



**Measure Up
Pressure Down**

American Medical Group Foundation

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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**Measure Up
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American Medical Group Foundation



JACC

JOURNAL of the AMERICAN COLLEGE of CARDIOLOGY

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Topic Collections

JACC Perspectives

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/>



Accepted Manuscript | November 12, 2013

FREE

2013 AHA/ACC Guideline on Lifestyle Management to Reduce Cardiovascular Risk: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines



Robert H. Eckel, MD, FAHA; John M. Jakicic, PhD; Jamy D. Ard, MD; Nancy Houston Miller, RN, BSN, FAHA; Van S. Hubbard, MD, PhD; Cathy A. Nonas, MS, RD; Janet M. de Jesus, MS, RD; Frank M. Sacks, MD, FAHA; I-Min Lee, MD, ScD; Sidney C. Smith, MD, FACC, FAHA; Alice H. Lichtenstein, DSc, FAHA; Laura P. Svetkey, MD, MHS; Catherine M. Loria, PhD, FAHA; Thomas W. Wadden, PhD; Barbara E. Millen, DrPH, RD, FADA; Susan Z. Yanovski, MD

J Am Coll Cardiol. Published online November 12, 2013.

Information

WARNING: (A) PREMATURE DISCONTINUATION OF XARELTO® INCREASES THE RISK OF THROMBOTIC EVENTS, (B)

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Tuesday, November 12, 2013

Systematic Evidence Reviews and Clinical Practice Guidelines

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Blood Pressure in Adults: Systematic Evidence Review from the Hypertension Expert Panel

Status of Systematic Review to Enable Guideline Development

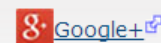
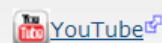
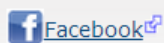
- Final editing stage
- Expected Release Date: January, 2014

Background

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

Expert Panel Members

Last Updated November 2013

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Hypertension Guideline Activity

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

Guideline	Released	Uncomplicated	Diabetes	Chronic Kidney Disease	Age ≥ 80 yr
JNC 7	August 2004	< 140/90	< 130/80	< 130/80	
NICE	August 2011	< 140/90			< 150/90
ADA	January 2013		< 140/80*		
ESH/ESC	June 2013	< 140/90	< 140/85	< 130 systolic if proteinuria	< 150 systolic
JNC 8	Pending				

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>

ADA – American Diabetes Association – Recommendations for Clinical Practice (January 2013)
<http://professional.diabetes.org/ResourcesForProfessionals.aspx?cid=84160>

* 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.

ESH/ESC – European Society of Hypertension and European Society of Cardiology – Guideline on Hypertension (June 2013)
<http://www.escardio.org/guidelines-surveys/esc-guidelines/Pages/arterial-hypertension.aspx?hit=TLINKS>

Campaign Goal

- Campaign goal: 80% of patients with hypertension have their BP in control
 - Originally, by JNC 7 criteria¹
 - Current approach: NQF 0018²
 - 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: NCQA³

1 Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure, National Heart, Lung and Blood Institute, National Institutes of Health (<http://www.nhlbi.nih.gov/guidelines/hypertension/>)

2 National Quality Forum (<http://www.qualityforum.org/Home.aspx>)

3 National Committee for Quality Assurance (<http://www.ncqa.org/>)



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Field Guide
to NQF
Resources:

An online reference to help you quickly access NQF resources related to quality measurement. [>](#)

0018

Controlling High Blood Pressure

STEWARDS: 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:

National Quality Strategy Priorities:
Prevention and Treatment of Cardiovascular Disease

Measure Steward Contact Information:

For additional measure specification

Take Action

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Status

Endorsement Type:

Endorsed

Last Updated Date:

Apr 03, 2013

eMeasure Available:

Yes

Measure History:

[Full History](#)

Found in Portfolio(s)

[2012 MAP Cardiovascular Family of Measures](#)

[2012 MAP Diabetes Family of Measures](#)

[ACO Measures](#)

[Better Health Greater Cleveland Publicly Reported Measures](#)

[Bridges to Excellence Care Recognition Programs](#)

Risk Adjustment:

No

Classification:

National Quality Strategy Priorities:

Prevention and Treatment of Cardiovascular Disease

Use in Federal Program:

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

Cross-Cutting Area:

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:

 **Measure Disclaimer**

Measures

[ACO Measures](#)

[Better Health Greater Cleveland Publicly Reported Measures](#)

[Bridges to Excellence Care Recognition Programs](#)

[Chris ACO measures](#)

[Disparities-sensitive Measures](#)

[HHS Million Hearts Initiative](#)

[MAP Dual Eligible Beneficiaries Family of Measures](#)

[Massachusetts Health Quality Partners \(MHQP\) Publicly Reported Measures \(Greater Boston AF4Q\)](#)

[Meaningful Use - Medicare and Medicaid EHR for Eligible Professionals](#)

[MN Community Measurement's Publicly Reported Measures](#)

[NCQA HEDIS Health Plan Measures](#)

[NCQA HEDIS Physician Plan Measures](#)

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[NQF Measures On Diabetes & Hypertension](#)

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Denominator Statement:

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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.

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Apr 03, 2013

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[Bridges to Excellence Care Recognition Programs](#)

