

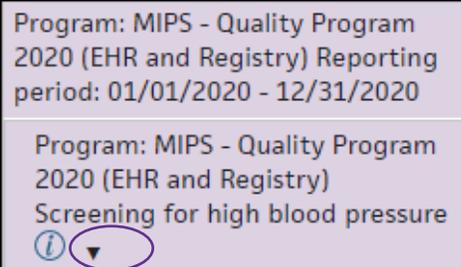
2020 eCQM (MIPS & Medicaid PI)

CMS22v8: Preventive Care and Screening: Screening for High Blood Pressure and Follow Up Documented

Measure description

This measure identifies the percentage of patients aged 18 years and older seen during the reporting period who were screened for high blood pressure AND a recommended follow-up plan is documented based on the current blood pressure (BP) reading recorded.

Each program that tracks this measure might use a slightly different measure definition. Please refer to the 'i' button on QMR for program specific information



Satisfaction information/numerator

The numerator includes patients who were screened for high blood pressure and have a recommended follow-up plan documented, as indicated if the blood pressure is pre-hypertensive or hypertensive. To satisfy the measure:

- Normal BP Reading: No follow-up required if BP is normal viz. Systolic BP <120 mmHg and Diastolic BP < 80 mmHg. [Document the blood pressure reading in the patient chart.](#)
- Pre-hypertensive BP Reading: [Follow-up with rescreen every year when systolic BP of 120-139 mmHg OR diastolic BP of 80-89 mmHg is recorded AND recommend lifestyle modifications OR referral to alternative/primary care provider](#)
- First hypertensive BP Reading: [For patients with one elevated reading of systolic BP ≥140 mmHg OR diastolic BP ≥ 90 mmHg AND follow-up with rescreen from next day until 4 weeks AND recommend lifestyle modifications OR referral to alternative/primary care provider](#)
- Second Hypertensive BP Reading: [For patients with second elevated reading of systolic BP ≥140 mmHg OR diastolic BP ≥90 mmHg AND follow-up with Recommended lifestyle recommendations AND one or more of the Second Hypertensive Reading Interventions OR referral to Alternative/Primary Care Provider](#)

Denominator inclusion

The denominator includes all patients aged 18 years and older at the beginning of the measurement period with at least one eligible encounter during the measurement period.



Denominator Exclusions

The denominator excludes the following patients:

- [Patients with active diagnosis of hypertension](#)
- [Patients who refuse to participate in a BP measurement](#)
- [Patients who refuse to participate in a follow-up](#)
- [Patients in an urgent or emergent medical situation](#)

What's different for 2020

This measure remains unchanged from 2019. Follow the same workflows used last year.

How to satisfy the measure

Documenting BP reading in patient chart

Blood Pressure reading can be documented in 2 ways.

1. Documenting systolic and diastolic reading in the Vitals section of the encounter:
 - a. Go to the Assessment & Plan section in the Intake or Exam stage of the encounter.
 - b. Enter the blood pressure reading in the Vitals section.

Vitals	
Ht	<input type="text"/> ft <input type="text"/> in
	<input type="checkbox"/> Not Performed -select reason-
Wt	<input type="text"/> lbs <input type="text"/>
	<input type="checkbox"/> Not Performed -select reason-
	<input type="checkbox"/> Out of Range
BMI	
BP	<input type="text"/> / <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Not Performed -select reason-

2. Enter the blood pressure value in the Vitals section of the patient chart.
 - a. Click the Vitals tab in the patient chart.
 - b. Click the double arrows icon to expand the view.



- c. Select TABLE to view vitals in a table format.

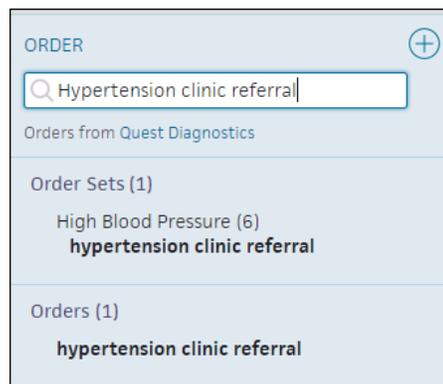
Vitals	TABLE GRAPH
	01-15-2020
Ht	5 ft 5.5 in (166.37 cm)
Wt	182 lbs (82.55 kg)
BMI	29.8
BP	122 / 78 120 / 80
BSA	1.95

- d. Click on the date to enter the blood pressure reading.

