



2024 Workflow Workshop Webinar Series

Blood Pressure Measures:

- eCQM 22/MIPS CQM 317: Screening for High Blood Pressure and Follow-up Documented
- eCQM 165/MIPS CQM 236: Controlling High Blood Pressure



Agenda

- **eCQM 22 (CQM 317): Screening for High Blood Pressure and Follow-up Documented**

-
- Measure Overview
-
- Measure Specifications
-
- Measure Special Considerations
-
- Recommended Workflows & Exclusions/Exceptions
-

- **eCQM 165 (CQM 236): Controlling High Blood Pressure**

-
- Measure Overview
-
- Measure Specifications
-
- Measure Special Considerations
-
- Recommended Workflows & Exclusions/Exceptions
-

eCQM 22 / CQM 317: Screening for High Blood Pressure and Follow-up Documented

Measure Specifications

eCQM 22/CQM 317: Screening for High Blood Pressure and Follow up Documented

Description	Percentage of patients 18 years and older who were screened for high blood pressure AND have a documented follow-up plan if blood pressure was elevated.
Exclusions & Exceptions	<ul style="list-style-type: none">• Active hypertension diagnosis during the encounter visit.• Patient refused blood pressure screening or declined interventions/recommendations of a follow-up plan.• Medical Reasons for not obtaining blood pressure.
Points Available	Up to 10

Measure Specifications

<u>Denominator</u>	<u>Numerator</u>
<ul style="list-style-type: none">All patients who are 18 years at the start of the current performance year <p>AND</p> <ul style="list-style-type: none">All in-person encounters⁺ <p><i>⁺This measure does not include Telehealth visits</i></p>	<ul style="list-style-type: none">All patients with a blood pressure within Normal range (systolic BP <120 mmHg & diastolic BP <80 mmHg), during most recent BP screening. No follow-up needed.All patients with an elevated blood pressure range ≥ 120 mmHg systolic AND appropriate intervention*All patients with an elevated blood pressure range ≥ 80 mmHg diastolic AND appropriate intervention* <p><i>* See next slide for recommended follow-up.</i></p>

⁺For a complete list of qualifying encounters, please reference the measure white papers

Measure Specifications

eCQM 22 (CQM 317): Recommended Follow-Up

Blood Pressure Reading mmHg:	Systolic 120 – 129 & Diastolic <80	<u>First occurrence:</u> Systolic ≥ 130 or Diastolic ≥ 80	<u>Second occurrence:</u> Systolic ≥ 130 – 139 or Diastolic ≥ 80 – 89	<u>Second occurrence:</u> Systolic ≥ 140 or Diastolic ≥ 90
Option 1: Referral to alternate provider or PCP for “Finding of Elevated BP or HTN” on the date of the qualifying encounter will meet the measure specification for any blood pressure reading.				
Option 2: Dietary recommendation	And rescreen in 2-6 months	And rescreen within 4 weeks	Lab tests or ECG documented & rescreen in 2-6 months	Pharmacologic therapy & documentation of Lab tests or an ECG & rescreen within 4 weeks
Option 3: Physical Activity recommendation	And rescreen in 2-6 months	And rescreen within 4 weeks	Lab tests or ECG documented & rescreen in 2-6 months	Pharmacologic therapy & documentation of Lab tests or an ECG & rescreen within 4 weeks
Option 4: Lifestyle recommendation or counseling	And rescreen in 2-6 months	And rescreen within 4 weeks	Lab tests or ECG documented & rescreen in 2-6 months	Pharmacologic therapy & documentation of Lab tests or an ECG & rescreen within 4 weeks

Recommended Workflow – Numerator

This workflow for documenting a follow-up plan can be accessed from the **Health Promotion Plan**.

- From the Intake template, scroll to the Vital Signs section and you will see the blue hyperlink for the Health Promotion Plan pop-up.