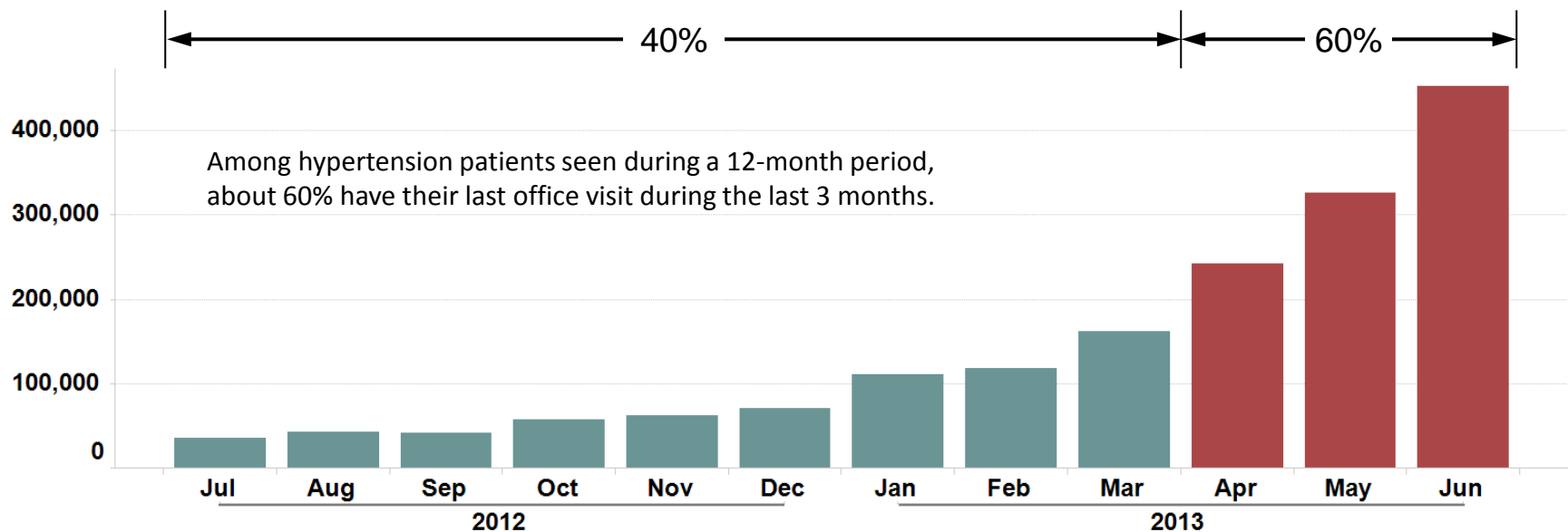
eMeasure Title	Controlling High Blood Pressure		
eMeasure Identifier (Measure Authoring Tool)	165	eMeasure Version number	1
NQF Number	0018	GUID	abdc37cc-bac6-4156-9b91-d1be2c8b7268
Measurement Period	January 1, 20xx through December 31, 20xx		
Measure Steward	National Committee for Quality Assurance		
Measure Developer	National Committee for Quality Assurance		
Endorsed By	National Quality Forum		
Description	Percentage of patients 18-85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.		
Copyright	<p>Physician Performance Measure (Measures) and related data specifications were developed by the National Committee for Quality Assurance (NCQA).</p> <p>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.</p> <p>Copyright 2012 National Committee for Quality Assurance. All Rights Reserved.</p> <p>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.</p> <p>CPT(R) contained in the Measure specifications is copyright 2004-2011 American Medical Association. LOINC(R) copyright 2004-2011 Regenstrief Institute, Inc.</p> <p>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.</p>		

Initial Patient Population	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
Denominator	Equals Initial Patient Population
Denominator Exclusions	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.
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.
Numerator Exclusions	Not Applicable
Denominator Exceptions	None
Measure Population	Not Applicable
Measure Observations	Not Applicable
Supplemental Data Elements	For every patient evaluated by this measure also identify payer, race, ethnicity and sex.

Measurement Periods

Reporting Periods: Rolling 12 months, reported quarterly.

2013 Q1 (2012 Q2 – 2013 Q1)	2014 Q1 (2013 Q2 – 2014 Q1)	2015 Q1 (2014 Q2 – 2015 Q1)
2013 Q2 (2012 Q3 – 2013 Q2)	2014 Q2 (2013 Q3 – 2014 Q2)	2015 Q2 (2014 Q3 – 2015 Q2)
2013 Q3 (2012 Q4 – 2013 Q3)	2014 Q3 (2013 Q4 – 2014 Q3)	2015 Q3 (2014 Q4 – 2015 Q3)
2013 Q4 (2013 Q1 – 2013 Q4)	2014 Q4 (2014 Q1 – 2014 Q4)	2015 Q4 (2015 Q1 – 2015 Q4)



Numbers to Report: Patient Counts

	Total Patients	Denominator	Numerator
Male (18–64)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Male (65–85)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Female (18–64)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg
Female (65–85)*	# of unique patients with ≥ 1 E&M visit	# of HTN patients with ≥ 1 E&M visit	# of HTN patients whose last BP is < 140/90 mm Hg

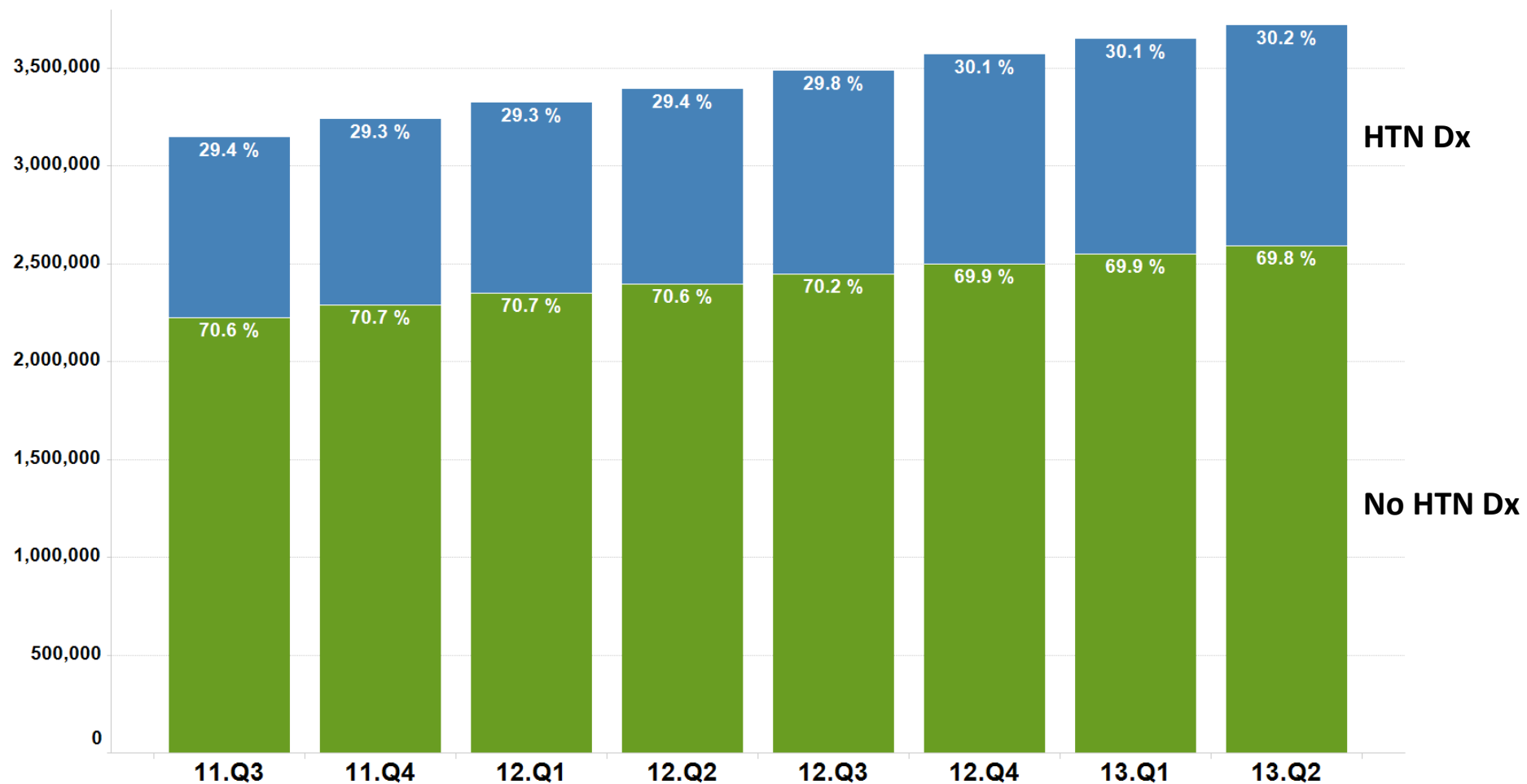
* Age, as of the end of the reporting period.

