ACCPIN8: HYPERTENSION CONTROL (STAGE 1 OR 2) (ACC/Veradigm)	
NQS Domain: Effective Clinical Care **Meaningful Measure Area**: Management of Chronic Conditions	**Measure Type:** Intermediate Outcome, High Priority, Proportional
Measure Description	Proportion of patients with hypertension who had adequately controlled blood pressure
Numerator	Number of patients with blood pressure of < 130/80 mmHg during the most recent office visit
Denominator	Number of patients ≥ 18 years of age with hypertension in the past 24 months
Exceptions and exclusions of the measure (if applicable)	Exclusions: • Pregnancy related hypertension
Proportion measure scoring	Yes
Data Source	EHR/Registry
Rationale	The most recent ACC/AHA Evidence Based November 2017 guidelines have suggested new blood pressure values for blood pressure stages. Patients who have been diagnosed with Stage 1 Hypertension who don't have multiple comorbidities are recommended nonpharmacologic therapy with reassessment in 3-6 months. However, patients who do have multiple comorbidities such as ASCVD or have an estimated 10-year CVD risk are recommended nonpharmacologic therapy and BP-lower medications. Patients who have been diagnosed with Stage 2 Hypertension BP>=140/90 are recommended nonpharmacologic therapy along with 2 BP-lower medications of different classes is recommended. A Literature search has shown how prevalent BP was in the United States, with implications of recommendations for antihypertensive medication and prevalence of BP above the treatment goal among U.S. adults using criteria from the 2017 ACC/AHA guideline and the JNC7. In this study, authors analyzed data from the 2011-2014 National Health and Nutrition Examination Survey (N=9623), with BP being measured 3 times following a standardized protocol and averaged. Based on the 2017 guidelines with this analyzed data from 2011-2014-the prevalence of hypertension among US adults was 45.6 (95% confidence interval [CI]: 43.6% to 47.6%) per the ACC/AHA guidelines and 31.9% (95% CI: 30.1% to 33.7%) per the JNC7 guidelines, respectively, and antihypertensive medication was recommended for 36.2% (95% CI: 34.2% to 38.2%) per ACC/AHA guidelines and 34.3% (95% CI: 32.5% to 36.2%) of US adults per JNC7 guidelines, respectively. This suggests that with the new guidelines in place-there is a substantial increase in the prevalence of hypertension, a small increase in the percentage of US adults recommended for antihypertensive medication and more intensive BP lowering for many adults taking antihypertensive medication. According to the most recent Pinnacle data 30% of patients who have blood pressure readings greater than or equal to 140 mm Hg systolic and/or 90 mmHg diastolic are currently being treated on medications. Stage 1 hypertension now defined as an SBP of 130–139 or a DBP of 80–89 mm Hg, and with stage 2 hypertension in the present document corresponding to stages 1 and 2 in the JNC 7 report (S3.1-21)The rationale for this categorization is based on observational data related to the association between SBP/DBP and CVD risk, RCTs of lifestyle modification to lower BP, and RCTs of treatment with antihypertensive medication to prevent CVD. The increased risk of CVD among adults with stage 2 hypertension is well established. An increasing number of individual studies and meta-analyses of observational data have reported a gradient of progressively higher CVD risk going from normal BP to elevated BP and stage 1 hypertension. Source:https://www.ahajournals.org/doi/abs/10.1161/circulationaha.117.032582 Source:https://www.acc.org/~/media/Non-Clinical/Files-PDFs-Excel-MS-Word-etc/Guidelines/2017/Guidelines_Made_Simple_2017_HBP.pdf

*The measures listed above are calculated based on the 1st performance rate, traditional (unless indicated differently under *Measure Type*) and are NOT risk adjusted. The measure listed above does NOT include telehealth and is for Ambulatory Care: Clinician Office/Clinic care settings.

Updated on 01/01/2021