Note: Both the systolic and diastolic blood pressure measurements are required for inclusion. If there are multiple blood pressures on the same date of service, athenaNet uses the most recent as the representative blood pressure

Follow up action: Referral order

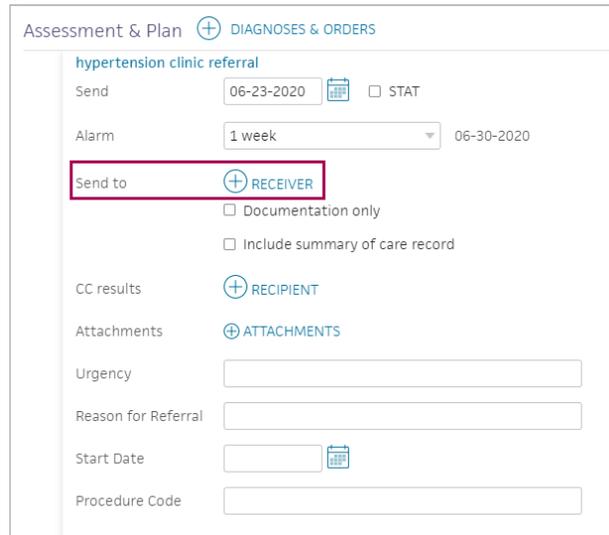
1. Go to the Assessment & Plan section in the encounter.
2. Click the plus icon  next to **DIAGNOSES & ORDERS**.
3. Enter a diagnosis in the search field and select it from the list.
The diagnosis is added to the Assessment & Plan. The **DIAGNOSES & ORDERS** selector remains open.
4. Enter an order of Hypertension Clinic Referral in the search field and select the order from the list.



5. Click outside the selector.
6. Click the order name to expand the view.



7. Click the plus icon  next to **RECEIVER** in the **Send to** field and select a receiving provider.



Assessment & Plan  **DIAGNOSES & ORDERS**

hypertension clinic referral

Send 06-23-2020  STAT

Alarm 1 week  06-30-2020

Send to  **RECEIVER**

Documentation only

Include summary of care record

CC results  **RECIPIENT**

Attachments  **ATTACHMENTS**

Urgency

Reason for Referral

Start Date 

Procedure Code

8. Enter the remaining order details.
9. Click **Sign Orders**.

Follow-up Action: For pre-hypertensive patients, recommend lifestyle modifications and schedule a follow-up

AND

Follow-up Action: For patients with a first hypertensive reading, recommend lifestyle modifications and schedule a follow-up

- For pre-hypertensive patients (systolic BP reading between 120 to 139 mmHg or diastolic BP reading between 80 to 89 mmHg) - Schedule a follow-up visit to re-screen for BP in the next year
- For patients with a first hypertensive reading (systolic BP reading ≥ 140 mmHg or diastolic BP reading ≥ 90 mmHg) - Schedule a follow-up visit to re-screen for BP in the next four weeks.

1. Go to the Assessment & Plan section in the Exam stage of the encounter.
2. Click the plus icon  next to **DIAGNOSES & ORDERS**.
3. Enter a Return to office order in the search field and select it from the list. This order creates an appointment tickler to remind a patient to return to the office.



4. Enter a patient education information order which recommends a lifestyle modification in the search field and select it from the list. The following orders apply:
 - Weight Reduction
 - Dietary Approaches to Stop Hypertension (DASH) Eating Plan
 - Dietary Sodium Restriction
 - Increased Physical Activity
 - Moderation in alcohol (ETOH) Consumption
5. Click **Sign Orders**.

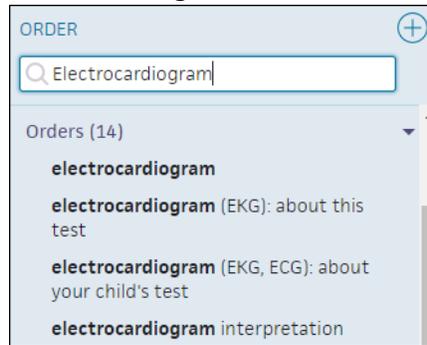
Follow-up Action: For patients with a second hypertensive reading, recommend lifestyle modifications and order additional interventions

For patients with a second hypertensive reading (systolic BP reading ≥ 140 mmHg or diastolic BP reading ≥ 90 mmHg).