Prevalence = Denominator / Total Patients

Control = Numerator / Denominator

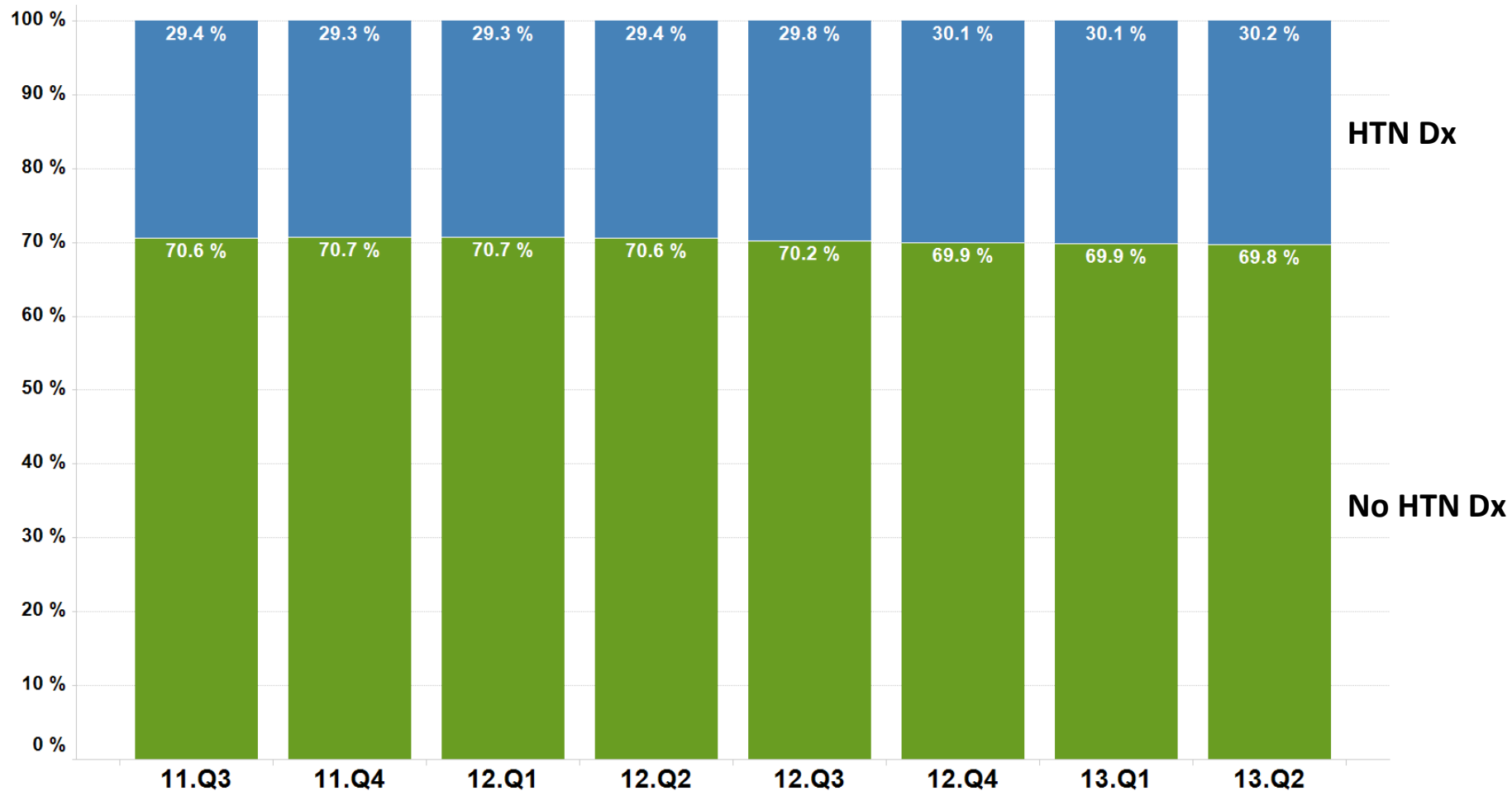
Prevalence: Growth in Visit Volume over 8 Quarters

- 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



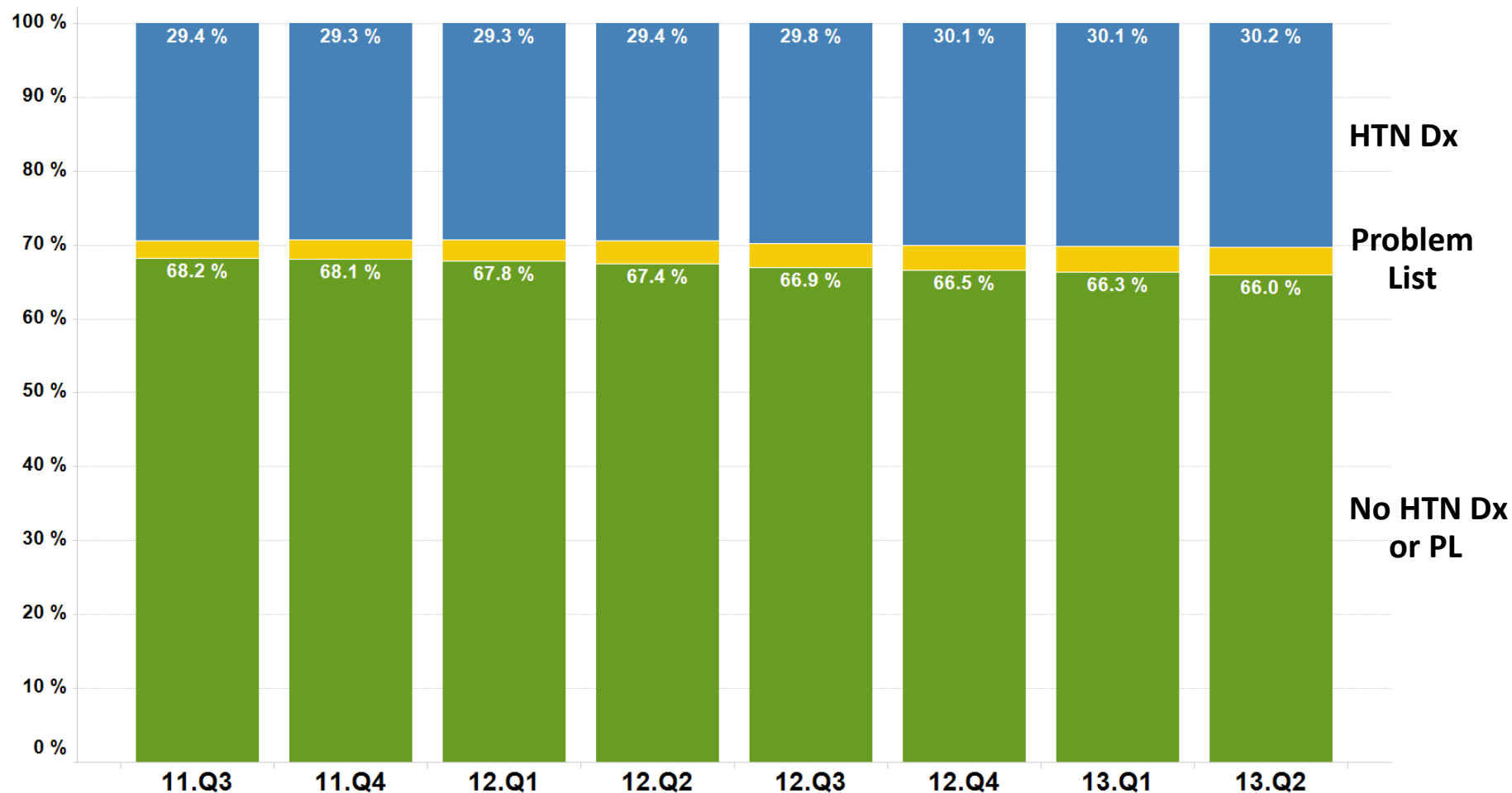
Prevalence: HTN Dx as a Proportion of 100%