The screenshot displays the 'Intake' template interface. The top navigation bar includes 'Intake' (highlighted with a red box), 'Histories', 'SOAP', 'Finalize', and 'Checkout'. Below the navigation bar, there are tabs for 'Care Guidelines', 'Global Days', and 'Clinical Trial'. A 'Panel Control' section includes 'Toggle', 'Cycle', and a 'View Appointment' button. A checkbox labeled 'Record contains substance use disorder information' is also present. The main content area is divided into sections: 'General', 'Reason for Visit', 'History Summary', and 'Vital Signs' (highlighted with a red box). Below the 'Vital Signs' section, there are links for 'Orthostatic Vital Signs', 'Historical Information Entered this Encounter', and 'Health Promotion Plan' (highlighted with a red box). A table with columns for Time, Ht (in), Wt (lb), BMI, BP, Position, Side, Site, Cuff Size, Pulse, Respiration, Temp (F), Pulse Ox Rest, Pain Level, and Comment is visible at the bottom.

Recommended Workflow

Option 1: Document a Referral

From the **Vital Signs** Section

1. Open the **Health Promotion Plan**
 2. From the **Plan** field, select **Hypertension Plan**.
 3. Select the **Diagnosis** field and add a qualifying Hypertension diagnosis code
 4. From the **Referrals** picklist, select **Blood Pressure management** and select any option for the **referral to**
 5. Select the desired **Timeframe**
 6. Select **Add**
- Select OK to close

The screenshot shows the 'Health Promotion Plan' form. Red boxes and numbers 1 through 6 highlight the steps in the workflow:

- 1:** The 'Health Promotion Plan' header.
- 2:** The 'Plan' dropdown menu, which is set to 'Hypertension Plan'.
- 3:** The 'Diagnosis' field, which contains 'Essential (primary) hypertension' and a 'Code' of 'I10'.
- 4:** The 'Referrals' picklist, which is set to 'Blood Pressure management'.
- 5:** The 'Timeframe' field, which is set to '3 Months'.
- 6:** The 'Add' button at the bottom right of the form.

Other visible fields include 'Patient's age: 68 Years', 'Blood pressure: 139/88 mm/Hg', 'Diet', 'Physical activity', 'Lifestyle', and 'Internal referral' (unchecked). Each text field has a 'Details' link and a 'Characters left: 250' indicator.

Recommended Workflow

Option 2: Document Dietary Recommendation

From the Vital Signs Section

1. Open the **Health Promotion Plan**
2. From the **Plan** field, select **Hypertension Plan**.
3. Select the appropriate **Diagnosis**
4. Click in the **Diet** field, and select the applicable item from the picklist.
5. Select **Add**

The screenshot shows the 'Health Promotion Plan' form. Red boxes and numbers 1 through 5 highlight the steps in the workflow:

- 1:** The 'Health Promotion Plan' header.
- 2:** The 'Plan' dropdown menu, which is currently set to 'Hypertension Plan'.
- 3:** The 'Diagnosis' field, which contains 'HTN'.
- 4:** The 'Diet' field, which contains 'Diet education (procedure)'.
- 5:** The 'Add' button at the bottom right of the form.

Other visible fields include 'Patient's age: 68 Years', 'Blood pressure: 139/88 mm/Hg', 'Code: 110', 'Details: low salt', 'Physical activity:', 'Referrals:', 'Lifestyle:', and 'Timeframe:'. There are also character counts for several text areas.

Recommended Workflow

Option 3: Document Physical Activity Recommendation

From the Vital Signs Section

1. Open the **Health Promotion Plan**
2. From the **Plan** field, select **Hypertension Plan**.
3. Select the appropriate **Diagnosis**
4. Click in the **Physical activity** field, and select the applicable item from the picklist.
5. Select **Add**

The screenshot shows the 'Health Promotion Plan' form. Red boxes and numbers 1 through 5 highlight the steps in the workflow:

- 1:** The 'Health Promotion Plan' header.
- 2:** The 'Plan' dropdown menu, which is set to 'Hypertension Plan'.
- 3:** The 'Diagnosis' field, which contains 'HTN'.
- 4:** The 'Physical activity' field, which contains 'Recommendation to exercise'.
- 5:** The 'Add' button at the bottom right of the form.

Other visible fields include: Patient's age: 68 Years, Blood pressure: 139/88 mm/Hg, Diet, Details, Characters left: 242, Referrals, Timeframe, Internal referral, and Lifestyle. The 'Add' button is highlighted with a red box and a red circle with the number 5.

