

Controlling High Blood Pressure

STRATEGIC MEASURE PROFILE

Why This Measure Matters

High blood pressure is a major risk factor for heart attack, stroke, vision loss, cognitive decline, and heart failure. More than half of Americans with hypertension do not have it under control, and approximately 49% of adults age 55 and older in rural Northern California report having been diagnosed with high blood pressure.

Hypertension often has no symptoms and requires ongoing monitoring, medication management, and lifestyle support. Accurate measurement is essential: anxiety, improper positioning, cuff size, insufficient rest, and failure to repeat an elevated reading can affect results and create missed opportunities for treatment.

Improving blood pressure control prevents serious cardiovascular complications. Effective management combines reliable clinical processes with patient engagement, home monitoring, medication adherence, healthy eating, physical activity, smoking cessation, and regular follow-up.

Measure Alignment

MEASUREMENT SYSTEMS	CLINICAL PORTFOLIO	ALIGNMENT LEVEL
✓ HEDIS ✓ QIP ✓ UDS ✓ PHMI	Chronic Disease Management	HIGH

Controlling High Blood Pressure is a high-leverage chronic disease measure aligned across federal reporting, managed care, incentive, and population health priorities. Improvement efforts strengthen both population-level management and the reliability of blood pressure assessment and treatment during every encounter.

Understanding the Improvement Strategy

HEDIS & QIP	UDS
POPULATION HEALTH PERSPECTIVE	CARE DELIVERY PERSPECTIVE
Key question: Which assigned patients have uncontrolled blood pressure, overdue follow-up, or gaps in treatment?	Key question: At every eligible encounter, are we measuring accurately and acting on elevated results?
COMMON STRATEGIES - Hypertension registries and care gap reports - Outreach for overdue follow-up - Risk-stratify patients with poor control - Monitor disparities by population and site	COMMON STRATEGIES - Standardized measurement and repeat readings - Evidence-based medication management - Home blood pressure monitoring - Team-based education and lifestyle support

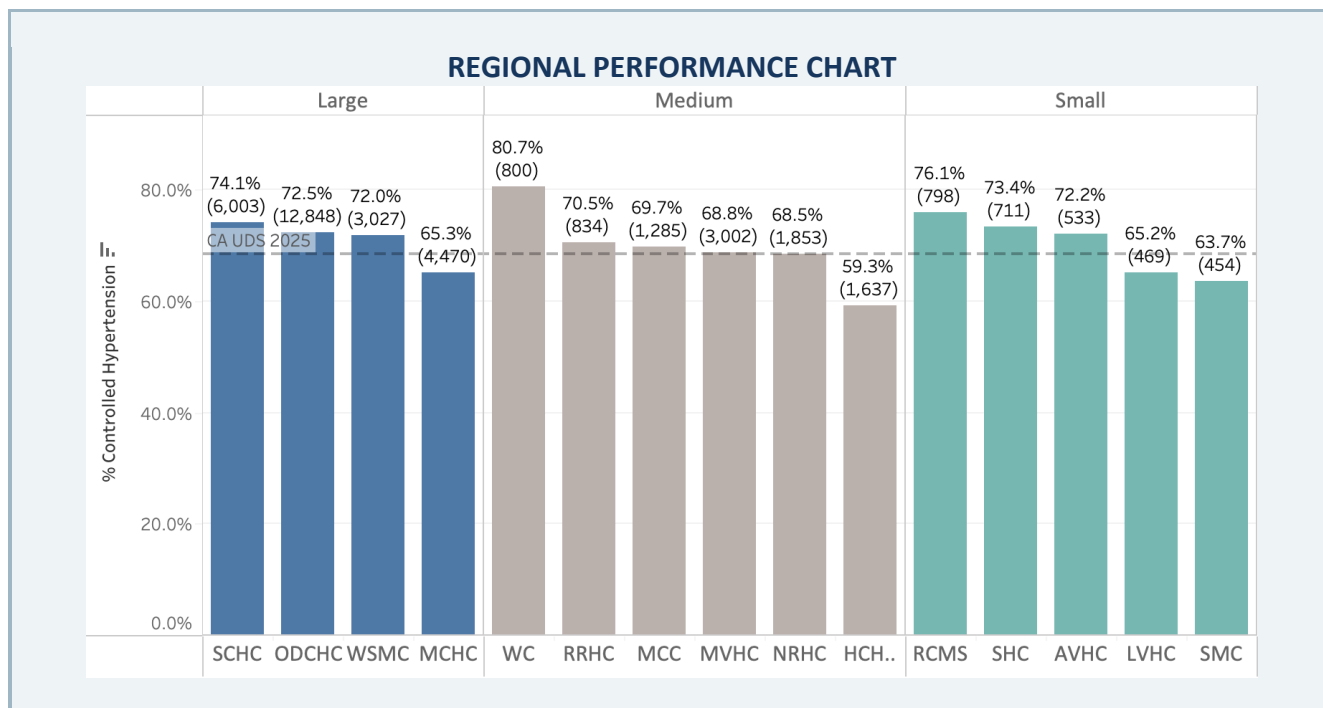
Strategic takeaway: Strong performance requires proactive identification of patients with uncontrolled blood pressure and dependable care-delivery workflows for accurate measurement, treatment intensification, follow-up, and self-management.

Rural Northern California Performance

Regional Insights

- White-coat hypertension and anxiety during clinic visits can contribute to elevated readings, making rest and repeat measurement important.
- Standardized technique—including correct positioning, cuff size, and multiple readings—supports accurate diagnosis, treatment decisions, and reporting.
- Hypertension usually requires long-term medication and lifestyle management; home blood pressure monitoring and regular care-team communication can strengthen control.

2025 REGIONAL PERFORMANCE



Performance Reflection

- How does our performance compare with regional peers?
- Are elevated readings consistently repeated using standardized measurement technique?
- Which populations or clinic sites experience the greatest disparities in blood pressure control?
- Should Controlling High Blood Pressure be considered a quality improvement priority this year?

Quality Measure Definition (UDS)

Percentage of adults age 18–85 with a diagnosis of hypertension whose blood pressure was adequately controlled at less than 140/90 mm Hg during the measurement period.

National and State Quality Benchmarks

BENCHMARK	REFERENCE VALUE / INTERPRETATION
QIP partial-points threshold	75th percentile nationally for Medicaid health plans, as reported by NCQA HEDIS in the year prior to the QIP measurement year.
California and U.S. UDS	CA UDS 2025: 68.4% US UDS 2025: 69.1%

Use this profile to connect measure alignment, regional performance, and improvement strategy during annual quality planning.