- 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



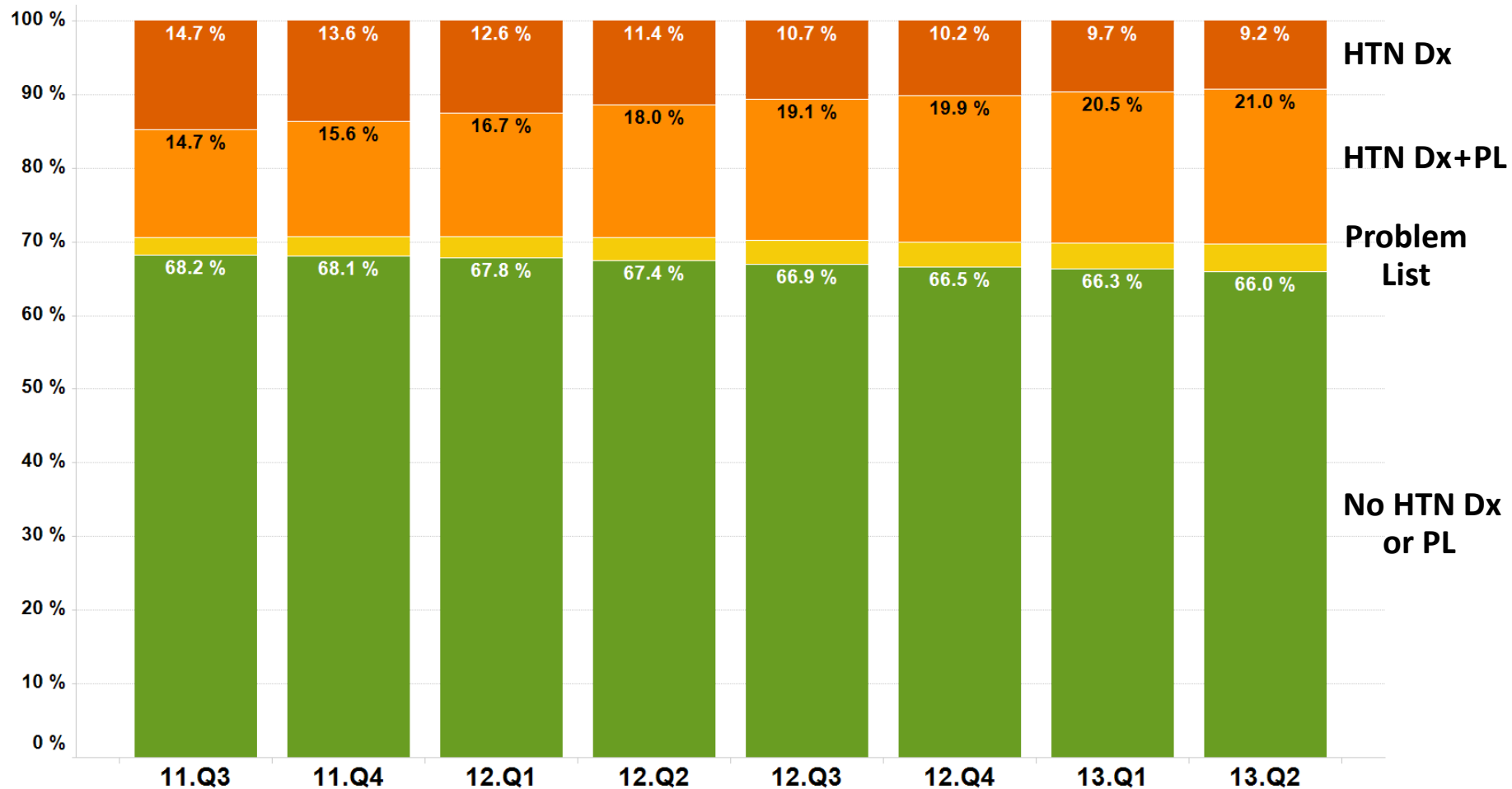
Prevalence: Adding Patients with Problem List Entry