1. Go to the Assessment & Plan section in the Exam stage of the encounter.
2. Click the plus icon  next to **DIAGNOSES & ORDERS**.
3. Enter a patient education information order which recommends a lifestyle modification in the search field and select it from the list. The following orders apply:
 - a. Weight Reduction
 - b. Dietary Approaches to Stop Hypertension (DASH) Eating Plan
 - c. Dietary Sodium Restriction
 - d. Increased Physical Activity
 - e. Moderation in alcohol (ETOH) Consumption
4. Enter one of the following orders in the search field and select it from the list:
 - Lab Test Order for Hypertension (ex: urinalysis, complete)
 - Anti-Hypertensive Medication Order (ex: acebutolol 400 mg capsule)



- **Electrocardiogram Order**



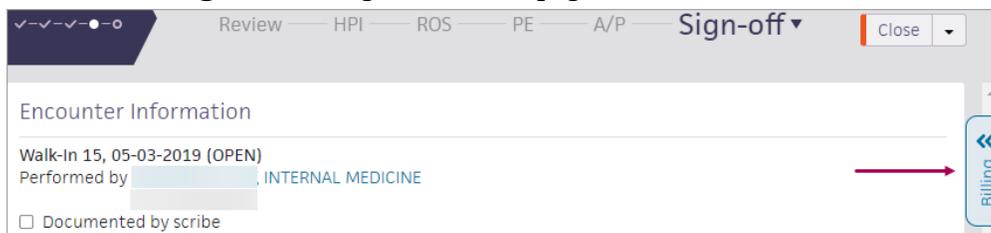
5. Click **Sign Orders**.



How to include a patient in the denominator

Adding denominator valid CPT

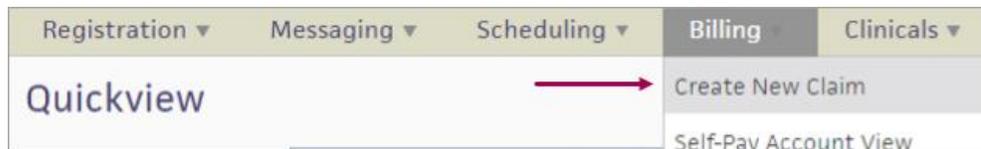
1. During an encounter, click the **Sign-Off** stage in the navigation menu at the top of the page.
2. Click the **Billing** tab on the right-side of the page.



3. Add the valid CPT code.
4. Ensure that the **Bill?** checkbox is checked.
5. Click **Save** or **Save & Mark Reviewed**.

OR

After the encounter is closed, go to the **Billing** section on the Quickview page and create a new claim.





How to exclude a patient from denominator

The denominator excludes the following patients:

- [Patients with active diagnosis of hypertension](#)
- [Patients who refuse to participate in a BP measurement](#)
- [Patients who refuse to participate in a follow-up](#)
- [Patients in an urgent or emergent medical situation](#)

Patients with active diagnosis of hypertension

Document the diagnosis by either:

- Adding a diagnosis of hypertension in the A&P section of any encounter
- Adding a valid hypertension problem in the patient's problem list with an onset date:
 1. Click the Problems tab in the patient chart.
 2. Click the plus icon .
 3. Enter hypertension in the search field and select it from the list.

+ PROBLEM

- hypertensive disorder
- hypertensive heart and renal disease
- malignant **hypertension**
- essential **hypertension**
- history of **hypertension**
- benign **hypertension**
- secondary **hypertension**

4. Enter an **Onset date**. Select **Active** for the **Status** and select a **Type**.

+ HYPERTENSIVE DISORDER

hypertensive disorder

Onset date 

Status Active Historical

Type Acute Chronic

 NOTE

Add



Patient refuses to participate in a BP measurement

To document that the patient refused to participate, check the Not Performed box in the Vitals section of either the Intake checklist or the Exam stage of an encounter. You must then select the reason “Patient refused” or “Not indicated” in the BP section.

Exam

The screenshot shows the 'Exam' Vitals section. The BP field is set to 102 / 60. Below the BP field, there is a dropdown menu for reasons. The 'Not Performed' checkbox is checked, and the dropdown menu is open, showing the following options: '-select-', 'Not indicated', 'Not tolerated', and 'Patient refused'. To the right, there is a 'Vitals' table with the following data:

Vitals	TABLE GRAPH
	01-15-2020
Ht	5 ft 5.5 in (166.37 cm)
Wt	182 lbs (82.55 kg)
BMI	29.8
BP	122 / 78 120 / 80
BSA	1.95