Recommended Workflow

Option 4: Document Lifestyle education, Hypertension education, Weight reduction recommendation, or Counseling about alcohol consumption

From the Vital Signs Section

1. Open the **Health Promotion Plan**
2. From the **Plan** field, select **Hypertension Plan**.
3. Select the appropriate **Diagnosis**
4. Click in the **Lifestyle** field
5. Select the applicable item from the picklist and **OK**
6. Select **Add**

The screenshot shows the 'Health Promotion Plan' form. At the top, it displays 'Patient's age: 68 Years' and 'Blood pressure: 139/88 mm/Hg'. The form has several fields: 'Plan' (set to 'Hypertension Plan'), 'Diagnosis' (set to 'Hypertension'), 'Diet', 'Physical activity', 'Referrals', and 'Lifestyle'. A 'Get Dbpicklist Items' dialog box is open over the 'Lifestyle' field, showing a list of items: 'Counseling about alcohol consumption', 'Hypertension education', 'Lifestyle education', 'Sedentary lifestyle', 'Target weight discussed', 'Weight control education', and 'Weight loss advised'. The 'OK' button in the dialog is highlighted. At the bottom of the form, the 'Add' button is highlighted.

1. Health Promotion Plan

2. Plan: Hypertension Plan

3. Diagnosis: Hypertension

4. Lifestyle

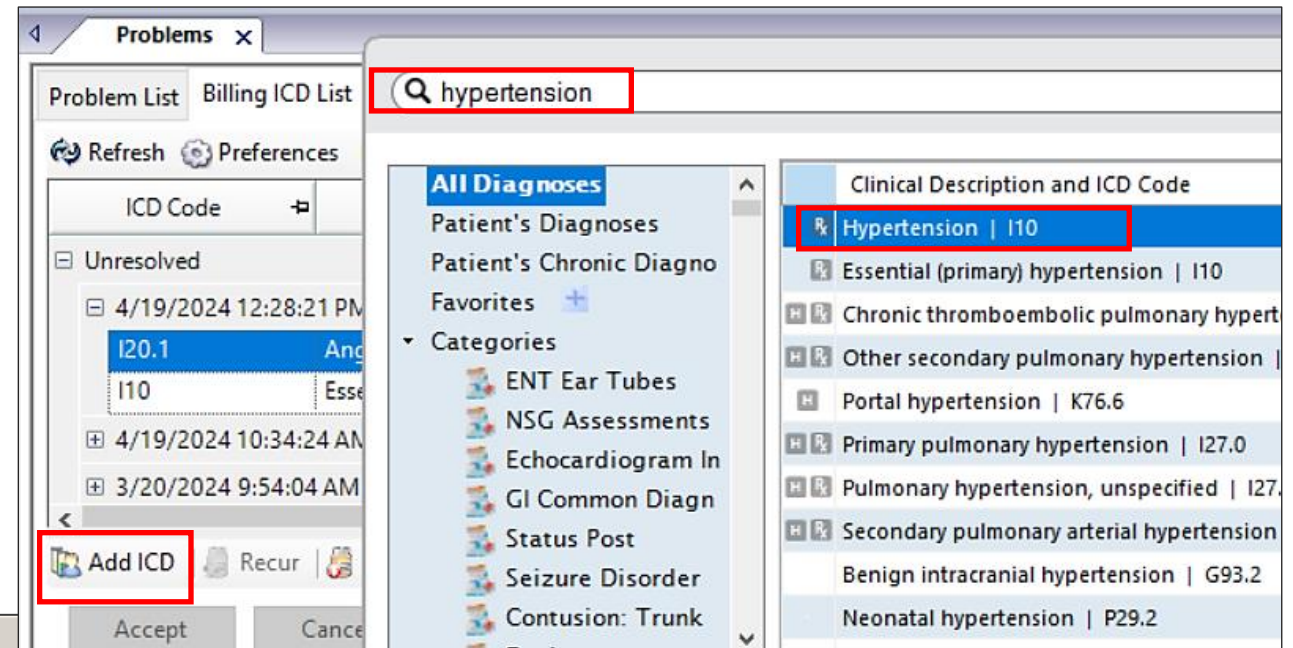
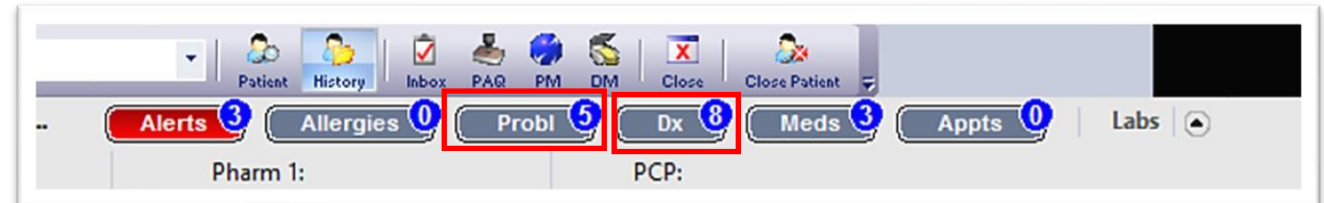
5. Get Dbpicklist Items dialog box showing the list of items.