- 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



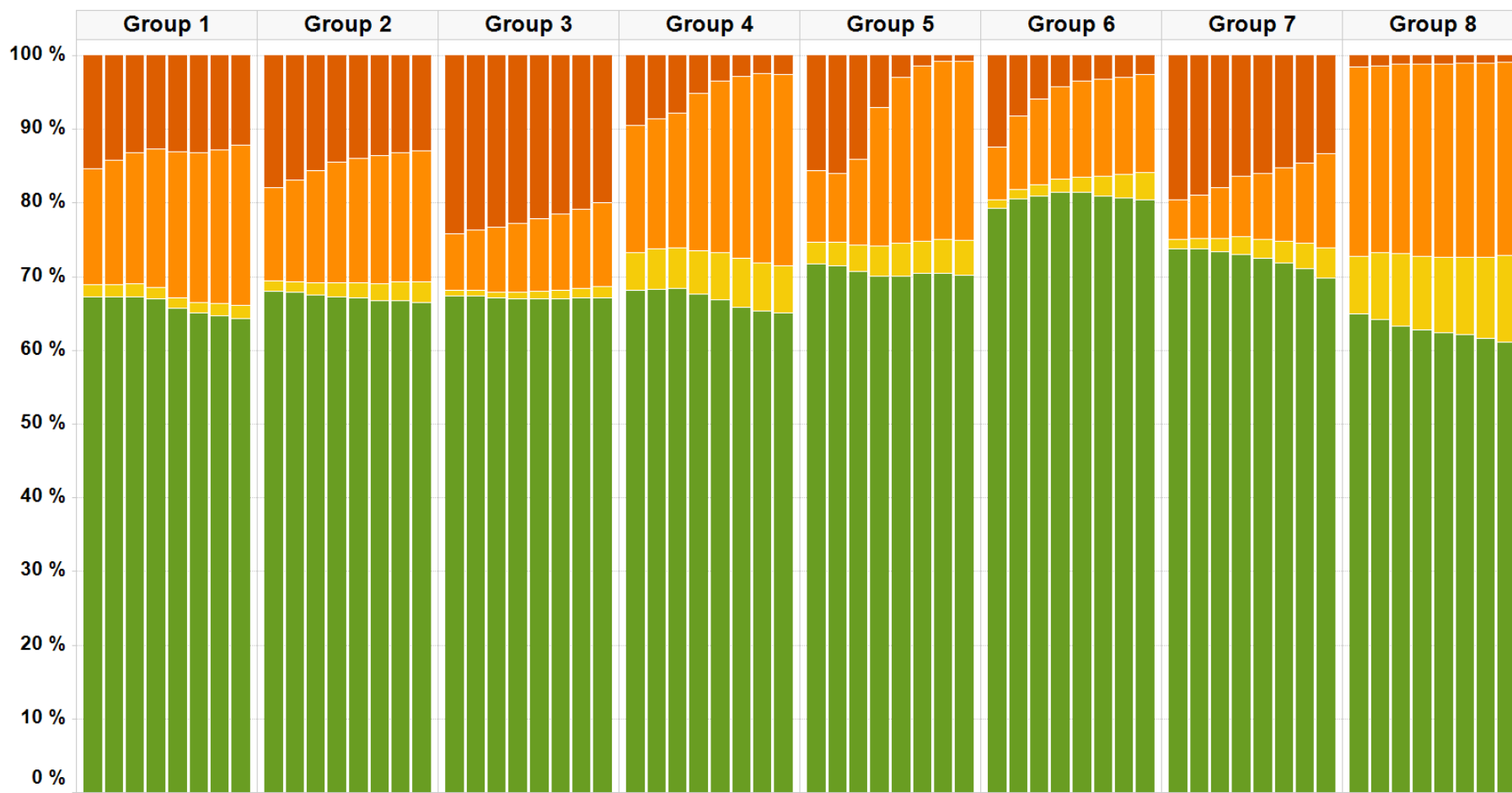
Prevalence: Dx, PL, Both

- 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



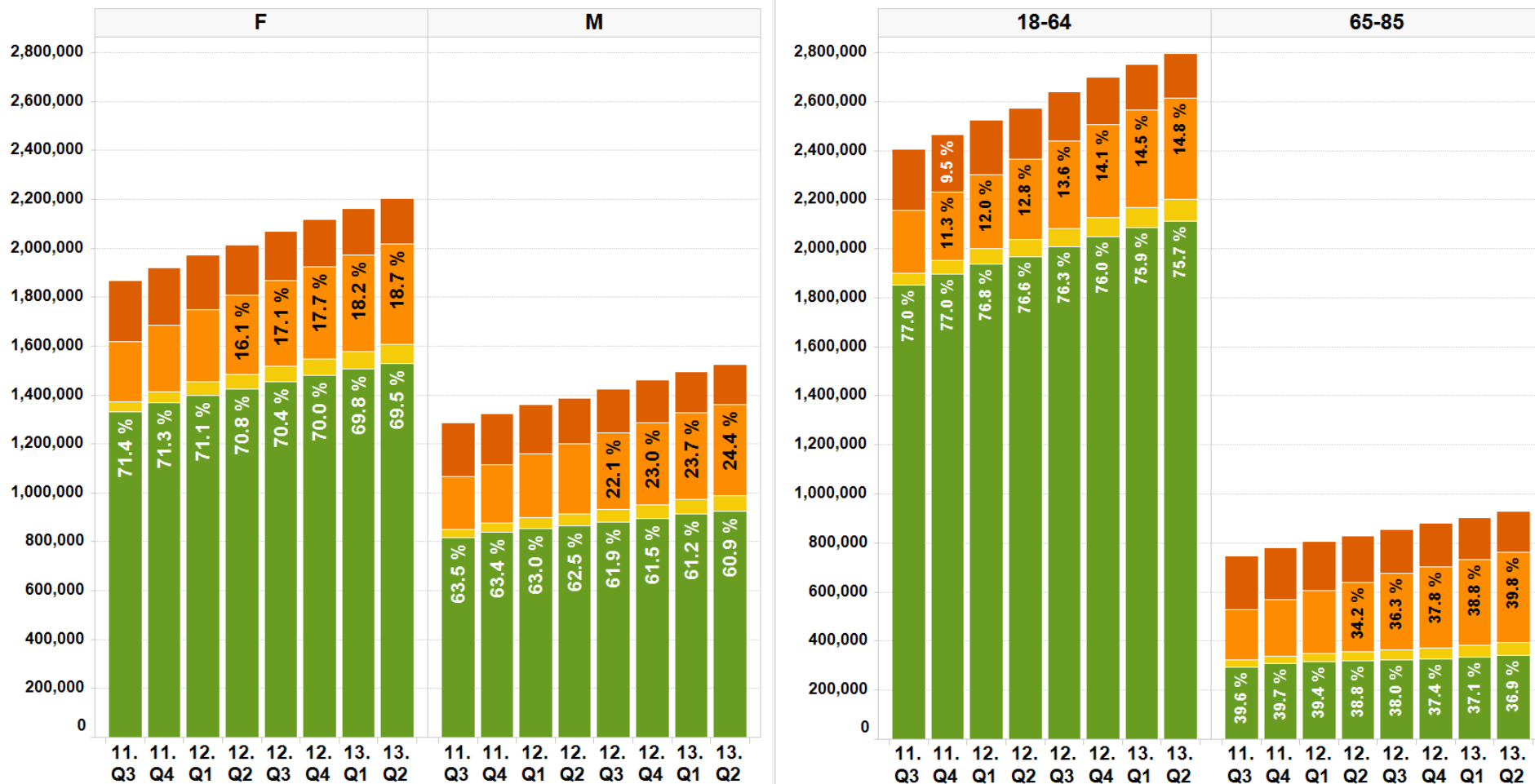
Prevalence and Documentation Trajectory, by Group

- 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



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*:

Description	CPT
Outpatient visits	99201-99205, 99211-99215, 99241-99245, 99384-99387, 99394-99397

Note: No exclusions based on provider specialty.

99201–99205	Office or other outpatient visit, new patient
99211–99215	Office or other outpatient visit, established patient
99241–99245	Office consultation, new or established patient
99384–99387	Initial comprehensive preventive medicine visit
99394–99397	Periodic comprehensive preventive medicine visit

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.

