

## Blood Pressure Screening and Follow-Up (CMS22)

<https://ecqi.healthit.gov/ecqm/ep/2022/cms022v10>

### Measure Details

**Measure Description:** Percentage of patient visits for patients aged 18 years and older seen during the measurement period who were screened for high blood pressure AND a recommended follow-up plan is documented, as indicated, if blood pressure is elevated or hypertensive.

**Initial Population:** Patients 18 years and older who had a visit during 2022

**Denominator:** Equals Initial population.

**Numerator:** Patient visits where patients were screened for high blood pressure AND have a recommended follow-up plan documented, as indicated, if the blood pressure is elevated or hypertensive.

#### Exclusions/Exceptions:

- Patients with an active diagnosis of hypertension.
- Documentation of medical reason(s) for not screening for high blood pressure (e.g., patient is in an urgent or emergent medical situation where time is of the essence and to delay treatment would jeopardize the patient's health status).
- Documentation of patient reason(s) for not screening for blood pressure measurements or for not ordering an appropriate follow-up intervention if patient BP is elevated or hypertensive (e.g., patient refuses).

### Documentation Overview

What is Documented	When	Where in QMER
Blood Pressure *	Each visit during 2022	Vitals Module
Normal --- SBP < 120 mmHg AND DBP < 80 mmHg	No follow-up Required	-
Elevated --- SBP of 120-129 mmHg AND DBP < 80 mmHg	Referral to PCP	History Module
First Hypertensive Visit --- SBP >= 130 mmHg OR DBP >= 80 mmHg	Referral to PCP	History Module
Second Hypertensive Visit --- SBP of 130-139 mmHg OR DBP of 80-89 mmHg OR SBP >= 140 or DBP >= 90	Referral to PCP	History Module

  

Exclusions/Exceptions	Where in QEMR
Active DX of Hypertension	DxCPT – ICD10 Module

## Set Up

### Building History Items

Build the history items below:

1. Log into QEMR > Navigate to **Edit > History**
2. Highlight **Health Maintenance Screening** from History Category list on left side bar
3. Click **New** hot button
4. **Complete the Update History** Screen as seen below
5. Click **Save & Close** hot button

## Workflow

BMI must be documented each visit via the Vitals module.

### Adding History Items if BP outside normal limits

To document smoking status follow steps below:

1. Navigate to **History** Module > **Health Maintenance** category
  - a. Double-click applicable status
    - i. BP Outside Normal Limits
  - b. Enter **Occur Date**

Category	Item	Comments	Smoking Status	Active	Occur Date	Date Entered	Source
Health Maintenance Screening	BP Outside Normal Limits	Advice Patient to Follow Up with PCP			01/19/2022	1/19/2022 9:40 AM	gloEMR

## Incrementing Details

### *Occur Dates*

To increment ANY measure using the History Module the Occur Dater MUST be completed.

### *Exam Coding*

If exam notes (Past Exams) are not coded with Diagnosis Code and CPT code measures will not increment.

### *Measure Specific Codes*

Some of the SnoMed, LOINC, ICD10 and CPT Codes list are one of many available for some measures, if you practice would like to use an alternate code than what is listed in the set up section, please reach out to support for additional options.