects of excess sodium on your health*

Infographic that demonstrates the effects excessive sodium intake can have on one's health and appearance.

*High blood pressure and stroke*

Explain the risks associated with high blood pressure, including stroke.

*How can I monitor cholesterol, blood pressure and weight?*

Helps patients with increased risk for heart disease or stroke work with you to monitor their risk and manage it.

**RESOURCES TO USE FOR PATIENT-SPECIFIC EDUCATION (PI\_PEA\_2 or PI\_TRANS\_PSE\_1) FOR PATIENTS DIAGNOSED WITH HYPERTENSION***What is high blood pressure medication?*

Brief overview of the medicines prescribed to help lower blood pressure and their possible side effects.

*How do I manage my medication?*

An informational piece that outlines strategies for medication adherence.

*Questions to ask your doctor*

Helps patients ask important questions about high blood pressure.

*What can I do to improve my blood pressure?*

Use this piece to highlight five lifestyle modifications that can improve blood pressure for patients diagnosed with hypertension.

*Why should I limit sodium?*

Helps patients understand why too much salt can cause problems, gives tips on which foods to avoid and how to cook tasty food using less salt.

**RESOURCES TO USE FOR PATIENT-GENERATED HEALTH DATA (PI\_CCTPE\_3; please note that this measure is only applicable to practices using 2015 Edition CERHT)***Seven-day recording log*

Helps patients record their blood pressure readings.

## MIPS performance category: Improvement Activities

**Scoring:** 15 percent of total MIPS composite score

The Improvement Activities (IA) category is a new area of reporting that incentivizes practices to delve more deeply to find opportunities to improve care delivery, access, and patient engagement. For more information on IA and MIPS scoring, see the AMA's MIPS Action Plan.

### Suggested hypertension relevant IA

- Chronic care and preventative care management for empaneled patients (IA\_PM\_13)
  - Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following:
    - Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions
    - Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target, such as a CDC-recognized diabetes prevention program
    - Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions
    - Use panel support tools (registry functionality) to identify services due
    - Use predictive analytical models to predict risk, onset and progression of chronic diseases
    - Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due, and/or routine medication reconciliation
- Use of certified EHR to capture patient-reported outcomes (IA\_BE\_1)
  - In support of improving patient access, performing additional activities that enable capture of patient-reported outcomes (e.g., home blood pressure, blood glucose logs, food diaries, at-risk health factors such as tobacco or alcohol use, etc.) or patient activation measures through use of certified EHR technology, containing this

data in a separate queue for clinician recognition and review.

- Engagement of patients through implementation of improvements in patient portal (IA\_BE\_4)
  - Access to an enhanced patient portal that provides up-to-date information related to relevant chronic disease health or blood pressure control, and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.
- Use evidence-based decision aids to support shared decision-making (IA\_BE\_12)
  - Use evidence-based decision aids to support shared decision-making.
- Completion of the [AMA STEPS Forward™](#) program (IA\_PSPA\_9)
  - Completion of the [AMA STEPS Forward](#) program.

### Target: BP

The AMA has tools and resources that can be used for evidence-based decision-making, reporting patient outcomes and physician education. Below are some of the resources available through Target: BP that will help achieve success in the IA category.

### RESOURCES TO USE FOR EACH RELEVANT IA

- IA\_BE\_1, Use of certified EHR to capture patient-reported outcomes
  - [Seven-day recording log](#)  
Helps patients record their blood pressure readings.
- IA\_BE\_12, Use evidence-based decision aids to support shared decision-making
  - [BP treatment algorithm website](#)  
Outlines recommended treatment for each BP threshold.
  - [Understand your BP numbers](#)  
Helps patients determine what category their blood pressure falls under.
  - [What can I do to improve my high blood pressure?](#)  
Highlights five lifestyle modifications that can improve blood pressure for patients diagnosed with hypertension.

- IA\_PSPA\_9, Completion of AMA STEPS Forward program
  - “Improving blood pressure control” module} CME module on how to Measure, Act, Partner (M.A.P.) to help patients control blood pressure and ultimately prevent heart disease.

#### OTHER NOTES

- IA\_BE\_4 would be applicable if using an enhanced patient portal to collect self-monitored blood pressure logs and provide blood pressure management/ medication advice
- IA\_PM\_13 is applicable if using Target: BP program or tools to provide patients with individual plan of care for hypertension management annually or to guide treatment of hypertension

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## MIPS performance category: Cost

**Scoring:** 10 percent of total MIPS composite score

The “Cost” performance category uses your Medicare claims data to collect Medicare payment information for the care you gave to beneficiaries during a specific

period of time. CMS will calculate your “Cost” category score, and you don’t have to submit any data. For more information, see the AMA’s [Cost FAQ](#).