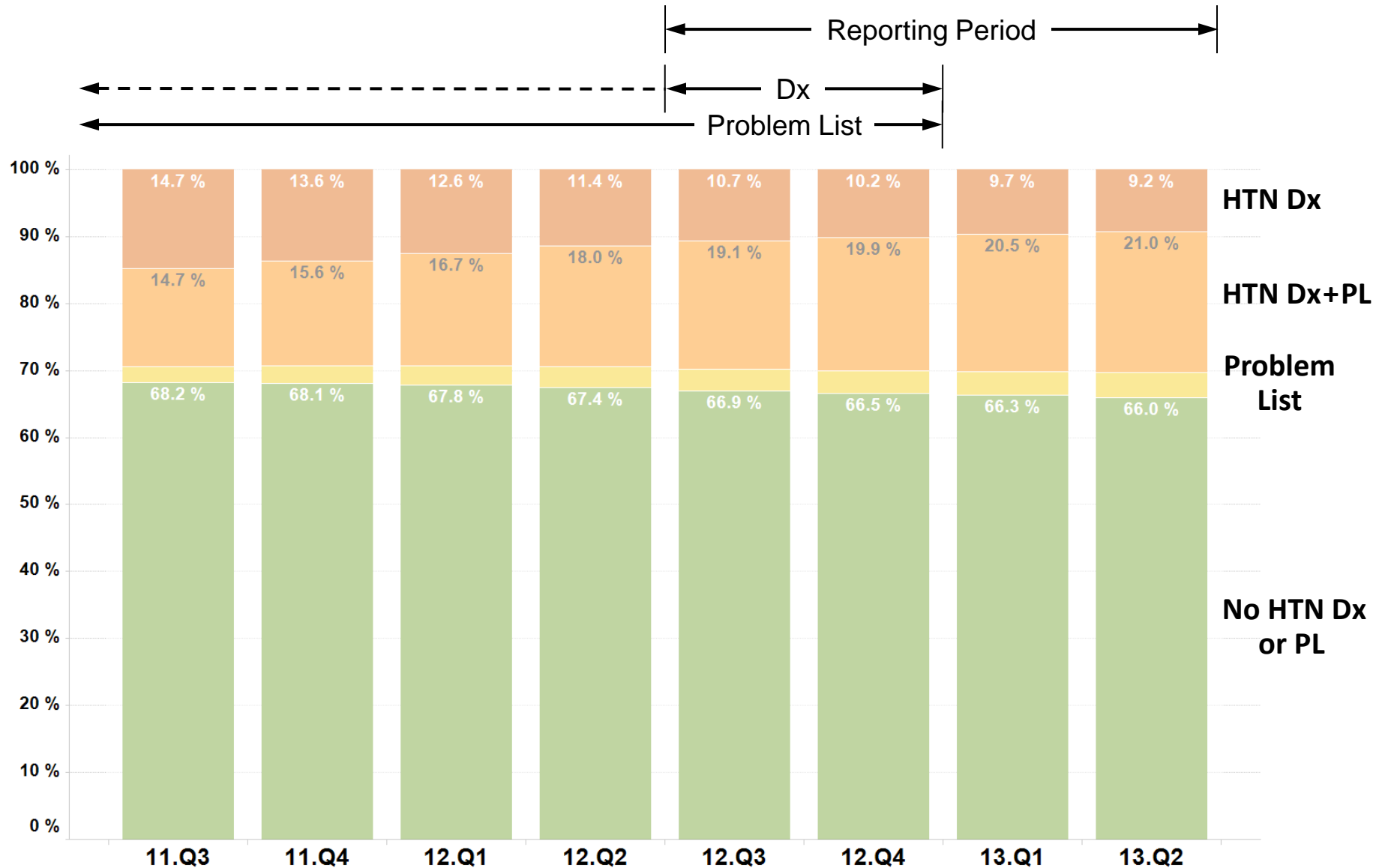
Numerator — number of patients in the denominator whose last ambulatory, in-office BP during the reporting period is < 140/90 mm Hg.