6. Add button

Exclusion Workflow:

Document active Hypertension diagnosis during the patient visit encounter

- From the top Patient Information Bar:
 1. Select **Diagnosis** or **Problems**
 2. Click on the **Add ICD** or **Add Problem**
 3. Type “hypertension” in the search bar, click **enter** and **select** the appropriate diagnosis or problem.



List of Diagnosis of Hypertension ICD-10 Codes

H35.031	H35.032	H35.033	I10	I11.0	I11.9
I12.0	I12.9	I13.0	I13.10	I13.11	I13.2
I15.0	I15.1	I15.2	I15.8	I15.9	I27.0
I27.20	I27.21	I27.22	I27.23	I27.24	I27.29

eCQM 165 (CQM 236): Controlling High Blood Pressure

Measure Overview

eCQM 165 (CQM 236): Controlling High Blood Pressure		
Description	Percentage of patients aged 18-85 years of age who had a diagnosis of essential hypertension (ICD I10) overlapping the measurement period and whose most recent blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.	
Exclusions	<ul style="list-style-type: none">• Hospice Services• Active Dementia Medications• Long term Care (> 90 Days)• Diagnosis of Advanced Illness• Diagnosis of Frailty	<ul style="list-style-type: none">• Chronic Kidney Disease• End Stage Renal Disease• Dialysis• Kidney Transplant• Pregnancy
Points Available	Up to 10 points	

Measure Specifications

<u>Denominator</u>	<u>Numerator</u>
Patients aged 18-85 years of age who had a diagnosis of essential hypertension (ICD I10) between January 1 of the previous year to June 30 th of the current year.	Patients whose most recent blood pressure was adequately controlled (less than 140/90mmHg) during the measurement period.

Special Note: For a complete list of qualifying encounters, please reference the measure papers

Measure Special Considerations

- Only blood pressure readings by a clinician or with an automated blood pressure monitor are acceptable.
- If no blood pressure is recorded, then the patient's blood pressure is assumed "not controlled".
- If multiple blood pressure readings are on the same day, use the lowest systolic and the lowest diastolic on the most recent blood pressure reading.
- Do not include blood pressures taken during an acute inpatient stay, an ED visit or during a Preventive procedure (i.e. vaccinations, injections, TB test, dilated eye exam, etc.).
- Telehealth visits are allowable if blood pressure is conducted remotely by an electronic monitoring device or the patient conveys the blood pressure readings taken by an automated blood pressure monitor.
 - A reading taken by the patient using a non-digital device (i.e. a manual blood pressure cuff) is not acceptable.

Recommended Workflow

- From the **Intake** template
- 1. Select **Add** in the **Vital Signs** Section
- 2. Enter the **Systolic** and **Diastolic** blood pressure under the **Blood Pressure and pulse** section.
- 3. Enter the measured date.
- Select **Save & Close**

The screenshot shows the "Adult Vital Signs" - [New Record] form. The form is divided into several sections for data entry:

- Height/length measurements:** Fields for height in feet, inches, total in, and centimeters, along with position (Standing, Lying) and last measured date.
- Weight measurement:** Fields for weight in pounds and kilograms, and context (Dressed with shoes, Dressed without shoes).
- Blood Pressure and pulse:** Fields for systolic and diastolic blood pressure, pulse rate, and pulse pattern. A red box labeled "2" highlights the systolic and diastolic fields.
- Respiration and Pulse Ox:** Fields for respiration rate, pulse oximetry (rest, ambulatory), and source (room air, oxygen).
- Peak flow:** Fields for peak flow rate and method.
- Pain scale:** Fields for pain score and method.
- Comments:** A text area for additional notes.
- Measured date:** A date field with a red box labeled "3" highlighting it.
- Measured by:** A dropdown menu showing "NextGen User".
- Buttons:** At the bottom, there are buttons for "Clear For Add", "Delete", "Save", and "Close". A red box labeled "1" highlights the "Add" button.