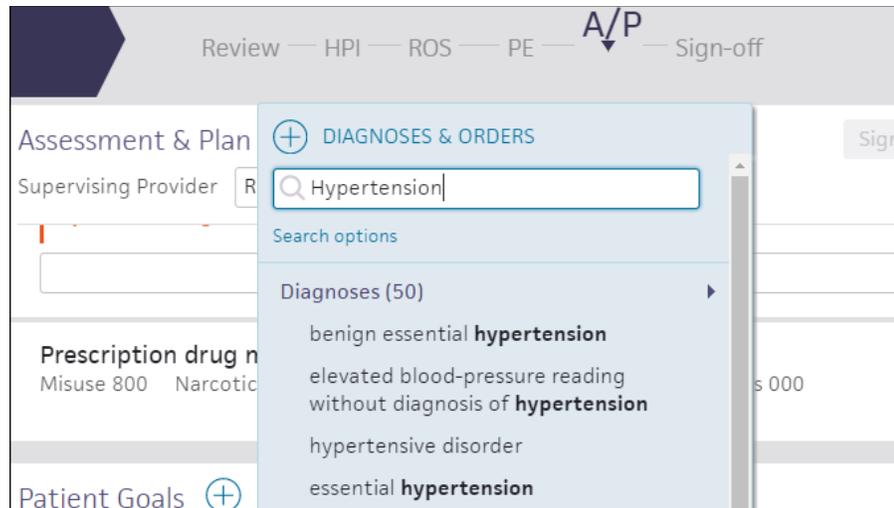
Intake checklist

The screenshot shows the 'Intake checklist' Vitals section. The BP field is set to 120 / 80. Below the BP field, there is a dropdown menu for reasons. The 'Not Performed' checkbox is checked, and the dropdown menu is open, showing the following options: '-select-', 'Not indicated', 'Not tolerated', and 'Patient refused'. To the left, there is a 'Vitals' table with the following data:

Vitals	Find
Ht	5 ft 5.5 in (166.37 cm)
Wt	182 lbs (82.55 kg)
BMI	29.8
BP	120 / 80
BSA	1.95

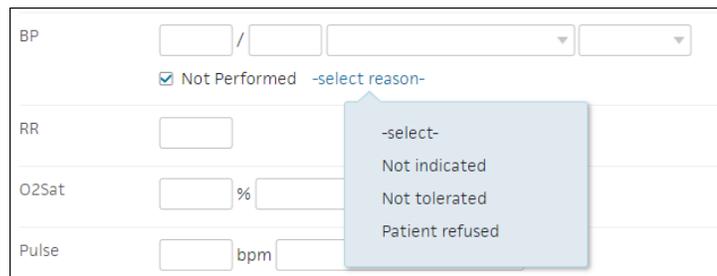
Patient refuses to participate in a BP follow-up.

1. Go to the Assessment & Plan section in the encounter.
2. Click the plus icon next to **DIAGNOSES & ORDERS**.
3. Enter a diagnosis, for example hypertension, in the search field and select it from the list.



The diagnosis is added to the Assessment & Plan. The **DIAGNOSES & ORDERS** selector remains open.

4. Enter a referral order or a patient education information order.
5. Click outside the selector.
6. Click the order to expand the view.
7. In the upper right of the order, click **DECLINE** and select Patient refused or Not tolerated.



8. Click **Sign Orders**.

Patients in an urgent or emergent medical situation

You can exclude patients in which delaying treatment would jeopardize the patient's health status. This may include but is not limited to severely elevated BP when immediate medical treatment is indicated. Check the **Not Performed** box in the **Vitals** section of either the Intake checklist or the Exam stage of an encounter. You must then click **select reason** and select "Patient refused" or "Not indicated" in the BP section.



Which programs track this measure

Program	Steward	Measure Name	Specification link
MIPS 2020	CMS	CMS22v8: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS22v8.html
Medicaid PI 2020	CMS	CMS22v8: Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	https://ecqi.healthit.gov/sites/default/files/ecqm/measures/CMS22v8.html

For more details

To find more information on this measure including detailed information about how patients fall into specific measure populations, the specific measure logic or additional measure guidance please use the [eCOI Resource Center](#).

For more information on telehealth impact on this measure and other eCQMs, please refer to the [CMS Telehealth guidance page](#).

Refer to our [Standard Configuration document](#) for details on how to:

- Create a fee schedule
- Add a procedure fee entry to a fee schedule
- Configure Vitals
- Select screening questionnaires for use in the patient encounter
- Select a question to appear in the OB/GYN History Section
- Add screening questionnaires to encounter plans
- Add a surgical procedure to the list of surgical procedures in the Surgical History section
- Copy a global social history template to your local practice
- Review, add, and edit medications in the patient chart
- Create a new order group
- Create a new global physical exam template
- Create an encounter plan
- Save findings in the encounter and apply previously saved findings in the encounter
- Process a faxed document related to an order