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

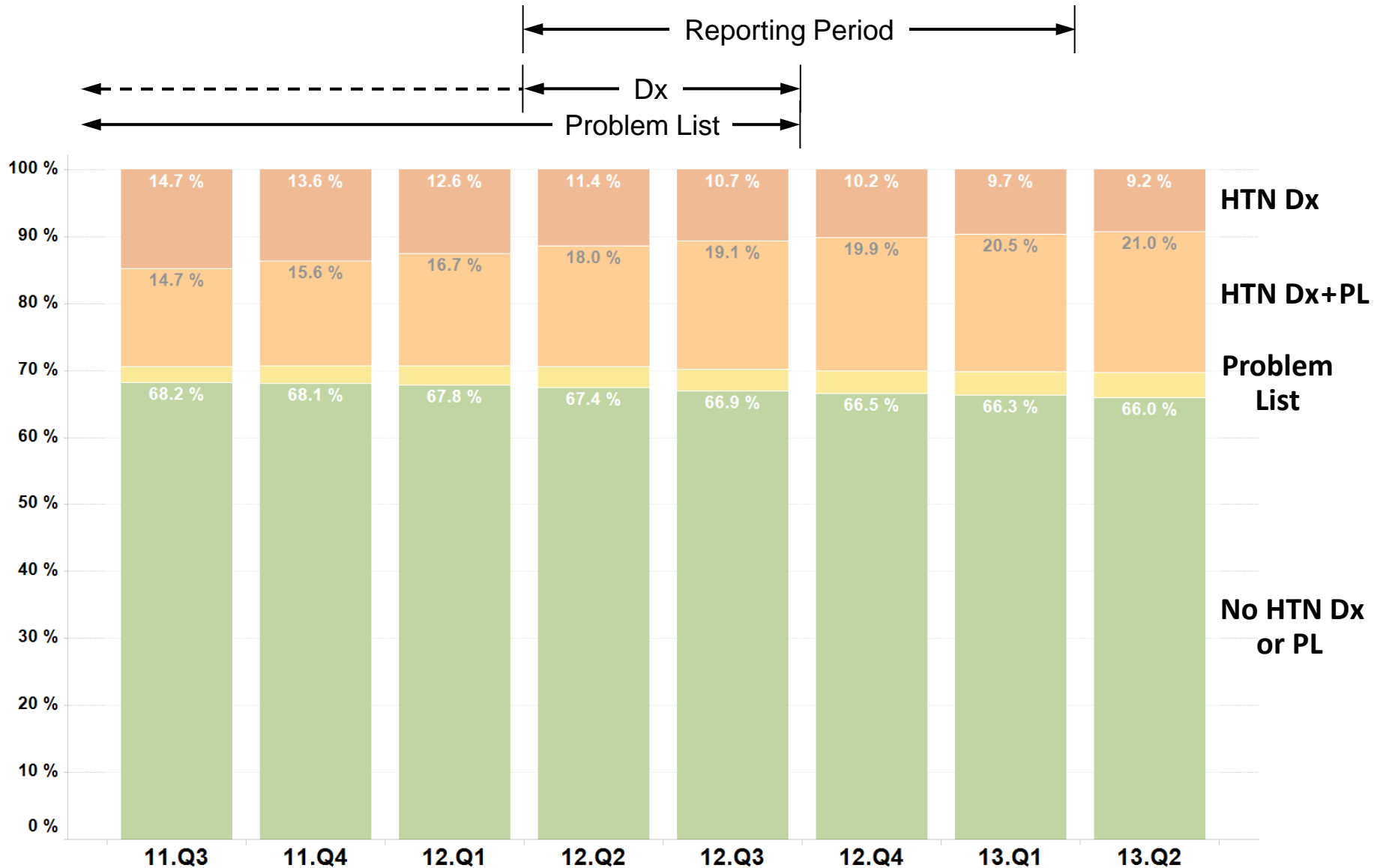
Exclusions —

- 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

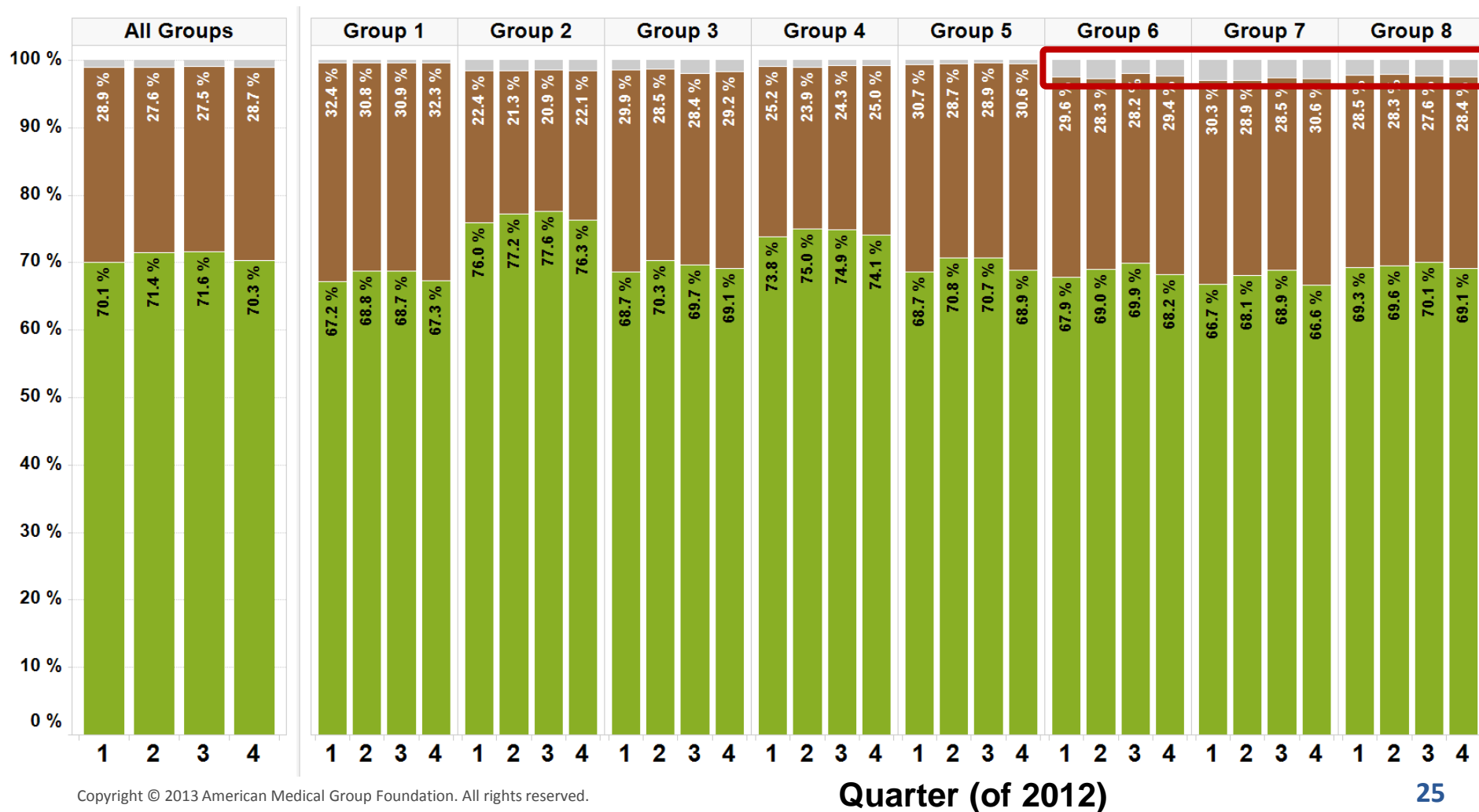


Timeframes: Reporting Period ended 2013 Q1



Seasonality

- 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)**



**Measure Up
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American Medical Group Foundation

Home FAQ

Data Reporting

In order to track progress in improving detection and control of hypertension, all organizations participating in *Measure Up/Pressure Down* have committed to reporting data quarterly for their patient population.

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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.



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Home FAQ

Register & Activate

Before you can submit data for your organization you must register and activate your account on Members.MeasureUpPressureDown.com site.

Register with the site by submitting your account details and validate your email address by clicking the link in the email sent to you. Next, the site administrator will activate your account after confirming your affiliation with the participating organization. Please allow for up to two business days for the review to be completed. You will receive a final email notifying you of your account activation. Once approved, you will be able to begin to submit data.