Exception/Exclusions Workflow

Option 1: From Alerts

Document the applicable exclusion

- From the Patient Information Bar
 1. Select **Alerts**
 2. Click **Add/Edit**
 3. Select the applicable exclusion:
 - ☐ **Hospice Care (regime/therapy)**
 - ☐ **Palliative Care**
 - ☐ **Pregnancy**
 4. Click **Save & Close**

The screenshot displays the 'Alerts' tab in the Patient Information Bar, which is highlighted with a red box and a red circle labeled '1'. Below the tab, the 'Patient Alerts' section shows a filter set to 'All' and a table with columns 'Type' and 'Alert'. A red box labeled '2' highlights the 'Add/Edit' button at the bottom left. A red box labeled '3' highlights the 'Hospice Care (regime/therapy)' checkbox in the 'Add/Edit Alerts' dialog, which is open on the right side of the screen. The dialog also shows other checkboxes for various conditions and symptoms.

Exception/Exclusions Workflow

Option 2: From Procedures

Document Hospice or Dialysis

- From the **Procedures Template**

1. Click in the 'Procedure description' box
2. Type "hospice" or "dialysis" in the description
3. Click **Search**
4. Select appropriate Description/Procedure code
5. Click **OK**

2. Select in any **Procedure** description field and search for **Kidney transplant** procedure codes as listed in the **List of Values** section.

3. Select **Submit to Superbill**.

4. Select **Save & Close**.

See Also

WHITEPAPER SAYS "Submit to superbill"
CQM 236 page 24 for example – should this be added to the slide?

Procedures:	Code:	Mod 1:	Mod 2:
<input type="text"/>			

Pre-Procedure
Procedure
Allergies/Medications
Vital Signs
Post Procedure

Select the procedure

Description: hospice

Procedure:

Fee: \$0.00

Category: All

OK

Cancel

Clear

Search

Description	Procedure
Hospice anytime msmt per	G9687
Hospice anytime msmt per	G9718
Hospice anytime msmt per	G9720
HOSPICE CARE SUPERVISION	99377
HOSPICE CARE SUPERVISION	99378
Hospice care supervision	G0182
Hospice care, in the home, p	S9126
Hospice care, NOS	Q5009
Hospice continuous home care	T2043
Hospice evaluation preelecti	G0337

BELIEVE IN BETTER.®





LEGAL NOTICE: This document contains information that is confidential and proprietary to NextGen Healthcare, Inc. and its subsidiaries and affiliates (“Company”) and is intended for use solely by its authorized clients or partners. This document may not be copied, reproduced, published, displayed, otherwise used, transmitted, or distributed in any form by any means as a whole or in any part, nor may any of the information it contains be used or stored in any information retrieval system or media, translated into another language, or otherwise made available or used by anyone other than the authorized client or partner to whom this document was originally delivered without the prior, written consent of Company.

By retaining or using this document, you represent that you are a party who is authorized to use this document under one or more agreements between you and Company now in force, and that you will use this document and the information it contains solely as and to the extent such agreement(s) permit. If there is no agreement in place between the parties, you represent that you are the intended recipient of this document and that you will at a minimum, hold any confidential or proprietary information it contains to the same standards you would hold information from your own organization. Any other use or distribution of the contents of this document, as a whole or in any part, is prohibited.

Although we exercised great care in creating this publication, Company assumes no responsibility for errors or omissions that may appear in this publication and reserves the right to change this publication at any time without notice.

© 2023 NXGN Management, LLC. All Rights Reserved.

The registered trademarks listed at www.nextgen.com/legal-notice are the registered trademarks of NXGN Management, LLC. All other names and marks are the property of their respective owners.

Our issued and published patents can be found at www.nextgen.com/legal-notice.