Username*

First Name

Last Name

E-mail*

Password*

Repeat Password*

Organization*

Title

Phone

Anti-Spam

3117 65968223

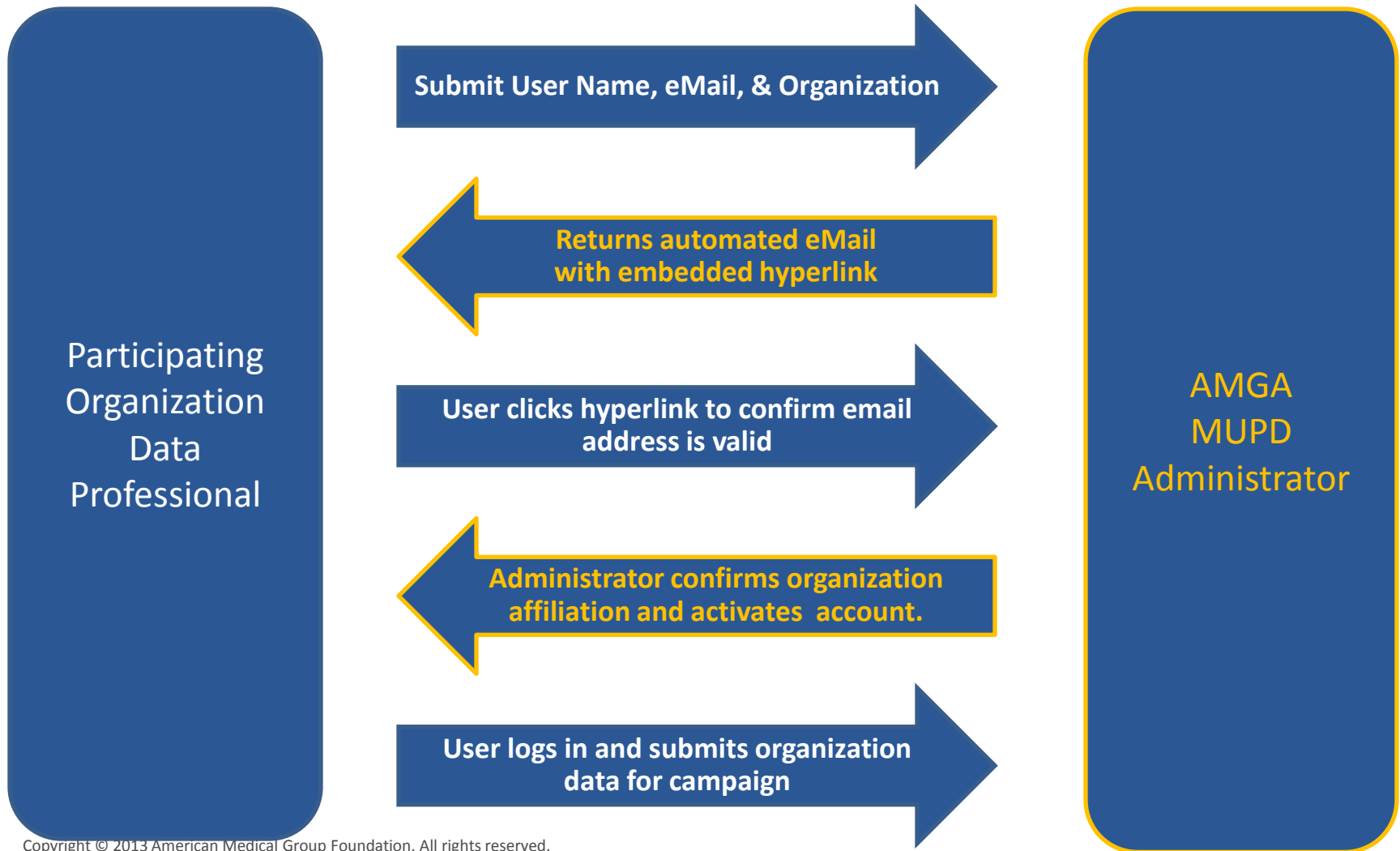
Type the text

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Registration and Activation

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



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.



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Please enter your username or email address.
You will receive a link to create a new password via email.

Username or E-mail

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Submitting Data

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

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Data Submission

Health Care Professionals

In order to track progress for the campaign, participating health care professionals and member organizations have committed to submitting quarterly data for their patient population.

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Data Submission

Please submit your organizations data through this page. Detailed definitions for the numerator and denominator can be found on the FAQ page. To submit data for a given time period, select that period from the drop down, enter the data and press ADD NEW button. Data submissions can be revised or deleted and resubmitted from the links next to the data.

Rich2, organization1

Reporting Period Comment | or | [Upload Data](#)

[ADD NEW](#) Cancel

REPORTING PERIOD	TOTAL PTS	NUM HTN PTS NUMERATOR	HTN PTS IN CONTROL DENOMINATOR	CONTROL RATE	USER	MODIFY
Export to CSV						

Upcoming Events

DEC 30 Mon [all-day](#) [End of 2nd Quarter](#)

APR 2 Wed [all-day](#) [End of 2nd Quarter](#)

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.

Home > Data Submission

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Upcoming Events
DEC 30 Mon all-day End of 2nd Quarter
APR 2 Wed all-day End of 2nd Quarter

Rich2, organization1

2013 - Quarter 1 | or |

Male (18-64)	<input type="text" value="Total PTS"/>	<input type="text" value="NUM HTN PTS"/>	<input type="text" value="HTN PTS In Control"/>
Male (65-85)	<input type="text" value="Total PTS"/>	<input type="text" value="NUM HTN PTS"/>	<input type="text" value="HTN PTS In Control"/>
Female (18-64)	<input type="text" value="Total PTS"/>	<input type="text" value="NUM HTN PTS"/>	<input type="text" value="HTN PTS In Control"/>
Female (65-85)	<input type="text" value="Total PTS"/>	<input type="text" value="NUM HTN PTS"/>	<input type="text" value="HTN PTS In Control"/>


REPORTING PERIOD	TOTAL PTS	NUM HTN PTS NUMERATOR	HTN PTS IN CONTROL DENOMINATOR	CONTROL RATE	USER	MODIFY
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Export to CSV

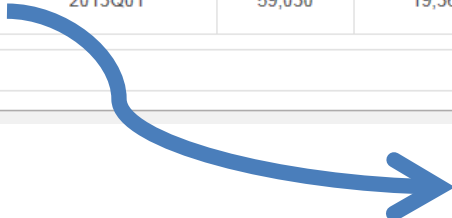
Submitting Data - Continued

- 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.

Reporting Period ▼ | or |

	REPORTING PERIOD	TOTAL PTS	NUM HTN PTS NUMERATOR	HTN PTS IN CONTROL DENOMINATOR	CONTROL RATE	USER	MODIFY
	2013Q01	59,030	19,367	14,237	74%	rich2	Notes Edit Remove

	REPORTING PERIOD	TOTAL PTS	NUM HTN PTS NUMERATOR	HTN PTS IN CONTROL DENOMINATOR	CONTROL RATE	USER	MODIFY
	2013Q01	59,030	19,367	14,237	74%	rich2	Notes Edit Remove
DEMOGRAPHIC		TOTAL PTS	NUM HTN PTS	HTN PTS IN CONTROL	CONTROL RATE		
Female - 18-64		22,600	6,100	4,223	69.23%		
Female - 65-85		9,120	4,099	3,009	73.41%		
Male - 18-64		20,301	5,090	3,906	76.74%		
Male - 65-85		7,009	4,078	3,099	75.99%		



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

The screenshot shows a web interface for submitting data. At the top, there is a 'Reporting Period' dropdown menu, a 'Comment' text input field, and a yellow 'Upload Data' button. Below these, there is a yellow 'ADD NEW' button and a 'Cancel' link. The main part of the interface is a table with the following columns: REPORTING PERIOD, TOTAL PTS, NUM HTN PTS NUMERATOR, HTN PTS IN CONTROL DENOMINATOR, CONTROL RATE, USER, and MODIFY. The first row of data shows '2013Q01' for the reporting period, with 59,030 total points, 19,367 numerator points, 14,237 denominator points, and a 74% control rate. The user 'rich2' is listed. The 'MODIFY' column contains links for 'Notes', 'Edit', and 'Remove'. At the bottom of the table, there is a yellow 'Export to CSV' button.

	REPORTING PERIOD	TOTAL PTS	NUM HTN PTS NUMERATOR	HTN PTS IN CONTROL DENOMINATOR	CONTROL RATE	USER	MODIFY
+	2013Q01	59,030	19,367	14,237	74%	rich2	Notes Edit Remove

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 2nd 2013.

AMGF Chronic Care Challenge



**Measure Up
Pressure Down**

American Medical Group Foundation

**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

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

VALUE-ADD PROCESS PLANKS